

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



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CMS Certification Number (CCN): 157642

August 16, 2018

Administrator  
Brookdale Home Health Valparaiso  
344 Swanson Road  
Portage, IN 46368  
Via Email: [bingram@brookdale.com](mailto:bingram@brookdale.com)

Dear Administrator:

The Centers for Medicare & 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 July 1, 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](mailto: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 [Date]. The agreement between [Provider] and the Secretary of Health and Human Services will be terminated on [Date] 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 [Date]."

[Name of authorized official]  
[Name of Provider]

Please copy CMS on the email.

Beneficiaries whose plan of treatment is established before July 1, 2018 will continue to be entitled to have payment made on their behalf for covered services furnished on or after July 1, 2018, but only through July 31, 2018. For these beneficiaries, reports and billing forms should continue to be submitted.

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". The signature is written in a cursive style with a long, sweeping horizontal line extending to the right.

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

cc: Indiana State Department of Health  
Indiana Family and Social Services Administration  
PGB  
KePRO  
CHAP