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By CERTIFICATE OF NEED PROGRAM at 9:38 am, Nov 15, 2021



November 15, 2021

LOI21-11ACHS

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 – AccentCare Hospice & Palliative Care of Spokane County, LLC

Dear Mr. Hernandez,

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

1. Description of Services Provided. AccentCare 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 Spokane County, Washington.

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

Sincerely,

DocuSigned by:
A handwritten signature in black ink that reads "Russell Hilliard".
97DFC127E73B4CF...

Russell Hilliard, PhD, LCSW, LCAT, MT-BC, CHRC, CHC
Senior Vice President of Key Initiatives

RHILLIARD@SEASONS.ORG