

Office for Children with Special Health Care Needs
Family Participation Scale 2026-2027

218% Monthly FPL	ANNUAL GROSS INCOME		Size of Family											
	MINIMUM	MAXIMUM	1	2	3	4	5	6	7	8	9	10	11	12
\$2,899	\$0	\$34,792	0%											
\$3,931	\$34,793	\$47,172	20%	0%										
\$4,963	\$47,173	\$59,556	40%	20%	0%									
\$5,995	\$59,557	\$71,940	60%	40%	20%	0%								
\$7,027	\$71,941	\$84,324	80%	60%	40%	20%	0%							
\$8,059	\$84,325	\$96,708	100%	80%	60%	40%	20%	0%						
\$9,091	\$96,709	\$109,092		100%	80%	60%	40%	20%	0%					
\$10,123	\$109,093	\$121,476			100%	80%	60%	40%	20%	0%				
\$11,154	\$121,477	\$133,848				100%	80%	60%	40%	20%	0%			
\$12,186	\$133,849	\$146,232					100%	80%	60%	40%	20%	0%		
\$13,218	\$146,233	\$158,616						100%	80%	60%	40%	20%	0%	
\$14,250	\$158,617	\$171,000							100%	80%	60%	40%	20%	0%
\$15,282	\$171,001	\$183,384								100%	80%	60%	40%	20%
\$16,341	\$183,385	\$196,092									100%	80%	60%	40%
\$17,346	\$196,093	\$208,152										100%	80%	60%
\$18,377	\$208,153	\$220,524											100%	80%
\$19,409	\$220,525	\$232,908												100%
\$20,441	\$232,909	\$245,292												
\$21,473	\$245,293	\$257,676												
\$22,505	\$257,677	\$270,060												

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.