



Community • Independence • Empowerment

CCBHC SLIDING FEE DISCOUNT PROGRAM SCALE Based on 2021 Federal Poverty Guidelines (Gross Income)

Sliding Fee Category Code	A		B		C	
Client Responsibility Per Visit	\$0		\$10		100% of charges	
% of Poverty	0% - 133%		134% - 200%		200% +	
Family Size Income	ABOVE	BELOW	ABOVE	BELOW	ABOVE	BELOW
1	\$0	\$ 17,130	\$ 17,131	\$ 25,759	\$ 25,760	not eligible
2	\$0	\$ 23,169	\$ 23,170	\$ 34,839	\$ 34,840	not eligible
3	\$0	\$ 29,207	\$ 29,208	\$ 43,919	\$ 43,920	not eligible
4	\$0	\$ 35,245	\$ 35,246	\$ 52,999	\$ 53,000	not eligible
5	\$0	\$ 41,283	\$ 41,284	\$ 62,079	\$ 62,080	not eligible
6	\$0	\$ 47,321	\$ 47,322	\$ 71,159	\$ 71,160	not eligible
7	\$0	\$ 53,360	\$ 53,361	\$ 80,239	\$ 80,240	not eligible
8	\$0	\$ 59,398	\$ 59,399	\$ 89,319	\$ 89,320	not eligible

Add \$4,540 for each additional person over 8

Healthy Michigan Plan is available to individuals up to 133% of poverty.

NOTE

This scale is based on Gross Income & family size. Therefore, W2's or a month of pay stubs are required.