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Orem UT 84057

November 26, 2018

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

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CERTIFICATE OF NEED PROGRAM
DEPARTMENT OF HEALTH

Dear Ms. Sigman,

This letter is written to notify the Department of Health that Envision Hospice of Washington, LLC, 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 King 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 King County, Washington.

Our current estimate of capital costs is \$10,000.

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