

December 29, 2021

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By CERTIFICATE OF NEED PROGRAM at 3:58 pm, Dec 29, 2021

LOI21-12ProHP

Eric Hernandez, CN Program Manager
Washington State Department of Health
Certificate of Need Program
111 Israel Rd. S.E.
Tumwater, WA 98501

RE: Letter of Intent: Providence Health & Services-Washington d/b/a Providence Hospice of Seattle, Medicare Certified and Medicaid Eligible Hospice Agency.

Dear Mr. Hernandez:

In accordance with WAC 246-310-080, Providence Health & Services-Washington d/b/a Providence Hospice of Seattle ("Providence Hospice") respectfully submits this Letter of Intent to operate a Medicare Certified and Medicaid Eligible Hospice Agency to serve residents of Pierce County.

1. Description of proposed service
Providence Hospice requests Certificate of Need approval to operate a Medicare Certified and Medicaid Eligible Hospice Agency.
2. Estimated cost of the project
There are no (\$0) capital costs associated with the proposed project.
3. Identification of the service area
The agency will serve Pierce County, as identified in WAC 246-310-290(3).

Please submit any notices, correspondence, communications, and documents to:

Sarah Cameron, Chief Strategy & Planning
Providence Home and Community Care
2811 South 102nd St, Suite 220
Tukwila, WA 98168

and

Lisa Crockett, Vice President, System Strategy & Planning
Providence Health & Services
419 Lilly Road, NE, MS #PBP08
Olympia, WA 98506

Thank you for your assistance in this matter. Please contact me if you have any questions.

Sincerely,

A handwritten signature in blue ink, appearing to read "Sarah", written over a light blue horizontal line.

Sarah Cameron
Chief Strategy & Planning
Providence Home and Community Care