	Widcomb Count	y Community Mental	Health						
	SI	iding Fee Scale							
Sliding Fee Scale (SFS) for quality	fied people who are Unir	sured or Under insured	d, for qualified Mental H	Health or SUD services:					
Sliding Fee Scale daily visit amount	ts (SFSdva) are based on	your ability to pay as es	tablished by State Law	and Administrative Rule	·s.				
Annual Income Limits in th									
Your SFSdva is	determined at least ann	ually and whenever you	r financial situation cha	inges.					
Documentation of your Ar									
The primary source	of income documentation	n required is your State	or Federal tax return (form 1040).					
ental Health - Sliding Fee Scale daily visit amount (SFSdva) Chart:								
Income Category	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>E</u>	<u> </u>	<u>G</u>		
Family Size	<=133%	<=200%	<=250%	<=300%	<=350%	<=400%	>400%	FPL	
1	\$20,080	\$30,120	\$37,650	\$45,180	\$52,710	\$60,240	>\$60,240	\$15,060.00	l l
2	\$27,253	\$40,880	\$51,100	\$61,320	\$71,540	\$81,760	>\$81,760	\$20,440.00	1
3	\$34,427	\$51,640	\$64,550	\$77,460	\$90,370	\$103,280	>\$103,280	\$25,820.00	l l
4	\$41,600	\$62,400	\$78,000	\$93,600	\$109,200	\$124,800	>\$124,800	\$31,200.00	1
5	\$48,773	\$73,160	\$91,450	\$109,740	\$128,030	\$146,320	>\$146,320	\$36,580.00	
6	\$55,947	\$83,920	\$104,900	\$125,880	\$146,860	\$167,840	>\$167,840	\$41,960.00	•
7	\$63,120	\$94,680	\$118,350	\$142,020	\$165,690	\$189,360	>\$189,360	\$47,340.00	
8	\$70,293	\$105,440	\$131,800	\$158,160	\$184,520	\$210,880	>\$210,880	\$52,720.00	
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%			
ed on annual income and family size provided to M	ACCMH and applied to the	SFSdva Chart above. B	<u>C</u>	<u>D</u>	<u>E</u>	<u>F</u>	<u>G</u>		Est Monthly Vi
sed on annual income and family size provided to Mur Income Category lility to pay % of Income (Not to publish)	<u>A</u>	<u>B</u> 6%	8%	<u>10%</u>	12%	14%	N/A		Est Monthly Vis
sed on annual income and family size provided to Mur Income Category lility to pay % of Income (Not to publish)		<u>B</u>					_	В	Est Monthly Vis
sed on annual income and family size provided to Mur Income Category illity to pay % of Income (Not to publish) ervices Excluding Residential/Inpatient Services	<u>A</u> \$0	<u>B</u> 6% \$15	8% \$30	10% \$50	<u>12%</u> \$75	14%	N/A	В	Est Monthly Vis
sed on annual income and family size provided to Mar Income Category lifty to pay % of income (Not to publish) ervices Excluding Residential/Inpatient Services Full Feescreen is charged upto the monthly maxin	\$0 num calculated under Mi	<u>B</u> 6% \$15	8% \$30	10% \$50	<u>12%</u> \$75	14%	N/A	В	Est Monthly Vi
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sed on annual income and family size provided to Mur Income Category illity to pay % of Income (Not to publish) ervices Excluding Residential/Inpatient Services Full Feescreen is charged upto the monthly maxin D - Sliding Fee Scale daily visit amount (SFSdva) Charcome Category, Family Size 1	So num calculated under Minart: A <=133% \$20,080	<u>B</u> <u>6%</u> \$15 chigan Compiled Law 3: <u>B</u> <=200% \$30,120	8% \$30 30.1818-1820 and Admi	10% \$50 Inistrative Rule R330.824 	12% \$75 12 E <=350% \$52,710	14% \$105 <u>E</u> <=400% \$60,240	N/A Ŧ G >400% >\$60,240	FPL \$15,060.00	
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