



HAWAII STATE HEALTH PLANNING AND DEVELOPMENT AGENCY
Statewide Health Coordinating Council

Minutes

Statewide Health Coordinating Council
State Office Tower (Leiopapa) Building, 235 South Beretania Street, Room 204
Honolulu, Hawaii
September 27, 2018

CALL TO ORDER	Chair Jon Lim called the meeting to order at 1:05 p.m.
REVIEW OF CRITERIA CERTIFICATE OF NEED REVIEWS	<p>Darryl Shutter reviewed the certificate of need criteria for members and guests</p> <p>Application #18-02 for standard review from Hilo Medical Center for the establishment of interventional cardiac catheterization services, at no capital cost</p> <p><u>MEMBERS PRESENT:</u> Jon Lim, Creighton Liu, Orianna Skomoroch, Emmet White, Veronica Rocha, Clinton Yee, Fred Shaw, Laura Colbert, Elaine Slavinsky, Joanne Kealoha, Jill Miyamura, Harold Wallace</p> <p><u>MEMBERS ABSENT:</u> Joseph Burke, Paul Sibley, William "Speedy" Bailey, Leonard Licina, Brandon Yamamoto (Ex-officio)</p> <p><u>GUESTS:</u> See attached sign-in sheet.</p> <p><u>SHPDA:</u> Romala Sue Radcliffe, Darryl Shutter</p> <p>There were no conflicts of interest declared. Dan Brinkman presented an oral summary of the application.</p> <p>Public testimony was provided per the attached list. Council members asked questions of the applicant and those who provided testimony regarding the Certificate of Need criteria. Questions included, but were not limited to: the number of procedures to be performed per year and the proposed plan for transporting patients to an Oahu hospital, if necessary.</p>

TOPIC

After the question and answer period, it was moved/seconded (Rocha/White) to recommend approval of the application. The recommendation for approval of the application included the following review of the application's relationship to the Certificate of Need criteria:

1. **Relation to the State Health Services and Facilities Plan:** Met. The proposal is consistent with the Plan.
2. **Need and Accessibility:** Met. The applicant has demonstrated that the proposed service is needed on the island of Hawaii.
3. **Quality of Service/Care:** Met. The applicant has a well-established track record of providing quality care.
4. **Cost and Finances:** Met. The project is financially feasible.
5. **Relation to the Existing Health Care System:** Met. The proposal is appropriate for the existing health care system of the area.
6. **Availability of Resources:** Met. The applicant has demonstrated that it has a solid plan for obtaining the necessary resources for the proposal.

Members voted YES – 12, NO – 0, to recommend approval of the application.

Application #18-08 for standard review from Islands Skilled Nursing & Rehabilitation, LLC for the establishment of a 42 SNF/ICF bed facility at 1205 Alexander Street, Honolulu, HI, at a capital cost of \$2,175,000

MEMBERS PRESENT: Jon Lim, Creighton Liu, Orianna Skomoroch, Veronica Rocha, Clinton Yee, Fred Shaw, Laura Colbert, Elaine Slavinsky, Joanne Kealoha, Jill Miyamura, Harold Wallace

MEMBERS ABSENT: Joseph Burke, Paul Sibley, William "Speedy" Bailey, Leonard Licina, Emmet White, Brandon Yamamoto (Ex-officio)

GUESTS: See attached sign-in sheet.

SHPDA: Romala Sue Radcliffe, Darryl Shutter

There were no conflicts of interest declared. Steve Nawahine presented an oral summary of the application. No public testimony was offered. Council members asked questions of the applicant regarding the Certificate of Need criteria. Questions included, but were not limited to: the revenue/expense projections for the first three years of the proposal, the availability of financial resources to cover start-up and the delay in Medicare reimbursement, the cost/responsibility for financing the renovations for the facility, the management/governing of the applicant and the implementation schedule for the project.

TOPIC

<p>APPROVAL OF MINUTES</p>	<p>After the question and answer period, it was moved/seconded (Miyamura/Liu) to recommend conditional approval of the application. The condition was that the applicant submits the following additional information/modifications to its application in order to meet the Cost and Finances criteria:</p> <ul style="list-style-type: none">• Revised financial statements for the first three years of the project showing more detail on the source of finances and reflecting the delay in Medicare reimbursement <p>The motion to recommend conditional approval included the following review of the application’s relationship to the Certificate of Need criteria:</p> <ol style="list-style-type: none">1. Relation to the State Health Services and Facilities Plan: Met. The proposal is consistent with the statewide and Honolulu (HONSAC) priorities of the Plan.2. Need and Accessibility: Met. The applicant has established that there is a need for the proposed beds given the growing elderly population.3. Quality of Service/Care: The Quality of Service/Care criteria are met.4. Cost and Finances: If the application is modified as set forth in the condition, the proposal will meet the Cost and Finances criteria.5. Relation to the Existing Health Care System: Met. The proposal is replacing needed beds that were deleted from the health care system.6. Availability of Resources: The applicant has demonstrated that it has met the availability of resources criterion. <p>Members voted YES – 11, NO – 0, to recommend conditional approval of the application.</p> <p>The July 26, 2018 meeting minutes were unanimously approved as drafted.</p> <p>The meeting was adjourned by Chair Lim.</p>
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