

**INSTRUCTIONS: INJECTING DRUG USERS 90% CAPACITY
TREATMENT REPORT**

To fully meet the block grant reporting requirements, when a program (provider) reports reaching 90% capacity to the agency (PIHP or SAHL), the agency must report immediately to MDHHS and also include the data on this quarterly report. MDHHS will compare the data in the email notifications with the quarterly report to ensure compliance and accurate reporting.

Reporting Immediately: When a program notifies the agency of reaching 90% capacity, the agency must report that data to the state *by the end of the next business day, and not to exceed seven days from the date that the program reaches capacity*. The notification to the state must be emailed to MDHHS-BHDDA-Contracts-MGMT@michigan.gov.

The purpose of this report is for federal block grant reporting on programs providing treatment for Injecting Drug Users (IDUs). This report complies with requirements identified in 45 CFR § 96.126 - Capacity of treatment for intravenous substance abusers (<https://www.govinfo.gov/app/details/CFR-2002-title45-vol1/CFR-2002-title45-vol1-sec96-126>).

This report monitors compliance with Sections 1923(a)(1) of Public Law 102-321, as amended:

1923(a)(1) Notification Regarding 90 Percent Capacity. In the case of programs of treatment for intravenous drug abuse, the state will require that any such program receiving amounts from the grant, upon reaching 90 percent of its capacity to admit individuals to the program, provide to the state a notification of such fact.

For purposes of reporting on this requirement, “90% Capacity” is defined as having 90% of their total beds or allowed number of clients, as established by licensing, full.

Example: Program A is licensed to treat 50 clients, when they have 45 clients in their program, they must contact the agency (or agencies if a provider for more than one) and indicate that they are at 90% capacity. When the program total number of clients decreases to 44, they must then contact the appropriate agency(ies) and indicate they are no longer at 90% capacity.

It is feasible that a program may reach 90% capacity several times within a short period of time (with admissions and discharges the program could go back and forth between 44 and 45 clients for several days in a row). In these types of situations, it would be allowable for the agency to establish an agreed upon number with the program where they would report no longer being at 90%.

Example: After program A reaches 90% capacity at 45 clients, they would report no longer being at 90% capacity when their treatment numbers reach 42 instead of 44.

It is feasible that a program may reach 90% capacity and remain above 90% capacity for a period of weeks. When the program remains above 90% capacity beyond the end of the reporting period (into the next quarter), the program and the Start Date should remain on the report for the next quarter. The End Date on the original (first) report should be entered as NA to indicate it has not ended. When the End Date occurs and is reported, include both the original Start Date and the End Date to indicate the total length of time.

Example: Program A reports in Q1 that they have reached 90% capacity on December 15 and are still over 90% capacity on December 31. On the Q1 report, the Start Date is December 15 and the End Date is "NA". In Q2, Program A reports they are under 90% capacity on January 15. The Q2 report Program A indicates a Start Date of December 15 and an End Date of January 15.

Form Instructions:

Region – PIHP: Select the name of the reporting agency from the drop-down list.

Fiscal Year: Select the fiscal year covering the report period from the drop-down list.

Quarter: Select the quarter of the report period from the drop-down list.

Date Submitted or Date Revised: Enter the date when you submit the report. If submitting a revised report, please indicate that in the file name (for example, include "rev").

Contact Person's Name, Title: Enter the name and title of person completing the report.

Contact Person's Email: Enter the email address of the person completing the report.

Column A: Name of Providers (Serving Injecting Drug Users) at or Above 90% Capacity During the Quarter - List IDU subcontractor(s) who reached 90% capacity to admit individuals to the program during the quarter, or those remaining above 90% capacity from the prior quarter. Enter the legal name of the provider as it appears on the provider's license. If there are no providers who reached 90% capacity, enter "NA" in column A.

Column B: Start Date of Being at 90% Capacity – Indicate the date that the program reported being at 90% capacity for admissions. If the program continues to be at or

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above 90% capacity since the last quarterly report, include the Start Date from the previous quarter.

Column C: End Date of Being at 90% Capacity – Indicate the date that the program reported no longer being at 90% capacity for admissions. If the program remains at 90% capacity, type in “N/A”.

Column D: Michigan Licensing and Regulatory Affairs (LARA) License Number - Enter the Michigan Substance Abuse License Number for the program. Lookup is available at Department of Licensing and Regulatory Affairs – Verify a License: <https://val.apps.lara.state.mi.us/License/Details/2497940>.

Column E: Federal Inventory of Behavioral Health Services Number (I-BHS #) - Enter the program’s I-BHS number.