

## STATE HEALTH PLANNING AND DEVELOPMENT AGENCY

LINDA LINGLE  
GOVERNOR OF HAWAII  
CHIYOME LEINAALA FUKINO, M.D.  
DIRECTOR OF HEALTH  
RONALD E. TERRY  
ADMINISTRATOR

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August 27, 2009

### CERTIFIED MAIL, RETURN RECEIPT REQUESTED

Wesley Lo  
Chief Executive Officer  
Maui Memorial Medical Center  
221 Mahalani Street  
Wailuku, Maui 96793

Dear Mr. Lo:

The State Health Planning and Development Agency has evaluated Maui Memorial Medical Center's Certificate of Need application #09-10A for the deletion of 21 Skilled Nursing Facility (SNF) beds and the addition of 12 Medical/Surgical beds, at no capital cost.

Pursuant to Title 11, Chapter 186 of the Hawaii Administrative Rules (HAR), the Agency has determined that:

- (a) The proposal is eligible for administrative review as it meets the criterion in Section 11-186-99.1(b)(6), i.e.: "any proposal which is determined by the agency not to have a significant impact on the health care system."
- (b) The applicant, Maui Memorial Medical Center, has proven by a preponderance of the evidence that its proposal meets the Certificate of Need criteria in HAR 11-186-15.
- (c) There is no compelling public interest which will be served by requiring the application to go through the standard review process.

As required under Section 323D-43(b), Hawai'i Revised Statutes (HRS), the Agency finds that:

1. There is a public need for this proposal.
2. The cost of this proposal will not be unreasonable in light of the benefits it will provide and its impact on health care costs.

Accordingly, the State Health Planning and Development Agency hereby APPROVES and ISSUES a Certificate of Need to Maui Memorial Medical Center for the proposal described in Certificate of Need application #09-10A. There is no capital expenditure authorized under this approval.

#09-10A, Administrative Review Decision  
August 27, 2009  
Page 2

Please be advised that pursuant to Section 323D-47, HRS, any person may, for good cause shown, request in writing a public hearing for reconsideration of the Agency's decision within ten working days from the date of this decision. Accordingly, if no person makes such a timely request for reconsideration, this decision shall become final immediately after the deadline for making such a request has expired.

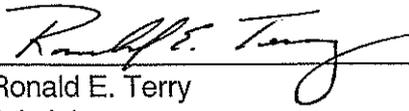
  
Ronald E. Terry  
Administrator

CERTIFICATE OF SERVICE

I hereby certify that a true and correct copy of the attached Administrative Review Decision was duly served upon the applicant by sending it by certified mail, return receipt requested, in the United States Postal Service addressed as follows on August 27, 2009:

Wesley Lo  
Chief Executive Officer  
Maui Memorial Medical Center  
221 Mahalani Street  
Wailuku, Maui 96793

HAWAII STATE HEALTH PLANNING  
AND DEVELOPMENT AGENCY

  
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Ronald E. Terry  
Administrator