

**Office for Children with Special Health Care Needs
Family Participation Scale
Effective: 2023-2024**

218% Monthly FLP	Annual Gross Income		Size of Family											
	Minimum	Maximum	1	2	3	4	5	6	7	8	9	10	11	12
\$2,649	\$0	\$31,788	0%											
\$3,582	\$31,789	\$42,984	20%	0%										
\$4,516	\$42,985	\$54,192	40%	20%	0%									
\$5,450	\$54,193	\$65,400	60%	40%	20%	0%								
\$6,384	\$65,401	\$76,608	80%	60%	40%	20%	0%							
\$7,318	\$76,609	\$87,816	100%	80%	60%	40%	20%	0%						
\$8,251	\$87,817	\$99,012		100%	80%	60%	40%	20%	0%					
\$9,185	\$99,013	\$110,220			100%	80%	60%	40%	20%	0%				
\$10,119	\$110,221	\$121,428				100%	80%	60%	40%	20%	0%			
\$11,053	\$121,429	\$132,636					100%	80%	60%	40%	20%	0%		
\$11,986	\$132,637	\$143,832						100%	80%	60%	40%	20%	0%	
\$12,920	\$143,833	\$155,040							100%	80%	60%	40%	20%	0%
\$13,854	\$155,041	\$166,248								100%	80%	60%	40%	20%
\$14,788	\$166,249	\$177,456									100%	80%	60%	40%
\$15,721	\$177,457	\$188,652										100%	80%	60%
\$16,654	\$188,653	\$199,848											100%	80%
\$17,587	\$199,849	\$211,044												100%
\$18,520	\$211,045	\$222,240												
\$19,453	\$222,241	\$233,436												
\$20,386	\$233,437	\$244,632												

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.