

HAWAII STATE HEALTH PLANNING AND DEVELOPMENT AGENCY
 1177 Alakea Street, Suite 402 • Honolulu, HI 96813 • Phone: (808) 587-0788 • www.shpda.org
 Kauai County Subarea Health Planning Council

Meeting Minutes
September 15, 2022
2:00 PM Hawaii Time

Virtual Zoom Meeting and Physical Location at the
 Keoni Ana Building, 1177 Alakea Street, Suite 402

MEMBERS: Jen Chahanovich, Jillian Kelekoma, Nicholas Pananganan

MEMBERS ABSENT: None

SHPDA: Wendy Nihoa, Darryl Shutter

ATTENDANCE RECORD OF APPOINTED MEMBERS

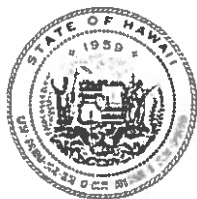
Date	1/14/21	3/18/21	6/17/21	9/16/21	11/18/21	1/20/22	3/17/22	6/20/22	8/18/22	9/15/22
Jen Chahanovich	X	X	X	X	O	O	X	X	X	X
Jillian Kelekoma*	X	X	X	X	X	X	O	X	X	X
Nicholas Pananganan**	X	X	X	O	X	X	O	X	X	X

Legend: X=Present; O=Absent; /=No Meeting

*-Chair, **-Vice Chair

TOPIC	DISCUSSION	ACTION
Call to Order	The meeting was called to order at 2:00 p.m. with J. Kelekoma, Chair, KCSAC presiding.	
Roll Call/Introductions	Members and staff introduced themselves.	
Certificate of Need Review	<p>Application #21-29 from Kauai Home Care LLC for the establishment of home health agency services at 4-831 Kuhio Hwy, Unit 372-A, Kapaa, HI, at capital cost of \$66,000</p> <p>Staff reviewed the certificate of need criteria for participants There were no conflicts of interest declared.</p> <p>Judiah McRoberts presented an oral summary of the application. No public testimony was offered. The Council members asked questions of the applicant regarding the Certificate of Need criteria. Questions included, but were not limited to: the implementation schedule for the proposal, the staffing plan for future growth and the proposed service area for the project.</p> <p>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)</p> <p>Members voted YES – 3, NO – 0, to recommend approval of the application.</p>	
Minutes	The minutes of the August 18, 2022 meeting was reviewed and unanimously approved.	
Administrator’s Report	The Administrator’s Report was distributed and reviewed. There were no questions from members.	
Community Healthcare Needs Assessment Project	J. Kelekoma reported meeting with the Kauai Agency on Elderly Affairs (AEA) and joining both the AEA and the Kauai Fire Department on field visits to gather	

<p>Announcements/Other Matters</p> <p>Next Meeting/Agenda</p> <p>Adjourn</p>	<p>information/data to further assess the health care needs of the community. It was suggested after the needs assessment is completed; a program be developed to meet the needs of the community.</p> <p>Suggested future speaker: Emily Ishida on the AEA programs or a speaker on the subject of Fall Prevention.</p> <p>Call for public testimony – none.</p> <p>None.</p> <p>November 17, 2022 at 2:00 PM Hawaii Time.</p> <p>The meeting was adjourned at 2:37 p.m.</p>	<p>W. Nihoa to follow up with E. Ishida.</p>
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STATE HEALTH PLANNING AND DEVELOPMENT AGENCY

DAVID Y. IGE
GOVERNOR OF HAWAII
ELIZABETH A. CHAR, M.D.
DIRECTOR OF HEALTH
DARRYL D. SHUTTER
ACTING ADMINISTRATOR

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September 19, 2022

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

From: Jillian Kelekoma, Chair *for*
Kauai County Subarea Health Planning Council

SUBJECT: Certificate of need application #21-29 from Kauai Home Care LLC for the establishment of home health agency services at 4-831 Kuhio Hwy, Unit 372-A, Kapaa, HI, at capital cost of \$66,000

The Kauai County Subarea Health Planning Council met on September 15, 2022 to review the above-noted application.

The Council recommends approval of this application by a vote of 3 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 applicant has demonstrated that its proposal is consistent with the Plan.
- 2. Need and Accessibility:**
Met. There is a need island wide for home health agency services.
- 3. Quality of Service/Care:**
Met. The applicant has demonstrated that it has policies in place and experience to deliver quality care.
- 4. Cost and Finances:**
Met. The capital cost to establish the project is minimal. The applicant has the necessary funding and physical space to provide the proposed services.
- 5. Relation to the Existing Health Care System:**
Met. The proposed service will enhance the health care system's critical partnership between inpatient providers, outpatient providers and home health.
- 6. Availability of Resources:**
Met. The applicant has the experience and management personnel in place for the proposed project.