



October 15, 2015

«Family\_Member»  
«Family\_Address»  
«Family\_City», «Family\_State» «Family\_ZIP»

**RE:** Termination of Medicaid Funding for XXX Care Center

**Dear «Family\_Member»,**

This letter is to inform you that the federal Centers for Medicare and Medicaid Services (CMS) recently took action to end XXX Care Center's participation in Medicare and Medicaid. Our records indicate that you are the family member, friend or guardian of a resident at XXX Care Center. If this information is incorrect or outdated, please let us know as soon as possible.

### **About the Termination**

The Ohio Department of Health (ODH) has conducted several health surveys (inspections) at XXX Care Center. The ODH found that XXX Care Center did not meet certain Medicare and Medicaid requirements. As a result, the federal Centers for Medicare and Medicaid (CMS) will terminate XXX Care Center from the Medicare and Medicaid programs effective **Month XX, 2015** in accordance with subsections 1819(h) and 1919(h) of the Social Security Act and Federal regulations at 42 CFR Subpart F, Enforcement of Compliance for Long-Term Care Facilities with Deficiencies.

XXX Care Center's provider agreements for Medicaid and Medicare will therefore be terminated effective Month XX, 2015. Thirty days after that, **Month XX, 2015**, Medicaid and Medicare will no longer pay this nursing home for a person's care.

### **What Does this Mean for Residents of XXX Care Center?**

Residents in XXX Care Center whose care is paid for by Medicaid or Medicare will need to relocate by Month XXnd. As a family member, friend or guardian of a XXX Care Center resident(s), we need your input into your wishes regarding the resident's transition to a new home. The enclosed "Long Term Living Options" document describes some alternatives including care in another nursing home or assisted living or a transition to a community setting.

If the resident's care is not paid for by Medicare or Medicaid, he/she may be able to remain at XXX Care Center but be aware that many residents may be moving out of the home and staffing and services may

be impacted. The administration of XXX Care Center may choose to close the remaining portion of the home.

**Family/Guardian Assistance**

A Resident Transition Team made up of state and local representatives will be visiting residents at XXX Care Center on Month XX, 2015 to deliver a letter describing the termination and discuss alternatives for their care. The Resident Transition Team will be on-site from approximately 11 a.m. until 4 p.m. and would be happy to meet with families in person.

The team will also host teleconferences for residents' family and guardians to answer questions about the termination of XXX Care Center, resident options and other concerns. To protect confidentiality, we ask you call us directly at the toll-free lines below if you have resident-specific questions.

Monday, Month XXth, 11 a.m. or 5 p.m.

Toll-free:

If these times are not convenient, please call our toll-free lines (below) for personalized assistance.

**If You Need Assistance**

The **Long-Term Care Ombudsman Program** is available to address your concerns. The Ombudsman is a client-focused representative who is authorized by federal and state law to assist consumers with questions and problems relating to long-term care -- nursing homes, assisted living, home care, and adult care homes.

XXX is the Long-Term Care Ombudsman Program Director for your area. XXX is the ombudsman assigned to XXX Care Center. They both can be reached toll-free at 1-800-800-331-2644. The resident relocation coordinator in the State Long-Term Care Ombudsman's office is Erin Pettegrew, who can be reached at 1-800-282-1206.

Sincerely,

Beverley Laubert,  
State Long-Term Care Ombudsman  
Ohio Department of Aging