

Injecting Drug Users 90% Capacity Treatment Report

Due dates: 1/31, 4/30, 7/31 and 10/31. Submit by the due date, to: MDHHS-BHDDA-Contracts-MGMT@michigan.gov.

Region - PIHP:	
Fiscal Year:	
Quarter:	
Date Submitted or Date Revised:	
Contact Person's Name, Title:	
Contact Person's Email:	

If you have IDU providers who have reached 90% capacity during the quarter, complete the following table for each provider*. Insert rows if necessary. If you do not have IDU providers who reached 90% capacity during the quarter, you must type "NA" in Column A.

*You must also report the 90% capacity event to MDHHS-BHDDA-Contracts-MGMT@michigan.gov by close of business the day after the provider notifies you and not to exceed seven days from the date that the provider reached capacity. MDHHS will compare your immediate notifications with this quarterly report to determine compliance with 45 CFR § 96.126.

Column A	Column B	Column C	Column D	Column E
Name of Providers (Serving Injecting Drug Users) at or Above 90% Capacity During the Quarter	Start Date of Being at 90% Capacity	End Date of Being at 90% Capacity	Provider's Michigan Licensing and Regulatory Affairs (LARA) License Number	Provider's Federal Inventory of Behavioral Health Services (I-BHS) Number