

Michigan Department of Health and Human Services
Behavioral Health and Developmental Disabilities Administration

PRIORITY POPULATION WAITING LIST DEFICIENCIES REPORT

Submit this form on or before the last day of each month, following the month in which a deficiency occurred. Submit your completed report by email to: MDHHS-BHDDA-Contracts-MGMT@michigan.gov. This report must be submitted even if there is no data to report. If there is no data to report, complete the top section (month, contact info) and enter "N/A" in the first row under "Program Name." If needed, there are additional reporting rows on page 3.

Fiscal Year:		
Report Month:		
PIHP Name:		
Contact Person:		
Email Address:		

Clients not meeting the federal waiting list requirements:

Program Name	A	B	C	D	E	F	G	H	I	J	K
	Client Identifier Number	Priority Code 1, 2, 3	Service Request Date	Date LOC Determined	Days on Waiting List	Service Requested	Methadone: Drug-free	Methadone: Refused Drug-free	Interim Services Provided	Interim Services Refused	Type of Interim Services
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If the LOC determination was different than what the client requested, explain the reason for the difference:

Indicate the reason the Agency was not in compliance with the Federal Waiting List Requirements:

Describe plans to adjust treatment capacity to comply with these requirements:

Additional Report Rows

PIHP NAME: 0

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