

Macomb County Community Mental Health

Sliding Fee Scale

Sliding Fee Scale (SFS) for qualified people who are Uninsured or Under insured, for qualified Mental Health or SUD services:

Sliding Fee Scale daily visit amounts (SFSdva) are based on your ability to pay as established by State Law and Administrative Rules.

Annual Income Limits in the chart are based on the 2024 Federal Poverty Level guidelines and are updated annually.

Your SFSdva is determined at least annually and whenever your financial situation changes.

Documentation of your Annual Income and Family Size are required before a final, discounted SFSdva is approved.

Sliding Fee Scale daily visit amount (SFSdva) Chart:

| <u>Income Category</u> | <u>A</u> | <u>B</u> | <u>C</u> | <u>D</u> | <u>E</u> | <u>F</u> | <u>G</u> |
|--|----------|-----------|-----------|-----------|-----------|-------------|------------|
| Family Size | <=133% | <=200% | <=250% | <=300% | <=350% | <=400% | >400% |
| 1 | \$20,080 | \$30,120 | \$37,650 | \$45,180 | \$52,710 | \$60,240 | >\$60,240 |
| 2 | \$27,253 | \$40,880 | \$51,100 | \$61,320 | \$71,540 | \$81,760 | >\$81,760 |
| 3 | \$34,427 | \$51,640 | \$64,550 | \$77,460 | \$90,370 | \$103,280 | >\$103,280 |
| 4 | \$41,600 | \$62,400 | \$78,000 | \$93,600 | \$109,200 | \$124,800 | >\$124,800 |
| 5 | \$48,773 | \$73,160 | \$91,450 | \$109,740 | \$128,030 | \$146,320 | >\$146,320 |
| 6 | \$55,947 | \$83,920 | \$104,900 | \$125,880 | \$146,860 | \$167,840 | >\$167,840 |
| 7 | \$63,120 | \$94,680 | \$118,350 | \$142,020 | \$165,690 | \$189,360 | >\$189,360 |
| 8 | \$70,293 | \$105,440 | \$131,800 | \$158,160 | \$184,520 | \$210,880 | >\$210,880 |
| Add for each additional family member: | \$7,173 | \$10,760 | \$13,450 | \$16,140 | \$18,830 | \$21,520.00 | |
| | 133% | 200% | 250% | 300% | 350% | 400% | |

Sliding Fee Scale

Based on annual income and family size provided to ESM and applied to the SFSdva Chart above.

| <u>Your Income Category</u> | <u>A</u> | <u>B</u> | <u>C</u> | <u>D</u> | <u>E</u> | <u>F</u> | <u>G</u> |
|---|----------|----------|----------|----------|----------|----------|----------|
| Services Excluding Residential/Inpatient Services | \$0 | \$15 | \$30 | \$50 | \$75 | \$105 | ∞ |