

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
Office of Program Operations and Local Engagement  
Chicago Regional Office  
7500 Security Boulevard, Mail Stop DO-01-40  
Baltimore, MD 21244-1850



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CMS Certification Number (CCN): 23-9316

August 13, 2025

Current Administrator  
CGM Home Health Care  
17356 W 12 Mile Rd, Suite 202  
Southfield, Michigan, 48076

Via Email: [jnyambio@cgmcare.com](mailto:jnyambio@cgmcare.com)

Dear Administrator:

This is to notify you that the participation of CGM Home Health Care, as a home health agency (HHA) in the Medicare program (Title XVIII of the Social Security Act), will be terminated effective **August 29, 2025**.

On June 10, 2025 the Michigan Department of Licensing & Regulatory Affairs (LARA) attempted to survey your facility to verify that your HHA was operational and in compliance with Medicare Conditions of Participation. LARA reported that your facility was closed, not operational, and had ceased business at your address of record. Our additional attempts to contact you via telephone were unsuccessful as all numbers affiliated with your HHA were disconnected.

As a result, CMS concluded that your HHA could not provide CMS or LARA with satisfactory evidence that your HHA continues to meet the applicable provisions of the Social Security Act and the Federal Conditions of Participation for HHAs. Therefore, your participation as a HHA in the Medicare program is hereby terminated effective August 29, 2025 in accordance with 42 CFR §489.53(a)(1).

Payment is available for up to 30 days after August 29, 2025, for services furnished under a plan established before August 29, 2025. The Medicare program will not make payment for services furnished under a plan established on or after August 29, 2025.

Public notice of your termination will be provided on our website, at: <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Termination-Notices.html>.

Should you wish to reapply to re-establish your certification in the Medicare program, the Medicare statute and regulations require that you provide reasonable assurance that the cause for termination has been removed and that it will not recur. In order to provide this assurance, you would be required to undergo two separate certification surveys; both of which demonstrate the cause for termination does not exist and that your HHA is in compliance with the Medicare Conditions of Participation. In addition, you must fulfill or make satisfactory arrangements to fulfill all of the statutory and regulatory responsibilities of your prior agreement. Please refer to the Federal regulations at 42 CFR §489.57, which refers to the reinstatement after termination.

If you disagree with the findings of noncompliance which resulted in this imposition, you or your legal representative may request a hearing before an administrative law judge of the Department of Health and Human Services, Departmental Appeals Board (DAB). Procedures governing this process are set out in Federal regulations at 42 CFR Part 498.

**You are required** to file your appeal electronically at the Departmental Appeals Board Electronic Filing System Web site (DAB E-File) at <https://dab.efile.hhs.gov>. To file a new appeal using DAB E-File, you first need to register a new account by: (1) clicking Register on the DAB E-File home page; (2) entering the information requested on the "Register New Account" form; and (3) clicking Register Account at the bottom of the form. If you have more than one representative, each representative must register separately to use DAB E-File on your behalf.

The e-mail address and password provided during registration must be entered on the login screen at [https://dab.efile.hhs.gov/user\\_sessions/new](https://dab.efile.hhs.gov/user_sessions/new) to access DAB E-File. A registered user's access to DAB E-File is restricted to the appeals for which he is a party or authorized representative. Once registered, you may file your appeal by:

- Clicking the File New Appeal link on the Manage Existing Appeals screen, then clicking Civil Sanctions Division on the File New Appeal screen and,
- Entering and uploading the requested information and documents on the "File New Appeal- Civil Sanctions Division" form.

At minimum, the Civil Sanctions Division (CRD) requires a party to file a signed request for hearing and the underlying notice letter from CMS that sets forth the action taken and the party's appeal rights. All documents must be submitted in Portable Document Format ("PDF"). Any document, including a request for hearing, will be deemed to have been filed on a given day, if it is uploaded to DAB E-File on or before 11:59 p.m. ET of that day. A party that files a request for hearing via DAB E-File will be deemed to have consented to accept electronic service of appeal-related documents that CMS files. Correspondingly, CMS will also be deemed to have consented to electronic service. More detailed instructions on DAB E-File for CRD cases can be found by clicking the CRD E-File Procedures link on the File New Appeal Screen for CRD appeals.

For questions regarding the E-Filing system, please contact E-File System Support at [OSDABImmediateOffice@hhs.gov](mailto:OSDABImmediateOffice@hhs.gov).

Please note that **all** hearing requests must be filed electronically unless you have no access to the internet or a computer. In those circumstances, you will need to provide an explanation as to why you are unable to file electronically and request a waiver from e-filing with your written request. Such a request should be made to:

Department of Health and Human Services  
Departmental Appeals Board, MS 6132  
Civil Remedies Division  
330 Independence Avenue, SW  
Cohen Building, Room G-644  
Washington, D.C. 20201

**A request for a hearing must be filed no later than 60 days from the date of receipt of this notice.**

If you have any questions concerning this letter, please contact Laura Spottiswood, principal program representative of my staff, via e-mail at [laura.spottiswood1@cms.hhs.gov](mailto:laura.spottiswood1@cms.hhs.gov).

Sincerely,

**James Bossenmeyer -S**

Digitally signed by James

Bossenmeyer -S

Date: 2025.08.13 08:43:44 -04'00'

James Bossenmeyer  
Director, Division of Chicago Survey & Enforcement  
Survey & Operations Group

Enclosure

cc: Michigan Department of Licensing & Regulatory Affairs  
Bureau of Health Systems (SA)  
Michigan Department of Health and Human Services  
National Government Services  
Superior Health Quality Alliance