

**CHILDREN'S MEDICAL SERVICES  
FINANCIAL ANALYSIS FORM**

**COST PARTICIPATION SCALE**

All families must complete a Financial Analysis Form to determine: 1) eligibility for the program and 2) cost participation obligation for CMS services. **Patients and their families with adjusted incomes at or less than 150% of Federal Poverty Level (FPL) for their family size have \$0 Cost Participation.** Cost participation obligations are assessed for families with adjusted incomes greater than 150% FPL. Those families with adjusted incomes over 247% of the FPL do not qualify for the CMS program unless they have a Katie Beckett waiver.

**Written Formula:** (Adjusted family income for the family size) minus (150% FPL for the Number of Family Members in Household) times 10 percent equals the yearly cost participation fee.

**Formula:** (Adjusted income) – (150% FPL) x 0.10 = (yearly cost participation fee)

**Example # 1 - A family of three** with an adjusted family income of \$57,881 and has a child on a Katie Beckett. *Income is over 150% FPL baseline (\$31,170) and maximum income level (\$51,327).*  $\$57,881 - \$31,170 \times 0.10 = \$2,671.10$ /per year  
This means that this family must pay out of pocket \$2,671 during the year.

**Example # 2 - A family of two** with an adjusted family income of \$33,000 and has a child on PeachCare for Kids. *Income is over 150% FPL baseline (\$24,690).*  $33,000 - \$24,690 \times 0.10 = \$831$ / per year  
This means that this family must pay out of pocket \$831 during the year.

**Example # 3 - A family of six** with an adjusted family income of \$50,950 has a child with private insurance. *Income is over 150% FPL baseline (\$50,610).*  $50,950 - \$50,610 \times 0.10 = \$34$ / per year  
This means that this family must pay out of pocket \$34 during the year.

**Example # 4 - A family of four** with an adjusted family income of \$25,000 has a child with Medicaid. *Income is below 150% FPL baseline (\$37,650).* This means that this family has no cost participation.

**Example # 5 - A family of six** with an adjusted family income of \$84,500 has a child with private insurance. *Income is over 247% FPL (\$83,338).* This means that this family does not qualify for the CMS Program.

**CMS FY 2019 FINANCIAL PARTICIPATION RANGE**

<b>Family Size</b>	<b>100% FPL</b>	<b>CMS Base 150% of FPL</b>	<b>CMS Maximum 247% of FPL</b>
1	\$12,140	\$18,210	\$29,986
2	\$16,460	\$24,690	\$40,656
3	\$20,780	\$31,170	\$51,327
4	\$25,100	\$37,650	\$61,997
5	\$29,420	\$44,130	\$72,667
6	\$33,740	\$50,610	\$83,338
7	\$38,060	\$57,090	\$94,008
8	\$42,380	\$63,570	\$104,679
*	\$4,320	\$6,480	\$10,670

\*For families units over 8, add the amount shown for each additional family member.

**Child's Name:** \_\_\_\_\_  
**CHILDREN'S MEDICAL SERVICES**  
**FINANCIAL ANALYSIS FORM MCH.1209 – DPH 6/2017**

**Date of Birth:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
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