

Office for Children with Special Health Care Needs
Family Participation Scale
Effective: 2022-2023

218% Monthly FLP	Annual Gross Income		Size of Family											
	Minimum	Maximum	1	2	3	4	5	6	7	8	9	10	11	12
\$2,469	\$0	\$29,628	0%											
\$3,326	\$29,629	\$39,912	20%	0%										
\$4,184	\$39,913	\$50,208	40%	20%	0%									
\$5,041	\$50,209	\$60,492	60%	40%	20%	0%								
\$5,899	\$60,493	\$70,788	80%	60%	40%	20%	0%							
\$6,756	\$70,789	\$81,072	100%	80%	60%	40%	20%	0%						
\$7,614	\$81,073	\$91,368		100%	80%	60%	40%	20%	0%					
\$8,471	\$91,369	\$101,652			100%	80%	60%	40%	20%	0%				
\$9,329	\$101,653	\$111,948				100%	80%	60%	40%	20%	0%			
\$10,186	\$111,949	\$122,232					100%	80%	60%	40%	20%	0%		
\$11,044	\$122,233	\$132,528						100%	80%	60%	40%	20%	0%	
\$11,901	\$132,529	\$142,812							100%	80%	60%	40%	20%	0%
\$12,758	\$142,813	\$153,096								100%	80%	60%	40%	20%
\$13,616	\$153,097	\$163,392									100%	80%	60%	40%
\$14,474	\$163,393	\$173,688										100%	80%	60%
\$15,332	\$173,689	\$183,984											100%	80%
\$16,190	\$183,985	\$194,280												100%
\$17,048	\$194,281	\$204,576												
\$17,906	\$204,577	\$214,872												
\$18,764	\$214,873	\$225,168												

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 218% of FPL 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.