

ChangePoint Ingrated Health

Sliding Fee Scale

Based on 2022 Federal Poverty Guidelines

6/22/2022

*** 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	50% of Rate		60% of Rate		70% of Rate		80% of Rate		100% of Rate		
		Individual pays	Below	Above	Individual pays	Below	Above	Individual pays	Below	Above	Individual pays	Below
1	\$ 13,590.00	\$ -	\$ 16,987.50	\$ 16,987.50	\$ 20,385.00	\$ 20,385.00	\$ 23,782.50	\$ 23,782.50	\$ 27,180.00	\$ 27,180.00	\$ 27,180.00	\$ 27,180.00
2	\$ 18,310.00	\$ -	\$ 22,887.50	\$ 22,887.50	\$ 27,465.00	\$ 27,465.00	\$ 32,042.50	\$ 32,042.50	\$ 36,620.00	\$ 36,620.00	\$ 36,620.00	\$ 36,620.00
3	\$ 23,030.00	\$ -	\$ 28,787.50	\$ 28,787.50	\$ 34,545.00	\$ 34,545.00	\$ 40,302.50	\$ 40,302.50	\$ 46,060.00	\$ 46,060.00	\$ 46,060.00	\$ 46,060.00
4	\$ 27,750.00	\$ -	\$ 34,687.50	\$ 34,687.50	\$ 41,625.00	\$ 41,625.00	\$ 48,562.50	\$ 48,562.50	\$ 55,500.00	\$ 55,500.00	\$ 55,500.00	\$ 55,500.00
5	\$ 32,470.00	\$ -	\$ 40,587.50	\$ 40,587.50	\$ 48,705.00	\$ 48,705.00	\$ 56,822.50	\$ 56,822.50	\$ 64,940.00	\$ 64,940.00	\$ 64,940.00	\$ 64,940.00
6	\$ 37,190.00	\$ -	\$ 46,487.50	\$ 46,487.50	\$ 55,785.00	\$ 55,785.00	\$ 65,082.50	\$ 65,082.50	\$ 74,380.00	\$ 74,380.00	\$ 74,380.00	\$ 74,380.00
7	\$ 41,910.00	\$ -	\$ 52,387.50	\$ 52,387.50	\$ 62,865.00	\$ 62,865.00	\$ 73,342.50	\$ 73,342.50	\$ 83,820.00	\$ 83,820.00	\$ 83,820.00	\$ 83,820.00
8	\$ 46,630.00	\$ -	\$ 58,287.50	\$ 58,287.50	\$ 69,945.00	\$ 69,945.00	\$ 81,602.50	\$ 81,602.50	\$ 93,260.00	\$ 93,260.00	\$ 93,260.00	\$ 93,260.00
% of Poverty			12.5%	15.0%	17.5%	20.0%	22.5%	25.0%	27.5%	30.0%	32.5%	35.0%

For Families Units with more than 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	
		30 Minute	60 Minute	30 Minute	60 Minute	30 Minute	60 Minute	30 Minute	60 Minute	30 Minute	60 Minute
H0004	Individual	27.32	54.64	32.78	65.57	38.25	76.50	43.71	87.42	49.18	98.36
H2014	Living Skills-	19.87	39.74	23.84	47.69	27.82	55.64	31.79	63.58	35.76	71.52
T1002	Nurse Service	27.16	54.32	32.59	65.18	38.02	76.05	43.46	86.91	48.84	97.68
90837	Psychotherapy 60 minutes		78.16		93.79		109.42		125.05		156.31

Rates per unit Code	Period -->	50% Rate		60% Rate		70% Rate		80% Rate		100% Rate	
		per service	per service	per service	per service	per service	per service	per service	per service	per service	per service
90792	Psych Evaluation		103.18		123.82		144.45		165.09		206.36
99214	Med Management 30-39 minutes		44.69		53.63		62.57		71.50		89.38
99205	New Patient visit 60-74 minutes		76.44		91.72		107.01		122.30		152.87
99214	Established Patient 30-39 minutes		44.69		53.63		62.57		71.50		89.38

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)

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)