

## **Instructions for Completing the Federal Priority Populations Waiting List Certification Form**

The purpose of this report is for federal block grant reporting on programs providing treatment for pregnant women and Injecting Drug Users (IDUs). This report monitors compliance with Sections 1923(a)(2) and 1927(b)(2) of Public Law 102-321, as amended:

**1923(a)(2) Treat Within Specified Number of Days.** - Each individual who requests and is in need of treatment for intravenous drug abuse must be admitted to a program of such treatment not later than (A) 14 days after making the request for admission to such a program; or (B) 120 days after the date of such request, if no such program has the capacity to admit the individual on the date of such request and if interim services are made available to the individual not later than 48 hours after such request.

**1927(b)(2) Treat Within Specified Number of Days.** Each pregnant woman who seeks and would benefit from substance abuse treatment services must be admitted to such program that (A) has the capacity to provide treatment services to the woman; or (B) if no program has the capacity to admit the woman, make interim services available to the woman not later than 48 hours after such request.

The Michigan Department of Community Health requires that this report be submitted in the Electronic Grants Administration and Management System (EGrAMS) as a Statistical Report. Submission is at the end of the month following the month in which a Coordinating Agency and/or its provider network has not met these Federal Requirements. **Report must be submitted in EGrAMS even if there are no data to report.**

In situations where one or more priority population clients did not receive services as required, the following information must be provided:

**Program Name** - Enter the legal name of the provider at which the client was placed on a waiting list – this can be the provider choice or where the client presented for services. **If no data to report, enter N/A in first row.**

**Column A: Client Identifier** - Enter a client identifier number.

**Column B: Priority Code** – Enter the client type by using one of the following codes:

- 1 – Pregnant injecting drug user
- 2 – Pregnant non-injecting drug user
- 3 – Injecting drug user

**Column C: Service Request Date** - Enter date client first requested services.

**Column D: Date LOC Determined** – Enter the date the Level of Care Determination was completed

**Column E: Days on Waiting List** - Indicate the number of days the client has been (was) on a waiting list for treatment. This starts with the day service was requested and goes to the date of the first appointment.

**Column F: Service Required** – Enter the services requested – this should be the service that the client chose:

OP – Outpatient  
IOP – Intensive Outpatient  
Meth – Methadone program  
Res – Residential  
Det – Sub-Acute Detox

**Column G: Meth Drug Free** - Check the box if the client waiting for services was involved in drug-free treatment

**Column H: Meth Ref. Drug Free** - Indicate if the client waiting for a methadone slot has declined drug-free services by checking the box.

**Column I: Interim Services Provided** - Indicate if interim services were provided as required by checking the box

**Column J: Interim Services Refused** - Check the box if the client refused interim services

**Column K: Type of Interim Services** - Indicate what type of interim services were provided to the client – leave blank if none

If the services that the client requested were different than what the LOC determination indicated, explain why they are different.

The CA must provide a reason for why they were not in compliance with the Federal Waiting List Requirement for each client on the list – specific barriers should be identified.

The CA must describe what plans they are putting or have put into place to ensure future compliance with this requirement.