



HAWAII STATE HEALTH PLANNING AND DEVELOPMENT AGENCY

STANDARD APPLICATION - CERTIFICATE OF NEED PROGRAM

Application Number: # 15-17 Date of Receipt:
To be assigned by Agency

APPLICANT PROFILE

Project Title: Establishment of Hospice Services

Project Address: 77 Ho'okele St., Suite #102
Kahului, HI 96732

Applicant Facility/Organization: Complete Hospice Care of Hawaii LLC

Name of CEO or equivalent: Charlotte Igo

Title: Managing Business Partner

Address: 2728 N 24th Street, Phoenix AZ 85008

Phone Number: 602-900-1790 Fax Number: 1-877-439-1622

Contact Person for this Application: Chris Pfund

Title: Managing Business Partner

Address: 2728 N 24th Street Phoenix, Arizona 85008

Phone Number: 602-900-1790 Fax Number: 1-877-439-1622

CERTIFICATION BY APPLICANT

I hereby attest that I reviewed the application and have knowledge of the content and the information contained herein. I declare that the project described and each statement amount and supporting documentation included is true and correct to the best of my knowledge and belief.



Signature Charlotte Igo
Managing Business Partner

March 20, 2015
Date

1. TYPE OR ORGANIZATION: (Please check all applicable)

- Public
- Private
- Non-profit
- For-profit
- Individual
- Corporation
- Partnership
- Limited Liability Corporation (LLC)
- Limited Liability Partnership (LLP)
- Other: _____

2. PROJECT LOCATION INFORMATION:

A. Primary Service Area(s) of Project: (Please check all applicable)

- Statewide:
- O`ahu-wide:
- Honolulu:
- Windward O`ahu:
- West O`ahu:
- Maui County:
- Kaua`i County:
- Hawai`i County:

3. DOCUMENTATION (Please attach the following to your application form):

- A. Site Control documentation – See Appendix F for a copy of the Commercial Lease Agreement.
- B. A listing of all other permits or approvals from other government bodies (federal, state, county) that will be required before this proposal can be implemented (such as building permit, land use permit, etc.)

- No other permits or approvals from other governing bodies are required prior to implementation of this project. After the Certificate of Need is approved this organization will proceed with the necessary requirements to obtain deemed Medicare status from a national accreditation organization that is required for Medicare billing. That process of obtaining deemed status cannot begin until the Certificate of Need is approved. Patient care may be initiated once the Certificate of Need is approved; however, Medicare billing may not begin until the company obtains deemed status from an accreditation organization.

C. Your governing body: list by names, titles and address/phone numbers

- Marco Canulla
Board Member
4561 E Campbell Ave
Phoenix, AZ 85018
P: 602-859-5740

- Chris Pfund
Administrative Manager
909 W Marshall Ave
Phoenix, AZ 85013
P: 602-770-5970
- Chris Priesel
Board Member
10580 N. 106th Place
Scottsdale, AZ 85258
P: 602-628-4405
- Charlotte Igo
Operations Manager
7602 W Surrey Ave
Phoenix, AZ 85381
P: 623-878-6347

- D. If you have filed a Certification of Need Application this current calendar year, you may skip the four items listed below. All others, please provide the following:
- Articles of Incorporation – see Appendix A
 - Operating Agreement – see Appendix B
 - Tax ID Number – 47-3420099 (see Appendix C)
 - Tax Key Number - 238084006000

4. TYPE OF PROJECT.

	Used Medical Equipment (over \$400,000)	New/Upgraded Medical Equip. (over \$1 million)	Other Capital Project (over \$4 million)	Change in ownership	Change in service/ establish new service/facility	Change in Beds
Inpatient Facility						
Outpatient Facility					X	
Private Practice						

5. TOTAL CAPITAL COST: \$94,000

6. **BED CHANGES.** Please complete this chart only if your project deals with a change in your bed count and/or licensed types. Again, this chart is intended to help our reviewers understand at a glance what your project would like to accomplish. Under the heading "Type of Bed," please use only the categories listed in the certificate of need rules.

Type of Bed	Current Bed Total	Proposed Beds for your Project	Total Combined Beds if your Project is Approved
TOTAL			

7. **CHANGE IN SERVICE.** If you are proposing a change in service, then please briefly list what services will be added/modified. Be sure to include the establishment of a new service or the addition of a new location of an existing service. Please consult Certificate of Need Rules Section 11-186-5 for the categories of services. If you are unable to determine which category best describes your project, please consult with agency staff.

8. **PROJECT COSTS AND SOURCES OF FUNDS (For Capital Items Only)**

A. List All Project Costs:

AMOUNT:

- | | | |
|----|---|----------|
| 1. | Land Acquisition | _____ |
| 2. | Construction Contract | _____ |
| 3. | Fixed Equipment | _____ |
| 4. | Movable Equipment | \$22,000 |
| 5. | Financing Costs | _____ |
| 6. | Fair Market Value of assets acquired by lease, rent, donation, etc. | \$72,000 |
| 7. | Other: _____ | _____ |

TOTAL PROJECT COST: \$94,000

B. Source and Method of Estimation

All equipment needed and provided for staff is information technology based. The initial equipment includes desktops, tablets and smartphones in order to utilize a cloud based Electronic Medical Record system.

C. Source of Funds

AMOUNT:

1. Cash	<u>\$22,000</u>
2. State Appropriations	<u> </u>
3. Other Grants	<u> </u>
4. Fund Drive	<u> </u>
5. Debt	<u> </u>
6. Other: <u>Fair market value of leased space to be paid by monthly rent</u>	<u>\$72,000</u>
TOTAL SOURCE OF FUNDS:	<u>\$94,000</u>

9. IMPLEMENTATION SCHEDULE: Please present a projected time schedule for the completion of this project from start to finish. Include all of the following items that are applicable to your project:

- a) Date of site control for the proposed project: Office location has already been secured. Lease effective as of July 21, 2015
- b) Dates by which other government approvals/permits will be applied for and received: this project does not require construction. Government approvals are only required for Medicare/Medicaid approvals and can only be secured after the approval of the Certificate of Need is approved and deemed status is granted and approved by a national accreditation organization.
- c) Dates by which financing is assured for the project: N/A
- d) Date construction will commence: (no construction required)
- e) Length of construction period: (no construction required)
- f) Date of completion of the project: (no construction required)
- g) Date of commencement of operation: hospice and palliative care operations will commence upon approval of the Certificate of Need.

10. EXECUTIVE SUMMARY:

- a) **Relationship to the State of Hawai'i Health Services and Facilities Plan:** Several in-depth studies have demonstrated that hospice patients live longer, with better symptom management, and less cost than when those end-of-life services are provided in other healthcare settings. Our palliative care system provides healthcare management and delivery for those patients that are in the need of primary care services but do not qualify for hospice because they are not in the terminal phase of their disease process as defined by

Medicare guidelines. Palliative care also reduces healthcare costs by providing in-home medical care rather than having the patient utilize more expensive services in emergency rooms or urgent care centers when they do not have access to routine primary care. Our services will meet at least three Chapters of the State Health and Facilities Plan and one from the County Plan.

- b) **Need and Accessibility:** Statistical data indicates Hawai'i's resident population is underserved with hospice services. Hospice has demonstrated the ability to provide better management of the dying process, with lower cost to the healthcare system, than provided by other means. Although others have documented that there have been complaints within the Hawai'i healthcare system and there have been long delays between the time a patient is referred to hospice and the time a patient is admitted to hospice, Complete Hospice and Palliative Care maintains an operational structure that employs sufficient resources such that an appropriate patient referred to hospice is admitted and care commenced within hours of the referral, and not days. Sufficient resources will be maintained so that care will be available and provided 24 hours a day, 7 days a week.
- c) **Quality of Service/Care:** Complete Hospice & Palliative Care employs operational policies and procedures that ensure quality management of the hospice patient, family and support services. This organization supports the staff in providing hospice and palliative care services, which result in quality outcomes. The organization has a structure that not only works to constantly improve operations and patient services, but also is compliant with all rules and regulations, and welcomes the increased oversight from the "Improving Medicare Post-Acute Care Transformation Act of 2014" (IMPACT Act).
- d) **Cost and Finances (include revenue/cost projections for the first and third year of operation):** The leadership team of Complete Hospice and Palliative Care has significant experience with new hospice provider start-up locations. The team has developed a solid business plan based on reasonable expectations and costs, and has secured more than sufficient funding to make this operational plan successful.
- e) **Relationship to the Existing Health Care System:** Hospice provides care primarily in the home setting with core services employing physicians, nurses, social workers, spiritual counselors and dietitians. Other healthcare services, adjunct therapies, pharmaceutical services and medical supplies are provided through arrangements with other providers within the community.
- f) **Availability of Resources:** The intent of Complete Hospice & Palliative Care is to use local staff and professionals to operate this provider location. The parent company has sufficient resources to train local staff when necessary, and the parent company has staffing resources to supplement the staffing until local personnel may be hired and trained.