

November 27, 2018

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

R E C E I V E D

NOV 30 2018

CERTIFICATE OF NEED PROGRAM  
DEPARTMENT OF HEALTH

Dear Ms. Sigman:

In accordance with WAC 246-310-080, **Connected Healthcare, Inc.**, hereby submits a letter of intent proposing to establish a Medicare certified/Medicaid eligible hospice agency. In conformance with the requirements of WAC, the following information is provided:

1. A Description of the Extent of Services Proposed:

**Connected Healthcare, Inc.** is proposing to establish a Medicare certified/Medicaid eligible hospice agency to needed palliative care to the terminally ill and bereavement care to families of Clark County. As necessary, other services will include health and medical services, personal care, respite and homemaker services.

2. Estimated Cost of the Proposed Project:

The capital expenditure associated with this project is currently estimated at \$12,500.

3. Description of the Service Area:

The primary service area for the hospice agency will be Clark County.

Please do not hesitate to contact me if you have any questions or require additional information.

Sincerely,

Symbol Healthcare, Inc.

By:



**Elliot B. McMillan, Counsel**

Direct office line: (208) 401-1359

Mobile line: (208) 899-6002

emcmillan@cornerstonehhh.com