

FY2021 Sliding Fee Scale

Annual Income		Number of Family Members							
At Least	Not Over	1	2	3	4	5	6	7	8
\$ -	\$ 12,760	A	A	A	A	A	A	A	A
\$ 12,761	\$ 17,240	B	A	A	A	A	A	A	A
\$ 17,241	\$ 21,720	C	B	A	A	A	A	A	A
\$ 21,721	\$ 26,200	D	C	B	A	A	A	A	A
\$ 26,201	\$ 30,680	FULL	D	B	B	A	A	A	A
\$ 30,681	\$ 35,160	FULL	FULL	C	B	B	A	A	A
\$ 35,161	\$ 39,640	FULL	FULL	D	C	B	B	A	A
\$ 39,641	\$ 44,120	FULL	FULL	FULL	D	C	B	B	A
\$ 44,121	\$ 48,600	FULL	FULL	FULL	D	C	C	B	B
\$ 48,601	\$ 53,080	FULL	FULL	FULL	FULL	D	C	C	B
\$ 53,081	\$ 57,560	FULL	FULL	FULL	FULL	FULL	D	C	C
\$ 57,561	\$ 62,040	FULL	FULL	FULL	FULL	FULL	FULL	D	C
\$ 62,041	\$ 66,520	FULL	FULL	FULL	FULL	FULL	FULL	FULL	D
Full Fee		FULL	FULL	FULL	FULL	FULL	FULL	FULL	FULL

Scale	Individual Therapy	Group Therapy	MD/ARNP	TR/ADH
A	\$1* - \$10	\$1* - \$10	\$1* - \$12	\$1* - \$12
B	\$7* - \$12	\$4* - \$10	\$12* - \$24	\$3* - \$12
C	\$13* - \$17	\$5* - \$10	\$22* - \$40	\$9* - \$12
D	\$22* - \$25	\$6.5* - \$19	\$38* - \$40	\$10* - \$12
Full Fee	\$25* - \$125	\$8.5* - \$72	\$50* - \$190	\$12* - \$40