

St. Clair County Community Mental Health

Sliding Fee Discount Program Handbook

Payments for Services

It is important to us that your ability to pay not be a barrier to receive the services you need. We will help you determine your needs and conclude whether your treatment will be covered.

To start, it is important that you inform St. Clair County Community Mental Health (SCCCMH) staff of all the insurance coverage you currently have, including any recent changes to insurance within 1 week of the change.

If all insurance information is not provided, **you may be at risk of being charged** for services that should be covered for you.

General Payment Guidelines

- If you are enrolled in a Full Medicaid or Healthy Michigan Plan and meet the criteria for specialty behavioral health and/or substance use disorder services, the total cost of your treatment will be covered.
- If you do not have Full Medicaid, Healthy Michigan Plan, or any type of insurance, SCCCMH Staff will work with you through the Department of Health and Human Services (DHHS) staff to help determine if you are eligible for a Medicaid or Healthy Michigan Plan. You may be **required** to apply for Medicaid in order to qualify for the Sliding Fee Discount Program.
- If you are a Medicaid beneficiary with a deductible (*spend-down*) as determined by DHHS, you may be responsible for the cost of some services. In this case, an amount must be paid before the services you receive can be covered by Medicaid. For this, SCCCMH offers a **Sliding Fee Discount Program**. Our staff can discuss the discount program with you and answer any questions you may have.
- If you do not qualify for a Medicaid or Healthy Michigan Plan, you may be eligible for the Sliding Fee Discount Program based on total family gross income and family size. Proof of gross income is required to be on file to determine eligibility for a sliding fee scale. If necessary, our billing department can help you set up a payment schedule that works for you.

Sliding Fee Discount Program

The Sliding Fee Discount Program is a Federal Program that allows St. Clair County Community Mental Health (SCCCMH) to discount our normal charges for services provided. Because the Sliding Fee Discount Program is federally funded, certain documentation is required for eligibility determination. A list of the required documentation can be found on page 5.

The Sliding Fee Discount Program is based on total family income and family size. When considering income, you should include your spouse's income and all dependent children. All applications will expire annually and will need to be renewed prior to that date to ensure uninterrupted coverage in the program.

How is eligibility for the Sliding Fee Discount Program determined?

Eligibility is determined based on the household size, annual gross income (net income for self-employment) for the household, Sliding Fee Scale Application, and proof of income.

Who is considered a "Household Member"?

Household members are related by blood, marriage, or adoption, and legally are financially responsible for each other.

How much will I pay if I am approved for the Sliding Fee Discount Program?

The charge for your visit depends on your income, household size, and the type of service you receive. When you are approved for the Sliding Fee Discount Program you will receive a letter that details your financial responsibility for services received. Payments are due at the time of service.

How often will I be billed?

Payment is expected at the time of service. If payment is not made you will receive an invoice within 30 days.

How can I make a payment?

SCCCMH accepts cash, check, money orders or credit/debit card. Payments can be made in person at any of our 5 locations, by mail, online at our website (scccmh.org), or over the phone by calling (810) 985-8900, and asking for a FIPA Tech.

What if I can't pay my bill in full?

Payment plans can be set up through our billing department.

What happens if I don't pay my bill?

If payment is not received within 60 days, services will be suspended.

St. Clair County Community Mental Health
Sliding Fee Scale

Based on 2025 Federal Poverty Guidelines (Gross Income)

Effective 04/01/2025

Sliding Fee Category Code:	A		B		C		D		E	
	0-133%		134-200%		201-300%		301-400%		>400%	
% of Poverty:	\$0.00		\$10.00		\$20.00		\$40.00		100% of Charges	
Client Responsibility per Service:	Above	Below	Above	Below	Above	Below	Above	Below	Above	Below
Family Size/Income:										
1	\$ -	\$20,815	\$20,816	\$31,300	\$31,301	\$46,950	\$46,951	\$62,600	\$62,601	
2	\$ -	\$28,130	\$28,131	\$42,300	\$42,301	\$63,450	\$63,451	\$84,600	\$84,601	
3	\$ -	\$35,445	\$35,446	\$53,300	\$53,301	\$79,950	\$79,951	\$106,600	\$106,601	
4	\$ -	\$42,760	\$42,761	\$64,300	\$64,301	\$96,450	\$96,451	\$128,600	\$128,601	
5	\$ -	\$50,075	\$50,076	\$75,300	\$75,301	\$112,950	\$112,951	\$150,600	\$150,601	
6	\$ -	\$57,390	\$57,391	\$86,300	\$86,301	\$129,450	\$129,451	\$172,600	\$172,601	
7	\$ -	\$64,705	\$64,706	\$97,300	\$97,301	\$145,950	\$145,951	\$194,600	\$194,601	
8	\$ -	\$72,020	\$72,021	\$108,300	\$108,301	\$162,450	\$162,451	\$216,600	\$216,601	
For each additional person, add:	\$7,315		\$11,000		\$16,500		\$22,000		\$22,000	

*No one will be denied services due to inability to pay.
Everyone has the right to be assessed on the Sliding Fee Scale.

Notes:

This scale is based on Qualifying Income & Family Size.

- "Qualifying Income" means income from whatever source derived, regardless of whether the source is reported on federal or state returns.
- "Qualifying Income" includes, but is not limited to, the following: earned and unearned income, government benefits, and other entitlements.

St. Clair County Community Mental Health

Substance Use Disorder Sliding Fee Schedule

Effective 03/01/2022

Service Fee	Min. Contribution	20% of Cost	30% of Cost	40% of Cost	50% of Cost	60% of Cost	70% of Cost	80% of Cost	100% of Cost*
Poverty Level	→	125%	150%	175%	200%	225%	250%	275%	300%
Self Pay Based on Fixed Amount:	\$0	\$5	\$10	\$15	\$20	\$25	\$30	\$35	Full Cost
One Person	0	\$13,590.00	\$16,988.00	\$20,385.01	\$23,783.01	\$27,180.01	\$30,578.01	\$33,975.01	\$37,373.01
	0	\$1,133.00	\$1,416.25	\$1,699.51	\$1,982.76	\$2,266.01	\$2,549.26	\$2,832.51	\$3,115.76
	0	\$261.35	\$326.68	\$392.03	\$457.37	\$522.70	\$588.04	\$653.38	\$718.71
Two Persons	0	\$18,310.00	\$22,888.00	\$27,465.01	\$32,043.01	\$36,620.01	\$41,198.01	\$45,775.01	\$50,353.01
	0	\$1,526.00	\$1,907.50	\$2,289.01	\$2,670.51	\$3,052.01	\$3,433.51	\$3,815.01	\$4,196.51
	0	\$352.12	\$440.14	\$528.17	\$616.21	\$704.24	\$792.27	\$880.29	\$968.32
Three Persons	0	\$23,030.00	\$28,788.00	\$34,545.01	\$40,303.01	\$46,060.01	\$51,818.01	\$57,575.01	\$63,333.01
	0	\$1,919.00	\$2,398.75	\$2,878.51	\$3,358.26	\$3,838.01	\$4,317.75	\$4,797.50	\$5,277.25
	0	\$442.88	\$553.61	\$664.34	\$775.06	\$885.78	\$996.49	\$1,107.21	\$1,217.93
Four Persons	0	\$27,750.00	\$34,688.00	\$41,625.01	\$48,563.01	\$55,500.01	\$62,438.01	\$69,375.01	\$76,313.01
	0	\$2,313.00	\$2,891.25	\$3,469.51	\$4,047.76	\$4,626.01	\$5,204.26	\$5,782.51	\$6,360.76
	0	\$533.65	\$667.07	\$800.48	\$933.90	\$1,067.32	\$1,200.73	\$1,334.14	\$1,467.55
Five Persons	0	\$32,470.00	\$40,588.00	\$48,705.01	\$56,823.01	\$64,940.01	\$73,058.01	\$81,175.01	\$89,239.01
	0	\$2,706.00	\$3,382.50	\$4,059.01	\$4,735.51	\$5,412.01	\$6,088.51	\$6,765.01	\$7,441.50
	0	\$624.42	\$780.53	\$936.64	\$1,092.75	\$1,248.85	\$1,404.95	\$1,561.06	\$1,717.16
Six Persons	0	\$37,190.00	\$46,488.00	\$55,785.01	\$65,083.01	\$74,380.01	\$83,678.01	\$92,975.01	\$102,273.01
	0	\$3,099.00	\$3,873.75	\$4,648.51	\$5,423.26	\$6,198.01	\$6,972.76	\$7,747.51	\$8,522.25
		\$715.19	\$893.99	\$1,072.80	\$1,251.60	\$1,430.39	\$1,609.19	\$1,787.99	\$1,966.79
Seven Persons	0	\$41,910.00	\$52,388.00	\$62,865.01	\$73,343.01	\$83,820.01	\$94,298.01	\$104,775.01	\$115,253.01
	0	\$3,493.00	\$4,366.25	\$5,239.51	\$6,112.76	\$6,986.01	\$7,859.26	\$8,732.51	\$9,605.76
	0	\$805.96	\$1,007.45	\$1,208.94	\$1,410.44	\$1,611.93	\$1,813.41	\$2,014.91	\$2,216.39
Eight Persons	0	\$46,630.00	\$58,288.00	\$69,945.01	\$81,603.01	\$93,260.01	\$104,918.01	\$116,575.01	\$128,233.01
	0	\$3,886.00	\$4,857.50	\$5,829.01	\$6,800.51	\$7,772.01	\$8,743.51	\$9,715.01	\$10,686.51
	0	\$896.73	\$1,120.91	\$1,345.11	\$1,569.28	\$1,793.47	\$2,017.65	\$2,241.83	\$2,466.01
For Each Additional Person, Add:		\$4,720.00	\$5,900.00	\$7,080.00	\$8,260.00	\$9,440.00	\$10,620.00	\$11,800.00	\$12,980.00
		\$393.33	\$491.67	\$590.00	\$688.33	\$786.67	\$885.00	\$983.33	\$1,081.67
		\$90.77	\$113.46	\$136.15	\$158.85	\$181.54	\$204.23	\$226.92	\$249.62

*Persons earning in excess of 300% of the poverty level shall be assessed a fee for the full cost of services received.

*No one will be denied services due to inability to pay - everyone has the right to be assessed on the Sliding Fee Schedule.

Sliding Fee Scale Application Instruction Sheet

The sliding fee scale may give you a discount on services at St. Clair County Community Mental Health (SCCCMH).

- A completed sliding fee scale application and proof of income are required to determine your eligibility for the Sliding Fee Discount Program.
- All information provided within this application will be kept confidential and secure.

Application Steps

Step 1: Complete the Sliding Fee Scale Application.

Step 2: Sign the Sliding Fee Scale Application.

Step 3: Submit proof of income for **ALL HOUSEHOLD MEMBERS** at intake or within 2 weeks of your initial intake appointment. Applications may be denied if they are not received within 2 weeks of your intake appointment.

You must provide proof of household income. Please provide documentation for all applicable sources of income.

Examples of Documentation:

- Most current Income Tax Return: 1040 Federal Return **and** State Return.
- Most current W-2s.
- 1 month of the most current pay-stub(s) for all household members.
- Award letters from Social Security, Pensions, Annuities, & Trust Funds.
- 1 month of the most current unemployment statement or check stubs for all household members.

****If you are married, you must provide your AND your spouse's proof income.**

If you cannot provide one of the above items, instead please include:

- Bank statement(s) showing income received within the last month for all household members.

Step 4: Please bring all proofs of income with your Sliding Fee Scale Application with you to your intake appointment, or mail them in the enclosed self-addressed envelope.

Step 5: Document all of your current insurance information on page 6. Please bring all insurance cards (or copies of front & back) to your intake appointment.

Within 30 days you will receive a Fee Determination of your Sliding Fee Scale Eligibility by Mail

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St. Clair County Community Mental Health

Sliding Fee Scale Application

OFFICE USE ONLY:

Return Application by: _____
 Date Application Rec'd: _____
 Received by Staff (Initials): _____

Client Information:

Last Name, First Name, Middle Initial:			Case #:
Mailing/Street Address:			
Lot, Apt, etc.:	City:	State:	Zip Code:
DOB:	Phone #:	Email Address:	

Responsible Party Information: (if applicable)

Last Name, First Name, Middle Initial:			
Mailing/Street Address:			
Lot, Apt, etc.:	City:	State:	Zip Code:
DOB:	Phone #:	Email Address:	

Household Information:

Please list all people in your household related by blood, marriage or adoption, **and** are financially/legally responsible to each other. Eligible household members will be included in your application.

Name	Relation to Client	Currently Receiving CMH Services?
		<input type="checkbox"/> Yes or <input type="checkbox"/> No
		<input type="checkbox"/> Yes or <input type="checkbox"/> No
		<input type="checkbox"/> Yes or <input type="checkbox"/> No
		<input type="checkbox"/> Yes or <input type="checkbox"/> No
		<input type="checkbox"/> Yes or <input type="checkbox"/> No

Please use additional space on back page for more household members.

Types of Income Received by Household:

Please put a (X) in all columns that apply below to indicate *all* sources of income:				
Source of Income	Client	Spouse/Dependent	Other	Monthly Amount
Salary/Wages				
Self-Employment				
Unemployment				
Social Security Disability Income (SSDI)				
Supplemental Security Income (SSI)				
Retirement Survivor's Disability Income (RSDI)				
Alimony/Other				
Pension/Investment (i.e., 401k, IRA, etc.)				
Other				

Insurance Information:

Please list all insurance(s) for the client. Also be sure to either bring all insurance cards or a copy of each card (front & back) to Intake.

Insurance Name:	Subscriber's Name:	Subscriber's DOB:	Contract/Policy #:	Group #:	Insurance Phone #:

Household Information (Cont.):

Name	Relation to Client	Currently Receiving CMH Services?
		<input type="checkbox"/> Yes or <input type="checkbox"/> No
		<input type="checkbox"/> Yes or <input type="checkbox"/> No
		<input type="checkbox"/> Yes or <input type="checkbox"/> No
		<input type="checkbox"/> Yes or <input type="checkbox"/> No
		<input type="checkbox"/> Yes or <input type="checkbox"/> No

I hereby certify that the information provided on this application is accurate & I authorize SCCCMH to verify any of the information above.

Client/Responsible Party Signature

Print Name

Date

RETURN COMPLETED APPLICATION AND PROOF OF HOUSEHOLD INCOME TO SCCCMH

Please return via mail in self-addressed envelope or in person (within 2 weeks of your Intake).

St. Clair County Community Mental Health Locations

Child & Family Services: 2415 24th Street, Port Huron, MI 48060

Phone #: (810) 488-8840

Main Building: 3111 Electric Avenue, Port Huron, MI 48060

Phone #: (810) 985-8900

Marine City - Broadway: 135 Broadway Street, Marine City, MI 48039

Phone #: (810) 400-4200

Marine City - King Rd: 6221 King Road, Marine City, MI 48039

Phone #: (810) 765-5010

Capac: 14675 Downey Road, Capac, MI, 48014

Phone #: (810) 395-4343