



# HAWAII STATE HEALTH PLANNING AND DEVELOPMENT AGENCY

## ADMINISTRATIVE APPLICATION - CERTIFICATE OF NEED PROGRAM

Application Number: 10-01A Date of Receipt:  
To be assigned by Agency

### APPLICANT PROFILE

Project Title: \_\_\_\_\_ Establishment of 8 bed Special Treatment Facility \_\_\_\_\_

Project Address: 470 Lilihua Place \_\_\_\_\_  
Wailuku, HI 96793 \_\_\_\_\_

Applicant Facility/Organization: Nova Luna, Inc. \_\_\_\_\_

Name of CEO or equivalent: \_\_\_\_\_ Cathy Meyer-Uyehara \_\_\_\_\_

Title: \_\_\_\_\_ CEO \_\_\_\_\_

Address: \_\_\_\_\_ 1330 Ala Moana Blvd. #1108 Honolulu, HI 96814 \_\_\_\_\_

Phone Number: \_\_\_\_\_ 808-386-5849 \_\_\_\_\_ Fax Number: \_\_\_\_\_ 808-585-0599 \_\_\_\_\_

Contact Person for this Application: \_\_\_\_\_ same \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

### 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

2/28/10  
Date

CATHY MEYER-UYEHARA  
Name (please type or print)

CEO  
Title (please type or print)

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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: \_\_\_\_\_

**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: \_\_\_\_\_ x \_\_\_\_\_  
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)
- 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.)  
Land use waiver—application made September 2009  
OHCA License Survey

C. Your governing body: list by names, titles and address/phone numbers  
Cathy Meyer-Uyehara, CEO  
1330 Ala Moana Blvd. #1108 , Honolulu, HI 96814  
808-386-5849

Michelle Villanti President  
1135 awao Ave. PMB 340 ,Makawao, HI 96768  
808-8709886

Clayton Uyehara, Secretary/Treasurer  
1330 Ala Moana Blvd. #1108, Honolulu, HI 96814  
808-383-6698

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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
- By-Laws
- Partnership Agreements
- Tax Key Number (project's location) TMK(2)3-4-029:22

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
Special Treatment	0	8	8

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**6. PROJECT COSTS AND SOURCES OF FUNDS**

**A. List All Project Costs:**

**AMOUNT:**

- |    |                                                                              |              |
|----|------------------------------------------------------------------------------|--------------|
| 1. | Land Acquisition                                                             | _____        |
| 2. | Construction Contract                                                        | _____        |
| 3. | Fixed Equipment                                                              | _____        |
| 4. | Movable Equipment                                                            | ___30,000__  |
| 5. | Financing Costs                                                              | _____        |
| 6. | Fair Market Value of assets acquired by<br>lease, rent, donation, etc. lease | ___650,000__ |
| 7. | Other: _____                                                                 | _____        |

**TOTAL PROJECT COST: \_\_\_680,000\_\_**

**B. Source of Funds**

- |    |                                  |              |
|----|----------------------------------|--------------|
| 1. | Cash                             | ___30,000__  |
| 2. | State Appropriations             | _____        |
| 3. | Other Grants                     | _____        |
| 4. | Fund Drive                       | _____        |
| 5. | Debt                             | _____        |
| 6. | Other: ___fair market value ____ | ___650,000__ |

**TOTAL SOURCE OF FUNDS: \_\_\_680,000\_\_**

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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.

Currently, all treatment must occur on an outpatient basis or hospital admission. This residential special treatment facility will give Hawaii an optimal treatment setting for these eating disorders.

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Nova Luna Centers already provides Day Treatment and Intensive Outpatient services. From this experience, it is evident the special treatment facility is greatly needed.

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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,
- b) Dates by which other government approvals/permits will be applied for and received,
  - Land Use Waiver applied for in September 2009
  - OHCA Survey -- upon CON approval
- 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- 3<sup>rd</sup> Quarter 2010

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.

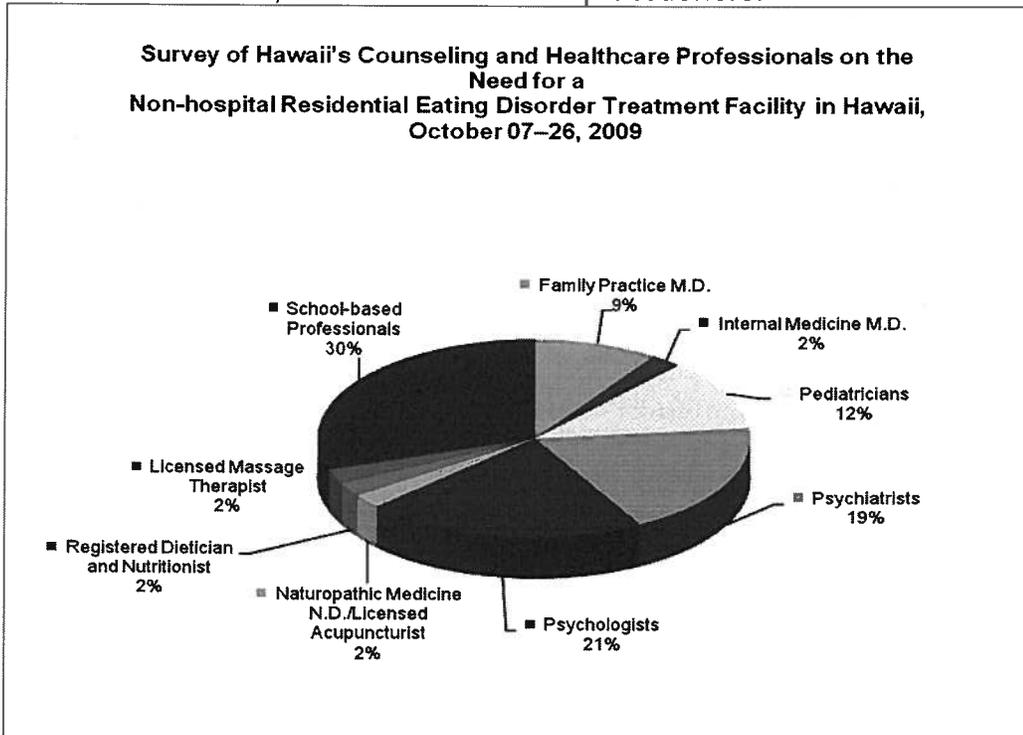
a) Relationship to the State of Hawai'i Health Services and Facilities Plan. "Behavioral health illnesses are probably the most misunderstood, stigmatized disorders in healthcare. Its victims are universally underserved and misdiagnosed and are denied, missed, or dismissed from adequate treatment. The scope of behavioral health illness is significant as these

diseases affect all ethnic, economic, gender, age and geographical subsets of our population. Services that are developed to address behavioral health needs must be culturally diverse in the broadest sense of the term 'culture'. " This direct quote from the H2P2 underscores the needs of this population as well. Although not specifically noted in the plan, eating disorders are among the many misunderstood illnesses. Also noted in the plan is recognition for a full continuum of care including residential programs.

The revised 2009 Health Services and Facilities Plan indicates a continued desire to improve access to mental health programs, services and education. Additionally, Maui County intends to focus on increasing access to care through home and community based programs. Our program is in direct alignment with both of these ongoing goals.

b) Need and Accessibility

10. A market survey was completed by Community Connections in the fall of 2009. The results demonstrate a 70% need for the local services and a willingness to refer. With additional education on our programs, we could address the 23% that needed more information. Please see attached survey findings. Marketing surveys were targeted toward physicians and other potential referring parties most likely to see females with eating disorders: ie, Pediatricians, Family Practice, OB/GYN, Naturopaths, DO, Psychologists, School Counselors, and other interested practitioners.



Please find survey findings attached.

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According to the most recent census tables for Hawaii, females between the ages of 12 and 40 were counted at 240,166. This age range is provided as an example not to be deemed as limits to the disorder. According to The Alliance for Eating Disorders Awareness website, 1 in 5 women struggle with an eating disorder or disordered eating cited from the National Institute of Mental Health's (NIMH) guide, Eating Disorders: Facts About Eating Disorders and the Search for Solutions. Applying this statistic, Hawaii has a potential demand from over 48,000 women.

This special treatment facility will be the first of its kind in Hawaii. We will be the only residential treatment facility focusing solely upon treatment for those with eating disorders.

As with other similar programs here in Hawaii, we will set aside 5% of our profits to provide for those without the means to pay. We also provide for community outreach programs as a way to educate the public. We have been requested to create programs to address men's issues with eating disorders. However, the larger population is women and we plan to focus in this area before embarking on additional programs.

c) Quality of Service/Care

The proposed Quality of Care elements will include:

- Services in a home-like setting
- Ongoing weekly case conferencing with clinical team
- Retrospective case review for Quality Assurance
- Ongoing education on crisis management and prevention
- Obtaining licensure as a Special Treatment Facility with the Office of Healthcare Assurance
- Attain CARF accreditation
- The staff currently working with the intensive outpatient program will be able to support the special treatment facility. Resumes are included under Attachment A.

Program Component Treatment Overview

As part of the general treatment process, each client will receive the following on a weekly basis:

- \* One-to-one with case manager/primary therapist
- \* One-to-one with RD/Nutritionist
- \* Family therapy sessions
- \* Group therapy sessions
- \* The areas covered in groups are as follows:
  - \* Life skills
  - \* Family Issues
  - \* Body Image
  - \* Art therapy
  - \* Cooking group
  - \* Process group

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- \* Exercise/movement therapy
- \* Grocery Shopping
- \* Aftercare/Relapse prevention
- \* Expressive/Experiential therapy groups
- \* Master Treatment Planning session in weekly consultation with the case manager/primary therapist and nutritionist. Consultations with patient's psychiatrist, PCP, psychologists and any one-to-one therapies will be incorporated in the review of the patients treatment progress on an individual basis

#### Treatment Components

The Nova Luna intensive program is based on four treatment components designed to offer a comprehensive, multi-disciplinary approach to recovery. These four components are psychological/medical, nutritional, psychosocial and experiential.

#### Medical Treatment

Each patient receives:

1. An assessment of the patients current medical condition requiring immediate intervention, areas of high risk mandating individualized treatment planning , and physical limitations requiring modification of the program
2. Management of mineral and electrolyte imbalance, anemia, gastrointestinal disturbance, re-feeding edema, and other medical problems
3. Physician supervision of the patients re-feeding program and medication management
4. A psychiatric evaluation performed by the staff psychiatrist with psychotropic medications reviewed at admission and adjusted accordingly. Medications are administered and monitored by nurses.

#### Nutritional Consultation

A staff RD/Nutritionist conducts or supervises:

1. a diet history and nutritional assessment
2. caloric intake and weight gain goals, based on percent of body fat and ideal body weight,
3. a review of food allergies, intolerances, and preferences teaching the patient a meal plan to assure caloric and nutritional intake if certain foods are avoided
5. group education and training on a weekly basis
6. experiential therapy designed to process and overcome food fears
7. cooking classes and shopping experiences for those patients for whom avoidant behavior and lack of experience are an impairment to recovery

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## **Fitness and Rehabilitation**

The licensed fitness trainer will meet with a patient during the first week for an initial fitness assessment. The primary role of the fitness trainer is to impart to the patient information about how the body works: specifically, (how food is converted into energy and utilized by the body.) Educating our clientele in this area is critical in recovery because many individuals may be using exercise in an inappropriate manner to purge the body of excess calories. In an intellectually and developmentally appropriate way the fitness trainer will accomplish the following goals:

- \* Establish the biological basis for fitness. Educate the patient on normal levels of - body fat, caloric intake, and exercise.

Analyze daily activities to reduce any excessive burning of calories. The fitness trainer will analyze the day of the patient in an attempt to look for opportunities to reduce dangerous fitness behavior.

- \* Develop individualized positive strategies with each patient, in particular to develop a positive body image.

- \* Access for exercise resistance and develop a plan to overcome it. The plan will also work to promote healthy, balanced movement in the patient's daily lifestyle. By the end of their treatment with the fitness trainer, the patients will have built a repertoire of positive body image building exercises into their daily activity, have a greater awareness of the biology of weight, and have identified dangerous fitness behaviors to refrain from.

Approved clients will participate in an exciting array of different modes of fitness including but not limited to: guided nature walks, meditation walks, yoga, creative movement, and meditation.

Among the many mind and body "exercises" we also encourage fitness activities that promote positive body image. These rehabilitative exercises may include movement and dance therapy with the use of music.

## **Nutrition Counseling**

Each client at Nova Luna will begin with a thorough evaluation by a Nutritionist or Registered Dietician to develop a balanced weight management plan using proper nutrition and fitness. The Nutritional Counselor/RD will meet with patients at least 2 times individually each week to discuss their food and feelings journal, assess any issues revolving around specific food items and ensure clients are working towards establishing a set point weight that can be maintained in a healthy, balanced manner. It is clear that many patients are unaware of the fundamentals of balanced nutrition, metabolism, and the body's natural set weight. Nutritional counseling aims to impart basic facts concerning metabolism, and the body's natural set weight, nutrition, and the nutritional value of foods, to both clients their and families.

Participants are put on a personalized plan for each individual eating disorder diagnosis based on their health status. The Registered Dietician will head the Nutrition Group.

Tasks will be given throughout the program to assess the growth in participants' knowledge. Trips to the supermarket will be arranged to demonstrate appropriate shopping. Cooking suggestions and demonstrations will also take place to teach more healthy ways to prepare foods. Creative menus will also be provided to accommodate the families' ethnic and cultural food preferences.

It is important to appreciate each individual's food preferences. Our motto for nutrition is

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"healthy and balanced." And this too, is a major goal of the nutritional interaction.

### **Nutrition Services**

Initial Interview with the resident to assess the following:

- \* History of eating Disorder
- \* History of weight gain/loss
- \* Degree of damage to gastrointestinal track as a direct result of the eating disorder
- \* Other medical problems with nutritional components
- \* Food allergies/food intolerance
- \* Food fears developed from the eating disorder
- \* Family history of eating disorders
- \* Extent of laxative/diuretic/diet pill/caffeine/alcohol/other drug use
- \* Nature/type of purges, method used to purge
- \* Exercise history
- \* Menstrual cycle function
- \* Degree of food restriction
- \* Nature/type of food binges
- \* Body composition (body fat, muscle mass, hydration status)
- \* Ideal weight
- \* Goal calorie level

Discharge consultation providing:

- \* weight goal
- \* instructions for calorie intake/meal plan/menu plans
- \* exercise guidelines

Nutrition Education

Initial "Nutrition 101" education class

Weekly nutrition group covering a variety of nutrition related topics.

Grocery store visit/label-reading experience

Supervised food-preparation experience

Family nutrition education session (during family weekend day)

Supervised meal at a local restaurant

### **Program Components**

As part of the general treatment process, each client will receive the following on a weekly basis:

- \* One-to-one with case manager/primary therapist
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- \* Family therapy sessions
- \* Group therapy sessions
- \* The areas covered in groups are as follows:
  - \* Life skills
  - \* Family Issues
  - \* Body Image
  - \* Art therapy
  - \* Cooking group
  - \* Process group
  - \* Exercise/movement therapy

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- \* grocery Shopping
- \* Aftercare/Relapse prevention
- \* Expressive/Experiential therapy groups
- \* Master Treatment Planning session in weekly consultation with the case manager/primary therapist and nutritionist. Consultations with patient's psychiatrist, PCP, psychologists and any one-to-one therapies will be incorporated in the review of the patients treatment progress on an individual basis

### **Group Process Program**

The Group Process Program is a multi-disciplinary approach to the treatment of eating disorders and is the core element to the recovery process. Treatment is provided through group therapy that focuses on skill building, self-esteem, body image, cognitive behavior, and nutrition, as well as discovering the relationship between foods, fat, and feelings. All therapeutic groups are facilitated by a rotation of therapists/counselors, and supervised by the Clinical Director.

The keystone to the Group Process Program is the Primary Group, which is held up to five times a week. In this interactive and supportive group, the women explore self-reflection with their peers. When a client begins to realize that she is not alone, she can then begin to trust others and begin to trust herself. In a group setting a bonding happens between the women that can help to heal lifelong patterns of behavior that are simply not working any longer. Women with disordered eating have learned to stuff their feelings down with food, or attempt to control their life and relationships by restricting food or ritualizing how they eat. Life revolves around food and weight, which are not the real issues, but coping skills and patterns developed to manage life at an earlier time. The power of group is that in the safety of a trusting group bond, a woman can begin to explore previously terrifying feelings or events. The group can help a woman to develop new ways of managing these feelings and can help to support her through this process, as well as give caring and supportive feedback about how she and her actions are perceived by members of the group. The power of this feedback and support can propel a woman into more satisfying relationships with herself, with her body, with others, and with food.

In conjunction with the Primary Group, there are a series of expressive therapeutic groups. Expressive therapies help patients express feelings, repressed emotions, distorted thoughts and sensitive information through nonverbal means. Expressive therapies also provide patients with opportunities for insight, reflection and discovery of their individual uniqueness. Residents become aware of the universality of experience, appreciate others and their contributions, and understand the effect of self on others and relationships. Expressive therapies are also designed to provide recreation and enjoyment, giving residents awareness of the support and balance that leisure activities can provide. The expressive therapies offered include (but not limited to): Equine Therapy, Art Therapy, Body Image and Movement Therapy.

Rounding out the Group Process Program are several focus groups designed to target key growth areas, essential for recovery. These groups include (but are not limited to): Cognitive Behavioral Group, Food and Feelings Group, Relapse Prevention

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Group, Anger Management Group, Assertiveness Training Group, Self-care Group, and Multi-family/Relationship Group.

#### **- Family Week End Program**

Family support is another key element in the success of the program. Parents, siblings and others in the household must become aware of what the patient is experiencing and learn the same core healthy and balanced eating principles as the patient. Changes in lifestyle cannot be accomplished without ongoing support.

In the initial evaluation the family will also be interviewed, as they play a critical role supporting the patient through the program. If necessary, patient's family will be seen separately from, and together with, the children in order to construct a comprehensive psychological history and profile. Understanding the family's cultural background and ethnic health beliefs is critical in tailoring a behavioral modification plan for any individual patient. The behavioral therapist will be fully versed in the different cultures that the Center serves.

Accordingly, family members are brought to the center for formal session's beginning the first week of the patients treatment program. These sessions include education groups, equine therapy sessions and multifamily group therapy. Brochures, pamphlets and other materials will be available for family access.

The Center will work hand-in-hand with the families of each patient to create and encourage adherence to the dietary and behavioral programs at home.

#### **Equine**

Following approval by a doctor for physical activity, Nova Luna Center clients will be admitted into The Equine Assisted Psychotherapy Program and will receive two equine therapy sessions per week in a group setting. All EAP sessions are provided by a team consisting of a licensed therapist and a trained EAP/horse professional, which are well trained in EAP. This team will design sessions to fit the group's needs as well as each individual client's needs, and one or more horses will be chosen specifically for each session to complete the team. 90% of all EAP activities are on the ground, so there is no need for clients to have prior riding or horsemanship experience.

Following each equine therapy session there is a follow-up group process time period to explore issues that came up while working with the horses. Individual appointments can also be made with the equine therapy team, to provide clients with more time to address their personal issues and goals.

Equine Assisted Psychotherapy is one of the most effective forms of experiential therapies. EAP uses interactive activities in place of traditional sessions where you 'talk' and a therapist 'listens.' People are able to get better results in a shorter amount of time than with traditional services.

Not only does EAP work, it has become the industry standard as an adjunctive for treatment of patients with eating disorders. EAP is much more enjoyable than typical talk therapy. With EAR sessions are designed to meet each client's unique needs. The activities in each session require the client(s) and the horse(s) to accomplish a specific goal. The clients' reactions to the horse, and the horse's reactions to the clients, help the clients gain insight into their nonverbal communication and behavior patterns, and provide a platform for learning how to better communicate and interact with others to accomplish personal goals. With EAP clients discover new, more effective solutions for the challenges in life.

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EAP can be useful in solving a wide variety of issues that affect ED. clients: behavior issues, thought disorders, abuse issues, depression, anxiety, relationship issues, communication problems, as well as substance abuse and grief issues. Through specifically designed EAP sessions, clients will learn valuable skills such as: non-verbal communication, assertiveness, creative thinking, problem solving, leadership, responsibility, teamwork, relationship building, confidence & self-esteem, as well as positive attitude.

### **Discharge Planning**

The primary challenge facing patients is to shift habits developed over years. Nova Luna's Treatment program provides consultation to patients to support a successful discharge plan and to provide post-discharge contact. Potential impairment to recovery are assessed by the treatment team weekly and assessed at the development of the individuals Master Treatment Plan upon admission.

Discharge and Aftercare Planning include:

- \* an initial interview by the case manager shortly after the resident's admission
- \* contact with the referring professional by the case manager
- \* One to one session as needed with the case manager to identify resources essential to recovery (therapy, medical treatment, pharmacy, changes in living, support groups, etc.)
- \* a contact with the referring professional prior to discharge by a member of the clinical team establishing priorities for continuing care
- \* identification of triggering events that might stimulate old eating disorder behavior and alternative responses
- \* examination of areas of neglect and corrective changes in a variety of physical, nutritional, mental, emotional, spiritual and relational ideas
- \* goal setting for education, social, relationship building, and family issues
- \* specific focus on accountability and support systems
- \* identification of relapse warning signs to allow the patient to engage relapse prevention tools and support systems early and minimize the potential for any significant relapse

### **Post Discharge Contact**

Aftercare contact is initiated by the aftercare coordinator at 10,30, 90, 180, and 365 days post-discharge to assess discharge plan compliance, and to provide redirection if necessary.

Upon receipt of the medical record release from the resident, the therapist may receive the discharge summary, the history, physical, and psychiatric evaluation and assessment.

The Nova Luna Program Schedule is designed to meet the unique emotional and behavioral needs of eating disorder women and girls within the therapeutic community model of treatment. The Nova Luna Program is highly structured, requiring staff involvement seven days a week. It offers many group activities during the day, but makes available private/personal time during evenings. Patients have scheduled appointments with various members of their Treatment Team throughout the week. Copies of the Program Schedule are given to all patients and posted at each facility.

The following Sample Program Schedule is a general model of the various therapies

and activities provided at Nova Luna, with approximate frequency/duration. The actual Program Schedule differs somewhat from the Sample Program Schedule and changes periodically during the year. For example, additional time is allotted in the Child and Adolescent Schedules for Equine, Art and Recreation Activities, and some Programs offer additional specialty groups/activities. Program Schedules generally consist of a minimum of 40 hours per week but often exceed this as additional programming may be offered during evenings and weekends.

<b>Treatment</b>	<b>Frequency</b>	<b>Duration per Session</b>
Home Group	4 x per week	1 hour
	1-3 x per week	
Equine Activities	week	1.5 hour
Didactic/Lecture	3 x per week	30 min
	4-5 x per week	
Leisure/Recreation Activity	week	45 min
Art Activity	1 x per week	1.5 hour
Body Image/Movement Activity	1 x per week	1.5 hour
Nutritional Group	1 x per week	1 hour
Individual Nutrition Counseling	1 x per week	15-30 min
Relapse Prevention	1 x per week	1 hour
Community Meeting	1 x per week	30 min to 1 hour
Individual Therapy	2 x per week	50 min
Skills Group	1 x per week	1 hour
Family Week Patients' Group	3 x per week	45 min
Health Issues Group	1 x per week	1 hour
Saturday Experiential Program	1 x per week	3 hours
<b>Family Week Program (40 hours)</b>		
Family Didactic Groups	5 sessions	1 hour
Structural Family Groups	5 sessions	2 hours
Family Communication Groups	10 sessions	2 hours
<b>Additional Child &amp; Adolescent Intensive:</b>		
Family Therapy Telephone Conference	1 x per week	1 hour
<b>Additional Child Intensive:</b>		
Specialized Family Intensives, as needed	1/2 to 2 weeks	8 hours/day. As needed
Social Skills Group	1 x per week	1 hour
Self-Esteem Group	1 x per week	1 hour

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

We have projected a slow development in census that results in a low profit level. This leaves just enough to pay some deferred salary and expanding the benefit structure for the current staff as they move into full time positions.

With this residential treatment facility we will be able to contribute to the overall healthcare system of Hawaii by cost avoidance of unnecessary ER visits \$1000 per visit and cost avoidance of unnecessary hospital admissions at \$2000 per day. We also create a more optimal environment of providing care at a rate of \$1428 per day.

- e) Relationship to the existing health care system

Nova Luna, Inc. will continue to be actively engaged in the community through the outpatient programs under Nova Luna. Additionally, referrals will be made to other community resources when necessary to meet the needs of our clients.

- f) Availability of Resources.

While Nova Luna, Inc. is a newly formed company, the founding individuals have a unique and valued depth of experience. See the resumes under Attachment A. We are also thankful to have an experienced team ready to cover this additional program. Their resumes have also been included.

FTE Requirements:

- 4.0 Master prepared therapists
- 2.0 Bachelor prepared therapy assistants
- 0.5 Registered Dietician
- 1.0 Certified Nutrition Counselor
- 0.5 Equine Assistive Psychotherapy Counselor
- On call nurse
- Contract Psychologist
- Contract Psychiatrist
- 1.0 Administrative staff
- .25 Marketing

We currently have all positions in place except for the Registered Dietician which we are in communications with two potential candidates. The second role we need to fill are those of the Therapy Assistants. Ms. Villanti will be selecting those candidates from a list of inquiries gathered over the past several months.

Our primary capital cost is the house which will be leased. Other minor capital will be needed for computers, and some additional furnishings. The house is furnished. Owners will fund on an as needed basis.

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g) **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.

\_\_\_\_\_ It is an additional location of an existing service or facility.

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

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