## Pivotal

## **Sliding Fee Scale**

## Sliding Fee Scale (SFS) for qualified people who are Uninsured or Under insured, for qualified Mental Health or SUD services:

Sliding Fee Scale daily visit amounts (SFSdva) are based on your ability to pay as established by State Law and Administrative Rules.

 $Annual\ Income\ Limits\ in\ the\ chart\ are\ based\ on\ the\ 2023\ Federal\ Poverty\ Level\ guidelines\ and\ are\ updated\ annually.$ 

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 income documentation required is your State or Federal tax return (form 1040).

Sliding Fee Scale daily visit amount (SFSdva) Chart:								
Income Category	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>E</u>	<u>E</u>	<u>G</u>	
Family Size	<=133%	<=200%	<=250%	<=300%	<=350%	<=400%	>400%	FPL
1	\$19,440	\$29,160	\$36,450	\$43,740	\$51,030	\$58,320	>\$58,320	\$14,580.00
2	\$26,293	\$39,440	\$49,300	\$59,160	\$69,020	\$78,880	>\$78,880	\$19,720.00
3	\$33,147	\$49,720	\$62,150	\$74,580	\$87,010	\$99,440	>\$99,440	\$24,860.00
4	\$40,000	\$60,000	\$75,000	\$90,000	\$105,000	\$120,000	>\$120,000	\$30,000.00
5	\$46,853	\$70,280	\$87,850	\$105,420	\$122,990	\$140,560	>\$140,560	\$35,140.00
6	\$53,707	\$80,560	\$100,700	\$120,840	\$140,980	\$161,120	>\$161,120	\$40,280.00
7	\$60,560	\$90,840	\$113,550	\$136,260	\$158,970	\$181,680	>\$181,680	\$45,420.00
8	\$67,413	\$101,120	\$126,400	\$151,680	\$176,960	\$202,240	>\$202,240	\$50,560.00
Add for each								
additional								
family member:	\$6,836	\$10,280	\$12,850	\$15,420	\$17,990	\$20,560.00		
	133%	200%	250%	300%	350%	400%		
liding Fee Scale								
Based on annual income and family size provided to ESN	1 and applied to the SFS	dva Chart above.						
our Income Category	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>E</u>	<u>F</u>	<u>G</u>	
Ability to pay % of Income (Not to publish)		<u>6%</u>	<u>8%</u>	<u>10%</u>	<u>12%</u>	<u>14%</u>	<u>N/A</u>	_
Services Excluding Residential/Inpatient Services	\$0	\$15	\$30	\$50	\$75	\$105	Ŧ	В

Ŧ - Full Feescreen is charged upto the monthly maximum calculated under Michigan Compiled Law 330.1818-1820 and Administrative Rule R330.8242