2023 Sliding Fee Scale

Rule: 65E-14.018

Gross income $ per family size annually							
Family Size	2	3	4	5	6	7	8
2023 Poverty Guidelines *	$ 19,720.00	$ 24,860.00	$ 30,000.00	$ 35,140.00	$ 40,280.00	$ 45,420.00	$ 50,560.00

NOTE: For familes/households with more than 8 persons, add $5,140 for each additional person.

Percent of Poverty Level	Copay allowed							
0-150%	0%	$ 29,580.00	$ 37,290.00	$ 45,000.00	$ 52,710.00	$ 60,420.00	$ 68,130.00	$ 75,840.00
150-165%	4%	$ 32,538.00	$ 41,019.00	$ 49,500.00	$ 57,981.00	$ 66,462.00	$ 74,943.00	$ 83,424.00
165-180%	6%	$ 35,496.00	$ 44,748.00	$ 54,000.00	$ 63,252.00	$ 72,504.00	$ 81,756.00	$ 91,008.00
180-195%	11%	$ 38,454.00	$ 48,477.00	$ 58,500.00	$ 68,523.00	$ 78,546.00	$ 88,569.00	$ 98,592.00
195-210%	19%	$ 41,412.00	$ 52,206.00	$ 63,000.00	$ 73,794.00	$ 84,588.00	$ 95,382.00	$ 106,176.00
210-225%	30%	$ 44,370.00	$ 55,935.00	$ 67,500.00	$ 79,065.00	$ 90,630.00	$ 102,195.00	$ 113,760.00
225-240%	44%	$ 47,328.00	$ 59,664.00	$ 72,000.00	$ 84,336.00	$ 96,672.00	$ 109,008.00	$ 121,344.00
240-255%	61%	$ 50,286.00	$ 63,393.00	$ 76,500.00	$ 89,607.00	$ 102,714.00	$ 115,821.00	$ 128,928.00
255-270%	81%	$ 53,244.00	$ 67,122.00	$ 81,000.00	$ 94,878.00	$ 108,756.00	$ 122,634.00	$ 136,512.00
270-285%	90%	$ 56,202.00	$ 70,851.00	$ 85,500.00	$ 100,149.00	$ 114,798.00	$ 129,447.00	$ 144,096.00
285-300%	95%	$ 59,160.00	$ 74,580.00	$ 90,000.00	$ 105,420.00	$ 120,840.00	$ 136,260.00	$ 151,680.00

** Based on the 2023 Poverty Guidelines from the US Department of Health & Human Services*

Excerpt from Rule: 65E-14.018

2(a) Each service provider shall develop a sliding fee scale, that is updated annually, in conjunction with the Federal Poverty Guidelines, and applies to individuals receiving services that are paid for by state, federal, or local matching funds.

2(b) The service provider shall request a sliding fee payment from persons not eligible for Medicaid or receiving services ineligible under Medicaid; and whose household income is less than 150 percent of the federal poverty income guidelines in accordance with Section 409.9081, F.S. Nominal co-payments for the following substance abuse and mental health services shall apply:

1. Outpatient treatment services – $3 per day.

2(c) The service provider shall require persons meeting the criteria listed below to contribute to their treatment costs consistent with the provisions of Section 409.212, F.S.:

1. Persons who receive optional supplementation payments or are receiving a supplemental security income check;

2. Persons determined to be eligible for optional supplementation by the department; and,
3. Persons who meet program eligibility criteria for assisted living facilities, foster care family placements, long-term residential care, or any other special living arrangements.