

**Mid-State Health Center  
Community Care Guidelines for Medical and Behavioral Health Services  
April 1, 2017 to March 31, 2018**

| Size of Household                 | Federal Poverty Income Guideline | 101% to 138%                     | 139% to 160%                     | 161% to 180%                     | 181% to 200%                     |
|-----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|
|                                   |                                  | Federal Poverty Income Guideline | Federal Poverty Income Guideline | Federal Poverty Income Guideline | Federal Poverty Income Guideline |
|                                   | <b>Nominal Fee</b>               | <b>\$20 Fee</b>                  | <b>\$30 Fee</b>                  | <b>\$40 Fee</b>                  | <b>\$50 Fee</b>                  |
| 1                                 | \$ 12,060                        | \$ 16,643                        | 19,296                           | \$ 21,708                        | 24,120                           |
| 2                                 | \$ 16,240                        | \$ 22,411                        | 25,984                           | \$ 29,232                        | 32,480                           |
| 3                                 | \$ 20,420                        | \$ 28,180                        | 32,672                           | \$ 36,756                        | 40,840                           |
| 4                                 | \$ 24,600                        | \$ 33,948                        | 39,360                           | \$ 44,280                        | 49,200                           |
| 5                                 | \$ 28,780                        | \$ 39,716                        | 46,048                           | \$ 51,804                        | 57,560                           |
| 6                                 | \$ 32,960                        | \$ 45,485                        | 52,736                           | \$ 59,328                        | 65,920                           |
| 7                                 | \$ 37,140                        | \$ 51,253                        | 59,424                           | \$ 66,852                        | 74,280                           |
| 8                                 | \$ 41,320                        | \$ 57,022                        | 66,112                           | \$ 74,376                        | 82,640                           |
| Add each additional family member | \$ 4,180                         | \$ 5,768                         | 6,688                            | \$ 7,524                         | 8,360                            |

**\*Please Note\***

For family units of more than 8 add \$4,180 for each additional member

MSHC has all applicants that are not on a fixed income reapply every 3-6 months. MSHC also requires potentially eligible patients apply for Medicaid prior to giving them community care (MSHC can qualify the patient for one-time-only program).