

Cumberland River - Sliding Fee Scale

Annual Income Thresholds as % of Poverty											
Poverty Level * ---->	At or Below 100%		125%		150%		175%		200%		Above 200%
Family Size ↓	Nominal Fee (\$35)		20% Pay		40% Pay		60% Pay		80% Pay		100% Pay
	At Least	Not Over	At Least	Not Over	At Least	Not Over	At Least	Not Over	At Least	Not Over	At Least
1	\$0	\$14,580	\$14,581	\$18,225	\$18,226	\$21,870	\$21,871	\$25,515	\$25,516	\$29,160	\$29,161
2	\$0	\$19,720	\$19,721	\$24,650	\$24,651	\$29,580	\$29,581	\$34,510	\$34,511	\$39,440	\$39,441
3	\$0	\$24,860	\$24,861	\$31,075	\$31,076	\$37,290	\$37,291	\$43,505	\$43,506	\$49,720	\$49,721
4	\$0	\$30,000	\$30,001	\$37,500	\$37,501	\$45,000	\$45,001	\$52,500	\$52,501	\$60,000	\$60,001
5	\$0	\$35,140	\$35,141	\$43,925	\$43,926	\$52,710	\$52,711	\$61,495	\$61,496	\$70,280	\$70,281
6	\$0	\$40,280	\$40,281	\$50,350	\$50,351	\$60,420	\$60,421	\$70,490	\$70,491	\$80,560	\$80,561
7	\$0	\$45,420	\$45,421	\$56,775	\$56,776	\$68,130	\$68,131	\$79,485	\$79,486	\$90,840	\$90,841
8	\$0	\$50,560	\$50,561	\$63,200	\$63,201	\$75,840	\$75,841	\$88,480	\$88,481	\$101,120	\$101,121
For each additional person add	\$5,140		\$6,425		\$7,710		\$8,995		\$10,280		\$10,280

*Poverty Level based on 2023 Federal Poverty Guidelines for the 48 contiguous states and the District of Columbia.

Rates listed are per session	Nominal Fee (\$35)	20% Pay	40% Pay	60% Pay	80% Pay	100% Pay
Individual	\$35	\$35	\$35	\$37	\$50	\$62
APRN	\$35	\$35	\$35	\$51	\$68	\$85
Doctor	\$35	\$35	\$52	\$78	\$104	\$130
Group	\$3	\$3	\$6	\$10	\$13	\$16
Specialized Services						
TRP per hour	\$1	\$1	\$2	\$3	\$5	\$6
Adult Day Training	\$1	\$1	\$2	\$3	\$5	\$6
DUI Assessment	Full Fee - No Rate Reduction					\$40
DUI Class	Full Fee - No Rate Reduction					\$225
Psychological Evaluation	Full Fee - No Rate Reduction					\$350
Guardianship	Full Fee - No Rate Reduction					\$300
IOP Adult Self Pay group weekly charge	Full Fee - No Rate Reduction					\$60

-The above fees are imposed when a consumer has no third party payor (Medicaid, Medicare, Insurance)

-\$35 nominal fee applies to all consumers receiving Individual Therapy and Sessions with MD/APRN.

-This agency can assist any consumer in trying to sign up for Medicaid or KY Health Insurance.

-An application for fee reduction is available for a consumer unable to pay the calculated fees, due to unusual circumstances. (This may or may not reduce the \$35 minimum per visit.)

*Family Income is amount reported on IRS tax returns on line titled "total income" , most recent W-2s, or any other official statement verifying SSI/SSDI or other income including bank statements

*Family Size is defined as number of household member on the family income reported on Tax Return.