

November 29, 2018

R E C E I V E D

Janis Sigman, Program Manager  
Washington State Department of Health  
Certificate of Need Program  
111 Israel Rd. S.E.  
Tumwater, WA 98501

NOV 29 2018

CERTIFICATE OF NEED PROGRAM  
DEPARTMENT OF HEALTH

**RE: Letter of Intent: Providence Health & Services-Oregon d/b/a Providence Hospice, Medicare Certified and Medicaid Eligible Hospice Agency.**

Dear Ms. Sigman:

In accordance with WAC 246-310-080, Providence Health & Services-Oregon d/b/a Providence Hospice ("Providence Hospice") respectfully submits this Letter of Intent to operate a Medicare Certified and Medicaid Eligible Hospice Agency to serve residents of Clark County.

1. Description of proposed service  
Providence Hospice requests Certificate of Need approval to operate a Medicare Certified and Medicaid Eligible Hospice Agency.
2. Estimated cost of the project  
There are no capital costs associated with the proposed project.
3. Identification of the service area  
The agency will serve the Clark County Planning Area, as identified in WAC 246-310-290(3).

Please submit any notices, correspondence, communications, and documents to:

Sarah Cameron, Vice President, Strategy and Planning  
Providence Home and Community Care  
2811 South 102<sup>nd</sup> St, Suite 220  
Tukwila, WA 98168

and

Lisa Crockett, Senior Director, Strategy & Planning  
Providence Health & Services  
7515 Terminal Street SW  
Tumwater, WA 98501

Thank you for your assistance in this matter. Please contact me if you have any questions.

Sincerely,



Sarah Cameron  
Vice President, Strategy and Planning  
Providence Home and Community Care