

Financial Management
 Documentation of Services Rendered
19.0.3 FEE & COPAY SCALE

Federal Income Poverty Level *	Home visits \$150 Individual Income & Resources	Intake Assessment/ Home Visit Crisis Stabilization	Individual Per Session (DSHS/SAS <350% see 19.0.7)	Family Per Person Per Session (DSHS/SAS <350% see 19.0.7)	Therapy Or Substance Use Disorder Group IOP \$200 DSHS/SAS <350% see 19.0.7) 1.5 hrs/2+ hrs	Psychiatry		HIV Grant Copays (Ryan White Substance Use Disorder, DSHS-HIV [discount up to 300%] & DSHS-D [discount up to 500%])			Seniors 60+
						Initial (60 min)	Follow-up (30 min)	Individual	Family	Group	
0 – 100	\$ 0 – 12,880	30 / 0	30	15	10/15	45	30	0			15
101 – 125	12,881 – 16,100	50 / 0	35	25	15/20	60	50	1	1	1	20
126 – 175	16,101 – 22,540	60 / 2	40	30	15/25	75	60	2	1	1	20
176 – 200	22,541 – 25,760	70 / 3	45	35	15/30	90	70	3	1	1	20
201 – 225	25,761 – 28,980	70 / 5	45	35	20/30	105	70	5	2	1	25
226 – 250	28,981 – 32,200	75 / 5	50	40	20/30	120	75	5	2	1	25
251 – 275	32,201 – 35,420	75 / 10	50	40	20/30	135	75	10	5	2	25
276 – 300	35,421 – 38,640	80 / 10	55	45	20/30	135	75	10	5	2	30
301 – 400	38,641 – 51,520	90 / 15	60	60	30/45	135	75	10	5	2	30
401 – 500	51,521 – 64,400	90 / 15	65	65	30/45	135	75	10	5	2	35
501 – 725	64,401 – 93,380	120 / 30	75	75	50/200/day	250	125	Follow regular schedule			35
726 – & up	93,381 – more	150 / 30	120	120	60/200/day	250	125				120
	third party payers	150	120	120	60/200/day	250	125				120

Any client who is assigned a fee of less than the top of the range shall provide proof of income.

* Figures are for household size of 1. Please check the multi-person household for Poverty Level to place the client on the fee schedule.

Fee Reduction Application §19.2.2 is available for anyone for whom fees will prohibit the access to services.

For questions about fees for HIV services please contact Eligibility, 713.529.0037 x0

<http://www.montrosecenter.org/professional-fees/>

The Montrose Center Schedule of Charges:

Federal Income Poverty Level *	Home visits \$150 Individual Income & Resources	Intake Assessment/ Home Visit Crisis Stabilization	Individual Per Session (DHS/SAS <350% see 19.0.7)	Family Per Person Per Session (DHS/SAS <350% see 19.0.7)	Therapy Or Substance Use Disorder Group IOP \$200 DHS/SAS <350% see 19.0.7) 1.5 hrs/2+ hrs	Psychiatry		HIV Grant Copays (Ryan White Substance Use Disorder, DSHS-HIV [discount up to 300%] & DSHS-D [discount up to 500%])			Seniors 60+
						Initial (60 min)	Follow-up (30 min)	Individual	Family	Group	
0 – 100	\$ 0 – 12,880	30 / 0	30	15	10/15	45	30	0			15
101 – 125	12,881 – 16,100	50 / 0	35	25	15/20	60	50	1	1	1	20
126 – 175	16,101 – 22,540	60 / 2	40	30	15/25	75	60	2	1	1	20
176 – 200	22,541 – 25,760	70 / 3	45	35	15/30	90	70	3	1	1	20
201 – 225	25,761 – 28,980	70 / 5	45	35	20/30	105	70	5	2	1	25
226 – 250	28,981 – 32,200	75 / 5	50	40	20/30	120	75	5	2	1	25
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726 – & up	93,381 – more	150 / 30	120	120	60/200/day	250	125				120
	third party payers	150	120	120	60/200/day	250	125				120

Any client who is assigned a fee of less than the top of the range shall provide proof of income.

* Figures are for household size of 1. Ask your counselor for the multi-person household's fee schedule if that applies to you.

For questions please contact Eligibility at 713.529.0037 x0

No clients who are living with HIV will be turned away for inability to pay

Fee Reduction Application §19.2.2 is available for anyone for whom fees will prohibit the access to services.

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Nivel Federal de Pobreza *	Cuota de admisión 0 descontado de \$30 Las visitas al domicilio \$120 Ingreso personal y Recursos	Evaluación inicial / Visita domiciliaria Estabilización de Crisis	Individual Per Session (DSHS/SAS <350% see 19.0.7)	Familia Por persona por Sesión (DSHS / SAS < 350 % ver 19.0.7)	Terapia O Uso de Sustancias para el grupo de desorden PIO \$ 150 DSHS / SAS < 350 % ver 19.0.7) 1.5 horas / 2 + hrs	Psiquiatría		Copagos para los conceder de VIH (Desorden por Uso de Sustancias Ryan White , DSHS por el VIH y el DSHS-D)			Las personas mayores de 60 años
						Inicial (60 min)	Seguimiento (30 min)	Individual	Familias	Grupo	
0 – 100	\$ 0 – 12,880	30 / 0	30	15	10/15	45	30	0			15
101 – 125	12,881 – 16,100	50 / 0	35	25	15/20	60	50	1	1	1	20
126 – 175	16,101 – 22,540	60 / 2	40	30	15/25	75	60	2	1	1	20
176 – 200	22,541 – 25,760	70 / 3	45	35	15/30	90	70	3	1	1	20
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276 – 300	35,421 – 38,640	80 / 10	55	45	20/30	135	75	10	5	2	30
301 – 400	38,641 – 51,520	90 / 15	60	60	30/45	135	75	DSHS-HIV & RWCD			30
401 – 500	51,521 – 64,400	90 / 15	65	65	30/45	135	75	Sigue la escala regular, DSHS-D seguir debajo			35
501 – 725	64,401 – 93,380	120 / 30	75	75	50/200/day	250	125	10	5	2	35
726 – & up	93,381 – more	150 / 30	120	120	60/200/day	250	125				120
	third party payers	150	120	120	60/200/day	250	125				120

Al cliente que se le asigna una cuota inferior a la parte superior de la gama deberá poder confirmar la renta.

* Las cifras son para el tamaño del hogar de 1. Para colocar el cliente en la lista de tarifas Por favor, compruebe que el hogar tenga más de una persona.

Solicitud de reducción de tasas §19.2.2 está disponible para cualquier persona para quien honorarios no permite el acceso a los servicios.

Para preguntas sobre las tarifas de los servicios de VIH por favor, póngase en contacto con Eligibility 713.529.0037 x 0