



Office for Children with Special Health Care Needs

Family Participation Scale Effective: 05/01/2019

218% Monthly FPL	ANNUAL GROSS INCOME		Size of Family												
			1	2	3	4	5	6	7	8	9	10	11	12	
	MINIMUM	MAXIMUM													
\$2,269	\$0	\$27,228	0%												
\$3,071	\$27,229	\$36,852	20%	0%											
\$3,876	\$36,853	\$46,512	40%	20%	0%										
\$4,678	\$46,513	\$56,136	60%	40%	20%	0%									
\$5,480	\$56,137	\$65,760	80%	60%	40%	20%	0%								
\$6,284	\$65,761	\$75,408	100%	80%	60%	40%	20%	0%							
\$7,087	\$75,409	\$85,044		100%	80%	60%	40%	20%	0%						
\$7,889	\$85,045	\$94,668			100%	80%	60%	40%	20%	0%					
\$8,692	\$94,669	\$104,304				100%	80%	60%	40%	20%	0%				
\$9,495	\$104,305	\$113,940					100%	80%	60%	40%	20%	0%			
\$10,298	\$113,941	\$123,576						100%	80%	60%	40%	20%	0%		
\$11,101	\$123,577	\$133,212							100%	80%	60%	40%	20%	0%	
\$11,904	\$133,213	\$142,848								100%	80%	60%	40%	20%	
\$12,707	\$142,849	\$152,484									100%	80%	60%	40%	
\$13,510	\$152,485	\$162,120										100%	80%	60%	
\$14,313	\$162,121	\$171,756											100%	80%	
\$15,116	\$171,757	\$181,392													100%
\$15,919	\$181,393	\$191,028													
\$16,722	\$191,029	\$200,664													
\$17,525	\$200,665	\$210,300													

Note: The Office for Children with Special Health Care Needs' (OCSHCN) Family Participation Scale is based upon the current Federal Poverty Level (FPL). This scale represents eligibility requirements at 213% of FPL plus 5% to gain eligibility for MEDICAID/KCHIP AND to determine financial eligibility for services through the OCSHCN. Financial eligibility determinations may call for deviation from this guide due to unusual circumstances and require individual case review by Executive Staff.