

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

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

20 - 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

August 1, 2020

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:

Section 1945 of the Social Security Act

7. FEDERAL BUDGET IMPACT:

a. FFY 2020 \$0

b. FFY 2021 \$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Supplement to Attachment 3.1-A Page 18

Supplement to Attachment 3.1-A Page 18a

Supplement to Attachment 3.1-A Page 18b

Supplement to Attachment 3.1-A Page 19

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (*If Applicable*):

Supplement to Attachment 3.1-A Page 18

Supplement to Attachment 3.1-A Page 18a

Supplement to Attachment 3.1-A Page 18b

Supplement to Attachment 3.1-A Page 19

10. SUBJECT OF AMENDMENT:

The purpose of this SPA is to implement CMS Final Rule CMS-5531, which amends CMS Rule 2348-F. The new federal regulations permit non-physician practitioners (e.g., nurse practitioners, physician assistants, and clinical nurse specialist) to order home health services and durable medical equipment.

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:



13. TYPED NAME:

Kate Massey

14. TITLE:

Director, Medical Services Administration

15. DATE SUBMITTED:

September 30, 2020

16. RETURN TO:

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

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

**AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND
SERVICES PROVIDED TO THE CATEGORICALLY AND MEDICALLY NEEDY**

7. Home Health Care Services (Same for categorically needy and medically needy beneficiaries)

a. Covered Services

The services and items listed below are covered by Medicare certified home health agency when provided to a beneficiary in any setting in which normal activities take place and does not include services in a hospital, nursing facility including Nursing Facility for Mentally Ill (NF/MI), or Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID).

All services must be ordered by the beneficiary's physician **OR PERMITTED NON-PHYSICIAN PRACTITIONER (NPP), INCLUDING A NURSE PRACTITIONER (NP), CLINICAL NURSE SPECIALIST (CNS), OR PHYSICIAN ASSISTANT (PA)**, pursuant to a face-to-face or telemedicine encounter occurring within in 90 days prior or 30 days after the start of services, and documented in a comprehensive written plan of care, which is reviewed **by the physician** at least every 60 days. An exception to this rule applies to medical supplies and durable medical equipment when provided by a Medicaid enrolled medical supplier. For these items, the physician **OR NPP** must review the medical need on an annual basis.

Medicaid will not cover any services provided by a home health agency that are not medically necessary.

1) Intermittent or part-time nursing services provided by a Medicaid enrolled home health agency. In areas where no home health agency exists, nursing services may be covered when provided by a registered nurse who:

- is licensed to practice in Michigan;
- receives written ordered from the beneficiary's physician **OR NPP**;
- documents the services provided; and,
- has received instructions in acceptable clinical and administrative record keeping from a public health department nurse.

2) Home health aide services are not covered for beneficiaries:

- In a hospital, nursing facility including Nursing Facility for Mentally Ill (NF/MI), or Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID);
- In a home for the aged or adult foster care facility such services are already provided as part of residential care; or,
- When not medically necessary.

3) Medical supplies, equipment and appliances suitable for use in any setting in which normal activities take place and does not include services in a hospital, nursing facility including Nursing Facility for Mentally Ill (NF/MI), or Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID).

A Medicaid enrolled home health agency is allowed to provide a select number of medical supply items when:

- Medical supplies, durable medical equipment and oxygen suitable for use in any setting in which normal activities take place and does not include services in a home for the aged, adult foster care facility, hospital, nursing facility, or Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID);
- Medically necessary; and,
- Provided by a Medicaid enrolled medical supplier. The following outlines Medicaid policies for a medical supplier dispensing items.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of MICHIGAN

***Amount, Duration and Scope of Medical and Remedial Care
Services Provided to the Categorically and Medically Needy***

7. Home Health Care (continued)

Covered services

3. Medical supplies (continued)

Supplies

Coverage includes: Hypodermic syringes/needles, ostomy supplies, dressings necessary for the medical management of the beneficiary, etc.

Certain items require prior authorization.

Exclusion: Incidental first-aid supplies (e.g., adhesive bandages).

Freedom of choice of providers is waived in authority with 1915(a) for diapers and selected incontinence supplies (medical devices) in acceptance of certification that adequate services and devices will be provided. Diapers and selected incontinence supplies must be obtained for the State's contractor.

Durable Medical Equipment

Durable medical equipment (DME) is a benefit for beneficiaries under age 21. DME is a benefit for beneficiaries age 21 or older under the following conditions:

- When a beneficiary is enrolled in Medicare Part B and Medicare has made payment on the equipment, Medicaid may cover the co-insurance and/or deductible amounts as described in Attachment 3.2-A.
- When the equipment is needed to prevent frequent hospitalization or institutionalization, is life sustaining or replaces a malfunctioning body member, Medicaid may cover the equipment.

Prior authorization of DME is required for beneficiaries of all ages except where exempted for selected diagnostic codes.

Program coverage of mobility and custom fabricated seating systems for all beneficiaries must be ordered by a physician **OR PERMITTED NON-PHYSICIAN PRACTITIONER (NPP), INCLUDING A NURSE PRACTITIONER (NP), CLINICAL NURSE SPECIALIST (CNS), OR PHYSICIAN ASSISTANT (PA),** and prior authorized. Prior authorization is determined based on a completed standardized mobility assessment performed by a licensed/certified medical professional defined as an Occupational Therapist, Physical Therapist or Rehabilitation Registered Nurse who has at least 2 years experience in rehabilitation.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of MICHIGAN

***AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND
SERVICES PROVIDED TO THE CATEGORICALLY AND MEDICALLY NEEDY***

The program determines if the equipment is to be rented or purchased. Such determination includes consideration of costs versus benefit.

Oxygen

Oxygen is covered for the beneficiary residing in any setting in which normal activities take place and does not include services in a hospital, nursing facility including Nursing Nacility for Mentally Ill (NF/MI), or Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) when medically necessary and when ordered by a physician **OR NON-PHYSICIAN PRACTITIONER (NPP)**.

TN NO.: 20-0008

Approval Date: _____

Effective Date: 08-01-2020

Supersedes

TN No.: 18-0003

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of MICHIGAN

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY AND MEDICALLY NEEDY

- 4) Physical therapy, as described in 1.a of Supplement to Attachment 3.1-A when provided by a Medicaid-enrolled home health agency. Prior approval is required if services exceed the time or frequency for:
 - initial treatment (24 times in 60 consecutive calendar days) or
 - maintenance/monitoring (four times in the 60-day allowed period)
- 5) Occupational therapy services, as described in 1.a of Supplement to Attachment 3.1-A, of a restorative nature, are covered when ordered in writing by a physician **OR NON-PHYSICIAN PRACTITIONER (NPP)**, and provided by a Medicaid-enrolled home health agency. Prior approval is the same as presented at 4) above.
- 6) Home health aide services when provided by a Medicare certified and Medicaid enrolled home health agency. Prior authorization is required if services exceed the initial 90-day period. Prior authorization is based on medical necessity, physician's **OR NON-PHYSICIAN PRACTITIONER'S (NPP)** orders, the plan of care, related documentation, and cost-effectiveness when compared with other care options.

b. Excluded services

"Non-covered care" under the Medical Assistance Program, Le., care which is designed essentially to assist the individual in meeting the activities of daily living and does not require the additional services of trained medical or paramedical personnel.



STATE OF MICHIGAN

DEPARTMENT OF HEALTH AND HUMAN SERVICES
LANSING

GRETCHEN WHITMER
GOVERNOR

ROBERT GORDON
DIRECTOR

July 30, 2020

NAME
TITLE
ADDRESS
CITY STATE ZIP

Dear Tribal Chair and Health Director:

RE: Notice of Intent to Submit Traditional State Plan and Alternative Benefit Plan (ABP) Amendments to Allow Non-Physician Practitioners to Order Home Health Services and Durable Medical Equipment

This letter, in compliance with Section 1902(a)(73) and Section 2107(e)(1)(C) of the Social Security Act, serves as notice to all Tribal Chairs and Health Directors of the intent by the Michigan Department of Health and Human Services (MDHHS) to submit State Plan and ABP amendment requests to the Centers for Medicare & Medicaid Services (CMS).

The amendments will allow MDHHS to implement CMS Final Rule CMS-5531, which amends CMS Rule 2348-F. The new federal regulations permit non-physician practitioners (e.g., nurse practitioners, physician assistants and clinical nurse specialists) to order home health services and durable medical equipment. These changes are expected to have a positive impact by expanding access to home health care and durable medical equipment for Native American beneficiaries. The anticipated effective date of the amendments is August 1, 2020.

There is no public hearing scheduled for these authorization changes. Input regarding these changes 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. **Please provide all input by September 13, 2020.**

In addition, MDHHS is offering to set up group or individual consultation meetings to discuss these changes, 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.

L 20-47
July 30, 2020
Page 2

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 'K. Massey', with a long horizontal line extending to the right.

Kate Massey, Director
Medical Services Administration

CC: Keri Toback, CMS
Nancy Grano, CMS
Chastity Dial, CEO, American Indian Health and Family Services of Southeastern Michigan
Daniel Frye, Director, Indian Health Service - Bemidji Area Office
Lorna Elliott-Egan, MDHHS

Distribution List for L 20-47
July 30, 2020

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
Mr. Soumit Pendharkar, 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
Ms. Kathy Mayo, Interim 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. Tim Davis, 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: Keri Toback, CMS
Nancy Grano, CMS
Chastity Dial, CEO, American Indian Health and Family Services of Southeastern Michigan
Daniel Frye, Director, Indian Health Service - Bemidji Area Office
Lorna Elliott-Egan, MDHHS



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Classified

PAGE C5 / KALAMAZOO GAZETTE / TUESDAY, JULY 28, 2020

ANNOUNCEMENTS

PUBLIC NOTICES

COMSTOCK TOWNSHIP PLANNING COMMISSION PUBLIC HEARING NOTICE

REZONING, SPECIAL EXCEPTION USE REQUESTS AND ZONING ORDINANCE TEXT AMENDMENTS

TO: THE RESIDENTS AND PROPERTY OWNERS OF THE CHARTER TOWNSHIP OF COMSTOCK, KALAMAZOO COUNTY, MI AND ANY OTHER INTERESTED PERSONS:

PLEASE TAKE NOTICE that a public hearing regarding a special exception use request and two rezoning requests will be held on Aug. 13, 2020 commencing at 7:00 p.m. at the Comstock Township Hall, 6138 King Highway, within the Township, as required under the provisions of the Michigan Zoning Enabling Act, the Zoning Ordinance for the Township.

PLEASE TAKE FURTHER NOTICE that, pursuant to Executive Orders 2020-119 and 2020-129 (unless otherwise lifted), the Township Planning Commission may hold this meeting (including public hearings) electronically, in order to limit in person government activities, to protect critical infrastructure workers to the extent possible and to limit the number of individuals gathering together. If the meeting is held electronically, information to electronically attend the meeting will be posted on the township's website at <https://comstockmi.gov> a reasonable amount of time before the meeting. In addition to participation during an electronically held public hearing, members of the public may also provide comments for the Planning Commission's consideration by emailing or making those comments to the Planning Commission for receipt prior to the meeting, in care of Community Development Director Stefania (stefania@comstockmi.gov) or by leaving a phone message prior to the meeting for Community Development Director Stefania at the number below.

PLEASE TAKE FURTHER NOTICE that the items to be considered at said public hearing include, in brief, the following:

a. Special exception use request of Jon Wright of Utility Contracting Company pursuant to Section 18.03 of the Zoning Ordinance, to allow a heavy equipment contractor's yard. Subject property is 8975 East K Ave. in the LM, Light Manufacturing District. Tax ID numbers: 3907-15-480-100 and 3907-15-480-110.

b. Rezoning request of Vince Shayone of CJP, Inc. to rezone 2.99 acres on the north side of East ML Avenue immediately east of and abutting I-94 from O-1, Office District to LM, Light Manufacturing. Tax ID number 3907-30-260-100.

c. Rezoning request of Haji Tehrani of Drive & Shine Development, Inc. to rezone an additional 2.09 acres (approximately 2.29 acres) from B-1, Neighborhood Business District to B-2, Community Business District. Subject property is 5309 Gull Road. Tax ID number 3907-06-330-071.

d. Zoning Ordinance text amendments addressing the definition of and placement standards for billboards.

Anyone interested in reviewing the applications pertinent to the rezoning may review the applications upon request to the Community Development Director before the Planning Commission meeting. All interested persons are invited to be present at the aforesaid time and place, or, if an electronic meeting is held, to participate via the electronic meeting.

Comstock Charter Township will provide necessary reasonable auxiliary aids and services, such as signers for the hearing impaired and audio tapes of printed material being considered at the hearing, to individuals with disabilities at the hearing upon four (4) days' notice to the Township Clerk. Individuals with disabilities requiring auxiliary aids or services should contact the Township Clerk at the address or telephone number listed below.

COMSTOCK CHARTER TOWNSHIP PLANNING COMMISSION

By: Allan Faust, Secretary
Comstock Charter Township Hall
6138 King Highway,
P.O. Box 449
Comstock, Michigan 49048
(269) 381-2360

PUBLIC NOTICES

PUBLIC NOTICE
MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES
MEDICAL SERVICES ADMINISTRATION

Submission of Traditional and Alternative Benefit Plan (ABP) State Plan Amendments (SPAs), Consistent with Interim Final Rule CMS-5531, to Permanently Amend 42 CFR 440.70 (a)(2) to Allow Non-physician Practitioners Order Medicaid Home Health Services and Durable Medical Equipment

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). The request includes a SPA and a corresponding ABP SPA to implement CMS Rule 5531 Modification to Medicare Rules and Medicaid Concerning Certification and Provision of Home Health Services. CMS-5531 amends CMS-2348 to allow non-physician practitioners (i.e. nurse practitioners, physician assistants and clinical nurse specialists) working within their scope of practice to order home health and durable medical equipment services.

The anticipated effective date for the SPAs is August 1, 2020, pending CMS approval.

CMS Rule 5531 improves access to home health and durable medical equipment services by allowing non-physician practitioners working within their scope of practice to order home health and durable medical equipment services.

In compliance with 42 CFR 940.345, individuals under 21 years of age receiving Medicaid benefits will continue to have access to services within the full early and periodic screening, diagnosis and treatment (EPSDT) benefit as defined in Section 1905(r) of the Social Security Act.

These changes are budget neutral to the State of Michigan pursuant to the State Plan Amendments.

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, P.O. Box 30079, Lansing, MI 48909-7979 or email MSADraftPolicy@michigan.gov, policy MSA 20-35, by July 31, 2020. A copy of the proposed State Plan Amendment will also be available for review at http://michigan.gov/mdhhs/0,5885,7-339-73970_50880-108153--00.html

STATE OF MICHIGAN
9TH CIRCUIT COURT
FAMILY DIVISION
KALAMAZOO COUNTY
PUBLICATION OF HEARING
CASE NO. 2020-0151-NA
PETITION NO. A

TO: Roy Snyder

IN THE MATTER OF:
Roy Benjamin Snyder Jr.
02/11/2006

A hearing regarding pre-trial will be conducted by the court on 10/22/2020 at 9:00 AM in the 9th Circuit Court-Family Division 1536 Gull Road, Kalamazoo, MI 49008 before Referee Paul J. Yancho.

A hearing regarding 182 day review will be conducted by the court on 12/08/2020 at 9:00 AM in the 9th Circuit Court-Family Division 1536 Gull Road, Kalamazoo, MI 49008 before Referee Robin V. King.

You have the right to an attorney and the right to a trial by judge or jury. IT IS THEREFORE ORDERED that Roy Snyder personally appear before the court at the time and place stated above.

Roy Snyder shall immediately call 269-385-6042 to arrange appearance for this hearing due to COVID-19 circumstances.

This hearing may result in the termination of your parental rights.

THE FOLLOWING VEHICLES WILL BE SOLD AT PUBLIC AUCTION UNDER THE AUTHORITY OF MCL SEC 257.25(9) ON THURSDAY JULY 30, 2020 FROM 8:00 A.M. TO 8:10 A.M. AT 159 10TH ST., PLAINWELL, MI 49080.
Dodge LB3HB48A59D199572
Honda F8NYF185X48010789

RECREATION

BOATS, MOTORS & ACCESSORIES

15 ft Smoker Craft, fishing boat, with 40 hp mercury engine, \$3000 616-738-0893

REAL ESTATE FOR SALE

All real estate advertising in this newspaper is subject to the Federal Fair Housing Amendments Act, the Michigan Civil Rights Act, and the Grand Rapids Municipal Code which make it illegal to advertise any preference, limitation or discrimination based on race, color, religion, sex, national origin, handicap, familial status, age, marital status, source of lawful income or public assistance recipient status, or an intention to make any such preference, limitation or discrimination. Familial status includes children under the age of 18 living with parents or legal custodians, pregnant women and people securing custody of children under 18.

This newspaper will not knowingly accept any advertising for real estate which is in violation of the law. To report discrimination, call the Office of Fair Housing and Equal Opportunity of the U.S. Department of Housing and Urban Development (HUD) at 1-800-669-9777. The HUDTTY telephone number for the hearing impaired is 1-212-708-1455.

PUBLIC NOTICES

COMSTOCK TOWNSHIP PLANNING COMMISSION PUBLIC HEARING NOTICE

REZONING, SPECIAL EXCEPTION USE REQUESTS AND ZONING ORDINANCE TEXT AMENDMENTS

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Comstock Charter Township Hall
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Comstock, Michigan 49048
(269) 381-2360

TRANSPORTATION

MOTORCYCLES & SERVICE

WANTED: Vintage Motorcycles: 1900-1979. Dead or alive. Located in MI. We pay CASH! Russ Call 517-490-9676

WATERFRONT PROPERTIES

Photo Coming Soon

Lake Front Home Furnished 2BR 2BA W/D Bsmt. Sale by owner. Cottage or year-around home on all-sports Campbell Lake. Located 30 min N. of Muskegon. Info @ lakefrontlifestyle.com 220K or BO 231-286-4893

SUVs

JEEP 1999 WRANGLER- Soft top, 4x4, 2-door, 3500 cc engine in it, has a lift kit underneath, new tires. \$9,000. Or Very Good Offers! Call 989-798-8733

EMPLOYMENT

DRIVERS & TRANSPORTATION

DRIVER
Experienced CDL Class A Driver wanted for Kalamazoo Metal Recyclers. 401K and healthcare available. Apply within at 1525 King Highway, Kalamazoo, MI. NO PHONE CALLS PLEASE.

WRECKER DRIVER
401K and healthcare available. Apply within at 1525 King Highway, Kalamazoo, MI. NO PHONE CALLS OR EMAILS PLEASE.

GENERAL HELP WANTED

GENERAL LABORERS and YARD WORK
401k and health benefits available. Apply within at Kalamazoo Metal Recyclers, 1525 King Highway, Kalamazoo, MI. NO PHONE CALLS PLEASE.

Hydraulic Crane Operator
Experience recommended but will train. 401K & Healthcare available. Apply within: Kalamazoo Metal Recyclers, 1525 King Hwy. NO PHONE CALLS PLEASE.

REAL ESTATE FOR RENT

APARTMENT UNFURNISHED

RIVERVIEW CO-OP
1628D Waiting list now open for Section 8 units. 3648D Market rate Townhouses, call on availability. Applications outside door @ 1028 Bridge St, Kzoo 269-549-6631 TTY: 711

RIVERVIEW COOPERATIVE
Lista de espera abierta para apartamentos de 1 y 2 habitaciones en Sección 8. Casas de 3 y 4 habitaciones a precio de mercado, llame para disponibilidad. Aplicaciones disponibles en la puerta. 1028 Bridge St, Kalamazoo 269-349-6631 TTY: 711

PETS & FARMS

PETS & SUPPLIES

Photo Coming Soon

AKC American Cocker Spaniel Puppies. Born 6-12-20. Male and females. UTD on shots, dewormed, vet checked. Friendly. Ready 8-7-20. Most sable. 616-636-8175.

AKC LAB PUPS 4 Cream & 2 Black- Shots, Vet Checked, Micro Chip, Health Guarantee \$1750.00 231-387-7009 or visit perfectionpuppies.com

Blue Heeler Puppies, 1st shots & wormed, very nice! \$500 517-726-0706

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WANTED: Vintage Motorcycles: 1900-1979. Dead or alive. Located in MI. We pay CASH! Russ Call 517-490-9676

BAKING DISH - LARGE - NEVER USED - REAL LUCITE & CHROME CRADLE - COLLECTABLE. Large glass baking dish - easy clean up. Carrying/Serving Cradle is stunning. In Museum collections. Only \$100 set. 616-724-6704.

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Paying Cash!!! (616) 638-2105

ANNOUNCEMENTS

PUBLIC NOTICES

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REZONING, SPECIAL EXCEPTION USE REQUESTS AND ZONING ORDINANCE TEXT AMENDMENTS

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