

County Social Services
2023 Sliding Fee Schedule for CMHC Outpatient Services

	Household Size:								
Client Co-Payments	1	2	3	4	5	6	7	8	% Poverty
	Income listed is the upper threshold for that copayment.								
No Fee	\$1,823	\$2,465	\$3,108	\$3,750	\$4,392	\$5,036	\$5,678	\$6,320	150%
\$10	\$2,066	\$2,793	\$3,522	\$4,250	\$4,978	\$5,707	\$6,435	\$7,162	170%
\$20	\$2,309	\$3,122	\$3,937	\$4,750	\$5,563	\$6,378	\$7,192	\$8,005	190%
\$30	\$2,552	\$3,450	\$4,351	\$5,250	\$6,149	\$7,050	\$7,949	\$8,847	210%
\$40	\$2,795	\$3,779	\$4,766	\$5,750	\$6,734	\$7,721	\$8,706	\$9,690	230%
\$50	\$3,038	\$4,108	\$5,180	\$6,250	\$7,320	\$8,393	\$9,463	\$10,533	250%
\$60	\$3,281	\$4,436	\$5,594	\$6,750	\$7,906	\$9,064	\$10,220	\$11,375	270%
\$70	\$3,524	\$4,765	\$6,009	\$7,250	\$8,491	\$9,735	\$10,977	\$12,218	290%
\$80	\$3,767	\$5,093	\$6,423	\$7,750	\$9,077	\$10,407	\$11,734	\$13,060	310%
\$90	\$4,010	\$5,422	\$6,838	\$8,250	\$9,662	\$11,078	\$12,491	\$13,903	330%
\$100	\$4,253	\$5,751	\$7,252	\$8,750	\$10,248	\$11,750	\$13,248	\$14,746	350%
Full Fee	>\$4,253	>\$5,751	>\$7,252	>\$8,750	>\$10,248	>\$11,750	>\$13,248	>\$14,746	>350%

*monthly gross income

Income listed is the upper threshold for that copayment.

100% Poverty	\$1,215	\$1,643	\$2,072	\$2,500	\$2,928	\$3,357	\$3,785	\$4,213
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