



Your Home Health Agency

657 Okanogan Avenue, Suite A
Wenatchee, WA 98801
(509) 663-9585
(509) 663-2925 fax

Healthy Options, LLC
620 N. Emerson Ave #301
Wenatchee WA, 98801

September 20, 2012

Department of Health
Certificate of Need Program
P.O. Box 47852
Olympia, WA 98504-7852
(360)236-2957

Dear Sir or Madam:

Please be advised of our intent to file with your office an application for a Certificate of Need to establish a Medicare/Medicaid certified Hospice agency to serve Douglas county primary service area.

In our proposed capacity, we envision offering the full range of services which are normally offer by similar providers. Specifically, we would offer the following services:

- Skilled Nursing
- Physical, Occupational and Speech Therapies
- Hospice Aide
- Medical Social Work
- Chaplain/Spiritual Care
- Volunteer Chore/Respite Care
- Personal Care
- Medical Director

Because this is an additional component to our existing Home Health Agency and Personal In Home Care Agency we anticipate incurring no capital costs, in the amount of \$0.00. Operating costs are projected to fall within the \$85.00 to \$100.00 per visit, which is consistent with costs experienced by other providers within the same industry. More definitive cost projections will be provided with our application.

This letter of intent is being submitted in accordance with the provisions of WAC 246-310-080.

Sincerely,

A handwritten signature in black ink, appearing to read "Callie Elmes", is written over a horizontal line.

Callie Elmes
Administrator

R E C E I V E D

SEP 24 2012

CERTIFICATE OF NEED PROGRAM
DEPARTMENT OF HEALTH