



FY2011
Michigan Drug Assistance Program (MIDAP)
April 1, 2011 – March 31, 2012
Enrollment/Renewal Instructions
And
Program Policies

January 2011

Dear Michigan Drug Assistance Program (MIDAP) Applicant:

This information will assist you in completing the Michigan Drug Assistance Program application. Contained in this packet of information are important details for completing the application, eligibility information, and an explanation of the types of prescription coverage that the MIDAP is able to offer at this time.

If you are reviewing this information as part of the annual MIDAP renewal process, your current coverage ends on March 31, 2011. To ensure ongoing coverage from the MIDAP beginning April 1, 2011, your completed application, along with all supporting documentation, must be received by the MIDAP office **no later than March 31, 2011.**

It is important that you read through the instructions prior to filling out the application. If necessary information is missing from your application, the MIDAP staff will attempt to contact you or your representative. Missing information will cause a delay in the processing of your application and in your ability to obtain prescribed medications from the pharmacy.

Please note that the MIDAP is considered funds of last resort and is available only as long as funding continues. Additionally, the level of medication assistance you receive can change at any time due to availability of funding.

If you have any questions, please do not hesitate to contact the MIDAP office at 1-888-826-6565, Monday through Friday, from 8 a.m. to 5 p.m.

Thank you for your cooperation.

Chris Hanson, Coordinator
Michigan Drug Assistance Program
MDCH, DHWDC, HAPIS

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**MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
HIV/AIDS DRUG ASSISTANCE PROGRAM
ELIGIBILITY CRITERIA – FY2011**

To receive prescription coverage from the Drug Assistance Program (MIDAP), applicants must meet the following criteria:

- A. Applicant must provide documentation of HIV disease. (see page 10)
- B. Applicant must be a resident of the State of Michigan.
- C. In some cases, applicant must have applied for public assistance (Medicaid and/or Adult Benefits Waiver program) with the Department of Human Services (DHS) within the past 90 days and have a pending, denial, or spend-down status. Clients being renewed by April 1, 2011, must have applied with DHS after October 1, 2010. (Please see pages 5-10 for more information on your eligibility requirements.)
- D. Applicant's gross income cannot exceed 450% of the Federal Poverty Level (F.P.L.) and will be evaluated based on FPL guidelines in effect when MIDAP receives your completed application.

450% of the current F.P.L. (As of January 20, 2011)

Earned Income and/or Unearned Income (income from employment or self-employment, SSI, SSDI, disability etc.)

<u>Family size</u>	<u>You can earn this per month</u>
1	\$4,083.75
2	\$5,516.25
3	\$6,948.75
4	\$8,381.25
5	\$9,813.75

Prescription copays of \$5.00 or greater per prescription are eligible for MIDAP assistance. Prescription copays of \$4.99 or less per prescription are not eligible for MIDAP assistance and therefore will be the applicant's responsibility.

In all instances, MIDAP is to be considered the payer of last resort, therefore as other programs become available that provide prescription assistance, the MIDAP reserves the right to require potentially eligible persons to apply for and pursue those other programs.

- **Any individual eligible for or receiving benefits from Medicaid and/or the Adult Medical Program/Adult Benefits Waiver (AMP/ABW) is not eligible for MIDAP**
- **Any person that is eligible for both Medicaid and Medicare and/or considered dual eligible under both Medicaid and Medicare is not eligible for MIDAP**
- **Any individual that resides outside the State Of Michigan is not eligible for MIDAP**

VETERAN'S ADMINISTRATION (VA) ASSISTANCE

If you are a Veteran with a minimum of two years of service, you may be eligible to receive medical/prescription benefits through the Veteran's Administration (VA). Please check with the VA before applying for MIDAP assistance. In some cases, if you are determined eligible for medical/prescription benefits through the VA, you may be eligible for MIDAP assistance if you meet MIDAP eligibility criteria. To determine your eligibility for VA copay assistance, please do the following:

- Complete the MIDAP application in its entirety.
- Read, sign and date page 2 of the application. Provide the specific name(s) of person(s) MIDAP can speak to pertaining your eligibility and access to services provided by the MIDAP.
- Submit Proof of Income - proof of income can be submitted in one or more of the following ways (unless you are self-employed, see below):
 - a) the most recent month's pay stubs (a 4 week, 30 day period);
 - b) notice of award for SSI or SSDI; and/or
 - c) a copy of a bank statement showing payroll deposits.

Through June 30, 2011, you may also submit a copy of your 2011 W-2 as proof of income.

If you are Self Employed – submit a copy of your 2011, 1040 Federal tax forms, signed and dated by a licensed preparer, or a signed and dated 2010, 1040 Federal tax form, signed by you, along with a copy of your Schedule E form, as proof of income.

If you do not have an income, and report -0- in the income field on page 1 of the application, you must apply for Medicaid and/or the Adult Medical Program at your local county Department of Human Services (DHS) office prior to submitting your application to the MIDAP.

Please do not submit your MIDAP application until your Medicaid and/or the Adult Medical Program case has been reviewed by your DHS worker and is either pending, denied, or in Medicaid spenddown status. If you have any questions please call the MIDAP office at 1-888-826-6565, or call Ken Pape at DHS, 1-877-342-2437.

- Submit a photocopy of your Veteran's Administration card along with a completed MIDAP application.
- Please include your recent HIV lab results on or with your application. The MIDAP reserves the right to ask for a computer generated lab report when necessary.
 - If you are a new applicant, you must provide proof of HIV status. Please see page 10 for acceptable documentation of HIV status.
- When you have completed all the necessary steps listed above, mail or fax your completed application, accompanied by all required supporting documentation, to the address or fax number listed on page 13.

PLEASE NOTE: DUE TO VA BILLING POLICIES, MIDAP CANNOT GUARANTEE THAT PAYMENT CAN BE MADE TO THE VETERAN'S ADMINISTRATION IN A TIMELY MATTER. IT MAY BE NECESSARY FOR MIDAP MEMBERS TO PAY THE PRESCRIPTION COPAY AND THEN WORK WITH MIDAP TO BE REIMBURSED THROUGH THE DIRECT MEMBER REIMBURSEMENT (DMR) PROCESS. MIDAP IS NOT RESPONSIBLE FOR COPAYS THAT HAVE NOT BEEN PAID RESULTING IN REDUCTIONS IN SOCIAL SECURITY PAYMENTS/INCOME.

PRIVATE INSURANCE- PRESCRIPTION COPAY ASSISTANCE

If you have private insurance such as Blue Cross/Blue Shield (BC/BS), Health Alliance Plan (HAP), Priority Health, Physicians Health Plan (PHP), etc., and have prescription coverage that requires a copay, you may be eligible for prescription copay assistance. To determine your eligibility for copay assistance, please do the following:

- Complete the MIDAP application in its entirety.
- Read, sign and date page 2 of the application. Provide the specific name(s) of person(s) MIDAP can speak to pertaining your eligibility and access to services provided by the MIDAP.
- Submit Proof of Income - proof of income can be submitted in one or more of the following ways (unless you are self-employed, see below):
 - a) the most recent month's pay stubs (a 4 week, 30 day period);
 - b) notice of award for SSI or SSDI; and/or
 - c) a copy of a bank statement showing payroll deposits.Through June 30, 2011, you may also submit a copy of your 2010 W-2 as proof of income.

If you are Self Employed – submit a copy of your 2010, 1040 Federal tax forms, signed and dated by a licensed preparer, or a signed and dated 2010, 1040 Federal tax form, signed by you, along with a copy of your Schedule E form, as proof of income.

If you do not have an income, and report -0- in the income field on page 1 of the application, you must apply for Medicaid and/or the Adult Medical Program at your local county Department of Human Services (DHS) office prior to submitting your application to the MIDAP.

Please do not submit your MIDAP application until your Medicaid and/or the Adult Medical Program case has been reviewed by your DHS worker and is either pending, denied, or in Medicaid spenddown status. If you have any questions please call the MIDAP office, 1-888-826-6565, or call Ken Pape at DHS at 1-877-342-2437.

- Submit a photocopy of your private insurance card.
- Please include your recent HIV lab results on or with your application. The MIDAP reserves the right to ask for a computer generated lab report when necessary.
 - If you are a new applicant, you must provide proof of HIV status. Please see page 10 for acceptable documentation of HIV status.
- When you have completed all the necessary steps listed above, mail or fax your completed application, accompanied by all required supporting documentation, to the address or fax number listed on page 13.

PLEASE NOTE: IF YOUR PRIVATE INSURANCE CARRIER OR MEDICARE PART D PLAN MANDATES THAT YOU USE A MAIL ORDER PHARMACY, YOU WILL NEED TO PAY FOR THE PRESCRIPTIONS AND THEN BE REIMBURSED THROUGH THE MIDAP DIRECT MEMBER REIMBURSEMENT (DMR) PROCESS.

THE DMR FORM CAN BE FOUND AT <http://michigan.gov/dap> OR CONTACT THE MIDAP OFFICE DIRECTLY AT 1-888-826-6565.

MEDICARE PART D/MEDICARE Rx PLAN ASSISTANCE

If you are a Medicare recipient and do not have prescription coverage under a private insurance plan through your employer, or under a COBRA policy, you may be eligible for assistance with the out-of-pocket expenses associated with the Medicare Part D Prescription Drug Plan (PDP)/Medicare Rx Plan. To determine your eligibility for assistance with the out-of-pocket costs (premiums, deductibles, and co-insurance), you must do the following:

- You must apply for the Low Income Subsidy (LIS)/Extra Help Program. This program is available to assist eligible Medicare recipients with the out-of-pocket expenses associated with Medicare Part D Prescription Plan (PDP)/Medicare Rx. You can apply for this program online at www.ssa.gov. Upon doing so, please print the confirmation of LIS/Extra Help application page and submit it with your MIDAP application. Applications may be obtained by calling the Social Security Administration at 1-800-772-1213, or by contacting the MIDAP office at 1-888-826-6565.

Please keep in mind that if you have previously applied for the LIS/Extra Help program that you must reapply annually to determine your ongoing eligibility for assistance with your out-of-pocket Medicare D expenses.

When you receive your approval or denial for LIS/Extra Help, file it in a safe place. As a Medicare recipient applying for prescription coverage from the MIDAP, you will need to provide a copy of your approval or denial for LIS/Extra Help along with your MIDAP application.

Please note: Dual Eligible (Medicaid and Medicare) individuals are not eligible for assistance from the MIDAP.

If you are approved for **partial** LIS/Extra Help you will have **reduced** out-of-pocket expenses. The MIDAP will assist with the remaining out-of-pocket expenses (reduced premiums, deductibles, and coinsurance).

If you are **denied** for the LIS/Extra Help, the MIDAP will assist with your out-of-pocket costs (premiums, deductibles, coinsurance) as long as you meet **all** other eligibility criteria.

- All individuals with Medicare must enroll in a Medicare Prescription Drug Plan (PDP)/Medicare Rx plan.** You can enroll in a plan by contacting the plan directly, or on the web at www.medicare.gov. If you need assistance reviewing Medicare plans, you may contact your HIV case manager, or call either the Medicare/Medicaid Assistance Program (MMAP) at 1-800-803-7174 or 1-800-MEDICARE. MIDAP staff are also available to assist in researching plans at 1-888-826-6565.

Please note that Medicare eligible individuals may only enroll in a PDP during the following times:

- Up to 3 months prior to the date you became Medicare eligible and up to 3 months after the date you first became Medicare eligible.
- During the open enrollment period scheduled November 15 - December 31, each year.

If you have already enrolled in a prescription drug plan, please write the name and phone number of the plan and the plan identification number you have chosen on your application.

- Complete the application in its entirety.
- Read, sign and date page 2 of the application. Provide the specific name(s) of person(s) MIDAP can speak to pertaining your eligibility and access to services provided by the MIDAP.

-----Continued on next page-----

- Submit Proof of Income - proof of income can be submitted in one or more of the following ways:
 - a) the most recent month's pay stubs (a 4 week, 30 day period);
 - b) notice of award for SSI or SSDI; and/or
 - c) a copy of a bank statement showing payroll deposits.Through June 30, 2011, you may also submit a copy of your 2010 W-2 as proof of income.

If you are Self Employed – submit a copy of your 2010, 1040 Federal tax forms, signed and dated by a licensed preparer, or a signed and dated 2010, 1040 Federal tax form, signed by you, along with a copy of your Schedule E form, as proof of income.

- Please submit a photocopy of your Medicare card (red, white, and blue card) with your completed MIDAP application.
- Please submit a photocopy of your Medicare Rx/Medicare Part D prescription drug plan card with your MIDAP application.
- Please include your recent HIV lab results on or with your application. The MIDAP reserves the right to ask for a computer generated lab report when necessary.
 - If you are a new applicant, you must provide proof of HIV status. Please see page 10 for acceptable documentation of HIV status.
- When you have completed all the necessary steps listed above, mail or fax your completed application, accompanied by all required supporting documentation, to the address or fax number listed on page 13.

PLEASE NOTE: IF YOUR PRIVATE INSURANCE CARRIER OR MEDICARE PART D PLAN MANDATES THAT YOU USE A MAIL ORDER PHARMACY, YOU WILL NEED TO PAY FOR THE PRESCRIPTIONS AND THEN BE REIMBURSED THROUGH THE MIDAP DIRECT MEMBER REIMBURSEMENT (DMR) PROCESS.

THE DMR FORM CAN BE FOUND AT <http://michigan.gov/dap> OR CONTACT THE MIDAP OFFICE DIRECTLY AT 1-888-826-6565.

FULL DRUG ASSISTANCE PROGRAM (MIDAP)/ COUNTY HEALTH PLAN, PLAN B ELIGIBILITY

If you are **not** eligible to receive assistance with prescriptions under any other program such as Medicare, Medicaid, private insurance (Blue Cross/Blue Shield, HAP, PHP, etc.), or if you are enrolled in a County Health Plan, Plan B County Health Plan (CHP), you may be eligible for full MIDAP assistance. To determine your eligibility for assistance, you must do the following:

- You must apply for Medicaid and/or the Adult Medical Program with the Department of Human Services (DHS) office prior to submitting your application to the MIDAP.
 - Renewal Clients:** Please do not submit the MIDAP application until your Medicaid/Adult Medical Program application has been reviewed by your DHS worker and is either pending, denied, or in Medicaid spenddown status. Clients being renewed by April 1, 2011, must have applied for Medicaid/Adult Medical Program after October 1, 2010.
Clients renewing after April 1, 2011, must have applied for public assistance (Medicaid and/or Adult Medical program) with the Department of Human Services (DHS) within the past 90 days and have a pending, denial, or spend-down status. If you have any questions please call the MIDAP office at 1-888-826-6565 or call Ken Pape at DHS at 1-877-342-2437.
 - New Clients:** You must have applied for public assistance (Medicaid and/or Adult Medical Program) with the Department of Human Services (DHS) within the past 90 days and have a pending, denial, or spend-down status. If you have any questions please call the MIDAP office at 1-888-826-6565 or call Ken Pape at DHS at 1-877-342-2437.
- Complete the MIDAP application in its entirety.
- Read, sign and date page 2 of the application. Provide specific name(s) of person(s) MIDAP can speak to pertaining your eligibility and access to services provided by the MIDAP.
- Submit a photocopy of your County Health Plan card along with your completed MIDAP application (If applicable).
- Please include your recent HIV lab results on or with your application. The MIDAP reserves the right to ask for a computer generated lab report when necessary.
 - If you are a new applicant, you must provide proof of HIV status. Please see page 10 for acceptable documentation of HIV status.
- When you have completed all the necessary steps listed above, mail or fax your completed application, accompanied by all required supporting documentation, to the address or fax number listed on page 13 or as listed on page 2 of the MIDAP application.

PROOF OF HIV STATUS

As a condition of funding, all clients applying for MIDAP assistance must provide documentation of HIV status at enrollment.

NEW MEMBERS:

New members must provide proof of HIV status in one or more of the following ways:

Laboratory Results (computer generated) showing:

1) Western Blot test with positive or reactive result
and/or

2) HIV RNA/Viral Load - must be detectable beyond the specific tests lowest reference range

If lab reports are not yet available as described above, an original doctor's signature on the application is acceptable, with your lab results to follow when available. A Nurse Practitioner, RN, or LPN signature is **not** considered acceptable proof of HIV diagnosis.

RENEWAL MEMBERS: **Renewal members must** include recent lab (CD4 and Viral Load) values on the application. The MIDAP reserves the right to ask for a computer generated lab report when necessary.

LABORATORY TESTING

The MIDAP provides members with no insurance assistance with CD4, viral load, and genotype (resistance) testing.

In order to access this assistance member must communicate their MIDAP eligibility information to their physician prior to blood draw and all samples must be sent to the State of Michigan lab to be analyzed. Any questions regarding this process can be directed to the MIDAP office at 1-888-826-6565.

Any laboratory testing done in a hospital lab or sent to other diagnostics centers or laboratories is not eligible for assistance from MIDAP.

The MIDAP is not responsible for the cost incurred as part of the blood draw.

Please note: Due to the fragile nature of blood samples and the requirements of shipping, limited lab draw hours may be enforced. Please contact your medical provider for more information

IF YOU ARE APPROVED FOR MIDAP ASSISTANCE

New Members:

If you are approved for MIDAP assistance, you will be notified by mail within 10-14 business days by ScriptGuideRx, the claims processing company for the MIDAP program. You will receive a welcome letter and your new MIDAP/ScriptGuideRx (SGRX) prescription card. This card should be presented to the pharmacist when you go to pick up your medications.

If you applied for any type of copay assistance from the MIDAP, you will also need to submit your primary prescription coverage card (BC/BS, HAP, Humana, AARP, PHP, Medicare Rx, etc.) to the pharmacist. Please note: Continuous 12 month coverage (April 1, 2011- March 31, 2012) of medication assistance from MIDAP is contingent upon a DHS decision on your Medicaid/Adult Medical Program case and as long as MIDAP funding allows.

**Please retain your MIDAP/ScriptGuideRx (SGRX) card from year to year.
You will not automatically receive a new card each year.**

Renewal Members:

If you are approved for MIDAP assistance, you will be notified by mail within 10-14 business days. You will receive a letter from the MIDAP office stating that you have been renewed for another eligibility year (April 1-March 31 of following year).

Please note: Continuous 12 month coverage (April 1, 2011- March 31, 2012) of medication assistance from MIDAP is contingent upon a DHS decision on your Medicaid/Adult Medical Program case and as long as MIDAP funding allows.

Please continue to use your MIDAP/ScriptGuideRx (SGRX) card issued to you at your initial enrollment. You will not automatically receive a new card each year.

If your card is lost or stolen, please contact the MIDAP office at 1-888-826-6565.

IF YOU ARE NOT ELIGIBLE TO RECEIVE ASSISTANCE FROM THE MIDAP

If you are not eligible to receive assistance from the MIDAP, you will be notified by mail within 7-10 business days. The information mailed to you will give the specific reason as to why you are not eligible. If you have questions, or if your situation has changed since the decision was made, please contact the MIDAP office at 1-888-826-6565.

- **Any individual eligible for or receiving benefits from Medicaid and/or the Adult Medical Program/Adult Benefits Waiver (AMP/ABW) is not eligible for MIDAP**
- **Any person that is eligible for both Medicaid and Medicare and/or considered dual eligible under both Medicaid and Medicare is not eligible for MIDAP**
- **Any individual that resides outside the State Of Michigan is not eligible for MIDAP**

IF YOUR APPLICATION WAS DETERMINED TO BE INCOMPLETE:

If your application was determined to be incomplete due to missing information, failure to provide the necessary documentation or complete the necessary steps, an attempt will be made to contact you and/or your case manager/representative (if listed on the application) via phone or email (case manager only, if provided). If we are unable to contact you and/or your case manager/representative, you will be notified by mail as to the reason that your application was determined to be incomplete. No further action will be taken on your MIDAP application until all required information is provided to MIDAP.

MIDAP POLICIES

Medication Formulary

The Michigan MIDAP will only provide assistance with medications listed on the MIDAP Formulary. You may request a copy of the most recent MIDAP formulary by calling the MIDAP office at 1-888-826-6565 or by accessing the following web site: <http://www.scriptguiderx.com/>

The MIDAP may require additional steps such as Prior Authorization or Step Therapy before a member can access certain medications.

The MIDAP may also require that certain medications be dispensed from a specific pharmacy.

MIDAP members must follow through on any and all prior authorization protocol put in place by a members primary insurance (Blue Cross/Blue Shield, HAP, PHP, Medicare Part D Rx Plan, etc) before accessing assistance from the MIDAP.

Prescription Refill Threshold

Member prescriptions are eligible for refill after 85% (26 days)* of the previous months prescription has been utilized.

Narcotics are eligible for refill after 95% (28 days) of the previous months prescription has been utilized.

Early Refills

Members in need of an early refill, or additional days supply due to travel circumstances may request authorization for a maximum of a 30 day supply by calling the MIDAP office at 1-888-826-6565. Additional days supply (not to exceed 90 days) or subsequent early refills of medications must be submitted in writing to the MIDAP office for approval. Member must state the need for such an exception, the medications that are needed and if applicable, the date the member plans to return to his/her area of residence.

Lost/Stolen Medications

Lost and/or Stolen medications are eligible for replacement one time during a 12-month period. The Michigan Drug Assistance reserves the right to require a letter from member's case manager or advocate and/or a police report.

Returned Mail

Any mail returned to the MIDAP due to incorrect address, member no longer at address, or forward time expired, etc., will result in a temporary suspension of MIDAP coverage until accurate address information can be obtained from the member. This ensures that all members receive MIDAP information in a timely manner and that accurate information is available to ensure proper processing of prescription claims.

Direct Member Reimbursement (DMR)

MIDAP members requesting copay assistance that are forced to utilize mail order and/or specialty pharmacies outside of the state of Michigan by their primary prescription insurance will be required to pay all prescription copays up front. After copays have been paid members are able to submit a Direct Member Reimbursement (DMR) form to be reimbursed for member copays paid on MIDAP formulary medications. All members requiring use of the DMR process must still follow all formulary policies including, daily dose limits, step therapy and prior authorization.

IMPORTANT CONTACT INFORMATION

Michigan MIDAP applications and other correspondence can be mailed or faxed to:

Michigan Drug Assistance Program
109 Michigan Ave.
9th Floor
Lansing, Michigan 48913
Fax Number 517-335-7723
Toll Free Phone # 1-888-826-6565

Other Important Numbers

Department of Human Services (DHS)
HIV/AIDS Advocacy Services
Ken Pape at 1-877-342-2437

Medicare- 1-800-MEDICARE 1-800-633-4227

Social Security Administration 1-800-772-1213

Michigan Medicare/Medicaid Assistance Program (MMAP) 1-800-803-7174

DRUG ASSISTANCE PROGRAM FORMULARY

For a list of covered medications, please go the address below via the internet:

<http://www.scriptguiderx.com/>

or

Call the MIDAP at 1-888-826-6565 to request a copy be sent to you by mail or fax.

Level of coverage contingent upon eligibility verification, level of assistance applied for and based on the ability of MIDAP to coordinate with any other health insurance or government program which pays for prescriptions that you may be eligible for.

Applicants who do not meet all criteria may apply for the program, and must include a letter of special request stating the reason(s) that the MIDAP should consider the applicant as an exception to the established criteria.

MICHIGAN'S HIV/AIDS CASE MANAGEMENT AGENCIES

AIDS PARTNERSHIP MICHIGAN

2751 East Jefferson
Suite 301
Detroit, MI 48207
Phone: (313) 446-9800
Fax: (313) 446-9839

Phone: (231) 845-7381 Fax: (231) 845-0438

HEALTH DELIVERY, INC.

1522 Janes Street
Janes Street Clinic
Saginaw, MI 48601
Phone: (989) 907-2728

SACRED HEART REHAB SERVICES BAY AREA SOCIAL INTERVENTION SERVICES, INC.

515 Adams Street
Bay City, MI 48708-6527
Phone: (989) 894-2991
Fax: (989) 895-7669

HIV/AIDS RESOURCE CENTER

3075 Clark Road
Suite 203
Ypsilanti, MI 48197 Phone: (734) 572-9355
Fax: (734) 572-0554

CENTRAL MICHIGAN DISTRICT HEALTH DEPARTMENT

2012 E. Preston Avenue
Mt. Pleasant, MI 48858
Phone: (989) 773-5921
Fax: (989) 773-4309

HIV/AIDS RESOURCE CENTER

211 W. Ganson Street, Suite 110
Jackson, MI 49201
Phone : (517) 780-3262
Fax : (517) 780-0936

COMMUNITY AIDS RESOURCE AND EDUCATION SERVICES

629 Pioneer Street
Kalamazoo, MI 49008
Phone: (269) 381-2437 or (800) 994-2437
Fax: (269) 381-4050

MARQUETTE CO. HEALTH DEPT.

184 U.S. Hwy. 41 East
Negaunee, MI 49866
Phone: (906) 475-7651
Fax: (906) 475-4435

COMMUNITY AIDS RESOURCE AND EDUCATION SERVICES – BENTON HARBOR

P.O. Box 8822
Benton Harbor, MI 49023
Phone: (269) 927-2437
Fax: (269) 927-4992

LANSING AREA AIDS NETWORK

913 West Holmes
Suite 115
Lansing, MI 48910
Phone: (517) 394-3719
Fax: (517) 394-1298

COMMUNITY HEALTH AWARENESS GROUP

1300 West Fort Street
Detroit, MI 48226
Phone: (313) 963-3434
Fax: (313) 963-1832

DISTRICT HEALTH DEPT. #10

916 Diana Street
Ludington, MI 49431

ST. MARY'S SPECIAL IMMUNOLOGY SERVICES

310 Lafayette SE, Suite 410
Grand Rapids, MI 49503
Phone: (616) 685-8200 or (888) 800-7010
Fax: (616) 774-0158

HACKLEY HOSPITAL

MC CLEES CLINIC

1700 Clinton Street, Central 2
Muskegon, MI 49442
Phone: (231) 727-5571 or (231) 727-5572
Phone (toll free): (866) 727-5571
Fax: (231) 728-5674

ST. CLAIR CO. HEALTH DEPT.

3415 28th Street
Port Huron, MI 48060
Phone: (810) 987-5300
Fax: (810) 985-4487

MUNSON MEDICAL CENTER

THOMAS JUDD CARE CENTER

1221 Sixth Street
Suite 206
Traverse City, MI 49684
Phone: (231) 935-5085
Fax: (231) 935-5093

VISITING NURSE OF SE MICHIGAN

25900 Greenfield Rd.
Suite 600
Oak Park, MI 48237
Phone: (248) 967-8320
Fax: (248) 967-8720

WELLNESS AIDS SERVICES, INC.

311 East Court Street
Flint, MI 48502
Phone: (810) 232-0888
Fax: (810) 232-2418

DEAF COMMUNITY ADVOCACY

NETWORK

2111 Orchard Lake Road
Suite 101
Sylvan Lake, Michigan 48320
Phone: (248) 332-3331 Fax: (248) 332-7334 TTY: (248) 332-3323