

**KMAP GENERAL BULLETIN 13001**

**UPDATED**

**Beneficiaries Excluded from KanCare**

The following beneficiary eligibility categories are excluded from the KanCare managed care program. All beneficiaries in these eligibility categories will continue in the current Medicaid fee-for-service program after January 1, 2013.

**SOBRA 1903(v)(3)**

This program is for noncitizens who are undocumented or who do not meet other noncitizen qualifying criteria and would otherwise qualify for Medicaid if not for their alien status. Eligible individuals may only receive coverage for approved emergency medical conditions.

**FPL**

Varies depending on the specific underlying medical program.

**Resource standard**

Varies depending on the specific underlying medical program.

**QUALIFIED MEDICARE BENEFICIARY (QMB) 1902(a)(10)(E)(i) 1905(p)(1)**

This program covers the Medicare out-of-pocket expenses of Medicare recipients, including premiums and copayments. However, eligible individuals may not be otherwise Medicaid eligible or seeking Medicaid eligibility.

**FPL**

100%

**Resource standard**

\$6940 (single) \$10,410 (couple)

**LOW-INCOME MEDICARE BENEFICIARY (LMB) 1902(a)(10)(E)(iii)**

This program only pays the Medicare Part B premium for eligible Medicare recipients. However, eligible individuals may not be otherwise Medicaid eligible or seeking Medicaid eligibility.

**FPL**

120%

**Resource standard**

\$6940 (single) \$10,410 (couple)

**EXPANDED LOW-INCOME MEDICARE BENEFICIARY (E-LMB)**

1902(a)(10)(E)(iv)(I)

This program only pays the Medicare Part B premium for eligible Medicare recipients. However, eligible individuals may not be otherwise Medicaid eligible or seeking Medicaid eligibility.

**FPL**

135%

**Resource standard**

\$6940 (single) \$10,410 (couple)

**MEDIKAN**

This program is for individuals who qualify for a cash payment under the General Assistance (GA) program. Eligible individuals must meet program disability guidelines and must not be eligible for Medicaid.

**FPL**

\$267/month (single) \$352/month (couple)

**Resource standard**

\$2,000 (single) \$2,000 (couple)

**KMAP**

[Kansas Medical Assistance Program](#)

- [Bulletins](#)
- [Manuals](#)
- [Forms](#)

**Customer Service**

- 1-800-933-6593 (in-state)
- 785-274-5990  
8:00 a.m. - 5:00 p.m.  
Monday - Friday

## Beneficiaries Excluded from KanCare

### **PROGRAM OF ALL-INCLUSIVE CARE FOR THE ELDERLY (PACE) 1934**

This program is for disabled individuals age 55 years or older residing in selected counties within the state. Eligible individuals receive long-term care coverage through a managed care network. HCBS guidelines apply to individuals living in the community and institutional guidelines apply to those living in a facility. Individuals eligible under this program whose income exceeds the protected income level are responsible for a portion of the cost of care.

#### **FPL**

\$62/month (institution) \$727/month (HCBS)

#### **Resource standard**

\$2000

### **AIDS DRUG ASSISTANCE PROGRAM (ADAP)**

This program is for individuals diagnosed with AIDS. Coverage for eligible individuals is limited to payment of prescription drugs related to treatment of AIDS.

#### **FPL**

\$2,793/month

#### **Resource standard**

There is no resource test.

### **TUBERCULOSIS**

This program is for individuals diagnosed with tuberculosis and in need of care for this condition. Coverage for eligible individuals is limited to inpatient hospital care or alternative community based services related to the condition.

#### **FPL**

There is no income test.

#### **Resource standard**

There is no resource test.

### **RESIDENTS OF MENTAL HEALTH NURSING AND STATE HOSPITAL FACILITIES (ages 22-64)**

These programs are for individuals residing in a nursing facility for mental health (NFMH) or state mental health hospital for a long-term stay who are between the ages of 22 and 64 years old. Individuals eligible under this program whose income exceeds the protected income level are responsible for a portion of the cost of their care in the facility. Individuals residing in an NFMH or state mental health hospital who are under the age of 22 or over the age of 64 are included in KanCare.

#### **FPL**

\$62/month

#### **Resource standard**

\$2,000

### **LONG-TERM INSTITUTIONAL CARE 1902(a)(10)(A)(ii)(V)**

This program is for individuals residing in a public intermediate care facility for persons with mental retardation (ICF/MR). Individuals residing in a private ICF/MR are not excluded from KanCare and will be enrolled in a KanCare health plan.

#### **FPL**

300% SSI

\$62/month Personal Needs Allowance

#### **Resource standard**

\$2,000

### **PEOPLE WITH INTELLECTUAL OR DEVELOPMENTAL DISABILITIES (IDD) LONG-TERM SERVICES AND SUPPORTS (LTSS)**

People with Intellectual or Developmental Disabilities (IDD) Long-Term Services and Supports (LTSS) entry into KanCare will be delayed until January 1, 2014. IDD waiver beneficiaries will be enrolled in KanCare for all nonwaiver services.

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HP Enterprise Services is the fiscal agent of KMAP.