

# THE Bulletin

April 2020 Volume 97, Number 4

## **COVID-19 Updates**

**Numbers Matter: Fill Out The Census Today**

**Legal Advisor: The ADA in a HealthCare Context**

**Opioid Follow-Up Survey & Referral Guide**







## Your one stop shop for all her breast health needs.

Everything your patient needs for optimal breast screening in one convenient package – 3D UltimateMamm®.

### 3D Mammography

Provides a better look at breast tissue by creating a circular image which can be viewed from many angles.

### Breast Density

We measure the thickness of breast tissue so we can recommend the best screenings for every patient.

### Risk Scoring

We ask questions to gauge the patient's overall predisposition for breast cancer using the Gail risk scoring system.

Lennon Rd, Flint | Villa Linde, Flint | Davison | Fenton | Grand Blanc  
Lapeer | Novi | Royal Oak | Southgate



Genesee Area (810) 732-1919  
Lapeer Area (810) 969-4700  
Novi Area (248) 536-0410  
Royal Oak Area (248) 543-7226  
Southgate Area (734) 281-6600

# THE Bulletin

Read by 96% of GCMS members.

## ASSOCIATE EDITOR

Peter S. Thoms, MD

## GCMS OFFICERS 2018-19

Qazi Azher, MD  
President

Vacant  
President Elect

Ed Christy, MD  
Immed. Past Pres.

Niketa Dani, MD  
Secretary

Ethiraj Raj, MD  
Treasurer

## MSMS OFFICERS 2018-19

S. Bobby Mukkamala, MD  
President Elect

John Waters, MD  
Treasurer

## DISTRICT DIRECTOR VI

Nita Kulkarni, MD

## DELEGATES

Qazi Azher, MD

Cathy Blight, MD

Laura Carravallah, MD

Ed Christy, MD

Pino Colone, MD

Niketa Dani, MD

Deborah Duncan, MD

Hesham Gayar, MD

John Hebert, III, MD

Rima Jibaly, MD

Nita Kulkarni, MD

Gerald Natzke, DO

Venkat Rao, MD

Tarik Wasfie, MD

## ALTERNATE DELEGATES

Khalid Ahmed, MD

Kiran Devisetty, MD

Asif Ishaque, MD

Sunil Kaushal, MD

Farhan Khan, MD

Paul Kocheril, MD

Sayed Osama, MD

Rama Rao, MD

Sunilkumar Rao, MD

Lawrence Reynolds, MD

Brenda Rogers-Grays, MD

Elmahdi Saeed, MD

Robert Soderstrom, MD

Amanda Winston, MD

## OTHER BOARD MEMBERS

Gary Johnson, MD

## EXECUTIVE DIRECTOR

Angie Kempainen, CAE

## EXECUTIVE ASSISTANT

Sherry Smith

## FEATURE ARTICLES

Legal Advisor: Disability Discrimination In The Healthcare Employment Context	8
Guest Editorial: Agony of a Physical	10
Coronavirus Special Section	12
Substance Abuse Referral Guide	26
Commit to Fit	32

## REGULARS

President's Message	4
Happy Birthday Doctor	5
Director's Message	6
GCMS Meetings	7

Cover Photo: Cyrus Farrehi, MD

### Our Vision

That the Genesee County Medical Society maintain its position as the premier medical society by advocating on behalf of its physician members and patients.

### Our Mission

The mission of the Genesee County Medical Society is leadership, advocacy, education, and service on behalf of its members and their patients.

### PLEASE NOTE

The GCMS Nominating Committee seeks input from members for nominations for the GCMS Presidential Citation for Lifetime Community Service. The Committee would like to be made aware of candidates for consideration.

### THE BULLETIN

Published by the Genesee County Medical Society Publication Office

4438 Oak Bridge Drive, Suite B, Flint, Michigan 48532

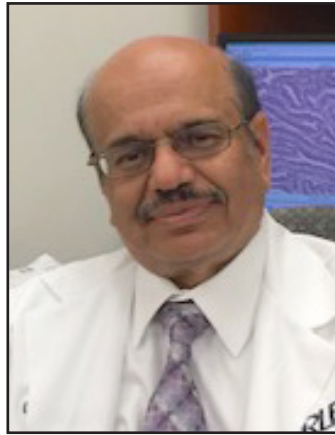
Phone (810) 733-9923 Fax (810) 230-3737

By subscription \$60 per year. Member subscription included with Society dues. Contributions to

THE BULLETIN are always welcome. Forward news extracts or material of interest to the staff before the 5th of the month. All statements or comments in THE BULLETIN are the statements or opinions of the writers and are not necessarily the opinion of the Genesee County Medical Society.

## Moving Forward Safely

Soon, if you are not already one of our colleagues fighting the COVID-19 pandemic on the front lines, we will emerge from our homes, we will start to reopen our offices that have been shuttered during the pandemic and we will start to see patients in person again. The question on my mind, and I'm sure on many of yours, is how do we do this in the safest manner for ourselves, our patients, our staff and the community at large? What PPE will we need and how will we obtain it? What other issues may arise that we haven't even thought of yet?



*Qazi Azher, MD*

Members of the GCMS leadership are working with the Michigan State Medical Society as well as other county and specialty representatives to address these questions through a new task force focused on just this topic. As they work for formulate a plan, I have some ideas that I'd like to share.

As a physician and a scientist, I firmly believe that medicine and public health needs a very strong voice in how the economy begins to reopen. We need to follow the epidemiological data as they emerge, focusing on agreement upon and adoption of best practices in public health. We

need to advocate for the funding and capacity needed to exponentially ramp up testing, both to determine who to treat and who might already have needed immunity. We need to make sure that we can pursue potential treatments and vaccines in a safe but timely manner, slicing through the bureaucratic red tape to deliver quick, quality care to our patients. We also need to make sure that our patients are armed with this knowledge, so that they can continue to make safe, informed decisions for themselves, their families and their community.

In these times, more than ever, we need organized medicine and other partners to continue to collaborate and assess what is needed, what is lacking, what systemic changes are working and which are not. Once determined, these assessments, and the suggested changes that flow from them, need to be advocated in the strongest possible way at both the state and national level.

Sending warm thoughts and wishes for your continued safety as well as that of your family, your staff and your patients. I look forward to the day, hopefully soon, that we can all meet together again to share collegial fellowship.



The world needs more people who are committed enough to say YES.

Yes believes in possibility. Yes gives people a chance. Yes can turn thoughts and plans into life-changing actions. Sovita Credit Union serves Education and Healthcare Workers, their Families and their Communities.

Join today. [sovitacu.org](http://sovitacu.org)





# HAPPY BIRTHDAY DOCTOR

## MAY

Matthew Sardelli, MD .....1	Clifford Cox, MD .....13	Christopher Tykocki, DO .....18
Michael Zerafa, MD .....1	Mehmet Agabigum, MD.....13	Alicia Franco-Imperial, MD .....18
Sylvia Kosciolk, MD.....5	Lawrence Reynolds, MD.....14	Crumsan Nundkumar, MD .....18
Mohamadalli Amlani, MD.....5	Edwin Gullekson, MD.....14	Paul Adams, MD.....19
Venkata Puttagunta, MD .....5	Neil Friedman, MD .....14	Michael Giacalone, Jr., MD .....24
Melissa Hamp, MD .....6	William Thompson, Jr., MD .....15	Barry DeWitt, MD .....29
Jeffrey Mitchinson, MD .....6	Paul Morin, MD .....15	Virgilio Bonet, MD.....29
Christopher Murray, DO .....7	Michael Danic, DO .....16	Sami Khan, MD.....30
Genevieve Sierminski, MD.....7	Babatunde Almaroof, MD.....16	James Aills, MD .....30
Dong-Wha Ohm, MD .....7	Mustafa Akpınar, MD .....16	Caroline Mathew, MD .....31
Linal Fleetwood, MD .....8	Gerald Fulton, MD.....17	Nestor Tomycz, MD.....31

## APRIL

Wayne Breece, MD .....2	Huda Elhwairis, MD.....13	Alan Weamer, MD .....22
Kenneth Jordan, MD .....3	Jeffrey Diskin, MD.....13	Thomas Bossi, DO .....23
Qazi Azher, MD.....6	W Archibald Piper, MD.....13	Rima Jibaly, MD .....26
Carlo Dall'Olmo, MD .....6	Peter Thoms, MD .....15	Nita Kulkarni, MD .....26
Kurt Mikat, MD .....7	Don Rubino, MD .....15	James Martin, MD .....26
John Bauer, MD.....9	Fook Kuet, MD .....15	Hesham Gayar, MD .....28
Sherry Cavanagh, MD .....9	M Varkey Thomas, MD .....15	Mark Camens, MD.....29
Syed Sattar, MD.....10	Ehab Youssef, MD.....17	Mark Mattos, MD .....30
Dilraj Ghumman, MD.....11	Sarah Sanchez, MD .....19	Seif Saeed, MD .....30
Candacy George, DO.....12	Abdullah Raffee, MD .....19	
Elisea Singson, MD.....12	Gregory Forstall, MD.....21	

*We place your interests first and strive for your success and satisfaction above all.*

*Trust us to provide payment solutions to your payment challenges.*

810.750.6822

mktg@TheRybarGroup.com

www.TheRybarGroup.com



HEALTHCARE FINANCIAL CONSULTANTS

## Health by the Numbers

Every 10 years since 1790, the country takes a national headcount. Required by the U.S. Constitution and instituted by President George Washington, the first census counted fewer than 4 million people; the most recent census, in 2010, showed the U.S. population had grown to 308.7 million men, women, and children. While the process of taking the census has changed, from house-to-house census takers to mailings to online questionnaires, the mission has always remained the same—to paint an accurate picture of the changing face of America.

Why is it so important for our members and their patients to fill out the census questionnaire? Because, in addition to the headcount, the census and American Community Survey (ACS), which, by law, is part of the decennial census, produce some of the nation's best data for understanding the health of people living in the United States:

- **Social Determinants of Health:** The ACS and census-derived Current Population Survey (CPS) both track factors that impact health, such as income, housing, and national origins. The factors' influence on health can be tracked by linking them with the Census Bureau's data.
- **Insurance:** The ACS generates key data programs like the Small Area Health Insurance Estimates, which gives local coverage estimates. The CPS Annual Social and Economic Supplement (ASEC) includes health insurance data and depends on the census, data that has been crucial in measuring uninsured rates as well as Medicaid and Medicare coverage.
- **Public Health:** CDC's data collection methodology for the National Health Interview Survey (NHIS) is based on the decennial census and is redesigned after each decennial. The CDC, the Department of Health and Human Services (HHS), and researchers in many fields use the NHIS to track issues ranging from disease to barriers to care to federal programs' success.
- **Hospitals:** HHS's Healthcare Cost and Utilization Project utilizes decennial and ACS data in its



*Angie Kemppainen, CAE*

longitudinal hospital database, which is used to study service delivery and patient well-being, at the national, state, and local levels.

- **Disability:** The ACS and CPS ASEC record disability types and related work outcomes.
- The data collected by the census guides an estimated \$1.5 trillion dollars in federal funding and is essential to the equitable distribution of federal funding for important health-related programs:
- **Medicaid:** the formula that calculates reimbursement levels includes the average income per person in each state from the census-derived Bureau of Economic Analysis.
- **Medicare Part B:** uses the Geographic Practice Cost Indices, based on ACS data, to determine reimbursement rates based on how much it costs to practice in a certain area.
- **Children's Health Insurance Program (CHIP):** uses the HHS poverty guidelines and the CPS ASEC to determine eligibility and allocation of funds.
- **Supplemental Nutrition Program for Women, Infants, and Children (WIC):** use the HHS poverty guidelines for eligibility, the census-derived Consumer Price Index to set monthly food vouchers' prices, and the ACS to decide how much funding each state receives
- **Health Centers Program:** depends on the census-derived Index of Medical Underservice from the HHS to determine which groups in which areas are underserved
- **Reproductive Health Programs:** Title X Family Planning Grants, Title V Maternal and Child Health Block Grants, the 340B Drug Pricing Program, and Social Services B

So, please, keep an eye out for your questionnaire and urge your patients to complete theirs as well. For more information, visit the census website at <https://www.census.gov/>.

## GCMS MEETINGS

### MAY

Practice Managers, 5/7

8:00am, GCMS Office

**POSTPONED**

GCMS Town Hall, 5/7

6:00pm, Flint Golf Club

**POSTPONED**

**Community & Environmental  
Health Committee**

5/20 - 12:30pm *virtual meeting*

**Finance Committee**

5/26 - 5:30pm *details pending*

**Board of Directors**

5/26 - 6:00pm *details pending*

## Your HEALTH CARE LAW FIRM



Wachler & Associates represents healthcare providers, suppliers, and other individuals in Michigan and nationally in all areas of health care law, including:

- **Provider Contracting**
- **RAC, Medicare, Medicaid and Commercial Payor Audits**
- **Billing and Reimbursement**
- **Stark Law, Anti-Kickback Statute, and Fraud & Abuse Compliance**
- **Licensure, Staff Privilege and Credentialing**
- **Physician and Physician Group Issues**
- **Corporate and Transactional Matters**
- **Regulatory Compliance**
- **Healthcare Litigation**
- **Healthcare Investigations**
- **Fraud and False Claims Defense**
- **Provider Participation/Termination Matters**
- **HIPAA and HITECH Compliance**

Save  
the Date

President's Ball  
November 7th, 2020

**WACHLER**  
ASSOCIATES

SERVING HEALTHCARE PROVIDERS FOR OVER 30 YEARS

248.544.0888 • [wachler.com](http://wachler.com)



# Disability Discrimination In The Healthcare Employment Context

By Nancy K Chinonis, Employment Attorney at Cline, Cline & Griffin, PC

The Americans with Disabilities Act (ADA), 42 U.S.C. § 12101 et seq., is a federal law that prohibits discrimination against individuals with disabilities. Title I of the ADA covers employment by private employers with 15 or more employees as well as state and local government employers of the same size. **The ADA protects a qualified individual with a disability from disparate treatment or harassment based on disability, and also provides that, absent undue hardship, a qualified individual with a disability is entitled to reasonable accommodation to perform, or apply for, a job or to enjoy the benefits and privileges of employment.** The ADA also includes rules regarding when, and to what extent, employers may seek medical information from applicants or employees. **Michigan also has its own statute, the Michigan Persons with Disabilities Civil Rights Act, MCL 37.1101, et seq., which prohibits employment discrimination on the basis of disability and/or perceived disability. This law applies to employers within the State of Michigan with one or more employees.**

An employer should be proactive and discuss potential concerns regarding an employee's disability or perceived disability with their employment attorney before making decisions that will affect the employment status of a disabled employee or an employee who suffers from a perceived disability. Many situations are fact-specific and the law in this area is constantly evolving. Thus, having an open and honest discussion with your employment attorney prior to making an adverse employment decision is the best way to protect your business and against avoidable discrimination claims. Contact employment attorney Nancy Chinonis at Cline, Cline, & Griffin, PC regarding your employment-related concerns at 810-232-3141.

## COMMON QUESTIONS REGARDING DISABILITY IN THE WORKPLACE

### 1. When is a healthcare worker an individual with a Disability?

A person is an individual with a disability under the ADA when he or she: (1) has a physical or mental impairment that substantially limits one or more major life activities; (2) has a record of a substantially limiting impairment; or (3) is regarded (treated by an employer) as having a substantially limiting impairment. Major life activities are basic activities that the average person can perform with little or no difficulty, such as walking, sitting, standing, lifting, reaching, seeing, hearing, speaking, eating, performing manual tasks, learning, thinking, concentrating, interacting with others, and working.

### 2. Does job classification matter?

While the ADA's protections apply to applicants and employees, **the statute does not cover independent contractors.** Many workers in the healthcare industry are referred to as independent contractors because they are placed through temporary or staffing agencies. However, whether a particular health care worker is



**CC&G**  
CLINE, CLINE & GRIFFIN  
A PROFESSIONAL CORPORATION



Business Law • Employment Law • Insurance Defense  
General Litigation • Medical Malpractice • Municipal Law  
Probate, Estate and Elder Law Real Estate  
Wealth Transfer • Workers' Compensation

Walter P. Griffin • Timothy H. Knecht • Jose T. Brown • J. Brian MacDonald  
R. Paul Vance • Megan R. Mulder • Nancy K. Chinonis • Eric M. Froats

**TRUST EXPERIENCE. COUNT ON COMMITMENT.**

Attorneys at Law | Since 1928 | [www.ccglawyers.com](http://www.ccglawyers.com) | 810.232.3141



an “employee” covered by the ADA is a fact-based and case-specific determination that depends on several factors. Designating an individual as an “independent contractor” on paper is not dispositive, nor is the existence of a document styled as an “independent contractor agreement.” Moreover, healthcare providers should be aware that they may be considered the employer or joint-employer of temporary nurses and other temporary workers who are provided by a temporary agency or staffing firm. If you have a question as to whether your employees and/or independent contractors are properly classified, please contact an employment attorney promptly.

### **3. What determines if a healthcare worker is “qualified” to perform a job within the meaning of the ADA?**

To be qualified to perform a job under the ADA, an individual must satisfy the requisite skill, experience, education, and other job-related requirements (“qualification standards”) of the position held or desired, and be able to perform the job’s essential functions with or without reasonable accommodation. Essential functions are the basic job duties that an employee must be able to perform, based on factors such as the reason the position exists, the number of other employees available to perform the function or among whom performance of the function can be distributed, and the degree of expertise or skill required to perform the function.

If a job requirement excludes a health care worker from a position due to a disability, the requirement must be job-related and consistent with business necessity. Some requirements will obviously meet this standard, such as licenses required by state and/or local governments for doctors and other healthcare professionals. In other instances, however, an employer may need to consider whether the standard that is excluding an individual with a disability from employment accurately predicts the individual’s ability to perform the job’s essential functions.

### **4. May a supervisor rely on their own experience and knowledge as a medical professional to**

### **determine whether to grant or deny a request for accommodation?**

While many supervisors in the healthcare field may have greater medical knowledge than supervisors in other fields, care should be taken before denying an accommodation request to obtain and assess medical documentation from the employee’s own health care provider. Moreover, a supervisor should not deny an accommodation request based on his or her perception that an employee could avoid the need for the accommodation by following a different treatment regimen or better adhering to a prescribed treatment plan.

### **Conclusion:**

Employees in the healthcare industry are offered the same protections and legislatively created benefits as employees in other sectors under both state and federal law. Thus, employers should take requests for accommodation due to disability seriously and speak to an employment attorney before making any adverse employment decision regarding an employee’s request for accommodation and/or employment status. If you have questions regarding job classifications, requests for accommodations, or any other employment-law related topic, contact Nancy Chinonis at Cline, Cline & Griffin, PC (810)-232-3141.

## *Announcement*

**GCMS members now entitled to a 15% discount on automobile and homeowners insurance.**

**For details, contact:**

**POTTER & ROOSE**

**INSURANCE**

**810-767-8590**

**Providers of insurance for the GCMS & its members for 50 years.**

**906 Mott Foundation Bld., Flint MI 48502**

*Save the Date*  
**President's Ball**  
**November 7th, 2020**

# Agony of a Physician

By Shafi J. Ahmed, MD  
GCMS Past President



*Shafi Ahmed, MD*

When you look at a burning building, you see everyone running out of that building, except one group of people, the fire fighters. They risk their lives to save others. Today, when everyone is ordered to practice social distancing, and work from home, one group of people is expected to rush to their job, the health care providers. One of the major differences is, fire fighters receive protective gear, but hospital employees, nurses and doctors, often do not have access to even a proper mask.

During the current pandemic, doctors and nurses are working long hours, without proper sleep, away from their families, often for days. Many of them are getting infected and are taking the virus back to their family at home. With no proper treatment available, they are left alone to suffer.

Take the case of a medical resident from my town, who is also my patient. He was on an elective rotation at Detroit Medical Center, where he came in contact with COVID-19 positive patients. When he developed symptoms, he was asked to go home, without even being tested for the virus. He was told his symptoms were not severe enough to warrant testing. He then sought testing at his primary hospital of residency training, his local emergency department and the health department. All turned him away, citing strict guidelines of only testing with severe symptoms of high fever and respiratory distress and that physicians, nurses or any healthcare workers were prohibited from getting special treatment. (Recently, testing has been expanded to include frontline workers but, at the time, it was strictly limited.)

When there is no approved medication to fight this infection, when the authorities repeatedly turn their faces away, when doctors

and their families develop symptoms after taking care of patients known to have COVID-19, they often cling to any glimpse of hope.

Take the case of hydroxy-chloroquine. It's an old medication that is used to treat malaria and certain autoimmune diseases. In early studies that have come out of France and the Scandinavian countries, the drug showed some promising effect on this virus. A few doctors with some symptoms have taken this medicine themselves and given it to their families, and other health care workers, as a desperate act, to fight the virus, knowing fully the risks and side effects of the medication as well as the harsh penalties proposed by LARA. As one doctor told me "When my wife is sick and rapidly getting short of breath in front of me, I can't wait for the day, which might be next year, for a new medication to get approved. I don't care if they take my license or put me in prison."

Several countries have recently announced that the government will sponsor life insurance for all the healthcare workers who are fighting this pandemic. At least they will have peace of mind, knowing that if they die fighting this pandemic, their loved ones will not be out on the streets. Further East, the Queen of Malaysia is cooking for hospital workers.

The current pandemic caught our health system totally off guard. This is not the first or last pandemic we are facing. We need to take lessons from our current failures and start thinking to better prepare ourselves for future medical emergencies.



# Issues of Serious Concern for Medical Practices!

*Don't let your practice manager  
miss these valuable meetings!*

**GCMS Practice Manager  
meetings are held on  
the 1st Thursday of each  
month from 8am to 10am**



**The following topics are  
tentatively scheduled and subject to change**

---

**May 7, 2020**

Presenter

**"Health Alliance Plan"**

Director, Provider Network Management

**POSTPONED**

---

**June 4, 2020**

Presenter

**"Roundtable Discussions"**

Stacie J. Saylor, CPC, CPB. Reimbursement Advocate  
Health Care Delivery, Michigan State Medical Society

---

**July 2, 2020**

**- No Meeting - Have a safe and happy summer!**

---

**August 6, 2020**

Presenter(s)

**"Meridian Health Plan Update"**

Kristen Gasieski, Manager of Network Development  
Valerie Southall, Provider Network Development Representative  
Jeffrey A. Holzhausen, Director of Network Development

**Please email Sherry at [ssmith@gcms.org](mailto:ssmith@gcms.org) or call 810-733-9923 to RSVP!**

**Genesee County Medical Society - The Rapport Conference Room  
4438 Oak Bridge Drive, Suite B, Flint, MI 48532.**



STATE OF MICHIGAN

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
LANSINGGRETCHEN WHITMER  
GOVERNORROBERT GORDON  
DIRECTOR**MEMORANDUM**

Date: April 20, 2020

To: Health Care Providers, Healthcare Facilities, Infection Prevention and Control n Specialists, and Laboratory Administrators

From: Joneigh Khaldun, MD, MPH, FACEP  
Chief Medical Executive and Chief Deputy for Health  
Michigan Department of Health and Human Services (MDHHS)

**Executive Summary**

- MDHHS is expanding COVID-19 testing prioritization criteria to include all health care workers and first responders (even if they do not have symptoms) as part of the Priority Three group for testing
- MDHHS has added a Priority Four group that includes critical infrastructure workers (i.e., any worker still leaving the home for in-person work), whether they have symptoms or not.
- Health care providers should still prioritize test capacity for higher-risk patients, but if additional specimen collection and testing capacity is still available after serving these patients, providers should also test exposed critical infrastructure workers.
- The full current testing prioritization criteria are reproduced at the end of this memorandum.

**Introduction**

As the COVID-19 situation in the State of Michigan evolves, MDHHS continues to adapt resource and capacity planning to support the varied needs of our partners in healthcare and local public health organizations. MDHHS recently ordered that all health professionals should conduct testing for the Novel Coronavirus in accordance with the COVID-19 prioritization criteria published by MDHHS. This letter informs you of changes to those criteria.

1. Expansion of COVID-19 Testing Prioritization Criteria to Include All Critical Infrastructure Workers with Potential Exposure, Whether Symptomatic or Asymptomatic

Given the continued expansion of COVID-19 testing capacity in Michigan, MDHHS is expanding the COVID-19 testing prioritization criteria to broaden the populations eligible for testing to include individuals with mild symptoms in certain circumstances. **Specifically, health care providers should test any healthcare facility worker or first responder (even if they do not have symptoms). Critical infrastructure workers (i.e., any worker still leaving the home for in-person work) with potential COVID-19 exposure, whether symptomatic or asymptomatic, should be tested as well, so long as adequate specimen collection and test processing capacity remains after serving all known patients in higher-priority testing categories.**



Health Care Provider, Healthcare Facilities, Infection Control, and Laboratory Administrators  
April 20, 2020  
Page 2

The U.S. Centers for Disease Control and Prevention (CDC) have issued clinical guidance to help prioritize COVID-19 testing resources that, unfortunately, remain too scarce nationwide. These guidelines (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-criteria.html>) group patients into Priority One, Priority Two, and Priority Three categories, reflecting risk of severe illness and other considerations like integrity of the healthcare system.

Providers must continue to follow MDHHS prioritization criteria and must prioritize test capacity for populations from Priority One, Priority Two, and Priority Three patients; these priorities are reproduced at the end of this memorandum. If capacity remains after serving patients from those priority populations, providers should test all critical infrastructure workers with potential COVID-19 exposure, whether symptomatic or asymptomatic. This population is not prioritized by the CDC guidelines.

MDHHS recognizes that population health needs, patient characteristics, and testing capacity vary significantly across the state, and this system seeks to broaden eligibility for testing to fully take advantage of available test capacity in the state, while still ensuring that the highest-risk patients can access testing resources. It is also important to note that Michigan is seeing alarming racial disparities in COVID-19 cases and deaths, with African Americans consisting of 14% of the state's population, but 33% of cases and 40% of deaths. Clinicians should be mindful of this disparity and have heightened awareness when considering testing and treatment strategies in this patient population.

Health care providers should assess available testing resources on a periodic basis (e.g., weekly) and determine if resources are sufficient to serve asymptomatic critical infrastructure workers, alongside other priority populations.

Please note that testing asymptomatic critical infrastructure workers does not change precautions that should be taken to decrease COVID-19 spread, including quarantine of exposed individuals, and that a negative test result reflects infection status at a point in time. An individual may receive a negative test result soon after exposure but later develop an infection.

As a reminder, per the March 24, 2020 MDHHS Emergency Order, all CLIA-certified laboratories in Michigan are required to comply with prioritization criteria as promulgated by MDHHS. This includes Public Health, commercial, and healthcare facility laboratories. We believe that these clarifications and this expansion of prioritization criteria will help to improve access to COVID-19 testing.

**This expanded prioritization criteria will take effect at 8:00 AM on April 21, 2020.**

## 2. Full COVID-19 Testing Prioritization Criteria Currently in Effect

As a reminder, the current MDHHS COVID-19 testing prioritization criteria are as follows:

### Priority One

- Hospitalized Patients
- Healthcare facility workers with symptoms;
  - Note: MDHHS interprets this to include all workers within a healthcare facility, not just providers of direct healthcare services.

Health Care Provider, Healthcare Facilities, Infection Control, and Laboratory Administrators  
April 20, 2020  
Page 3

#### Priority Two

- Patients in long-term care facilities with symptoms
  - Note: MDHHS interprets this to include any resident with symptoms in congregate living arrangements, not only long-term care facilities.
- Patients over age 65 years with symptoms
- Patients with underlying conditions with symptoms
- First responders with symptoms

#### Priority Three

- Critical infrastructure workers with symptoms
- Individuals who do not meet any of the above categories with symptoms
- (Newly added) Asymptomatic health care workers and first responders
- Individuals with mild symptoms in communities experiencing high COVID-19 hospitalization
  - Note: MDHHS interprets the full state of Michigan to be a community with high COVID-19 hospitalizations

#### Newly Added Priority

- Critical infrastructure workers, including asymptomatic workers
  - Note: these individuals may be tested only if specimen collection and testing capacity remains after serving all patient groups above

MDHHS is making these changes as part of its efforts to increase testing access to as many Michiganders as feasible while ensuring that statewide testing capacity is sustained. We will continue to monitor test availability and adjust this protocol, as necessary.

For the latest information on Michigan's response to COVID-19, please visit [www.michigan.gov/coronavirus](http://www.michigan.gov/coronavirus). You may also email our Community Health Emergency Coordination Center at: [checcdeptcoor@michigan.gov](mailto:checcdeptcoor@michigan.gov).

Thank you for all you do to serve the residents of Michigan at this difficult time.





STATE OF MICHIGAN  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
LANSING

GRETCHEN WHITMER  
GOVERNOR

ROBERT GORDON  
DIRECTOR

**MEMORANDUM**

Date: April 20, 2020  
To: Health Care Providers and Healthcare Facilities  
From: Joneigh Khaldun, MD, MPH, FACEP  
Chief Medical Executive and Chief Deputy for Health  
Michigan Department of Health and Human Services (MDHHS)

**Executive Summary**

- To effectively combat the COVID-19 virus, Michigan must triple or even quadruple the number of daily COVID-19 tests completed in the coming weeks.
- The Michigan Department of Health and Human Services (MDHHS) is urgently asking for the partnership of health care providers, primary care providers, and all other clinicians in expanding testing across the state.
- MDHHS would like to alert you to significant available testing capacity throughout the state including NxGen Laboratories, a Grand Rapids laboratory certified by CLIA for high complexity testing that uses a method of COVID-19 testing that has received Food and Drug Administration Emergency Use Authorization.
- NxGen Laboratories is able to provide specimen collection materials, shipping from the collection site to their laboratory, and 48-hour turnaround on results.
- MDHHS strongly encourages health care providers interested in COVID-19 testing to reach out to NxGen Laboratories as a potential partner and to promote broad COVID-19 testing for patients who may need it, especially given recent expansions in test priority criteria.
- MDHHS will alert health care providers regularly as new laboratory and specimen collection capacity becomes available in the state.

**Background**

While Michigan has made important progress in expanding COVID-19 testing, the State still needs to triple or even quadruple the number of daily COVID-19 tests completed in the coming weeks to gain a full understanding of the disease's prevalence and contain its spread. Testing is a vital pillar of efforts to protect public health and save lives.

Limited testing availability early in the crisis required stringent prioritization criteria for patients to receive a test. Today, supply constraints for both specimen collection materials (e.g., swabs) and test kits still prevent many laboratories from serving their full capacity.

Health Care Providers and Healthcare Facilities  
April 20, 2020  
Page 2

During this unprecedented crisis, MDHHS urgently seeks the partnership of health care providers, primary care providers, and all other clinicians in expanding testing across the state.

### **Available Laboratory Capacity to Support Testing**

As part of broad efforts to expand testing access, MDHHS is writing to alert you to significant available testing capacity that could support thousands more tests per day. This capacity exists at NxGen Laboratories, a Grand Rapids laboratory certified by CLIA for high complexity testing that uses a method of COVID-19 testing that has received Food and Drug Administration Emergency Use Authorization.

NxGen Laboratories is able to provide specimen collection materials, shipping from the collection site to their laboratory, and 48-hour turnaround on results. NxGen has validated their testing using an endocervical swab rather than a nasopharyngeal swab; while the swabs have very similar shapes and clinical uses, endocervical swabs have a large and steady supply chain, while access to nasopharyngeal swabs is unfortunately very constrained.

As additional laboratory and specimen collection capacity becomes available in the state, MDHHS will keep health care providers updated and welcomes their partnership with any available laboratory.

### **How Can You Help**

MDHHS strongly encourages health care providers interested in COVID-19 testing to reach out to NxGen Laboratories as a potential partner. We are all in this together and we must maximize use of all available testing capacity during this time.

Health care providers should promote broad COVID-19 testing for patients who may need it, especially given recent expansions in test priority criteria. Any patient with symptoms is now eligible for testing in Michigan, as well as health care workers, first responders, and essential workers (i.e., anyone still reporting to work in-person) with potential exposure, whether or not they exhibit symptoms.

Finally, health care providers can take part in an upcoming MDHHS sentinel surveillance network to test patients for COVID-19. This network will build on the existing Michigan Outpatient Influenza-like Illness Surveillance Network (ILINet). Participating health care providers will send samples for ten patients who tested negative for flu to the MDHHS Bureau of Laboratories for COVID-19 testing. This network will provide vital surveillance information to understand prevalence of COVID-19, provide early warning of potential new areas of spread, and inform the state's public health response. If you are interested in participating, please contact Shelly Doeblner at [DoeblnerM@Michigan.gov](mailto:DoeblnerM@Michigan.gov).

For the latest information on Michigan's response to COVID-19, please visit [www.michigan.gov/coronavirus](http://www.michigan.gov/coronavirus). Thank you for all you do to serve the residents of Michigan at this difficult time.

### **Detailed Process for Interested Health Care Providers**

1. Interested Healthcare providers are requested to fill in the attached form ("NxGen COVID-19 Test Onboarding Form") and email to [covid.onboard@nxgenmdx.com](mailto:covid.onboard@nxgenmdx.com)



2. Supplies will be shipped out within 24 hours of receiving the completed form from NxGen and will arrive the following business day at the clinic.
3. Supplies will include: swab, test requisition form, bio-hazard bags, and return shipping package with prepaid FedEx air bills.
4. Clinics can also use their own couriers to drop off samples at NxGen MDx: 801 Broadway NW suite 203, Grand Rapids Mi 49504. 7 days a week between 8AM-5PM.
5. Expected turn-around time for results: 24- 48hrs within receipt of sample at lab.
6. Results will be sent via fax (to the number on the onboarding form) and will also be available via the patient portal (also to the email on the onboarding form).
7. NxGen MDx is integrated with MIHIN and is live with reporting to MDHHS.
8. For general test status: contact [CS@nxgenmdx.com](mailto:CS@nxgenmdx.com) or call 855-776-9436 Ext 1.
9. For any other questions email: [covid.onboard@nxgenmdx.com](mailto:covid.onboard@nxgenmdx.com) or call Naveen Kamireddi, Vice President of Operations: 616-516-3103 (cell).

**Attachment**

NxGen COVID-19 Test Onboarding Form

**Clinic Information**

Clinic Name  
Address line1  
Line 2  
City  
Zip code  
Telephone  
Fax

**Key Contact -For any sample related follow up**

Name  
Telephone  
Extension  
E-mail

**Ordering Physican - One Physician to be used as a default provider for all samples from**

Name, First, Last  
NPI

**Portal Access for on-line results**

Name, First, Last  
E-mail

EMAIL completed form to [COVID.ONBOARD@nxgenmdx.com](mailto:COVID.ONBOARD@nxgenmdx.com)  
For any follow up questions please contact

Naveen Kamireddi  
Vice President of Operations  
[nkamireddi@nxgenmdx.com](mailto:nkamireddi@nxgenmdx.com)  
Cell: 616-516-3103



STATE OF MICHIGAN

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
LANSING

GRETCHEN WHITMER  
GOVERNOR

ROBERT GORDON  
DIRECTOR

**ORDER DIRECTING REGIONAL HUBS TO LIMIT ACCEPTANCE OF RESIDENTS TO TRANSFERS FROM NURSING HOMES**

During the State’s response to the COVID-19 pandemic and in preparation of implementing Executive Order 2020-50, the Michigan Department of Health and Human Services (the Department) has made the following determinations:

1. Nursing homes face an acute risk of COVID-19 spread in their facilities.
2. As of the date of this order, nursing homes have agreed to serve as regional hubs for purposes of Part IV.1(k) of EO 2020-50.
3. Regional hub bed availability will be limited and based on the capacity of participating facilities and MDHHS’ capacity to support the hubs.
4. Each regional hub maintains staffing and resources sufficient to care for residents of nursing homes, and may not be equipped to meet the unique needs of residents from other long-term care facilities.
5. Regional hubs have the capacity to accept transfers from other skilled nursing facilities that are unable to properly isolate or quarantine their residents or do not have adequate personal protective equipment (PPE) or from hospitals upon discharge.
6. Narrowing the settings from which regional hubs are permitted to accept admissions will allow the Department to:
  - a. Assess the capacity of regional hubs to accept the transfer of COVID-19-affected residents.



- b. Determine whether any additional operational changes are required before regional hubs can accommodate transfers of residents from other types of long-term care facilities.
- c. Allow the Department to gather data necessary to assess the scope of the risks facing residents of other congregate care facilities across the long-term care environment.

7. EO 2020-50, Part IV.2, provides this Department with the power to issue orders and directives to implement the order.

In accordance with each of the above determinations, **IT IS ORDERED** that regional hubs with capacity must only accept transfers of residents from nursing homes and discharges of COVID-19-positive patients until otherwise instructed by this Department or the Governor.

**IT IS FURTHER ORDERED** that all long-term care facilities must, as soon as is feasible, comply with Parts III.1 and III.2 of EO 2020-50 which require long-term care facilities to (1) report the presence of a COVID-19-affected resident to their local health department within 24 hours of identification and, (2) except in cases where a resident has an advance directive instructing otherwise, transfer a COVID-19-affected resident who is medically unstable to the hospital for evaluation.

**IT IS SO ORDERED.**

4/20/2020

\_\_\_\_\_  
Date



\_\_\_\_\_  
Robert Gordon  
Director



STATE OF MICHIGAN

GRETCHEN WHITMER  
GOVERNORDEPARTMENT OF HEALTH AND HUMAN SERVICES  
LANSINGROBERT GORDON  
DIRECTOR

April 20, 2020

Dear Michigan Clinicians,

Thank you for your tireless efforts to care for Michigan residents during the COVID-19 pandemic. Your efforts on the front lines of this crisis are commendable. As with any disease, the epidemiology and characteristics of those who are severely or disproportionately impacted by COVID-19 is very important and has implications for clinical practice. The purpose of this letter is to make sure you are aware of our current understanding of how this disease is impacting racial and ethnic minorities, and alert you to ways you can address this in your current practice.

### Racial and Ethnic Disparities in COVID-19 Cases and Deaths

The Michigan Department of Health and Human Services has identified alarming racial and ethnic disparities in COVID-19 cases and deaths. As of April 19, 2020, African American residents comprise 33% of cases and 40% of deaths due to COVID-19 in Michigan, despite comprising only 14% of the state's population. This is consistent with what has been seen in other states as well.<sup>i</sup> The State of Michigan is actively working to perform a deeper analysis of why these disparities exist. However, based on what we currently know about other health disparities, there are many reasons why we are likely seeing this during the COVID-19 crisis.

We know that racial and ethnic minorities are more likely to have lower wage jobs and live in poverty compared to Caucasians, and may be more likely to have to work in "critical infrastructure" jobs during the COVID-19 crisis such as in grocery stores, food handling, and public transportation.<sup>ii</sup> Lack of access to a car and the need to take public transportation, as well as unstable or crowded housing conditions may mean racial and ethnic minorities are less able to implement CDC-recommended isolation and quarantine practices.

These conditions can result in a lack of access to care. Research has also shown that, once care is accessed, both implicit and explicit bias by healthcare providers contributes to health care disparities.<sup>iii</sup> One of the factors associated with implicit bias is how we are socialized. We all have implicit biases and the difficulty is that we don't realize that we have them – assumptions about individuals and groups can cause medical providers to not use a patient's individual circumstances or objective data to guide clinical management. Explicit biases include those that are more explicitly racist, that may also not be fully recognized.

The **social determinants of health** described above, as well as access to care, have consequences as it relates to the development, diagnosis, and treatment of disease. Many racial and ethnic minorities have underlying health conditions that put them at greater risk for complications from COVID-19. For example, African Americans have higher rates of asthma and diabetes compared to Caucasians<sup>iv,vii</sup>; two conditions that have been associated with greater risk of becoming severely ill if infected with COVID-19.<sup>v</sup> According to the Kaiser Family Foundation, among non-elderly adults, African Americans are more likely to report that they are in fair or poor health compared to their Caucasians.<sup>vi</sup> Additionally, racial minorities are more likely to be uninsured, lack a usual source of care, and may forgo testing or treatment due to

fears about costs, mistrust of the healthcare system, and a lack of information about available resources.<sup>vii, viii</sup>

To be clear, the above challenges are not caused by genetics or race. They are caused by the historical inequities that are an unfortunate part of American history. All clinicians have an important role to play in addressing these disparities, particularly during the most urgent public health crisis of our time.

### What can you do as a medical provider to address racial and ethnic disparities related to COVID-19 morbidity and mortality?

Everyone goes into medical professions because they want to improve the health of *all* of their patients. The following are things you can do now to address disparities related to COVID-19:

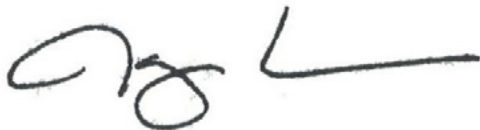
1. **Recognize that minority populations are more severely impacted by COVID-19. Early testing and close medical monitoring is warranted, and clinicians should be aware of how their own subconscious biases may impact their practice.** We know that patients with COVID-19 can deteriorate quickly. Complaints of symptoms should be taken seriously in any patient, and particularly those from racial and ethnic minority groups. To support this effort, the Michigan Department of Health and Human Services has expanded testing criteria to include mildly symptomatic individuals, and people working in jobs that have been deemed “essential” during the COVID-19 outbreak.<sup>ix</sup> Furthermore, be aware that implicit bias (unconscious attitudes or stereotypes that impact our thoughts and actions) exists among clinicians and can impact patient outcomes. Be mindful of how implicit bias may be impacting your own clinical practice. Resources exist to assist you and your medical practice.
2. **Recognize that isolation and quarantine may be difficult for people who have unstable housing situations or have many people living in their household.** Clinicians should be diligent in asking their patients if they will be able to comply with CDC recommendations on home isolation and what additional supports they may need to do so properly. Clinicians should consider these factors when assessing treatment options for individuals, including hospitalization. For example, intergenerational households may not have the space to safely self-isolate sick members of the family, and therefore sending a patient home to recover may not be the safest option for the patient or their family. Be familiar with the resources that your local health or human services department may have available for people with unstable housing who are diagnosed with COVID-19.
3. **Recognize the complex social determinants of health that are likely to affect patients, such as transportation issues, access to food, or employment challenges.** With the Governor’s Stay Home, Stay Safe order, many businesses have had to temporarily close or reduce their hours. This can disproportionately affect minority populations who work in the service sector.<sup>x</sup> Patients may have lost access to their health insurance and may not be able to keep medical appointments or obtain medications. Additionally, critical service sector jobs such as grocery store employees or delivery drivers are at increased risk of contracting COVID-19, due to the fact that they are unable to implement strict social distancing measures.<sup>xi</sup> Families may also be facing increased strain on their food resources because of school closures, difficulty accessing grocery stores, or reductions in income from loss of a job. All of these factors play a critical role in a person’s ability avoid contracting COVID-19 or recover safely should they develop symptoms. Ask every patient about their social and economic circumstances during the current pandemic. Should your



patients need assistance, you may direct them to [Michigan.gov/mibridges](https://michigan.gov/mibridges) where they can apply for benefits such as Medicaid, SNAP, or housing assistance. The Department of Labor and Economic Opportunity has a [comprehensive list](#) of available resources for Michigan residents. Michigan 2-1-1 is a free service that connects Michigan residents to resources like food, housing, and financial assistance. You should also be aware of resources available through your local government.

This is an incredibly difficult and challenging time for us all. I want to sincerely thank you for your inspiring efforts on the front lines of the COVID-19 pandemic in Michigan. I am so proud of our medical professionals and it is an honor to serve alongside you every day to protect Michigan residents.

Sincerely,



Joneigh S. Khaldun, MD, MPH, FACEP  
Chief Medical Executive  
Chief Deputy Director for Health  
Michigan Department of Health and Human Services

<sup>i</sup> New York State Department of Health. Accessed April 19, 2020 from <https://covid19tracker.health.ny.gov/views/NYS-COVID19-Tracker/NYSDOHCOVID-19Tracker-Fatalities?%3Aembed=yes&%3Atoolbar=no&%3Atabs=n>

<sup>ii</sup> Poverty USA. Accessed April 19, 2020 at <https://www.povertyusa.org/facts>

<sup>iii</sup> Institute of Medicine (US) Committee on Understanding and Eliminating Racial and Ethnic Disparities in Health Care; Smedley BD, Stith AY, Nelson AR, editors. Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care. Washington (DC): National Academies Press (US); 2003. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK220358/>

<sup>iv</sup> Artiga, S. Garfield, R. Orgera, K. "Communities of Color at Higher Risk for Health and Economic Challenges due to COVID-19. Issue Brief. Kaiser Family Foundation. 7 April 2020. Accessed from: <https://www.kff.org/disparities-policy/issue-brief/communities-of-color-at-higher-risk-for-health-and-economic-challenges-due-to-covid-19/>

<sup>v</sup> Centers for Disease Control and Prevention, "People Who Are at Higher Risk for Severe Illness," April 13, 2020. Accessed from: <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-at-higher-risk.html>.

<sup>vi</sup> Artiga, S. Garfield, R. Orgera, K. "Communities of Color at Higher Risk for Health and Economic Challenges due to COVID-19. Issue Brief. Kaiser Family Foundation. 7 April 2020. Accessed from: <https://www.kff.org/disparities-policy/issue-brief/communities-of-color-at-higher-risk-for-health-and-economic-challenges-due-to-covid-19/>

<sup>vii</sup> Ibid.

<sup>viii</sup> Institute of Medicine (US) Committee on Understanding and Eliminating Racial and Ethnic Disparities in Health Care; Smedley BD, Stith AY, Nelson AR, editors. Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care. Washington (DC): National Academies Press (US); 2003. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK220358/>

<sup>ix</sup> State of Michigan Executive Order 2020-42. [https://www.michigan.gov/whitmer/0,9309,7-387-90499\\_90640-525173--,00.html](https://www.michigan.gov/whitmer/0,9309,7-387-90499_90640-525173--,00.html)

<sup>x</sup> Artiga, S. Garfield, R. Orgera, K. "Communities of Color at Higher Risk for Health and Economic Challenges due to COVID-19. Issue Brief. Kaiser Family Foundation. 7 April 2020. Accessed from: <https://www.kff.org/disparities-policy/issue-brief/communities-of-color-at-higher-risk-for-health-and-economic-challenges-due-to-covid-19/>

<sup>xi</sup> Ibid.

<sup>viii</sup> Michigan Department of Health and Human Services (MDHHS). Behavioral Risk Factor Surveillance System Survey Data. Lansing, Michigan: Michigan Department of Health and Human Services, 2015-2017.

A RESOURCE FOR YOUR PATIENTS



*Get Connected. Get Supported. Get Counted.*

**flintregistry.org**

The Flint Registry is a resource to see how the people of Flint are doing and provide support for those impacted by the water crisis. After completing a survey, individuals are referred to services that promote health and development such as education, health and nutrition programs. Support, especially for children, includes referral to Genesee Health System Neurodevelopment Center of Excellence – a new, no-cost child development assessment center.

The Flint Registry is modeled after other public health registries like the World Trade Center Disaster Registry. The Flint Registry is for anyone who was exposed to lead-contaminated water because they worked, lived, went to school, or daycare identified as an address on the Flint water system from **April 25, 2014 – October 15, 2015**, including children who were prenatally exposed. The Flint Registry is for all ages.

**Want to learn more?** Visit our website at [flintregistry.org](http://flintregistry.org) or call 833-GO-FLINT.

## WHAT IS THE LOGO ALL ABOUT?



The logo represents the Sankofa bird, a mythical African bird from the Akan tribe in Ghana. The bird is flying forward, yet looking back, and carrying an egg in its mouth. It is symbolic of always needing to move forward, but never forgetting what happened in the past, and prioritizing the young. The logo suggestion was made by a Flint resident.



Michigan State University College of Human Medicine received funding for this work from the Centers for Disease Control and Prevention (CDC), Grant #NUE2EH001370.

# FLINTREGISTRY



**Get Connected.**  
**Get Supported.**  
**Get Counted.**

People who used Flint water from April 25, 2014 to October 15, 2015 can participate in a voluntary secure registry that will refer them to programs and other resources aimed at minimizing the effects of lead on their health, while promoting wellness and recovery.

**SIGN UP  
TODAY!**

Visit

[www.flintregistry.org](http://www.flintregistry.org)  
or call 833-463-5468



## FLINTREGISTRY

*Get Connected. Get Supported. Get Counted.*

[flintregistry.org](http://flintregistry.org)



April 2019

# Quick Reference Referral Guide *for Substance Use Treatment*



KnowMoreGenesee.org



**ABOUT OPIOID ADDICTION**  
Genesee County Opioid Prevention Project



As a Genesee County provider encountering changes in legislation regarding utilization of the Michigan Automated Prescription System (MAPS), and navigating the substance use treatment system with your patients, the Greater Flint Health Coalition and its Mental Health & Substance Use Task Force offer this referral guide as an introductory resource.

## The First Step: Accessing Substance Use Treatment

**1** If an individual has **Medicaid, is uninsured, and/or has general questions**, they may call or visit (during business hours) **the Genesee Health System Access Center** at:

- 810-257-3740 (crisis line available 24/7)
- TTY 810-232-6310
- Toll-Free 877-346-3648
- 420 W. Fifth Avenue, Flint, MI 48503 – Open Monday through Friday, 8 a.m. to 5 p.m.

Please have the following information available when calling to expedite the process:

- Name, date of birth, social security number
- Medical insurance card or numbers, including Medicaid (if applicable)
- Names of current medicines and doctors

- Guardianship or court papers (if applicable)
- Special education or other school records (if applicable)
- Drug (quantity, frequency)
- Services needed (detox, inpatient, outpatient)

Fees for services are based on a person's ability to pay; therefore, staff will need to know the household income and number of dependents of the person seeking help. A coverage determination will be made at the time of the screening. Staff will let you know if you can expect to have any cost for your services. No one will be denied services based on their inability to pay.

**2** If an **individual has insurance other than Medicaid**, call the insurance plan directly to determine covered services and providers.

## Substance Use Treatment Centers in Genesee County and Surrounding Areas

### GENESEEE COUNTY RESIDENTIAL CENTERS

#### Above the Water House

4105 Keyes Street, Flint, MI 48504  
(810) 877-2907  
Women's recovery housing for females with addiction/alcoholism with mild to moderate psychological impairments.

#### Flint Odyssey House

529 M.L. King Avenue, Flint, MI 48503  
(810) 238-5888  
Medication assisted treatment, withdrawal management, long-term residential treatment, outpatient services, recovery housing, women's specialty services, adolescent treatment services.

#### Kairos Health Care, Holy Cross

8218 N. Jennings Road  
Mt. Morris, MI 48458  
(844) 452-4767  
Corcoran House Residential Treatment for Women

#### Life Challenge Ministries

**Life Challenge of Southeastern Michigan**  
17667 Pierson Street, Detroit, MI 48219  
1230 Dupont St, Flint, MI 48504  
(844) 355-LIFE  
info@lcministries.org  
One-year residential program for men and women with drug, alcohol, and other life-controlling addictions. Affiliated with Teen Challenge USA, International, our goal is more than rehabilitation, Faith based program.

#### New Paths Inc.

765 E. Hamilton Avenue, Flint, MI 48505  
(810) 233-5340  
newpaths.org  
Short and long-term residential treatment, withdrawal management, outpatient services, recovery housing, 23-hour sobering facility, Court ordered treatment programming.

#### Salvation Army Adult Rehabilitation (Men Only)

2200 N. Dort Highway, Flint, MI 48506  
(810) 234-2678  
Long-term residential program, spiritual base, work therapy, group and individual counseling, leisure time activities.





## GENESEE COUNTY OUTPATIENT CENTERS & SUPPORT SERVICES

### **Bio-Med Behavioral Health Care INC. - Flint**

1044 Gilbert Road, Flint, MI 48532  
(810) 733-7623  
Outpatient, integrated treatment, medication assisted treatment.

### **Catholic Charities**

901 Chippewa Street, Flint, MI 48503  
(810) 232-9950  
Outpatient SUD treatment, Court ordered treatment programming.

### **Families Against Narcotics – Genesee County Chapter**

(810) 397-7175  
familiesagainstnarcotics.org  
Information regarding prescription drug abuse, local resources, family support network. Available to answer questions regarding substance use and steps to seek treatment.

### **Genesee Community Health Center**

422 W. 4th Avenue, Flint, MI 48503  
(810) 496-5777  
Integrated health care, treatment services for co-occurring disorders, medication assisted treatment (Suboxone, Vivitrol).

### **Hamilton Community Health Center**

Multiple Locations  
(810) 406-HCHN (4246)  
Outpatient, substance abuse counseling, Vivitrol program.

### **Holy Cross Services**

4318 Miller Road, Flint, MI 48507  
(810) 249-9924  
Outpatient SUD treatment, recovery housing.



### **Hope Network**

1110 Eldon Baker Drive, Flint, MI 48503  
(810) 232-2766  
Free family and addiction services.

### **Insight Wellness Center**

4400 S. Saginaw St., Ste. 1370  
Flint, MI 48507  
(810) 223-0199  
Medication assisted treatment, outpatient SUD treatment, services for co-occurring disorders, pain management, physical therapy.

### **Meridian Health Services**

1289-D S. Linden Road, Flint, MI 48532  
(810) 620-7501  
Outpatient care, integrated treatment, and family therapy.

### **New Oakland Family Center**

2401 South Linden Road,  
Flint, MI 48507  
(810) 957-4310  
Intensive outpatient counseling (dual diagnosis – mental health and substance use disorder).

### **Remedy Exchange Programs (outreach services)**

12745 S. Saginaw, Suite 806-144  
Grand Blanc, MI 48439  
(810) 449-0159  
remedyexchange@gmail.com  
PRIME for Life is a program that helps youth and adults learn how to reduce their risk of alcohol and other drug related problems throughout life.

### **Sacred Heart - Flint**

2091 Professional Drive,  
Flint, MI 48532  
(810) 732-1652  
Outpatient, integrated treatment, medication assisted treatment (Methadone, Vivitrol), women's specialty.

### **The Serenity House of Flint**

954 Church Street, Flint, MI 48502  
(810) 893-1276  
Informational, holistic options for recovery from addictions.



**RESOURCES OUTSIDE OF GENESEE COUNTY**

**Brighton Center for Recovery**

12851 Grand River Road  
Brighton, MI 48116  
(810) 227-1211  
brightonrecovery.org  
Inpatient and intensive outpatient.  
Provides residential, outpatient, dual diagnosis, and detox services. Will accept private insurance, cash, and Medicare.

**Dawn Farms**

6633 Stoney Creek Road  
Ypsilanti, MI 48197  
(734) 485-8725  
Adolescent (17+) and adult residential, outpatient. Non-medicated, 12-step based detox is FREE to anyone, even if they do not stay for residential treatment. Transitional housing.

**Grace Centers of Hope**

35 E. Huron Street, Pontiac, MI 48342  
(855) HELP-GCH  
Adult residential, family and life-skills programs.

**Henry Ford Maplegrove Center**

6773 W Maple Road  
West Bloomfield, MI 48322  
(248) 661-6100  
henryford.com  
Outpatient and inpatient for adults.  
Outpatient only for adolescents.

**Kairos Healthcare Adolescents**

3400 South Washington Road  
Saginaw, MI 48601  
(989) 755-1072  
Adolescent and adult residential, integrated treatment, informational, prevention and problem assistance, outpatient screening assessment referral and follow-up.

**Meridian Health Services**

1255 N Oakland Blvd  
Waterford, MI 48327  
(248) 599-8999  
Detox, adult residential, inpatient and outpatient care, integrated treatment, and family therapy.

**Sacred Heart – Memphis**

400 Stoddard Road  
Memphis, MI 48041  
(888) 804-7472 Admissions  
(888) 802-7472 Admin  
Adult residential, detox inpatient, case management, early intervention, integrated treatment, peer recovery and support, screening assessment referral and follow-up, Methadone.  
Residential admissions:  
(888) 804-7472 or (734) 284-0070  
Monday-Friday, 8:30am-5:00pm  
Emergency admissions:  
(888) 804-7472, ext. 266, weekdays, weekends, and holidays. Sliding fee scale, Medicaid, ABW, and most health insurance.

**Salvation Army Harbor Light**

42590 Stepnitz Drive  
Clinton Township, MI 48036  
(586) 954-1838  
Adult residential/outpatient, case management, detox, screening assessment referral and follow-up.

**Serenity Therapy Center**

745 Barclay Circle, #305  
Rochester Hills, MI 48307  
(586) 219-7010  
serenityhelp.com  
Outpatient, addiction counseling, family therapy, and interventions.

**Teen Challenge of Western Michigan**

440 Pontaluna Road  
Muskegon, MI 49444  
Men's Phone: (231) 798-7927  
Women's Phone: (231) 798-2702  
Email: info@wm-tc.com  
wm-tc.com/contact-us  
One year residential program. Faith based.

**Vision Quest Recovery**

Port Huron, MI  
info@visionquestrecovery.com  
Program Director: (810) 937-6279  
Assistant Program Director:  
(248) 421-8143  
Transitional housing program, 12-step program, structure, guidelines.

---

*Disclaimer: Resource details provided by Families Against Narcotics. All information was accurate at time of printing. Information is subject to change.*

*This program is supported by the Michigan Health Endowment Fund.*





## ABOUT OPIOID ADDICTION

Genesee County Opioid Prevention Project



# WE NEED YOUR FEEDBACK

## Regarding Genesee County Opioid Use and Treatment Resources.

On behalf of the Greater Flint Health Coalition's Mental Health & Substance Use Task Force, you are invited to provide feedback on the Genesee County Opioid Prevention Project, including the Provider Toolkit. Please complete the survey by following the link below:

<https://www.surveymonkey.com/r/FollowUpPrescribing>

Please complete the survey by May 15, 2020 to help ensure your voice is heard. Feel free to share with your provider colleagues as well. Thank you!



GREATER FLINT HEALTH COALITION

[KnowMoreGenesee.org](http://KnowMoreGenesee.org)

519 South Saginaw Street, Suite 306 • Flint, MI 48502 • 810.232.2228



faith care UNITE heart NOW  
connect family give HELP  
support SHARING  
HOPE abundance community FRIEND  
inspire COMPASSION GIFT  
humanity  
PEACE  
vision THANK YOU blessings  
kindness LOVE unconditional  
purpose DONATE

## Medical Society Foundation

Consider a donation to the Medical Society Foundation for all of your holiday giving. What a wonderful way of expressing your holiday sentiments while supporting important health related causes.

The Medical Society Foundation has been coordinating physician giving in Genesee County since 1987. This holiday season, why not use the Foundation to make sure your gifts to family, friends and colleagues help to improve the health and well-being of our community.

By giving to the Medical Society Foundation, you receive a great year-end tax benefit at the same time that you tell others how much their health – really means to you.

The Medical Society Foundation funds have been used to support the charitable activities of the Genesee County Medical Society.

Contributions can also be made in memory of an individual or to honor someone.

**For questions or information on how your gift can help support the charitable activities of your Medical Society Foundation contact Sherry Smith at (810) 733-9923 or at [ssmith@gcms.org](mailto:ssmith@gcms.org).**

*Medical Society Foundation Mission Statement: The Medical Society Foundation is organized and does operate for the purpose of supporting continuing medical education and health-related charitable activities that further the cause of medicine.*

*Mail your donations to:*

Medical Society Foundation  
4438 Oak Bridge Drive, Suite B  
Flint, MI 48532-5400

# April 2020 Fitness Calendar

FREE! Commit to Fit! Class Schedule



Commit to Fit! offers fitness classes at **no cost** to all individuals who live or work in Flint and Genesee County. Fitness Centers require participants to be age 18 and older, other locations are open to all ages. See back side for details.

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SAT
APRIL 2020			<sup>1</sup> <b>Enhance Fitness</b> Hasselbring Senior Center 9:00am  <b>Arthritis Foundation Exercise Program</b> Davison Area Senior Center 10:00-11:00am  <b>Community Yoga</b> Educare 10:00-11:00am  <b>Arthritis Foundation Exercise Program</b> Forest Township Senior Center 12:15-1:00pm  <b>Yoga</b> Brownell Elementary 4:30-5:30pm  <b>Community Yoga</b> Crim Fitness Foundation 5:30pm-6:30pm  <b>Zumba</b> Ascension Genesys Health Club 6:45pm	<sup>2</sup> <b>Enhance Fitness</b> Berston Field House 10:00am  <b>Arthritis Foundation Exercise Program</b> Grand Blanc Senior Center 10-11:00am  <b>Total Body Challenge</b> 10:00-11:00am Brennan Senior Center  <b>Splash Fit</b> U of M-Flint Rec 11:00am  <b>Chair Aerobics</b> Brennan Senior Center 12:30-1:15pm  <b>Community Yoga</b> Southwestern Academy 5:30-6:30pm  <b>Basic Yoga</b> Insight Health & Fitness Center 6:45pm	<sup>3</sup> <b>Enhance Fitness</b> Hasselbring Senior Center 9:00am  <b>Arthritis Foundation Exercise Program</b> Burton Senior Center 9:00-10:00am  <b>Arthritis Foundation Exercise Program</b> Swartz Creek Senior Center 11:00am-12:00pm	<sup>4</sup> <b>Yoga Flow</b> U of M-Flint Rec 11:00am
	<sup>6</sup> <b>Enhance Fitness</b> Hasselbring Senior Center 9:00am  <b>Senior Stretch</b> YMCA Downtown 10:00am  <b>Pound</b> Ascension Genesys Health Club 10:15am  <b>Arthritis Foundation Exercise Program</b> Loose Senior Center 2:00-3:00pm  <b>Aqua Fitness</b> UM-Flint Rec Center 5:30-6:30pm	<sup>7</sup> <b>Enhance Fitness</b> Berston Field House 10:00am  <b>Arthritis Foundation Exercise Program</b> Grand Blanc Senior Center 10:00-11:00am  <b>Total Body Challenge</b> 10:00-11:00am Brennan Senior Center  <b>Splash Fit</b> U of M-Flint Rec 11:00am  <b>Chair Aerobics</b> Brennan Senior Center 12:30-1:15pm	<sup>8</sup> <b>Enhance Fitness</b> Hasselbring Senior Center 9:00am  <b>Arthritis Foundation Exercise Program</b> Davison Area Senior Center 10:00-11:00am  <b>Community Yoga</b> Educare 10:00-11:00am  <b>Arthritis Foundation Exercise Program</b> Forest Township Senior Center 12:15-1:00pm  <b>Yoga</b> Brownell Elementary 4:30-5:30pm  <b>Zumba</b> Ascension Genesys Health Club 6:45pm	<sup>9</sup> <b>Enhance Fitness</b> Berston Field House 10:00am  <b>Arthritis Foundation Exercise Program</b> Grand Blanc Senior Center 10-11:00am  <b>Total Body Challenge</b> 10:00-11:00am Brennan Senior Center  <b>Splash Fit</b> U of M-Flint Rec 11:00am  <b>Chair Aerobics</b> Brennan Senior Center 12:30-1:15pm  <b>Community Yoga</b> Southwestern Academy 5:30-6:30pm  <b>Basic Yoga</b> Insight Health & Fitness Center 6:45pm	<sup>10</sup> <b>Enhance Fitness</b> Hasselbring Senior Center 9:00am  <b>Arthritis Foundation Exercise Program</b> Burton Senior Center 9:00-10:00am  <b>Arthritis Foundation Exercise Program</b> Swartz Creek Senior Center 11:00am-12:00pm	<sup>11</sup> <b>Yoga Flow</b> U of M-Flint Rec 11:00am



# April 2020 Fitness Calendar

FREE! Commit to Fit! Class Schedule

<p>13</p> <p><b>Enhance Fitness</b> Hasselbring Senior Center 9:00am</p> <p><b>Senior Stretch</b> YMCA Downtown 10:00am</p> <p><b>Pound</b> Ascension Genesys Health Club 10:15am</p> <p><b>Arthritis Foundation Exercise Program</b> Loose Senior Center 2:00-3:00pm</p> <p><b>Aqua Fitness</b> UM-Flint Rec Center 5:30-6:30pm</p>	<p>14</p> <p><b>Enhance Fitness</b> Berston Field House 10:00am</p> <p><b>Arthritis Foundation Exercise Program</b> Grand Blanc Senior Center 10:00-11:00am</p> <p><b>Total Body Challenge</b> 10:00-11:00am Brennan Senior Center</p> <p><b>Splash Fit</b> U of M-Flint Rec 11:00am</p> <p><b>Chair Aerobics</b> Brennan Senior Center 12:30-1:15pm</p>	<p>15</p> <p><b>Enhance Fitness</b> Hasselbring Senior Center 9:00am</p> <p><b>Arthritis Foundation Exercise Program</b> Davison Area Senior Center 10:00-11:00am</p> <p><b>Community Yoga</b> Educare 10:00-11:00am</p> <p><b>Arthritis Foundation Exercise Program</b> Forest Township Senior Center 12:15-1:00pm</p> <p><b>Yoga</b> Brownell Elementary 4:30-5:30pm</p> <p><b>Zumba</b> Ascension Genesys Health Club 6:45pm</p>	<p>16</p> <p><b>Enhance Fitness</b> Berston Field House 10:00am</p> <p><b>Arthritis Foundation Exercise Program</b> Grand Blanc Senior Center 10-11:00am</p> <p><b>Total Body Challenge</b> 10:00-11:00am Brennan Senior Center</p> <p><b>Splash Fit</b> U of M-Flint Rec 11:00am</p> <p><b>Chair Aerobics</b> Brennan Senior Center 12:30-1:15pm</p> <p><b>Community Yoga</b> Southwestern Academy 5:30-6:30pm</p> <p><b>Basic Yoga</b> Insight 6:45pm</p>	<p>17</p> <p><b>Enhance Fitness</b> Hasselbring Senior Center 9:00am</p> <p><b>Arthritis Foundation Exercise Program</b> Burton Senior Center 9:00-10:00am</p> <p><b>Arthritis Foundation Exercise Program</b> Swartz Creek Senior Center 11:00am-12:00pm</p>	<p>18</p> <p><b>Yoga Flow</b> U of M-Flint Rec 11:00am</p>
<p>20</p> <p><b>Enhance Fitness</b> Hasselbring Senior Center 9:00am</p> <p><b>Senior Stretch</b> YMCA Downtown 10:00am</p> <p><b>Pound</b> Ascension Genesys Health Club 10:15am</p> <p><b>Aqua Fitness</b> UM-Flint Rec Center 5:30-6:30pm</p>	<p>21</p> <p><b>Enhance Fitness</b> Berston Field House 10:00am</p> <p><b>Arthritis Foundation Exercise Program</b> Grand Blanc Senior Center 10:00-11:00am</p> <p><b>Total Body Challenge</b> 10:00-11:00am Brennan Senior Center</p> <p><b>Splash Fit</b> U of M-Flint Rec 11:00am</p> <p><b>Chair Aerobics</b> Brennan Senior Center 12:30-1:15pm</p>	<p>22</p> <p><b>Enhance Fitness</b> Hasselbring Senior Center 9:00am</p> <p><b>Arthritis Foundation Exercise Program</b> Davison Area Senior Center 10:00-11:00am</p> <p><b>Community Yoga</b> Educare 10:00-11:00am</p> <p><b>Arthritis Foundation Exercise Program</b> Forest Township Senior Center 12:15-1:00pm</p> <p><b>Yoga</b> Brownell Elementary 4:30-5:30pm</p> <p><b>Zumba</b> Ascension Genesys Health Club 6:45pm</p>	<p>23</p> <p><b>Enhance Fitness</b> Berston Field House 10:00am</p> <p><b>Arthritis Foundation Exercise Program</b> Grand Blanc Senior Center 10-11:00am</p> <p><b>Total Body Challenge</b> 10:00-11:00am Brennan Senior Center</p> <p><b>Splash Fit</b> U of M-Flint Rec 11:00am</p> <p><b>Chair Aerobics</b> Brennan Senior Center 12:30-1:15pm</p> <p><b>Community Yoga</b> Southwestern Academy 5:30-6:30pm</p> <p><b>Basic Yoga</b> Insight 6:45pm</p>	<p>24</p> <p><b>Enhance Fitness</b> Hasselbring Senior Center 9:00am</p> <p><b>Arthritis Foundation Exercise Program</b> Burton Senior Center 9:00-10:00am</p> <p><b>Arthritis Foundation Exercise Program</b> Swartz Creek Senior Center 11:00am-12:00pm</p>	<p>25</p> <p><b>Yoga Flow</b> U of M-Flint Rec 11:00am</p>
<p>27</p> <p><b>Enhance Fitness</b> Hasselbring Senior Center 9:00am</p> <p><b>Senior Stretch</b> YMCA Downtown 10:00am</p> <p><b>Pound</b> Ascension Genesys Health Club 10:15am</p> <p><b>Aqua Fitness</b> UM-Flint Rec Center 5:30-6:30pm</p>	<p>28</p> <p><b>Enhance Fitness</b> Berston Field House 10:00am</p> <p><b>Arthritis Foundation Exercise Program</b> Grand Blanc Senior Center 10:00-11:00am</p> <p><b>Total Body Challenge</b> 10:00-11:00am Brennan Senior Center</p> <p><b>Splash Fit</b> U of M-Flint Rec 11:00am</p> <p><b>Chair Aerobics</b> Brennan Senior Center 12:30-1:15pm</p>	<p>29</p> <p><b>Enhance Fitness</b> Hasselbring Senior Center 9:00am</p> <p><b>Arthritis Foundation Exercise Program</b> Davison Area Senior Center 10:00-11:00am</p> <p><b>Community Yoga</b> Educare 10:00-11:00am</p> <p><b>Arthritis Foundation Exercise Program</b> Forest Township Senior Center 12:15-1:00pm</p> <p><b>Yoga</b> Brownell Elementary 4:30-5:30pm</p>	<p>30</p> <p><b>Enhance Fitness</b> Berston Field House 10:00am</p> <p><b>Arthritis Foundation Exercise Program</b> Grand Blanc Senior Center 10-11:00am</p> <p><b>Total Body Challenge</b> 10:00-11:00am Brennan Senior Center</p> <p><b>Splash Fit</b> U of M-Flint Rec 11:00am</p> <p><b>Chair Aerobics</b> Brennan Senior Center 12:30-1:15pm</p> <p><b>Community Yoga</b> Southwestern Academy 5:30-6:30pm</p>		
		<p><b>Zumba</b> Ascension Genesys Health Club 6:45pm</p>	<p><b>Basic Yoga</b> Insight 6:45pm</p>		

# April 2020 Fitness Calendar

FREE! Commit to Fit! Class Schedule

## Basic Yoga (1 hour)

This class is a balanced flow of postures designed to build stamina, strength, and flexibility while promoting weight loss and general stress relief.

### Insight Health & Fitness Center (IHFC)

Formerly Hurley Health & Fitness Center  
4500 S. Saginaw St  
Flint, MI 48507  
(810) 893-6489



**Community Yoga (1 hour)** – This is a yoga class for all levels. Please wear comfortable and loose-fitting clothing. Some yoga mats will be available to borrow as well

Mindfulness@crim.org  
(810)-235-7461



### Crim Fitness Foundation

452 Saginaw Street Downtown Flint

**Senior Stretch (1 hour)** - This class will help improve overall strength and flexibility. The class is led by a certified senior fitness instructor who will guide you through the exercises at your own pace. This class is perfect for all ability levels.

### YMCA Downtown Flint

411 E. 3<sup>rd</sup> Street  
Flint, MI 48503  
(810) 232-9622



**Spin/HIIT** – Each Zumba® class is designed to bring people together to sweat it on. We take the "work" out of workout, by mixing low-intensity and high-intensity moves for a calorie-burning dance fitness party. Designed for all fitness levels.

**POUND®** transforms drumming into an incredibly effective way of working out. Instead of listening to music, you become the music in this exhilarating full-body workout that combines cardio, conditioning, and strength training.

### Ascension Genesys Health Club

801 Health Park Blvd  
Grand Blanc, MI 48439  
(810) 606-7300



Each class includes **B**alance and Flexibility, **A**erobic Activity, **S**trength and Resistance Training, and **E**xercise Education

#### Chair Aerobics

Basic Seated functional fitness class for those who are overcoming mobility issues; includes aerobic activity, core work, and resistance training. Location: *Brennan Senior Center*

#### Total Body Challenge

Intermediate level workout which includes cardio, strength training, core work, balance and coordination, and flexibility training. Location: *Brennan Senior Center*

#### Hustle Aerobics

Advanced level workout that incorporates 45 minutes of non-stop cardio to the latest hustle songs followed 15 minutes bodyweight strength training. Location: *Brownell & Eisenhower*

#### IHFC Water Aerobics

A 1-hour class that will help you strengthen your muscles and cardiovascular system plus improve flexibility. Location: Insight Health

MIC-6C3 February.Fitness.Class.Calendar.Newsletter.022620.al

## Class Descriptions & Locations

**Aquafitness/SplashFit**- An invigorating water workout. Ideal for all fitness levels. No swimming required

**Yoga Flow:** Learn yoga at a comfortable pace. Connect your mind's attention to your body's fluidity and movement -- promote strength, flexibility, coordination, agility, stamina and an overall experience of well-being.

### University of Michigan-Flint Rec Center

401 Mill Street, Flint, MI 48502  
(810) 762-3441



**Enhance Fitness (1 hour)** – A fun, energizing class geared toward improving overall functioning and well-being. Improve your cardiovascular fitness, strength, flexibility and balance!

### TIMES & LOCATIONS:

#### Hasselbring Senior Center

1002 Home Ave. Flint, MI  
(810) 766-7128 Mon, Weds, & Fri 9-10 am



#### Flint Farmers' Market- Tuesdays &

Thursdays 10:00-11:00 am  
300 E. First St Flint, MI  
(810) 232-1399

#### Berston Field House

3300 Saginaw St.  
Flint, MI 48505  
Thursdays, 10:00am



#### Main Clinic

2900 N. Saginaw Street  
Flint, MI 48505  
Wednesdays, 5:30 - 6:30pm

### Genesee County Parks and Rec

Visit the calendar at: <http://geneseecountyparks.org/> to learn more about fun family events in Genesee County Parks!

For more information please go to:

- Geneseecountyparks.org or call 800-648-PARK
- Descriptions for classes such as Let's Hike It Baby, Yoga for Kids, Yoga for Families, and more can all be found at the online calendar on Commit2fit.com or geneseecountyparks.org



**Arthritis Foundation Exercise Program (1 hour)** A low-impact physical activity program proven to reduce pain and decrease stiffness. The routines include gentle range-of-motion exercises that are suitable for every fitness level!

#### Grand Blanc Senior Center:

Tuesday & Thursdays 10:00am – 11:00am

#### Swartz Creek Senior Center:

Fridays 11:00am – 12:00pm

#### Forest Township Senior Center:

Wednesdays 12:30pm–1:30pm

#### Burton Senior Center

Fridays 9:00am-10:00am

#### Loose Senior Center

Mondays 2:00pm - 3:00pm



# Easy Ways to Donate to the Medical Society Foundation:

The Medical Society Foundation is engaged in a Capitol Campaign. The purpose of the Campaign is to grow the corpus to support the charitable activities of the Genesee County Medical Society. Those activities include public and community health, support for the under-served, and wellness initiatives.

To continue its good work, the Medical Society Foundation is asking you to consider leaving a legacy gift to the Foundation. If all, or even a significant portion of our membership left just a small part of our estates to the Foundation, the Foundation could continue helping this community in so many ways, by supporting the Medical Society.

To make a gift, simply use these words:

In your Trust, *"Grantor directs Trustee to distribute \_\_\_% of all assets then held in Trust or later added to this Trust to the Medical Society Foundation, to be held in an endowed fund and used in the discretion of its then existing board of directors in furtherance of the purposes of the Foundation"*

In your Will, *"I give, devise and bequeath \_\_\_% of my Estate to the Medical Society Foundation, to be held in an endowed fund and used in the discretion of its then existing Board of Directors in furtherance of the purposes of the Foundation"*

While this is not a subject that is comfortable to broach, it is an opportunity to support the Foundation which supports the Medical Society's charitable activities on behalf of the membership. Please give. You can give via a trust or will. You can give from your IRA. You can give appreciated stock, and you can give cash. Please support the organization which does so much on behalf of the medical community and the patients we serve.

**Please**

**feel free to contact  
Sherry Smith  
at 810-733-9923 or  
ssmith@gcms.org.**



**Don't  
Forget!  
Donations  
are tax  
deductible!**

**Please feel free to contact Sherry Smith at 810-733-9923  
or [ssmith@gcms.org](mailto:ssmith@gcms.org).**

