



Sliding Fee Discount Schedule (Based on Income Guidelines)  
Effective January 1, 2026

Programa de Descuentos de Tarifas Móviles (Basado en las Puautas de Ingreso)  
A Partir del Primero el 1 de Enero de 2026

SERVICE/SERVICIO	PER SESSION, PER HOUR/ POR SESION, POR HORA	100% RESPONSIBILITY/ RESPONSABILIDAD	50% RESPONSIBILITY/ RESPONSABILIDAD	45% RESPONSIBILITY/ RESPONSABILIDAD	40% RESPONSIBILITY/ RESPONSABILIDAD	35% RESPONSIBILITY/ RESPONSABILIDAD	30% RESPONSIBILITY/ RESPONSABILIDAD	25% RESPONSIBILITY/ RESPONSABILIDAD	20% RESPONSIBILITY/ RESPONSABILIDAD	15% RESPONSIBILITY/ RESPONSABILIDAD	10% RESPONSIBILITY/ RESPONSABILIDAD
Intake/Evaluation/ Ingreso/Evaluación	Session/Sesión	\$220.00	\$110.00	\$99.00	\$88.00	\$77.00	\$66.00	\$55.00	\$44.00	\$33.00	\$22.00
Individual/ Individual	Session/Sesión	\$229.13	\$114.57	\$103.11	\$91.65	\$80.20	\$68.74	\$57.28	\$45.83	\$34.37	\$22.91
Group Session/ Sesión Grupal	Session/Sesión	\$60.00	\$30.00	\$27.00	\$24.00	\$21.00	\$18.00	\$15.00	\$12.00	\$9.00	\$6.00
Medication Check MD/ Chequeo de Medicamentos MD	Session/Sesión	\$199.62	\$96.81	\$87.13	\$77.45	\$67.77	\$58.09	\$48.41	\$38.72	\$29.04	\$19.36
Medication Check RN/ Chequeo de Medicamentos RN	Session/Sesión	\$50.00	\$25.00	\$22.50	\$20.00	\$17.50	\$15.00	\$12.50	\$10.00	\$7.50	\$5.00
Community Psychiatric Support/ Soporte Psiquiátrico Comunitario	Hour/Hora	\$144.36	\$72.18	\$64.96	\$57.74	\$50.53	\$43.31	\$36.09	\$28.87	\$21.65	\$14.44
Targeted Case Management/ Manejo de Caso Específico	Hour/Hora	\$43.32	\$21.66	\$19.49	\$17.33	\$15.16	\$13.00	\$10.83	\$8.66	\$6.50	\$4.33
Attendant Care/ Asistente de Cuidado	Hour/Hora	\$27.84	\$13.92	\$12.53	\$11.14	\$9.74	\$8.35	\$6.96	\$5.57	\$4.18	\$2.78
Psychosocial Group/ Grupo Psicossocial	Hour/Hora	\$56.72	\$28.36	\$25.52	\$22.69	\$19.85	\$17.02	\$14.18	\$11.34	\$8.51	\$5.67
Residential Treatment/ Tratamiento Residencial	Daily/Diario	\$198.00	\$99.00	\$89.10	\$79.20	\$69.30	\$59.40	\$49.50	\$39.60	\$29.70	\$19.80
Group Therapy/ Terapia Grupal	Session/Sesión	\$60.00	\$30.00	\$27.00	\$24.00	\$21.00	\$18.00	\$15.00	\$12.00	\$9.00	\$6.00
Outpatient Treatment/ Tratamiento Ambulatorio	Hour/Hora	\$104.00	\$52.00	\$46.80	\$41.60	\$36.40	\$31.20	\$26.00	\$20.80	\$15.60	\$10.40
Intensive Outpatient/ Ambulatorio Intensivo	Daily/Diario	\$137.28	\$68.64	\$61.78	\$54.91	\$48.05	\$41.18	\$34.32	\$27.46	\$20.59	\$13.73
Reintegration/ Reintegración	Daily/Diario	\$131.04	\$65.52	\$58.97	\$52.42	\$45.86	\$39.31	\$32.76	\$26.21	\$19.66	\$13.10
Detox/ Detox	Daily/Diario	\$175.00	\$87.50	\$78.75	\$70.00	\$61.25	\$52.50	\$43.75	\$35.00	\$26.25	\$17.50
Evaluation/ Evaluación	Flat Fee/Tarifa Plana	\$150.00	\$150.00	\$150.00	\$150.00	\$150.00	\$150.00	\$150.00	\$150.00	\$150.00	\$150.00
ECIP Group/ Grupo ECIP	Flat Fee/Tarifa Plana	\$11.00	\$11.00	\$11.00	\$11.00	\$11.00	\$11.00	\$11.00	\$11.00	\$11.00	\$11.00

Fee Code	Adjusted Household Income
H1	\$0 - \$15,960
H2	\$15,961 - \$21,640
H3	\$21,641 - \$27,320
H4	\$27,321 - \$33,000
H5	\$33,001 - \$38,680
H6	\$38,681 - \$44,360
H7	\$44,361 - \$50,040
H8	\$50,041 - \$55,720
H9	\$55,720 - \$98,999
Full Fee	\$99,000+