

Minutes
Oahuwide Certificate of Need Review Committee
Zoom Meeting
April 13, 2022

Present: Wes Sumida, Camonia Graham-Tutt, Emelyn Kim, Charlene Takeno

SHPDA: Darryl Shutter, Wendy Nihoa

I. The meeting was called to order by Acting Chair Sumida at 10:03 a.m.

II. Staff reviewed the certificate of need criteria for participants.

III. Certificate of Need Review:

Application #21-14 from Kinaole Home Health Care LLC, for the establishment of Home Health Agency services at 1003 Bishop Street, Suite 2700, Honolulu, HI, at capital cost of \$37,562

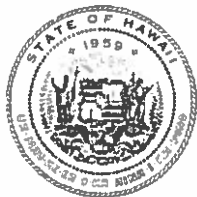
There were no conflicts of interest declared.

Katherine Victa presented an oral summary of the application. No public testimony was offered. The Committee members asked questions of the applicant regarding the Certificate of Need criteria. Questions included, but were not limited to: the service area for the proposed project, the availability and the budget for staffing the proposal.

After the question and answer period, it was moved/seconded to recommend approval of the application. The motion to recommend approval included the attached review of the application's relationship to the Certificate criteria. (see attached)

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

IV. The meeting was adjourned by Acting Chair Sumida.




STATE HEALTH PLANNING AND DEVELOPMENT AGENCY

DAVID Y. IGE
GOVERNOR OF HAWAII
ELIZABETH A. CHAR, M.D.
DIRECTOR OF HEALTH
DARRYL D. SHUTTER
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April 20, 2022

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

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

SUBJECT: Certificate of need application #21-14 from Kinaole Home Health LLC, for the establishment of Home Health Agency services at 1003 Bishop Street, Suite 2700, Honolulu, HI, at capital cost of \$37,562

The Oahuwide Certificate of Need Review Committee met on April 13, 2022 to review the above-noted application.

The Committee recommends approval of this application by a vote of 4 to 0 and offers the following comments regarding the application's relationship to the Certificate criteria:

- 1. Relation to the State Health Services and Facilities Plan:**
Met. The application is consistent with the Plan's priorities.
- 2. Need and Accessibility:**
Met. KHHC will be Medicare certified. There is a need for additional Medicare certified home health agencies on Oahu.
- 3. Quality of Service/Care:**
Met. The applicant will have internal policies and procedures to ensure quality care is provided.
- 4. Cost and Finances:**
Met. The applicant has sufficient financial resources for the proposal.
- 5. Relation to the Existing Health Care System:**
Met. The proposal will benefit the existing health care system by providing cost savings to the state and its patients.
- 6. Availability of Resources:**
Met. Personnel resources are available within the community for the proposal.