

St. Clair County Community Mental Health Authority
Sliding Fee Discount Program Handbook

Payment 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 CMH 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, St. Clair County CMH 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 will 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, St. Clair County CMH offers a sliding fee discount program. Our staff can discuss the sliding fee scale 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 financial assistance under the Federal Poverty Guideline (FPG). The Sliding Fee Discount Program is 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 CMH 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 documents can be found on the Sliding Fee Scale Application.

The current Federal Poverty Guideline will be used for the Sliding Fee Discount Program. 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 on the household size, annual gross income (net income for self-employment) for the household, completed application, and proof of income.

Who is considered a "household member"?

Household members are related by blood, marriage, or adoption, and legally financially responsible to 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 received. 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 or credit/debit card. Payments can be made in person or by mail. credit/debit card payment can be made on our website.

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

Payment plans can be set up through our billing department.

If I do not pay my bill will I be closed?

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

St. Clair County Community Mental Health Authority
Sliding Fee Scale
Based on 2023 Federal Poverty Guidelines (Gross Income)

Sliding Fee Category Code	A		B		C		D		E	
% of Poverty	0-133%		134-200%		201-300%		301-400%		>400%	
Client Responsibility Per Service	\$0.00		\$10.00		\$20.00		\$40.00		100% of Charges	
Family Size / Income	Above	Below	Above	Below	Above	Below	Above	Below	Above	Below
1	\$ -	\$19,391	\$19,392	\$29,160	\$29,161	\$43,740	\$43,741	\$58,320	\$58,321	
2	\$ -	\$26,228	\$26,229	\$39,440	\$39,441	\$59,160	\$59,161	\$78,880	\$78,881	
3	\$ -	\$33,064	\$33,065	\$49,720	\$49,721	\$74,580	\$74,581	\$99,440	\$99,441	
4	\$ -	\$39,900	\$39,901	\$60,000	\$60,001	\$90,000	\$90,000	\$120,000	\$120,001	
5	\$ -	\$46,736	\$46,737	\$70,280	\$70,281	\$105,420	\$105,421	\$140,560	\$140,561	
6	\$ -	\$53,572	\$53,573	\$80,560	\$80,561	\$120,840	\$120,841	\$161,120	\$161,121	
7	\$ -	\$60,409	\$60,410	\$90,840	\$90,841	\$136,260	\$136,261	\$181,680	\$181,681	
8	\$ -	\$67,245	\$67,246	\$101,120	\$101,121	\$151,680	\$151,681	\$202,240	\$202,241	
For each additional person add	\$5,140		\$10,280		\$15,420		\$20,560		\$20,560	

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

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, other entitlements.

SLIDING FEE SCALE APPLICATION INSTRUCTION SHEET

The sliding fee scale may give you a discount on services at St. Clair County CMH.

- 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 will be kept confidential

Step 1: Complete the Sliding Fee Scale Application

Step 2: Sign the bottom of the Sliding Fee Scale Application

Step 3: Submit proof of ALL income for ALL household members at intake or within 2 weeks of Intake. Applications may be denied if not received within 2 weeks of Intake.

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 most current household pay-stubs
- Award letters from Social Security and Pensions, Annuities, Trust Funds
- 1 month of most current Unemployment statements or check stubs

****if you are married, you must provide yours and your spouse's proof of income.**

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

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

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 your current insurance information on Page 6. Please bring all insurance cards, or copies (front and back)

Within 30 days, you will receive a Fee Determination of your sliding fee scale eligibility by mail.

OFFICE USE ONLY

Return Application By: _____

Date Application Rec'd: _____

Received by Staff (Initial): _____

Sliding Fee Scale Application**Client Information**

Last Name, First Name, Middle Initial:		Case #
Mailing/Street Address:	City:	State & Zip Code:
Phone #:	D.O.B.:	Email address:
Responsible Party Name:	D.O.B.:	Phone #:
Responsible Party Address:	City:	State & Zip Code:

Household Information

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

First Name	Relationship to Applicant	Currently receiving CMH services
		YES or NO
		YES or NO
		YES or NO
		YES or NO
		YES or NO

Please use back of the page for more household members.

Types of Income Received by Household

Please place a (X) in the columns below to indicate *all* sources of income:				
Source of Income	Applicant	Spouse/Partner/Dependent	Other	Additional Information
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				

I hereby certify that the informational provided on this application is accurate and I authorize St. Clair County CMH to verify any of the information above.

(REQUIRED) Signature of Applicant,

Parent, and/or legal Guardian: _____ Date: _____

Sliding Fee Scale Application

List all Insurance for individual served:

Bring all Insurance Cards to Intake – or provide a copy of each card (front and back)

Insurance Name	Subscriber's Name & Date of Birth	Contract/Policy #	Group #	Insurance Phone #

Please use the space below for more household members.

Household Information continued:

First Name	Relationship to Applicant	Currently receiving CMH services
		YES or NO
		YES or NO
		YES or NO
		YES or NO
		YES or NO

RETURN COMPLETED APPLICATION AND PROOF OF HOUSEHOLD INCOME TO SCCMH

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

St. Clair County CMH Locations

Child & Family Services: 2415 24th Street, Port Huron, MI 48060 (810-488-8840)

Main Building: 3111 Electric Avenue, Port Huron, MI 48060 (810-985-8900)

Marine City: 6221 King Road, Marine City, MI 48039 (810-765-5010)

Capac: 14675 Downey Rd, Capac, MI 48014 (810-395-4343)