

**St. Clair County Community Mental Health Authority
Sliding Fee Scale
For Mental Health & Primary Care Assessment & Screening
Based on 2019 Federal Poverty Guidelines (Gross Income)**

Sliding Fee Category Code	A		B		C	
Client Responsibility Per Health Center Visit	\$ -		\$ 10.00		\$ 20.00	
% of Pverty	0 - 133%		134 - 200%		200+%	
Family Size / Income	Above	Below	Above	Below	Above	Below
1	\$ -	\$ 16,612	\$ 16,613	\$ 24,980	\$ 24,981	
2	\$ -	\$ 22,490	\$ 22,491	\$ 33,820	\$ 33,821	
3	\$ -	\$ 28,369	\$ 28,370	\$ 42,660	\$ 42,661	
4	\$ -	\$ 32,248	\$ 32,249	\$ 51,500	\$ 51,501	
5	\$ -	\$ 40,126	\$ 40,127	\$ 60,340	\$ 60,341	
6	\$ -	\$ 46,005	\$ 46,006	\$ 69,180	\$ 69,181	
7	\$ -	\$ 51,833	\$ 51,834	\$ 78,020	\$ 78,021	
8	\$ -	\$ 57,762	\$ 57,763	\$ 86,860	\$ 86,861	

Add \$4,420 for each additional person over 8

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