

Community Alliance Sliding Fee Discount Schedule for Mental Health & Substance Use Services

Community Alliance Rehabilitation Services accepts Medicaid, Medicare, Region 6/state behavioral health funding, most commercial insurance, and self-pay for the mental health and substance use services provided. No individual shall be denied behavioral health care services, including but not limited to crisis management services, because of an inability to pay the full standard charge for such services.

Insured clients must agree to access their benefits to the fullest extent available. For those who are uninsured or otherwise cannot afford charges not covered by a third-party payers, we provide discounted rates on a sliding scale based on income, family size, and services provided. A financial eligibility worksheet must be completed to determine your eligibility for a discounted fee.

How to Use the Sliding Scale and Find Your Fee:

- (1) Determine your household size. For this purpose, household size includes the person receiving services and all others who reside in the same home and derive more than half of their support from household income. This also includes legally dependent children who reside away from the home for purposes of attending academic or trade school, but who receive over one half of their support from household income.
- (2) Determine your annual household income. Income includes money received from work, investments, child support, alimony, retirement, unemployment compensation, Social Security, Social Security Disability and SSI payments, SNAP benefits, TANF, and court ordered settlement payments. Gross income is generally used in determining income for purposes of annual income and ability to pay. For purposes of determining DBHS/Region 6 financial eligibility certain income (e.g. SSI, SSDI, VA Disability) may be excluded in determining income and certain DBHS designated deductions may apply.
- (3) Using Table 1, find your household income down the left side, then follow that row across to intersect with your household size. This identifies the level of discount for which you may be eligible. You can then apply that level to the services listed to determine what your discounted rate would be.
- (4) On Table 2 you will find a listing of services provided by Community Alliance. Identify the service or services you are receiving and follow the row across to your discount eligibility level. This identifies your discounted cost for each service.

Please note that the listing of services is not exhaustive and does not reflect the cost of medications, vaccinations, laboratory services, or other resources or treatments provided. Also, please keep in mind that you must complete and sign the financial eligibility worksheet and provide verification of income and household size as requested prior to qualification for a discounted fee and that any discounts applied must be reviewed and re-approved at least annually.

Payment of fees and co-pays is due at the time of service.

Community Alliance has staff available to help you identify and apply for insurance and other financial assistance for which you may be eligible. Please request to speak to a member of the Rapid Response Team or the staff you are working with for further assistance.

Bạn có thể tìm thấy thông tin về chương trình giảm giá phí bằng tiếng Ả Rập tại quầy lễ tân

يمكنك الحصول على معلومات حول برنامج خصم الرسوم المتدرجة لدينا باللغة العربية من موظف الاستقبال.

Agahiyên li ser bernameya me ya Sliding Fee Discount bi Kurdî ji resepsiyonîstê peyda dibin.

Table 1: Household Size and Income

7/1/2025

Annual Income Limits		Monthly Income Limits		Household Size									
Lower	Upper	Lower	Upper	Single	Family-2	Family-3	Family-4	Family-5	Family-6	Family-7	Family-8	Family-9	Family-10
\$0	\$15,650	\$0	\$ 1,304	1	1	1	1	1	1	1	1	1	1
\$15,651	\$21,150	\$ 1,304	\$ 1,763	2 ^A	1	1	1	1	1	1	1	1	1
\$21,151	\$26,650	\$ 1,763	\$ 2,221	2 ^A	2 ^A	1	1	1	1	1	1	1	1
\$26,651	\$32,150	\$ 2,221	\$ 2,679	3 ^B	2 ^A	2 ^A	1	1	1	1	1	1	1
\$32,151	\$37,650	\$ 2,679	\$ 3,138	3 ^B	3 ^B	2 ^A	2 ^A	1	1	1	1	1	1
\$37,651	\$43,150	\$ 3,138	\$ 3,596	3 ^B	3 ^B	3 ^B	2 ^A	2 ^A	1	1	1	1	1
\$43,151	\$48,650	\$ 3,596	\$ 4,054	4 ^B	3 ^B	3 ^B	3 ^B	2 ^A	2 ^A	1	1	1	1
\$48,651	\$54,150	\$ 4,054	\$ 4,513	4 ^B	4 ^B	3 ^B	3 ^B	3 ^B	2 ^A	2 ^A	1	1	1
\$54,151	\$59,651	\$ 4,513	\$ 4,971	5	4 ^B	4 ^B	3 ^B	3 ^B	3 ^B	2 ^A	2 ^A	1	1
\$59,652	\$65,152	\$ 4,971	\$ 5,429	5	5	4 ^B	4 ^B	3 ^B	3 ^B	3 ^B	2 ^A	2 ^A	1
\$65,154	\$70,654	\$ 5,430	\$ 5,888	5	5	5	4 ^B	4 ^B	3 ^B	3 ^B	3 ^B	2 ^A	2 ^A
\$70,655	\$76,155	\$ 5,888	\$ 6,346	5	5	5	5	4 ^B	4 ^B	3 ^B	3 ^B	3 ^B	2 ^A
\$76,156	\$81,656	\$ 6,346	\$ 6,805	6	5	5	5	5	4 ^B	4 ^B	3 ^B	3 ^B	3 ^B
\$81,657	\$87,157	\$ 6,805	\$ 7,263	6	6	5	5	5	5	4 ^B	4 ^B	3 ^B	3 ^B
\$87,158	\$92,658	\$ 7,263	\$ 7,722	6	6	6	5	5	5	5	4 ^B	4 ^B	3 ^B
\$92,660	\$98,160	\$ 7,722	\$ 8,180	6	6	6	6	5	5	5	5	4 ^B	4 ^B
\$98,161	\$103,661	\$ 8,180	\$ 8,638	7	6	6	6	6	5	5	5	5	4 ^B
\$103,662	\$109,162	\$ 8,639	\$ 9,097	7	7	6	6	6	6	5	5	5	5
\$109,163	\$114,663	\$ 9,097	\$ 9,555	7	7	7	6	6	6	6	5	5	5
\$114,664	\$120,164	\$ 9,555	\$ 10,014	7	7	7	7	6	6	6	6	5	5
\$120,166	\$125,666	\$ 10,014	\$ 10,472	8	7	7	7	7	6	6	6	6	5
\$125,667	\$131,167	\$ 10,472	\$ 10,931	8	8	7	7	7	7	6	6	6	6
\$131,168	\$136,668	\$ 10,931	\$ 11,389	8	8	8	7	7	7	7	6	6	6
\$136,669	\$142,169	\$ 11,389	\$ 11,847	8	8	8	8	7	7	7	7	6	6
\$142,170	\$147,670	\$ 11,848	\$ 12,306	8	8	8	8	8	7	7	7	7	6
\$147,672	\$153,172	\$ 12,306	\$ 12,764	8	8	8	8	8	8	7	7	7	7
\$153,173	\$158,673	\$ 12,764	\$ 13,223	8	8	8	9	8	8	8	7	7	7
\$158,674	\$164,174	\$ 13,223	\$ 13,681	8	8	8	8	8	8	8	8	7	7
\$164,175	\$169,675	\$ 13,681	\$ 14,140	8	8	8	8	8	8	8	8	8	7
\$169,676	\$175,176	\$ 14,140	\$ 14,598	8	8	8	8	8	8	8	8	8	8
\$175,178	\$180,678	\$ 14,598	\$ 15,057	8	8	8	8	8	8	8	8	8	8

See notes below

Table 2: Discounted Fee by Level and Service(s) Provided

7/1/2025

	R6/DBHS	Standard		100%	80%	60%	40%	20%	10%	5%	0%
Crisis Response Services			Unit	Level 8	Level 7	Level 6	Level 5	Level 4^{B,C}	Level 3^{B,C}	Level 2^A	Level 1
Warm Line (Safe Harbor)	\$ -	\$ -	n/c	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Crisis Hot Line	\$ -	\$ -	n/c	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Individual Crisis Therapy	\$ 155.21	\$ 175.00	45-60 min	\$ 175.00	\$ 140.00	\$ 105.00	\$ 70.00	\$ 31.00	\$ 15.50	\$ 7.70	\$ -
Peer Run Hospital Diversion	\$ -	\$ -	n/c	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Emergency Community Support	\$ -	\$ -	n/c	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Outpatient Services			Unit	Level 8	Level 7	Level 6	Level 5	Level 4^{B,C}	Level 3^{B,C}	Level 2^A	Level 1
Mental Health Assessment	\$ 308.13	\$ 325.00	Assessment	\$ 325.00	\$ 260.00	\$ 195.00	\$ 130.00	\$ 61.60	\$ 30.80	\$ 15.40	\$ -
Substance Use Assessment	\$ 308.13	\$ 325.00	Assessment	\$ 325.00	\$ 260.00	\$ 195.00	\$ 130.00	\$ 61.60	\$ 30.80	\$ 15.40	\$ -
Assessment Update/Addendum	\$ 157.15	\$ 200.00	Addendum	\$ 200.00	\$ 160.00	\$ 120.00	\$ 80.00	\$ 31.40	\$ 15.70	\$ 7.80	\$ -
Medication Management	\$ 88.48	\$ 141.00	15 min	\$ 141.00	\$ 112.80	\$ 84.60	\$ 56.40	\$ 17.60	\$ 8.80	\$ 4.40	\$ -
Outpatient Therapy - Individual	\$ 155.21	\$ 175.00	Session	\$ 175.00	\$ 140.00	\$ 105.00	\$ 70.00	\$ 31.00	\$ 15.50	\$ 7.70	\$ -
Outpatient Therapy - Family	\$ 155.21	\$ 175.00	Session	\$ 175.00	\$ 140.00	\$ 105.00	\$ 70.00	\$ 31.00	\$ 15.50	\$ 7.70	\$ -
Outpatient Therapy - Group	\$ 38.80	\$ 42.00	Session	\$ 42.00	\$ 33.60	\$ 25.20	\$ 16.80	\$ 7.70	\$ 3.80	\$ 1.90	\$ -
Intensive Outpatient	\$ 44.16	\$ 50.00	Hour	\$ 50.00	\$ 40.00	\$ 30.00	\$ 20.00	\$ 8.80	\$ 4.40	\$ 2.20	\$ -
Residential Services			Unit	Level 8	Level 7	Level 6	Level 5	Level 4^{B,C}	Level 3^{B,C}	Level 2^A	Level 1
Residential Rehabilitation	\$ 167.82	\$ 175.00	Day	\$ 175.00	\$ 140.00	\$ 105.00	\$ 70.00	\$ 33.50	\$ 16.70	\$ 8.30	\$ -
Intermediate Psychiatric Residential	\$ 286.68	\$ 310.00	Day	\$ 310.00	\$ 248.00	\$ 186.00	\$ 124.00	\$ 57.30	\$ 28.60	\$ 14.30	\$ -
Rehabilitation & Recovery Services			Unit	Level 8	Level 7	Level 6	Level 5	Level 4^{B,C}	Level 3^{B,C}	Level 2^A	Level 1
Assertive Community Treatment	\$ 62.73	\$ 65.00	Day	\$ 65.00	\$ 52.00	\$ 39.00	\$ 26.00	\$ 12.50	\$ 6.20	\$ 3.10	\$ -
Community Support	\$ 33.51	\$ 35.00	15 min	\$ 35.00	\$ 28.00	\$ 21.00	\$ 14.00	\$ 6.70	\$ 3.30	\$ 1.60	\$ -
Coordinated Speciality Care/FEP ^D	\$ 1,450.46	\$ -	Month	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Day Rehabilitation - Full Day	\$ 85.88	\$ 95.00	5 hours	\$ 95.00	\$ 76.00	\$ 57.00	\$ 38.00	\$ 17.10	\$ 8.50	\$ 4.20	\$ -
Day Rehabilitation - Partial Day	\$ 48.22	\$ 57.00	3-4.75 hrs	\$ 57.00	\$ 45.60	\$ 34.20	\$ 22.80	\$ 9.60	\$ 4.80	\$ 2.40	\$ -
Healthy Transitions - Outreach, Care Coord	\$ -	\$ -	n/c	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Homeless Outreach	\$ -	\$ -	n/c	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Intensive Community Services	\$ 208.90	\$ 225.00	Hour	\$ 225.00	\$ 180.00	\$ 135.00	\$ 90.00	\$ 41.70	\$ 20.80	\$ 10.40	\$ -
Opioid Project - Peer Outreach & Navigation	\$ -	\$ -	n/c	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Peer Support - Group	\$ 10.42	\$ 11.25	15 min	\$ 11.25	\$ 9.00	\$ 6.75	\$ 4.50	\$ 2.00	\$ 1.00	\$ 0.50	\$ -
Peer Support - Individual	\$ 15.15	\$ 16.25	15 min	\$ 16.25	\$ 13.00	\$ 9.75	\$ 6.50	\$ 3.00	\$ 1.50	\$ 0.70	\$ -
Recovery Support	\$ 25.64	\$ 35.00	15 min	\$ 35.00	\$ 28.00	\$ 21.00	\$ 14.00	\$ 5.10	\$ 2.50	\$ 1.20	\$ -
Re-entry Services - Outreach, Care Coord	\$ -	\$ -	n/c	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
SOAR	\$ -	\$ -	n/c	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Supported Employment	\$ 89.24	\$ 100.00	Hour	\$ 100.00	\$ 80.00	\$ 60.00	\$ 40.00	\$ 17.80	\$ 8.90	\$ 4.40	\$ -
Targeted Case Management	\$ -	\$ 45.00	15 min	\$ 45.00	\$ 36.00	\$ 27.00	\$ 18.00	\$ 9.00	\$ 4.50	\$ 2.20	\$ -

^A Fee / co-pay waived for DBHS/R6 funded services.^B Fee/co-pay waived for DBHS/R6 funded services when individual meets hardship criteria.^C For DBHS/R6 funded services, fee/co-pay not to exceed \$20.00 per unit for Level 3 or \$30.00 per unit for Level 4.^D For DBHS/R6 funded service, charged as monthly case rate; charged by component, e.g. medication management, outpatient therapy, peer support for all other funding sources.

* For Region 6/Nebraska DBHS funded services, total copayment charged per month may not exceed 20% of Adjusted Monthly Income as calculated by R6/DBHS guidelines.

** When service is funded by Medicaid, Medicaid copay schedule, if any, applies in place of this schedule.

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