

**EXHIBIT 209**  
*(Rev. 30, 12-15-07)*

**MODEL LETTER FOR REFERRING A VIOLATION OF 42 CFR 489.24 TO  
THE REGIONAL OFFICE FOR CIVIL RIGHTS**

**(Date)**

Regional Director Name  
Office of Civil Rights  
Address  
City, State, ZIP Code

**Re: CMS Certification Number (CCN)  
Hospital (Hospital Name)**

Dear **(Office of Civil Rights Director Name)**:

In order to participate in the Medicare program, a hospital must meet the requirements established under title XVIII of the Social Security Act (the Act), and must also meet the additional requirements established by the Secretary of Health and Human Services under the authority contained in §1861(e) of the Act. Further, §1866(b) of the Act authorizes the Secretary to terminate the provider agreement of a hospital that fails to meet these provisions.

This office authorized the **(State)** State agency to conduct a survey of **(hospital)** on **(date)**. As a result of that survey, it was determined that the facility violated 42 CFR 489.24, Responsibilities of Medicare Participating Hospitals in Emergency Cases. The deficiencies cited in the enclosed Statement of Deficiencies posed an immediate and serious threat to the health and safety of patients in need of emergency medical care, and we initiated termination action on **(date)**.

We are referring this case to the Regional Office for Civil Rights *in connection with your authority* under the Hill-Burton Subpart G Community Service regulations at 42 CFR 124.603(b)(1).

If you have any questions or concerns about this matter, please let us know.

Sincerely yours,

Associate Regional Administrator  
(or its equivalent)

Enclosure