

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Midwest Division of Survey and Certification
Chicago Regional Office
233 North Michigan Avenue, Suite 600
Chicago, IL 60601-5519



CMS Certification Number (CCN): 23-1057

March 14, 2019

Administrator
Center for Family Health Hillsdale
240 West Carleton Road
Hillsdale, MI 49242

Dear Administrator:

The Centers for Medicare and Medicaid Services (CMS) has accepted your request to terminate your participation in the Medicare program (Title XVIII of the Social Security Act). Accordingly, your agreement with the Secretary of Health and Human Services will be terminated effective August 31, 2018. Please notify your medical and administrative staff.

Per CMS policy, public notice of termination of the agreement is necessary. Please submit a notice to publicnoticemailbox@cms.hhs.gov as soon as possible. Below is a template for publication.

Please include your facility's specific information as applicable.

"[Provider Name and Address] will no longer participate in the Medicare program (Title XVIII of the Social Security Act) effective August 31, 2018. The agreement between [Provider] and the Secretary of Health and Human Services will be terminated on August 31, 2018 in accordance with the provisions of the Social Security Act.

No payment will be made by the Medicare program under this agreement for covered services furnished to patients who are admitted on or after August 31, 2018."

[Name of authorized official]
[Name of Provider]

Please copy CMS on the email.

Should you have questions concerning this matter, please contact Tiffany Lowe in the Chicago Office, at (312) 353-9804.

Sincerely,

A handwritten signature in black ink, appearing to read "Michael Potjeau".

Michael Potjeau
Principal Program Representative
Non-Long Term Care Certification & Enforcement Branch

cc: Michigan Department of Licensing & Regulatory
Affairs Bureau of Health Systems
Medical Service Administration
WPS
KEPRO