



STATE OF WASHINGTON
DEPARTMENT OF HEALTH
Olympia, Washington 98504

BEGINNING OF REVIEW NOTICE
Certificate of Need Application

Applicant: Memorial Home Care Services

Project Description: Certificate of Need (CN) #1350E approves the establishment of a 20-bed hospice care center in Yakima County. This amendment application requests an increase in costs for the project and removal of the condition that Phase II must be completed by December 31, 2015.

Estimated Cost: Phase I: \$6,613,579
Phase II: \$2,221,828
Total: \$8,835,407

Public Hearing: No public hearing will be conducted on this project

Public Comment Period: Written comments must be received by the Certificate of Need Program by 5:00 pm on Monday, October 5, 2015. Faxed comments will not be accepted. Send written comments to:

Mailing Address

Department of Health
Certificate of Need Program
Mail Stop 47852
Olympia, WA 98504-7852

Physical Address

Department of Health
Certificate of Need Program
111 Israel Road SE
Tumwater, WA 98501

Anticipated Decision Date: Monday, November 9, 2015

If you have any questions or would like additional information, please contact Beth Harlow with the Certificate of Need Program at (360) 236-2931 or beth.harlow@doh.wa.gov. For additional information or details log into our website: www.doh.wa.gov/hsqa/FSL/certneed