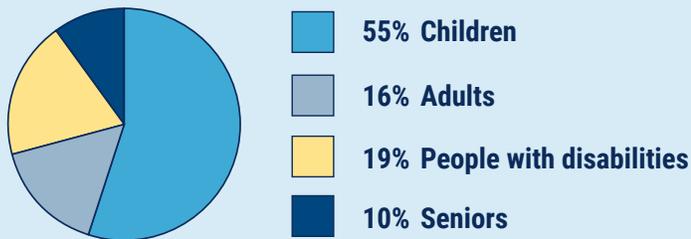


KanCare (Medicaid) is Critical for Kansas Families

KanCare is a state/federal partnership that provides health insurance to Kansans in low- to moderate-income families and those with special health care needs.

KanCare Supports Kansas Families Who Most Need Help

KanCare/CHIP Enrollees



KanCare/CHIP cover **347,000** Kansas children, including:

- 99+%** of children in foster care
- 46%** of children with disabilities or special health care needs
- 36%** of infants, toddlers, and preschoolers

Who qualifies for KanCare in Kansas?

KanCare is a primary source of coverage for low-income children in Kansas. Kansas' CHIP program, also called KanCare, is designed to cover children whose families make too much to qualify for Medicaid but not enough to afford private insurance.

KanCare is Built to Help Children Succeed

KanCare covers important services that help children grow up healthy and thrive:

- Doctor visits
- Prescriptions
- Immunizations
- Dental checkups and treatment
- Eye exams and glasses
- Hearing screenings
- Speech, physical, and occupational therapy with no service limits
- Mental and behavioral health services, including ADHD treatment
- Services for Autism Spectrum Disorder
- Medically necessary services for individual conditions



The lowest-income children can access Medicaid services for free, while families with slightly higher incomes may pay **limited premiums and copays**.



Keeping Medicaid Strong at the State and Federal Levels

Medicaid and CHIP are critical to the health and success of our children and the economic security of their families. We must ensure that any policy changes or funding decisions protect children's access to the coverage and care they need to thrive.

Protecting Children and Families During Renewals

As states undergo redeterminations following a three-year pause during COVID-19, it is crucial that they:

- **Take time to get it right.** States may need to pause or slow down to make sure eligible children don't lose coverage and to help those who are no longer eligible for Medicaid transition to CHIP or Marketplace coverage.
- **Communicate clearly and consistently with families.** States need to make sure families:
 - Have adequate time to respond to notices
 - Understand when and how to respond to notices
 - Know the details of adult and child eligibility
 - Understand their other options for coverage

Keeping Medicaid Strong

We can't cut Medicaid spending without hurting families.

- **Federal cuts to Medicaid mean:**
 - Squeezing already-tight state Medicaid budgets
 - Making it harder for states to meet needs across their whole budgets, including in critical areas like K-12 education
- **State cuts to Medicaid mean:**
 - Covering fewer people
 - Offering fewer benefits, and/or
 - Paying providers less

Strengthening State Programs

States can take several steps to boost coverage and increase access to care for eligible children and families:

- **Adopting continuous eligibility:**
 - 12-month postpartum eligibility
 - 12-month continuous eligibility for adults
 - Multi-year continuous eligibility for children
- **Increasing access to Medicaid services to meet children where they are:**
 - School-based services
 - Home and community-based services

This 2023 fact sheet was created by the Georgetown University Center for Children and Families and the American Academy of Pediatrics.

For data sources used see: <https://ccf.georgetown.edu/2023/08/11/2023-medicaid-and-chip-snapshot-data-sources/>

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