

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
Jacob K. Javits Federal Building  
26 Federal Plaza, Room 37-130  
New York, New York 10278-0063



**Northeast Division of Survey & Certification**

September 5, 2017

**CMS Certification Number (CCN): 337263**

Laura Hernandez  
Isabella Home Care  
5073 Broadway  
New York, NY 10034-1131

Dear Ms. Hernandez:

We have been notified that Isabella Home Care has voluntarily closed on July 11, 2017. Under the provisions of regulations 42 CFR 489.52(b)(3), your provider agreement with the Secretary of Health and Human Services has terminated effective with that date. No payment can be made under the Medicare program for services rendered on or after July 11, 2017.

In accordance with your Health Insurance Benefits Agreement, public notice of termination of the agreement is necessary. A provider, supplier or laboratory may electronically post its public notice of voluntary termination on the CMS Survey & Certification website. To do so, it should send a request to the CMS Regional Office, Division of Survey & Certification (email: [RONYdsc@cms.hhs.gov](mailto:RONYdsc@cms.hhs.gov)), asking that the public notice be posted on the website. When posted by CMS, it will appear at: <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Termination-Notices.html>, or, the facility may publish a notice in the local newspaper with the widest circulation as soon as possible. The notice should be along the following lines:

Isabella Home Care will no longer participate in the Medicare Program (title XVIII of the Social Security Act) effective July 11, 2017. The agreement between Isabella Home Care and the Secretary of Health and Human Services has been terminated on in accordance with the provisions of the Social Security Act. The Medicare program will not make payment for services furnished to patients who are serviced by Isabella Home Care on or after July 11, 2017. For patients serviced prior to, payment may continue to be made for up to 30 days for services furnished on or after July 11, 2017.  
Name of authorized official from your facility  
Isabella Home Care

You should be in touch with your fiscal intermediary to make arrangements for completing a fiscal cost report and to make provision for the return of any outstanding current financing or emergency payment.

If your facility is reopened and you again wish to participate as a provider of services, you should contact the New York State Department of Health. They will assist you in taking action necessary to become certified for participation as a provider.

If you have any questions, please contact Edwin Walaszek at (212) 616-2512 or at [Edwin.Walaszek@cms.hhs.gov](mailto:Edwin.Walaszek@cms.hhs.gov).

Sincerely,

A handwritten signature in blue ink, appearing to read "LD R", is positioned above the typed name.

Dr. Lauren D. Reinertsen, MPA, NHA  
Branch Manager  
Division of Survey, Certification, and Enforcement