

Financial Management  
Documentation of Services Rendered  
**19.0.3 FEE & COPAY SCALE**

Federal Income Poverty Level*	Individual Income & Resources	Intake Evaluation or Home Visit /Crisis Stabilization	Individual Per Session (HHS/SAS <350% see 19.0.7) 45-60 min/90 min **	Family Per Person Session (HHS/SAS <350% see 19.0.7)	Therapy Or Substance Use Disorder Group TOP \$200 HHS/SAS <350% see 19.0.7) 1.5 hrs/2+ hrs	Psychiatry		HIV Grant Copays (Ryan White Substance Use Disorder RWCD, DSHS-HIV [discount up to 300%], DSHS-D [discount up to 500%]) & HHSC-CMH		Seniors 60+
						Initial (60 min)	Follow-up (30 min)	Individual	Family	
0 – 100	\$ 0 – 15,060	30 / 0	30/45	15	10/15	45	30	0		15
101 – 125	15,061 – 18,825	50 / 0	35/55	25	15/20	60	50	1	1	20
126 – 175	18,826 – 26,355	60 / 2	40/60	30	15/25	75	60	2	1	20
176 – 200	26,356 – 30,120	70 / 3	45/70	35	15/30	90	70	3	1	20
201 – 225	30,121 – 33,885	70 / 5	45/70	35	20/30	105	70	5	2	25
226 – 250	33,886 – 37,650	75 / 5	50/75	40	20/30	120	75	5	2	25
251 – 275	37,651 – 41,415	75 / 10	50/75	40	20/30	135	75	10	5	25
276 – 300	41,416 – 45,180	80 / 10	55/85	45	20/30	135	75	10	5	30
301 – 400	45,181 – 60,240	90 / 15	60/90	60	30/45	135	75	10	5	30
401 – 500	60,241 – 75,300	90 / 15	65/95	60	30/45	135	75	10	5	35
501 – 725	75,301 – 109,185	120 / 30	75/115	60	50/200/day	250	125	Follow regular schedule		35
726 – & up	109,186 – more	150 / 30	120/180	60	60/200/day	250	125			120
	third party payers	150	120/180	60	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.

\*\* Crisis call outside of regular appointments \$25 for each 15 minute increment

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 *	Individual Income & Resources	Intake Evaluation on or Home Visit	Individual Per Session (HHS/SA S <350% see 19.0.7) 45-60 min/90 min **	Family Per Person Session (HHS/SA S <350% see 19.0.7)	Therapy Or Substance Use Disorder Group IOP \$200 HHS/SAS <350% see 19.0.7) 1.5 hrs/2+ hrs	Psychiatry		HIV Grant Copays (Ryan White Substance Use Disorder RWCD, DSHS-HIV [discount up to 300%], DSHS-D [discount up to 500%]) & HHSC-CMH			Seniors 60+
						Initial (60 min)	Follow-up (30 min)	Individual	Family	Group	
0 – 100	\$ 0 – 15,060	30 / 0	30/45	15	10/15	45	30	0			15
101 – 125	15,061 – 18,825	50 / 0	35/55	25	15/20	60	50	1	1	1	20
126 – 175	18,826 – 26,355	60 / 2	40/60	30	15/25	75	60	2	1	1	20
176 – 200	26,356 – 30,120	70 / 3	45/70	35	15/30	90	70	3	1	1	20
201 – 225	30,121 – 33,885	70 / 5	45/70	35	20/30	105	70	5	2	1	25
226 – 250	33,886 – 37,650	75 / 5	50/75	40	20/30	120	75	5	2	1	25
251 – 275	37,651 – 41,415	75 / 10	50/75	40	20/30	135	75	10	5	2	25
276 – 300	41,416 – 45,180	80 / 10	55/85	45	20/30	135	75	10	5	2	30
301 – 400	45,181 – 60,240	90 / 15	60/90	60	30/45	135	75	10	5	2	30
401 – 500	60,241 – 75,300	90 / 15	65/95	60	30/45	135	75	10	5	2	35
501 – 725	75,301 – 109,185	120 / 30	75/115	60	50/200/day	250	125	Follow regular schedule			35
726 – & up	109,186 – more third party payers	150 / 30	120/180	60	60/200/day	250	125				120
		150	120/180	60	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.

\*\* Crisis call outside of regular appointments \$25 for each 15 minute increment

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. Clients receiving grant funded HIV services at other agencies are responsible for reporting and maintaining records of fees paid if requesting that the Center track fees in regards to their annual cap.

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

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

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Nivel Federal de Pobreza *	Ingreso personal y Recursos	Evaluación inicial o Visita domiciliaria /Estabilización de Crisis	Individual Per Session (HHS/SAS <350% see 19.0.7) 45-60 min/90 min **	Familia Por persona por Sesión (HHS / SAS < 350 % ver 19.0.7)	Terapia O Uso de Sustancias para el grupo de desorden PIO \$ 150 HHS / 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 – 15,060	30 / 0	30	15	10/15	45	30		0		15
101 – 125	15,061 – 18,825	50 / 0	35	25	15/20	60	50	1	1	1	20
126 – 175	18,826 – 26,355	60 / 2	40	30	15/25	75	60	2	1	1	20
176 – 200	26,356 – 30,120	70 / 3	45	35	15/30	90	70	3	1	1	20
201 – 225	30,121 – 33,885	70 / 5	45	35	20/30	105	70	5	2	1	25
226 – 250	33,886 – 37,650	75 / 5	50	40	20/30	120	75	5	2	1	25
251 – 275	37,651 – 41,415	75 / 10	50	40	20/30	135	75	10	5	2	25
276 – 300	41,416 – 45,180	80 / 10	55	45	20/30	135	75	10	5	2	30
301 – 400	45,181 – 60,240	90 / 15	60	60	30/45	135	75	DSHS-HIV & RWCD			30
401 – 500	60,241 – 75,300	90 / 15	60	65	30/45	135	75	Sigue la escala regular, DSHS-D seguir debajo			35
501 – 725	75,301 – 109,185	120 / 30	60	75	50/200/day	250	125	10	5	2	35
726 – & up	109,186 – more	150 / 30	60	120	60/200/day	250	125				120
	third party payers	150	60	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.

\*\* Llamada de crisis fuera de las citas regulares \$25 por cada incremento de 15 minutos

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

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