

**INSTRUCTIONS: COMMUNICABLE DISEASE PROVIDER  
INFORMATION PLAN AND REPORT**

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

**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 Office of Recovery Oriented Systems of Care with the PIHP'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.

**Completing the Report**

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

*An annual report is required to be completed within sixty (60) days following the end of the fiscal year. Submit the annual report electronically to: [MDHHS-BHDDA-Contracts-MGMT@michigan.gov](mailto:MDHHS-BHDDA-Contracts-MGMT@michigan.gov).*

**Questions**

For questions or assistance regarding this form, contact the Communicable Disease Specialist at [MDHHS-BHDDA-Contracts-MGMT@michigan.gov](mailto:MDHHS-BHDDA-Contracts-MGMT@michigan.gov) or 517-373-4700.