

| COMMUNICABLE DISEASE PROVIDER INFORMATION PLAN / REPORT | | | | |
|--|--|---|--|---------------------------------------|
| CA: | | Fiscal Year: | Date Submitted/ Revised: | |
| Name(s) of CD Providers under Contract with the CA: | | | | |
| CA Contact Person and E-mail Address: | | | | |
| For each intervention listed below and provided in the CA's region, complete the following information: | | | | |
| INTERVENTION <i>NOTE: Those items identified with an * are required to be reported in the HIV Event System (HES).</i> | PLAN <input type="checkbox"/> Original <input type="checkbox"/> Revised | | REPORT (Actual #'s) Due Date: 60 days following the end of the fiscal year. | |
| | Estimated Number of Individuals to Receive Services | Estimated Number of Sessions to be Provided | Number of Individuals who Received Services | Number of Sessions that were Provided |
| <i>Column A</i> | <i>Column B</i> | <i>Column C</i> | <i>Column D</i> | <i>Column E</i> |
| * HE/RR HIV/AIDS Information Session | | | | |
| * HE/RR Skills Building Workshops (single session) | | | | |
| * HIV CTRS at SUD Treatment Provider (include site type/site number on separate attachment) | | | | |
| * HIV CTRS at Other Locations (include site type/site number on separate attachment) | | | | |
| * Other/Non-HIV CTRS Outreach Contacts (include schedule of locations and times on separate attachment) | | | | |
| TOTALS | | | | |

Site Type/Site Numbers for locations where HIV CTRS will be provided:

Locations and Times where non-HIV CTRS Outreach will be provided:

COMMUNICABLE DISEASE PROVIDER INFORMATION PLAN/REPORT INSTRUCTIONS

If a CA chooses to continue to fund CD services, the information on this form must be completed. The form lists various communicable disease (CD) interventions/services that are eligible, although not required, to be funded through community grant dollars based on coordinating agency (CA) need and priority.

I. Completing the Plan

Columns B and C (Estimated Number of Individuals to Receive Services and Estimated Number of Sessions to be Provided) must be completed each fiscal year and is due to the Bureau of Substance Abuse and Addiction Services (BSAAS) with the CA's Action Plan submission.

Please use the check box provided to identify the CD Provider Information Plan as "Original" at the initial submission of the plan. If the CD Provider Information Plan data does change, please use the check box provided to identify that the plan was "Revised" as appropriate through the course of the fiscal year.

II. Completing the Report

For those services/events that an identified CD provider conducted for the CA, post the number of individuals who received the services and the number of sessions provided in Columns D and E.

Report Due Date: An annual report is required to be completed within sixty (60) days following the end of the fiscal year and submitted to mdch-bsaas@michigan.gov.

III. Questions

For questions or assistance regarding this form, contact the BSAAS Communicable Disease Specialist, at mdch-bsaas@michigan.gov or 517-373-4700.