

**GRANT INTEGRATED SERVICES**  
**MENTAL HEALTH SERVICES FEE SCHEDULE**  
 EFFECTIVE 1/1/16 - 12/31/16



**Standard Services & Fees**

SERVICE	IN OFFICE SERVICE COST	OUT OF OFFICE SERVICE COST	BILLING UNITS*
Crisis	\$125.00	\$187.50	per hour
Stabilization	\$95.00	\$142.50	per hour
Intake Evaluation, routine	\$125.00	\$187.50	per hour
Individual Treatment Services w/Master's Level	\$125.00	\$187.50	per hour
Family Therapy w/Master's Level	\$125.00	\$187.50	per hour
Individual Treatment Services w/other provider	\$95.00	\$142.50	per hour
Group Services	\$31.25	\$46.88	per hour
*Per hour services are pro-rated			
Nursing Visit - RN	\$38.00	\$38.00	per event
Med Intake by ARNP	\$226.00	\$226.00	per event
Routine Med Mgmt Level 3 by ARNP	\$133.00	\$133.00	per event
Detailed Med Mgmt by ARNP	\$195.00	\$195.00	per event
Comprehensive Med Mgmt by ARNP	\$262.00	\$262.00	per event

**CONSUMERS ARE RESPONSIBLE FOR PAYMENT OF ALL SERVICES PROVIDED ACCORDING TO HIS OR HER FINANCIAL AGREEMENT WITH GRANT INTEGRATED SERVICES.**

The sliding fee schedule below is available for consumers who have been determined by Grant Mental Healthcare (GMHC) to be unable to pay the full fee, and the consumer meets the household income and member criteria. All Title XIX recipients must present their Medical Services Card for each visit at GMHC. Consumers who are Title XIX recipients are not charged a co-pay, deductible or other fee for Medicaid approved services, in keeping with Medication regulations. Consumers having private insurance coverage or those who are self-pay for services are responsible for the full full fee charges unless GMHC sliding fee criteria has been met.

Consumers meeting the criteria for Sliding Fee Schedule Application will be charged a percentage (%) of the fees shown above based on their income and number of dependents living in the household, provided that documentation for proof of income is received by GRIS and, based on available resources, the application is approved. Please ask the front desk if you need assistance reading or understanding this document.

<b>BEHAVIORAL HEALTH SLIDING FEE SCHEDULE - Monthly Income</b>											
% of Poverty	% of Slide	NUMBER OF DEPENDENT PERSONS IN FAMILY/HOUSEHOLD									
		1-Monthly	2-Monthly	3-Monthly	4-Monthly	5-Monthly	6-Monthly	7-Monthly	8-Monthly	9-Monthly	10-Monthly
210%	45.00%	\$ 2,079	\$ 2,804	\$ 3,528	\$ 4,253	\$ 4,977	\$ 5,702	\$ 6,428	\$ 7,156	\$ 7,254	\$ 8,612
200%	40.00%	\$ 1,980	\$ 2,670	\$ 3,360	\$ 4,050	\$ 4,740	\$ 5,430	\$ 6,122	\$ 6,815	\$ 6,908	\$ 8,202
190%	35.00%	\$ 1,881	\$ 2,537	\$ 3,192	\$ 3,848	\$ 4,503	\$ 5,159	\$ 5,816	\$ 6,474	\$ 6,563	\$ 7,792
180%	30.00%	\$ 1,782	\$ 2,403	\$ 3,024	\$ 3,645	\$ 4,266	\$ 4,887	\$ 5,510	\$ 6,134	\$ 6,217	\$ 7,381
170%	25.00%	\$ 1,683	\$ 2,270	\$ 2,856	\$ 3,443	\$ 4,029	\$ 4,616	\$ 5,203	\$ 5,793	\$ 5,872	\$ 6,971
160%	20.00%	\$ 1,584	\$ 2,136	\$ 2,688	\$ 3,240	\$ 3,792	\$ 4,344	\$ 4,897	\$ 5,452	\$ 5,527	\$ 6,561
150%	15.00%	\$ 1,485	\$ 2,003	\$ 2,520	\$ 3,038	\$ 3,555	\$ 4,073	\$ 4,591	\$ 5,111	\$ 5,181	\$ 6,151
140%	10.00%	\$ 1,386	\$ 1,869	\$ 2,352	\$ 2,835	\$ 3,318	\$ 3,801	\$ 4,285	\$ 4,771	\$ 4,836	\$ 5,741
130%	5.00%	\$ 1,287	\$ 1,736	\$ 2,184	\$ 2,633	\$ 3,081	\$ 3,530	\$ 3,979	\$ 4,430	\$ 4,490	\$ 5,331
120%	5.00%	\$ 1,188	\$ 1,602	\$ 2,016	\$ 2,430	\$ 2,844	\$ 3,258	\$ 3,673	\$ 4,089	\$ 4,145	\$ 4,921
110%	5.00%	\$ 1,089	\$ 1,469	\$ 1,848	\$ 2,228	\$ 2,607	\$ 2,987	\$ 3,367	\$ 3,748	\$ 3,800	\$ 4,511
100%	5.00%	\$ 990	\$ 1,335	\$ 1,680	\$ 2,025	\$ 2,370	\$ 2,715	\$ 3,061	\$ 3,408	\$ 3,454	\$ 4,101

THIS TABLE SHOWS THE PERCENTAGE OF FEES TO BE APPLIED TO CONSUMERS BASED UPON INCOME LEVEL AND FAMILY SIZE. THE TABLE IS BASED UPON THE OFFICIAL FEDERAL POVERTY LEVEL AT 220%. ANY DEVIATION FROM THIS SCHEDULE REQUIRES A WRITTEN FEE EXCEPTION APPROVED BY THE BEHAVIORAL HEALTH DIRECTOR. THIS SCHEDULE IS AVAILABLE TO CONSUMERS UPON REQUEST. PREGNANT WOMEN COUNT AS TWO PEOPLE FOR THE PURPOSE OF THIS CHART.

Effective 1/1/16 to 12/31/16  
 Add \$347 for each additional person over 10 dependents

