

Figure: 26 TAC §350.1431(b) [~~§350.1431(c)~~]

HHSC ECI Sliding Fee Scale [for Families Enrolled On or After September 1, 2015]	
If the adjusted income is within the following % of the federal poverty guideline:	the maximum charge is equal to the following amounts or the full cost of services, whichever is less:
≤ 100%	\$0
>100% to ≤150%	\$5
>150% to ≤200%	\$14
> 200% to ≤250%	\$28
> 250% to ≤300%	\$45
> 300% to ≤350%	\$67
> 350% to ≤400%	\$124
> 400% to ≤450%	\$210
> 450% to ≤500%	\$313
> 500% to ≤550%	\$433
> 550% to ≤600%	\$474
> 600% to ≤650%	\$515
> 650% to ≤700%	\$557
> 700% to ≤750%	\$598
> 750% to ≤800%	\$639
> 800% to ≤850%	\$680
> 850% to ≤900%	\$722
> 900% to ≤950%	\$763
> 950% to ≤1000%	\$804
> 1000% of the federal poverty guidelines	the full cost of services.
If the parent <u>refuses to attest in writing that information about their third-party coverage, family size, and gross income is true and accurate</u> [÷]	then the family monthly maximum payment equals the <u>full cost of services.</u> [÷]
[refuses to attest in writing that information about their third-party coverage, family size, and gross income is true and accurate]	[full cost of services.]