

Macomb County Community Mental Health

Sliding Fee Scale

Sliding Fee Scale (SFS) for qualified people who are Uninsured or Underinsured

Sliding Fee Scale daily visit amounts (SFSdva) are based on your ability to pay as

Annual Income Limits in the chart are based on the 2026 Federal Poverty

Your SFSdva is determined at least annually and whenever your

Documentation of your Annual Income and Family Size are required before

The primary source of income documentation required is your State

Mental Health - Sliding Fee Scale daily visit amount (SFSdva) Chart:

Income Category	A	B
Family Size	<=133%	<=200%
1	\$21,280	\$31,920
2	\$28,200	\$42,300
3	\$35,533	\$53,300
4	\$42,867	\$64,300
5	\$50,200	\$75,300
6	\$57,533	\$86,300
7	\$64,867	\$97,300
8	\$72,200	\$108,300
Add for each additional family member:	\$7,333	\$11,000
	133%	200%

Sliding Fee Scale

Based on annual income and family size provided to MCCMH and applied to the SFSdva Chart above.

Your Income Category	A	B
Ability to pay % of Income (Not to publish)		6%
Services Excluding Residential/Inpatient Services	\$0	\$15

FF - Full Feescreen is charged upto the monthly maximum calculated under Michigan Compiled Law 33

SUD - Sliding Fee Scale daily visit amount (SFSdva) Chart:

Income Category	A	B
Family Size	<=133%	<=200%
1	\$21,280	\$31,920
2	\$28,200	\$42,300
3	\$35,533	\$53,300
4	\$42,867	\$64,300
5	\$50,200	\$75,300
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family member:	\$7,333	\$11,000
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Sliding Fee Scale

Based on annual income and family size provided to MCCMH and applied to the SFSdva Chart above.

Your Income Category	<u>A</u>	<u>B</u>
Ability to pay % of Income (Not to publish)		<u>6%</u>
Services Excluding Residential/Inpatient Services	\$0	\$15

† - Full Feescreen is charged upto the monthly maximum calculated under Michigan Compiled Law 33

Mental Health

red, for qualified Mental Health or SUD services:

established by State Law and Administrative Rules.

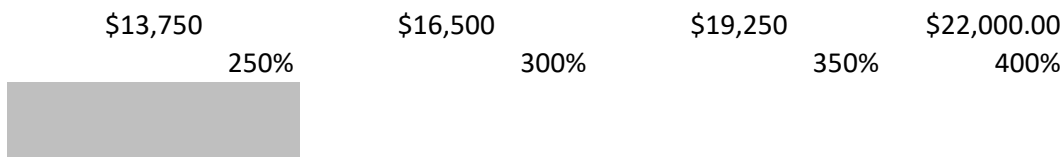
y Level guidelines and are updated annually.

your financial situation changes.

fore a final, discounted SFSdva is approved.

ate or Federal tax return (form 1040).

C	D	E	F	G
<=250%	<=300%	<=350%	<=400%	>400%
\$39,900	\$47,880	\$55,860	\$63,840	>\$63,840
\$52,875	\$63,450	\$74,025	\$84,600	>\$84,600
\$66,625	\$79,950	\$93,275	\$106,600	>\$106,600
\$80,375	\$96,450	\$112,525	\$128,600	>\$128,600
\$94,125	\$112,950	\$131,775	\$150,600	>\$150,600
\$107,875	\$129,450	\$151,025	\$172,600	>\$172,600
\$121,625	\$145,950	\$170,275	\$194,600	>\$194,600
\$135,375	\$162,450	\$189,525	\$216,600	>\$216,600



C	D	E	F	G
8%	10%	12%	14%	N/A
\$30	\$50	\$75	\$105	F

0.1818-1820 and Administrative Rule R330.8242

C	D	E	F	G
<=250%	<=300%	<=350%	<=400%	>400%
\$39,900	\$47,880	\$55,860	\$63,840	>\$63,840
\$52,875	\$63,450	\$74,025	\$84,600	>\$84,600
\$66,625	\$79,950	\$93,275	\$106,600	>\$106,600
\$80,375	\$96,450	\$112,525	\$128,600	>\$128,600
\$94,125	\$112,950	\$131,775	\$150,600	>\$150,600
\$107,875	\$129,450	\$151,025	\$172,600	>\$172,600
\$121,625	\$145,950	\$170,275	\$194,600	>\$194,600
\$135,375	\$162,450	\$189,525	\$216,600	>\$216,600

\$13,750	\$16,500	\$19,250	\$22,000.00	
250%	300%	350%	400%	
<u>C</u>	<u>D</u>	<u>E</u>	<u>F</u>	<u>G</u>
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
<u>F</u>	<u>F</u>	<u>F</u>	<u>F</u>	<u>F</u>

0.1818-1820 and Administrative Rule R330.8242

FPL			
\$15,960.00	2	2.5	3
\$21,150.00			
\$26,650.00			
\$32,150.00			
\$37,650.00			
\$43,150.00			
\$48,650.00			
\$54,150.00			

	<u>Est Monthly Visits</u>
B	10

FPL
\$15,960.00
\$21,150.00
\$26,650.00
\$32,150.00
\$37,650.00
\$43,150.00
\$48,650.00
\$54,150.00

Est Monthly Visits

10