

County Social Services
2022 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	\$1,700	\$2,289	\$2,879	\$3,485	\$4,059	\$4,649	\$5,240	\$5,829	150%
\$10	\$1,926	\$2,594	\$3,262	\$3,949	\$4,600	\$5,268	\$5,938	\$6,606	170%
\$20	\$2,153	\$2,899	\$3,646	\$4,414	\$5,141	\$5,888	\$6,637	\$7,383	190%
\$30	\$2,379	\$3,205	\$4,030	\$4,878	\$5,683	\$6,508	\$7,335	\$8,161	210%
\$40	\$2,606	\$3,510	\$4,414	\$5,343	\$6,224	\$7,128	\$8,034	\$8,938	230%
\$50	\$2,833	\$3,815	\$4,798	\$5,808	\$6,765	\$7,748	\$8,733	\$9,715	250%
\$60	\$3,059	\$4,120	\$5,181	\$6,272	\$7,306	\$8,367	\$9,431	\$10,492	270%
\$70	\$3,286	\$4,425	\$5,565	\$6,737	\$7,847	\$8,987	\$10,130	\$11,269	290%
\$80	\$3,512	\$4,731	\$5,949	\$7,201	\$8,389	\$9,607	\$10,828	\$12,047	310%
\$90	\$3,739	\$5,036	\$6,333	\$7,666	\$8,930	\$10,227	\$11,527	\$12,824	330%
\$100	\$3,966	\$5,341	\$6,717	\$8,131	\$9,471	\$10,847	\$12,226	\$13,601	350%
Full Fee	>\$3,966	>\$5,342	>\$6,717	>\$8,131	>\$9,471	>\$10,847	>\$12,226	>\$13,601	>350%

*monthly gross income

Income listed is the upper threshold for that copayment.

100% Poverty	\$1,133	\$1,526	\$1,919	\$2,323	\$2,706	\$3,099	\$3,493	\$3,886
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