

**Macomb County Community Mental Health Services  
Office of Substance Abuse  
FY2021 Sliding Fee Scale - Effective 10/01/2020**

**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	\$17,609	\$17,610	\$25,520
2	0	23,791	23,792	34,480
3	0	29,974	29,975	43,440
4	0	36,156	36,157	52,400
5	0	42,338	42,339	61,360
6	0	48,521	48,522	70,320
7	0	54,703	54,704	79,280
8	0	60,886	60,887	88,240
9	0	67,068	67,069	97,200
10	0	73,250	73,251	106,160
11	0	79,433	79,434	115,120
12	0	85,615	85,616	124,080

**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	Methodone 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 2020 U.S. Department of Health & Human Services (Federal) Poverty Guidelines.