



**STATE HEALTH PLANNING
AND DEVELOPMENT AGENCY**
DEPARTMENT OF HEALTH - KA 'OIHANA OLAKINO

JOSH GREEN, M.D.
GOVERNOR OF HAWAII
KE KIA'ĀINA O KA MOKU'ĀINA 'O HAWAII'

KENNETH S. FINK, MD, MGA, MPH
DIRECTOR OF HEALTH
KA LUNA HO'ŌKELE

JOHN C. (JACK) LEWIN, M.D.
ADMINISTRATOR

1177 Alakea St., #402, Honolulu, HI 96813 Phone: 587-0788 Fax: 587-0783 www.shpda.org

Minutes
Oahuwide Certificate of Need Review Committee
Zoom Meeting
May 16, 2024

<https://www.zoomgov.com/rec/share/6LLrQUQskTW70xBE6azL0gStVrnK0r11lqMkOQ36V-hRT6k6XssUSfAQ99693Uni.ccgVKk2x2dtpZIW8>
Passcode: wp8P\$fWe

Present: Wes Sumida, Katherine Finn-Davis, Fred Shaw, Beverly Inocencio

SHPDA: Jack Lewin, Darryl Shutter, Wendy Nihoa

- I. The meeting was called to order by Acting Chair Sumida at 1:01 p.m.
- II. Staff reviewed the certificate of need criteria for participants.
- III. Certificate of Need Review:

Application #24-02 for standard review from Shalom Hospice of Hawaii LLC for the establishment of hospice services at 677 Ala Moana Boulevard, Honolulu, HI, at a capital cost of \$645,400

There were no conflicts of interest declared.

Patti Greenberg presented an oral summary of the application. Public testimony was provided per the attached sheet, attached to these minutes as Attachment A. Committee members and SHPDA staff asked questions of the applicant regarding the Certificate of Need criteria. Questions included, but were not limited to: the availability of Jewish caregivers for the proposal, the types of positions that the applicant will need to staff their project, and the utilization rates for hospice services in Hawaii.

After the question and answer period, it was moved/seconded to recommend conditional approval of the application. The condition was that, within the time frame of 6 months to 1 year, the applicant provides supporting evidence for the care to their stated Jewish population as well as to underserved areas such as the Leeward Coast and the North Shore. The motion to recommend conditional approval included the attached review of the application's relationship to Certificate of Need criteria, attached to these minutes as Attachment B.

Members voted YES – 4, NO – 0, to recommend conditional approval of the application.

- IV. The meeting was adjourned by Acting Chair Sumida.

Testimony

Melissa Broadway

Cordt Kassner

Michael Derrick

Angela Collins

Alex Mauricio

Troy Backus

Dina Decola

Jake Biddle

Erin Hamilton

Trisha Pancner

Michael Duick

Tyler Christensen

Cherry Medina

Mark Davis

Angela Quito

Luke Myers

Dr. Baron Wong

Dr. Thomas Maglinao

Elena Cadiz

Alan Hash

Bonyen Colunga

Dr. Albert Leung

Dan Haire

Marc Berg

Shirley Mackey

Linda Lingle

Marcia Klompus

Cris Borden

Casey Cuthbert-Allman

Rabbi Itchel Krasnjansky

Rabbi Michoel Goldman

Brian Field

Rabbi Mendy Krasnjansky

Jocelyn Mosher Oneill

Rabbi Levi Gerlitzky

Rabbi Yudi Weinbaum

Susan Becker

Tamara Field

Don Armstrong

Pearl Krasnjansky

Moshe Hakemolo

Rabbi Yossi Wilhelm

Mimi Lind, LCSW

Barron Guss

Ira Zunin, MPH

David M. Bernstein, MD

Leonard Klompus

Sam Stern

Sandy Armstrong

George Hetherington

Patti Greenberg

Jennifer Ontai



**STATE HEALTH PLANNING
AND DEVELOPMENT AGENCY**
DEPARTMENT OF HEALTH - KA 'OIHANA OLAKINO

JOSH GREEN, M.D.
GOVERNOR OF HAWAII
KE KIA'AINA O KA MOKU'AINA 'O HAWAII

KENNETH S. FINK, MD, MGA, MPH
DIRECTOR OF HEALTH
KA LUNA HO'OKOLE

JOHN C. (JACK) LEWIN, M.D.
ADMINISTRATOR

1177 Alakea St., #402, Honolulu, HI 96813 Phone: 587-0788 Fax: 587-0783 www.shpda.org

May 28, 2024

To: Certificate of Need Review Panel
Statewide Health Coordinating Council
Administrator, State Health Planning and Development Agency

From: Wesley Sumida, Acting Chair ~~for~~
Oahuwide Certificate of Need Review Committee

SUBJECT: Certificate of need application #24-02 for standard review from Shalom Hospice of Hawaii LLC for the establishment of hospice services at 677 Ala Moana Boulevard, Honolulu, HI, at a capital cost of \$645,400

The Oahuwide Certificate of Need Review Committee met on May 16, 2024 to review the above-noted application.

The Committee recommends **conditional approval** of this application by a vote of 4 to 0. The condition is that, within the time frame of 6 months to 1 year, the applicant provides supporting evidence for the care to their stated Jewish population as well as to underserved areas such as the Leeward Coast and the North Shore.

The Committee offers these comments regarding the certificate of need criteria:

1. **Relation to the State Health Services and Facilities Plan:**
The application addresses the healthcare needs and priorities in Hawaii that includes access to quality healthcare and services that are appropriate for the end-of-life continuum of care.
2. **Need and Accessibility:**
The application targets the Jewish population which is a religious minority of the Hospice eligible population and according to the testimony is underserved.
3. **Quality of Service/Care:**
The applicant has plans for accreditation with the appropriate reviewing agencies for the specialty of Hospice and also plans to employ Rabbis as part of the care team.
4. **Cost and Finances:**
The application states that there will be minimal startup costs. Private funds will be provided by Shalom Hospice and their principals.
5. **Relation to the Existing Health Care System:**
The application addresses primarily serving Jewish patients and observing the unique traditions of the religious group including their specific rituals and traditions.
6. **Availability of Resources:**
The application states that they can recruit and staff the organization adequately.