

# Eastern Montana Community Mental Health Center

## SLIDING FEE SCALE

(Based on FY24 Federal Poverty Guidelines)

**EFFECTIVE 1/1/2024**

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	\$15,060	\$22,590	\$30,120	\$37,650	>\$37650
2	\$20,440	\$30,660	\$40,880	\$51,100	>\$51100
3	\$25,820	\$38,730	\$51,640	\$64,550	>\$64550
4	\$31,200	\$46,800	\$62,400	\$78,000	>\$78000
5	\$36,580	\$54,870	\$73,160	\$91,450	>\$91450
6	\$41,960	\$62,940	\$83,920	\$104,900	>\$104900
7	\$47,340	\$71,010	\$94,680	\$118,350	>\$118350
8	\$52,720	\$79,080	\$105,440	\$131,800	>\$131800
9	\$58,100	\$87,150	\$116,200	\$145,250	>\$145250
10	\$63,480	\$95,220	\$126,960	\$158,700	>\$158700

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

	138% Poverty				
1	\$20,783				
2	\$28,207				
3	\$35,632				
4	\$43,056				
5	\$50,480				
6	\$57,905				
7	\$65,329				
8	\$72,754				
9	\$80,178				
10	\$87,602				