

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

**FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:

19 - 0008

2. STATE:

Michigan

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR  
HEALTH FINANCING ADMINISTRATION  
DEPARTMENT OF HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

November 1, 2019

5. TYPE OF PLAN MATERIAL (*Check One*):

NEW STATE PLAN

AMENDMENT TO BE CONSIDERED AS NEW PLAN

AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate Transmittal for each amendment*)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 447

7. FEDERAL BUDGET IMPACT:

a. FFY 2020 \$0

b. FFY 2021 \$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4 19-D Section I Page 1  
Attachment 4 19-D Section II Page 1  
Attachment 4 19-D Section III Pages 1 and 2  
Attachment 4.19-D, Section IV Pages 3, 7, 11, and 19  
Attachment 4 19-D Section VIII Pages 1-4

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (*If Applicable*):

Attachment 4 19-D Section I Page 1  
Attachment 4 19-D Section II Page 1  
Attachment 4 19-D Section III Pages 1 and 2  
Attachment 4.19-D, Section IV Pages 3, 7, 11, and 19  
Attachment 4 19-D Section VIII Pages 1-4

10. SUBJECT OF AMENDMENT:

This SPA provides updates to nursing facility cost reporting audit & reimbursement process.

11. GOVERNOR'S REVIEW (*Check One*):

GOVERNOR'S OFFICE REPORTED NO COMMENT

COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:

Kate Massey, Director

Medical Services Administration

12. SIGNATURE OF STATE AGENCY OFFICIAL:



16. RETURN TO:

Medical Services Administration  
Actuarial Division - Federal Liaison  
Capitol Commons Center - 7<sup>th</sup> Floor  
400 South Pine  
Lansing, Michigan 48933

13. TYPED NAME:

Kate Massey

14. TITLE:

Director, Medical Services Administration

15. DATE SUBMITTED:

September 4, 2019

Attn: Erin Black

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

18. DATE APPROVED:

**PLAN APPROVED – ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPE NAME:

22. TITLE:

23. REMARKS:

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT**

State of MICHIGAN

***POLICY AND METHODS FOR ESTABLISHING PAYMENT RATES  
(LONG TERM CARE FACILITIES)***

---

1. Cost Finding, Cost Reporting and Records Maintenance

The specific methods of cost finding and cost reporting utilized by the single state agency are defined in the state agency's cost reporting forms and instructions. Providers shall be notified of the cost reporting form or format and acceptable cost finding methods and notified promptly of change

- A. Beginning with cost reporting periods ending after September 1, 1973, all participating skilled nursing and intermediate care providers are required to submit to the state agency an annual cost report within 5 months of the close of the providers cost reporting period. The provider will be notified of the delinquency and ~~given 15 calendar days to submit the cost report or,~~ if the cost report is not submitted WITHIN THE TIMEFRAMES ESTABLISHED BY MDHHS, the provider's interim payments will be reduced by 100 percent. Restitution of withheld interim payments will be made by the state agency after receipt of an acceptable cost report. (Exception: A provider's cost report is due 5 months after a sale of a facility or termination of the provider agreement.)
- B. All cost reports must be submitted on the state agency's uniform reporting form or an approved replica thereof, covering a 12 month cost reporting period. An exception is made for Class VII facilities; they are to submit the Medicare skilled nursing facility cost report in place of the state agency's reporting form. Any changes in reporting periods or exceptions to the number of months covered must be approved by the state agency.
- C. Each provider's cost report must include an itemized list of all expenses as recorded in the formal and permanent accounting records of the provider.
- D. The accrual method of accounting is mandated for providers and generally accepted accounting principles must be followed by providers of care under the plan.

---

TN NO.: 19-0008

Approval Date: \_\_\_\_\_

Effective Date: 11-01-2019

Supersedes

TN No.: 17-0014

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT**

State of MICHIGAN

**POLICY AND METHODS FOR ESTABLISHING PAYMENT RATES  
(LONG TERM CARE FACILITIES)**

---

II. Auditing and Availability of Records

- A. Each cost report submitted is verified for completeness, accuracy, reasonableness, and consistency through a desk audit, AN ON SITE AUDIT and/or a computer check. ~~It is expected that on-site audits will be conducted no less than once every four years.~~ THE STATE AGENCY SHALL ENSURE AN AUDIT OF A COST REPORT IS COMPLETED NO LATER THAN 21 MONTHS AFTER FINAL ACCEPTANCE OF A COST REPORT, A COST REPORT THAT IS NOT AUDITED WITHIN 21 MONTHS SHALL BE ACCEPTED AS FILED.

FOR DESK AUDITS OR ON SITE AUDITS, THE AUDIT SAMPLING METHODOLOGY WILL EMPLOY EITHER A STATISTICAL SAMPLING METHODOLOGY, A NON-STATISTICAL SAMPLING METHODOLOGY OR A COMBINATION OF METHODOLOGIES.

- B. Each provider must allow access, during ~~on-site~~ audits and/or reviews by the state agency AUDITORS OR THEIR DESIGNEES and representatives of the United State Department of Health and Human Services, to requisite ~~financial~~ records and statistical data specified in Section I of this plan. This access will include, BUT IS NOT LIMITED TO:
1. The complete records of related organizations
  2. The record of lessors to determine underlying capital and operating costs of providers leasing facilities (per Section III.H).
  3. Any records required by the Medicare Principles of Reimbursement ~~referenced in PRM-15, Chapter 24, FEDERAL LAWS OR REGULATIONS, STATE LAW, OR THE STATE AGENCY'S POLICIES.~~
  4. Census records and numbers and types of leave days for each Medicaid beneficiary/resident (i.e. hospital, therapeutic).

DURING AN AUDIT OR REVIEW, PROVIDERS MUST SUBMIT RECORDS WITHIN THE TIME FRAMES DETERMINED BY THE STATE AGENCY.

- C. If, upon audit or review, it is determined that a cost report contains incorrect data, the state agency shall use the corrected data to compute future rates and IF NECESSARY will retroactively change a previously applied rate ~~if — audit adjustments to a filed cost report was used for setting an interim rate; the facility was approved for Plant Cost Certification due to capital cost changes, an approved non-available bed plan, or a plant rate affected by a DEFRA rate limitation for the cost report time period; audit adjustments that are required as a result of an appeal; Class I nursing facility was approved for Rate Relief for the rate year period.~~ IF A STATISTICAL SAMPLING METHODOLOGY WAS USED FOR AN AUDIT, THEN THE AUDIT ADJUSTMENTS MAY BE DETERMINED USING EXTRAPOLATION METHODS. In cases of suspected fraud or failure to disclose required fiscal information, the state agency may retroactively adjust rates.

- D. The audit process described under this section is not applicable to Class VII facilities.

---

TN NO.: 19-0008

Approval Date: \_\_\_\_\_

Effective Date: 11-01-2019

Supersedes

TN No.: 17-0014

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT**

State of MICHIGAN

***Policy and Methods for Establishing Payment Rates  
(Long-Term-Care Facilities)***

---

- F. The allowance for depreciation shall be determined in accordance with 42 CFR 413.134 through 413.149 (including section 413.134[f]) except that only the straight-line method (42 CFR 413.134[b][3]) shall be used and the useful life of the assets must be in compliance with subsection 104.17 of the Provider Reimbursement Manual (PRM) Part 1. Subsequent to sales, the depreciation basis will be held subject to the limitation on the revaluation of assets mandated by section 1861(v)(1)(O) of Title XVIII of the Social Security Act.
1. Consistent use of either component or composite asset depreciation schedules is required. Component depreciation is permitted in the case of a newly constructed facility and for recognized building improvements where the costs can be separated and acceptable useful lives determined. Composite depreciation must be used in the case of a newly purchased existing facility.
  2. Depreciated replacement cost is defined as the current reproduction cost (42 CFR 413.134(b)(6)), adjusted for straight-line depreciation over the life of the asset to the time of the sale (per PRM, Part 1, subsection 104.14).

The depreciated replacement cost shall be determined by an independent appraiser chosen and paid for by the provider in accordance with the "Appraisal Guidelines" in Part 1, subsection 134 et seq of the PRM. Prior to the appraisal, the state agency must notify the appraiser of the "Appraisal Guidelines" to be utilized in the determination of his/her appraisal.

3. Class I and Class II facilities, paid in accordance with section IV.A., will not be paid based upon depreciation expense.
- G. The allowance for interest expense shall be determined using EITHER principle 1 or 2 ~~below~~-IN CONCURRENCE WITH PRINCIPLE 3 BELOW:
1. For Class I and Class II facilities, reimbursement in accordance with the methods in section IV.A, interest expense will be determined in accordance with the Medicare Principles of Reimbursement at 42 CFR 413.153 in effect as of July 17, 1984 (prior to the regulatory changes associated with the mandates of the Deficit Reduction Act of 1984 and its limitations on the revaluation of assets).

Exception: In cases where lessee/providers choose to forego increased reimbursement for interest expense as result of the requirements in section IV.A.5.b.2. below, the provider must report, as an allowable cost, the interest expense from the schedule of borrowings principal amortization and interest expense recognized for reimbursement by the Program prior to that sale.

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT**

State of MICHIGAN

***Policy and Methods for Establishing Payment Rates  
(Long-Term-Care Facilities)***

---

2. All other facilities will have interest expense determined in accordance with current Medicare Principles of Reimbursement, including the provisions at 42 CFR 413.153 and section 1861(v)(1)(O) of Title XVIII of the Social Security Act.
  3. FOR LOANS ISSUED ON OR AFTER OCTOBER 1, 2019, INTEREST ON LOANS, TO BE ALLOWABLE, MUST REFLECT A PRINCIPAL BALANCE PAYMENT ON AT LEAST AN ANNUAL BASIS IF THE LOAN IS GREATER THAN FOUR YEARS OLD. FOR LOANS ISSUED PRIOR TO OCTOBER 1, 2019, INTEREST ON LOANS, TO BE ALLOWABLE, MUST REFLECT A PRINCIPAL BALANCE PAYMENT ON AT LEAST AN ANNUAL BASIS STARTING ON OCTOBER 1, 2023. REFINANCING OF A LOAN OR REFINANCING OF MULTIPLE LOANS IS NOT CONSIDERED A PRINCIPLE BALANCE PAYMENT, NOR IS A REFINANCED LOAN CONSIDERED A NEW LOAN FOR PURPOSES OF THIS SECTION.
- H. Allowable lease costs are determined using principle 1 or 2 below:
1. A provider who entered into a bona fide, arms-length lease prior to September 1, 1973 where the lessor refused to open his books, will be allowed an actual lease cost up to a maximum of \$2.50 per patient day. This limit was developed from the average lease rental cost for facilities leased prior to September 1, 1973, at which time the current method of calculation was effected. The pre-September 1, 1973 lessee has the right of appeal for bona fide, arms-length lease agreements which exceed the \$2.50 limit.
  2. Providers who enter into or amend a bona fide arms-length lease agreement after August 31, 1973 will be reimbursed a plant cost component determined in accordance with sections IV. A. or B. as applicable to an owner-provider, if the lessee discloses the allowable cost information required or rate setting as outlined in section IV.A.3. Without full disclosure lease expense will not be an allowable cost. The only exceptions to this disclosure rule shall be for lease expenses for pass through leases.
- I. Bad debts, charity and courtesy allowances as defined in 42 CFR 413.80 are not recognized as allowable costs.
- J. The cost of educational activities will be determined in accordance with 42 CFR 413.85, except the costs of educational activities outside the continental United States are not allowable.
- K. The cost of research activities will be determined in accordance with 42 CFR 413.90.
- L. The value of services of non-paid workers will be treated in accordance with 42 CFR 413.94.
- M. Purchase discounts and allowances and refunds of expenses will be treated in accordance with 42 CFR 413.98.
- 

TN NO.: 19-0008

Approval Date: \_\_\_\_\_

Effective Date: 11-01-2019

Supersedes TN No.: 05-11

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT**

State of MICHIGAN

***Policy and Methods for Establishing Payment Rates  
(Long-Term-Care Facilities)***

---

4. The return on current asset value component will be determined as the per patient day return on value, where the return on value will be a “tenure factor” times the lesser of “current asset value” or the “current asset value upper limitation.” Current asset value will not be allowed to diminish below the “current asset value floor” (terms as defined below).
  - a. The tenure factor is based upon a provider’s number of years of continuous licensure-MEDICAID CERTIFICATION UNDER THE CURRENT OWNERSHIP determined at the beginning of the provider’s rate year and the number of calendar days in the provider’s cost reporting period from which asset values and patient days are determined. Beginning with rate years starting on or after October 1, 1990, the tenure factor will be 2.5 percent for less than two years of ownership tenure and increase 0.25 percent per year of tenure up to 5.25 percent for 12 or more years of tenure. The tenure factor is the percentage determined above, times the ratio of days in the provider’s cost reporting period to 365 days. ~~Licensure tenure will be based upon the number of full years that have elapsed from the effective date of a provider’s license issued by the Michigan Department of Community health to the beginning of the provider’s rate year. Exception: In the situation where licensure has changed, but there has been no effective change in operator/provider and there has been no transaction which would affect Medicaid reimbursement other than the tenure factor, the provider may petition the State agency to recognize the continuous tenure (i.e., the licensure tenure schedule would not revert to zero years at the time of licensure change if the petition is approved).~~
  - b. The current asset value is determined by a formula using historical costs of capital assets times the difference between and inflationary index and an obsolescence factor. Assets purchased prior to 1960 will be treated as if they were brought into service in 1960.

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT**

State of MICHIGAN

***Policy and Methods for Establishing Payment Rates  
(Long-Term-Care Facilities)***

---

5. Special Provisions: The plan cost component will be determined using special methods for Class I and Class II providers with either newly purchased facilities or newly participating facilities or existing providers with either a change of class or major additions, renovations, or new construction.

Special methods are required because there is no, or there is an inadequate, historical plan cost basis upon which to determine rates or rates are determined by different methods.

- a. Plant Cost Certifications: Such providers are ~~requested~~ **REQUIRED** to certify and submit to the single State agency their expected allowable costs (in accordance with Medicare Principles of Reimbursement as modified by Section III) for interest expense, property taxes, leases, and historical asset acquisition costs **PRIOR TO THE COST REPORTING PERIOD FILING DEADLINE AND MEET THE QUALIFICATIONS IN ORDER TO RECEIVE AN INTERIM REIMBURSEMENT RATE**. If approved, the agency will determine the provider's initial period plant cost component based upon the certified amounts using the principles described in Sections IV.A.1. through 4 above and IV.A.5.b. and c below. This rate will be retrospectively adjusted to reflect the facility's actual audited allowable plant costs for each fiscal year until the facility's rate is prospectively established from a cost reporting period which reflects a full cost reporting period of costs related to the original purpose of the plant cost certification. If, as a result of audit, the State agency finds a significant discrepancy between certified information and actual costs, all excess funds paid by the State agency to the facility as a result of that request will be recovered with a penalty factor (equal to the then current Medicare rate on net equity) applied to the discrepancy.

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT**

State of MICHIGAN

***Policy and Methods for Establishing Payment Rates  
(Long-Term-Care Facilities)***

---

4. Special Provisions: The plant cost component will be determined using special methods for Class III providers with newly purchased facilities or newly participating facilities or a change of class. Special methods are also required for Class III and grandfathered Class I and Class II providers with major additions, renovations or new construction. Special methods are required because there is an inadequate historical plant cost basis upon which to determine rates or rates are determined utilizing different methods.
    - a. Plant Cost Certification: Such providers are ~~requested~~ **REQUIRED** to certify and submit to the State agency their expected plant costs **PRIOR TO THE COST REPORTING PERIOD FILING DEADLINE AND MEET THE QUALIFICATIONS IN ORDER TO RECEIVE AN INTERIM REIMBURSEMENT RATE**. The State agency will use the certified expected dollar value or plant costs, when approved, in calculating the prospective rate, pending audit. This rate will be retrospectively adjusted to reflect the facility's actual audited allowable plant costs for each fiscal year until the facility's rate is prospectively established from a cost reporting period which reflects a full cost reporting period of costs related to the original purpose of the plant cost certification. If, as a result of audit, the State agency finds a significant discrepancy between certified information and actual costs, all excess funds paid by the State agency to the facility as a result of that request will be recovered with a penalty factor applied to the discrepancy. The penalty will be 10 percent of the aggregate dollar amount difference between the overpayment and the plant cost settlement reimbursement. The penalty is waived if the aggregate dollar amount difference is equal to or less than 10 percent.
    - b. The plant cost limit (PCL) for these facilities will be calculated based on one or both of the following principles:
      - 1) The per patient day plant cost limit will be updated to reflect changes in costs of construction and changes in standards and regulation which have a direct impact upon plant costs. Costs of construction will be updated using the Department of Commerce Composite Index Federal Housing Finance Board for Newly Built Homes.
      - 2) The per patient day plant cost limit will be updated to reflect changes in interest rates. The interest rate used to calculate the PCL will be updated by applying an index of change in interest rates for home mortgage loans (as reflected in conventional new home mortgage rates) Federal Housing Finance Board for Newly Built Homes to the interest rate used to calculate the original PCL (Section IV.B.3. above).
-

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT**

State of MICHIGAN

***Policy and Methods for Establishing Payment Rates  
(Long Term Care Facilities)***

---

- e) Rate relief is needed because the facility will be closed due to a regulatory action by the State Survey Agency (SSA) or federal regulatory agency where the facility's closure will result in severe hardship for its residents and their families due to the distance to other nursing facilities, and no new provider will operate the facility at its current reimbursement rate. A facility would meet this hardship criteria only if a new owner has agreed to take over its operation and if it is either the only nursing facility in the county or, the closing facility has at least sixty-five percent of the Medicaid nursing facility (Class I, III and V) certified beds in that county; or,
- f) The provider's current ~~Variable Rate Base~~ is ACTUAL VARIABLE COSTS ARE less than or equal to 60 percent of the corresponding rate year's Variable Cost Limit. A facility is not eligible under this criterion if an owner or administrator's compensation is above the current compensation limit. A provider with non-allowable related party transaction costs or non-allowable related party lease costs cannot be eligible under this criterion.

---

TN NO.: 19-0008

Approval Date: \_\_\_\_\_

Effective Date: 11-01-2019

Supersedes

TN No.: 14-015

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT**

State of MICHIGAN

***Policy and Methods for Establishing Payment Rates  
(Long Term Care Facilities)***

---

VIII. Appeals Procedure

The appeals procedure can be initiated by a provider upon receipt of a notice of adverse action, AND ALLOWS THE PROVIDER AN OPPORTUNITY TO SUBMIT ADDITIONAL EVIDENCE AND RECEIVE PROMPT ADMINISTRATIVE REVIEW WITH RESPECT TO SUCH ISSUES THE STATE AGENCY DETERMINES APPROPRIATE, ~~for an informal or formal review or hearing. Procedure I contains provisions for the informal review of an adverse action that is contained in the final summary of audit findings issued by the State agency. This procedure is available to Class I, II and III providers and is effective for cost reporting periods ending on or after September 30, 2000. Procedure II contains provisions for: 1) all classes of providers for formal hearings; 2) all classes of providers for informal reviews which pertain to such adverse action issues as cost settlement determinations, rate determinations, and incentives; and 3) Class IV and V providers for informal reviews of audit findings, if applicable.~~

~~A. Procedure I— Informal Review of the Final Summary of Audit Findings~~

~~A Class I or Class III provider can request an area office conference for the purpose of review of an adverse action that is contained in the preliminary summary of audit findings issued by the State agency. The election to participate in an area office conference does not result in the waiver of the provider's right to any further administrative processes contained in these provisions and in administrative hearing rules R400.3405 through R400.3424. The following provisions will apply:~~

- ~~1. Provision 1. As used in these provisions:~~
  - ~~a. Adverse action means the audit adjustments contained in the final summary of audit findings that is issued by the appropriate audit representative(s) of the department~~
  - ~~b. Administration means the Medical Services Administration of the Michigan Department of Community Health~~
  - ~~c. Appropriate audit representative(s) means that individual(s) employed or contracted by the Michigan Department of Community Health to conduct audits of provider cost reports.~~
  - ~~d. Days, as used herein, refer exclusively to calendar days unless otherwise specified.~~
  - ~~e. Department means the Michigan Department of Community Health, its officials or agents.~~
  - ~~f. Final determination notice means a notice of an adverse action which includes the action to be taken; the date of the proposed action; the reason for the action; the statute, rule or guideline under which the action is taken; and the right to a hearing.~~
  - ~~g. Provider means an individual, firm corporation, association, agency, institution or other legal entity which is providing, has formerly provided, or has been approved to provide, medical assistance to a recipient pursuant to the medical assistance program.~~

---

TN NO.: 19-0008

Approval Date: \_\_\_\_\_

Effective Date: 11/01/2019

Supersedes

TN No.: 12-09

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of MICHIGAN

***Policy and Methods for Establishing Payment Rates  
(Long Term Care Facilities)***

---

h. Receipt of as used herein is either on the day of personal delivery or will be presumed on the third day subsequent to the postmark date if the article of mail containing the referenced document is: deposited in Michigan in the United State mail; mailed first class; and properly addressed with postage pre-paid.

2. ~~Provision 2. Audit Review and Area Office Conference:~~

- a. ~~The appropriate audit representative(s), after completion of the field (desk) audit, will issue a preliminary summary of audit findings to the provider.~~
- b. ~~If the provider or its representative desires to contest the findings required by Provision 2.a), the provider or its representative must respond to the appropriate audit representative(s) within 10 business days of the date of the preliminary summary of audit findings, and indicate which findings it contests.~~
- c. ~~If no timely request for an area office conference is made by a provider or its representative, the provider will receive a final summary of audit adjustments notice. The notice advises the provider of subsequent appeal rights, up to and including an administrative hearing. The provider or its representative has 30 calendar days from the date of the final summary of audit adjustments notice to request a formal hearing in accordance with MDCH rules for hearings.~~
- d. ~~The appropriate audit representative(s) must schedule and conduct a conference to discuss the preliminary summary of audit findings. This conference will be called the area office conference. The provider or its representative must present the appropriate audit representative(s) with the documents and arguments it feels support its position relative to the issue(s) it is contesting. Likewise, the appropriate audit representative(s) shall explain to the provider his/her basis for the findings which the provider is contesting.~~
- e. ~~The appropriate audit representative(s) will issue a final summary of audit findings to the provider. The Final Summary of Audit Findings advises the provider of subsequent appeal rights, up to and including an administrative hearing. The provider or its representative has 30 calendar days from the date of the final summary of audit adjustments notice to request a formal hearing in accordance with MDCH rules for hearings. This is the final step in the audit review process.~~
- f. ~~If no timely request for an administration conference is made by a provider or its representative, the audited data as outlined in the final summary of audit findings will be submitted for the rate determination process. The provider will be deemed to have waived its right to any further administrative processes contained in these provisions and in administrative hearing rules R400.3405 through R400.3424. The findings as outlined in the final summary of audit findings will be implemented.~~

---

TN NO.: 19-0008

Approval Date: \_\_\_\_\_

Effective Date: 11/01/2019

Supersedes

TN No.: 12-09

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT**

State of MICHIGAN

***Policy and Methods for Establishing Payment Rates  
(Long Term Care Facilities)***

---

- ~~3. Provision 3—In computing any period of time prescribed or allowed, the day of the act, event or default after which the designated period of time begins to run is not included. The last day of the period so computed is included, unless it is a Saturday, Sunday or legal holiday in which event the period runs until 5 pm of the next business day which is not a Saturday, Sunday or legal holiday.~~

~~B. A. Procedure II~~

- ~~1. Once a notice of adverse action is issued, a provider may invoke Procedure II REQUEST AN APPEAL by submitting its application in writing to the State agency. The written request shall include an identification of the issue(s) for which resolution is being sought and a description of why the provider believes the determination on these matters is incorrect.~~
- ~~2. Appeals which are allowable under this plan through this procedure will be conducted in accordance with the procedures outlined in the MICHIGAN ADMINISTRATIVE CODE rules, filed on March 4, 1978, as amended, and adopted into Administrative Rules, R400.3401 through R400.3424.~~
- ~~3. A written application for a formal hearing (that is, a hearing conducted by an administrative law judge) must be received within 30 calendar days of the date of notice of an adverse action or a final determination notice. Exceptions: 1) A written request for a formal hearing pertaining to a notification of intent to terminate shall be made in accordance with sub rule 6(4) of Administrative Rule R400.3406. 2) A written application for a formal hearing following an administration conference conducted under Provision 4(c) of Procedure II shall be made in accordance with Provision 4(e) of Procedure II and 3) as otherwise provided in Section VIII.A.1 above.~~

~~C. Specific Situation Provisions for Procedure I~~

- ~~1. If the State agency is responsible for a delay in the procedures and either an area office conference or administration conference is in progress, or the potential for an area office conference or an administration conference is still open, at the beginning of the rate year that begins the start of the state fiscal year the following calendar year, the provider will be given a provisional rate for the new rate year. For this purpose, "delay in the procedures" means, if applicable: 1) the State agency failed to issue the preliminary summary of audit adjustments timely (that is, in accordance with Provision 2(a) or as amended in accordance with specific situation 1); 2) the State agency failed to conduct the area office conference timely (that is, in accordance with Provision 2(d) or as amended pursuant to specific situation 1); 3) the State agency failed to issue the final summary of audit findings timely (that is, in accordance with Provision 2(e) or as amended pursuant to specific situation 1); and/or 4) the State agency failed to issue a final determination notice timely (that is, in accordance with Provision 4(c) or as amended pursuant to specific situation 1). The provisional rate will be established by updating the payment rate for the immediately preceding state fiscal rate year using the provider's filed cost data. Upon the completion of the audit appeal process, an adjustment, retroactive to the beginning of the new rate year, will be made.~~

---

TN NO.: 19-0008

Approval Date: \_\_\_\_\_

Effective Date: 11/01/2019

Supersedes

TN No.: 12-09

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT**

State of MICHIGAN

***Policy and Methods for Establishing Payment Rates  
(Long Term Care Facilities)***

---

**D. B. Non-appealable Elements**

Elements of the reimbursement program for which an administrative remedy, if permitted for a single provider, would imply or necessitate a change in the program for all providers or for all providers in a class may not be appealed through administrative rules or provisions but may be appealed to a court of appropriate jurisdiction. These elements include, but are not limited to: 1) the determination of the selection and use of inflationary adjustors (Section IV.C.3.); 2) the principles of reimbursement and guidelines which define allowable costs (Section III.); 3) non- Medical Assistance Program issues; 4) the cost limits, unless otherwise specifically provided (Sections JV.B.2., and the appropriate subsections of IV.C.3. and IV.B.4.); and 5) the State agency determination of the allowability of items certified under this plan (until such time as an audit is completed).

**E. C. Adjustments**

If the results of an appeal require a change in a provider's rate, the change will be effected through an aggregate adjustment.

---

TN NO.: 19-0008

Approval Date: \_\_\_\_\_

Effective Date: 11/01/2019

Supersedes

TN No.: 12-09



STATE OF MICHIGAN

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
LANSING

GRETCHEN WHITMER  
GOVERNOR

ROBERT GORDON  
DIRECTOR

April 19, 2019

NAME  
TITLE  
ADDRESS  
CITY STATE ZIP

Dear Tribal Chair and Health Director:

**RE:** Nursing Facility Cost Reporting Audit & Reimbursement Revisions

This letter, in compliance with Section 1902(a)(73) and Section 2107(e)(1)(C) of the Social Security Act, serves as notice of intent to all Tribal Chairs and Health Directors of the request by the Michigan Department of Health and Human Services (MDHHS) to submit a State Plan Amendment (SPA).

The purpose of the SPA is to make various updates to the Medicaid nursing facility cost reporting audit and reimbursement processes to comply with Michigan Public Act 612 of 2018, and to make various audit and reimbursement processes more efficient. MDHHS expects this change to have little or no impact on Native American beneficiaries, tribal health clinics and urban Indian organizations. The anticipated effective date of this SPA is October 1, 2019.

There is no public hearing scheduled for this SPA. Input regarding this SPA is highly encouraged, and comments regarding this notice of intent may be submitted to Lorna Elliott-Egan, MDHHS liaison to the Michigan tribes. Lorna can be reached at 517-284-4034, or via email at [Elliott-EganL@michigan.gov](mailto:Elliott-EganL@michigan.gov). **Please provide all input by June 4, 2019.**

In addition, MDHHS is offering to set up group or individual consultation meetings to discuss this SPA according to the tribes' preference. Consultation meetings allow tribes the opportunity to address any concerns and voice any suggestions, revisions, or objections to be relayed to the author of the proposal. If you would like additional information or wish to schedule a consultation meeting, please contact Lorna Elliott-Egan at the telephone number or email address provided above.

MDHHS appreciates the continued opportunity to work collaboratively with you to care for the residents of our state.

Sincerely,

A handwritten signature in black ink, appearing to read "Kathy Stiffler". The signature is fluid and cursive, with the first name being more prominent.

Kathy Stiffler, Acting Director  
Medical Services Administration

cc: Tannisse Joyce, Region V, CMS  
Keri Toback, Region V, CMS  
Leslie Campbell, Region V, CMS  
Justyna Redlinski, Region V, CMS  
Ashley Tuomi, MHPA, Executive Director, American Indian Health and Family  
Services of Southeastern Michigan  
L. John Lufkins, Executive Director, Inter-Tribal Council of Michigan, Inc.  
Keith Longie, Director, Indian Health Service - Bemidji Area Office  
Lorna Elliott-Egan, MDHHS

**Distribution List for L 19-14**  
**April 19, 2019**

Mr. Bryan Newland, Tribal Chairman, Bay Mills Indian Community  
Ms. Audrey Breakie, Health Director, Bay Mills (Ellen Marshall Memorial Center)  
Mr. Thurlow Samuel McClellan, Chairman, Grand Traverse Band Ottawa & Chippewa Indians  
Ms. Ruth Bussey, Health Director, Grand Traverse Band Ottawa/Chippewa  
Mr. Kenneth Meshigaud, Tribal Chairman, Hannahville Indian Community  
Ms. G. Susie Meshigaud, Health Director, Hannahville Health Center  
Mr. Warren C. Swartz, Jr., President, Keweenaw Bay Indian Community  
Mr. Soumit Pendharkar, Health Director, Keweenaw Bay Indian Community - Donald Lapointe Health/Educ Facility  
Mr. James Williams, Jr., Tribal Chairman, Lac Vieux Desert Band of Lake Superior Chippewa Indians  
Ms. Sadie Valliere, Health & Human Services Director, Lac Vieux Desert Band  
Mr. Larry Romanelli, Ogema, Little River Band of Ottawa Indians  
Mr. Daryl Wever, Health Director, Little River Band of Ottawa Indians  
Ms. Regina Gasco-Bentley, Tribal Chairman, Little Traverse Bay Band of Odawa Indians  
Ms. Jodi Werner, Health Director, Little Traverse Bay Band of Odawa  
Mr. Bob Peters, Chairman, Match-E-Be-Nash-She-Wish Potawatomi Indians (Gun Lake Band)  
Ms. Kelly Wesaw, Health Director, Match-E-Be-Nash-She-Wish Potawatomi  
Mr. Jamie Stuck, Tribal Chairman, Nottawaseppi Huron Band of Potawatomi Indians  
Ms. Rosalind Johnston, Health Director, Huron Potawatomi Inc.- Tribal Health Department  
Mr. Matthew Wesaw, Tribal Chairman, Pokagon Band of Potawatomi Indians  
Mr. Matt Clay, Health Director, Pokagon Potawatomi Health Services  
Mr. Ronald Ekdahl, Tribal Chief, Saginaw Chippewa Indian Tribe  
Mrs. Karmen Fox, Executive Health Director, Nimkee Memorial Wellness Center  
Mr. Aaron Payment, Tribal Chairman, Sault Ste. Marie Tribe of Chippewa Indians  
Mr. Leonid Chugunov, Health Director, Sault Ste. Marie Tribe of Chippewa Indians - Health Center

CC: Tannisse Joyce, Region V, CMS  
Keri Toback, Region V, CMS  
Leslie Campbell, Region V, CMS  
Justyna Redlinski, Region V, CMS  
Ashley Tuomi, MHPA, Executive Director, American Indian Health and Family Services of Southeastern Michigan  
L. John Lufkins, Executive Director, Inter-Tribal Council of Michigan, Inc.  
Keith Longie, Director, Indian Health Service - Bemidji Area Office  
Lorna Elliott-Egan, MDHHS



Searching for that perfect item? Go to [mlive.com/classifieds](http://mlive.com/classifieds)

# Classified

KALAMAZOO GAZETTE / SUNDAY, JUNE 16, 2019

Place your classified ad with us

If you have an ad you'd like to place: Visit us online at [mlive.com/placead](http://mlive.com/placead), or call us at 381-5100 or 1 (800) 466-2244.

SECTION

# C

**ANNOUNCEMENTS**

**MONUMENTS & CEMETERIES**

**CEMETERY PLOTS** - (3), Mt. Olivet Catholic Cemetery, section 1, lots 34-36 each, \$31,000. 269-343-3598

Subscribe today at [members.mlive.com](http://members.mlive.com)

**PUBLIC NOTICES**

**STATE OF MICHIGAN PROBATE COURT COUNTY OF KALAMAZOO**

**NOTICE TO CREDITORS**  
Decedent's Trust

In re: Adeline C. Novak Living Trust Dated October 19, 2000. Date of Birth of September 21, 1932.

**TO ALL CREDITORS:** NOTICE TO CREDITORS: The decedent, Adeline Novak, who lived at 8428 Tawney Pointe, Mattawan, MI 49071, died on September 04, 2018. Creditors of the decedent are notified that all claims against the decedent and the Adeline C. Novak Living Trust Dated October 19, 2000, as amended, will be forever barred unless presented to: Melanie M. Novak, Trustee of the Adeline C. Novak Living Trust Dated October 19, 2000, as amended, or to both the Attorney for the Trustee, Meghan J. Miracle, and the Trustee, within 4 months after the date of publication of this notice. June 16, 2019.

**Michigan Department of Health and Human Services Medical Services Administration**

**Nursing Facility Cost Reporting Audit & Reimbursement Revisions State Plan Amendment Request**

The Michigan Department of Health and Human Services (MDHHS) plans to submit a State Plan Amendment (SPA) request to the Centers for Medicare & Medicaid Services (CMS) to make various updates to the Medicaid nursing facility cost reporting audit and reimbursement processes.

The anticipated effective date for the Nursing Facility Cost Reporting Audit & Reimbursement Revisions SPA is October 1, 2019.

The Michigan Department of Health and Human Services (MDHHS) is revising various nursing facility cost reporting audit and reimbursement policies, to comply with the requirements of Michigan Public Act (PA) 612 of 2018, to make processes more efficient and effective in order to meet the new requirements, and to update certain outdated policies.

The major requirements of Michigan PA 612 of 2018 include:

- A nursing facility cost report must be accepted within 60 calendar days of the filing of the cost report.
- An audit of an accepted cost report must be completed within 21 months.
- An on-site audit cannot last longer than 30 calendar days per cost report year for an individual nursing facility and no longer than 180 calendar days for more than six commonly owned or controlled nursing facilities (if the provider and MDHHS agree, then the on-site days limit may be waived); and
- A final settlement of an audited cost report must be delivered to the provider within 60 calendar days of the issuance of the Final Summary of Audit Adjustments Notice.

This State Plan Amendment is budget neutral.

There is no public meeting scheduled regarding this notice. Any interested party wishing to request a written copy of the SPA or wishing to submit comments may do so by submitting a request in writing to: MDHHS/Medical Services Administration, Program Policy Division, PO Box 30479, Lansing MI 48909-7979 or e-mail [MSADraftPoll@mdhhs.michigan.gov](mailto:MSADraftPoll@mdhhs.michigan.gov) by July 18, 2019. A copy of the proposed State Plan Amendment will also be available for review at <http://michigan.gov/mdhhs>, 05885-339-73970\_5080-108153-00.html.

**PUBLIC NOTICE**

**Michigan Department of Health and Human Services Medical Services Administration**

**State Veterans' Home Reimbursement Methodology Change State Plan Amendment Request**

The Michigan Department of Health and Human Services (MDHHS) plans to submit a State Plan Amendment (SPA) request to the Centers for Medicare & Medicaid Services (CMS) to update the reimbursement methodology for State Veterans' Homes based on the CMS changes to the Skilled Nursing Facility Prospective Payment System methodology.

The anticipated effective date for the State Veterans' Home Reimbursement Methodology Change SPA is October 1, 2019.

Pending approval from CMS, the Michigan Medicaid State Plan will be modified to allow for policy changes to the State Veterans' Home reimbursement methodology from the Resource Utilization Group (RUG) IV system to the Patient Driven Payment Model (PPDM) system and updates the billing requirements to reflect this change. CMS will change their reimbursement system from the RUG IV to the PPDM effective October 1, 2019. Therefore, this policy change is necessary since the Veterans' Home rates are tied to the Medicare rates. CMS will also discontinue support for RUGs for all states effective October 1, 2020.

This State Plan Amendment is budget neutral.

There is no public meeting scheduled regarding this notice. Any interested party wishing to request a written copy of the SPA or wishing to submit comments may do so by submitting a request in writing to: MDHHS/Medical Services Administration, Program Policy Division, PO Box 30479, Lansing MI 48909-7979 or e-mail [MSADraftPoll@mdhhs.michigan.gov](mailto:MSADraftPoll@mdhhs.michigan.gov) by July 18, 2019. A copy of the proposed State Plan Amendment will also be available for review at <http://michigan.gov/mdhhs>, 05885-339-73970\_5080-108153-00.html.

**PUBLIC NOTICES**

The Van Buren Intermediate School District is now soliciting competitive bids for a design-build engineered turnkey solution for HVAC upgrades at Bert Goens Learning Center Facility located at 750 South Paw Paw Street, Lawrence, MI 49064 as specified in the bid packet. Bid packets are available for download at [www.vbisd.org](http://www.vbisd.org) under District Services - Business Office. Sealed bids are due June 25, 2019 at 2:00 PM at the Van Buren Intermediate School District Business Office, 490 South Paw Paw Street, Lawrence, MI 49064, at which time bids will be publicly opened and read aloud.



**MERCHANDISE**

**ANTIQUES, ART & COLLECTIBLES**

!!!!!!!! ATTENTION !!!!!!!!!  
If you or someone you know worked with John Slater at Associated Mechanical Services from 1969-1971 or at the Eaton Corporation from 1971-1981, or if you worked with James Slater at the James River Corp paper plant from 1947-1968, please call Rebecca at Simmons Hanly Conroy toll-free at 1-855-988-2537. You can also email Rebecca at [rockrell@simmonsfirm.com](mailto:rockrell@simmonsfirm.com).

**AUCTIONS & AUCTIONEERS**

**LARGE PUBLIC AUCTION**  
Thur. - June 20 - 4:00 PM  
5075 Russcher Rd., Holland, MI

**FARM TOOLS:** JD Model B SN 260968, 5' pull type brush hog; Yard Machine MTD rear garden tiller; MTD edger; Aliens Deluxe 28 snow blower-like new HUDSONVILLE, MI COLLECTIBLES: 6' porcelain "Hudsonville" railroad station sign; collection toy scale model tractors; LARGE COLLECTION of Milk Bottles - most from Michigan PLUS.....Local Greenhouse owners are retiring. Selling inventory - Check web site for pictures

**STATE OF MICHIGAN 9TH JUDICIAL CIRCUIT FAMILY DIVISION KALAMAZOO COUNTY PUBLICATION OF HEARING NOTICE TO PUTATIVE FATHER**  
CASE NO. 2019-0198NA  
PETITION NO. A

**IN THE MATTER OF:** Drexton Smith  
**TAKE NOTICE:** A petition has been filed with this court regarding the following minor(s): Drexton Smith who was born on June 5, 2019 at Kalamazoo County, MI.

The mother of the minor(s) is Hannah Noel Smith. If you are or may be the natural father, you should appear at the Kalamazoo County, 9th Circuit Court, 1536 Gull Road, Kalamazoo, MI 49048 on July 18, 2019 at 9:00 AM and on August 7, 2019 at 10:00 AM to state any interest you may have in the minor(s). Failure to appear at this hearing is a denial of interest in the minor(s), waiver of notice for all subsequent hearings, and a waiver of a right to appointment of an attorney. Failure to appear at this hearing COULD RESULT PERMANENT TERMINATION OF PARENTAL RIGHTS.

**STATE OF MICHIGAN PROBATE COURT COUNTY OF KALAMAZOO**

**NOTICE TO CREDITORS**  
Decedent's Estate  
FILE NO. 2019-0559-DE

Estate of Jarmaine Macoy Brown, Deceased, Date of Birth: November 10, 1999.

**TO ALL CREDITORS:** NOTICE TO CREDITORS: The decedent, Jarmaine Macoy Brown, Deceased, died February 24, 2019. Creditors of the decedent are notified that all claims against the estate will be forever barred unless presented to Nicole Murphy, personal representative, or to both the probate court at 1536 Gull Rd., Kalamazoo, MI 49048 and the personal representative within 4 months after the date of publication of this notice. June 16, 2019.

The Probate Pro, A Division of the Davern Finding Law Firm, PLC  
Darren Finding P51350  
414 W. Fifth St.  
Royal Oak, MI 48067  
(248) 399-3300

Nicole Murphy  
6566 East JK Ave., Apt. D  
Kalamazoo, MI 49048  
260.807.7770

**STATE OF MICHIGAN PROBATE COURT COUNTY OF KALAMAZOO**

**NOTICE TO CREDITORS**  
Decedent's Estate  
FILE NO. 20190628DE

Estate of LORETTA LYNN SIVILEY, Date of birth: 11/01/1964.

**TO ALL CREDITORS:** NOTICE TO CREDITORS: The decedent, Lynn Siviley, died 03/03/2019. Creditors of the decedent are notified that all claims against the estate will be forever barred unless presented to Loretta FaeAnn Ermel, personal representative, or to both the probate court at 1536 Gull Road, Kalamazoo, MI 49048 and the personal representative within 4 months after the date of publication of this notice, 06/16/2019.

Danielle Streed P45668  
480 W. Lovell  
Kalamazoo, MI 49007  
(269) 276-0055

Loretta FaeAnn Ermel  
5796 N. 20th  
Kalamazoo, MI 49004  
(269) 443-4330

**AUCTIONS & AUCTIONEERS**

**LIVE ON-SITE PUBLIC AUCTION**  
Fri. June 21 @ 12PM

5589 124th Ave (M-89) Farmville, MI 49408 (Allegan Co) Richard & Anna May Onken Restored 1931 Ford Model A 1-ton flatbed truck; Ford Model T pick-up; Ford Model A roadster; Lots of Mod A & T parts; JD B tractors; Hit & miss engines; Guns; Shop tools; Antiques, Primitives & more!



**PUBLIC AUCTION**  
Sat. - June 22 - 10:00 AM  
5773 Lake Michigan Dr., Allendale, MI

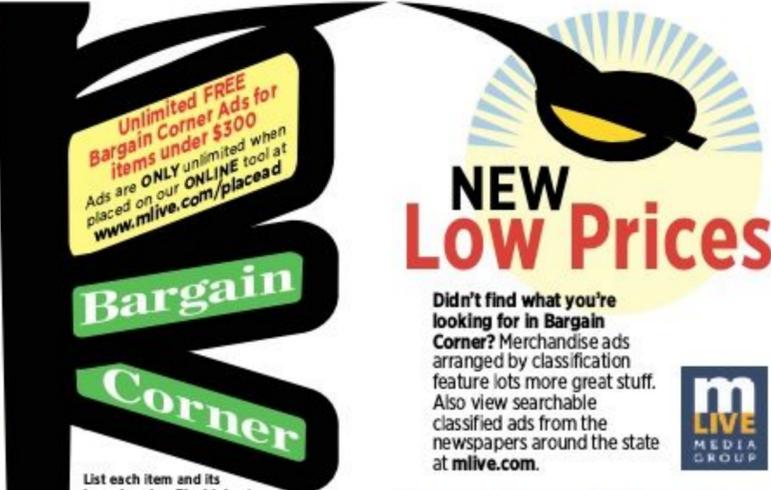
**BIEF LIST:** Slot machine; chest freezer; roll top desk; Large carboard Movie stand ups/posters; Neon USA & Route 66; Porcelain "Lake Michigan Drive" sign; Bandsaw; craftsman belt sander; 1975 car dash; air welder; air compressor; Lincoln welder; Chevy truck grill; Cadillac grill mounted; giant work table; Craftsman wood chisel set; PLUS MUCH MORE.

**Auction Note:** Owners will be selling their home and moving. Downsizing the contents of home, barn, and man cave. Check web for full list and pics.

**DALES AUCTIONEERING SERVICE LLC**  
Dale Flokstra, Auctioneer  
616-836-3132  
[dalesauctioneering.com](http://dalesauctioneering.com)

**BUILDING SUPPLIES**

2 metal desks, 10 filing cabinets 7 cubic panels 2 glass, 5 fabric, 14 waiting area chairs, metal table 4x6 large folding table, 4x12. Every item priced for \$50, or less. Call 616-295-3537 between 9am-5pm.



**NEW Low Prices!**

Didn't find what you're looking for in Bargain Corner? Merchandise ads arranged by classification feature lots more great stuff. Also view searchable classified ads from the newspapers around the state at [mlive.com](http://mlive.com).

List each item and its bargain price. The highest priced item determines the cost of your ad. Prices are for an 8-line ad for 7 days in print and online subject to availability.

**Item Price • Ad Cost**

Free - \$300	FREE*
Under \$1,000	\$6
Under \$2,000	\$12

\*One ad per week per household.  
\*Bargain Corner ads that are placed over the phone through our call center are subject to a \$10 Service Charge in addition to ad cost.  
No dealer ads, pets or living things please. Pre-payment is required. We're happy to accept:



Place your own ad at: [www.mlive.com](http://www.mlive.com)

**Call 222-5555 (616) 222-5555**  
**800-878-1511**

**BARGAIN CORNER**

14 Foot Hobie Cat Sail Boat with trailer, rainbow sail. Vicksburg. 269-649-4081 leave message will return call \$300.00 OBO.

**MOONLIGHT BARGAINS**

**CASH\$\$\$ FOR BROKEN AUTOS** - Also selling used batteries & tires. 569 10th St., Plainwell. Call Doug anytime, 269-501-5763.

**COMIC BOOKS**  
Buying large or small collections. Paying Cash!! (616) 638-2105

**DIABETIC TEST STRIPS WANTED - CASH PAID !!**  
Local pick up, cash payment. Area's oldest most trusted Bob, The Test Strip Guy 616-298-8558

**ELECTRIC OVEN** - GE, automatic cleaning, \$150. Dishwasher - GE, Eterna, black, \$125. Electric Stove - Jennair, down draft, black cook top, \$250. Microwave - Panasonic Inverter, 2-cubic ft., 1250w, \$65. Ceiling fans - (4), 48", \$25 each. Leave messages 269-375-6474

**Large dark brown leather rocker recliner like new condition \$150.00.**  
DVD/CD player never used in box \$35.00  
269-668-2385

**O'Day Wileon 12ft Sail boat**  
Mast 18ft, MainJib, \$500  
Call or Text 269-432-1231

Subscribe today at [members.mlive.com](http://members.mlive.com)

A convenient list of local service providers

## BUSINESS directory

To advertise your business in this directory call Brenda Sardison at 877-366-0048 or [bsardison@mlive.com](mailto:bsardison@mlive.com)  
MAKE SURE YOU MENTION TO YOUR SERVICE PROVIDER YOU SAW THEM HERE

To advertise your business in this directory call Brenda Sardison at 877-366-0048 or [bsardison@mlive.com](mailto:bsardison@mlive.com)  
MAKE SURE YOU MENTION TO YOUR SERVICE PROVIDER YOU SAW THEM HERE

**CEMENT WORK**

**Complete Care Concrete**

Sidewalks, Driveways, Steps, Walls, Stucco

Basements, Patios, Pole Barns, Masonry, Grading

Stamped Decorative Concrete

RESIDENTIAL & COMMERCIAL  
**269-282-1766**

**HANDYMAN SERVICES**

**HOME REPAIRS**

All types. Quality work. 45 years experience. Refs. FREE estimates!

**(269) 382-5412**

**HAULING**

**TRASH REMOVAL**  
Junk, Garbage, Furniture, Appliances, Yard Waste. FREE est. \$ar discount!  
7 days/week.  
**269.344.0946**

**PAINTING**

**EXTERIOR/INTERIOR Painting and Power Washing**

Senior Citizen Discount  
Retired Teacher  
Call Don **(269) 324-0712**

**REMODELING**

**REMODELING - All aspects**  
Additions, Garages, Decks & Maint.  
Lic. & Ins. 30+ yrs exp. Tri Square Builders  
**(269) 501-7664**

**SERVICES OTHER**

**LINK FENCE**

Commercial/Residential  
Free Estimates  
**269-274-5657**

Including:  
• Gate Ink  
• Vinyl Fencing  
• Big Kennels  
• Farm Fencing  
• Custom wood thinking

**WINDOWS**

Replacement Windows  
Doors, glass block basement windows & siding  
Lifetime warranty  
**K&S Services 616 866 4028**

**Local sports news on mlive.com/sports**

**Local sports news on mlive.com/sports**

**Public Auction-Well Maintained Tool and Mold Shop**

**Bank Auction of DIE TECH SERVICES, INC.-Business Assets**  
2457 Waldorf Court NW, Walker (Grand Rapids), Michigan

Wednesday, June 26, 9:00 am  
Inspection: Tuesday, June 25, 9-4

**Featuring:**  
Hurco VMX-64 CNC VMC, New 2012  
Haas VF-3 CNC VMC  
Charmilles 290P CNC Wire EDM  
Verson G2-4000S Gap Frame Press, 400 Ton  
Clearing 250 Ton Gap Frame Press  
(2) Carlton Radial Drills  
Okamoto and Kent Surface Grinders  
(4) Bridgeport Series I Mills  
LK G80C CMM, Rebuilt 2015  
(2) Hyster Forklifts  
Large Quantity Tooling and Accessories

Thompson Auctioneers, Inc.  
Steve Thompson, Auctioneer  
937-426-8446/[www.thompsonauctioneers.com](http://www.thompsonauctioneers.com)

## NEED EXTRA INCOME?

**Earn up to \$1,000/mo. plus tips**  
with NO collections, delivering newspapers as an independent contractor.

We need motivated self-starters to deliver the Kalamazoo Gazette, as independent contractors. Earn Extra Income! Advance Local Michigan is looking for reliable people to deliver the Kalamazoo Gazette and other publications Tuesday, Thursday, Saturday and Sunday. Must be at least 18 years of age or older. Applicant's name MUST appear on the proof of insurance! Also must be able to lift 40-lbs bundles. Multiple routes are available with a mix of porch and tubed delivery stops.

**Contact us today! Call 616-224-4779 or email [MI.Carrier.GKMJ@advancelocal.com](mailto:MI.Carrier.GKMJ@advancelocal.com)**

Please leave your name, address, cell phone number, best number to reach you and what city or area you would like to deliver. We will forward this information to our District Manager and they will be in contact with you ASAP. Please mention any previous delivery experience.

**KALAMAZOO GAZETTE**