

COMMUNITY ALLIANCE ORGANIZATIONAL POLICIES & PROCEDURES  
 PROGRAM SERVICE FEE SCHEDULE - UNINSURED, SELF PAY:

**Residential Rehabilitation**

NUMBER: 1091C  
 EFFECTIVE: 7/1/2021

SUPERCEDES: 1091A (07/01/2020) and all previous

PAGE: 1 of 13

APPROVED/RENEWED: Chief Executive Officer

DATE: 6/24/2021

Board of Directors - Community Alliance Rehabilitation Services

6/24/2021

Applicable to **PRIVATE PAY** clients only; excludes any 3rd party payer.

Annual Income Limits		Monthly Income Limits		Single	Family-2	Family-3	Family-4	Family-5	Family-6	Family-7	Family-8	Family-9	Family-10
Lower	Upper	Lower	Upper										
\$0	\$12,880	\$0	\$1,073	\$68	\$68	\$68	\$68	\$68	\$68	\$68	\$68	\$68	\$68
\$12,881	\$17,420	\$1,073	\$1,452	\$102	\$68	\$68	\$68	\$68	\$68	\$68	\$68	\$68	\$68
\$17,421	\$21,960	\$1,452	\$1,830	\$102	\$102	\$102	\$102	\$102	\$68	\$68	\$68	\$68	\$68
\$21,961	\$26,500	\$1,830	\$2,208	\$136	\$102	\$102	\$102	\$102	\$102	\$102	\$102	\$102	\$102
\$26,501	\$31,040	\$2,208	\$2,587	\$136	\$136	\$136	\$136	\$136	\$102	\$102	\$102	\$102	\$102
\$31,041	\$35,580	\$2,587	\$2,965	\$136	\$136	\$136	\$136	\$136	\$136	\$136	\$136	\$136	\$136
\$35,581	\$40,120	\$2,965	\$3,343	\$136	\$136	\$136	\$136	\$136	\$136	\$136	\$136	\$136	\$136
\$40,121	\$44,660	\$3,343	\$3,722	\$136	\$136	\$136	\$136	\$136	\$136	\$136	\$136	\$136	\$136
\$44,661	\$49,201	\$3,722	\$4,100	\$136	\$136	\$136	\$136	\$136	\$136	\$136	\$136	\$136	\$136
\$49,202	\$53,742	\$4,100	\$4,479	\$136	\$136	\$136	\$136	\$136	\$136	\$136	\$136	\$136	\$136
\$53,743	\$58,284	\$4,479	\$4,857	\$136	\$136	\$136	\$136	\$136	\$136	\$136	\$136	\$136	\$136
\$58,285	\$62,825	\$4,857	\$5,235	\$136	\$136	\$136	\$136	\$136	\$136	\$136	\$136	\$136	\$136
\$62,826	\$67,366	\$5,236	\$5,614	\$136	\$136	\$136	\$136	\$136	\$136	\$136	\$136	\$136	\$136
\$67,367	\$71,907	\$5,614	\$5,992	\$136	\$136	\$136	\$136	\$136	\$136	\$136	\$136	\$136	\$136
\$71,908	\$76,448	\$5,992	\$6,371	\$136	\$136	\$136	\$136	\$136	\$136	\$136	\$136	\$136	\$136
\$76,449	\$80,990	\$6,371	\$6,749	\$136	\$136	\$136	\$136	\$136	\$136	\$136	\$136	\$136	\$136
\$80,991	\$85,531	\$6,749	\$7,128	\$136	\$136	\$136	\$136	\$136	\$136	\$136	\$136	\$136	\$136
\$85,532	\$90,072	\$7,128	\$7,506	\$136	\$136	\$136	\$136	\$136	\$136	\$136	\$136	\$136	\$136
\$90,073	\$94,613	\$7,506	\$7,884	\$136	\$136	\$136	\$136	\$136	\$136	\$136	\$136	\$136	\$136
\$94,614	\$99,154	\$7,885	\$8,263	\$136	\$136	\$136	\$136	\$136	\$136	\$136	\$136	\$136	\$136
\$99,155	\$103,696	\$8,263	\$8,641	\$136	\$136	\$136	\$136	\$136	\$136	\$136	\$136	\$136	\$136
\$103,697	\$108,237	\$8,641	\$9,020	\$136	\$136	\$136	\$136	\$136	\$136	\$136	\$136	\$136	\$136
\$108,238	\$112,778	\$9,020	\$9,398	\$136	\$136	\$136	\$136	\$136	\$136	\$136	\$136	\$136	\$136
\$112,779	\$117,319	\$9,398	\$9,777	\$167	\$167	\$167	\$167	\$167	\$167	\$167	\$167	\$167	\$167
\$117,320	\$121,860	\$9,777	\$10,155	\$167	\$167	\$167	\$167	\$167	\$167	\$167	\$167	\$167	\$167
\$121,861	\$126,402	\$10,155	\$10,534	\$167	\$167	\$167	\$167	\$167	\$167	\$167	\$167	\$167	\$167
\$126,403	\$130,943	\$10,534	\$10,912	\$167	\$167	\$167	\$167	\$167	\$167	\$167	\$167	\$167	\$167
\$130,944	\$135,484	\$10,912	\$11,290	\$167	\$167	\$167	\$167	\$167	\$167	\$167	\$167	\$167	\$167
\$135,485	\$140,025	\$11,290	\$11,669	\$167	\$167	\$167	\$167	\$167	\$167	\$167	\$167	\$167	\$167
\$140,026	\$144,566	\$11,669	\$12,047	\$167	\$167	\$167	\$167	\$167	\$167	\$167	\$167	\$167	\$167
\$144,567	\$149,108	\$12,047	\$12,426	\$167	\$167	\$167	\$167	\$167	\$167	\$167	\$167	\$167	\$167

\* Monthly Income as calculated on CA income worksheet.

**R6/DBHS Payment Rate: \$ 136.12 day/unit**  
**Standard Rate for all 3rd Party Payers: \$ 167.00 day/unit**

\*\* This schedule applies when service not paid by Medicaid, MCO, DBH/R6, insurance or other third party payer.

\*\*\* This fee schedule applies only to behavioral health services provided and excludes any housing or other facility related services which may also be provided to consumer by this or other Community Alliance affiliate..

COMMUNITY ALLIANCE ORGANIZATIONAL POLICIES & PROCEDURES  
 PROGRAM SERVICE FEE SCHEDULE - UNINSURED, SELF PAY:

Community Support

NUMBER: 1091C  
 EFFECTIVE: 7/1/2021

SUPERCEDES: 1091A (07/01/2020) and all previous

PAGE: 2 of 13

APPROVED/RENEWED: Chief Executive Officer

DATE: 6/24/2021

Board of Directors - Community Alliance Rehabilitation Services

6/24/2021

Applicable to **PRIVATE PAY** clients only; excludes any 3rd party payer.

Annual Income Limits		Monthly Income Limits		Single	Family-2	Family-3	Family-4	Family-5	Family-6	Family-7	Family-8	Family-9	Family-10
Lower	Upper	Lower	Upper										
\$0	\$ 12,880	\$0	\$ 1,073	\$ 164	\$ 164	\$ 164	\$ 164	\$ 164	\$ 164	\$ 164	\$ 164	\$ 164	\$ 164
\$ 12,881	\$ 17,420	\$ 1,073	\$ 1,452	\$ 246	\$ 164	\$ 164	\$ 164	\$ 164	\$ 164	\$ 164	\$ 164	\$ 164	\$ 164
\$ 17,421	\$ 21,960	\$ 1,452	\$ 1,830	\$ 246	\$ 246	\$ 246	\$ 246	\$ 246	\$ 164	\$ 164	\$ 164	\$ 164	\$ 164
\$ 21,961	\$ 26,500	\$ 1,830	\$ 2,208	\$ 328	\$ 246	\$ 246	\$ 246	\$ 246	\$ 246	\$ 246	\$ 246	\$ 246	\$ 246
\$ 26,501	\$ 31,040	\$ 2,208	\$ 2,587	\$ 328	\$ 328	\$ 328	\$ 328	\$ 328	\$ 246	\$ 246	\$ 246	\$ 246	\$ 246
\$ 31,041	\$ 35,580	\$ 2,587	\$ 2,965	\$ 328	\$ 328	\$ 328	\$ 328	\$ 328	\$ 328	\$ 328	\$ 328	\$ 328	\$ 328
\$ 35,581	\$ 40,120	\$ 2,965	\$ 3,343	\$ 328	\$ 328	\$ 328	\$ 328	\$ 328	\$ 328	\$ 328	\$ 328	\$ 328	\$ 328
\$ 40,121	\$ 44,660	\$ 3,343	\$ 3,722	\$ 328	\$ 328	\$ 328	\$ 328	\$ 328	\$ 328	\$ 328	\$ 328	\$ 328	\$ 328
\$ 44,661	\$ 49,201	\$ 3,722	\$ 4,100	\$ 328	\$ 328	\$ 328	\$ 328	\$ 328	\$ 328	\$ 328	\$ 328	\$ 328	\$ 328
\$ 49,202	\$ 53,742	\$ 4,100	\$ 4,479	\$ 328	\$ 328	\$ 328	\$ 328	\$ 328	\$ 328	\$ 328	\$ 328	\$ 328	\$ 328
\$ 53,743	\$ 58,284	\$ 4,479	\$ 4,857	\$ 328	\$ 328	\$ 328	\$ 328	\$ 328	\$ 328	\$ 328	\$ 328	\$ 328	\$ 328
\$ 58,285	\$ 62,825	\$ 4,857	\$ 5,235	\$ 328	\$ 328	\$ 328	\$ 328	\$ 328	\$ 328	\$ 328	\$ 328	\$ 328	\$ 328
\$ 62,826	\$ 67,366	\$ 5,236	\$ 5,614	\$ 328	\$ 328	\$ 328	\$ 328	\$ 328	\$ 328	\$ 328	\$ 328	\$ 328	\$ 328
\$ 67,367	\$ 71,907	\$ 5,614	\$ 5,992	\$ 328	\$ 328	\$ 328	\$ 328	\$ 328	\$ 328	\$ 328	\$ 328	\$ 328	\$ 328
\$ 71,908	\$ 76,448	\$ 5,992	\$ 6,371	\$ 328	\$ 328	\$ 328	\$ 328	\$ 328	\$ 328	\$ 328	\$ 328	\$ 328	\$ 328
\$ 76,449	\$ 80,990	\$ 6,371	\$ 6,749	\$ 328	\$ 328	\$ 328	\$ 328	\$ 328	\$ 328	\$ 328	\$ 328	\$ 328	\$ 328
\$ 80,991	\$ 85,531	\$ 6,749	\$ 7,128	\$ 328	\$ 328	\$ 328	\$ 328	\$ 328	\$ 328	\$ 328	\$ 328	\$ 328	\$ 328
\$ 85,532	\$ 90,072	\$ 7,128	\$ 7,506	\$ 328	\$ 328	\$ 328	\$ 328	\$ 328	\$ 328	\$ 328	\$ 328	\$ 328	\$ 328
\$ 90,073	\$ 94,613	\$ 7,506	\$ 7,884	\$ 328	\$ 328	\$ 328	\$ 328	\$ 328	\$ 328	\$ 328	\$ 328	\$ 328	\$ 328
\$ 94,614	\$ 99,154	\$ 7,885	\$ 8,263	\$ 328	\$ 328	\$ 328	\$ 328	\$ 328	\$ 328	\$ 328	\$ 328	\$ 328	\$ 328
\$ 99,155	\$ 103,696	\$ 8,263	\$ 8,641	\$ 328	\$ 328	\$ 328	\$ 328	\$ 328	\$ 328	\$ 328	\$ 328	\$ 328	\$ 328
\$ 103,697	\$ 108,237	\$ 8,641	\$ 9,020	\$ 328	\$ 328	\$ 328	\$ 328	\$ 328	\$ 328	\$ 328	\$ 328	\$ 328	\$ 328
\$ 108,238	\$ 112,778	\$ 9,020	\$ 9,398	\$ 328	\$ 328	\$ 328	\$ 328	\$ 328	\$ 328	\$ 328	\$ 328	\$ 328	\$ 328
\$ 112,779	\$ 117,319	\$ 9,398	\$ 9,777	\$ 500	\$ 500	\$ 500	\$ 500	\$ 500	\$ 500	\$ 500	\$ 500	\$ 500	\$ 500
\$ 117,320	\$ 121,860	\$ 9,777	\$ 10,155	\$ 500	\$ 500	\$ 500	\$ 500	\$ 500	\$ 500	\$ 500	\$ 500	\$ 500	\$ 500
\$ 121,861	\$ 126,402	\$ 10,155	\$ 10,534	\$ 500	\$ 500	\$ 500	\$ 500	\$ 500	\$ 500	\$ 500	\$ 500	\$ 500	\$ 500
\$ 126,403	\$ 130,943	\$ 10,534	\$ 10,912	\$ 500	\$ 500	\$ 500	\$ 500	\$ 500	\$ 500	\$ 500	\$ 500	\$ 500	\$ 500
\$ 130,944	\$ 135,484	\$ 10,912	\$ 11,290	\$ 500	\$ 500	\$ 500	\$ 500	\$ 500	\$ 500	\$ 500	\$ 500	\$ 500	\$ 500
\$ 135,485	\$ 140,025	\$ 11,290	\$ 11,669	\$ 500	\$ 500	\$ 500	\$ 500	\$ 500	\$ 500	\$ 500	\$ 500	\$ 500	\$ 500
\$ 140,026	\$ 144,566	\$ 11,669	\$ 12,047	\$ 500	\$ 500	\$ 500	\$ 500	\$ 500	\$ 500	\$ 500	\$ 500	\$ 500	\$ 500
\$ 144,567	\$ 149,108	\$ 12,047	\$ 12,426	\$ 500	\$ 500	\$ 500	\$ 500	\$ 500	\$ 500	\$ 500	\$ 500	\$ 500	\$ 500

R6/DBHS Payment Rate: \$ 327.92 month

Standard Rate for all 3rd Party Payers: \$ 500.00 month

\* Monthly Income as calculated on CA income worksheet.

\*\* This schedule applies when service not paid by Medicaid, MCO, DBH/R6, insurance or other third party payer.

\*\*\* This fee schedule applies only to behavioral health services provided and excludes any housing or other facility related services which may also be provided to consumer by this or other Community Alliance affiliate..

COMMUNITY ALLIANCE ORGANIZATIONAL POLICIES & PROCEDURES  
 PROGRAM SERVICE FEE SCHEDULE - UNINSURED, SELF PAY:

**Intensive Community Services**

NUMBER: 1091C  
 EFFECTIVE: 7/1/2021

SUPERCEDES: 1091A (07/01/2020) and all previous

PAGE: 3 of 13

APPROVED/RENEWED: Chief Executive Officer

DATE: 6/24/2021

Board of Directors - Community Alliance Rehabilitation Services

6/24/2021

Applicable to **PRIVATE PAY** clients only; excludes any 3rd party payer.

Annual Income Limits		Monthly Income Limits		Single	Family-2	Family-3	Family-4	Family-5	Family-6	Family-7	Family-8	Family-9	Family-10
Lower	Upper	Lower	Upper										
\$0	\$ 12,880	\$0	\$ 1,073	\$ 510	\$ 510	\$ 510	\$ 510	\$ 510	\$ 510	\$ 510	\$ 510	\$ 510	\$ 510
\$ 12,881	\$ 17,420	\$ 1,073	\$ 1,452	\$ 765	\$ 510	\$ 510	\$ 510	\$ 510	\$ 510	\$ 510	\$ 510	\$ 510	\$ 510
\$ 17,421	\$ 21,960	\$ 1,452	\$ 1,830	\$ 765	\$ 765	\$ 765	\$ 765	\$ 765	\$ 510	\$ 510	\$ 510	\$ 510	\$ 510
\$ 21,961	\$ 26,500	\$ 1,830	\$ 2,208	\$ 1,020	\$ 765	\$ 765	\$ 765	\$ 765	\$ 765	\$ 765	\$ 765	\$ 765	\$ 765
\$ 26,501	\$ 31,040	\$ 2,208	\$ 2,587	\$ 1,020	\$ 1,020	\$ 1,020	\$ 1,020	\$ 1,020	\$ 765	\$ 765	\$ 765	\$ 765	\$ 765
\$ 31,041	\$ 35,580	\$ 2,587	\$ 2,965	\$ 1,020	\$ 1,020	\$ 1,020	\$ 1,020	\$ 1,020	\$ 1,020	\$ 1,020	\$ 1,020	\$ 1,020	\$ 1,020
\$ 35,581	\$ 40,120	\$ 2,965	\$ 3,343	\$ 1,020	\$ 1,020	\$ 1,020	\$ 1,020	\$ 1,020	\$ 1,020	\$ 1,020	\$ 1,020	\$ 1,020	\$ 1,020
\$ 40,121	\$ 44,660	\$ 3,343	\$ 3,722	\$ 1,020	\$ 1,020	\$ 1,020	\$ 1,020	\$ 1,020	\$ 1,020	\$ 1,020	\$ 1,020	\$ 1,020	\$ 1,020
\$ 44,661	\$ 49,201	\$ 3,722	\$ 4,100	\$ 1,020	\$ 1,020	\$ 1,020	\$ 1,020	\$ 1,020	\$ 1,020	\$ 1,020	\$ 1,020	\$ 1,020	\$ 1,020
\$ 49,202	\$ 53,742	\$ 4,100	\$ 4,479	\$ 1,020	\$ 1,020	\$ 1,020	\$ 1,020	\$ 1,020	\$ 1,020	\$ 1,020	\$ 1,020	\$ 1,020	\$ 1,020
\$ 53,743	\$ 58,284	\$ 4,479	\$ 4,857	\$ 1,020	\$ 1,020	\$ 1,020	\$ 1,020	\$ 1,020	\$ 1,020	\$ 1,020	\$ 1,020	\$ 1,020	\$ 1,020
\$ 58,285	\$ 62,825	\$ 4,857	\$ 5,235	\$ 1,020	\$ 1,020	\$ 1,020	\$ 1,020	\$ 1,020	\$ 1,020	\$ 1,020	\$ 1,020	\$ 1,020	\$ 1,020
\$ 62,826	\$ 67,366	\$ 5,236	\$ 5,614	\$ 1,020	\$ 1,020	\$ 1,020	\$ 1,020	\$ 1,020	\$ 1,020	\$ 1,020	\$ 1,020	\$ 1,020	\$ 1,020
\$ 67,367	\$ 71,907	\$ 5,614	\$ 5,992	\$ 1,020	\$ 1,020	\$ 1,020	\$ 1,020	\$ 1,020	\$ 1,020	\$ 1,020	\$ 1,020	\$ 1,020	\$ 1,020
\$ 71,908	\$ 76,448	\$ 5,992	\$ 6,371	\$ 1,020	\$ 1,020	\$ 1,020	\$ 1,020	\$ 1,020	\$ 1,020	\$ 1,020	\$ 1,020	\$ 1,020	\$ 1,020
\$ 76,449	\$ 80,990	\$ 6,371	\$ 6,749	\$ 1,020	\$ 1,020	\$ 1,020	\$ 1,020	\$ 1,020	\$ 1,020	\$ 1,020	\$ 1,020	\$ 1,020	\$ 1,020
\$ 80,991	\$ 85,531	\$ 6,749	\$ 7,128	\$ 1,020	\$ 1,020	\$ 1,020	\$ 1,020	\$ 1,020	\$ 1,020	\$ 1,020	\$ 1,020	\$ 1,020	\$ 1,020
\$ 85,532	\$ 90,072	\$ 7,128	\$ 7,506	\$ 1,020	\$ 1,020	\$ 1,020	\$ 1,020	\$ 1,020	\$ 1,020	\$ 1,020	\$ 1,020	\$ 1,020	\$ 1,020
\$ 90,073	\$ 94,613	\$ 7,506	\$ 7,884	\$ 1,020	\$ 1,020	\$ 1,020	\$ 1,020	\$ 1,020	\$ 1,020	\$ 1,020	\$ 1,020	\$ 1,020	\$ 1,020
\$ 94,614	\$ 99,154	\$ 7,885	\$ 8,263	\$ 1,020	\$ 1,020	\$ 1,020	\$ 1,020	\$ 1,020	\$ 1,020	\$ 1,020	\$ 1,020	\$ 1,020	\$ 1,020
\$ 99,155	\$ 103,696	\$ 8,263	\$ 8,641	\$ 1,020	\$ 1,020	\$ 1,020	\$ 1,020	\$ 1,020	\$ 1,020	\$ 1,020	\$ 1,020	\$ 1,020	\$ 1,020
\$ 103,697	\$ 108,237	\$ 8,641	\$ 9,020	\$ 1,020	\$ 1,020	\$ 1,020	\$ 1,020	\$ 1,020	\$ 1,020	\$ 1,020	\$ 1,020	\$ 1,020	\$ 1,020
\$ 108,238	\$ 112,778	\$ 9,020	\$ 9,398	\$ 1,020	\$ 1,020	\$ 1,020	\$ 1,020	\$ 1,020	\$ 1,020	\$ 1,020	\$ 1,020	\$ 1,020	\$ 1,020
\$ 112,779	\$ 117,319	\$ 9,398	\$ 9,777	\$ 1,200	\$ 1,200	\$ 1,200	\$ 1,200	\$ 1,200	\$ 1,200	\$ 1,200	\$ 1,200	\$ 1,200	\$ 1,200
\$ 117,320	\$ 121,860	\$ 9,777	\$ 10,155	\$ 1,200	\$ 1,200	\$ 1,200	\$ 1,200	\$ 1,200	\$ 1,200	\$ 1,200	\$ 1,200	\$ 1,200	\$ 1,200
\$ 121,861	\$ 126,402	\$ 10,155	\$ 10,534	\$ 1,200	\$ 1,200	\$ 1,200	\$ 1,200	\$ 1,200	\$ 1,200	\$ 1,200	\$ 1,200	\$ 1,200	\$ 1,200
\$ 126,403	\$ 130,943	\$ 10,534	\$ 10,912	\$ 1,200	\$ 1,200	\$ 1,200	\$ 1,200	\$ 1,200	\$ 1,200	\$ 1,200	\$ 1,200	\$ 1,200	\$ 1,200
\$ 130,944	\$ 135,484	\$ 10,912	\$ 11,290	\$ 1,200	\$ 1,200	\$ 1,200	\$ 1,200	\$ 1,200	\$ 1,200	\$ 1,200	\$ 1,200	\$ 1,200	\$ 1,200
\$ 135,485	\$ 140,025	\$ 11,290	\$ 11,669	\$ 1,200	\$ 1,200	\$ 1,200	\$ 1,200	\$ 1,200	\$ 1,200	\$ 1,200	\$ 1,200	\$ 1,200	\$ 1,200
\$ 140,026	\$ 144,566	\$ 11,669	\$ 12,047	\$ 1,200	\$ 1,200	\$ 1,200	\$ 1,200	\$ 1,200	\$ 1,200	\$ 1,200	\$ 1,200	\$ 1,200	\$ 1,200
\$ 144,567	\$ 149,108	\$ 12,047	\$ 12,426	\$ 1,200	\$ 1,200	\$ 1,200	\$ 1,200	\$ 1,200	\$ 1,200	\$ 1,200	\$ 1,200	\$ 1,200	\$ 1,200

R6/DBHS Payment Rate: \$ 1,019.67 month

Standard Rate for all 3rd Party Payers: \$ 1,200.00 month

\* Monthly Income as calculated on CA income worksheet.

\*\* This schedule applies when service not paid by Medicaid, MCO, DBH/R6, insurance or other third party payer.

\*\*\* This fee schedule applies only to behavioral health services provided and excludes any housing or other facility related services which may also be provided to consumer by this or other Community Alliance affiliate..

COMMUNITY ALLIANCE ORGANIZATIONAL POLICIES & PROCEDURES  
 PROGRAM SERVICE FEE SCHEDULE - UNINSURED, SELF PAY:

**Day Rehabilitation**

NUMBER: 1091C  
 EFFECTIVE: 7/1/2021

SUPERCEDES: 1091A (07/01/2020) and all previous

PAGE: 4 of 13

APPROVED/RENEWED: Chief Executive Officer

DATE: 6/24/2021

Board of Directors - Community Alliance Rehabilitation Services

6/24/2021

Applicable to **PRIVATE PAY** clients only; excludes any 3rd party payer.

Annual Income Limits		Monthly Income Limits		Single	Family-2	Family-3	Family-4	Family-5	Family-6	Family-7	Family-8	Family-9	Family-10
Lower	Upper	Lower	Upper										
\$0	\$ 12,880	\$0	\$ 1,073	\$ 35	\$ 35	\$ 35	\$ 35	\$ 35	\$ 35	\$ 35	\$ 35	\$ 35	\$ 35
\$ 12,881	\$ 17,420	\$ 1,073	\$ 1,452	\$ 52	\$ 35	\$ 35	\$ 35	\$ 35	\$ 35	\$ 35	\$ 35	\$ 35	\$ 35
\$ 17,421	\$ 21,960	\$ 1,452	\$ 1,830	\$ 52	\$ 52	\$ 52	\$ 52	\$ 52	\$ 35	\$ 35	\$ 35	\$ 35	\$ 35
\$ 21,961	\$ 26,500	\$ 1,830	\$ 2,208	\$ 70	\$ 52	\$ 52	\$ 52	\$ 52	\$ 52	\$ 52	\$ 52	\$ 52	\$ 52
\$ 26,501	\$ 31,040	\$ 2,208	\$ 2,587	\$ 70	\$ 70	\$ 70	\$ 70	\$ 70	\$ 52	\$ 52	\$ 52	\$ 52	\$ 52
\$ 31,041	\$ 35,580	\$ 2,587	\$ 2,965	\$ 70	\$ 70	\$ 70	\$ 70	\$ 70	\$ 70	\$ 70	\$ 70	\$ 70	\$ 70
\$ 35,581	\$ 40,120	\$ 2,965	\$ 3,343	\$ 70	\$ 70	\$ 70	\$ 70	\$ 70	\$ 70	\$ 70	\$ 70	\$ 70	\$ 70
\$ 40,121	\$ 44,660	\$ 3,343	\$ 3,722	\$ 70	\$ 70	\$ 70	\$ 70	\$ 70	\$ 70	\$ 70	\$ 70	\$ 70	\$ 70
\$ 44,661	\$ 49,201	\$ 3,722	\$ 4,100	\$ 70	\$ 70	\$ 70	\$ 70	\$ 70	\$ 70	\$ 70	\$ 70	\$ 70	\$ 70
\$ 49,202	\$ 53,742	\$ 4,100	\$ 4,479	\$ 70	\$ 70	\$ 70	\$ 70	\$ 70	\$ 70	\$ 70	\$ 70	\$ 70	\$ 70
\$ 53,743	\$ 58,284	\$ 4,479	\$ 4,857	\$ 70	\$ 70	\$ 70	\$ 70	\$ 70	\$ 70	\$ 70	\$ 70	\$ 70	\$ 70
\$ 58,285	\$ 62,825	\$ 4,857	\$ 5,235	\$ 70	\$ 70	\$ 70	\$ 70	\$ 70	\$ 70	\$ 70	\$ 70	\$ 70	\$ 70
\$ 62,826	\$ 67,366	\$ 5,236	\$ 5,614	\$ 70	\$ 70	\$ 70	\$ 70	\$ 70	\$ 70	\$ 70	\$ 70	\$ 70	\$ 70
\$ 67,367	\$ 71,907	\$ 5,614	\$ 5,992	\$ 70	\$ 70	\$ 70	\$ 70	\$ 70	\$ 70	\$ 70	\$ 70	\$ 70	\$ 70
\$ 71,908	\$ 76,448	\$ 5,992	\$ 6,371	\$ 70	\$ 70	\$ 70	\$ 70	\$ 70	\$ 70	\$ 70	\$ 70	\$ 70	\$ 70
\$ 76,449	\$ 80,990	\$ 6,371	\$ 6,749	\$ 70	\$ 70	\$ 70	\$ 70	\$ 70	\$ 70	\$ 70	\$ 70	\$ 70	\$ 70
\$ 80,991	\$ 85,531	\$ 6,749	\$ 7,128	\$ 70	\$ 70	\$ 70	\$ 70	\$ 70	\$ 70	\$ 70	\$ 70	\$ 70	\$ 70
\$ 85,532	\$ 90,072	\$ 7,128	\$ 7,506	\$ 70	\$ 70	\$ 70	\$ 70	\$ 70	\$ 70	\$ 70	\$ 70	\$ 70	\$ 70
\$ 90,073	\$ 94,613	\$ 7,506	\$ 7,884	\$ 70	\$ 70	\$ 70	\$ 70	\$ 70	\$ 70	\$ 70	\$ 70	\$ 70	\$ 70
\$ 94,614	\$ 99,154	\$ 7,885	\$ 8,263	\$ 70	\$ 70	\$ 70	\$ 70	\$ 70	\$ 70	\$ 70	\$ 70	\$ 70	\$ 70
\$ 99,155	\$ 103,696	\$ 8,263	\$ 8,641	\$ 70	\$ 70	\$ 70	\$ 70	\$ 70	\$ 70	\$ 70	\$ 70	\$ 70	\$ 70
\$ 103,697	\$ 108,237	\$ 8,641	\$ 9,020	\$ 70	\$ 70	\$ 70	\$ 70	\$ 70	\$ 70	\$ 70	\$ 70	\$ 70	\$ 70
\$ 108,238	\$ 112,778	\$ 9,020	\$ 9,398	\$ 70	\$ 70	\$ 70	\$ 70	\$ 70	\$ 70	\$ 70	\$ 70	\$ 70	\$ 70
\$ 112,779	\$ 117,319	\$ 9,398	\$ 9,777	\$ 85	\$ 85	\$ 85	\$ 85	\$ 85	\$ 85	\$ 85	\$ 85	\$ 85	\$ 85
\$ 117,320	\$ 121,860	\$ 9,777	\$ 10,155	\$ 85	\$ 85	\$ 85	\$ 85	\$ 85	\$ 85	\$ 85	\$ 85	\$ 85	\$ 85
\$ 121,861	\$ 126,402	\$ 10,155	\$ 10,534	\$ 85	\$ 85	\$ 85	\$ 85	\$ 85	\$ 85	\$ 85	\$ 85	\$ 85	\$ 85
\$ 126,403	\$ 130,943	\$ 10,534	\$ 10,912	\$ 85	\$ 85	\$ 85	\$ 85	\$ 85	\$ 85	\$ 85	\$ 85	\$ 85	\$ 85
\$ 130,944	\$ 135,484	\$ 10,912	\$ 11,290	\$ 85	\$ 85	\$ 85	\$ 85	\$ 85	\$ 85	\$ 85	\$ 85	\$ 85	\$ 85
\$ 135,485	\$ 140,025	\$ 11,290	\$ 11,669	\$ 85	\$ 85	\$ 85	\$ 85	\$ 85	\$ 85	\$ 85	\$ 85	\$ 85	\$ 85
\$ 140,026	\$ 144,566	\$ 11,669	\$ 12,047	\$ 85	\$ 85	\$ 85	\$ 85	\$ 85	\$ 85	\$ 85	\$ 85	\$ 85	\$ 85
\$ 144,567	\$ 149,108	\$ 12,047	\$ 12,426	\$ 85	\$ 85	\$ 85	\$ 85	\$ 85	\$ 85	\$ 85	\$ 85	\$ 85	\$ 85

R6/DBHS Payment Rate: \$ 69.87 day/unit

Standard Rate for all 3rd Party Payers: \$ 85.00 day/unit

\* Monthly Income as calculated on CA income worksheet.

\*\* This schedule applies when service not paid by Medicaid, MCO, DBH/R6, insurance or other third party payer.

\*\*\* This fee schedule applies only to behavioral health services provided and excludes any housing or other facility related services which may also be provided to consumer by this or other Community Alliance affiliate..

COMMUNITY ALLIANCE ORGANIZATIONAL POLICIES & PROCEDURES  
 PROGRAM SERVICE FEE SCHEDULE - UNINSURED, SELF PAY:

**Assertive Community Treatment**

NUMBER: 1091C  
 EFFECTIVE: 7/1/2021

SUPERCEDES: 1091A (07/01/2020) and all previous

PAGE: 5 of 13

APPROVED/RENEWED: Chief Executive Officer

DATE: 6/24/2021

Board of Directors - Community Alliance Rehabilitation Services

6/24/2021

Applicable to **PRIVATE PAY** clients only; excludes any 3rd party payer.

Annual Income Limits		Monthly Income Limits		Single	Family-2	Family-3	Family-4	Family-5	Family-6	Family-7	Family-8	Family-9	Family-10
Lower	Upper	Lower	Upper										
\$0	\$ 12,880	\$0	\$ 1,073	\$ 765	\$ 765	\$ 765	\$ 765	\$ 765	\$ 765	\$ 765	\$ 765	\$ 765	\$ 765
\$ 12,881	\$ 17,420	\$ 1,073	\$ 1,452	\$ 1,148	\$ 765	\$ 765	\$ 765	\$ 765	\$ 765	\$ 765	\$ 765	\$ 765	\$ 765
\$ 17,421	\$ 21,960	\$ 1,452	\$ 1,830	\$ 1,148	\$ 1,148	\$ 1,148	\$ 1,148	\$ 1,148	\$ 765	\$ 765	\$ 765	\$ 765	\$ 765
\$ 21,961	\$ 26,500	\$ 1,830	\$ 2,208	\$ 1,531	\$ 1,148	\$ 1,148	\$ 1,148	\$ 1,148	\$ 1,148	\$ 1,148	\$ 1,148	\$ 1,148	\$ 1,148
\$ 26,501	\$ 31,040	\$ 2,208	\$ 2,587	\$ 1,531	\$ 1,531	\$ 1,531	\$ 1,531	\$ 1,531	\$ 1,148	\$ 1,148	\$ 1,148	\$ 1,148	\$ 1,148
\$ 31,041	\$ 35,580	\$ 2,587	\$ 2,965	\$ 1,531	\$ 1,531	\$ 1,531	\$ 1,531	\$ 1,531	\$ 1,531	\$ 1,531	\$ 1,531	\$ 1,531	\$ 1,531
\$ 35,581	\$ 40,120	\$ 2,965	\$ 3,343	\$ 1,531	\$ 1,531	\$ 1,531	\$ 1,531	\$ 1,531	\$ 1,531	\$ 1,531	\$ 1,531	\$ 1,531	\$ 1,531
\$ 40,121	\$ 44,660	\$ 3,343	\$ 3,722	\$ 1,531	\$ 1,531	\$ 1,531	\$ 1,531	\$ 1,531	\$ 1,531	\$ 1,531	\$ 1,531	\$ 1,531	\$ 1,531
\$ 44,661	\$ 49,201	\$ 3,722	\$ 4,100	\$ 1,531	\$ 1,531	\$ 1,531	\$ 1,531	\$ 1,531	\$ 1,531	\$ 1,531	\$ 1,531	\$ 1,531	\$ 1,531
\$ 49,202	\$ 53,742	\$ 4,100	\$ 4,479	\$ 1,531	\$ 1,531	\$ 1,531	\$ 1,531	\$ 1,531	\$ 1,531	\$ 1,531	\$ 1,531	\$ 1,531	\$ 1,531
\$ 53,743	\$ 58,284	\$ 4,479	\$ 4,857	\$ 1,531	\$ 1,531	\$ 1,531	\$ 1,531	\$ 1,531	\$ 1,531	\$ 1,531	\$ 1,531	\$ 1,531	\$ 1,531
\$ 58,285	\$ 62,825	\$ 4,857	\$ 5,235	\$ 1,531	\$ 1,531	\$ 1,531	\$ 1,531	\$ 1,531	\$ 1,531	\$ 1,531	\$ 1,531	\$ 1,531	\$ 1,531
\$ 62,826	\$ 67,366	\$ 5,236	\$ 5,614	\$ 1,531	\$ 1,531	\$ 1,531	\$ 1,531	\$ 1,531	\$ 1,531	\$ 1,531	\$ 1,531	\$ 1,531	\$ 1,531
\$ 67,367	\$ 71,907	\$ 5,614	\$ 5,992	\$ 1,531	\$ 1,531	\$ 1,531	\$ 1,531	\$ 1,531	\$ 1,531	\$ 1,531	\$ 1,531	\$ 1,531	\$ 1,531
\$ 71,908	\$ 76,448	\$ 5,992	\$ 6,371	\$ 1,531	\$ 1,531	\$ 1,531	\$ 1,531	\$ 1,531	\$ 1,531	\$ 1,531	\$ 1,531	\$ 1,531	\$ 1,531
\$ 76,449	\$ 80,990	\$ 6,371	\$ 6,749	\$ 1,531	\$ 1,531	\$ 1,531	\$ 1,531	\$ 1,531	\$ 1,531	\$ 1,531	\$ 1,531	\$ 1,531	\$ 1,531
\$ 80,991	\$ 85,531	\$ 6,749	\$ 7,128	\$ 1,531	\$ 1,531	\$ 1,531	\$ 1,531	\$ 1,531	\$ 1,531	\$ 1,531	\$ 1,531	\$ 1,531	\$ 1,531
\$ 85,532	\$ 90,072	\$ 7,128	\$ 7,506	\$ 1,531	\$ 1,531	\$ 1,531	\$ 1,531	\$ 1,531	\$ 1,531	\$ 1,531	\$ 1,531	\$ 1,531	\$ 1,531
\$ 90,073	\$ 94,613	\$ 7,506	\$ 7,884	\$ 1,531	\$ 1,531	\$ 1,531	\$ 1,531	\$ 1,531	\$ 1,531	\$ 1,531	\$ 1,531	\$ 1,531	\$ 1,531
\$ 94,614	\$ 99,154	\$ 7,885	\$ 8,263	\$ 1,531	\$ 1,531	\$ 1,531	\$ 1,531	\$ 1,531	\$ 1,531	\$ 1,531	\$ 1,531	\$ 1,531	\$ 1,531
\$ 99,155	\$ 103,696	\$ 8,263	\$ 8,641	\$ 1,531	\$ 1,531	\$ 1,531	\$ 1,531	\$ 1,531	\$ 1,531	\$ 1,531	\$ 1,531	\$ 1,531	\$ 1,531
\$ 103,697	\$ 108,237	\$ 8,641	\$ 9,020	\$ 1,531	\$ 1,531	\$ 1,531	\$ 1,531	\$ 1,531	\$ 1,531	\$ 1,531	\$ 1,531	\$ 1,531	\$ 1,531
\$ 108,238	\$ 112,778	\$ 9,020	\$ 9,398	\$ 1,531	\$ 1,531	\$ 1,531	\$ 1,531	\$ 1,531	\$ 1,531	\$ 1,531	\$ 1,531	\$ 1,531	\$ 1,531
\$ 112,779	\$ 117,319	\$ 9,398	\$ 9,777	\$ 1,800	\$ 1,800	\$ 1,800	\$ 1,800	\$ 1,800	\$ 1,800	\$ 1,800	\$ 1,800	\$ 1,800	\$ 1,800
\$ 117,320	\$ 121,860	\$ 9,777	\$ 10,155	\$ 1,800	\$ 1,800	\$ 1,800	\$ 1,800	\$ 1,800	\$ 1,800	\$ 1,800	\$ 1,800	\$ 1,800	\$ 1,800
\$ 121,861	\$ 126,402	\$ 10,155	\$ 10,534	\$ 1,800	\$ 1,800	\$ 1,800	\$ 1,800	\$ 1,800	\$ 1,800	\$ 1,800	\$ 1,800	\$ 1,800	\$ 1,800
\$ 126,403	\$ 130,943	\$ 10,534	\$ 10,912	\$ 1,800	\$ 1,800	\$ 1,800	\$ 1,800	\$ 1,800	\$ 1,800	\$ 1,800	\$ 1,800	\$ 1,800	\$ 1,800
\$ 130,944	\$ 135,484	\$ 10,912	\$ 11,290	\$ 1,800	\$ 1,800	\$ 1,800	\$ 1,800	\$ 1,800	\$ 1,800	\$ 1,800	\$ 1,800	\$ 1,800	\$ 1,800
\$ 135,485	\$ 140,025	\$ 11,290	\$ 11,669	\$ 1,800	\$ 1,800	\$ 1,800	\$ 1,800	\$ 1,800	\$ 1,800	\$ 1,800	\$ 1,800	\$ 1,800	\$ 1,800
\$ 140,026	\$ 144,566	\$ 11,669	\$ 12,047	\$ 1,800	\$ 1,800	\$ 1,800	\$ 1,800	\$ 1,800	\$ 1,800	\$ 1,800	\$ 1,800	\$ 1,800	\$ 1,800
\$ 144,567	\$ 149,108	\$ 12,047	\$ 12,426	\$ 1,800	\$ 1,800	\$ 1,800	\$ 1,800	\$ 1,800	\$ 1,800	\$ 1,800	\$ 1,800	\$ 1,800	\$ 1,800

R6/DBHS Payment Rate: \$ 1,530.90 month (day x 30)

Standard Rate for all 3rd Party Payers: \$ 1,800.00 month

\* Monthly Income as calculated on CA income worksheet.

\*\* This schedule applies when service not paid by Medicaid, MCO, DBH/R6, insurance or other third party payer.

\*\*\* This fee schedule applies only to behavioral health services provided and excludes any housing or other facility related services which may also be provided to consumer by this or other Community Alliance affiliate..

COMMUNITY ALLIANCE ORGANIZATIONAL POLICIES & PROCEDURES  
 PROGRAM SERVICE FEE SCHEDULE - UNINSURED, SELF PAY:

**Outpatient - Psychiatric Visit**

NUMBER: 1091C  
 EFFECTIVE: 7/1/2021

SUPERCEDES: 1091A (07/01/2020) and all previous

PAGE: 6 of 13

APPROVED/RENEWED: Chief Executive Officer

DATE: 6/24/2021

Board of Directors - Community Alliance Rehabilitation Services

6/24/2021

Applicable to **PRIVATE PAY** clients only; excludes any 3rd party payer.

Annual Income Limits		Monthly Income Limits		Single	Family-2	Family-3	Family-4	Family-5	Family-6	Family-7	Family-8	Family-9	Family-10
Lower	Upper	Lower	Upper										
\$0	\$ 12,880	\$0	\$ 1,073	\$ 35	\$ 35	\$ 35	\$ 35	\$ 35	\$ 35	\$ 35	\$ 35	\$ 35	\$ 35
\$ 12,881	\$ 17,420	\$ 1,073	\$ 1,452	\$ 50	\$ 35	\$ 35	\$ 35	\$ 35	\$ 35	\$ 35	\$ 35	\$ 35	\$ 35
\$ 17,421	\$ 21,960	\$ 1,452	\$ 1,830	\$ 55	\$ 50	\$ 35	\$ 35	\$ 35	\$ 35	\$ 35	\$ 35	\$ 35	\$ 35
\$ 21,961	\$ 26,500	\$ 1,830	\$ 2,208	\$ 60	\$ 55	\$ 50	\$ 35	\$ 35	\$ 35	\$ 35	\$ 35	\$ 35	\$ 35
\$ 26,501	\$ 31,040	\$ 2,208	\$ 2,587	\$ 65	\$ 60	\$ 55	\$ 50	\$ 35	\$ 35	\$ 35	\$ 35	\$ 35	\$ 35
\$ 31,041	\$ 35,580	\$ 2,587	\$ 2,965	\$ 80	\$ 65	\$ 60	\$ 55	\$ 50	\$ 35	\$ 35	\$ 35	\$ 35	\$ 35
\$ 35,581	\$ 40,120	\$ 2,965	\$ 3,343	\$ 80	\$ 80	\$ 65	\$ 60	\$ 55	\$ 50	\$ 35	\$ 35	\$ 35	\$ 35
\$ 40,121	\$ 44,660	\$ 3,343	\$ 3,722	\$ 80	\$ 80	\$ 80	\$ 65	\$ 60	\$ 55	\$ 50	\$ 35	\$ 35	\$ 35
\$ 44,661	\$ 49,201	\$ 3,722	\$ 4,100	\$ 80	\$ 80	\$ 80	\$ 80	\$ 65	\$ 60	\$ 55	\$ 50	\$ 35	\$ 35
\$ 49,202	\$ 53,742	\$ 4,100	\$ 4,479	\$ 90	\$ 80	\$ 80	\$ 80	\$ 80	\$ 65	\$ 60	\$ 55	\$ 50	\$ 35
\$ 53,743	\$ 58,284	\$ 4,479	\$ 4,857	\$ 90	\$ 90	\$ 80	\$ 80	\$ 80	\$ 80	\$ 65	\$ 60	\$ 55	\$ 50
\$ 58,285	\$ 62,825	\$ 4,857	\$ 5,235	\$ 90	\$ 90	\$ 90	\$ 80	\$ 80	\$ 80	\$ 80	\$ 65	\$ 60	\$ 55
\$ 62,826	\$ 67,366	\$ 5,236	\$ 5,614	\$ 90	\$ 90	\$ 90	\$ 90	\$ 80	\$ 80	\$ 80	\$ 80	\$ 65	\$ 60
\$ 67,367	\$ 71,907	\$ 5,614	\$ 5,992	\$ 100	\$ 90	\$ 90	\$ 90	\$ 90	\$ 80	\$ 80	\$ 80	\$ 80	\$ 65
\$ 71,908	\$ 76,448	\$ 5,992	\$ 6,371	\$ 100	\$ 100	\$ 90	\$ 90	\$ 90	\$ 90	\$ 80	\$ 80	\$ 80	\$ 80
\$ 76,449	\$ 80,990	\$ 6,371	\$ 6,749	\$ 100	\$ 100	\$ 100	\$ 90	\$ 90	\$ 90	\$ 90	\$ 80	\$ 80	\$ 80
\$ 80,991	\$ 85,531	\$ 6,749	\$ 7,128	\$ 100	\$ 100	\$ 100	\$ 100	\$ 90	\$ 90	\$ 90	\$ 90	\$ 80	\$ 80
\$ 85,532	\$ 90,072	\$ 7,128	\$ 7,506	\$ 128	\$ 100	\$ 100	\$ 100	\$ 100	\$ 90	\$ 90	\$ 90	\$ 90	\$ 80
\$ 90,073	\$ 94,613	\$ 7,506	\$ 7,884	\$ 128	\$ 128	\$ 100	\$ 100	\$ 100	\$ 100	\$ 90	\$ 90	\$ 90	\$ 90
\$ 94,614	\$ 99,154	\$ 7,885	\$ 8,263	\$ 128	\$ 128	\$ 128	\$ 100	\$ 100	\$ 100	\$ 100	\$ 90	\$ 90	\$ 90
\$ 99,155	\$ 103,696	\$ 8,263	\$ 8,641	\$ 128	\$ 128	\$ 128	\$ 128	\$ 100	\$ 100	\$ 100	\$ 100	\$ 90	\$ 90
\$ 103,697	\$ 108,237	\$ 8,641	\$ 9,020	\$ 128	\$ 128	\$ 128	\$ 128	\$ 128	\$ 100	\$ 100	\$ 100	\$ 100	\$ 90
\$ 108,238	\$ 112,778	\$ 9,020	\$ 9,398	\$ 128	\$ 128	\$ 128	\$ 128	\$ 128	\$ 128	\$ 100	\$ 100	\$ 100	\$ 100
\$ 112,779	\$ 117,319	\$ 9,398	\$ 9,777	\$ 128	\$ 128	\$ 128	\$ 128	\$ 128	\$ 128	\$ 128	\$ 100	\$ 100	\$ 100
\$ 117,320	\$ 121,860	\$ 9,777	\$ 10,155	\$ 128	\$ 128	\$ 128	\$ 128	\$ 128	\$ 128	\$ 128	\$ 128	\$ 100	\$ 100
\$ 121,861	\$ 126,402	\$ 10,155	\$ 10,534	\$ 128	\$ 128	\$ 128	\$ 128	\$ 128	\$ 128	\$ 128	\$ 128	\$ 128	\$ 100
\$ 126,403	\$ 130,943	\$ 10,534	\$ 10,912	\$ 128	\$ 128	\$ 128	\$ 128	\$ 128	\$ 128	\$ 128	\$ 128	\$ 128	\$ 128
\$ 130,944	\$ 135,484	\$ 10,912	\$ 11,290	\$ 128	\$ 128	\$ 128	\$ 128	\$ 128	\$ 128	\$ 128	\$ 128	\$ 128	\$ 128
\$ 135,485	\$ 140,025	\$ 11,290	\$ 11,669	\$ 128	\$ 128	\$ 128	\$ 128	\$ 128	\$ 128	\$ 128	\$ 128	\$ 128	\$ 128
\$ 140,026	\$ 144,566	\$ 11,669	\$ 12,047	\$ 128	\$ 128	\$ 128	\$ 128	\$ 128	\$ 128	\$ 128	\$ 128	\$ 128	\$ 128
\$ 144,567	\$ 149,108	\$ 12,047	\$ 12,426	\$ 128	\$ 128	\$ 128	\$ 128	\$ 128	\$ 128	\$ 128	\$ 128	\$ 128	\$ 128

R6/DBHS Payment Rate: \$ 71.98 visit (20 min)

Standard Rate for all 3rd Party Payers: \$ 128.00 Established Office Visit

\* Monthly Income as calculated on CA income worksheet.

\*\* This schedule applies when service not paid by Medicaid, MCO, DBH/R6, insurance or other third party payer.

\*\*\* This fee schedule applies only to behavioral health services provided and excludes any housing or other facility related services which may also be provided to consumer by this or other Community Alliance affiliate..

COMMUNITY ALLIANCE ORGANIZATIONAL POLICIES & PROCEDURES  
 PROGRAM SERVICE FEE SCHEDULE - UNINSURED, SELF PAY:

Outpatient - Therapy

NUMBER: 1091C  
 EFFECTIVE: 7/1/2021

SUPERCEDES: 1091A (07/01/2020) and all previous

PAGE: 7 of 13

APPROVED/RENEWED: Chief Executive Officer

DATE: 6/24/2021

Board of Directors - Community Alliance Rehabilitation Services

6/24/2021

Applicable to **PRIVATE PAY** clients only; excludes any 3rd party payer.

Annual Income Limits		Monthly Income Limits		Single	Family-2	Family-3	Family-4	Family-5	Family-6	Family-7	Family-8	Family-9	Family-10
Lower	Upper	Lower	Upper										
\$0	\$12,880	\$0	\$1,073	\$35	\$35	\$35	\$35	\$35	\$35	\$35	\$35	\$35	\$35
\$12,881	\$17,420	\$1,073	\$1,452	\$50	\$35	\$35	\$35	\$35	\$35	\$35	\$35	\$35	\$35
\$17,421	\$21,960	\$1,452	\$1,830	\$55	\$50	\$35	\$35	\$35	\$35	\$35	\$35	\$35	\$35
\$21,961	\$26,500	\$1,830	\$2,208	\$60	\$55	\$50	\$35	\$35	\$35	\$35	\$35	\$35	\$35
\$26,501	\$31,040	\$2,208	\$2,587	\$65	\$60	\$55	\$50	\$35	\$35	\$35	\$35	\$35	\$35
\$31,041	\$35,580	\$2,587	\$2,965	\$80	\$65	\$60	\$55	\$50	\$35	\$35	\$35	\$35	\$35
\$35,581	\$40,120	\$2,965	\$3,343	\$80	\$80	\$65	\$60	\$55	\$50	\$35	\$35	\$35	\$35
\$40,121	\$44,660	\$3,343	\$3,722	\$80	\$80	\$80	\$65	\$60	\$55	\$50	\$35	\$35	\$35
\$44,661	\$49,201	\$3,722	\$4,100	\$80	\$80	\$80	\$80	\$65	\$60	\$55	\$50	\$35	\$35
\$49,202	\$53,742	\$4,100	\$4,479	\$90	\$80	\$80	\$80	\$80	\$65	\$60	\$55	\$50	\$35
\$53,743	\$58,284	\$4,479	\$4,857	\$90	\$90	\$80	\$80	\$80	\$80	\$65	\$60	\$55	\$50
\$58,285	\$62,825	\$4,857	\$5,235	\$90	\$90	\$90	\$80	\$80	\$80	\$80	\$65	\$60	\$55
\$62,826	\$67,366	\$5,236	\$5,614	\$90	\$90	\$90	\$90	\$80	\$80	\$80	\$80	\$65	\$60
\$67,367	\$71,907	\$5,614	\$5,992	\$100	\$90	\$90	\$90	\$90	\$80	\$80	\$80	\$80	\$65
\$71,908	\$76,448	\$5,992	\$6,371	\$100	\$100	\$90	\$90	\$90	\$90	\$80	\$80	\$80	\$80
\$76,449	\$80,990	\$6,371	\$6,749	\$100	\$100	\$100	\$90	\$90	\$90	\$90	\$80	\$80	\$80
\$80,991	\$85,531	\$6,749	\$7,128	\$100	\$100	\$100	\$100	\$90	\$90	\$90	\$90	\$80	\$80
\$85,532	\$90,072	\$7,128	\$7,506	\$154	\$100	\$100	\$100	\$100	\$90	\$90	\$90	\$90	\$80
\$90,073	\$94,613	\$7,506	\$7,884	\$154	\$154	\$100	\$100	\$100	\$100	\$90	\$90	\$90	\$90
\$94,614	\$99,154	\$7,885	\$8,263	\$154	\$154	\$154	\$100	\$100	\$100	\$100	\$90	\$90	\$90
\$99,155	\$103,696	\$8,263	\$8,641	\$154	\$154	\$154	\$154	\$100	\$100	\$100	\$100	\$90	\$90
\$103,697	\$108,237	\$8,641	\$9,020	\$154	\$154	\$154	\$154	\$154	\$100	\$100	\$100	\$100	\$90
\$108,238	\$112,778	\$9,020	\$9,398	\$154	\$154	\$154	\$154	\$154	\$154	\$100	\$100	\$100	\$100
\$112,779	\$117,319	\$9,398	\$9,777	\$154	\$154	\$154	\$154	\$154	\$154	\$154	\$100	\$100	\$100
\$117,320	\$121,860	\$9,777	\$10,155	\$154	\$154	\$154	\$154	\$154	\$154	\$154	\$154	\$100	\$100
\$121,861	\$126,402	\$10,155	\$10,534	\$154	\$154	\$154	\$154	\$154	\$154	\$154	\$154	\$154	\$100
\$126,403	\$130,943	\$10,534	\$10,912	\$154	\$154	\$154	\$154	\$154	\$154	\$154	\$154	\$154	\$154
\$130,944	\$135,484	\$10,912	\$11,290	\$154	\$154	\$154	\$154	\$154	\$154	\$154	\$154	\$154	\$154
\$135,485	\$140,025	\$11,290	\$11,669	\$154	\$154	\$154	\$154	\$154	\$154	\$154	\$154	\$154	\$154
\$140,026	\$144,566	\$11,669	\$12,047	\$154	\$154	\$154	\$154	\$154	\$154	\$154	\$154	\$154	\$154
\$144,567	\$149,108	\$12,047	\$12,426	\$154	\$154	\$154	\$154	\$154	\$154	\$154	\$154	\$154	\$154

\* Monthly Income as calculated on CA income worksheet.

R6/DBHS Payment Rate: \$ 126.27 hour/unit  
 Standard Rate for all 3rd Party Payers: \$ 154.00 hour/unit

\*\* This schedule applies when service not paid by Medicaid, MCO, DBH/R6, insurance or other third party payer.

\*\*\* This fee schedule applies only to behavioral health services provided and excludes any housing or other facility related services which may also be provided to consumer by this or other Community Alliance affiliate..



COMMUNITY ALLIANCE ORGANIZATIONAL POLICIES & PROCEDURES  
 PROGRAM SERVICE FEE SCHEDULE - UNINSURED, SELF PAY:

Outpatient - Primary Health

NUMBER: 1091C  
 EFFECTIVE: 7/1/2021

SUPERCEDES: 1091A (07/01/2020) and all previous

PAGE: 8 of 13

APPROVED/RENEWED: Chief Executive Officer

DATE: 6/24/2021

Board of Directors - Community Alliance Rehabilitation Services

6/24/2021

Applicable to **PRIVATE PAY** clients only; excludes any 3rd party payer.

Annual Income Limits		Monthly Income Limits		Single	Family-2	Family-3	Family-4	Family-5	Family-6	Family-7	Family-8	Family-9	Family-10	Added Charges for Procedures
Lower	Upper	Lower	Upper											
\$0	\$12,880	\$0	\$1,073	\$35	\$35	\$35	\$35	\$35	\$35	\$35	\$35	\$35	\$35	25% of Standard Procedure Charge
\$12,881	\$17,420	\$1,073	\$1,452	\$50	\$35	\$35	\$35	\$35	\$35	\$35	\$35	\$35	\$35	
\$17,421	\$21,960	\$1,452	\$1,830	\$55	\$50	\$35	\$35	\$35	\$35	\$35	\$35	\$35	\$35	
\$21,961	\$26,500	\$1,830	\$2,208	\$60	\$55	\$50	\$35	\$35	\$35	\$35	\$35	\$35	\$35	
\$26,501	\$31,040	\$2,208	\$2,587	\$65	\$60	\$55	\$50	\$35	\$35	\$35	\$35	\$35	\$35	
\$31,041	\$35,580	\$2,587	\$2,965	\$80	\$65	\$60	\$55	\$50	\$35	\$35	\$35	\$35	\$35	
\$35,581	\$40,120	\$2,965	\$3,343	\$80	\$80	\$65	\$60	\$55	\$50	\$35	\$35	\$35	\$35	
\$40,121	\$44,660	\$3,343	\$3,722	\$80	\$80	\$80	\$65	\$60	\$55	\$50	\$35	\$35	\$35	
\$44,661	\$49,201	\$3,722	\$4,100	\$80	\$80	\$80	\$80	\$65	\$60	\$55	\$50	\$35	\$35	
\$49,202	\$53,742	\$4,100	\$4,479	\$90	\$80	\$80	\$80	\$80	\$65	\$60	\$55	\$50	\$35	
\$53,743	\$58,284	\$4,479	\$4,857	\$90	\$90	\$80	\$80	\$80	\$80	\$65	\$60	\$55	\$50	40% of Standard Procedure Charge
\$58,285	\$62,825	\$4,857	\$5,235	\$90	\$90	\$90	\$80	\$80	\$80	\$80	\$65	\$60	\$55	
\$62,826	\$67,366	\$5,236	\$5,614	\$90	\$90	\$90	\$90	\$80	\$80	\$80	\$80	\$65	\$60	
\$67,367	\$71,907	\$5,614	\$5,992	\$100	\$90	\$90	\$90	\$90	\$80	\$80	\$80	\$80	\$65	
\$71,908	\$76,448	\$5,992	\$6,371	\$100	\$100	\$90	\$90	\$90	\$90	\$80	\$80	\$80	\$80	55% of Standard Procedure Charge
\$76,449	\$80,990	\$6,371	\$6,749	\$100	\$100	\$100	\$90	\$90	\$90	\$90	\$80	\$80	\$80	
\$80,991	\$85,531	\$6,749	\$7,128	\$100	\$100	\$100	\$100	\$90	\$90	\$90	\$90	\$80	\$80	
\$85,532	\$90,072	\$7,128	\$7,506	\$128	\$100	\$100	\$100	\$100	\$90	\$90	\$90	\$90	\$80	
\$90,073	\$94,613	\$7,506	\$7,884	\$128	\$128	\$100	\$100	\$100	\$100	\$90	\$90	\$90	\$90	70% of Standard Procedure Charge
\$94,614	\$99,154	\$7,885	\$8,263	\$128	\$128	\$128	\$100	\$100	\$100	\$100	\$90	\$90	\$90	
\$99,155	\$103,696	\$8,263	\$8,641	\$128	\$128	\$128	\$128	\$100	\$100	\$100	\$100	\$90	\$90	
\$103,697	\$108,237	\$8,641	\$9,020	\$128	\$128	\$128	\$128	\$128	\$100	\$100	\$100	\$100	\$90	
\$108,238	\$112,778	\$9,020	\$9,398	\$128	\$128	\$128	\$128	\$128	\$128	\$100	\$100	\$100	\$100	85% of Standard Procedure Charge
\$112,779	\$117,319	\$9,398	\$9,777	\$128	\$128	\$128	\$128	\$128	\$128	\$128	\$100	\$100	\$100	
\$117,320	\$121,860	\$9,777	\$10,155	\$128	\$128	\$128	\$128	\$128	\$128	\$128	\$128	\$100	\$100	
\$121,861	\$126,402	\$10,155	\$10,534	\$128	\$128	\$128	\$128	\$128	\$128	\$128	\$128	\$128	\$100	
\$126,403	\$130,943	\$10,534	\$10,912	\$128	\$128	\$128	\$128	\$128	\$128	\$128	\$128	\$128	\$128	100% of Standard Procedure Charge
\$130,944	\$135,484	\$10,912	\$11,290	\$128	\$128	\$128	\$128	\$128	\$128	\$128	\$128	\$128	\$128	
\$135,485	\$140,025	\$11,290	\$11,669	\$128	\$128	\$128	\$128	\$128	\$128	\$128	\$128	\$128	\$128	
\$140,026	\$144,566	\$11,669	\$12,047	\$128	\$128	\$128	\$128	\$128	\$128	\$128	\$128	\$128	\$128	
\$144,567	\$149,108	\$12,047	\$12,426	\$128	\$128	\$128	\$128	\$128	\$128	\$128	\$128	\$128	\$128	
				\$128	\$128	\$128	\$128	\$128	\$128	\$128	\$128	\$128	\$128	

R6/DBHS Payment Rate: NA

Standard Rate for all 3rd Party Payers: \$ 128.00 Established Office Visit

\* Monthly Income as calculated on CA income worksheet.

\*\* This schedule applies when service not paid by Medicaid, MCO, DBH/R6, insurance or other third party payer.

\*\*\* This fee schedule applies only to behavioral health services provided and excludes any housing or other facility related services which may also be provided to consumer by this or other Community Alliance affiliate..



COMMUNITY ALLIANCE ORGANIZATIONAL POLICIES & PROCEDURES  
 PROGRAM SERVICE FEE SCHEDULE - UNINSURED, SELF PAY:

**Supported Employment**

NUMBER: 1091C  
 EFFECTIVE: 7/1/2021

SUPERCEDES: 1091A (07/01/2020) and all previous

PAGE: 9 of 13

APPROVED/RENEWED: Chief Executive Officer

DATE: 6/24/2021

Board of Directors - Community Alliance Rehabilitation Services

6/24/2021

Applicable to **PRIVATE PAY** clients only; excludes any 3rd party payer.

Annual Income Limits		Monthly Income Limits		Single	Family-2	Family-3	Family-4	Family-5	Family-6	Family-7	Family-8	Family-9	Family-10
Lower	Upper	Lower	Upper										
\$0	\$ 12,880	\$0	\$ 1,073	\$ 1,000	\$ 1,000	\$ 1,000	\$ 1,000	\$ 1,000	\$ 1,000	\$ 1,000	\$ 1,000	\$ 1,000	\$ 1,000
\$ 12,881	\$ 17,420	\$ 1,073	\$ 1,452	\$ 1,500	\$ 1,000	\$ 1,000	\$ 1,000	\$ 1,000	\$ 1,000	\$ 1,000	\$ 1,000	\$ 1,000	\$ 1,000
\$ 17,421	\$ 21,960	\$ 1,452	\$ 1,830	\$ 1,500	\$ 1,500	\$ 1,500	\$ 1,500	\$ 1,500	\$ 1,000	\$ 1,000	\$ 1,000	\$ 1,000	\$ 1,000
\$ 21,961	\$ 26,500	\$ 1,830	\$ 2,208	\$ 2,000	\$ 1,500	\$ 1,500	\$ 1,500	\$ 1,500	\$ 1,500	\$ 1,500	\$ 1,500	\$ 1,500	\$ 1,500
\$ 26,501	\$ 31,040	\$ 2,208	\$ 2,587	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ 1,500	\$ 1,500	\$ 1,500	\$ 1,500	\$ 1,500
\$ 31,041	\$ 35,580	\$ 2,587	\$ 2,965	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000
\$ 35,581	\$ 40,120	\$ 2,965	\$ 3,343	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000
\$ 40,121	\$ 44,660	\$ 3,343	\$ 3,722	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000
\$ 44,661	\$ 49,201	\$ 3,722	\$ 4,100	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000
\$ 49,202	\$ 53,742	\$ 4,100	\$ 4,479	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000
\$ 53,743	\$ 58,284	\$ 4,479	\$ 4,857	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000
\$ 58,285	\$ 62,825	\$ 4,857	\$ 5,235	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000
\$ 62,826	\$ 67,366	\$ 5,236	\$ 5,614	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000
\$ 67,367	\$ 71,907	\$ 5,614	\$ 5,992	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000
\$ 71,908	\$ 76,448	\$ 5,992	\$ 6,371	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000
\$ 76,449	\$ 80,990	\$ 6,371	\$ 6,749	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000
\$ 80,991	\$ 85,531	\$ 6,749	\$ 7,128	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000
\$ 85,532	\$ 90,072	\$ 7,128	\$ 7,506	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000
\$ 90,073	\$ 94,613	\$ 7,506	\$ 7,884	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000
\$ 94,614	\$ 99,154	\$ 7,885	\$ 8,263	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000
\$ 99,155	\$ 103,696	\$ 8,263	\$ 8,641	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000
\$ 103,697	\$ 108,237	\$ 8,641	\$ 9,020	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000
\$ 108,238	\$ 112,778	\$ 9,020	\$ 9,398	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000
\$ 112,779	\$ 117,319	\$ 9,398	\$ 9,777	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000
\$ 117,320	\$ 121,860	\$ 9,777	\$ 10,155	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000
\$ 121,861	\$ 126,402	\$ 10,155	\$ 10,534	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000
\$ 126,403	\$ 130,943	\$ 10,534	\$ 10,912	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000
\$ 130,944	\$ 135,484	\$ 10,912	\$ 11,290	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000
\$ 135,485	\$ 140,025	\$ 11,290	\$ 11,669	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000
\$ 140,026	\$ 144,566	\$ 11,669	\$ 12,047	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000
\$ 144,567	\$ 149,108	\$ 12,047	\$ 12,426	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000

R6/DBHS Payment Rate: NA milestone basis

Standard Rate for all 3rd Party Payers: \$ 2,000 per milestone x 5

\* Monthly Income as calculated on CA income worksheet.

\*\* This schedule applies when service not paid by Medicaid, MCO, DBH/R6, insurance or other third party payer.

\*\*\* This fee schedule applies only to behavioral health services provided and excludes any housing or other facility related services

COMMUNITY ALLIANCE ORGANIZATIONAL POLICIES & PROCEDURES  
 PROGRAM SERVICE FEE SCHEDULE - UNINSURED, SELF PAY:

Peer Support

NUMBER: 1091C  
 EFFECTIVE: 7/1/2021  
 PAGE: 10 of 13  
 DATE: 6/24/2021  
 6/24/2021

SUPERCEDES: 1091A (07/01/2020) and all previous

APPROVED/RENEWED: Chief Executive Officer

Board of Directors - Community Alliance Rehabilitation Services

Applicable to **PRIVATE PAY** clients only; excludes any 3rd party payer. Note: Peer Support must be provided in conjunction with another behavioral health service; it may not be provided as a stand-alone service.

Annual Income Limits		Monthly Income Limits		Single	Family-2	Family-3	Family-4	Family-5	Family-6	Family-7	Family-8	Family-9	Family-10
Lower	Upper	Lower	Upper										
\$0	\$ 12,880	\$0	\$ 1,073	\$ 175	\$ 175	\$ 175	\$ 175	\$ 175	\$ 175	\$ 175	\$ 175	\$ 175	\$ 175
\$ 12,881	\$ 17,420	\$ 1,073	\$ 1,452	\$ 263	\$ 175	\$ 175	\$ 175	\$ 175	\$ 175	\$ 175	\$ 175	\$ 175	\$ 175
\$ 17,421	\$ 21,960	\$ 1,452	\$ 1,830	\$ 263	\$ 263	\$ 263	\$ 263	\$ 263	\$ 175	\$ 175	\$ 175	\$ 175	\$ 175
\$ 21,961	\$ 26,500	\$ 1,830	\$ 2,208	\$ 280	\$ 263	\$ 263	\$ 263	\$ 263	\$ 263	\$ 263	\$ 263	\$ 263	\$ 263
\$ 26,501	\$ 31,040	\$ 2,208	\$ 2,587	\$ 280	\$ 280	\$ 280	\$ 280	\$ 280	\$ 263	\$ 263	\$ 263	\$ 263	\$ 263
\$ 31,041	\$ 35,580	\$ 2,587	\$ 2,965	\$ 280	\$ 280	\$ 280	\$ 280	\$ 280	\$ 280	\$ 280	\$ 280	\$ 280	\$ 280
\$ 35,581	\$ 40,120	\$ 2,965	\$ 3,343	\$ 280	\$ 280	\$ 280	\$ 280	\$ 280	\$ 280	\$ 280	\$ 280	\$ 280	\$ 280
\$ 40,121	\$ 44,660	\$ 3,343	\$ 3,722	\$ 280	\$ 280	\$ 280	\$ 280	\$ 280	\$ 280	\$ 280	\$ 280	\$ 280	\$ 280
\$ 44,661	\$ 49,201	\$ 3,722	\$ 4,100	\$ 280	\$ 280	\$ 280	\$ 280	\$ 280	\$ 280	\$ 280	\$ 280	\$ 280	\$ 280
\$ 49,202	\$ 53,742	\$ 4,100	\$ 4,479	\$ 280	\$ 280	\$ 280	\$ 280	\$ 280	\$ 280	\$ 280	\$ 280	\$ 280	\$ 280
\$ 53,743	\$ 58,284	\$ 4,479	\$ 4,857	\$ 280	\$ 280	\$ 280	\$ 280	\$ 280	\$ 280	\$ 280	\$ 280	\$ 280	\$ 280
\$ 58,285	\$ 62,825	\$ 4,857	\$ 5,235	\$ 280	\$ 280	\$ 280	\$ 280	\$ 280	\$ 280	\$ 280	\$ 280	\$ 280	\$ 280
\$ 62,826	\$ 67,366	\$ 5,236	\$ 5,614	\$ 280	\$ 280	\$ 280	\$ 280	\$ 280	\$ 280	\$ 280	\$ 280	\$ 280	\$ 280
\$ 67,367	\$ 71,907	\$ 5,614	\$ 5,992	\$ 280	\$ 280	\$ 280	\$ 280	\$ 280	\$ 280	\$ 280	\$ 280	\$ 280	\$ 280
\$ 71,908	\$ 76,448	\$ 5,992	\$ 6,371	\$ 280	\$ 280	\$ 280	\$ 280	\$ 280	\$ 280	\$ 280	\$ 280	\$ 280	\$ 280
\$ 76,449	\$ 80,990	\$ 6,371	\$ 6,749	\$ 280	\$ 280	\$ 280	\$ 280	\$ 280	\$ 280	\$ 280	\$ 280	\$ 280	\$ 280
\$ 80,991	\$ 85,531	\$ 6,749	\$ 7,128	\$ 280	\$ 280	\$ 280	\$ 280	\$ 280	\$ 280	\$ 280	\$ 280	\$ 280	\$ 280
\$ 85,532	\$ 90,072	\$ 7,128	\$ 7,506	\$ 280	\$ 280	\$ 280	\$ 280	\$ 280	\$ 280	\$ 280	\$ 280	\$ 280	\$ 280
\$ 90,073	\$ 94,613	\$ 7,506	\$ 7,884	\$ 280	\$ 280	\$ 280	\$ 280	\$ 280	\$ 280	\$ 280	\$ 280	\$ 280	\$ 280
\$ 94,614	\$ 99,154	\$ 7,885	\$ 8,263	\$ 280	\$ 280	\$ 280	\$ 280	\$ 280	\$ 280	\$ 280	\$ 280	\$ 280	\$ 280
\$ 99,155	\$ 103,696	\$ 8,263	\$ 8,641	\$ 280	\$ 280	\$ 280	\$ 280	\$ 280	\$ 280	\$ 280	\$ 280	\$ 280	\$ 280
\$ 103,697	\$ 108,237	\$ 8,641	\$ 9,020	\$ 280	\$ 280	\$ 280	\$ 280	\$ 280	\$ 280	\$ 280	\$ 280	\$ 280	\$ 280
\$ 108,238	\$ 112,778	\$ 9,020	\$ 9,398	\$ 280	\$ 280	\$ 280	\$ 280	\$ 280	\$ 280	\$ 280	\$ 280	\$ 280	\$ 280
\$ 112,779	\$ 117,319	\$ 9,398	\$ 9,777	\$ 350	\$ 350	\$ 350	\$ 350	\$ 350	\$ 350	\$ 350	\$ 350	\$ 350	\$ 350
\$ 117,320	\$ 121,860	\$ 9,777	\$ 10,155	\$ 350	\$ 350	\$ 350	\$ 350	\$ 350	\$ 350	\$ 350	\$ 350	\$ 350	\$ 350
\$ 121,861	\$ 126,402	\$ 10,155	\$ 10,534	\$ 350	\$ 350	\$ 350	\$ 350	\$ 350	\$ 350	\$ 350	\$ 350	\$ 350	\$ 350
\$ 126,403	\$ 130,943	\$ 10,534	\$ 10,912	\$ 350	\$ 350	\$ 350	\$ 350	\$ 350	\$ 350	\$ 350	\$ 350	\$ 350	\$ 350
\$ 130,944	\$ 135,484	\$ 10,912	\$ 11,290	\$ 350	\$ 350	\$ 350	\$ 350	\$ 350	\$ 350	\$ 350	\$ 350	\$ 350	\$ 350
\$ 135,485	\$ 140,025	\$ 11,290	\$ 11,669	\$ 350	\$ 350	\$ 350	\$ 350	\$ 350	\$ 350	\$ 350	\$ 350	\$ 350	\$ 350
\$ 140,026	\$ 144,566	\$ 11,669	\$ 12,047	\$ 350	\$ 350	\$ 350	\$ 350	\$ 350	\$ 350	\$ 350	\$ 350	\$ 350	\$ 350
\$ 144,567	\$ 149,108	\$ 12,047	\$ 12,426	\$ 350	\$ 350	\$ 350	\$ 350	\$ 350	\$ 350	\$ 350	\$ 350	\$ 350	\$ 350

R6/DBHS Payment Rate: \$ 49.28 hour

Standard Rate for all 3rd Party Payers: \$ 350.00 month (ind & group)

\* Monthly Income as calculated on CA income worksheet.

\*\* This schedule applies when service not paid by Medicaid, MCO, DBH/R6, insurance or other third party payer.

\*\*\* This fee schedule applies only to behavioral health services provided and excludes any housing or other facility related services which may also be provided to consumer by this or other Community Alliance affiliate..

COMMUNITY ALLIANCE ORGANIZATIONAL POLICIES & PROCEDURES  
 PROGRAM SERVICE FEE SCHEDULE - UNINSURED, SELF PAY:

Peer Run Crisis Diversion

NUMBER: 1091C  
 EFFECTIVE: 7/1/2021

SUPERCEDES: 1091A (07/01/2020) and all previous

PAGE: 11 of 13

APPROVED/RENEWED: Chief Executive Officer

DATE: 6/24/2021

Board of Directors - Community Alliance Rehabilitation Services

6/24/2021

Applicable to **PRIVATE PAY** clients only; excludes any 3rd party payer.

Annual Income Limits		Monthly Income Limits		Single	Family-2	Family-3	Family-4	Family-5	Family-6	Family-7	Family-8	Family-9	Family-10
Lower	Upper	Lower	Upper										
\$0	\$ 12,880	\$0	\$ 1,073	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
\$ 12,881	\$ 17,420	\$ 1,073	\$ 1,452	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
\$ 17,421	\$ 21,960	\$ 1,452	\$ 1,830	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
\$ 21,961	\$ 26,500	\$ 1,830	\$ 2,208	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
\$ 26,501	\$ 31,040	\$ 2,208	\$ 2,587	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
\$ 31,041	\$ 35,580	\$ 2,587	\$ 2,965	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
\$ 35,581	\$ 40,120	\$ 2,965	\$ 3,343	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
\$ 40,121	\$ 44,660	\$ 3,343	\$ 3,722	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
\$ 44,661	\$ 49,201	\$ 3,722	\$ 4,100	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
\$ 49,202	\$ 53,742	\$ 4,100	\$ 4,479	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
\$ 53,743	\$ 58,284	\$ 4,479	\$ 4,857	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
\$ 58,285	\$ 62,825	\$ 4,857	\$ 5,235	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
\$ 62,826	\$ 67,366	\$ 5,236	\$ 5,614	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
\$ 67,367	\$ 71,907	\$ 5,614	\$ 5,992	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
\$ 71,908	\$ 76,448	\$ 5,992	\$ 6,371	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
\$ 76,449	\$ 80,990	\$ 6,371	\$ 6,749	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
\$ 80,991	\$ 85,531	\$ 6,749	\$ 7,128	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
\$ 85,532	\$ 90,072	\$ 7,128	\$ 7,506	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
\$ 90,073	\$ 94,613	\$ 7,506	\$ 7,884	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
\$ 94,614	\$ 99,154	\$ 7,885	\$ 8,263	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
\$ 99,155	\$ 103,696	\$ 8,263	\$ 8,641	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
\$ 103,697	\$ 108,237	\$ 8,641	\$ 9,020	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
\$ 108,238	\$ 112,778	\$ 9,020	\$ 9,398	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
\$ 112,779	\$ 117,319	\$ 9,398	\$ 9,777	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
\$ 117,320	\$ 121,860	\$ 9,777	\$ 10,155	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
\$ 121,861	\$ 126,402	\$ 10,155	\$ 10,534	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
\$ 126,403	\$ 130,943	\$ 10,534	\$ 10,912	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
\$ 130,944	\$ 135,484	\$ 10,912	\$ 11,290	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
\$ 135,485	\$ 140,025	\$ 11,290	\$ 11,669	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
\$ 140,026	\$ 144,566	\$ 11,669	\$ 12,047	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
\$ 144,567	\$ 149,108	\$ 12,047	\$ 12,426	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

R6/DBHS Payment Rate: \$ - NA

Standard Rate for all 3rd Party Payers: \$ - NA

\* Monthly Income as calculated on CA income worksheet.

\*\* This schedule applies when service not paid by Medicaid, MCO, DBH/R6, insurance or other third party payer.

\*\*\* This fee schedule applies only to behavioral health services provided and excludes any housing or other facility related services which may also be provided to consumer by this or other Community Alliance affiliate..

COMMUNITY ALLIANCE ORGANIZATIONAL POLICIES & PROCEDURES  
 PROGRAM SERVICE FEE SCHEDULE - UNINSURED, SELF PAY:

Homeless Transition Services

NUMBER: 1091C  
 EFFECTIVE: 7/1/2021

SUPERCEDES: 1091A (07/01/2020) and all previous

PAGE: 12 of 13

APPROVED/RENEWED: Chief Executive Officer

DATE: 6/24/2021

Board of Directors - Community Alliance Rehabilitation Services

6/24/2021

Applicable to **PRIVATE PAY** clients only; excludes any 3rd party payer.

Annual Income Limits		Monthly Income Limits		Single	Family-2	Family-3	Family-4	Family-5	Family-6	Family-7	Family-8	Family-9	Family-10
Lower	Upper	Lower	Upper										
\$0	\$ 12,880	\$0	\$ 1,073	\$ 154	\$ 154	\$ 154	\$ 154	\$ 154	\$ 154	\$ 154	\$ 154	\$ 154	\$ 154
\$ 12,881	\$ 17,420	\$ 1,073	\$ 1,452	\$ 231	\$ 154	\$ 154	\$ 154	\$ 154	\$ 154	\$ 154	\$ 154	\$ 154	\$ 154
\$ 17,421	\$ 21,960	\$ 1,452	\$ 1,830	\$ 231	\$ 231	\$ 231	\$ 231	\$ 231	\$ 154	\$ 154	\$ 154	\$ 154	\$ 154
\$ 21,961	\$ 26,500	\$ 1,830	\$ 2,208	\$ 308	\$ 231	\$ 231	\$ 231	\$ 231	\$ 231	\$ 231	\$ 231	\$ 231	\$ 231
\$ 26,501	\$ 31,040	\$ 2,208	\$ 2,587	\$ 308	\$ 308	\$ 308	\$ 308	\$ 308	\$ 231	\$ 231	\$ 231	\$ 231	\$ 231
\$ 31,041	\$ 35,580	\$ 2,587	\$ 2,965	\$ 308	\$ 308	\$ 308	\$ 308	\$ 308	\$ 308	\$ 308	\$ 308	\$ 308	\$ 308
\$ 35,581	\$ 40,120	\$ 2,965	\$ 3,343	\$ 308	\$ 308	\$ 308	\$ 308	\$ 308	\$ 308	\$ 308	\$ 308	\$ 308	\$ 308
\$ 40,121	\$ 44,660	\$ 3,343	\$ 3,722	\$ 308	\$ 308	\$ 308	\$ 308	\$ 308	\$ 308	\$ 308	\$ 308	\$ 308	\$ 308
\$ 44,661	\$ 49,201	\$ 3,722	\$ 4,100	\$ 308	\$ 308	\$ 308	\$ 308	\$ 308	\$ 308	\$ 308	\$ 308	\$ 308	\$ 308
\$ 49,202	\$ 53,742	\$ 4,100	\$ 4,479	\$ 308	\$ 308	\$ 308	\$ 308	\$ 308	\$ 308	\$ 308	\$ 308	\$ 308	\$ 308
\$ 53,743	\$ 58,284	\$ 4,479	\$ 4,857	\$ 308	\$ 308	\$ 308	\$ 308	\$ 308	\$ 308	\$ 308	\$ 308	\$ 308	\$ 308
\$ 58,285	\$ 62,825	\$ 4,857	\$ 5,235	\$ 308	\$ 308	\$ 308	\$ 308	\$ 308	\$ 308	\$ 308	\$ 308	\$ 308	\$ 308
\$ 62,826	\$ 67,366	\$ 5,236	\$ 5,614	\$ 308	\$ 308	\$ 308	\$ 308	\$ 308	\$ 308	\$ 308	\$ 308	\$ 308	\$ 308
\$ 67,367	\$ 71,907	\$ 5,614	\$ 5,992	\$ 308	\$ 308	\$ 308	\$ 308	\$ 308	\$ 308	\$ 308	\$ 308	\$ 308	\$ 308
\$ 71,908	\$ 76,448	\$ 5,992	\$ 6,371	\$ 308	\$ 308	\$ 308	\$ 308	\$ 308	\$ 308	\$ 308	\$ 308	\$ 308	\$ 308
\$ 76,449	\$ 80,990	\$ 6,371	\$ 6,749	\$ 308	\$ 308	\$ 308	\$ 308	\$ 308	\$ 308	\$ 308	\$ 308	\$ 308	\$ 308
\$ 80,991	\$ 85,531	\$ 6,749	\$ 7,128	\$ 308	\$ 308	\$ 308	\$ 308	\$ 308	\$ 308	\$ 308	\$ 308	\$ 308	\$ 308
\$ 85,532	\$ 90,072	\$ 7,128	\$ 7,506	\$ 308	\$ 308	\$ 308	\$ 308	\$ 308	\$ 308	\$ 308	\$ 308	\$ 308	\$ 308
\$ 90,073	\$ 94,613	\$ 7,506	\$ 7,884	\$ 308	\$ 308	\$ 308	\$ 308	\$ 308	\$ 308	\$ 308	\$ 308	\$ 308	\$ 308
\$ 94,614	\$ 99,154	\$ 7,885	\$ 8,263	\$ 308	\$ 308	\$ 308	\$ 308	\$ 308	\$ 308	\$ 308	\$ 308	\$ 308	\$ 308
\$ 99,155	\$ 103,696	\$ 8,263	\$ 8,641	\$ 308	\$ 308	\$ 308	\$ 308	\$ 308	\$ 308	\$ 308	\$ 308	\$ 308	\$ 308
\$ 103,697	\$ 108,237	\$ 8,641	\$ 9,020	\$ 308	\$ 308	\$ 308	\$ 308	\$ 308	\$ 308	\$ 308	\$ 308	\$ 308	\$ 308
\$ 108,238	\$ 112,778	\$ 9,020	\$ 9,398	\$ 308	\$ 308	\$ 308	\$ 308	\$ 308	\$ 308	\$ 308	\$ 308	\$ 308	\$ 308
\$ 112,779	\$ 117,319	\$ 9,398	\$ 9,777	\$ 500	\$ 500	\$ 500	\$ 500	\$ 500	\$ 500	\$ 500	\$ 500	\$ 500	\$ 500
\$ 117,320	\$ 121,860	\$ 9,777	\$ 10,155	\$ 500	\$ 500	\$ 500	\$ 500	\$ 500	\$ 500	\$ 500	\$ 500	\$ 500	\$ 500
\$ 121,861	\$ 126,402	\$ 10,155	\$ 10,534	\$ 500	\$ 500	\$ 500	\$ 500	\$ 500	\$ 500	\$ 500	\$ 500	\$ 500	\$ 500
\$ 126,403	\$ 130,943	\$ 10,534	\$ 10,912	\$ 500	\$ 500	\$ 500	\$ 500	\$ 500	\$ 500	\$ 500	\$ 500	\$ 500	\$ 500
\$ 130,944	\$ 135,484	\$ 10,912	\$ 11,290	\$ 500	\$ 500	\$ 500	\$ 500	\$ 500	\$ 500	\$ 500	\$ 500	\$ 500	\$ 500
\$ 135,485	\$ 140,025	\$ 11,290	\$ 11,669	\$ 500	\$ 500	\$ 500	\$ 500	\$ 500	\$ 500	\$ 500	\$ 500	\$ 500	\$ 500
\$ 140,026	\$ 144,566	\$ 11,669	\$ 12,047	\$ 500	\$ 500	\$ 500	\$ 500	\$ 500	\$ 500	\$ 500	\$ 500	\$ 500	\$ 500
\$ 144,567	\$ 149,108	\$ 12,047	\$ 12,426	\$ 500	\$ 500	\$ 500	\$ 500	\$ 500	\$ 500	\$ 500	\$ 500	\$ 500	\$ 500

R6/DBHS Payment Rate: \$ 308.31 month

Standard Rate for all 3rd Party Payers: \$ 500.00 month

\* Monthly Income as calculated on CA income worksheet.

\*\* This schedule applies when service not paid by Medicaid, MCO, DBH/R6, insurance or other third party payer.

\*\*\* This fee schedule applies only to behavioral health services provided and excludes any housing or other facility related services which may also be provided to consumer by this or other Community Alliance affiliate..

COMMUNITY ALLIANCE ORGANIZATIONAL POLICIES & PROCEDURES  
 PROGRAM SERVICE FEE SCHEDULE - UNINSURED, SELF PAY:

SOAR

NUMBER: 1091C  
 EFFECTIVE: 7/1/2021

SUPERCEDES: 1091A (07/01/2020) and all previous

PAGE: 13 of 13

APPROVED/RENEWED: Chief Executive Officer

DATE: 6/24/2021

Board of Directors - Community Alliance Rehabilitation Services

6/24/2021

Applicable to **PRIVATE PAY** clients only; excludes any 3rd party payer. **Note: No co-pay or fee may be charged a client for SOAR services per applicable federal regulations.**

Annual Income Limits		Monthly Income Limits		Single	Family-2	Family-3	Family-4	Family-5	Family-6	Family-7	Family-8	Family-9	Family-10
Lower	Upper	Lower	Upper										
\$0	\$ 12,880	\$0	\$ 1,073	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
\$ 12,881	\$ 17,420	\$ 1,073	\$ 1,452	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
\$ 17,421	\$ 21,960	\$ 1,452	\$ 1,830	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
\$ 21,961	\$ 26,500	\$ 1,830	\$ 2,208	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
\$ 26,501	\$ 31,040	\$ 2,208	\$ 2,587	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
\$ 31,041	\$ 35,580	\$ 2,587	\$ 2,965	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
\$ 35,581	\$ 40,120	\$ 2,965	\$ 3,343	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
\$ 40,121	\$ 44,660	\$ 3,343	\$ 3,722	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
\$ 44,661	\$ 49,201	\$ 3,722	\$ 4,100	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
\$ 49,202	\$ 53,742	\$ 4,100	\$ 4,479	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
\$ 53,743	\$ 58,284	\$ 4,479	\$ 4,857	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
\$ 58,285	\$ 62,825	\$ 4,857	\$ 5,235	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
\$ 62,826	\$ 67,366	\$ 5,236	\$ 5,614	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
\$ 67,367	\$ 71,907	\$ 5,614	\$ 5,992	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
\$ 71,908	\$ 76,448	\$ 5,992	\$ 6,371	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
\$ 76,449	\$ 80,990	\$ 6,371	\$ 6,749	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
\$ 80,991	\$ 85,531	\$ 6,749	\$ 7,128	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
\$ 85,532	\$ 90,072	\$ 7,128	\$ 7,506	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
\$ 90,073	\$ 94,613	\$ 7,506	\$ 7,884	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
\$ 94,614	\$ 99,154	\$ 7,885	\$ 8,263	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
\$ 99,155	\$ 103,696	\$ 8,263	\$ 8,641	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
\$ 103,697	\$ 108,237	\$ 8,641	\$ 9,020	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
\$ 108,238	\$ 112,778	\$ 9,020	\$ 9,398	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
\$ 112,779	\$ 117,319	\$ 9,398	\$ 9,777	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
\$ 117,320	\$ 121,860	\$ 9,777	\$ 10,155	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
\$ 121,861	\$ 126,402	\$ 10,155	\$ 10,534	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
\$ 126,403	\$ 130,943	\$ 10,534	\$ 10,912	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
\$ 130,944	\$ 135,484	\$ 10,912	\$ 11,290	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
\$ 135,485	\$ 140,025	\$ 11,290	\$ 11,669	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
\$ 140,026	\$ 144,566	\$ 11,669	\$ 12,047	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
\$ 144,567	\$ 149,108	\$ 12,047	\$ 12,426	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

R6/DBHS Payment Rate: \$ - NA

Standard Rate for all 3rd Party Payers: \$ - NA

\* Monthly Income as calculated on CA income worksheet.

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