COMMUNICABLE DISEASE PROVIDER INFORMATION PLAN/REPORT INSTRUCTIONS

If a PIHP 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 Prepaid Inpatient Health Plan (PIHP) need and priority.

For each fiscal year (FY), the CD Plan will be due at the beginning of the FY on October 31. The CD Report is due on November 30 following the end of the FY. The same document should be used to complete both the Plan and Report per FY.

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 Michigan Department of Health and Human Services (MDHHS), Substance Use, Gambling and Epidemiology Section (SUGE) at the beginning of each fiscal year by October 31. The plan should be submitted to Jamie Meister at MeisterJ1@michigan.gov with a cc to Lisa Coleman at ColemanL7@michigan.gov.

Please use the check box provided to identify the CD Provider(s) Information Plan as "Original" at the initial submission of the plan. If the CD Provider(s) 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

Column A Definitions: Health Education/Risk Reduction (HE/RR); Counseling, Treatment and Referral Services (CTRS)

For those services/events that an identified CD provider conducted for the PIHP, enter 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 by November 30 following the end of the fiscal year and submitted to Jamie Meister at MeisterJ1@michigan.gov with a cc to Lisa Coleman at ColemanL7@michigan.gov.

III. Questions

For questions or assistance regarding this form, contact the SUGE Communicable Disease Specialist, at MDHHS-BHDDA@michigan.gov or 517-335-2300.

Plan is due October 31 for current fiscal year. Report is due November 30 following the end of the fiscal year. Submit to: MeisterJ1@michigan.gov with a cc ColemanL7@michigan.gov.

COMMUNICABLE DISEASE PROVIDER INFORMATION PLAN / REPORT				
PIHP:	**Fiscal Year:**		**Date Submitted/ Revised:**	
Name(s) of CD Provider(s) under Contract with the PIHP:				
PIHP Contact Person and E-mail Address:				
For each intervention listed below and provided in the PIHP's region, complete the following information:				
INTERVENTION *NOTE: Those items identified with an * are required to be reported in the* HIV Event System (*HES).*	**PLAN** ☐ Original ☐ 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**
Column A	*Column B*	*Column C*	*Column D*	*Column E*
*** HE/RR HIV/AIDS Information Session**				
*** HE/RR Skills Building Workshops** (single session)				
*** HIV CTRS at SUD Treatment Provider** (include site type/site number, list below)				
*** 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: