

**Macomb County Community Mental Health Services  
Office of Substance Abuse  
FY2024 Sliding Fee Scale - Effective 10/01/2023**

**Step 1 - Determine Reimbursement Level**

Find the client's family size in the left-most column of the chart below. Follow that line to the right until you reach the cell in which the client's household income falls. The Level number on the top of that column is the client's reimbursement level.

Family Size	Level 1 0-138% Poverty		Level 2 139-200% Poverty	
	Min. Income	Max Income	Min. Income	Max Income
1	\$0	\$20,120	\$20,121	\$29,160
2	0	27,214	27,215	39,440
3	0	34,307	34,308	49,720
4	0	41,400	41,401	60,000
5	0	48,493	48,494	70,280
6	0	55,586	55,587	80,560
7	0	62,680	62,681	90,840
8	0	69,773	69,774	101,120
9	0	76,866	76,867	111,400
10	0	83,959	83,960	121,680
11	0	91,052	91,053	131,960
12	0	98,146	98,147	142,240

**Step 2 - Determine Fee Corresponding to Calculated Reimbursement Level**

In the left-most column of the chart below, locate the reimbursement level determined above. Follow the line to the right until you reach the column that describes the service being provided. The fee (co-pay) is the dollar amount identified in that cell.

Level	Outpatient Session/IOP Chair Day	Methadone Dose
1	2.00	0.20
2	5.00	0.35

<p><b>Recovery Homes - 50% daily rate copay applies after 60 days of service</b></p>
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\*Income Eligibility levels are based upon the 2023 U.S. Department of Health & Human Services (Federal) Poverty Guidelines.