



FY2014
Michigan Drug Assistance Program (MIDAP)
April 1, 2014 – March 31, 2015
Enrollment Instructions
And
Program Policies



March 2014

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 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 April 30, 2014. To ensure ongoing coverage from MIDAP beginning May 1, 2014, your completed application, along with all supporting documentation, must be received by the MIDAP office **no later than April 21, 2014**.

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 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 the 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.

Shelli Doll, MA, CHES
MIDAP Coordinator
Michigan AIDS Drug Assistance Program
Michigan Department of Community Health (MDCH)
Division of Chronic Disease and Injury Control (DCDIC)
HIV/AIDS Prevention and Intervention Section (HAPIS)

Table of Contents

Drug Assistance Program (MIDAP) Eligibility Criteria	4
MIDAP Application Instructions	5
Proof of HIV Status	8
Vaccines	9
Laboratory Testing	9
MIDAP Assistance Approval	10
New Members	10
Renewal Members	10
MIDAP Assistance Ineligibility	10
Incomplete Applications	11
MIDAP Policies	12
Direct Member Reimbursement (DMR)	13
Important Contact Information	14
MIDAP Formulary Information	14
HIV Case Management Agency List	15

**MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
HIV/AIDS DRUG ASSISTANCE PROGRAM
ELIGIBILITY CRITERIA – FY2014**

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

- A. 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/the Healthy Michigan Plan) with the Department of Human Services (DHS) within the past 90 days and have a pending, denial, or spend-down status. Members renewing by April 21, 2014, must have applied with DHS after October 1, 2013. (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 (see chart below) in effect when MIDAP receives your completed application. Earned Income and/or Unearned Income (income from employment or self-employment, SSI, SSDI, disability etc.)

Federal Poverty Guidelines 2014	
Persons in Household	2014 Federal Poverty Level- Annual Income
1	\$11,670
2	\$15,730
3	\$19,790
4	\$23,850
5	\$27,910
6	\$31,970
7	\$36,030
8	\$40,090
For families/households with more than 8 persons, add \$4,060 for each additional person. ASPE.hhs.gov <u><i>Federal Register</i></u> Notice, January 24, 2013	

In all instances, MIDAP is to be considered the payer of last resort, therefore as other programs become available that provide prescription assistance, 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

FY2014 MIDAP Application Instructions

Page 1 of the MIDAP Application

1. 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 NAME.
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. **HIV Positive Date:** You will need to enter an estimated date if you don't know the exact date.
9. **Ethnicity:** Please check Hispanic, Non-Hispanic or Other.
10. **Race:** Please select all that apply.
11. **Are you a Resident of the State of Michigan?** If you reside and/or live in Michigan, check YES. If you do not reside and/or live in Michigan, check NO.
12. **Are You Homeless?** If you identify as being homeless, check YES. If you are not homeless, check NO.
13. **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.
14. **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. 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 MIDAP, you will need to provide a copy of your approval/denial letter for LIS/Extra Help along with your MIDAP application.

If you are approved for **partial** LIS/Extra Help you will have **reduced** out-of-pocket expenses. 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, and coinsurance) as long as you meet **all** other eligibility criteria.

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

- 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. 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. The 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.

15. 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 \checkmark 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 (DHS) office prior to submitting your MIDAP application.

- c) **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):
 - The most recent month's pay stubs (a 4 week, 30 day period)
 - Notice of award for SSI or SSDI
 - A copy of a bank statement showing payroll deposits

Through June 30, 2014, you may also submit a copy of your 2013, W-2 as proof of income.

- c) **If you are Self Employed:** Submit a copy of your 2013 – 1040 Federal tax forms, signed and dated by a licensed preparer, or a signed and dated 2013 – 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 the MIDAP Application

16. Prescription Coverage

If you have prescription coverage/insurance through any of the following that require you to pay a copay and/or deductible at the pharmacy, check the appropriate box to the left and then list the additional prescription coverage information as found on your insurance card.

17. **MIDAP Coverage Types:** Please indicate the type of prescription coverage you are requesting (Check the most appropriate coverage and check ONLY one)

Please see the checklist for what needs to be attached for each coverage type

- a) **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.

Please do not submit the MIDAP application until your Medicaid application has been reviewed by your DHS worker and is either pending, denied, or in Medicaid deductible status. Applicants must have applied for Medicaid within 90 days of submission of application. 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

- b) **Copay Assistance (Private, QHP, Employer-Sponsored, COBRA, VA):** 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.

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

- c) **Copay Assistance (Medicare Part D, Medicare Advantage Plan):** 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.

18. 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.

New Members: At initial enrollment you 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 an acceptable proof of HIV diagnosis.

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.

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 of processing and access to medications.

LABORATORY TESTING

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

In order to access this assistance, the applicant 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.

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 applicants 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 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 (May 1, 2014- March 31, 2015) 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. DHS decision on your Medicaid/Healthy Michigan Plan, 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 (May 1, 2014- March 31, 2015) 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. DHS decision on your Medicaid/Healthy Michigan Plan, 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 MIDAP, you will be notified by mail within 7-10 business days. The information mailed to you will specify the reason 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.

Reasons why you may not be eligible for MIDAP:

1. Any individual eligible for or receiving benefits from Medicaid and/or the Adult Medical Program/Healthy Michigan Plan (AMP/HMP)

2. Any person that is eligible for Medicaid and Medicare and/or considered dual eligible under both Medicaid and Medicare
3. Any individual that resides outside the State Of Michigan
4. Any individual that has a monthly income that exceeds 450% F.P.L.

IF YOUR APPLICATION WAS DETERMINED TO BE INCOMPLETE:

If your application was determined to be incomplete or if there was 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 mail (case manager only, if provided). If we are unable to contact you and/or your case manager/representative, you will be notified by mail 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. **PLEASE NOTE:** Incomplete applications will only be held for 45 days.

MIDAP POLICIES

Medication Formulary

The Michigan Drug Assistance Program (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/>

MIDAP may require additional steps such as Prior Authorization or Step Therapy before a member can access certain medications. MIDAP may also require that certain medications be dispensed from a specific pharmacy.

MIDAP applicants 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 MIDAP.

Pharmacy Network/Out of State Prescription Refills

The pharmacy network for 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

Client 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 for Travel

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 only once during a 12-month period. The Michigan Drug Assistance Program reserves the right to require a letter from a client's case manager, advocate and/or a police report.

Returned Mail

Any mail returned to MIDAP due to incorrect address, member no longer lives at address, or forward time expired, etc., will result in a temporary suspension of MIDAP coverage until accurate address information is obtained or provided. 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 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 or 1-800-633-4227

Social Security Administration 1-800-772-1213

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

MICHIGAN DRUG ASSISTANCE PROGRAM FORMULARY

For a list of covered medications, please go the address below via the internet at <http://www.scriptguiderx.com/> or call the MIDAP at 1-888-826-6565 to request a copy and it can 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 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

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

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

HEALTH EMERGENCY LIFELINE PROGRAM
(HELP)
1726 Howard
Detroit, MI 48216
Phone: (313) 832-3300
Fax: (313) 832-3393

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

COMMUNITY AIDS RESOURCE AND EDUCATION
SERVICES
629 Pioneer Street
Kalamazoo, MI 49008
Phone: (269) 381-2437 or (800) 994-2437
Fax: (269) 381-4050

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

INGHAM COUNTY HEALTH DEPARTMENT
ADULT HEALTH CLINIC
5303 South Cedar Street
Lansing, MI 48911
Phone: (517) 272-4193
Fax: (517) 887-4625

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

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

DISTRICT HEALTH DEPT. #10
3986 N. Oceana Dr.
Hart, MI 49420
Phone: (231) 845-7381
Fax: (231) 845-0438

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 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

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