Keeping quality services affordable and attainable for all Richland County Residents.
The following services are offered to Richland County Residents at no out of pocket expense. If you have Medicaid or Private Insurance, The Board will cover any required Co-Pay. If you do not have a third party payer the Board will pay the service in full.

**Board Sponsored Services**

- Drug and Alcohol Assessment
- Assessment Addendum
- Drug and Alcohol Case Management
- Board Contracted Room and Board
- Brief Screening

**Board Subsidized Services**

The following services will be subjected to a **sliding fee scale** in order to determine what portion of the fee will be the clients responsibility and what portion will be funded through Board Subsidy;

- Medical Somatic Service
- Individual Drug and Alcohol Counseling
- Group Drug and Alcohol Counseling
- Intensive Out Patient Drug and Alcohol Programming
- All other fee for service treatment options not classified as "Board Sponsored."

**Sliding Fee Scale**

- If a client has a household income between **138.01%** and **150%** of the Federal Poverty Level he or she will be responsible for **25%** of their fee, the Board will pay **75%**.

- If the client has a household income between **150.01%** and **175%** of the Federal Poverty Level, he or she will be responsible for **50%** of their fee and the Board will pay **50%**.

- If a client has a household income between **175.01%** and **200%** of the Federal Poverty Level, he or she will be responsible for **75%** of their fee and the Board will pay **25%**.

- If a client has a household income above **200%** of the Federal Poverty Level, or is **NOT** a Richland County Resident, he or she will be considered a "full fee" client and be responsible for **100%** of the fee.

- If a client is at or below **138%** of Federal Poverty Level and has no third party payer (Medicaid, Medicare or private insurance) they will **qualify for Medicaid**. The Board will cover **100%** of the fee for the Board Subsidized Service for up to 60 days following the Assessment. During that time the agency will work with the client to apply and obtain Medicaid as a primary or secondary insurance. **If the client chooses not to apply for Medicaid** he or she will be considered a "full fee" client at the end of the 60 day period.