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December 14, 2022

Eric Hernandez, Program Manager
Certificate of Need Program
Office of Community Health Systems
Washington Department of Health
111 Israel Road, S.E.
Tumwater, WA 98501

Via Email: ERIC.HERNANDEZ@DOH.WA.GOV
FSLCON@DOH.WA.GOV

RE: Letter of Intent

Dear Mr. Hernandez,

Seasons Hospice & Palliative Care of Pierce County Washington, LLC (“Seasons Pierce County”) hereby submits this letter of intent to apply for a certificate of need to establish a hospice agency. The applicant is an affiliate of AccentCare, Inc. In accordance with WAC 246-310-080, please find the following information:

1. Description of Services Provided. Seasons proposes to establish a Medicare and Medicaid certified hospice agency.
2. Estimated Cost of the Proposed Project. The estimated cost of the proposed hospice agency is \$120,000.00.
3. Identification of Service Area. The service area of the hospice agency will be Pierce County, Washington.

Thank you for your support. We look forward to one day serving hospice patients in Pierce County, Washington. Please feel free to contact me with any questions or concerns.

Sincerely,

DocuSigned by:

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Russell Hilliard, PhD, LCSW, LCAT, MT-BC, CHRC, CHC
Senior Vice President of Market Expansion Initiatives
RUSSELLHILLIARD@ACCENTCARE.COM