HAWAI`I STATE HEALTH PLANNING AND DEVELOPMENT AGENCY

RECEIVED

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ADMINISTRATIVE APPLICATION - CERTIFICATE OF NEED PROGRAM

Application Number: #10-07A
To be assigned by Agency

Date of Receipt:

APPLICANT PROFILE

Project Title: **ESTABLISHMENT OF 12 HOSPICE BEDS**

Project Address: 590 Kapiolani Street

Hilo, Hawai`i 96720

Applicant Facility/Organization: Hospice of Hilo

Name of CEO or equivalent: Brenda Ho

Title: Executive Director

Address: 1011 Waianuenue Ave. Hilo, HI 96720-2019

Phone Number: 808-969-1733 Fax Number: 808-969-4863

Contact Person for this Application: Brenda Ho

Title: Executive Director

Address: 1011 Waianuenue Ave., Hilo, Hi 96720-2019

Phone Number: 808-969-1733 Fax Number: 808-969-4863

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

Date

Brenda S. Ho
Name (please type or print)

Executive Director
Title (please type or print)

REPLACEMENT PAGE

1. **TYPE OF ORGANIZATION**: (Please check all applicable)

Public	____
Private	X
Non-profit	X
For-profit	____
Individual	____
Corporation	X
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:	X

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

A. Site Control documentation (e.g. lease/purchase agreement, DROA agreement, letter of intent) **SEE ATTACHMENT A**
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.) **SEE PAGE 7**
C. Your governing body: list by names, titles and address/phone numbers **ATT. B**
D. If you have filed a Certificate of Need Application this current calendar year, you may skip the four items listed below. All others, please provide the following:
   - Articles of Incorporation **ATT. C***
   - By-Laws **ATT. D**
   - Partnership Agreements
   - Tax Key Number (project's location) **2-4-01: 179 Lot 4-A**

***Note:** Hospice of Hilo was originally incorporated as Hawaii Patient Enrichment Inc. in 1985. In 1988 the name was changed to Hospice of Hilo as shown on page 3 of Attachment E, correspondence from the IRS.

4. **TYPE OF PROJECT.** This section helps our reviewers understand what type of project you are proposing. Please place an "x" in the appropriate box.

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

5. **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
Hospice*	0	12	12
Total	0	12	12

*The State Health Department has no separate category for State licensure of hospice beds. However, the Department does survey hospice facilities for federal Medicare certification. Hospice of Hilo will be Medicare-certified, as are the other existing hospice facilities in the state.

6. PROJECT COSTS AND SOURCES OF FUNDS

A. List All Project Costs:		CLINICAL AMOUNT	TOTAL AMOUNT
1.	Land Acquisition		0
2.	Construction Contract including site improvement & infrastructure	2,972,218*	7,249,312
3.	Equipment, fixed & movable	549,400**	820,000
4.	Financing Costs		0
5.	Fair Market Value of assets acquired by lease, rent, donation, etc.		0
6.	Other: Design & Plans	261,850*	638,659
	TOTAL PROJECT COST:	**$3,783,468**	**$8,707,971**

*41% of total
**67% of total

B. Source of Funds

1.	Cash (from operating revenues)	1,000,000
2.	State Appropriations	750,000
3.	Other Grants	1,867,628
4.	Fund Drive	5,090,343
5.	Debt	
6.	Other: _____	
	TOTAL SOURCE OF FUNDS:	**$8,707,971**

7. **CHANGE OF 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 reference the 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.

There will be no change in service per se, since Hospice of Hilo is an existing, Medicare-certified Hospice Agency which already provides in-patient hospice services through agreements with Hilo Medical Center. Hospice of Hilo will construct a new building to meet the special needs of patients requiring inpatient care. The building will open with 12 beds and will have the capacity to add 6 beds in the future. The building will also provide space for staff and other services of our program. Other services include palliative care, social work, spiritual counseling, and a volunteer program.

8. **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:

See page 7

a) Date of site control for the proposed project,
b) Dates by which other government approvals/permits will be applied for and received,
c) Dates by which financing is assured for the project,
d) Date construction will commence,
e) Length of construction period,
f) Date of completion of the project,
g) Date of commencement of operation

Please remember that the Agency does monitor the implementation of Certificates approved. Non-implementation of a project as described in your application may result in a fine and/or withdrawal of the certificate of need.

9. **EXECUTIVE SUMMARY:** Please present a brief summary of your project. In addition, provide a description of how your project meets each of the certificate of need criteria listed below. If a new location is proposed, please attach an easy to read map that shows your project site.

See page 7

a) Relationship to the Hawai`i Health Performance Plan (H2P2), also known as the State of Hawai`i Health Services and Facilities Plan.
b) Need and Accessibility
c) Quality of Service/Care
d) Cost and Finances (include revenue/cost projections for the first and third year of operation)
e) Relationship to the existing health care system
f) Availability of Resources.

10. Eligibility to file for Administrative Review. This project is eligible to file for Administrative review because: (Check all applicable)

___ It involves bed changes, which will have a capital expense of $1,000,000 or less, and which will have an increased annual operating expense of less than $500,000.

___ It involves service changes which will have a capital expense of $1,000,000 or less, and which will have an increased annual operating expense of less than $500,000.

___ It is an acquisition of a health care facility or service, which will result in lower annual operating expenses for that facility, or service.

___ It is a change of ownership, where the change is from one entity to another substantially related entity.

__X__ It is an additional location of an existing service or facility.

__X__ The applicant believes it will not have a significant impact on the health care system.

REPLACEMENT PAGE

3.B. Other government approvals needed.

Use permit from the County	Completed
Subdivision approval from the County	Completed
Land lease from DLNR	Completed
Building permit	In process
Medicare certification	After the facility is opened

8. Implementation Schedule

Use permit from the County	April 5, 2007
Subdivision approval from the County	May 4, 2009
Land lease from DLNR	October. 22, 2009
Building permit	May, 2010
Date by which financing is assured	July, 2010
Site preparation commences	December 1, 2008
Construction commences	November, 2010
Construction completed	November, 2011
Operations begin	December, 2011
Medicare certification achieved	March, 2012

9. Executive Summary

Hospice of Hilo began operations in 1983 and achieved Medicare-certification in 1989. To be Medicare-certified, a hospice agency must provide different levels of care:

1. Routine home care. This is care delivered to the patient in their place of residence. The place of residence could be:
    - Their own home
    - A nursing home
    - An expanded ARCH (Adult Residential Care Home)
    - An assisted living facility
    - A hospice residential unit.
2. Respite care. Hospice patients may be placed in a short respite care service, not to exceed 5 days. The purpose of this is to give some respite to the usual caregivers, which are most often family members. Respite care facilities can be:
    - An acute hospital
    - A nursing home (SNF or ICF)
    - A hospice inpatient unit
3. General inpatient care. The intent of this level of care is to manage complex symptoms for a short period of time, before returning the patient to their place of residence. This level of care can be provided in:

- An acute hospital
- A nursing home
- A hospice inpatient unit.

Hospice of Hilo currently provides all these levels of service. Since we do not yet have our own building, we have contracts with Hilo Medical Center (HMC) to provide these services in addition to exclusive use of 2 acute care beds. We use these beds to provide residential care to patients that have no other adequate care givers, as well as general inpatient and respite care. When our new building is complete, we will continue this contract with HMC, but will use it as a secondary source of service for our patients.

Under our proposal, Hospice of Hilo will build a new building that will include 12 hospice beds, with the ability to expand to 18 beds in the future. (See figure 1 on page 16 for a map of the project site and figure 2 on page 17 for a floor plan of the building.) The building will also house our inpatient administrative and staff offices. The building will be constructed on 3.5 acres of State land which we are leasing from the Department of Land and Natural Resources. (See attachment A). The 3.5-acre parcel has been sub-divided out of a larger 39 acre parcel, and the subdivision has already been approved. The total capital cost of the building will be $8,707,971, of which $3,783,468 is for the clinical portion.

a. Relationship to the Hawaii Health Services and Facilities Plan (HSFP).

This proposal relates well to the provisions of the 2009 HSFP, in particular:

- The priorities of the Statewide Health Coordinating Council (SHCC), in its general principles:
  - Ensure that any proposed service will at least maintain overall access to quality health care at a reasonable cost,
  - Strive for equitable access to health care services,
  - Ensure all projects are appropriate for the regional and statewide continuum of care,
- The priorities of the Hawaii County/Hawaii Subarea Planning Council (HSAC):
  - Increase the number of and improve the access to and the quality of health care facilities.

Currently there is no facility on the Big Island specifically designed to serve hospice inpatients. The establishment of this proposed hospice facility will improve access for hospice patients, provide a high quality service to them at reasonable cost, and improve the regional continuum of care.

Chapter 2 of the HSFP deals with thresholds for proposed services. There are no thresholds pertaining to hospice beds, and Hawaii does not have a licensure category for hospice beds. However, such beds can be certified by medicare, and we will have such certification.

b. Need and Accessibility

Need. The National Hospice Organization has recommended that hospice programs throughout the nation should consider building general inpatient facilities to better serve the needs of the dying and their families. There is no hospice inpatient facility for the people of the Island of Hawaii Island. This fact alone indicates that there is a need.

The only hospice inpatient facilities in the State of Hawaii are on the island of Oahu, where St. Francis has two facilities totaling 36 beds, with an 82% occupancy rate in 2009. Hospice Hawaii has two facilities totaling 10 beds, running at a 90% occupancy rate.

Hospice Maui does have CON approval to establish a 12-bed facility, but that facility is not yet constructed.

Hospice of Hilo currently has an average daily census of 53 routine home care patients. We believe that there are many other patients who could be served at this level in our proposed facility, but who are currently occupying beds in long-term care facilities because of the absence of specialized hospice beds.

The 2 hospice beds at Hilo Medical Center have an average occupancy rate of 75%. This method of providing inpatient hospice care at an acute facility is sufficient but not optimal. The structure, operations and general philosophy of acute care hospitals are vastly different and extremely more costly than care in hospice facilities. Hospice facilities are specifically designed and operated to meet the complex symptom management of terminally ill patients while addressing and providing for the emotional, spiritual and physical needs of the patient and their family.

In 2001, Hospice of Hilo commissioned a needs assessment study by GeoMetrician Associates. Among the findings of that study:

> The population of the service area [East Hawai`i] for Hospice of Hilo in the year 2001 is approximately 85,000. Strictly in terms of size, it would appear that a program offering between four and twelve beds would be "in the ballpark" of other residential hospice programs in somewhat analogous U.S. counties. Taken together, the demographic, health, socioeconomic, and institutional factors at play in East Hawai`i point to a pressing need for the high end of this range – perhaps up to ten residential beds. In addition, strong consideration should be give to the need for outlying residential programs in areas with both high numbers of elderly and lone householders.

The study further stated "Comparison with analogous counties in the U.S. indicates that similar size service areas have between four and twelve beds, and usually report them full."

This 2001 study is now nine-years old, and the need has only grown in the interim, especially as the population grows and ages.

We project an average daily census of 9 patients in our first year of operation. Six of these patients would be at the routine residential care level, and 3 would be at the Medicare general inpatient level.

With this proposed new facility, Hospice of Hilo will be able to meet community needs beyond our current capacity and services, thus improving end-of-life care for the people of Hawaii. Terminally ill patients needing advanced symptom management and/or those without adequate caregivers or caregiver systems and who are too sick to live alone will be placed in the Hospice facility, freeing up the limited acute and long term care beds.

Most importantly, it would expand Hospice of Hilo's ability to offer the recognized "best practice" of end of life care to the people of Hawaii Island.

The depth of the problem on end-of-life care in Hawaii is reflected by HMSA's recent analysis of data in the 2006 Dartmouth Atlas. The data revealed that Hawaii has one of the highest utilizations of hospital days during the last 6 months of life and one of the highest risk-adjusted hospital mortality rates (38% of Medicare beneficiaries die in the hospital compared to 32% nationally). These data indicate that people in their final days, who would be most appropriately served in a hospice facility, are instead being cared for in acute beds.

Accessibility. Hospice of Hilo's services are accessible to any person who needs hospice service. We provide service to all patients, including low income persons, racial and ethnic minorities, women, handicapped persons, other underserved groups and the elderly.

c. Quality of Service/Care

Hospice of Hilo is certified by Medicare and has a history of providing quality care. Hospice of Hilo passed its most recent CMS survey in 11/2008.

Hospice of Hilo also participates in the National Hospice and Palliative Care Organization's (NHPCO) 10 components of quality – Patient and Family Centered Care; Ethical Behavior and Patient Rights; Clinical Excellence and Safety; Inclusivity and Access; Organizational Excellence; Workforce Excellence; Standards; Compliance; Stewardship and Accountability; and Performance Measurement. Those components of quality are measured and monitored on a regular basis, and improved on if necessary. Hospice of Hilo's safety program and facilities are also reviewed by Hawaii Occupational

Safety and Health (HIOSH), Hospice of Hilo has passed the last review, and is currently on their oversight program. Multi-View, Inc. (MVI) is another program that Hospice of Hilo utilizes. MVI assists Hospice of Hilo to attain the highest quality of business operational services. MVI does financial and operational comparisons between various and multiple hospice organizations, and does routine monitoring to assure the soundness of the hospice organizations. Hospice of Hilo then takes this information and establishes finance and business targets. MVI does for hospice organizations from a quality business perspective, what NHPCO does for hospice organizations from a quality patient care perspective.

Hospice of Hilo also regularly participates in a Family Satisfaction Survey and a Physician's Survey.

d. Cost and Finances

The capital cost of the total project is $8,707,971. The cost of the clinical portion is $3,783,468. The sources and availability of the funds are discussed in Section f. We have a capital campaign in progress through which we expect to raise a total of $10 million dollars.

Exhibit 1 on the page 12 is a five-year revenue and expense projection for this service. The exhibit shows that revenue will exceed expenses starting in the fourth year of operation. In the first year of operation we project a total net revenue of $1,530,373 and total expenses of $2,009,994. By the fourth year of operation, revenue is projected to be $2,503,948, and expenses to be $2,248,781.

Hospice of Hilo plans to cover the losses for the first three years by the following means:

- Its own financial reserves.
- The capital campaign is establishing a $500,000 start-up cost fund.
- The capital campaign is establishing a $500,000 building maintenance fund.
- Ongoing returns from Hospice of Hilo investments and donations; these are external to the capital campaign.

See the next page for our revenue and expense projections.

(Please note that "acute" in the average daily census line and the revenue lines refers to the "general inpatient care" category of service. The computer program we use to generate the revenue and expense statement compels us to use the term "acute.")

Exhibit 1

Hospice of Hilo In-Patient Facility
5-Year Cost Analysis: Updated 4-2-2010

Version 9.6

Percentage of Net Patient Revenue Analysis	Year 1	Year 2	Year 3	Year 4	Year 5	Average
Primary Drivers						
Average Daily Census-Acute	3.00	4.00	5.00	6.00	6.00	
Average Daily Census-Residential	6.00	6.00	6.00	6.00	6.00	
Average Daily Census-Crisis Care/Respite	-	-	-	-	-	
Days of Care-Acute	1,095	1,460	1,825	2,190	2,190	8,760
Days of Care-Residential	2,190	2,190	2,190	2,190	2,190	10,950
Days of Care-Crisis Care/Respite	-	-	-	-	-	-
Days in Period	365	365	365	365	365	1,825
Revenue						
Acute Care	767,595	1,054,164	1,356,085	1,673,357	1,719,413	1,314,123
Residential Care	764,310	787,239	810,169	833,098	856,027	810,169
Continuous/Crisis Care	-	-	-	-	-	-
Less Unpaid Care - Acute	(768)	(1,054)	(1,356)	(1,673)	(1,719)	(1,314)
Less Unpaid Care - Residential	(764)	(787)	(810)	(833)	(856)	(810)
Less Unpaid Care - Crisis Care/Respite	-	-	-	-	-	-
Physician Revenue Offset	-	-	-	-	-	-
Total Revenue	1,530,373	1,839,562	2,164,087	2,503,949	2,572,865	2,122,167
Expense						
Personnel						
RN	711,406	732,748	754,090	775,432	796,774	754,090
LPN	-	-	-	-	-	-
CNA	384,544	396,080	407,616	419,153	430,689	407,616
SW	83,743	86,255	88,767	91,280	###### ########	88,767
Chaplain	83,743	86,255	88,767	91,280	93,792	88,767
Ward Clerk	89,727	92,419	95,110	97,802	100,494	95,110
Facilities/Cleaning/Other	279,083	287,456	295,828	304,201	312,573	295,828
Manager	109,802	113,097	116,391	119,685	122,979	116,391
Physician	-	-	-	-	-	-
Total Personnel Expense	1,742,047	1,794,309	1,846,570	1,898,832	1,951,093	1,846,570
Patient Related						
Medications	30,660	36,091	41,785	47,742	49,056	41,067
Therapies	5,475	6,391	7,351	8,355	8,585	7,231
Medical Supplies	8,760	10,527	12,381	14,323	14,717	12,141
Lab	2,190	2,632	3,095	3,581	3,679	3,035
DME	7,118	8,271	9,479	10,742	11,038	9,329
Linen	16,425	18,798	21,280	23,871	24,528	20,980
Ambulance	12,045	14,286	16,637	19,097	19,622	16,337
spare	-	-	-	-	-	-
spare	-	-	-	-	-	-
Oxygen	6,570	7,519	8,512	9,548	9,811	8,392
spare	3,285	4,511	5,804	7,161	7,358	5,624
spare	-	-	-	-	-	-
spare	-	-	-	-	-	-
Total Patient-Related Expense	92,528	109,026	126,323	144,420	148,394	124,138
Operational						
Utilities (per sq. ft.)	39,600	40,788	41,976	43,164	44,352	41,976
Housekeeping & Janitorial (sq. ft)	7,200	7,416	7,632	7,848	8,064	7,632
Lease of space (sq. ft)	-	-	-	-	-	-
Building Maintenance (sq. ft.)	25,200	25,956	26,712	27,468	28,224	26,712
Dietary (pt. day)*	32,850	37,595	42,559	47,742	49,056	41,960
Telephone (pt. Day)	4,928	5,639	6,384	7,161	7,358	6,294
Other (pt. day)	1,643	1,880	2,128	2,387	2,453	2,098
Interest Expense	-	-	-	-	-	-
Secondary Loan	-	-	-	-	-	-
Landscaping & Snow Removal	8,000	8,240	8,480	8,720	8,960	8,480
Room Rental (use if renting beds)	-	-	-	-	-	-
Additional Insurance	8,000	8,240	8,480	8,720	8,960	8,480
Computer (PCs, lines, software)	8,000	8,240	8,480	8,720	8,960	8,480
spare	-	-	-	-	-	-
Contingency	20,000	20,600	21,200	21,800	22,400	21,200
Miscellaneous and Adminstrative	20,000	20,600	21,200	21,800	22,400	21,200
Total Operational Expense	175,420	185,194	195,231	205,530	211,187	194,512
Total Expense	2,009,994.9	2,088,528.3	2,168,123.9	2,248,781.6	2,310,674.7	2,165,220.7
Contribution Margin *(without Support or Depreciation)*	(479,621.8)	(248,966.6)	(4,037.0)	255,167.0	262,189.9	(43,053.7)
Community Support	300,000.0	250,000.0	240,000.0	230,000.0	225,000.0	249,000
Depreciation	299,200.0	299,200.0	299,200.0	299,200.0	299,200.0	299,200
Net Contribution with Depreciation & Support	(478,821.8)	(298,166.6)	(63,237.0)	185,967.0	187,989.9	(93,253.7)

e. Relationship to the Existing Health Care System

The proposal will strengthen the existing health care system by providing currently non-existent end-of-life hospice beds to the Big Island of Hawaii. The service will mainly benefit the residents of East Hawai`i, which is our primary service area, but will also be available to all residents of the island.

These end-of-life care beds will also improve service to the children of the Big Island. Currently, children needing acute hospice services are flown off-island to Kapiolani Women's and Children's Hospital on Oahu. Our facility will make acute care hospice service for children available on-island, where they will be able to remain close to their families.

These hospice inpatient beds will also improve the system by freeing up needed acute medical and surgical care beds at Hilo Medical Center and will assist in decreasing their overflow patient cases. A significant and well-publicized issue throughout the State is our limited number of long term care beds. In rural Hawaii there are only 18 beds per 1,000 population over the age of 63, compared with an average of 62 beds in rural areas across the Mainland. Urban Hawaii has 23 beds per 1,000 over the age of 65 compared to the Mainland's average 47 beds. This would explain why the HMSA analysis data showed that Hawaii's utilization of Medicare SNF days was significantly lower than the nation (5.2 compared to 9.9 for the nation). With this proposed hospice facility, we could assist the island's acute facilities to decrease their waitlists by accepting hospice-eligible patients into our hospice beds.

Finally, we will be partnering with the University of Hawaii at Hilo Schools of Nursing, Social Work, Counseling and Pharmacy to offer a practicum site for students and interns.

f. Availability of Resources

Both the financial and personnel resources needed to implement the proposal are available.

The total capital cost of the whole project is $8,707,971. Of this, we have already raised $2,270,304 in cash or in-kind, with another $2,863,278 already firmly pledged. This leaves another $3,574,389 still to be raised. Hospice of Hilo has a number of grant applications in process, as well as a general fund-raising drive, with an overall goal of raising a total of $10,000,000 in our capital drive. We have been very successful in our fund-raising efforts and are confident of our success.

Apparently, First Hawaiian Bank shares our optimism since it has given us a $3 million line of credit that we can tap, if necessary, as construction and fund-raising proceed simultaneously.

As shown in Exhibit 1, we anticipate that the inpatient facility will operate at a loss during the first three years of operation. As noted in section d of this application, Hospice of Hilo plans to cover the losses for the initial two years by the following means:

- Its own financial reserves.
- The capital campaign is establishing a $500,000 start-up cost fund.
- The capital campaign is establishing a $500,000 building maintenance fund.
- Ongoing returns from Hospice of Hilo investments and donations; these are external to the capital campaign.

We will require additional staff to operate the 12 hospice beds. Table 1 below shows our projected staffing pattern for the facility.

TABLE 1

Type of staff	FTEs in year one	Personnel expense, year one
Director/Manager	1.0	90,764
Physician	1.0	(see discussion below)
RN	8.49	587,939
CNA	11.3	317,805
MSW	0.6	69,209
Spiritual Counselor	0.6	69,209
Ward Clerk	2.8	74,154
Dietary(Cook)	2.8	79,451
Security	2.8	88,279
Housekeeping	2.0	62,917
Total	33.4	1,439,709

We do not anticipate any difficulty in recruiting the staff. We acknowledge that there is a general lack of R.N.s in the State, but we have been successful in recruiting them for our current program and believe that there are many nurses interested in and committed to the hospice philosophy who would like to serve in our facility.

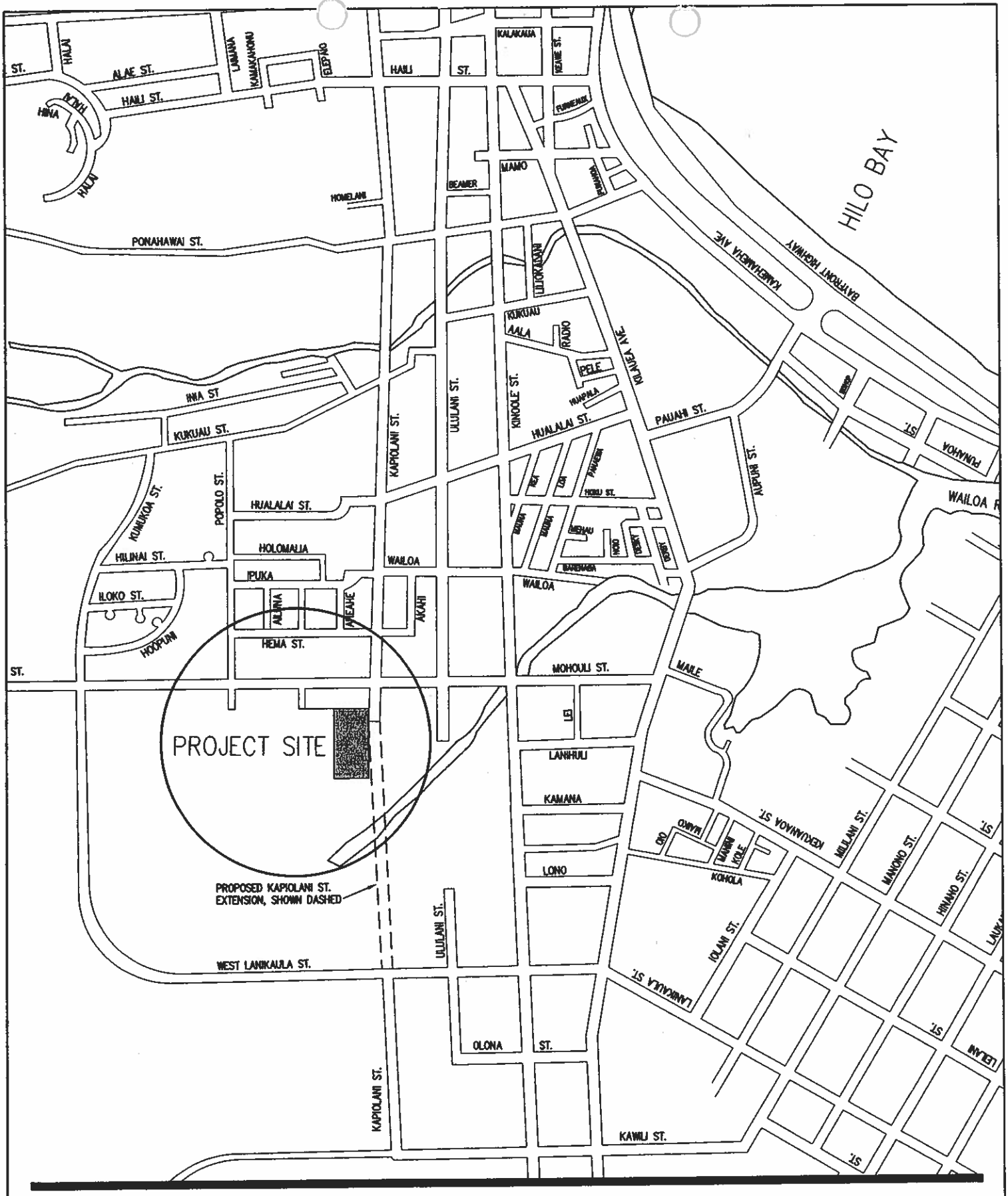
We will employ one physician for the facility. At the same time, we will maintain our current part-time Hospice physicians to address most of the home care oversight, which includes 24 – 7 on-call services.

The facility Physician will be responsible for providing:

- Primary medical care and oversight for the patients within the facility,
- Back-up call and consultation services for the home care Hospice physicians and staff,
- Direct visits/exams for non-hospice patients referred by community physicians for palliative care consultation services. These visits can be made either in the space designed within the new inpatient facility or at the hospital.

The physician will be hired as an employee of Hospice of Hilo and we will bill all services provided by the physician outside of our regular reimbursement.

Figure 1



Title VICINITY MAP

Project HOSPICE OF HILO
KAPIOLANI STREET HILO, HAWAII

Date: 06-01-06

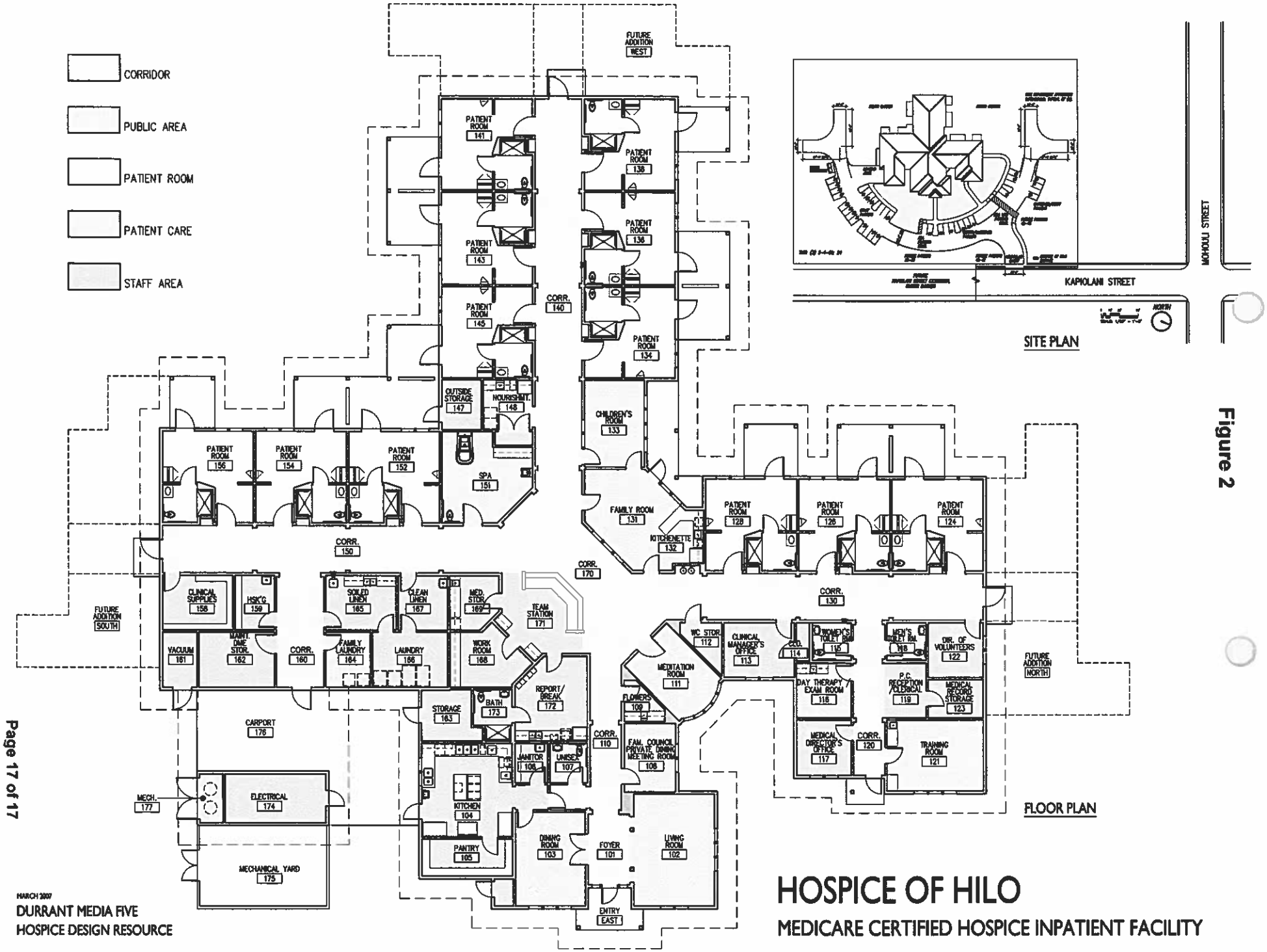


Figure 2

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MARCH 2007

DURRANT MEDIA FIVE

HOSPICE DESIGN RESOURCE

HOSPICE OF HILO

MEDICARE CERTIFIED HOSPICE INPATIENT FACILITY