

St. Clair County Community Mental Health Authority
Sliding Fee Scale
For Mental Health & Primary Care Assessment & Screening
Based on 2021 Federal Poverty Guidelines (Gross Income)

Sliding Fee Category Code	A		B		C	
Client Responsibility Per Health Center Visit	\$ -		\$ 10.00		\$ 20.00	
% of Poverty	0 - 150%		175 - 200%		200+%	
Family Size / Income	Above	Below	Above	Below	Above	Below
1	\$ -	\$ 19,320	\$ 19,321	\$ 22,540	\$ 22,541	
2	\$ -	\$ 26,130	\$ 26,131	\$ 30,485	\$ 30,486	
3	\$ -	\$ 32,940	\$ 32,941	\$ 38,430	\$ 38,431	
4	\$ -	\$ 39,750	\$ 39,751	\$ 46,375	\$ 46,376	
5	\$ -	\$ 46,560	\$ 46,561	\$ 54,320	\$ 54,321	
6	\$ -	\$ 53,370	\$ 53,371	\$ 62,265	\$ 62,266	
7	\$ -	\$ 60,180	\$ 60,181	\$ 70,210	\$ 70,211	
8	\$ -	\$ 66,990	\$ 66,991	\$ 78,155	\$ 78,156	
For each additional person add	\$6,810		\$ 7,945		\$ 9,080	

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

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