



Bethany of the Northwest, PO Box 13700, Mill Creek WA 98082

RECEIVED

By CERTIFICATE OF NEED PROGRAM at 11:11 am, Dec 31, 2020

December 28, 2020

LOI20-12BNWHS

ex: JAN 29, 2021

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 a to-be-formed wholly owned subsidiary to apply for a certificate of need for the establishment of a Medicare certified hospice agency in Snohomish County. In conformance with the requirements of WAC 246-310-080, the following information is provided:

1. **Services Proposed**

The to be formed wholly owned subsidiary, Bethany Hospice Services, LLC, will provide Medicare certified hospice services in Snohomish County.

2. **Estimated Expenditure**

Estimated Capital Expenditure is \$0.

3. **Description of the Service Area**

The service area is Snohomish County.

As always, Bethany of the Northwest 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