

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): 237530

August 14, 2018

Administrator
Innovative Senior Care Home Health of Holland, LLC
2500 Niles Road, Suite 5
Saint Joseph, MI 49085
Via Email: rcohen1@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 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 stylized with a large, sweeping flourish that extends to the right and then loops back under the name.

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

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