

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	\$15,650	\$15,651	\$19,563	\$19,564	\$23,475	\$23,476	\$27,388	\$27,389	\$31,300	\$31,301
2	\$0	\$21,150	\$21,151	\$26,438	\$26,439	\$31,725	\$31,726	\$37,013	\$37,014	\$42,300	\$42,301
3	\$0	\$26,650	\$26,651	\$33,313	\$33,314	\$39,975	\$39,976	\$46,638	\$46,639	\$53,300	\$53,301
4	\$0	\$32,150	\$32,151	\$40,188	\$40,189	\$48,225	\$48,226	\$56,263	\$56,264	\$64,300	\$64,301
5	\$0	\$37,650	\$37,651	\$47,063	\$47,064	\$56,475	\$56,476	\$65,888	\$65,889	\$75,300	\$75,301
6	\$0	\$43,150	\$43,151	\$53,938	\$53,939	\$64,725	\$64,726	\$75,513	\$75,514	\$86,300	\$86,301
7	\$0	\$48,650	\$48,651	\$60,813	\$60,814	\$72,975	\$72,976	\$85,138	\$85,139	\$97,300	\$97,301
8	\$0	\$54,150	\$54,151	\$67,688	\$67,689	\$81,225	\$81,226	\$94,763	\$94,764	\$108,300	\$108,301
For each additional person add	\$5,500		\$6,875		\$8,250		\$9,625		\$11,000		\$11,000

*Poverty Level based on 2025 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					\$50
DUI Class	Full Fee - No Rate Reduction					\$250
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.