

**Easterseals Michigan
Sliding Fee Scale for CCBHC (Oakland County)**

Sliding Fee Scale (SFS) for Qualified Persons who are Uninsured or are Under insured, receiving Non-covered Behavioral Health services:

Sliding Fee Scale daily visit amounts (SFSdva) are based on your ability to pay as established by the SFSdva Chart below.
Annual Income Limits in the chart are based on the 2021 Federal Poverty Level guidelines and are updated annually.
Your SFSdva is determined at least annually and whenever your financial situation changes.
Documentation of your Annual Income and Family Size are required before a final, discounted SFSdva is approved.
The primary source of documentation required is your MI State tax return (MI 1040).

Sliding Fee Scale daily visit amount (SFSdva) Chart:

Category	A	B	C	D	E
Family Size	Annual Income Limit	Annual Income Limit	Annual Income Limit	Annual Income Limit	Annual Income Limit
1	\$17,130	\$21,510	\$25,760	\$32,200	\$38,640
2	\$23,248	\$29,192	\$34,960	\$43,700	\$52,440
3	\$29,207	\$36,673	\$43,920	\$54,900	\$65,880
4	\$35,245	\$44,255	\$53,000	\$66,250	\$79,500
5	\$41,283	\$51,837	\$62,080	\$77,600	\$93,120
6	\$47,321	\$59,419	\$71,160	\$88,950	\$106,740
7	\$53,360	\$67,000	\$80,240	\$100,300	\$120,360
8	\$59,398	\$74,582	\$89,320	\$111,650	\$133,980
Add for each additional family member:	\$6,038	\$7,582	\$9,080	\$11,350	\$13,620

Sliding Fee Scale

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

Your Category	A	B	C	D	E
Your SFSdva	\$0	\$5	\$10	\$15	\$20

I understand that I am responsible for fees for services rendered, during any day of service, up to my SFSdva.

My category: _____ My SFSdva: \$ _____

I attest that the information provided to determine my SFSdva is true and accurate to the best of my knowledge.

Please sign here:

Individual Served/ Parent/Guardian Case Holder Date

Print Name Print Name

No person will be denied service based on the lack of ability to pay.