



Certified Community Behavioral Health Clinic – Sliding Fee Discount Program Scale

Based on the 2023 Federal Poverty Guidelines (Gross Income)

Sliding Fee Category Code	A		B		C	
Client Responsibility per Visit	\$0		\$10		100% of Charges	
% of Poverty Level	0% - 133%		134% - 200%		200%+	
Family Size Income	ABOVE	BELOW	ABOVE	BELOW	ABOVE	BELOW
1	\$0	\$19,391	\$19,392	\$29,160	\$29,161	Not Eligible
2	\$0	\$26,228	\$26,229	\$39,440	\$39,441	Not Eligible
3	\$0	\$33,064	\$33,065	\$49,720	\$49,721	Not Eligible
4	\$0	\$39,900	\$39,901	\$60,000	\$60,001	Not Eligible
5	\$0	\$46,736	\$46,737	\$70,280	\$70,281	Not Eligible
6	\$0	\$53,572	\$53,573	\$80,560	\$80,561	Not Eligible
7	\$0	\$60,409	\$60,410	\$90,840	\$90,841	Not Eligible
8	\$0	\$67,245	\$67,246	\$101,120	\$101,121	Not Eligible

Add \$5,140 for each additional person over 8

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

**This scale is based on gross income and family size – W2s or a month of pay stubs are required.