

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



CMS Certification Number (CCN): 23-6900

August 12, 2025

Current Administrator
Legacy Healthcare Services
10222 Lapeer Road
Davison, Michigan 48423

Via Email: jwhite@legacyinc.com

Dear Administrator:

This is to notify you that the participation of Legacy Healthcare Services, as a outpatient therapy service in the Medicare program (Title XVIII of the Social Security Act), will be terminated effective **August 28, 2025**.

On February 12, 2025, the Michigan Department of Licensing & Regulatory Affairs (LARA) reported to CMS that your OPT relocated from 2708 Meyer Avenue SW, Wyoming, Michigan 49519 to 10222 Lapeer Road, Davison, Michigan, 48423. LARA reported that Legacy Healthcare Services did not retain any staff from the Wyoming, Michigan location, nor did the OPT continue to serve the same patients or patient populations upon relocation 142 miles to Davison, Michigan.

Based upon our review, your entity is a new provider, providing services to new patients with new staff than the previously certified OPT located in Wyoming, Michigan. As a result, CMS concluded that your OPT could not provide CMS or the LARA with satisfactory evidence that your OPT continues to meet the applicable provisions of the established provider agreement with CMS to provide OPT services to the Davison, Michigan community. Therefore, your participation as an OPT in the Medicare program is hereby terminated effective August 28, 2025, in accordance with 42 CFR §489.53(a)(1).

No reimbursement under the Medicare program will be made for services provided on or after August 28, 2025. A 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 OPT 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 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.

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, of my staff, via e-mail at laura.spottiswood1@cms.hhs.gov.

Sincerely,

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

cc: Michigan Department of Licensing & Regulatory Affairs (MI00116818)
Bureau of Survey and Certification
Michigan Department of Health and Human Services
Wisconsin Physicians Services – Jurisdiction 8 MAC
Superior Health Quality Alliance