

# CCACC-Health Center Sliding Scale Fees

## Table A: Medical Services

Note: We take insurance. Please contact our office 240-393-5950 to verify the benefit.

	<b>A. Montgomery Care (Approved by DHHS)</b>	<b>✚B. Presumptively Eligible for Montgomery Care (Covid-19 Pandemic)</b>	<b>B. Discounted Rate for other patients with income below FPL 250%</b>	<b>C. Self-Pay</b>
Visit Fee	\$25/visit (encouraged donation)	\$25 (encouraged donation)	\$ 80 /visit	\$120/visit
Free Services	<ol style="list-style-type: none"> <li>1. Free Medication From Community Pharmacy</li> <li>2. Free Immunization</li> <li>3. Free Annual Checkup</li> <li>4. Free well women check up</li> <li>5. Other prevention services</li> <li>6. Discounted labs</li> <li>7. Referral to Specialty</li> </ol>	<ol style="list-style-type: none"> <li>1. Free Medication From Community Pharmacy</li> <li>2. Free Immunization</li> <li>3. Free Annual Checkup</li> <li>4. Free well women check up</li> <li>5. Other prevention services</li> <li>6. Discounted lab</li> </ol>	Discounted labs	Discounted labs
Eligibility	<ul style="list-style-type: none"> <li>• Montgomery county Residency</li> <li>• Income eligible</li> <li>• Uninsured &amp; Not qualified for insurance</li> <li>• Fill out Montgomery Care Application</li> </ul>	<ul style="list-style-type: none"> <li>• Montgomery county Residency</li> <li>• Income eligible</li> <li>• Uninsured &amp; Not qualified for insurance</li> <li>• Can not provide proof of above information</li> </ul>	Patients At or below 250 % of FPL, not eligible for, or not willing to apply for Montgomery Care program	Not in the categories of A & B.

✚ Subject to change according to Montgomery Care policy

# CCACC-Health Center Sliding Scale Fees

## Table B: Behavioral Health Services

Note: We take insurance. Please contact our office at 240-393-5950 to verify the benefit.

Categories	A. Montgomery Care	B. Presumptively Eligible for Montgomery Care	C. Discounted Rate without Documents	Self-Pay
<b>Eligibility</b>	See eligibility guideline	<ul style="list-style-type: none"> <li>Montgomery county Residency</li> <li>Income eligible</li> <li>Uninsured &amp; Not qualified for insurance</li> <li>Cannot provide proof of the above information</li> </ul>	Patients At or below 250 % of FPG, not eligible for not willing to apply for the Montgomery Care program	All self-pay patients
Social Worker (LCSW-C)	\$25 (Encouraged donation)	\$50	\$ 80 (Limited 3 sessions)	\$120
Psychologist (PsyD)	N/A	N/A	N/A	\$150
Psychiatrist (Psy MD)	\$25 *	\$50	\$80 (Limit 3 sessions)	200
Other Clinicians	N/A	N/A	N/A	N/A

Note: A psychiatrist visits needs to be first screened by a social worker.

✚ Subject to change according to Montgomery Care policy

# CCACC-Health Center Sliding Scale Fees

**Table C: Chinese Medication and Acupuncture  
(Subject to Availability)**

Categories	A. Montgomery Care	B. No Pain Initiative Participants	C. Insurance Patients	D. Self-Pay
<b>Eligibility</b>	See eligibility guideline	Medicaid Patient  Limited 4 sessions	<ul style="list-style-type: none"> <li>• Initial sessions referred B</li> <li>• Continued service determined by insurance policy</li> </ul>	All other patients
Consultation	\$25	\$10	Go by insurance policy	\$100
Acupuncture Sessions	\$25	\$10	Go by insurance policy	\$80

# CCACC-Health Center Sliding Scale Fees

## Table D: Immunizations

Note: We take insurance. Please contact our office at 240-393-5950 to verify the benefit.

Vaccine Type	Montgomery Care Eligible or Presumptively Eligible	Non Montgomery Care (Below 250% FPL)	Self Paid
Flu-	Free	\$25 (reg.)/\$50 (high)	\$30 (reg.)/\$80 (high dose)
Hepatitis B -	Free	free	\$20 ( 3 dose in 6 mon) \$50 (2 dose in 1 mon)
Pneumovax 23	Free	\$100	\$100
Prevnar 13	Free	\$200	\$200
Tadp (Tetanus, diphtheria, and pertussis)	Free	\$50	\$70
Spirometry	\$15	\$30	\$50
Bone US	\$15	\$30	\$50
Urine Dipstick	\$10	\$15	\$20
Strep	\$20	\$20	\$25
Urinary tract & Bladder infection	\$16	\$25	\$30
Hemoglobin A1C	\$9	\$15	\$20
All labs and tests are available in conjunction with a standard service \$ 80			

# CCACC-Health Center Sliding Scale Fees

## Table E: In-House Screening Tests

❖ Available for adults over the age of 13

Screening Type	Montgomery Care	❖ Non Montgomery Care (Below 400% FPL)	❖ Self Paid
COVID-19 Vaccine	Free	Free	Free
Hepatitis B -	Free	Free	Free
Hepatitis C Rapid Screening	Free	Free	Free
Spirometry	\$15	✚ \$30	✚ \$50
Bone US	\$15	✚ \$30	✚ \$50
Urine Dipstick	\$10	✚ \$15	✚ \$20
Strep	\$20	✚ \$20	✚ \$25
Urinary tract & Bladder infection	\$16	✚ \$25	✚ \$30
Hemoglobin A1C	\$9	✚ \$15	✚ \$20
COVID-19 Antigen	Free	✚ Free	✚ Free
COVID-19 Rapid Test	Free	✚ Free	✚ Free
❖ All labs and tests are available in conjunction with a standard medical service fee \$ 80			

# CCACC-Health Center Sliding Scale Fees

## Montgomery Care Eligibility Guideline

Eligibility determination documentation for the current year and one year prior (if applicable) must be documented in the client electronic health record.

**1. Applicants must show at least one approved proof of residency in Montgomery County. Copies of proof of residency must be maintained in the client record.**

- Mortgage, Lease or Property Tax Bill
- Current utility bill with complete name and address (cell phone bill not accepted)
- School records
- Driver's license with current address
- Maryland State ID Card
- Signed Federal Tax Return (Current Year only)
- Written statement on letterhead from home-visiting provider or homeless shelter
- Official County or State correspondence on letterhead
- Letter from landlord/third party host with host's proof of residency
- If none of the above is available, complete Montgomery Cares Missing Documentation Form. The Missing Documentation Form is valid for two visits only.

**2. Applicants should show proof of age. There are no mandatory documents for the proof of age requirement. Client's declared age is acceptable proof, although a picture ID is preferred. Driver's license, birth certificates, passports are not required documentation.**

**3. Applicants must indicate if s/he has any form of health insurance. Clinics need to use Electronic Verification System (EVS) to identify patients who may be enrolled in**

# CCACC-Health Center Sliding Scale Fees

## 2022 Poverty Guidelines by Month and Year

### Monthly Income:

Household size	100%** SSI MA/QMB	138%* MA Expansion ages 19-64	165%* Healthy Kids MA ages 1-18	185% WIC	200%* HK infant, preg, dental fund	217%* WHP Plan B Michild Max	250% Mktpic Cost Sharing Max	300% M-support limit	400% Top of Mktpic Tax Credits
1	\$1,133	\$1,563	\$1,869	\$2,095	\$2,265	\$2,458	\$2,831	\$3,398	\$4,530
2	\$1,526	\$2,106	\$2,518	\$2,823	\$3,052	\$3,311	\$3,815	\$4,577	\$6,103
3	<del>\$1,919</del>	\$2,648	\$3,167	\$3,550	\$3,838	\$4,165	\$4,798	\$5,757	\$7,677
4	<del>\$2,313</del>	\$3,191	\$3,816	\$4,278	\$4,625	\$5,018	\$5,781	\$6,938	\$9,250
5	<del>\$2,706</del>	\$3,734	\$4,465	\$5,006	\$5,412	\$5,872	\$6,765	\$8,117	\$10,823
6	<del>\$3,099</del>	\$4,277	\$5,114	\$5,733	\$6,198	\$6,725	\$7,748	\$9,297	\$12,397
Additional	<del>\$393</del>	\$543	\$649	\$728	\$787	\$854	\$983	\$1,180	\$1,573

### Yearly Income:

Household size	100%** SSI MA/QMB	138%* MA Expansion ages 19-64	165%* Healthy Kids MA ages 1-18	185% WIC	200%* HK infant, preg, dental fund	217%* WHP Plan B Michild Max	250% Mktpic Cost Sharing Max	300% M-Support limit	400% Top of Mktpic Tax Credits
1	\$13,590	\$18,754	\$22,424	\$25,142	\$27,180	\$29,490	\$33,975	\$40,770	\$54,360
2	\$18,310	\$25,268	\$30,212	\$33,874	\$36,620	\$39,733	\$45,775	\$54,930	\$73,240
3	<del>\$23,030</del>	\$31,781	\$38,000	\$42,606	\$46,060	\$49,975	\$57,575	\$69,090	\$92,120
4	<del>\$27,750</del>	\$38,295	\$45,788	\$51,338	\$55,500	\$60,218	\$69,375	\$83,250	\$111,000
5	<del>\$32,470</del>	\$44,809	\$53,576	\$60,070	\$64,940	\$70,460	\$81,175	\$97,410	\$129,880
6	<del>\$37,190</del>	\$51,322	\$61,364	\$68,802	\$74,380	\$80,702	\$92,975	\$111,570	\$148,760
Additional	<del>\$4,720</del>	\$6,514	\$7,788	\$8,732	\$9,440	\$10,242	\$11,800	\$14,160	\$18,880

\* 5% disregard for MAGI programs

\*\* Also includes asset test and \$20 disregard on unearned income and \$65 disregard on earned income then count ½ monthly wages

#### SLMB Medicare Part B Premium Assistance\*\*

Individual = \$1379/month  
Married Couple = \$1851/month

#### ALMB Medicare Part B Premium Assistance (if funding available)\*\*

Individual = \$1549/month  
Married Couple = \$2080/month

#### Asset Information:

MAGI - No asset testing  
SSI Medicaid - Individual = \$2000; Married Couple = \$3000  
Medicare Savings Program - Individual = \$8,400; Married couple = \$12,600

#### New Marketplace SEP 150% of FPL (2021 level)

Household size 1 = \$19,320      Household size 4 = \$39,750  
Household size 2 = \$26,130      Household size 5 = \$46,560  
Household size 3 = \$32,940      Household size 6 = \$53,370

# CCACC-Health Center Sliding Scale Fees

