Michigan Department of Health and Human Services
Annual Submission Requirement Instructions

Due Date – February 28, 2026

General Instructions

The Annual Submission Reporting Requirements are found in both Section 7.8 and Attachment C.6.5.1.1 of the MDHHS/CMHSP Managed Mental Health Supports and Services Contract. The related reporting documents are found on the MDHHS Reporting Requirements website, located here: Reporting Requirements (michigan.gov)

There are five (5) annual submission reporting requirements for FY2025:

- Attachment A: Waiting List
- Attachment B: Request for Service and Disposition of Requests
- Attachment C: Community Data Set Worksheet
- Attachment D: Stakeholder Survey (Results)
- Attachment E: Needs Assessment – Priority Needs & Planned Actions

Instructions for each Attachment are below.

Additionally, there is a template for Executive Compensation Reporting. The instructions to complete the report are on the reporting form. The title of the document is:

- 2025 Executive Compensation Report

Please submit completed forms to:
MDHHS-BHDDA-Contracts-MGMT@michigan.gov

ATTACHMENT A: Waiting List

Purpose of Form

The Mental Health Code, Section 330.1124 requires that CMHSPs establish and maintain waiting lists if all service needs are not met. The purpose of this form is to gather information about the use of waiting lists by CMHSPs and the people waiting for various types of services.

Definitions

Program Type: Program type/services to report for waiting list activity.

MI Adult: Anyone who is 18 years old or older with a mental illness.

DD: Anyone with a developmental disability.

SED: Anyone who is 17 years or younger with serious emotional disturbance.

Total: Sum of the MI Adult, DD and SED columns.

General Instructions

CMHSP: Fill in the name of the reporting CMHSP.

Contact Person/Email: Fill in the name and email address of the CMHSP staff completing the report.

Reporting Period: The reporting timeframe to be used (previous fiscal year).

Specify all HCPCS and CPT Codes Included In This Category: In the row provided (under each category name), please specify all HCPCS and CPT codes associated with that category. The column will expand as you type.

Cells left blank will be returned for resubmission. If the number is zero, please mark with the number zero (0).

Row Instructions

Targeted CSM/Supports Coordination: Services included here are Client Services Management and Supports Coordination.

1. Specify all HCPCS and CPT Codes included in this category in the space provided.
2. Report the number of people requesting Targeted CSM/Supports Coordination Services who were on the waiting list at the beginning of the previous fiscal year for each population. If the number is zero, enter (0).
3. Report the number of people requesting Targeted CSM/Supports Coordination Services who were added to the waitlist during the previous fiscal year for each population. If the number is zero, enter (0).
4. Report the number of people requesting Targeted CSM/Supports Coordination Services who were removed from the waitlist because the service was provided during the previous fiscal year for each population. If the number is zero, enter (0).
5. Report the number of people requesting Targeted CSM/Supports Coordination Services who were removed from the waitlist because of all other reasons during the previous fiscal year for each population. If the number is zero, enter (0).
6. Report the number of people requesting Targeted CSM/Supports Coordination Services who were left on the waiting list at the end of the previous fiscal year for each population (see Reporting Period at top of spreadsheet). If the number is zero, enter (0).

*****NOTE: The number of people on the waitlist at the beginning of the previous fiscal year plus (+) the number of people added to the waitlist during the year, minus (–) the number of people removed from the waitlist during the year because services were provided, minus (–) the number of people removed from the waitlist for all other reasons must equal (=) the number of people left on the waitlist at the end of the fiscal year*****

Intensive Interventions/Intensive Community Services: Services included here are Assertive Community Treatment, Home Based Services, Integrated Dual Disorder Treatment and Dialectal Behavior Therapy.

1. Specify all HCPCS and CPT Codes included in this category in the space provided.
2. Report the number of people requesting Intensive Interventions/Intensive Community Services who were on the waiting list at the beginning of the previous fiscal year for each population. If the number is zero, enter (0).
3. Report the number of people requesting Intensive Interventions/Intensive Community Services who were added to the waitlist during the previous fiscal year for each population. If the number is zero, enter (0).

4. Report the number of people requesting Intensive Interventions/Intensive Community Services who were removed from the waitlist because the service was provided during the previous fiscal year for each population. If the number is zero, enter (0).
5. Report the number of people requesting Intensive Interventions/Intensive Community Services who were removed from the waitlist because of all other reasons during the previous fiscal year for each population. If the number is zero, enter (0).
6. Report the number of people requesting Intensive Interventions/Intensive Community Services who were left on the waiting list at the end of the previous fiscal year for each population. If the number is zero, enter (0).

*****NOTE: The number of people on the waitlist at the beginning of the previous fiscal year plus (+) the number of people added to the waitlist during the year, minus (–) the number of people removed from the waitlist during the year because services were provided, minus (–) the number of people removed from the waitlist for all other reasons must equal (=) the number of people left on the waitlist at the end of the fiscal year*****

Clinic Services: Services included are Assessment/Evaluation, Psychological Services, Education/Medication Monitoring, Nursing, Health Outpatient, Parent Management Therapy Oregon Model, Family Psycho- Education, Occupational Therapy, Physical Therapy and Speech.

1. Specify all HCPCS and CPT Codes included in this category in the space provided.
2. Report the number of people requesting Clinic Services who were on the waiting list at the beginning of the previous fiscal year for each population (see Reporting Period at top of spreadsheet). If the number is zero, enter (0).
3. Report the number of people requesting Clinic Services who were added to the waitlist during the previous fiscal year for each population. If the number is zero, enter (0).
4. Report the number of people requesting Clinic Services who were removed from the waitlist because the service was provided during the previous fiscal year for each population.
5. Report the number of people requesting Clinic Services who were removed from the waitlist because of all other reasons during the previous fiscal year for each population. If the number is zero, enter (0).
6. Report the number of people requesting Clinic Services who were left on the waiting list at the end of the previous fiscal year for each population. If the number is zero, enter (0).

*****NOTE: The number of people on the waitlist at the beginning of the previous fiscal year plus (+) the number of people added to the waitlist during the year, minus (–) the number of people removed from the waitlist during the year because services were provided, minus (–) the number of people removed from the waitlist for all other reasons must equal (=) the number of people left on the waitlist at the end of the fiscal year*****

Supports for Residential Living: Services included here are 24-Hour Support for Residential and Crisis Residential.

1. Specify all HCPCS and CPT Codes included in this category in the space provided.
2. Report the number of people requesting Supports for Residential Living who were on the waiting list at the beginning of the previous fiscal year for each population. If the number is zero, enter (0).
3. Report the number of people requesting Supports for Residential Living who were added to the waitlist during the previous fiscal year for each population. If the number is zero, enter (0).
4. Report the number of people requesting Supports for Residential Living who were removed from the waitlist because the service was provided during the previous fiscal year for each population. If the number is zero, enter (0).
5. Report the number of people requesting Supports for Residential Living who were removed from the waitlist because of all other reasons during the previous fiscal year for each

population. If the number is zero, enter (0).
6. Report the number of people requesting Supports for Residential Living who were left on the waiting list at the end of the previous fiscal year for each population. If the number is zero, enter (0).

*****NOTE: The number of people on the waitlist at the beginning of the previous fiscal year plus (+) the number of people added to the waitlist during the year, minus (–) the number of people removed from the waitlist during the year because services were provided, minus (–) the number of people removed from the waitlist for all other reasons must equal (=) the number of people left on the waitlist at the end of the fiscal year*****

Supports for Community Living: Services included here are Community Living Supports less than 24 hours, Supported Employment, Skill Building, Clubhouse and Respite.

1. Specify all HCPCS and CPT Codes included in this category in the space provided.
2. Report the number of people requesting Supports for Community Living who were on the waiting list at the beginning of the previous fiscal year for each population. If the number is zero, enter (0).
3. Report the number of people requesting Supports for Community Living who were added to the waitlist during the previous fiscal year for each population. If the number is zero, enter (0).
4. Report the number of people requesting Supports for Community Living who were removed from the waitlist because the service was provided during the previous fiscal year for each population. If the number is zero, enter (0).
5. Report the number of people requesting Supports for Community Living who were removed from the waitlist because of all other reasons during the previous fiscal year for each population. If the number is zero, enter (0).
6. Report the number of people requesting Supports for Community Living who were left on the waiting list at the end of the previous fiscal year for each population. If the number is zero, enter (0).

*****NOTE: The number of people on the waitlist at the beginning of the previous fiscal year plus (+) the number of people added to the waitlist during the year, minus (–) the number of people removed from the waitlist during the year because services were provided, minus (–) the number of people removed from the waitlist for all other reasons must equal (=) the number of people left on the waitlist at the end of the fiscal year*****

Narrative: How do you assure who service needs are met at an individual level as well as from a program capacity level? The column will expand as you type.

ATTACHMENT B: Requests for Services and Disposition of Requests

Purpose of Form

MDHHS will use this report to gather data on requests for services and the disposition of those requests. The reporting categories in the CMHSP Assessment section are consistent with The Standards Group (TSG) established waiting list standards. Additionally, a narrative submission is also being required to assist in understanding the information provided.

Definitions

DD: Anyone with a developmental disability

MI Adult: Anyone who is 18 years old or older with a mental illness

SED: Anyone who is 17 years or younger with serious emotional disturbance

Unknown / All Others: Anyone else who isn't counted in the previous three (3) categories

Total - Sum of the DD, MI Adult, SED, and Unknown/All Other columns.

General Instructions

CMHSP: Fill in the name of the reporting CMHSP.

Contact Person/Email: Fill in the name and email address of the CMHSP staff completing the report.

Reporting Period: The reporting timeframe to be used (previous fiscal year).

Cells left blank will be returned for resubmission. If the number is zero, please mark with the number zero (0).

Row Instructions

CMHSP Point of Entry-Screening: Information collected here includes the total number of people who approached the CMHSP to inquire about services, who were referred out, who requested provided services, who didn't meet eligibility, and who were scheduled for assessment.

Row 1: Report the total number of all people who walked in or called in with any request.
Row 2: Of the # in Row 1 (all people who telephone or walked in), report the total # of people referred out due to non-mental health needs. For example, if a telephone inquiry is about Food Stamps or another non-mental health need, the CMHSP would then refer the caller to DHS or another community provider for that specific service.
Row 3: Of the # in Row 1 (all people who telephoned or walked in), report the total # of people who requested services the CMHSP provides, irrespective of eligibility.

*****NOTE: The combined totals of Rows 2 and 3 must match the total in Row 1*****

Row 4: Of the # in Row 3 (People requested services the CMHSP provides), report the total # of people who did not meet eligibility through phone or other screening.
Row 5: Of the # in Row 3 (People requested services the CMHSP provides), report the total # of people who met eligibility and were scheduled for intake/biopsychosocial assessment.
Row 6: Of the # in Row 3 (People requested services the CMHSP provides), report the total # of people with other circumstance and describe at designated area on Line 32 of the spreadsheet.

*****NOTE: The combined totals of Rows 4, 5, and 6 must match the total in Row 3*****

Row 7: Is Row 1 (all people who telephoned or walked in) an unduplicated count in each category? Answer Yes or No for each category

CMHSP Assessment: Information collected here includes disposition of people who were scheduled for assessment, people who didn't meet CMHSP non-entitlement eligibility criteria, people who met CMHSP eligibility criteria, people who met emergency/urgent condition criteria, people who met immediate admission criteria, and people who were put on a waiting list.

Row 8: Of the # in Row 5 (Scheduled for Intake/Biopsychosocial Assessment) – report the total # of people who did not receive intake/biopsychosocial assessment (dropped out, no

show, etc.)

Row 9: Of the # in Row 5 (Scheduled for Intake/Biopsychosocial Assessment) – report the total # of people who were not served because they were MA FFS enrolled and referred to other MA FFS providers (not health plan). These are Medicaid beneficiaries who do not meet specialty services (PIHP) service criteria and would be better served by another Medicaid fee for service provider, but not the health plan, and did not receive CMHSP provided mental health services. "MA" refers to Medicaid.

Row 10: Of the # in Row 5 (Scheduled for Intake/Biopsychosocial Assessment) – report the total # of people who were not served because they were MA HP enrolled and referred out to MA health plan. These are Medicaid beneficiaries who do not meet specialty services (PIHP) service criteria and would be better served by the Medicaid Health Plan, and they did not receive CMHSP provided mental health services.

Row 11: Of the # in Row 5 (Scheduled for Intake/Biopsychosocial Assessment) – report the total # of people who otherwise did not meet CMHSP non-entitlement (GF) intake/assessment criteria

Row 12: Of the # in Row 5 (Scheduled for Intake/Biopsychosocial Assessment) – report the total # of people who met the CMHSP intake criteria

*****NOTE: The combined totals of Rows 8, 9, 10, 11, and 12 must match the total in Row 5*****

Row 11a: Of the # in Row 11 (did not meet CMHSP non-entitlement intake/assessment criteria) – report the total # of people who were referred out to other mental health providers

Row 11b: Of the # in Row 11 (did not meet CMHSP non-entitlement intake/assessment criteria) – report the total # of people who were not referred out to other mental health providers

*****NOTE: The combined totals of Rows 11a and 11b must match the total in Row 11*****

Row 13: Of the # in Row 12 (Met CMHSP intake criteria) – report the total # of people who met emergency/urgent/priority conditions criteria

Row 14: Of the # in Row 12 (Met CMHSP intake criteria) – report the total # of people who met regular/routine/usual admission criteria

Row 15: Of the # in Row 12 (Met CMHSP intake criteria) – report the total # of people who were put on a waiting list

*****NOTE: The combined totals of Rows 13, 14, and 15 must match the total in Row 12*****

Row 15a: Of the # in Row 15 (Put on a waiting list) – report the total # of people who received some CMHSP services, but wait listed for other CMHSP services

Row 15b: Of the # in Row 15 (Put on a waiting list) – report the total # of people who were waitlisted for all CMHSP services

*****NOTE: The combined totals of Rows 15a and 15b must match the total in Row 15*****

Row 16: Other Requests for Service and Disposition of Requests – Report total # of people in each category and describe at designated area on Line 32 of the spreadsheet.

Narrative: A narrative is also being required to assist in understanding the information provided. The narrative will be written in designated areas within the spreadsheet and includes the following:

1. Provide a brief description of how the CMHSP collects and maintains the data reported on this form.
2. Briefly describe the process by which the CMHSP determines eligibility [e.g., per use of assessment instrument (ID name), per telephone screen, or face-to-face assessment or combination, etc.].

3. Provide a brief but easily understood and clear narrative describing noticeable trends and what the CMHSP response is to these trends. If trends represent an increased demand for services, explain how the CMHSP plans to manage this increased demand moving forward. If changes in eligibility rules result in termination of services to current enrollees, include this information.

ATTACHMENT C: Community Data Sets Instructions:

The Community Data Sets Instructions includes information on how to complete the Community Data Sets worksheet, which is an annual requirement.

ATTACHMENT C: Community Data Sets Worksheet:

The Community Data Sets Worksheet is an annual requirement. It is expected data will be entered and saved into the worksheet year-to-year and used each time the CMHSP conducts a community needs assessment.

ATTACHMENT D: Stakeholder Survey

This form is a template for CMHSPs to use to complete and submit the Stakeholder Survey every two (2) years. A CMHSP may use this template or another of their choosing to obtain answers to the identified survey questions on this Attachment. Stakeholder Survey results are required to be submitted every other year with Attachment E (Needs Assessment – Priority Needs & Planned Actions).

ATTACHMENT E: Needs Assessment - Priority Needs & Planned Actions

This form is a template for CMHSPs to use to identify at least five (5) priority needs following completion of the Stakeholder Survey. This is also completed and submitted every two (2) years. **CMHSPs will need to plan to provide MDHHS an update on efforts in between reporting Cycles as well as an implementation update moving forward.**

Based on feedback received from stakeholder groups and data collected from the stakeholder survey process, the CMHSP must identify the five (5) priority needs. Of these, the CMHSP must identify the areas where it intends to address and what action is being planned in that area.

PLEASE NOTE:

CMHSPs are only required to complete and submit the Stakeholder Survey Results (Attachment D) and Priority Needs & Planned Actions (Attachment E) every two (2) years on odd numbered years. **Starting in 2026, CMHSPs should anticipate providing an update to MDHHS on the efforts to address Priority Needs and the Planned Actions listed out in Attachment E in between reporting cycles. Additionally, CMHSPs should anticipate providing status updates on how the implementation of the planned actions played out.**

CMHSPs are required to complete and submit Attachment D and Attachment E for 2025.