Clear Form

Michigan Department of Health and Human Services
Behavioral Health and Developmental Disabilities Administration

SPECIAL PROJECTS REPORT: Earmarked-funded

This report is due February 15, 2018. Submit electronically to: walters@region10pihp.org

Date Submitted:	
Fiscal Year:	**2017**
Project Period Reported	**October 2016-September 2017**
Prepaid Inpatient Health Plan Name:	Region 10 PIHP
ProviderContact Person:	
Provider Contact Person's Email Address:	

PIHP SERVED	NUMBER OF PERSONS SERVED	EXPENDITURES
Region 1		
Region 2		
Region 3		
Region 4		
Region 5		
Region 6		
Region 7		
Region 8		
Region 9		
Region 10		
	TOTAL	$ 0.00

This reporting requirement applies only to services provided in earmark-funded special projects in the following Prepaid Inpatient Health Plans (PIHPs):

- Region 10 PIHP, with respect to Flint Odyssey House
- Macomb County CMH Services, with respect to Sacred Heart Rehabilitation Center
- Mid-State Health Network, with respect to Saginaw Odyssey House

By February 15 following the end of the fiscal year, each Provider must submit an annual Earmark-funded Special Projects Report that contains the following information:

(1) The name of the PIHP whose residents were served through the earmarked funds during the year.
(2) The number of persons served by that PIHP, through those funds.
(3) The total amount of earmarked funds paid to the provider for those services.