

SLIDING FEE SCALE – SERVICE FEE SCHEDULE CHILD & FAMILY COUNSELING

CHSW staff use this form prior to intake or as needed throughout the episode of care to determine an equitable and realistic payment level for consumers. A locally adjusted scale may be used, if required by a funder.

Potential consumers must provide documentation of income prior to a fee being set.

To determine the percentage:

1. Find the family size – The consumer, plus the number of people financially dependent on the consumer and living in the household.
2. Follow the line over to gross monthly income (the total before taxes or deductions).
3. Follow the column down to the bottom section. This tells what percentage of the actual cost of care the consumer will be asked to pay.

For example:

- (3) people in the household, and gross monthly income is \$2,100 per month. Their percentage is 10%. Therefore, if therapy services are requested, which cost \$120 per hour, their fee would be \$12 per hour.

Family Size	Gross Monthly Income of All Household Incomes						
	up to 100%	up to 125%	up to 175%	up to 200%	up to 250%	up to 300%	up to 400%
1	\$1,215	\$1,519	\$2,126	\$2,430	\$3,038	\$3,645	\$4,860
2	\$1,643	\$2,054	\$2,876	\$3,287	\$4,108	\$4,930	\$6,573
3	\$2,072	\$2,590	\$3,625	\$4,143	\$5,179	\$6,215	\$8,287
4	\$2,500	\$3,125	\$4,375	\$5,000	\$6,250	\$7,500	\$10,000
5	\$2,928	\$3,660	\$5,125	\$5,857	\$7,321	\$8,785	\$11,713
6	\$3,357	\$4,196	\$5,874	\$6,713	\$8,392	\$10,070	\$13,427
7	\$3,785	\$4,731	\$6,624	\$7,570	\$9,463	\$11,355	\$15,140
8	\$4,213	\$5,267	\$7,373	\$8,427	\$10,533	\$12,640	\$16,853
Each additional person add	\$428	\$535	\$750	\$857	\$1,071	\$1,285	\$1,713
% consumer pays:	0%(MBC*)	10%	20%	40%	60%	80%	100%

(Based on 2023 Federal HHS poverty guidelines)

Actual cost of the services requested:

	0%	10%	20%	40%	60%	80%	100%
Intake/ Evaluation \$160 per session	\$0	\$16	\$32	\$64	\$96	\$128	\$160
Individual/Family Therapy \$120 per hour.	\$0	\$12	\$24	\$48	\$72	\$96	\$120
Case Management \$80 per hour	\$0	\$8	\$16	\$32	\$48	\$64	\$80
Group Therapy \$40 per hour	\$0	\$4	\$8	\$16	\$24	\$32	\$40

Discuss special financial circumstances that make the designated fee impossible for the consumer to pay. No one is denied service due to inability to pay.

* MBC = Medical Benefits Coverage by Medicaid. If the consumer does not currently have Medicaid, they may be eligible for Title 19 Medicaid benefits, and CHSW can assist in obtaining that coverage.

Form #0104-CFC-10/96 – Revised: 9/23

CROSS REFERENCE POLICY:

X\Forms\Program Forms\CFC Mental Health\PROGRAM FEES – Sliding Fee Scale & Sched “**Program Fees and Payment Considerations**”