



FY2013  
Michigan Drug Assistance Program (MIDAP)  
April 1, 2013 – March 31, 2014  
Enrollment Instructions  
And  
Program Policies

January 2013

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, 2013. To ensure ongoing coverage from the MIDAP beginning April 1, 2013, your completed application, along with all supporting documentation, must be received by the MIDAP office **no later than March 31, 2013.**

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 and/or based on other programs of which you may become eligible.

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

## **TABLE OF CONTENTS**

<b>Drug Assistance Program (MIDAP) Eligibility Criteria</b>	<b>4</b>
<b>MIDAP Application Instructions</b>	<b>5-8</b>
<b>Proof of HIV Status</b>	<b>7</b>
<b>MIDAP Assistance Approval</b>	
New Members	10
Renewal Members	10
<b>MIDAP Assistance Denial</b>	<b>10</b>
<b>MIDAP Policies</b>	<b>11</b>
<b>Laboratory Testing</b>	<b>9</b>
<b>Vaccines</b>	<b>9</b>
<b>Important Contact Information</b>	<b>12</b>
<b>MIDAP Formulary Information</b>	<b>12</b>
<b>HIV Case Management Agency List</b>	<b>13-14</b>

**MICHIGAN DEPARTMENT OF COMMUNITY HEALTH  
HIV/AIDS DRUG ASSISTANCE PROGRAM  
ELIGIBILITY CRITERIA – FY2013**

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 7)
- 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 Medical 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, 2013, must have applied with DHS after October 1, 2012. (Please see pages 5-8 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 24, 2013)  
 Earned Income and/or Unearned Income (income from employment or self-employment, SSI, SSDI, disability etc.)

<u>Household size</u>	<u>Combined earned/nearest income must be less than</u>
1	\$ 4,308.75
2	\$ 5,816.25
3	\$ 7,323.75
4	\$ 8,831.25
5	\$10,338.75

**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**

## FY2013 MIDAP Application Instructions

### Page 1 of MIDAP Application-

1. Please indicate whether you are a new applicant (never on MIDAP previously) or if you are a renewing member having received prescription assistance from MIDAP at any point since your HIV diagnosis. If you are a renewing member, please write in your MIDAP member ID number (this number can be found on your SGRX/MIDAP card, if available).
2. **Full Name-** Enter your LAST NAME, FIRST NAME, and MIDDLE INITIAL.
3. **Address-** Enter your ADDRESS (including any Post Office box, Apartment number, or lot number) as well as the CITY, STATE, and ZIP CODE and COUNTY OF RESIDENCE.  
**PLEASE NOTE:** MIDAP will use the address that you list on your application as the address that MIDAP uses to contact you via the United States Postal Service.
4. **Phone Number-** Enter the phone number that you would like MIDAP to use to contact you.
5. **Social Security Number-** Enter your number as it is listed on your Social Security card (###-##-####).
6. **Birthdate-** Enter the month, day and year of your birth (MM/DD/YYYY).
7. **Gender** – Please indicate your GENDER by filling in or putting a √ next to the appropriate gender identity.  
**PLEASE NOTE:** Pharmacies require gender information (Male or Female) to allow you to fill your prescriptions. If you select transgender, please answer transgender status and then circle the gender identification that you have communicated to the pharmacy to ensure you are able to pick up your medications upon program approval.
8. **Race/Ethnicity-** Please check all that apply. To meet Federal grant reporting requirements please select the race/ethnicity that most closely matches how you identify.
9. **Are you a Resident of the State of Michigan?-** If you reside and/or live in the Michigan, check YES. If you do not reside and/or live in Michigan, check NO.
10. **Are You Homeless?-** If you identify as being homeless, check YES. If you are not homeless, check NO.
11. **Do you have Private Dental Insurance?-** If you have employer sponsored dental insurance and/or you receive any other type of assistance for dental care or services, check YES, if not check NO.
12. **Do you have or are you eligible for Medicare?-** If you have, or are eligible for Medicare, check YES, if not check NO. **PLEASE NOTE:** Generally, you are eligible for Medicare if you or your spouse worked for at least 10 years in Medicare-covered employment and you are 65 years or older and a citizen or permanent resident of the United States. If you aren't yet 65, you might also qualify for coverage if you have a disability or with End-Stage Renal disease (permanent kidney failure requiring dialysis or transplant).
  - a) 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](http://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/denial letter 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/denial letter 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.

- b) **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](http://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 is 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 when you become Medicare eligible and up to 3 months after you first became Medicare eligible.
- During the annual open enrollment period usually toward the end of the calendar year.

If you have already enrolled in a prescription drug plan, please write the PDP information on your application.

### 13. Household Size and Income-

- a) **Please indicate your household size-** include yourself, and those supported by you, including spouse, partner and/or other dependents living with you.
- b) **Income-** Please indicate any income you receive by placing a  $\sqrt{\quad}$  next to each of the appropriate source(s) and then write in the gross (pre-tax) total monthly amount that you receive from the indicated source(s). PLEASE NOTE: If you do not receive any income and/or indicate "NONE" on the application, you must apply for medical benefits through your local county Department of Human Services office prior to submitting your MIDAP application.

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, 2013, you may also submit a copy of your 2012 W-2 as proof of income.

**If you are Self Employed** – submit a copy of your 2012, 1040 Federal tax forms, signed and dated by a licensed preparer, or a signed and dated 2012, 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 deductible 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.

## Page 2 of MIDAP Application-

### 14. Medical/Prescription Coverage- Check all that apply

- a) Medical Insurance- If you have any of the listed types of medical coverage please put a √ in the box to the left of the appropriate coverage and list the information as requested under each coverage.
- b) Prescription Coverage- If you have any of the listed types of prescription coverage please put a √ in the box to the left and then list the additional prescription coverage information as found on your insurance card.

### 15. MIDAP Coverage Types- Please indicate the type of prescription coverage you are requesting (Check the most appropriate coverage and check ONLY one)

- a) **Private Insurance/COBRA Copay Assistance-** This type of assistance indicates that you are requesting that MIDAP pay for your out of pocket copays for your prescriptions. This is the amount YOU would usually pay at the pharmacy. If approved for this coverage, MIDAP would act as your secondary prescription coverage and pay your copays on your behalf after your insurance pays for their portion of the prescription claim. FOLLOW THE INSTRUCTIONS LISTED TO THE RIGHT OF THIS COVERAGE ON THE APPLICATION.

If you do not have an income, and report -0- in the household size and income section (see #13 of instructions), you must apply for Medicaid or the Adult Medical Program at your local county Department of Human Services (DHS) office.

- b) **Medicare Part D Prescription Drug Plan Copay Assistance-** This type of assistance indicates that you are a Medicare beneficiary requesting that MIDAP pay your out of pocket expenses associated with your Medicare Part D prescription benefit. This is any amount that your Medicare Part D plan requires you to pay in the form of a copay or deductible after your Part D plan pays the portion they are responsible for AND after any Low Income Subsidy/Extra Help assistance is applied to your prescriptions, if applicable. If approved for this coverage, MIDAP would act as your secondary prescription coverage and pay your copays on your behalf after your insurance pays for their portion of the prescription claim. FOLLOW THE INSTRUCTIONS LISTED TO THE RIGHT OF THIS COVERAGE ON THE APPLICATION.

If you do not have an income, and report -0- in the household size and income section (see #13 of instructions), you must apply for Medicaid and/or the Adult Medical Program at your local county Department of Human Services (DHS) office.

- c) **Full Drug Assistance-** This type of assistance indicates that you are requesting that MIDAP pay for your medications in full on your behalf because you do not have AND are not eligible for insurance and/or prescription coverage from any other source.  
You must apply for Medicaid and/or the Adult Medical Program at your local county Department of Human Services (DHS) prior to submitting your MIDAP application. If approved for this coverage, MIDAP would pay the contracted pharmacy rate for approved formulary medications only.
- **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 deductible status. Clients being renewed by April 1, 2013, must have applied for Medicaid/Adult Medical Program after October 1, 2012. Clients renewing after April 1, 2013, 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.
- d) **Veteran's Administration Copay Assistance-** This type of assistance indicates that you currently receive your prescriptions from the VA hospital pharmacy. In most instances, you will need to pay your VA copays up front and then submit your receipts and drug information to ScriptGuideRx, MIDAP's pharmacy benefits manager, for reimbursement. If you are in need of this type of assistance, please contact MIDAP directly toll free at 1-888-826-6565.

**16. Proof of HIV Status/Lab Update-** To meet reporting requirements as a condition of grant funding, all MIDAP members are required to provide proof of their HIV+ status one time at initial enrollment. After this is received, all members must submit both CD4 and HIV viral load updates as part of the annual renewal process and at other times as required by MIDAP or as required as a condition of grant funding.

- a) **New Members-** At initial enrollment must provide proof of HIV status in one or more of the following ways:
- **Laboratory generated (computer generated) Western Blot test with positive or reactive result and/or**
  - **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 within 30 days. A Nurse Practitioner, RN, or LPN signature is **not** considered acceptable proof of HIV diagnosis.
- b) **Renewal Members-** must provide the most recent and available CD4 and HIV/RNA viral load values on the application. MIDAP reserves the right to ask for computer generated labs when necessary.

**17. Consent and Release of Information- Please read, sign, and date. PLEASE NOTE: Failure to sign and date the consent page will result in a delay processing and access to medications.**

## **LABORATORY TESTING**

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

In order to access this assistance, the 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**

## **VACCINES**

The Michigan Drug Assistance Program provides coverage for the Hepatitis A, Hepatitis B, pneumococcal, and influenza vaccines to MIDAP member that have no insurance. MIDAP covers the allowable cost (determined by MIDAP) of the vaccine only, **NOT** any fee associated with the administration of the vaccine.

Vaccines can be administered at some of the MIDAP network pharmacies as well as your medical provider. Please check with your medical provider and/or pharmacy to see if they offer this service and if they are willing to bill MIDAP.

MIDAP is not responsible for the cost of any vaccine administered by a provider that is unwilling to bill MIDAP and accept MIDAP's allowable cost as payment in full.

## **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, 2013- March 31, 2014) of medication assistance from MIDAP is contingent upon: 1) ongoing screening and verification of the information provided by you as to the type of coverage you requested and/or any other coverage that you may become eligible for, 2) a DHS decision on your Medicaid/Adult Medical Program case, and 3) 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, 2013- March 31, 2014) of medication assistance from MIDAP is contingent upon: 1) ongoing screening and verification of the information provided by you as to the type of coverage you requested and/or any other coverage that you may become eligible for, 2) a DHS decision on your Medicaid/Adult Medical Program case, and 3) 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**
- **Any individual that has monthly income that exceeds 450% F.P.L**

## **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.

### **Pharmacy Network/Out of State Prescription Refills**

The pharmacy network for the Michigan Drug Assistance Program (MIDAP) does not extend outside of the State of Michigan. Any prescription requiring a refill at a pharmacy location outside the State of Michigan must be paid for by the MIDAP member and then can be reimbursed through the Direct Member Reimbursement (DMR) process. MIDAP reserves the right to deny DMR due to cost or failure to provide sufficient proof to validate accuracy and proof of payment by the member for claims being submitted via the DMR process.

### **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.  
9<sup>th</sup> 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

### **MICHIGAN 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

### SACRED HEART REHABILITATION CENTER, INC.

301 E. Genessee  
Saginaw, MI 48607  
Phone: (989) 776-6000 Ext. 7516  
Fax: (989) 776-1710

### CENTRAL MICHIGAN DISTRICT HEALTH DEPARTMENT

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

### COMMUNITY AIDS RESOURCE AND EDUCATION SERVICES

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

### COMMUNITY AIDS RESOURCE AND EDUCATION SERVICES – BENTON HARBOR

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

### COMMUNITY HEALTH AWARENESS GROUP

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

### DISTRICT HEALTH DEPT. #10

3986 N. Oceana Dr.  
Hart, MI 49420  
Phone: (231) 845-7381  
Fax: (231) 845-0438

### HEALTH DELIVERY, INC.

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

### HEALTH EMERGENCY LIFELINE PROGRAM (HELP)

1726 Howard  
Detroit, MI 48216  
Phone: (313) 832-3300  
Fax: (313) 832-3393

### HIV/AIDS RESOURCE CENTER

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

### HIV/AIDS RESOURCE CENTER

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

### INGHAM COUNTY HEALTH DEPARTMENT ADULT HEALTH CLINIC

5303 South Cedar Street  
Lansing, MI 48911  
Phone: (517) 272-4193  
Fax: (517) 887-4625

### MARQUETTE CO. HEALTH DEPT.

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

### LANSING AREA AIDS NETWORK

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

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 28<sup>th</sup> 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

MATRIX HUMAN SERVICES

120 Parsons Street

Detroit, MI 48201-2002

Phone: 1-877-931-3248

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