

**Macomb County Community Mental Health Services
Office of Substance Abuse
FY2023 Sliding Fee Scale - Effective 10/01/2022**

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	\$18,754	\$18,755	\$27,180
2	0	25,268	25,269	36,620
3	0	31,781	31,782	46,060
4	0	38,295	38,296	55,500
5	0	44,809	44,810	64,940
6	0	51,322	51,323	74,380
7	0	57,836	57,837	83,820
8	0	64,349	64,350	93,260
9	0	70,863	70,864	102,700
10	0	77,377	77,378	112,140
11	0	83,890	83,891	121,580
12	0	90,404	90,405	131,020

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

Recovery Homes - 50% daily rate copay applies after 60 days of service

*Income Eligibility levels are based upon the 2022 U.S. Department of Health & Human Services (Federal) Poverty Guidelines.