

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): 23-7442

January 29, 2019

Administrator
Allegan Homecare
570 Linn Street, Suite 4
Allegan, MI 49010

Via Certified Mail#: 7015 1730 0001 8314 6283

Dear Administrator:

On September 12, 2018, we attempted to notify you that your home health agency (HHA's) participation in the Medicare program would terminate effective August 20, 2018 in accordance with 42 CFR §489.52(b)(3). This was due to the Michigan Department of Licensing and Regulatory Affairs (MDLRA) attempting to survey your HHA on August 20, 2018, only to find the HHA had closed and ceased operations at the address of record. To date, we have not received a response to our notice. On January 23, 2019, CMS attempted to contact your facility via telephone at (269) 686-4293. We received no response to our attempted telephone contact.

Therefore, your agreement with the Secretary of Health and Human Services was terminated effective August 20, 2018. Please notify your medical and administrative staff.

In accordance with CMS policy, public notice of termination of the agreement is necessary. Please publish a notice in the local newspaper with the widest circulation as soon as possible or submit your notice to CMS via email for publication on the CMS website at: publicnoticemailbox@cms.hhs.gov. The notice should read as follows:

"(Provider Name and Address) will no longer participate in the Medicare program (Title XVIII of the Social Security Act) effective (Date). The agreement between the (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)

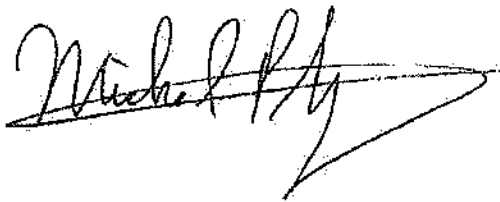
Please send us a copy of the published notice.

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Administrator

Beneficiaries whose plan of treatment is established before August 20, 2018 will continue to be entitled to have payment made on their behalf for covered services furnished on or after August 20, 2018, but only through September 19, 2018. For these beneficiaries, reports and billing forms should continue to be submitted.

* Should you have questions concerning this matter, please contact me, in the Chicago Office, at (312) 353-4363.

Sincerely,

A handwritten signature in black ink, appearing to read "Michael Potjeau", with a long horizontal stroke extending to the right.

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

cc: Michigan Department of Licensing and Regulatory Affairs
Bureau of Health Systems
Medical Services Administration
National Government Services
KePRO