

ChangePoint Ingrated Health

Sliding Fee Scale

Based on 2024 Federal Poverty Guidelines

1/11/2024

*** Check each Individual for possible SABG eligibility (Priority populations Pregnant, IV Drug user, and Female with dependent Children) but others may also qualify!!!!!!**

Family Size	Poverty Guidelines	Individual pays		Individual pays		Individual pays		Individual pays		Individual pays	
		50% of Rate	60% of Rate	70% of Rate	80% of Rate	100% of Rate					
			Below	Above	Below	Above	Below	Above	Below	Above	
1	\$ 14,580.00	\$ -	\$ 18,225.00	\$ 18,225.00	\$ 21,870.00	\$ 21,870.00	\$ 25,515.00	\$ 25,515.00	\$ 29,160.00	\$ 29,160.00	
2	\$ 19,720.00	\$ -	\$ 24,650.00	\$ 24,650.00	\$ 29,580.00	\$ 29,580.00	\$ 34,510.00	\$ 34,510.00	\$ 39,440.00	\$ 39,440.00	
3	\$ 24,860.00	\$ -	\$ 31,075.00	\$ 31,075.00	\$ 37,290.00	\$ 37,290.00	\$ 43,505.00	\$ 43,505.00	\$ 49,720.00	\$ 49,720.00	
4	\$ 30,000.00	\$ -	\$ 37,500.00	\$ 37,500.00	\$ 45,000.00	\$ 45,000.00	\$ 52,500.00	\$ 52,500.00	\$ 60,000.00	\$ 60,000.00	
5	\$ 35,140.00	\$ -	\$ 43,925.00	\$ 43,925.00	\$ 52,710.00	\$ 52,710.00	\$ 61,495.00	\$ 61,495.00	\$ 70,280.00	\$ 70,280.00	
6	\$ 40,280.00	\$ -	\$ 50,350.00	\$ 50,350.00	\$ 60,420.00	\$ 60,420.00	\$ 70,490.00	\$ 70,490.00	\$ 80,560.00	\$ 80,560.00	
7	\$ 45,420.00	\$ -	\$ 56,775.00	\$ 56,775.00	\$ 68,130.00	\$ 68,130.00	\$ 79,485.00	\$ 79,485.00	\$ 90,840.00	\$ 90,840.00	
8	\$ 50,560.00	\$ -	\$ 63,200.00	\$ 63,200.00	\$ 75,840.00	\$ 75,840.00	\$ 88,480.00	\$ 88,480.00	\$ 101,120.00	\$ 101,120.00	
% of Poverty	100%		125%		150%		175%		200%		

For Families Units with more that 8 members, for each additional member add \$4,540

All other services not including on Fee Schedule but not limited to Transportation, Telephone services, Medication and labs, etc are not covered

Rates per unit Code	Period --->	50% Rate		60% Rate		70% Rate		80% Rate		100% Rate		100%
		30 Minute	60 Minute	30 Minute	60 Minute	30 Minute	60 Minute	30 Minute	60 Minute	30 Minute	60 Minute	15 min
H0004	Individual	27.32	54.64	32.78	65.57	38.25	76.50	43.71	87.42	54.64	109.28	27.32
H2014	Living Skills-	19.87	39.74	23.84	47.69	27.82	55.64	31.79	63.58	39.74	79.48	19.87
T1002	Nurse Service	27.16	54.32	32.59	65.18	38.02	76.05	43.46	86.91	54.32	108.64	27.16
90837	Psychotherapy 60 minutes	per service	78.16	per service	93.79	per service	109.42	per service	125.05	per service	156.31	156.31

Rates per unit Code	Period --->	50% Rate		60% Rate		70% Rate		80% Rate		100% Rate		100%
		30 Minute	60 Minute	30 Minute	60 Minute	30 Minute	60 Minute	30 Minute	60 Minute	30 Minute	60 Minute	15 min
90792	Psych Evaluation	per service	103.18	per service	123.82	per service	144.45	per service	165.09	per service	206.36	206.36
99214	Med Management 30-39 minutes		44.69		26.81		53.63		31.28		62.57	35.75
99205	New Patient visit 60-74 minutes		76.44		45.86		91.72		53.50		107.01	61.15
99214	Established Patient 30-39 minutes		44.69		26.81		53.63		31.28		62.57	35.75

DUI PROGRAM IS \$400.00 FOR 16 HOURS OF GROUP MINIMUM (\$200.00 per session -- 8 hour sessions-- or \$25 per hour)
SCREENING ASSESSMENT -- \$65.00 (if necessary)
H0031 Intake for Groups -- \$45.29
ADDITIONAL SERVICES WILL BE CHARGED AT \$25.00 PER HOUR
Groups -- DV, IOP, SOT-- \$25.00 per hour or \$37.50 per session (1 1/2 hour sessions)
Groups -- Anger Management, After-Care, Anxiety-Depression, Soboxone, Parenting -- \$25.00 per session (1 hour sessions)