

UNIFORM PATIENT FEE SCHEDULE
COMMUNITY MENTAL HEALTH
SERVICES Effective October 1, 1989

Monthly Adjusted Gross Income*	Persons Dependent on Income Annual Deductibles				
	1	2	3	4	5 or more
0-569					
570-599					
600-649					
650-699	50				
700-749	56				
750-799	63				
800-849	71	64			
850-899	79	71			
900-949	89	80			
950-1000	99	90	80		
1000-1049	111	100	90		
1050-1099	125	112	101		
1100-1149	140	126	113		
1150-1199	156	140	126	113	
1200-1249	177	159	143	129	
1250-1299	200	180	162	146	
1300-1349	226	203	183	165	149
1350-1399	255	230	207	186	167
1400-1449	288	259	233	210	189
1450-1499	326	293	264	238	214
1500-1549	368	331	298	268	241
1550-1599	416	374	337	303	273
1600-1649	470	423	381	343	309
1650-1699	531	478	430	387	348
1700-1749	600	540	486	437	393
1750-1799	678	610	549	494	446
1800-1849	752	677	609	548	493
1850-1899	835	752	677	609	548
1900-1949	927	834	751	676	608

Monthly Adjusted Gross Income*	Persons Dependent on Income Annual Deductibles			
	1	2	3	4
1950-1999	1029	926	833	750
2000-2049	1142	1028	925	83
2050-2099	1268	1141	1027	924
2100-2149	1407	1255	1139	1025
2150-2199	1562	1406	1265	1139
2200-2249	1734	1561	1405	1265
2250-2299	1925	1733	1560	1404
2300-2349	2136	1922	1730	1557
2350-2399	2371	2134	1921	1739
2400-2449	2632	2369	2132	1919
2450-2499	2922	2630	2367	2130
2500-2599	3275	2948	2653	2388
2600-2699	3482	3134	2821	2359
2700-2799	3695	3326	2993	2694
2800-2899	3915	3524	3172	2855
2900-2999	4139	3725	3353	3018
3000-3099	4370	3933	3450	3186
3100-3199	4607	4146	3731	3358
3200-3299	4850	4365	3929	3536
3300-3399	5099	4589	4130	3717
3400-3499	5458	4912	4421	3979
3500-3599	5830	5247	4722	4250
3600-3699	6214	5593	5036	4532
3700-3799	6610	5949	5354	4819
3800-3899	7018	6313	5684	5116
3900-3999	7438	6694	6025	5423
4000-4099	7870	7083	6375	5738
4100-4199	8314	7483	6735	6062
Above \$4200 add \$400 for each \$100 additional income.				

* Monthly Gross Income after adjustment for allowable expenses and asset determination from computation made

Prepared and published by the California Department of Mental health in accordance with Sections 5717 and 5718 of the Welfare and Insitution code.

10/20/1989

UMDAP Fee Schedule

Monthly Adjusted Gross Income*	Persons Dependent on Income				
	1	2	3	4	5 or more
0-569	37**	33**	30**	27**	24**
570-599	40**	36**	32**	29**	26**
600-649	45**	40**	36**	32**	29**
650-699	50*	45**	41**	37**	33**
700-749	56*	50**	45**	41**	37**
750-799	63*	57**	51**	46**	41**
800-849	71*	64*	58**	52**	47**
850-900	79*	71*	64**	58**	52**
900-949	89*	80*	72**	65**	49**
950-999	99*	90*	80*	72**	65**
1000-1049	111*	100*	90*	81**	73**
1050-1099	125*	112*	101*	91**	82**
1100-1149	140*	126*	113*	102**	92**
1150-1199	156*	140*	126*	113*	102**
1200-1249	177*	159*	143*	129*	116**
1250-1299	200*	180*	162*	146*	131**
1300-1349	226*	203*	183*	165*	149*
1350-1399	255	230*	207*	186	167*
1400-1449	288	259*	233*	210*	189*
1450-1499	326	293*	264*	238*	214*
1500-1549	368	331*	298*	268*	241*
1550-1599	416	374*	337*	303*	273*
1600-1649	470	423*	281*	343*	309*
1650-1699	531	478*	430*	387*	348*
1700-1749	600	540*	486*	437*	393*
1750-1799	678	610*	549*	494*	445*
1800-1849	752	677	609*	548*	493
1850-1899	835	752	677*	609*	548*
1900-1949	927	834	751*	676*	608*

Monthly Adjusted Gross Income*	Persons Dependent on Income			
	1	2	3	4
1950-1999	1029	926	836*	750*
2000-2049	1142	1028	925*	833*
2050-2099	1268	1141	1027*	924*
2100-2149	1407	1266	1139*	1025*
2150-2199	1562	1406	1265*	1139*
2200-2249	1734	1561	1405*	1265*
2250-2299	1925	1733	1560	1404*
2300-2349	2136	1922	1730	1557*
2350-2399	2371	2134	1921	1729*
2400-2449	2632	2369	2132	1919*
2450-2499	2922	2630	2367	2130*
2500-2599	3275	2948	2653	2388*
2600-2699	3482	3134	2821	2359*
2700-2799	3695	3326	2993	2694
2800-2899	3915	3524	3172	2855
2900-2999	4139	3725	3353	3018
3000-3099	4380	3933	3540	3286
3100-3199	4607	4146	3731	3358
3200-3299	4850	4365	3929	3536
3300-3399	5099	4589	4130	3717
3400-3499	5458	4912	4421	3979
3500-3599	5830	5247	4722	4250
3600-3699	6214	5593	5036	4532
3700-3799	6610	5949	5354	4819
3800-3899	7018	6316	5684	5116
3900-3999	7438	6694	6025	5423
4000-4099	7870	7083	6375	5738
4100-4199	8314	7483	6735	6062

* Medi-Cal eligibility for clients ages 21-65 with dependents.

** Medi-Cal eligibility for clients ages 21-65 with dependents.

Number of Dependents	Asset Allowance
1	\$2,000
2 (1 Adult 1 child)	\$3,000
2 (Adults)	\$3,000

Number of Dependents	Asset Allowance
1	\$3,300
2 (1 Adult 1 child)	\$3,450
2 (Adults)	\$3,600