



HAWAII STATE HEALTH PLANNING AND DEVELOPMENT AGENCY

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STANDARD APPLICATION - CERTIFICATE OF NEED PROGRAM

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Application Number: # 25-09
To be assigned by Agency

Date of Receipt:

APPLICANT PROFILE

Project Title: Establishment of Home Health Agency Services

Project Address: 1100 Alakea street, suite 1710, Honolulu, HI, 96813

Applicant Facility/Organization: Malama Maika'i Health and Wellness Alliance, LLC

Name of CEO or equivalent: _____

Title: President

Address: 1100 Alakea street, suite 1710, Honolulu, HI, 96813

Phone Number: 8082861698

Fax Number: 8085173032

Contact Person for this Application: Gwendolyn Villanueva

Title: President

Address: 1100 Alakea street, suite 1710, Honolulu, HI, 96813

Phone Number: 8082861698

Fax Number: 8085173032

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.

Gwendolyn Villanueva
Signature

Gwendolyn Villanueva

Name (please type or print)

September 16, 2025

Date

President

Title (please type or print)

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

Public	_____
Private	<u> x </u>
Non-profit	_____
For-profit	<u> x </u>
Individual	_____
Corporation	_____
Partnership	_____
Limited Liability Corporation (LLC)	<u> x </u>
Limited Liability Partnership (LLP)	_____
Other: _____	_____

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2. **PROJECT LOCATION INFORMATION:**

A. Primary Service Area(s) of Project: (Please check all applicable)

Statewide:	_____
O'ahu-wide:	<u> x </u>
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)
See attachment A
- 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.)
Medicare Certification and OHCA licensing
- C. Your governing body: list by names, titles and address/phone numbers
See attachment B
- D. If you have filed a Certification 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)

See attachment C

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 ownership	Change in service/ establish new service/facility	Change in Beds
Inpatient Facility						
Outpatient Facility					X	
Private Practice						

5. **TOTAL CAPITAL COST:** \$247,500

6. **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			

7. **CHANGE IN 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 consult 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.

Establishment of Home Health Agency Services

8. PROJECT COSTS AND SOURCES OF FUNDS (For Capital Items Only)

A. List All Project Costs:

1.	Land Acquisition	RECEIVED	AMOUNT:
			0
2.	Construction Contract	'25 SEP 17 P3:58	0
3.	Fixed Equipment	ST HLTH PLNG & DEV. AGENCY	\$1,900
4.	Movable Equipment		\$7,600
5.	Financing Costs		0
6.	Fair Market Value of assets acquired by lease, rent, donation, etc.		\$232,000
7.	Other: Licensing Services		\$6,000
TOTAL PROJECT COST:			\$247,500

B. Source and Method of Estimation

Describe how the cost estimates in Item "A" were made, including information and methods used:

Cost estimation for the capital project involves a combination of research and internal expertise.

As a new agency, utilization projections are based on existing home health service demand trends in Oahu county

C. Source of Funds

		AMOUNT:
1.	Cash	\$15,500
2.	State Appropriations	
3.	Other Grants	
4.	Fund Drive	
5.	Debt	
6.	Other: Fair Market Value of assets acquired by lease, rent, donation, etc	\$232,000
TOTAL SOURCE OF FUNDS:		\$247,500

9. **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,
- 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, and
- g) Date of commencement of operation.

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.

10. **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

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9. IMPLEMENTATION SCHEDULE-

a) Date of site control for the proposed project: April 1, 2025

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b) Dates by which other government approvals/permits will be applied for and received:
November 1, 2025

c) Dates by which financing is assured for the project: N/A

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d) Date construction will commence: N/A

e) Length of construction period: N/A

f) Date of completion of the project: Upon Medicare certification and OHCA licensing.

g) Date of commencement of operation: Upon Medicare certification and OHCA licensing.

10. EXECUTIVE SUMMARY

Project Overview

Malama Maika'i Health and Wellness Alliance seeks approval to establish a Medicare-certified Home Health Agency (HHA) on Oahu, Hawai'i, with a focus on providing high-quality, in-home skilled nursing and rehabilitative care to elderly, post-acute, and medically complex patients. The agency will prioritize underserved and rural communities, support early hospital discharge, reduce preventable readmissions, and promote aging in place. Office space has been secured since April 1, 2025. The agency anticipates launching operations upon Medicare Certification and OHCA licensing.

A) Relationship to the State of Hawai'i Health Services and Facilities Plan (State Health Planning) the project aligns directly with the goals of the Hawai'i Health Services and Facilities Plan by:

- Expanding access to home- and community-based services (HCBS)
- Supporting the aging population's ability to age in place
- Addressing provider shortages in rural areas such as Waianae, Waimanalo, and North Shore Oahu
- Reducing reliance on institutional care through cost-effective service delivery

The project also meets statewide and regional priorities identified by the Honolulu, West Oahu, and Windward Subarea Health Planning Councils.

B) Need and Accessibility

Demand for home health services in Oahu continues to rise due to:

- A rapidly aging population (25% aged 65+ by 2030)
- High rates of chronic conditions such as diabetes and heart disease
- Gaps in service availability in rural and outer island areas

The agency projects:

- Year 1: 2,880 visits
- Year 2: 2,938 visits
- Year 3: 2,996 visits

The agency will ensure accessibility by:

- Accepting Medicare
- Offering telehealth, language interpretation, and transportation assistance

- Deploying staff to rural and underserved areas

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C) Quality of Service/Care

Services will meet or exceed federal and state standards under HAR Chapter 11-97 and Medicare CoPs.

Key features include:

- Individualized plan of care developed with attending physicians
- Regular care plan reviews (every 60 days or more frequently)
- Qualified, licensed staff (RNs, PTs, OTs, HHAs, MSWs)
- Continuous staff training, quality evaluations, and compliance monitoring

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The agency will participate in HHCAHPS, Medicare's quality reporting, and utilize electronic health records (EHRs) for secure and coordinated care.

D) Cost and Finances

The agency has secured full financing and will operate with a lean, sustainable cost structure.

Capital Investment: \$247,500

Year 1 Operating Costs: \$282,305

Year 1 Revenue: \$720,000 (Medicare)

Year 3 Revenue Projection: \$749,000

Year 3 Operating Costs: \$313,785.24

The agency expects to reach operational breakeven within Year 1.

E) Relationship to the Existing Health Care System

Malama Maika'i will enhance the current healthcare system, not duplicate it. The agency will:

- Fill critical gaps in underserved neighborhoods
- Support hospitals like The Queen's Medical Center and Straub Medical Center by ensuring timely discharge and follow-up care
- Partner with Kupuna Care, ADRCs, and other community-based services to extend reach and continuity

F) Availability of Resources

All required resources are secured:

- Human Resources: Staffing plan includes RNs, PTs, OTs, HHAs, MSWs, with recruitment pipelines in place.
- Financial Resources: Capital and 90-day reserves are available and documented.
- Administrative Oversight: Key leadership roles (Administrator, DON, Billing/Compliance) are filled or designated. The agency's resource allocation is efficient and aligned with State Health Planning priorities, without diverting assets from higher-need areas.