

HIGH PLAINS MENTAL HEALTH CENTER
SLIDING FEE SCHEDULE A WITH 2025 FEDERAL POVERTY GUIDELINES

Annual Income Thresholds by Sliding Fee Discount Pay Class and Percent Poverty											
Poverty Level	At or Below 100% Nominal Fee (\$20)		101% - 125% 20% pay (80% discount)		126% - 150% 40% pay (60% discount)		151% - 175% 60% pay (40% discount)		176% - 200% 80% pay (20% discount)		Above 200% 100% pay (No discount)
	Min	Max	Min	Max	Min	Max	Min	Max	Min	Max	Min
Family Size											
1	\$ -	\$ 15,650	\$ 15,651	\$ 19,563	\$ 19,564	\$ 23,475	\$ 23,476	\$ 27,388	\$ 27,389	\$ 31,300	\$ 31,301
2	\$ -	\$ 21,150	\$ 21,151	\$ 26,438	\$ 26,439	\$ 31,725	\$ 31,726	\$ 37,013	\$ 37,014	\$ 42,300	\$ 42,301
3	\$ -	\$ 26,650	\$ 26,651	\$ 33,313	\$ 33,314	\$ 39,975	\$ 39,976	\$ 46,638	\$ 46,639	\$ 53,300	\$ 53,301
4	\$ -	\$ 32,150	\$ 32,151	\$ 40,188	\$ 40,189	\$ 48,225	\$ 48,226	\$ 56,263	\$ 56,264	\$ 64,300	\$ 64,301
5	\$ -	\$ 37,650	\$ 37,651	\$ 47,063	\$ 47,064	\$ 56,475	\$ 56,476	\$ 65,888	\$ 65,889	\$ 75,300	\$ 75,301
6	\$ -	\$ 43,150	\$ 43,151	\$ 53,938	\$ 53,939	\$ 64,725	\$ 64,726	\$ 75,513	\$ 75,514	\$ 86,300	\$ 86,301
7	\$ -	\$ 48,650	\$ 48,651	\$ 60,813	\$ 60,814	\$ 72,975	\$ 72,976	\$ 85,138	\$ 85,139	\$ 97,300	\$ 97,301
8	\$ -	\$ 54,150	\$ 54,151	\$ 67,688	\$ 67,689	\$ 81,225	\$ 81,226	\$ 94,763	\$ 94,764	\$ 108,300	\$ 108,301
For each add'l person, add		\$ 5,500		\$ 6,875		\$ 8,250		\$ 9,625		\$ 11,000	
Charge (of \$175 base rate)	\$20		\$35		\$70		\$105		\$140		\$175
Charge (of \$250 base rate)	\$20		\$50		\$100		\$150		\$200		\$250

HIGH PLAINS MENTAL HEALTH CENTER
SLIDING FEE SCHEDULE B FOR PSYCHOSOCIAL REHABILITATION SERVICES
2025 FEDERAL POVERTY GUIDELINES

Annual Income Thresholds by Sliding Fee Discount Pay Class and Percent Poverty											
Poverty Level	At or Below 100% 10% pay (90% discount)		101% - 125% 20% pay (80% discount)		126% - 150% 40% pay (60% discount)		151% - 175% 60% pay (40% discount)		176% - 200% 80% pay (20% discount)		Above 200% 100% pay (No discount)
	Min	Max	Min	Max	Min	Max	Min	Max	Min	Max	Min
Family Size											
1	\$ -	\$ 15,650	\$ 15,651	\$ 19,563	\$ 19,564	\$ 23,475	\$ 23,476	\$ 27,388	\$ 27,389	\$ 31,300	\$ 31,301
2	\$ -	\$ 21,150	\$ 21,151	\$ 26,438	\$ 26,439	\$ 31,725	\$ 31,726	\$ 37,013	\$ 37,014	\$ 42,300	\$ 42,301
3	\$ -	\$ 26,650	\$ 26,651	\$ 33,313	\$ 33,314	\$ 39,975	\$ 39,976	\$ 46,638	\$ 46,639	\$ 53,300	\$ 53,301
4	\$ -	\$ 32,150	\$ 32,151	\$ 40,188	\$ 40,189	\$ 48,225	\$ 48,226	\$ 56,263	\$ 56,264	\$ 64,300	\$ 64,301
5	\$ -	\$ 37,650	\$ 37,651	\$ 47,063	\$ 47,064	\$ 56,475	\$ 56,476	\$ 65,888	\$ 65,889	\$ 75,300	\$ 75,301
6	\$ -	\$ 43,150	\$ 43,151	\$ 53,938	\$ 53,939	\$ 64,725	\$ 64,726	\$ 75,513	\$ 75,514	\$ 86,300	\$ 86,301
7	\$ -	\$ 48,650	\$ 48,651	\$ 60,813	\$ 60,814	\$ 72,975	\$ 72,976	\$ 85,138	\$ 85,139	\$ 97,300	\$ 97,301
8	\$ -	\$ 54,150	\$ 54,151	\$ 67,688	\$ 67,689	\$ 81,225	\$ 81,226	\$ 94,763	\$ 94,764	\$ 108,300	\$ 108,301
For each add'l person, add		\$ 5,500		\$ 6,875		\$ 8,250		\$ 9,625		\$ 11,000	
Charge (of \$175 base rate)	\$17.50		\$35		\$70		\$105		\$140		\$175
Charge (of \$250 base rate)	\$25		\$50		\$100		\$150		\$200		\$250

2025 Poverty Guidelines for the 48 Contiguous States and the District of Columbia

Persons in Family/Household Poverty Guideline

For families/households with more than 8 persons, add \$4,720 for each additional person

	100%	125%	150%	175%	200%
1	\$15,650	\$19,563	\$23,475	\$27,388	\$31,300
2	\$21,150	\$26,438	\$31,725	\$37,013	\$42,300
3	\$26,650	\$33,313	\$39,975	\$46,638	\$53,300
4	\$32,150	\$40,188	\$48,225	\$56,263	\$64,300
5	\$37,650	\$47,063	\$56,475	\$65,888	\$75,300
6	\$43,150	\$53,938	\$64,725	\$75,513	\$86,300
7	\$48,650	\$60,813	\$72,975	\$85,138	\$97,300
8	\$54,150	\$67,688	\$81,225	\$94,763	\$108,300

FEE SCHEDULE

1. **Summary of Contents/Major Changes:** The Fee Schedule has been updated to remove separate rates for individuals living outside the Center's catchment area. These individuals are still not eligible for a sliding fee discount, but their full fee rates are the same as in catchment rates. Removed Connections for Life Services from the fee schedule.
2. **Purpose of Policy:** This policy provides a listing of the fees of all the services that the Center provides.
3. **Applicability:** This policy applies to all staff.
4. **Key Definitions (if any):** N/A
5. **Policy Detail:** It is the policy of the Center to set and publish fees for all services it provides, and make those fees available to anyone upon request. Further, in compliance with K.A.R. 30-60-17, no one will be denied medically necessary and appropriate services that the Center is required to provide under K.A.R. 30-60-64, solely because of the patient's inability to pay the fees charged by the Center for those services.
6. **Procedure Detail:**
7. Base Hourly Rates
 - 7.1. Base rate charge is \$175.00 per hour.
 - 7.2. Psychiatrist/APRN base rate is \$250.00 per hour.
8. Sliding Scale Fees
 - 8.1. Persons who live in one of the counties that provide financial support to the Center may have their self pay fee determined by Sliding Scale A (office-based services) and Sliding Scale B (psychosocial rehabilitation services).
 - 8.2. College students and K-12 students that attend school within our catchment area but have a permanent address outside of our catchment area are also eligible to apply for a fee reduction determined by Sliding Scale A or Sliding Scale B.
9. Medical Services Rates:
 - 9.1. 90792 Psychiatric Diagnostic Evaluation with Medical Services is \$375.00 per event.
 - 9.2. 99211 Physician Evaluation and Management Established Level 1 is \$100.00 per event.
 - 9.3. 99212 Physician Evaluation and Management Established Level 2 is \$125.00 per event.
 - 9.4. 99213 Physician Evaluation and Management Established Level 3 is \$150.00 per event.
 - 9.5. 99214 Physician Evaluation and Management Established Level 4 is \$175.00 per event.
 - 9.6. 99215 Physician Evaluation and Management Established Level 5 is \$225.00 per event.

- 9.7. 99441 Telephone E&M for Medicare Beneficiary, 5-10 minutes is \$125.00 per event.
 - 9.8. 99442 Telephone E&M for Medicare Beneficiary, 11-20 minutes is \$150.00 per event.
 - 9.9. 99443 Telephone E&M for Medicare Beneficiary, 21-30 minutes is \$175.00 per event.
 - 9.10. 96372 Injection is \$100.00 per event.
10. Transcranial Magnetic Stimulation (TMS) Rates: The Center is not required to provide TMS services under K.A.R. 30-60-64; therefore, these services are not eligible for a sliding scale fee. Insured individuals receiving TMS services may apply for a special fee reduction to assist with the self pay portion of their TMS services. TMS must be pre-authorized by an individual's insurance company prior to the initiation of TMS services. Uninsured individuals may receive TMS services at the rate of \$8,000 for the entire course of treatment. Half of this rate (\$4,000) is required as a pre-payment; the remaining half may be paid over a six-month timeframe.
- 10.1. 90867 Initial TMS Treatment, Delivery, and Management is \$2,500 per event.
 - 10.2. 90868 Subsequent TMS Treatment is \$2,500 per event.
 - 10.3. 90869 Re-Determination with Delivery and Management is \$2,500 per event.
11. Clinical Outpatient Services Rates:
- 11.1. 90791 Psychiatric Diagnostic Evaluation is \$250.00 per event.
 - 11.2. 90832 Psychotherapy, 16-37 minutes, is \$100.00 per event.
 - 11.3. 90834 Psychotherapy, 38 – 52 minutes, is \$150.00 per event.
 - 11.4. 90837 Psychotherapy, 53+ minutes, is \$175.00 per event.
 - 11.5. 90846 Family Therapy without patient present is \$175.00 per event.
 - 11.6. 90847 Family Therapy is \$250.00 per event.
 - 11.7. 90853 Group Therapy is \$100.00 per event.
12. Substance Use Services Rates:
- 12.1. H0001 Alcohol and Drug Assessment is \$250.00 per event.
 - 12.2. H0004 Individual Counseling is \$175.00 per hour.
 - 12.3. H0005 U5 Group Therapy is \$100.00 per hour.
 - 12.4. H0038 Peer Support Individual is \$75.00 per hour.
13. Crisis Services Rates
- 13.1. S9484 U1 Crisis Intervention is \$225.00 per hour.
 - 13.2. H2011U1 Mobile Crisis Response is \$250.00 per hour.
14. Community Services/Rehabilitation Services Rates
- 14.1. H0036HB Community Psychiatric Support Treatment – Adult is \$150.00 per hour.
 - 14.2. H0036HA Community Psychiatric Support Treatment – Child is \$150.00 per hour.
 - 14.3. T1017 Targeted Case Management is \$125.00 per hour.
 - 14.4. H2017 Psychosocial Rehabilitation – Individual is \$125.00 per hour.
 - 14.5. H2017TJ Psychosocial Rehabilitation – Child Group is \$75.00 per hour.
 - 14.6. H2017HQ Psychosocial Rehabilitation – Adult Group is \$75.00 per hour.

- 14.7. H0038 Peer Support Individual and Parent Peer Support Individual is \$75.00 per hour.
 - 14.8. H0038HQ Peer Support Group and Parent Peer Support Group is \$50.00 per hour.
 - 14.9. T1019 Attendant Care is \$50.00 per hour.
 - 14.10. SED Waiver: H2021 Wraparound Facilitation is \$125.00 per hour.
 - 14.11. SED Waiver: S5110 Parent Support and Training Individual is \$125.00 per hour.
 - 14.12. SED Waiver: S5110TJ Parent Support and Training Group is \$75.00 per hour.
 - 14.13. SED Waiver: T2038 Independent Living/Skills Building is \$75.00 per hour.
 - 14.14. SED Waiver: S5150 Short Term Respite is \$50.00 per hour.
 - 14.15. Individual Placement & Support (IPS) Supported Employment: H2024 is \$225.00 per day.
 - 14.16. Assertive Community Treatment (ACT): H0040 is \$225.00 per day.
15. Evaluation Services Rates Evaluation services are not eligible for a fee reduction.
- 15.1. 100 Driving Under the Influence (DUI) Evaluation is \$150.00 per event. A prepayment of \$150 is required prior to scheduling the appointment unless the charge is to be submitted to the referring court.
 - 15.2. 104 Alcohol and Drug Evaluation is \$200.00 per hour. A prepayment of \$250 is required prior to scheduling the appointment if the cost of the evaluation is the patient's responsibility.
 - 15.3. 107 Competency to Stand Trial Evaluation is \$650.00 per event.
 - 15.4. 113 PASRR Screening or Review is \$275.00 per event.
 - 15.5. 113ADM PASRR Administrative is \$135.00 per event.
 - 15.6. 113DEM PASRR Dementia is \$135.00 per event.
 - 15.7. 113IQ PASRR IQ Testing Update is \$95.00 per event.
 - 15.8. 26 Employment Evaluation is \$300.00 per event.
16. Screening, Brief Intervention, and Referral for Treatment (SBIRT) – SBIRT is an evidence-based approach identifying patients who use alcohol and other drugs at risky levels, with the goal of reducing and preventing related health consequences, disease, accidents, and injuries. SBIRT services are currently only provided to KanCare Medicaid Members.
- 16.1. H0049 Full Screen is \$24.00 per event.
 - 16.2. H0050 Brief Intervention is \$24.00 per 15-minute increment.
 - 16.3. 99408 Full Screen and Brief Intervention with a duration of 30 minutes or less is \$24.00 per event.
 - 16.4. 99409 Full Screen and Brief Intervention with a duration of more than 30 minutes is \$48.00 per event.
17. Other Services
- 17.1. 29 Court is \$175.00 per hour minimum. If the staff member's base hourly rate is higher than \$175.00 per hour, then that higher rate is the cost per hour.
 - 17.2. T2011 NFMH Continued Stay Review is \$355.00 per event.

- 17.3. H0031HO Mental Health Assessment/Screening is \$174.00 per event.
 - 17.4. H2011SCR Crisis Intervention – Screening is \$225.00 per hour.
 - 17.5. 90791SCR Hospital Consultation – Screening is \$250.00 per event.
18. Time based patient services are billed in minutes using quarter hour segments. The Center’s billing system will use mathematical rules for rounding minutes (i.e. 8 minutes would be rounded up to 15 minutes; 22 minutes would be rounded down to 15 minutes).
19. Event based patient services are billed at the event rate. Many event based services do have time parameters built into the definition of the service. As long as the service falls into the appropriate time parameters, it is billed at the event rate.
20. Interpreter Fees:
- 20.1. KanCare members should contact their assigned MCO for language interpretation services. Center staff can assist with this contact if needed.
 - 20.2. Language interpretation services for non-English speaking patients will be provided free of charge.
 - 20.3. When an interpreter is scheduled for a patient who habitually (after two) no shows the therapist will be advised. The therapist should have a discussion with the patient about the cost of paying for an interpreter whose services are not used.
 - 20.4. See “Language Interpretation” within the Admissions Policies and Criteria, II.L.1. for further information.
21. A copy of this fee schedule is available to anyone upon request.
- 22. Related Policies and Forms:**
- 22.1. II.D.2. Sliding Scale Fees
 - 22.2. II.L.1. Admissions Policies and Criteria
- 23. References:**
- 23.1. K.A.R. 30-60-17
 - 23.2. K.A.R. 30-60-64