

FY2027 Sliding Fee Scale

Annual Income		Number of Family Members							
At Least	Not Over	1	2	3	4	5	6	7	8
\$ -	\$ 15,960	A	A	A	A	A	A	A	A
\$ 15,961	\$ 21,640	B	A	A	A	A	A	A	A
\$ 21,641	\$ 27,320	C	B	A	A	A	A	A	A
\$ 27,321	\$ 34,590	D	C	B	A	A	A	A	A
\$ 34,591	\$ 39,870	FULL	D	B	B	A	A	A	A
\$ 39,871	\$ 45,150	FULL	FULL	C	B	B	A	A	A
\$ 45,151	\$ 50,430	FULL	FULL	D	C	B	B	A	A
\$ 50,431	\$ 55,710	FULL	FULL	FULL	D	C	B	B	A
\$ 55,711	\$ 60,992	FULL	FULL	FULL	D	C	C	B	B
\$ 60,993	\$ 66,272	FULL	FULL	FULL	FULL	D	C	C	B
\$ 66,273	\$ 71,552	FULL	FULL	FULL	FULL	FULL	D	C	C
\$ 71,553	\$ 76,832	FULL	FULL	FULL	FULL	FULL	FULL	D	C
\$ 76,833	\$ 82,112	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