|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Injecting Drug Users 90% Capacity Treatment Report** | | | | |
| This report must be submitted electronically to: [MDHHS-BHDDA-Contracts-MGMT@michigan.gov](mailto:MDHHS-BHDDA-Contracts-MGMT@michigan.gov). Reports are due 1/31/17, 4/30/17, 7/31/17 and 10/31/17. | | | | |
|  | | | | |
| **Fiscal Year:** | **2017** | | | |
| **Prepaid Inpatient Health Plan Name:** |  | | | |
| **Contact Person:** |  | | | |
| **Contact Person's Email Address:** |  | | | |
| **Report Quarter:** |  |  | | |
| **IDU Providers Reached  90% Capacity During the Quarter:** | Yes  No |  |  |  |
| **Column A** | **Column B** | **Column C** | **Column D** | **Column E** |
| **Names 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** | **License Number** | **Inventory of Behavioral Health Services Number (I-BHS #)** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Column A** | **Column B** | **Column C** | **Column D** | **Column E** |
| **Names 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** | **License Number** | **Inventory of Behavioral Health Services Number (I-BHS #)** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |