



P.O. BOX 13700, Mill Creek, WA 98082

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MAY 28 2020

CERTIFICATE OF NEED PROGRAM
DEPARTMENT OF HEALTH

LOI20-05BHS

ex: NOV 28, 2020

May 19, 2020

Eric Hernandez, Manager
Certificate of Need Program
Department of Health
P.O. Box 47852
Olympia, WA 98504-7852

Dear Mr. Hernandez,

Bethany of the Northwest is submitting a letter of intent, on behalf of its subsidiary, Bethany Home Health, pursuant to WAC 246-310-080 to apply for a certificate of need for the establishment of a Medicare certified home health agency in Snohomish County.

1. **Services Proposed**

Bethany Home Health will provide Medicare certified home health services to patients.

2. **Estimated Expenditure**

Estimated Capital Expenditure is \$0.

3. **Description of the Service Area**

The service area is Snohomish County.

Bethany looks forward to working with the program over the coming months. Please contact me directly if you have any questions.

Sincerely,

Joseph Scrivens
Chief Executive Officer