HAWAI'I STATE HEALTH PLANNING AND DEVELOPMENT AGENCY

ADMINISTRATIVE APPLICATION - CERTIFICATE OF NEED PROGRAM

Application Number: _____ Date of Receipt:
To be assigned by Agency

APPLICANT PROFILE

Project Title: Establishment of Adult Day Health Care Service Facility

Project Address: 94-1388 Moaniani Street #203
Waipahu, Hawaii 96797

Applicant Facility/Organization: Aloha Wellness Center, INC.

Name of CEO or equivalent: Rosalyn F. Bersamin, RN.

Title: Director / Owner

Address: 94-1388 Moaniani Street #203 Waipahu, Hawaii 96797

Phone Number: 808-695-3570 Fax Number: 808-487-2492

Contact Person for this Application: CHRISTINA KITTS

Title: OFFICE MANAGER.

Address: 94-1388 Moaniani Street #203 WAIPAHU, Hawaii 96797

Phone Number: 808-723-1933 Fax Number: 808-487-2492

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

01-04-2010
Date

CHRISTINA KITTS
Name (please type or print)

OFFICE MANAGER
Title (please type or print)

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

Public	___
Private	✓
Non-profit	___
For-profit	✓
Individual	___
Corporation	✓
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:	___

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

A. ✓ Site Control documentation (e.g. lease/purchase agreement, DROA agreement, letter of intent) "Provided"

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.) "ADULT DAY HEALTH LICENSE"

C. ✓ Your governing body: list by names, titles and address/phone numbers "Provided"

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:

"Provided"

- Articles of Incorporation
- By-Laws
- Partnership Agreements
- Tax Key Number (project's location)

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					
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
TOTAL			

6. PROJECT COSTS AND SOURCES OF FUNDS

A. List All Project Costs:

		AMOUNT:
1.	Land Acquisition	370,183.00
2.	Construction Contract	
3.	Fixed Equipment	100,000.00
4.	Movable Equipment	30,000.00
5.	Financing Costs	0
6.	Fair Market Value of assets acquired by lease, rent, donation, etc.	0
7.	Other: _____	
	TOTAL PROJECT COST:	500,183.00

B. Source of Funds

Building Paid CASH
$1 875,000
ADH = 1,100 Sq Ft. =
$370,183.00

1.	Cash	500,183.00
2.	State Appropriations	0
3.	Other Grants	0
4.	Fund Drive	0
5.	Debt	0
6.	Other: _____	0
	TOTAL SOURCE OF FUNDS:	500,183.00

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.

Establish of Adult DAY Health Facility

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, JANUARY 1ST 2009
b) Dates by which other government approvals/permits will be applied for and received, FIRST WEEK OF FEBUARY 2010
c) Dates by which financing is assured for the project, N/A
d) Date construction will commence, N/A
e) Length of construction period, N/A
f) Date of completion of the project, DECEMBER 1ST 2009
g) Date of commencement of operation UPON RECEIVING the License from the Department of Health.

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.

SEE ATTACHMENT S

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.

_____ 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.

EXECUTIVE SUMMARY:

A.) Relationship to the State of Hawaii Health Services and Facilities Plan.

Our proposal: **Is consistent with the State wide priorities**, to ensure all projects are appropriate for the regional and statewide continuum of care.
Specific Health Areas of Concern:
Ensure capacity and access to a continuum of long-term care services. Our proposal is consistent with the west Oahu priority of improving and increasing access to geriatric services. (Home and community based) to keep older adults out of institions.

B.) Need and Accessibility :

There is a substantial need and demand for a day health programs in the state of Hawaii. See: **(Application# 09-07A)** the estimated need for day health **"slots** "was calculated using the Weiler-Capitman method. This proposed study of population and community demonstrates an immediate need for day health services .Based on these statistics only (5) day health programs were established. **Arcadia Elder Services** became the 6th,(**Application # 09-07A**) on Oahu, based on the (GSI) study . This survey shows a need of potentially 421 to 945 **"slots** " proving the **demand** for Adult Day Health programs **far outweighs the supply**. Our proposed site would become the seventh providing 20 new slots.
Aloha Wellness will serve the local aging community keeping LTC, (Long Term Care) costs down. Our team of senior care specialists will help individual families with identifying eligibility for assistance and needs for services. Also offering referrals to geriatric speclalists to help prevent future problems and conserve assets. Aloha Wellness also provides low-income participants a sliding scale based on ability to pay. Our scholarship program is also available to a selected few. Aloha wellness is contracted with Quest-Medicaid and will be recognized by all of The State Health programs.

C.) Quality of Service/Care:

We will be licensed as an Adult Day Health Facility by the Department of Health. We will comply with all State regulations of quality and dignified care.
Aloha Wellness will conduct regular internal audits of Quality assurance to our participants and their family members. Measurable outcomes will be assessed by our Q.A. Nurse Manager and tracked for compliance.

The many benefits that will open up to our disabled and elderly community by converting our Adult Day Program to a recognized DAY HEALTH program will be the

enrichment and accessibility of multi-disciplinary services such as nursing care rehab services such as physical therapy ,occupational therapy ,speech, Social Services , Dietetic intervention , cognitive therapy ,music therapy and medication administration. at Aloha wellness our fall -prevention program and incontinence training will be a huge benefit in helping prolong early institutionalization. Our clinical staff members already consists of a program Director GCM, (two) Registered Nurses, (one) Physical Therapist, (one) Occupational Therapist, and four Certified Nursing Aides. A total of (nine) care staff. This will result in a staff to participant care ratio of # 1 staff member to every # 2.2 participant's All our care staff are currently licensed in the state of Hawaii. Aloha Wellness Day Care is licensed for twenty.

D.) Cost and Finances:

There are no major capital costs for the proposed program. In 2008 Aloha Wellness purchased the site where the Adult Day Care Center currently operates. The costs for construction, the upgrade in equipment and the required staff are all in place.

On a revenue basis the proposed Adult Day Health Program is expected to operate with a deficit for up to a year, of its operation with gross revenues of **$ 312,000**, and expenses generating a deficit of **$ 12,120.00** for the year. Third year projections gross income **$ 513,600.00 Net income / profit after expenses $ 134,880.00** (See Attachment)

E.) Relationship to the existing Health Care System:

There would be no anticipated impact on the State wide Health Care System. We believe that an Adult Day Health Program in our community will benefit individuals that qualify, and their support systems they have in place. Our present location is accessible to community members and their extended families. Our facility owned shuttle van will provide local transportation to and from curb side and or door-to-door pick-up /drop-off services. Transportation will be facilitated directly through our own dispatcher.

Adult Day Health Facilities remain one of the most underutilized ways of keeping an older or disabled person out of institutional facility placement.

While waitlisted patients who are ready for hospital discharge, but are unable to qualify for skilled care continue to remain in the hospital driving up their cost of care . Supportive services in Adult Day Health Programs help older and disabled adults remain in their homes, thus enhancing their quality of life, promoting independent living and psycho-social development. When chronic medical problems and /or functional disability make it otherwise impossible.

Our proposed Adult Day Health Program will help change the course of many disabled and frail elderly, otherwise compromised, and could find their untimely way into institutional care.

F.) Availability of Resources:

Aloha Wellness is currently operating as an Adult Day Care Center. The facility has been already built and paid for.

This proposal simply enhances and expands an existing Day Care Program and does not require additional funds. All staff is in place, and is paid through Aloha Wellness Center, Inc.

Aloha Wellness has a large staff of clinical personal and has filed and kept many willing applicants if the need arises to replace present employees.