

**Macomb County Community Mental Health Services
Office of Substance Abuse
FY2022 Sliding Fee Scale - Effective 10/01/2021**

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	\$17,774	\$17,775	\$25,760
2	0	24,040	24,041	34,840
3	0	30,305	30,306	43,920
4	0	36,570	36,571	53,000
5	0	42,835	42,836	62,080
6	0	49,100	49,101	71,160
7	0	55,366	55,367	80,240
8	0	61,631	61,632	89,320
9	0	67,896	67,897	98,400
10	0	74,161	74,162	107,480
11	0	80,426	80,427	116,560
12	0	86,692	86,693	125,640

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>Recovery Homes - 50% daily rate copay applies after 60 days of service</p>
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*Income Eligibility levels are based upon the 2021 U.S. Department of Health & Human Services (Federal) Poverty Guidelines.