

Eastern Montana Community Mental Health Center

SLIDING FEE SCALE

(Based on FY23 Federal Poverty Guidelines)

EFFECTIVE 1/1/2023

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	\$14,580	\$21,870	\$29,160	\$36,450	>\$36451
2	\$19,720	\$29,580	\$39,440	\$49,300	>\$49301
3	\$24,860	\$37,290	\$49,720	\$62,150	>\$62151
4	\$30,000	\$45,000	\$60,000	\$75,000	>\$75000
5	\$35,140	\$52,710	\$70,280	\$87,850	>\$87851
6	\$40,280	\$60,420	\$80,560	\$100,700	>\$100701
7	\$45,420	\$68,130	\$90,840	\$113,550	>\$113551
8	\$50,560	\$75,840	\$101,120	\$126,400	>\$126401
9	\$55,700	\$83,550	\$111,400	\$139,250	>\$139251
10	\$60,840	\$91,260	\$121,680	\$152,100	>\$152101

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

	138% Poverty				
1	\$20,120				
2	\$27,214				
3	\$34,307				
4	\$41,400				
5	\$48,493				
6	\$55,586				
7	\$62,680				
8	\$69,773				
9	\$76,866				
10	\$83,959				