

Office for Children with Special Health Care Needs

Family Participation Scale

2025-2026

218% Monthly FPL	ANNUAL GROSS INCOME		Size of Family											
	MINIMUM	MAXIMUM	1	2	3	4	5	6	7	8	9	10	11	12
\$2,844	\$0	\$34,128	0%											
\$3,843	\$34,129	\$46,116	20%	0%										
\$4,842	\$46,117	\$58,104	40%	20%	0%									
\$5,841	\$58,105	\$70,092	60%	40%	20%	0%								
\$6,840	\$70,093	\$82,080	80%	60%	40%	20%	0%							
\$7,839	\$82,081	\$94,068	100%	80%	60%	40%	20%	0%						
\$8,839	\$94,069	\$106,068		100%	80%	60%	40%	20%	0%					
\$9,838	\$106,069	\$118,056			100%	80%	60%	40%	20%	0%				
\$10,837	\$118,057	\$130,044				100%	80%	60%	40%	20%	0%			
\$11,836	\$130,045	\$142,032					100%	80%	60%	40%	20%	0%		
\$12,835	\$142,033	\$154,020						100%	80%	60%	40%	20%	0%	
\$13,834	\$154,021	\$166,008							100%	80%	60%	40%	20%	0%
\$14,834	\$166,009	\$178,008								100%	80%	60%	40%	20%
\$15,833	\$178,009	\$189,996									100%	80%	60%	40%
\$16,832	\$189,997	\$201,984										100%	80%	60%
\$17,831	\$201,985	\$213,972											100%	80%
\$18,830	\$213,973	\$225,960												100%
\$19,829	\$225,961	\$237,948												
\$20,829	\$237,949	\$249,948												
\$21,828	\$249,949	\$261,936												

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.