



HAWAII STATE HEALTH PLANNING AND DEVELOPMENT AGENCY

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ADMINISTRATIVE APPLICATION - CERTIFICATE OF NEED PROGRAM

Application Number: # 21-16A
To be assigned by Agency

Date of Receipt: HEALTH PLAN. & DEV. AGENCY

APPLICANT PROFILE

Project Title: ESTABLISHING A HOSPICE CARE SERVICES AGENCY

Project Address: 677 ALA MOANA BLVD, STE 614, HONOLULU, HAWAII, 96813

Applicant Facility/Organization: AASTA HOSPICE CORPORATION

Name of CEO or equivalent: NARINDER KUMAR

Title: CEO

Address: 20700 NORTHRIDGE RD, CHATSWORTH, CA 91311

Phone Number: 818-317-9565 Fax Number: 818-721-8009

Contact Person for this Application: NARINDER KUMAR

Title: CEO

Address: 20700 NORTHRIDGE RD, CHATSWORTH, CA 91311

Phone Number: 818-317-9565 Fax Number: 818-721-8009

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.

Handwritten signature of Narinder Kumar

Date: 6-23-21

Name (please type or print): NARINDER KUMAR

Title (please type or print): CEO

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

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

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2. PROJECT LOCATION INFORMATION

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

- Statewide: _____
- O`ahu-wide: _____
- Honolulu: X
- 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 (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 Attachment B)
- C. Your governing body: list by names, titles and address/phone numbers (See Attachment C)
- 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: (See Attachment D)
 - Articles of Incorporation
 - By-Laws
 - Partnership Agreements
 - Tax Key Number (project's location)

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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.

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	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					
Outpatient Facility				X	
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
	0	0	0
TOTAL			

6. PROJECT COSTS AND SOURCES OF FUNDS

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A. List All Project Costs:

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AMOUNT:

- | | | |
|----|---|--------------|
| 1. | Land Acquisition | ___\$0 |
| 2. | Construction Contract | ___\$0 |
| 3. | Fixed Equipment | ___\$0 |
| 4. | Movable Equipment | ___\$35,000 |
| 5. | Financing Costs | ___\$0 |
| 6. | Fair Market Value of assets acquired by Lease | ___\$175,000 |
| 7. | Other: _____ | ___\$0 |

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TOTAL PROJECT COST: ___\$210,000

B. Source of Funds

- | | | |
|----|--|----------------|
| 1. | Cash | ___\$35,000__ |
| 2. | State Appropriations | _____ |
| 3. | Other Grants | _____ |
| 4. | Fund Drive | _____ |
| 5. | Debt | _____ |
| 6. | Other: FMV OF LEASED SPACE
TO BE PAID BY MONTHLY
LEASE | ___\$175,000__ |

TOTAL SOURCE OF FUNDS: \$210,000

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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.

Establishing a free-standing hospice agency to provide end of life hospice services to those patients who are terminally ill. Hospice agency will become Medicare certified and in addition to patient care services, company will provide supportive services to the family and caregivers as well.

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:

- a) Date of site control for the proposed project : July 9th 2021
- b) Dates by which other government approvals/permits will be applied for and received, Estimated Time: July 1st 2022
- c) Dates by which financing is assured for the project, NOT APPLICABLE
- d) Date construction will commence, NOT APPLICABLE
- e) Length of construction period, NOT APPLICABLE
- f) Date of completion of the project, NOT APPLICABLE
- g) Date of commencement of operation Upon Hospice Licensure and CMS Certification

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.

- a) Relationship to 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.

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Aasta Hospice is a for-profit hospice service business organized in the State of Hawaii and Aasta Hospice is proposing to allow a hospice agency to provide state of the art hospice services to those patients who are terminally ill specializing in Palliative Care and effective pain management. 211000 23-A8-56

Aasta Hospice is newly formed on February 22nd, 2021 in the State of Hawaii however both CEO and his managing team has been very successful serving hospice patients in multiple states and predominantly in California for more than a decade. Aasta Hospice has the pedigree of providing exceptional patient/family care and operating successfully without being a burden to the State's health care system. STATE AGENCY

Company's governing body includes Narinder Kumar as CEO, CFO and president, Nandini Kumar, RN as the Director of Nursing and board member. The corporate office is located in 677 Ala Moana Blvd, STE 614, Honolulu, Hawaii 96813. Agency office hours are going to be from Monday to Friday 9:00 AM to 5:00 PM. Agency also provides after hours, weekends, and holidays ON-CALL number to all patients, families, and to the general public.

Hospice services are available to all terminally ill patients certified by a physician. We want to help narrow the health care gaps and support State's health care system funded privately and in compliance with all the rules and regulations of both the State and Medicare.

A: Relationship to the State of Hawai'i Health Services and Facilities Plan

As the goal statement of State of Hawaii's Department of Health states, we too want to promote health and well being for all the residents of Hawaii. Our mission is to ensure a comfortable end of life experience by providing safe and reliable hospice services to our patients with life limiting illness. Our philosophy is that we believe health care is a basic human right and it must be available, accessible, coordinated, and provided in a comprehensive way to all the people of Hawaii. One of the statewide and regional priorities of Honolulu County is to increase the availability of long-term care services. As the long-term care services increase, these seniors also need supportive services like hospice care. We can support these long-term care services and seniors by providing hospice care services at the facility reducing the need for institutionalized care which escalates the cost of senior care. Another statewide general principles is to encourage and support health education, promotion, and prevention initiatives. Our hospice agency will be holding community events in coordination with the State/ County/City to promote health education and awareness on various health care topics such as Covid-19, Tuberculosis, Influenza, Pneumonia, etc within our community and in the neighbor communities. We will provide free health education classes inside long term health facilities, senior homes, and/or retirement facilities about communicable diseases and how to take preventative measures protecting our seniors and citizens. We will provide free in-service classes to health care providers on how to manage such diseases that can spread and result in negative outcomes among seniors and citizens of the community.

B: Need and Accessibility

We will work very closely with health department of Hawaii, hospitals, nursing homes, assisted living communities, and other health care providers coordinating the hospice care for all residents who are terminally ill, qualified, and certified by a physician. With COVID-19 pandemic, we have learned that our health care system can be better and no number of providers including hospice is enough to serve the entire state at the time of a pandemic. We can help narrow the health care disparities including access to hospice services working as a team with State Department. We wish to bring immediate and deserving access to those underserved, elderly, women, ethnic minorities, and people with disabilities and terminally ill requiring hospice services.

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According to the United States Census Bureau and 2019 statistics, 19% of all the people in Hawaii are either 65 or above. Furthermore, 37.6 % of the total population are Asians and 10.1% of total population is Native Hawaiians (See Attachment I). According to National Hospice and Palliative Care Organization (NHPCO), in 2018, 82% of hospice services were utilized by Caucasians while Asian and Pacific Islanders only used 1.8% (See Attachment II). As one can see the gap between the actual population and demographics of the State vs. the population who actually use the hospice services. We genuinely believe there is an education gap on **WHAT IS HOSPICE?** And How Hospice Services can be utilized towards the end of life in these above-mentioned population. We are going to be proactive in the local communities providing free of charge education on hospice and palliative services to enhance the understanding of hospice philosophy and how it eventually breaks barriers among the cultures who do not utilize hospice services due to fear and lack of knowledge.

Hawaii is the 40th state in United States in number of Medicare Decedents serviced by Hospice (See Attachment IV). Honolulu has a large population of seniors and many will live longer with one or more chronic conditions such as Dementia, Heart problems, Respiratory problems, Stroke, or Chronic Kidney Disease. According to NHPCO (See Attachment III), in 2018, following are the principal diagnosis for hospice services:

- a) Cancer at 29.6%
- b) Circulatory/Heart at 17.4%
- c) Dementia at 15.6%
- d) Other at 14.7%
- e) Respiratory at 11.0%
- f) Stroke at 9.5%
- g) Chronic Kidney Disease at 2.2%

Having more people understand the concept and philosophy of Hospice, it helps the Hawaiians to remain in their homes or residences while dealing with their chronic conditions and end of life. Hospice Services keep them out of emergency rooms and hospital beds and provide them better pain free comfort than staying in hospitals or nursing homes with possibilities institution acquired infections and/or pressure injuries.

C: Quality of Service and Care

As a responsible Medicare Certified Hospice Agency, we will comply with all the rules and regulations of both the State department and Medicare CoPs. Our core values include **Safety** of our clients, **Evidence Based Practice** for improved clinical outcomes, **Dignity, Compassion, and Transparency** in everything we do, commitment towards **Culturally Sensitive & Patient Centered Care**, and **Advocacy** for our clients. We will have a dedicated and a full-time quality and compliance team constantly validating our hospice work and making improvements. Our quality assurance and performance improvement (QAPI) team will be overseen by the governing body and the methodology they will use is Plan, Do, Study, and Act (PDSA model). QAPI team will make

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recommendation to the interdisciplinary team as identified from audits of clinical records in order to improve the quality of patient care.

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QAPI team will continuously collect and review data including patient and nursing sensitive indicators such as falls, infections, medication errors, sentinel events, near misses, employee turnover, adverse reactions, patient, and employee satisfaction. Quality services we are planning to provide are skilled nursing, hospice and services, social work, bereavement and spiritual services, volunteering services, medical director, and therapies include physical, occupational, and speech.

D: Cost and Finances

The organization governing body has already capitalized the company for its start up costs and operational needs with a total of two hundred and ten thousand dollars (\$210,000.00). All the costs of operating the company will be the responsibility of the company alone and will not be a burden to the State or its community resources.

Company also has additional funding of one hundred thousand dollars (\$100,000.00) for any unforeseen circumstances if there is a significant delay in obtaining the necessary and required licenses and Medicare certifications prior to operation. Our revenue/cost projections for the first year through the third year is attached for your review (See Attachment V).

E: Relationship to the Existing Health Care System

Our company is here to make the current existing health care system stronger and to make significant contributions. We will supplement the current health care market of Honolulu and to its residents. In the year 2020 and this year, we have learned that no health care system is resistant to such pandemics of the world. We want to support Honolulu with our highest quality care and services to its residents. We will be a crucial pillar to the current health care system.

F: Availability of Resources

Currently the company has hired all the administrative staff members to lead the application process until we get approval to move forward. Company has the financial support and the expertise in hiring the right personnel for the all pending positions. Since we cannot operate without any prior approval, licensure, or accreditation, we will hire the remaining positions soon after the approvals. In the beginning operating phase, we will be hiring multiple registered nurses, home health aides, social worker, chaplain/spiritual/bereavement coordinator, Medical Director, Alternate Medical Director, and recruit for volunteers. We will also include consultation services such as therapy services, dieticians, etc.

As previously mentioned, all capital expenses will be responsibility of the company and company has enough capital saved up for the operation of the company.

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

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- 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.
- It is an additional location of an existing service or facility.
- The applicant believes it will not have a significant impact on the health care system.