



HAWAII STATE HEALTH PLANNING AND DEVELOPMENT AGENCY

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STANDARD APPLICATION - CERTIFICATE OF NEED PROGRAM

STATE HEALTH PLANNING & DEV. AGENCY

Application Number: # 21-14 To be assigned by Agency Date of Receipt:

APPLICANT PROFILE

Project Title: Establishment of Medicare Certified Home Health Agency Services on O'ahu

Project Address: 1003 Bishop Street Suite 2700 Honolulu, HI 96813

Applicant Facility/Organization: Kina'ole Home Health Care LLC

Name of CEO or equivalent: Katherine Victa

Title: Owner/President

Address: 98-487 Koauka Loop # B-405 Aiea, HI 96701

Phone Number: (808) 460-3166 Fax Number: (858) 345-3735

Contact Person for this Application: Katherine Victa

Title: Owner/President

Address: 98-487 Koauka Loop #B-405 Aiea, HI 96701

Phone Number: (858) 254-0339 Fax Number: (858) 345-3735

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: Katherine Victa

Date: May 13, 2021

Name (please type or print): Katherine Victa

Title (please type or print): CEO

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STATION-LLC & DEV. AGENCY

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

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

2. PROJECT LOCATION INFORMATION:

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

- Statewide: _____
- O'ahu-wide: _____ x _____
- 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 (e.g. lease/purchase agreement, DROA agreement, letter of intent)
 - Please see Attachment 1- copy of lease
- 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.)
 - State Requirement: Upon approval and receipt of the Certificate of Need, Kina'ole Home Health Care LLC (KHHC) will apply to the Hawaii State Department of Health, Office of Health Care Assurance to obtain State Licensure.
 - Federal Requirement: Obtain accreditation from either the Community Health Accreditation Program or Accreditation Commission for Health Care that will demonstrate that Kina'ole Home Health Care LLC complies with the safety and standards set forth by CMS to participate as an approved provider to Medicare/Medicaid participants.
- C. Your governing body: list by names, titles and address/phone numbers:
 - Please see Attachment 2- Governing board members

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- 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: *Please see Attachment 3 for Kina'ole Home Health Care LLC*
 - By-Laws: N/A to LLC
 - Partnership Agreements: N/A, Kina'ole Home Health Care LLC is a single member LLC
 - Tax Key Number (project's location) 2101110010000

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 ownership	Change in service/establish new service/facility	Change in Beds
Inpatient Facility						
Outpatient Facility					x	
Private Practice						

5. **TOTAL CAPITAL COST:** \$37,562

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
NA	NA	NA	NA
TOTAL			

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7. **CHANGE IN SERVICE.** If you are proposing a change in service, then please briefly list what services will be added/modified. **21 SEP 24 10:19** 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.

Kina'ole Home Health Care LLC proposes to establish a new Medicare certified home health agency based in O'ahu, identified in section 11-186-5 (3)(L), to provide comprehensive multi-disciplinary care to patients at home. These services will include skilled nursing, social workers, certified nursing assistants, physical, occupational, and speech therapies. Participants who have been recently discharged from a skilled nursing facility or hospital due to a recent event such as surgery, illness or injury will benefit from our services. Individuals who have co-morbidities, need assistance with medication management and disease process teaching, wound care ordered from their physician's office, assisted living and independent living will also find our services valuable.

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	<u>\$15,000</u>
5. Financing Costs	_____
6. Fair Market Value of assets acquired by lease, rent, donation, etc.	<u>\$22,562</u>
7. Other: CON/CHAP Accreditation_	_____
TOTAL PROJECT COST:	<u>\$37,562</u>

B. Source and Method of Estimation

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Describe how the cost estimates in Item "A" were made, including information and methods used: Monthly Rent of \$626.73 x 36 months.

C. Source of Funds	21 SEP 24 AIO :19	AMOUNT:
1. Cash		<u>\$15,000</u>
2. State Appropriations	ST. HELENA & DEV. AGENCY	_____
3. Other Grants		_____
4. Fund Drive		_____
5. Debt		_____
6. Other: <u>Fair Market Value of lease space to be paid monthly.</u>		<u>\$22,562</u>
TOTAL SOURCE OF FUNDS:		<u>\$37,562</u>

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

- a) Date of site control for the proposed project: Jan 28, 2021
- b) Dates by which other government approvals/permits will be applied for and received:
 - Application for State Licensure will be submitted upon approval of CON.
 - Target date to obtain Medicare Certification is within 6 months of obtaining State License.
- c) N/A
- d) Date construction will commence.
N/A
- e) Length of construction period
N/A
- f) Date of completion of the project, and
N/A
- g) Date of commencement of operation
Once agency is Medicare accredited and State Licensed, we are projecting to commence operation by December 2021. This date is contingent on the length of time of the application and certification process with CHAP/ACHC and State Licensing.

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.

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10. **EXECUTIVE SUMMARY:** Please present a 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

Kina'ole Home Health Care LLC (KHHC) proposes to establish a new free-standing Medicare certified home health agency in O'ahu. We recognize the need of accessible and affordable healthcare for the senior and low-income community. Kina'ole Home Health Care LLC is committed to provide exceptional multi-disciplinary skilled care to the residents of Honolulu County in the comfort of their home. KHHC values the priorities listed in the HSFP for the state of Hawaii and Honolulu County. We firmly believe that the key aspects of HSFP have been addressed in the following CON application. It is crucial for the entire community to have reliable and cost-effective access to health care. This will assist in the decrease of the state's overall healthcare expenditure and improve health outcomes.

b) Need and Accessibility

KHHC believes that, by providing increased access to more cost-effective post-acute care, will support the decrease of re-hospitalizations and length of stay in the acute care setting as well as minimize the wait lists.

c) Quality of Service/Care

Our patient focused care plans provide education to patients on how to self-manage their disease processes which include lifestyle changes, diet, and medication management. It is our commitment to empower patients with the knowledge they need to be successful at taking control of their health.

d) Cost and Finances (Include revenue/cost projections for the first and third year of operation)

The capital costs associated with this project is minimal and financing is secured. There will be no construction needed. Legacy Home Health & Rehabilitation, LLC (LHHR) in San Diego, CA is the sister company to Kina'ole Home Health Care LLC, overseen by owner/founder, Katherine Victa. This successful, Medicare Certified, CHAP approved Home Health Agency will carry over its core values from the mainland to the island.

e) Relationship to the Existing Health Care System

KHHC's focus is the patient's wellbeing and health. It is our intent to provide accessible affordable healthcare to our community. It is our mission to provide exceptional patient care and strive for high outcomes. Kina'ole Home Health Care LLC aims to serve more patients and touch more lives by providing education, skilled care, and recovery to patients and their families and caregivers.

f) Availability of Resources

KHHC acting CEO and COO have organized a local office space to hold administrative operations for the agency. As well as, secured financial means associated with the company's start-up costs. The agency will hire 4 FTE and recruit per diem clinical staff to fulfill nursing and therapy needs.