



MENTAL HEALTH OUTPATIENT SERVICES FEE SCHEDULE INCLUDING SLIDING FEE SCALE*

% of Cost	% of Poverty	Family Size					Psych Evaluation	Medication Monitoring	Family/ Individual 30 min	Family/ Individual 60 min
		1	2	3	4	5 or more				
100%	350%	\$54,775	\$74,025	\$93,275	\$112,525	\$131,775	\$300	\$50	\$45	\$80
80%	300%	\$46,950	\$63,450	\$79,950	\$96,450	\$112,950	\$240	\$40	\$36	\$64
60%	250%	\$39,125	\$52,875	\$66,625	\$80,375	\$94,125	\$180	\$30	\$27	\$48
40%	200%	\$31,300	\$42,300	\$53,300	\$64,300	\$75,300	\$120	\$20	\$18	\$32
20%	150%	\$23,475	\$31,725	\$39,975	\$48,225	\$56,475	\$60	\$10	\$9	\$16
0%	100%	\$15,650	\$21,150	\$26,650	\$32,150	\$37,650	\$0	\$0	\$0	\$0

* Client must present evidence of household income with last 2 pay stubs of all household members **OR** a letter of dependent support and most recent Medicaid (0-138% FPL) many times through Presumptive Eligibility. Client is determined to be eligible for FFS funding (138% to 350% of FPL). Those not

Source: 2025 Department of Health and Human Services Poverty Guidelines

Effective Date: 1/1/2025