



SLIDING FEE SCALE – SERVICE FEE SCHEDULE

Behavioral Health Services

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

To determine the percentage:

1. Find the family size – The client, plus the number of people financially dependent on the client 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 client will be asked to pay.

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	1,304.17	1,630.21	2,282.29	2,608.33	3,260.42	3,912.50	5,216.67
2	1,762.50	2,203.13	3,084.38	3,525.00	4,406.25	5,287.50	7,050.00
3	2,220.83	2,776.04	3,886.46	4,441.67	5,552.08	6,662.50	8,883.33
4	2,679.17	3,348.96	4,688.54	5,358.33	6,697.92	8,037.50	10,716.67
5	3,137.50	3,921.88	5,490.63	6,275.00	7,843.75	9,412.50	12,550.00
6	3,595.83	4,494.79	6,292.71	7,191.67	8,989.58	10,787.50	14,383.33
7	4,054.17	5,067.71	7,094.79	8,108.33	10,135.42	12,162.50	16,216.67
8	4,512.50	5,640.63	7,896.88	9,025.00	11,281.25	13,537.50	18,050.00
Each additional person add	\$458	\$572	\$802	\$916	\$1,145	\$1,375	\$1,833
% client pays:	0%(MBC*)	10%	20%	40%	60%	80%	100%

(Based on 2025 Federal HHS poverty guidelines)

Actual cost of the services requested:

Service	CPT	0%	10%	20%	40%	60%	80%	100%
Intake	90791	\$0	\$20	\$40	\$80	\$120	\$160	\$200
Individual Therapy 16-37 min	90832	\$0	\$9	\$18	\$36	\$54	\$72	\$90
Individual Therapy 38-52 min	90834	\$0	\$12	\$24	\$48	\$72	\$96	\$120
Individual Therapy 53+ min	90837	\$0	\$18	\$36	\$72	\$108	\$144	\$180
Family Therapy/hr	90846	\$0	\$12	\$24	\$48	\$72	\$96	\$120
Case Management/hr	H2015	\$0	\$10	\$20	\$40	\$60	\$80	\$100
Group Therapy/hr	90853	\$0	\$4	\$8	\$16	\$24	\$32	\$40

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

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

Form #0104-CFC-10/96 – Revised: 6/25

CROSS REFERENCE POLICY:

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