

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	\$15,060	\$15,061	\$18,825	\$18,826	\$22,590	\$22,591	\$26,355	\$26,356	\$30,120	\$30,121
2	\$0	\$20,440	\$20,441	\$25,550	\$25,551	\$30,660	\$30,661	\$35,770	\$35,771	\$40,880	\$40,881
3	\$0	\$25,820	\$25,821	\$32,275	\$32,276	\$38,730	\$38,731	\$45,185	\$45,186	\$51,640	\$51,641
4	\$0	\$31,200	\$31,201	\$39,000	\$39,001	\$46,800	\$46,801	\$54,600	\$54,601	\$62,400	\$62,401
5	\$0	\$36,580	\$36,581	\$45,725	\$45,726	\$54,870	\$54,871	\$64,015	\$64,016	\$73,160	\$73,161
6	\$0	\$41,960	\$41,961	\$52,450	\$52,451	\$62,940	\$62,941	\$73,430	\$73,431	\$83,920	\$83,921
7	\$0	\$47,340	\$47,341	\$59,175	\$59,176	\$71,010	\$71,011	\$82,845	\$82,846	\$94,680	\$94,681
8	\$0	\$52,720	\$52,721	\$65,900	\$65,901	\$79,080	\$79,081	\$92,260	\$92,261	\$105,440	\$105,441
For each additional person add	\$5,380		\$6,725		\$8,070		\$9,415		\$10,760		\$10,760

*Poverty Level based on 2024 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.