

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION	1. TRANSMITTAL NUMBER: 17 - 0014	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 June 1, 2018	

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 1902(a) of the Social Security Act and 42 CFR 447	7. FEDERAL BUDGET IMPACT: a. FFY 2018 \$682,743 b. FFY 2019 \$2,099,434
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Supplement to Attachment 3.1-A, Page 12a Attachment 4.19-D Section I, Page 1 Attachment 4.19-D Section II, Page 1 Attachment 4.19-D Section IV, Page 1 & 30	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Supplement to Attachment 3.1-A, Page 12a Attachment 4.19-D Section I, Page 1 Attachment 4.19-D Section II, Page 1 Attachment 4.19-D Section IV, Page 1 & 30

10. SUBJECT OF AMENDMENT:
This SPA allows for reimbursement to Michigan's State Veterans Homes for providing nursing facility services.

11. GOVERNOR'S REVIEW (Check One):

GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED Kathleen Stiffler, Acting Director
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL Medical Services Administration

12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO: Medical Services Administration Actuarial Division - Federal Liaison Capitol Commons Center - 7 th Floor 400 South Pine Lansing, Michigan 48933
13. TYPED NAME: Kathleen Stiffler	Attn: Erin Black
14. TITLE: Acting Director, Medical Services Administration	
15. DATE SUBMITTED: December 20, 2017	

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 SERVICES
PROVIDED TO THE CATEGORICALLY AND MEDICALLY NEEDY***

EXCEPT FOR STATE VETERANS HOMES, †the following services are excluded from the nursing facility per diem rate:

1. Physical therapy, as defined in 1.a. Prior Authorization is required.
2. Occupational therapy, as defined in 1.a. Prior Authorization is required.
3. Speech pathology, as defined in 1.a. Prior Authorization is required.

The following service may be covered when billed by county medical care facilities and/or hospital long term care units:

Oxygen

Medicare and Medicaid Coordination

For nursing facilities, county medical care facilities, hospital long term care units, ventilator dependent care units, hospital swing beds and nursing facilities for the mentally ill, Medicaid will reimburse consistent with the methodology for coordination of Title XIX with Title XVIII as specified in Supplement 1 to Attachment 4.19-B, page 1 of this plan. The services subject to co-insurance and deductible payments, and how to bill the co-insurance and deductible for these services, are listed in the Medicaid Nursing Facility Procedure Code Appendix.

A dually eligible beneficiary who resides in a Medicaid-only certified bed may be admitted to a hospital for acute care services and, at the time of the beneficiary's hospital discharge, may be eligible for Medicare-reimbursed Skilled Nursing Facility (SNF) benefits. However, the beneficiary may wish to return to the Medicaid NF bed from which he was originally transferred. In these situations, Medicaid will reimburse the Nursing Facility for any days (i.e. 100 days) that would have been covered by Medicare.

Medicaid will reimburse for all medically necessary nursing facility days and other medically necessary services for dually eligible beneficiaries who wish to return to their Medicaid NF bed and refuse their Medicare SNF benefit.

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, 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.

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 and/or a computer check. It is expected that on-site audits will be conducted no less than once every four years.
- B. Each provider must allow access, during on-site audits and/or reviews by the state agency auditors 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:
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.
 4. Census records and numbers and types of leave days for each Medicaid beneficiary/resident (i.e. hospital, therapeutic).
- 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 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. 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.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of MICHIGAN

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

IV. Payment Determination

For dates of service on or after June 1, 1981, providers of nursing care will be reimbursed under this plan, EXCEPT FOR CLASS VII PROVIDERS, on the basis of the lower of customary charge to the general public or a payment rate determined in accordance with this section of the State Plan. Aside from specific exceptions, prospective rates are set prior to the provider's rate-setting/cost reporting period and are fixed for that period. There are ~~six~~ SEVEN classes of long term care facilities and one special type of patient for which there are separate reimbursement methods:

- Class I This class includes proprietary and nonprofit nursing facilities with payment rates determined in accordance with Sections IV.A. through IV.F.
- Class II This class includes proprietary nursing facilities for the mentally ill or developmentally disabled with prospective payment rates negotiated with the Michigan Department of ~~Community~~ Health AND HUMAN SERVICES, within individual facility ceilings based on occupancy. Payments will be retrospectively cost settled in accordance with Sections IV.B. through IV.G.
- Class III This class includes proprietary and nonprofit nursing facilities that are county medical care facilities, hospital long term care units or state owned nursing facilities with payment rates determined in accordance with Sections IV.B. through IV.F.
- Class IV This class includes state owned and operated institutions certified as ICF/MR facilities. Members of this class are reimbursed allowable costs determined in accordance with the Medicare Principles of Reimbursement (42 CFR 413), ~~including the exception listed in Section IV.N.~~
- Class V This class includes facilities that are a distinct part of special long term care facilities for ventilator-dependent patients, with payment rates determined in accordance with Section IV- .G. of this plan.
- Class VI: This class includes hospitals with programs for short-term nursing care (swing beds). Class I and Class III average routine nursing care rate for a respective period determines the prospective payment rate for these beds.

CLASS VII: THIS CLASS INCLUDES STATE OWNED AND OPERATED VETERANS HOMES AS DEFINED IN MICHIGAN PUBLIC ACT 152 OF 1885. PAYMENT RATES ARE BASED ON PATIENT ACUITY GROUPINGS AND DETERMINED IN ACCORDANCE WITH SECTION IV.N.

TN NO.: 17-0014

Approval Date: _____

Effective Date: 06/01/2018

Supersedes

TN No.: 10-01

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of MICHIGAN

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

N. PAYMENT DETERMINATION FOR STATE VETERANS HOMES

THE PAYMENT RATES TO STATE VETERANS HOMES SHALL BE PROSPECTIVE, PER PATIENT DAY, AND BASED ON PATIENT ACUITY GROUPINGS. THE RATES FOR THESE FACILITIES SHALL NOT BE SUBJECT TO THE PROVISIONS IN SECTIONS IV.A. THROUGH IV.M. ABOVE, BUT INSTEAD THE FOLLOWING PROVISIONS SHALL BE USED FOR PAYMENT DETERMINATION:

1. THE SINGLE STATE AGENCY SHALL UTILIZE RESOURCE UTILIZATION GROUPS (RUGS) TO SET PAYMENT RATES. THE MINIMUM DATA SET (MDS) SHALL BE EMPLOYED TO CALCULATE A RUG SCORE WHICH WILL BE USED TO DETERMINE A PATIENT'S ACUITY.
2. THE PAYMENT RATES ASSOCIATED WITH AN INDIVIDUAL RUG CATEGORY SHALL BE SET AS A PERCENTAGE OF WHAT THE CENTERS FOR MEDICARE AND MEDICAID SERVICES WOULD PAY UNDER THE MEDICARE SKILLED NURSING FACILITY PROSPECTIVE PAYMENT SYSTEM (SNF PPS). THE PERCENTAGE SHALL NOT EXCEED 100% OF THE MEDICARE RATE.
 - a. $\text{PAYMENT} = (\text{PERCENTAGE} * \text{MEDICARE SNF PPS RUG RATE}) * \text{BILLED XIX DAYS}$.
3. THE PATIENT'S RUG SCORE SHALL BE REPORTED ON ANY CLAIM SUBMITTED TO THE SINGLE STATE AGENCY AND BASED ON THE APPLICABLE MDS ASSESSMENT(S) TO THE BILLING PERIOD.
4. PARTICIPATING PROVIDERS SHALL NOT RECEIVE ANY SUPPLEMENTAL PAYMENTS FROM THE SINGLE STATE AGENCY.
5. ALLOWABLE COST IDENTIFICATION FOR COST REPORTING AND UPPER PAYMENT LIMIT PURPOSES WILL NOT FOLLOW SECTION III OF THIS ATTACHMENT, BUT WILL FOLLOW THE MEDICARE PRINCIPLES OF REIMBURSEMENT IN 42 CFR, CHAPTER IV, SUBCHAPTER B, PART 413 AND THE PRM-15.

TN NO.: 17-0014

Approval Date: _____

Effective Date: 06/01/2018

Supersedes

TN No.: New Page



STATE OF MICHIGAN

DEPARTMENT OF HEALTH AND HUMAN SERVICES
LANSING

RICK SNYDER
GOVERNOR

NICK LYON
DIRECTOR

January 11, 2017

NAME
TITLE
ADDRESS
CITY STATE ZIP

Dear Tribal Chair and Health Director:

RE: Michigan State Veterans Homes Medicaid Reimbursement

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.

Pending approval from the Centers for Medicare and Medicaid Services (CMS), the Michigan Medicaid State Plan will be modified to allow for reimbursement to Michigan's State Veterans Homes for providing nursing facility services. The State Plan Amendment will create a new rate class for State Veterans Homes, detail the rate methodology for their payments and make any other necessary changes to the Plan. The State of Michigan expects these changes will have little or no impact on tribal members. The anticipated effective date of this State Plan Amendment is October 1, 2017.

There is no public hearing scheduled for this State Plan Amendment. Input regarding this Amendment 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 February 24, 2017.**

In addition, MDHHS is offering to set up group or individual meetings for the purposes of consultation in order to discuss this Amendment, according to the tribes' preference. This consultation meeting will 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 that reads "Chris Priest". The signature is written in a cursive style with a large, prominent "P" and a long, sweeping underline.

Chris Priest, Director
Medical Services Administration

cc: Keri Toback, Region V, CMS
Leslie Campbell, Region V, CMS
Pamela Carson, 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, Acting Area Director, Indian Health Service - Bemidji Area Office
Lorna Elliott-Egan, MDHHS

Distribution List for L 17-01
January 11, 2017

Mr. Levi Carrick, Sr., 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. JoAnne Cook, Tribal Vice Chair, 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
Ms. Carole LaPointe, 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. Donald MacDonald, Health Director, Little River Band of Ottawa Indians
Ms. Regina Gasco-Bentley, Tribal Chairman, Little Traverse Bay Band of Odawa Indians
Ms. Sharon Sierzputowski, Health Director, Little Traverse Bay Band of Odawa
Ms. Leah Fodor, Chairperson, Match-E-Be-Nash-She-Wish Potawatomi Indians (Gun Lake Band)
Ms. Phyllis Davis, Health Director, Match-E-Be-Nash-She-Wish Potawatomi
Mr. Jamie Struck, Tribal Chairman, Nottawaseppi Huron Band of Potawatomi Indians
Ms. Rosalind Johnston, Health Director, Huron Potawatomi Inc.- Tribal Health Department
Mr. John Warren, Tribal Chairman, Pokagon Band of Potawatomi Indians
Mr. Matt Clay, Health Director, Pokagon Potawatomi Health Services
Mr. Frank Cloutier, 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
Ms. Bonnie Culfa, Health Director, Sault Ste. Marie Tribe of Chippewa Indians - Health Center

CC: Keri Toback, Region V, CMS
Leslie Campbell, Region V, CMS
Pamela Carson, 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, Acting Area Director, Indian Health Service - Bemidji Area Office
Lorna Elliott-Egan, MDHHS



STATE OF MICHIGAN

DEPARTMENT OF HEALTH AND HUMAN SERVICES

LANSING

RICK SNYDER
GOVERNOR

NICK LYON
DIRECTOR

June 10, 2015

NAME
TITLE
ADDRESS
CITY STATE ZIP

Dear Tribal Chair and Health Director:

RE: Michigan State Veterans Homes Medicaid Reimbursement

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There is no public hearing scheduled for this State Plan Amendment. Input regarding this Amendment 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 517-373-4963 or via email at Elliott-EganL@michigan.gov. **Please provide all input by July 11, 2015.**

In addition, MDHHS is offering to set up group or individual meetings for the purposes of consultation in order to discuss this Amendment, according to the tribes' preference. This consultation meeting will 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,

Stephen Fitton, Director
Medical Services Administration

cc: Leslie Campbell, Region V, CMS
Pamela Carson, 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.
Jenny Jenkins, Acting Area Director, Indian Health Service - Bemidji Area Office
Lorna Elliott-Egan, MDHHS

Distribution List for L 15-40
June 10, 2015

Mr. Levi Carrick, Sr., Tribal Chairman, Bay Mills Indian Community
Ms. Audrey Breakie, Health Director, Bay Mills (Ellen Marshall Memorial Center)
Mr. Alvin Pedwaydon, Tribal Chairman, Grand Traverse Band Ottawa & Chippewa Indians
Ms. Loi Chambers, Health Director, Grand Traverse Band Ottawa/Chippewa
Mr. Kenneth Meshigaud, Tribal Chairman, Hannahville Indian Community
Ms. G. Susie Meshigaud, Health Director, Hannahville Health Center
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Ms. Jessica Burger, Acting Health Director, Little River Band of Ottawa Indians
Mr. Fred Kiogima, Tribal Chairman, Little Traverse Bay Band of Odawa Indians
Ms. Sharon Sierzputowski, Health Director, Little Traverse Bay Band of Odawa
Mr. DK Sprague, Tribal Chairman, Match-E-Be-Nash-She-Wish Potawatomi Indians (Gun Lake Band)
Ms. Phyllis Davis, Health Director, Match-E-Be-Nash-She-Wish Potawatomi
Mr. Homer Mandoka, Tribal Chairman, Nottawaseppi Huron Band of Potawatomi Indians
Mr. Travis Parashonts, Chief Executive Officer, Nottawaseppi Huron Band of Potawatomi Indians
Ms. Rosalind Johnston, Health Director, Huron Potawatomi Inc.- Tribal Health Department
Mr. John Warren, Tribal Chairman, Pokagon Band of Potawatomi Indians
Mr. Matt Clay, Health Director, Pokagon Potawatomi Health Services
Mr. Steve Pego, Tribal Chief, Saginaw Chippewa Indian Tribe
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CC: Leslie Campbell, Region V, CMS
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Jenny Jenkins, Acting Area Director, Indian Health Service - Bemidji Area Office
Lorna Elliott-Egan, MDHHS

Place your classified ad with us

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



ANNOUNCEMENTS

FOUND

Hoping to adopt an infant, Suzanne and John call/text anytime 516-415-2034

PUBLIC NOTICES

NOTICE INTENT TO FORFEIT

All items seized on 08/25/17

Motorcycle parts \$1,100; Motorcycle engines \$200; Misc. tools/drills \$500; Grow lights/timers \$300; Fans \$20; Vacuum machine \$500; Growers tent \$150; 4 Motorcycle helmets w/goggles \$350; 2 pairs motorcycle boots \$100; 2 tool boxes \$150; Yamaha mtrcyl \$1,200; Yamaha mtrcyl \$2,000; Suzuki mtrcyl \$1,200; Kawasaki mtrcyl \$500; Yamaha mtrcyl \$800; Yamaha mtrcyl \$1,500; Kawasaki mtrcyl \$1,500; Yamaha mtrcyl \$800; Yamaha 4 wheeler \$800; Honda Fourtrax \$3,000; 4 wheeler frame \$800. Call Richard Police Department 269-629-4807 for bond/claim procedure.

STATE OF MICHIGAN IN THE 9TH CIRCUIT COURT FOR THE COUNTY OF KALAMAZOO

150 East Crossstown Parkway, Kalamazoo, MI 49001

LOUIS GERESY, JR. and BARBARA GERESY, File No. 2017-0414-CH Husband and Wife, Hon. Alexander C. Lipsey Plaintiffs, v. FRANK UTLEY AND WALTER UTLEY, and their Devises, Legatees, Assigns, and Unknown Heirs, Defendants.

William K. Kriekard (P39475) Ford, Kriekard, Soltis & Wise, P.C. Attorney for Plaintiffs 8051 Moorbridge Road Portage, MI 49024 (269) 323-3400

ORDER TO ANSWER

At a session of said Court held in the City of Kalamazoo, County of Kalamazoo, State of Michigan, this 25th day of September, 2017.

Present: Honorable Alexander C. Lipsey, Circuit Court Judge

On the 21st day of September, 2017, an action was filed by Louis Geresy, Jr. and Barbara Geresy, Plaintiffs against Frank Utley and Walter Utley, and their Devises, Legatees, Assigns and Unknown Heirs, Defendants in this Court to Quiet Title to a parcel of land situated in the Township of Oshkemo, County of Kalamazoo and State of Michigan and more particularly described as follows, to-wit:

A parcel of land located in the East 1/2 of the Northeast 1/4 of Section 19, T. 2 S., R. 12 W., Oshkemo Township, Kalamazoo County, Michigan, lying North of the East and West 1/4 line of said Section, East of the West line of the East 1/2 of the Northeast 1/4 of said Section, South of the center line of Kt. Avenue and West of the Northernly 1/4 of the West line of the plat of Oshkemo Valley, as recorded in Liber 37 of Plats on Page 48, Kalamazoo County Records.

IT IS HEREBY ORDERED that the Defendants, Frank Utley and Walter Utley, whose last known addresses are unknown and their DEVISEES, LEGATEES, ASSIGNS AND UNKNOWN HEIRS shall answer or take such other action as may be permitted by law at the Circuit Court for Kalamazoo County, Michigan on or before the 15th day of December, 2017. Failure to comply with this Order could result in a Default being entered against said Defendants and a Judgment in favor of the Plaintiffs being entered by the Court for the relief demanded in the Complaint filed in this cause of action.

Hon. Alexander C. Lipsey (P28305) Kalamazoo County Circuit Court Judge

STATE OF MICHIGAN 9TH JUDICIAL CIRCUIT FAMILY DIVISION KALAMAZOO COUNTY PUBLICATION OF HEARING

CASE NO. 2017-0411NA PETITION NO. A

TO: Melissa Morgan IN THE MATTER OF: Devin Morgan

A hearing regarding Devin Morgan will be conducted by the court on October 19, 2017 at 11:00 a.m. in the 9th Circuit Court-Family Division, 1536 Gull Rd., Kalamazoo, MI 49048 before Referee Denise Noble and on November 8, 2017 at 1:30 p.m. in the 9th Circuit Court-Family Division, 1536 Gull Rd., Kalamazoo, MI 49048 before the Honorable Stephen Gorsallitz.

IT IS THEREFORE ORDERED that Melissa Morgan personally appear before the court at the time and place stated above.

This hearing may result in the child being placed in the temporary custody of the Family Division of the 9th Circuit Court.

MERCHANDISE

ANTIQUES, ART & COLLECTIBLES

FLEA MARKET & ANTIQUE SHOW

October 6th & 7th, 10am-5pm

Jackson Fair Grounds, 200 W. Ganson St., \$3/pp inside & outside fair event center.

ESTATE SALES

Three Rivers Estate Sale 18982 M86 HWY Sat & Sun Oct 7 & 8 from 8:00am- 5:30pm Quality Hand Tools, Hunting Clothing, 3 Twin Beds, Furniture, & Household Items

PETS & FARMS

PETS & SUPPLIES

ACA Standard Poodles \$650. ACA Huskies \$500. Purebred Pomeranians, Bichon Poodles, Yorkie Poodles & Cavalier King Charles. All sm breeds \$400 male \$450 female. 231-743-6821.

AKC Newfoundland Puppies. Adorable AKC Registered Newfoundland puppies for sale. Chocolate \$800. Males and females available. Chocolate and white females \$1,000. Well socialized with children. Devises removed, deformed and UTD on shots. Northern Indiana. Call 574-305-1957 for more information.

Beagles AKC Champion Sired Puppies Tri-colored parents on site 616-610-2623

BERNER DOODLES PUPPIES - 8 wks, wormed & vacc., vet. health check, ready to go, forever home, health guarantee. Starting at \$1000 231-287-4895

BIRD AND ANIMAL SALE Poultry, Waterfowl, Small Animals, Caged & Game Birds for sale. Over 80 species! New sellers welcome, just show up! Sat. Oct. 14, 6am-noon, at Kent Co Youth Fairgrounds, 225 S. Hudson St., Lowell, MI. Sponsored by MBGSA, 810-627-1937 OR 810-358-6716

COCKER SPANIEL PUPS - Also toy yorkie puppies - Parents on site. Taking deposits. Also, 1 Shih-tzu female puppy. Call Karen: 989-426-3866/989-965-4278

ENG GOLDEN RETRIEVERS 100% AKC Reg. Parents Import M&F Health Guar. \$1500 989-751-2246

ENGLISH BULLDOG PUPPIES 3/4 - Born June 20th, up to date on shots & worm ing. Ready for their new homes, \$700. Call (260) 585-7124.

English Bulldog Puppies 50% OFF Today!!! Our puppies are very stocky, big boned, huge ropes and have nice wrinkles. well socialized with kids/pets!!! www.bulldogkings.us Call Or Text Us (706) 955-2046

GOLDEN DOODLE PUPS - Deformed, first shots, Vet checked. \$750. No Sunday calls 517-852-1945

GOLDEN RETRIEVER PUPPIES - Deformed. Has first shots. Vet checked. \$800. No Sunday calls. 517-852-1945.

LAB PUPS - Choc, Blk, Yellow & Red! Shots, wormed, dew claws removed. Parents AKC & on site. (269) 793-0051 or (616) 204-2572. **ADULT LAB FREE** www.cdlabradors.com

Local sports news on mlive.com/sports

PETS & SUPPLIES

Olde English Bulldogge Pups Reg. thru IOEBA. Males & Females. First shots, tails docked, dew claws removed. 989-239-9513, 989-225-2592

Puggle pups! ready now, 2 blk, 4 fawn colored, 1st shots, wormed, vet checked, parents on site, females \$450, males \$400, 231-734-0519

STANDARD POODLE - 2 females, 1 male, chocolate & partly colored, 616-610-2623

CLASSIC ANTIQUE

1977 CLASSIC MGB - YELLOW. in good con, soft & hard top, 82,805 actual mi. \$3,400, 773-558-8710

MOTORCYCLES & SERVICE

VINTAGE Motorcycles Wanted - Cash Paid! 1900-1980. All makes. Any condition. No title? No problem! 920-202-2201

EMPLOYMENT

DRIVERS & TRANSPORTATION

CLASS A CDL DRIVERS

Local - Day/Night Drivers Minimum of 1 year exp. Good pay & benefits: Medical, Dental, Vision, and 401k available. Paid holidays & vacations! No touch freight Grand Rapids, Kalamazoo, and Three Rivers areas Also seeking Truck/Trailer Mechanic with Class A CDL. Call Shane at: 800-621-1478 x133 or 630-294-0820 or apply online at www.fabexpress.com

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

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STATE OF MICHIGAN IN THE 9TH CIRCUIT COURT FOR THE COUNTY OF KALAMAZOO

150 East Crossstown Parkway, Kalamazoo, MI 49001

LOUIS GERESY, JR. and BARBARA GERESY, File No. 2017-0414-CH Husband and Wife, Hon. Alexander C. Lipsey Plaintiffs, v. FRANK UTLEY AND WALTER UTLEY, and their Devises, Legatees, Assigns, and Unknown Heirs, Defendants.

William K. Kriekard (P39475) Ford, Kriekard, Soltis & Wise, P.C. Attorney for Plaintiffs 8051 Moorbridge Road Portage, MI 49024 (269) 323-3400

ORDER TO ANSWER

At a session of said Court held in the City of Kalamazoo, County of Kalamazoo, State of Michigan, this 25th day of September, 2017.

Present: Honorable Alexander C. Lipsey, Circuit Court Judge

On the 21st day of September, 2017, an action was filed by Louis Geresy, Jr. and Barbara Geresy, Plaintiffs against Frank Utley and Walter Utley, and their Devises, Legatees, Assigns and Unknown Heirs, Defendants in this Court to Quiet Title to a parcel of land situated in the Township of Oshkemo, County of Kalamazoo and State of Michigan and more particularly described as follows, to-wit:

A parcel of land located in the East 1/2 of the Northeast 1/4 of Section 19, T. 2 S., R. 12 W., Oshkemo Township, Kalamazoo County, Michigan, lying North of the East and West 1/4 line of said Section, East of the West line of the East 1/2 of the Northeast 1/4 of said Section, South of the center line of Kt. Avenue and West of the Northernly 1/4 of the West line of the plat of Oshkemo Valley, as recorded in Liber 37 of Plats on Page 48, Kalamazoo County Records.

IT IS HEREBY ORDERED that the Defendants, Frank Utley and Walter Utley, whose last known addresses are unknown and their DEVISEES, LEGATEES, ASSIGNS AND UNKNOWN HEIRS shall answer or take such other action as may be permitted by law at the Circuit Court for Kalamazoo County, Michigan on or before the 15th day of December, 2017. Failure to comply with this Order could result in a Default being entered against said Defendants and a Judgment in favor of the Plaintiffs being entered by the Court for the relief demanded in the Complaint filed in this cause of action.

Hon. Alexander C. Lipsey (P28305) Kalamazoo County Circuit Court Judge

STATE OF MICHIGAN 9TH JUDICIAL CIRCUIT FAMILY DIVISION KALAMAZOO COUNTY PUBLICATION OF HEARING

CASE NO. 2017-0411NA PETITION NO. A

TO: Melissa Morgan IN THE MATTER OF: Devin Morgan

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ANTIQUES, ART & COLLECTIBLES

FLEA MARKET & ANTIQUE SHOW

October 6th & 7th, 10am-5pm

Jackson Fair Grounds, 200 W. Ganson St., \$3/pp inside & outside fair event center.

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Three Rivers Estate Sale 18982 M86 HWY Sat & Sun Oct 7 & 8 from 8:00am- 5:30pm Quality Hand Tools, Hunting Clothing, 3 Twin Beds, Furniture, & Household Items

PETS & FARMS

PETS & SUPPLIES

ACA Standard Poodles \$650. ACA Huskies \$500. Purebred Pomeranians, Bichon Poodles, Yorkie Poodles & Cavalier King Charles. All sm breeds \$400 male \$450 female. 231-743-6821.

AKC Newfoundland Puppies. Adorable AKC Registered Newfoundland puppies for sale. Chocolate \$800. Males and females available. Chocolate and white females \$1,000. Well socialized with children. Devises removed, deformed and UTD on shots. Northern Indiana. Call 574-305-1957 for more information.

Beagles AKC Champion Sired Puppies Tri-colored parents on site 616-610-2623

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ENGLISH BULLDOG PUPPIES 3/4 - Born June 20th, up to date on shots & worm ing. Ready for their new homes, \$700. Call (260) 585-7124.

English Bulldog Puppies 50% OFF Today!!! Our puppies are very stocky, big boned, huge ropes and have nice wrinkles. well socialized with kids/pets!!! www.bulldogkings.us Call Or Text Us (706) 955-2046

GOLDEN DOODLE PUPS - Deformed, first shots, Vet checked. \$750. No Sunday calls 517-852-1945

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**Order Confirmation**

Ad Order Number 0007357979

Customer

MICHIGAN DEPARTMENT OF COMMU
 Account: 1000613740
 MICHIGAN DEPARTMENT OF COMMUNITY HEAL
 PO BOX 30479
 LANSING MI 48909 USA
 (517)241-9444

FAX:
 smithp2@michigan.gov

Payer Customer

MICHIGAN DEPARTMENT OF COMMU
 Account: 1000613740
 MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
 PO BOX 30479
 LANSING MI 48909 USA
 (517)241-9444

PO Number

Sales Rep. jpuplis

Order Taker jpuplis

Order Source Phone

Special Pricing

Tear Sheets	1	Net Amount	\$887.80
Proofs	0	Tax Amount	\$0.00
Affidavits	0	Total Amount	\$887.80
Blind Box		Payment Method	Invoice
Promo Type		Payment Amount	\$0.00
Materials		Amount Due	\$887.80
Invoice Text	VETERAN'S HOME MEDICAID REIMBURSEMENT		

Ad Schedule

Product	Flint Journal	Placement/Class	Announcements
# Inserts	1	POS/Sub-Class	Public Notices - Public Notices
Cost	\$223.02	AdNumber	0007357979-01
Ad Type	CLS Liner	Ad Size	1 X 60 li
Pick Up #	0007331663	Ad Attributes	
External Ad #		Color	<NONE>
Production Method	AdBooker	Production Notes	
Run Dates	Sort Text	PUBLICNOTICEMICHIGANDEPARTMENTOFHEALTHANDHUMAN SERVICESMEDICALSERVICESADMINISTRATIONMIC	
07/12/2015			

Product	Kalamazoo Gazette	Placement/Class	Announcements
# Inserts	1	POS/Sub-Class	Public Notices - Public Notices
Cost	\$92.61	AdNumber	0007357979-01
Ad Type	CLS Liner	Ad Size	1 X 60 li
Pick Up #	0007331663	Ad Attributes	
External Ad #		Color	<NONE>
Production Method	AdBooker	Production Notes	
Run Dates	Sort Text	PUBLICNOTICEMICHIGANDEPARTMENTOFHEALTHANDHUMAN SERVICESMEDICALSERVICESADMINISTRATIONMIC	
07/12/2015			

Product	MMG_Other Premium	Placement/Class	Announcements
# Inserts	1	POS/Sub-Class	Public Notices - Public Notices
Cost	\$80.07	AdNumber	0007357979-01
Ad Type	CLS Liner	Ad Size	1 X 60 li
Pick Up #	0007331663	Ad Attributes	
External Ad #		Color	<NONE>
Production Method	AdBooker	Production Notes	
Run Dates	Sort Text	PUBLICNOTICEMICHIGANDEPARTMENTOFHEALTHANDHUMAN SERVICESMEDICALSERVICESADMINISTRATIONMIC	
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<i>Product</i>	Grand Rapids Press	<i>Placement/Class</i>	Announcements
<i># Inserts</i>	1	<i>POS/Sub-Class</i>	Public Notices - Public Notices
<i>Cost</i>	\$384.30	<i>AdNumber</i>	0007357979-01
<i>Ad Type</i>	CLS Liner	<i>Ad Size</i>	1 X 60 li
<i>Pick Up #</i>	0007331663	<i>Ad Attributes</i>	
<i>External Ad #</i>		<i>Color</i>	<NONE>
<i>Production Method</i>	AdBooker	<i>Production Notes</i>	
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<i>Product</i>	Saginaw News	<i>Placement/Class</i>	Announcements
<i># Inserts</i>	1	<i>POS/Sub-Class</i>	Public Notices - Public Notices
<i>Cost</i>	\$100.80	<i>AdNumber</i>	0007357979-01
<i>Ad Type</i>	CLS Liner	<i>Ad Size</i>	1 X 60 li
<i>Pick Up #</i>	0007331663	<i>Ad Attributes</i>	
<i>External Ad #</i>		<i>Color</i>	<NONE>
<i>Production Method</i>	AdBooker	<i>Production Notes</i>	
<i>Run Dates</i>	<i>Sort Text</i>	PUBLICNOTICEMICHIGANDEPARTMENTOFHEALTHANDHUMAN SERVICESMEDICALSERVICESADMINISTRATIONMIC	
07/12/2015			

Ad Content Proof

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

**Michigan State Veterans
Homes Medicaid
Reimbursement State
Plan Amendment**

The Michigan Department of Health and Human Services provides notice of its intent to submit a State Plan Amendment (SPA) to allow for the reimbursement to Michigan's State Veterans Homes for providing nursing facility services.

Pending approval from the Centers for Medicare and Medicaid Services, the SPA will create a new nursing facility rate class and detail the rate methodology for payments. The proposed effective date for the SPA is August 1, 2015.

Comments

Any comments on, or requests for copies of the Notice of Proposed Policy may be submitted in writing to: Michigan Department of Health and Human Services, Long Term Care Services Division, Bureau of Medicaid Policy and Health System Innovation, Attention Ryan Tisdale, P.O. Box 30479, Lansing, Michigan 48909-7979. Written comments may be reviewed by the public at Capitol Commons Center, 400 South Pine Street, Lansing, Michigan. Request for copies and comments must include the project number. There is no public hearing scheduled for this proposed policy.