



## 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.

For example:

- (3) people in the household, and gross monthly income is \$3,000 per month. Their percentage is 20%. Therefore, if therapy services are requested, which cost \$120 per hour, their fee would be \$24 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	1,255.00	1,568.75	2,196.25	2,510.00	3,137.50	3,765.00	5,020.00
2	1,703.33	2,129.17	2,980.83	3,406.67	4,258.33	5,110.00	6,813.33
3	2,151.67	2,689.58	3,765.42	4,303.33	5,379.17	6,455.00	8,606.67
4	2,600.00	3,250.00	4,550.00	5,200.00	6,500.00	7,800.00	10,400.00
5	3,048.33	3,810.42	5,334.58	6,096.67	7,620.83	9,145.00	12,193.33
6	3,496.67	4,370.83	6,119.17	6,993.33	8,741.67	10,490.00	13,986.67
7	3,945.00	4,931.25	6,903.75	7,890.00	9,862.50	11,835.00	15,780.00
8	4,393.33	5,491.67	7,688.33	8,786.67	10,983.33	13,180.00	17,573.33
Each additional person add	\$448	\$560	\$785	\$897	\$1,121	\$1,345	\$1,793
% client pays:	0%(MBC*)	10%	20%	40%	60%	80%	100%

(Based on 2024 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 client to pay. No one is denied service due to 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: April 2024**

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**CROSS REFERENCE POLICY:**

**“Program Fees and Payment Considerations”**