

R E C E I V E D

DEC 31 2018

CERTIFICATE OF NEED PROGRAM
DEPARTMENT OF HEALTH



1345 W 1600 N, STE 202
Orem UT 84057

December 28, 2018

Janis Sigman, Manager
Certificate of Need Program
Washington State Department of Health
PO Box 47852
Olympia, Washington 98504-7852

Dear Ms. Sigman,

This letter is written to notify the Department of Health that Envision Hospice of Washington, of which Envision Home Health of Washington, LLC is the sole member, intends to seek Certificate of Need approval to establish a Medicare-certified hospice agency to serve residents of Snohomish County, Washington.

Upon receipt of a Certificate of Need, Envision Hospice of Washington, LLC will provide Medicare and Medicaid hospice services to terminally-ill residents of Snohomish County, Washington.

Our current estimate of capital costs is \$19,800.

Will you please provide us with all criteria and standards by which you will evaluate our application?

Thank you very much,

Sherie Stewart
Chief Operating Officer