

## Eastern Montana Community Mental Health Center

### SLIDING FEE SCALE

(Based on FY22 Federal Poverty Guidelines)

**EFFECTIVE 1/1/2022**

Family Size	No Fee	\$25.00 Per Month Fee	\$50.00 Per Month Fee	\$75.00 Per Month Fee	Full Fee
Poverty	100% Poverty	150% Poverty	200% Poverty	250% Poverty	>250% Poverty
1	\$13,590	\$20,385	\$27,180	\$33,975	>\$33,976
2	\$18,310	\$27,465	\$36,620	\$45,775	>\$45,776
3	\$23,030	\$34,545	\$46,060	\$57,575	>\$54,901
4	\$27,750	\$41,625	\$55,500	\$69,375	>\$69,376
5	\$32,470	\$48,705	\$64,940	\$81,175	>\$81,176
6	\$37,190	\$55,785	\$74,380	\$92,975	>\$92,976
7	\$41,910	\$62,865	\$83,820	\$104,775	>\$104,776
8	\$46,630	\$69,945	\$93,260	\$116,575	>\$116,576
9	\$51,350	\$77,025	\$102,700	\$128,375	>\$128,376
10	\$56,070	\$84,105	\$112,140	\$140,175	>\$140,176

***The client must apply and be clinically denied for MHSP and/or CD State Plan to qualify for the Sliding Fee.***

<b>138% Poverty</b>					
1	\$18,754				
2	\$25,268				
3	\$31,781				
4	\$38,295				
5	\$44,809				
6	\$51,322				
7	\$57,836				
8	\$64,349				
9	\$70,863				
10	\$77,377				