



STATE HEALTH PLANNING AND DEVELOPMENT AGENCY

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

1177 Alakea St. #402, Honolulu, HI 96813 Phone: 587-0788 Fax: 587-0783 www.shpda.org

November 13, 2009

CERTIFIED MAIL. RETURN RECEIPT REQUESTED

Abby R. Paredes
CEO
Po'ailani Inc.
1005 Keolu Drive
Kailua, HI 96734

Dear Ms. Paredes:

The State Health Planning and Development Agency has evaluated Po'ailani Inc.'s Certificate of Need application #09-12A for the establishment of a 16 bed Special Treatment Facility at 45-567 Pahia Road, Kaneohe, Hawaii, at a capital cost of \$750,000.

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 HAR Subsection 11-186-99.1(b) (5), i.e.: "an additional location of an existing service or facility."
- (b) The applicant, Po'ailani Inc. 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 Po'ailani Inc. for the proposal described in Certificate of Need application #09-12A. The maximum capital expenditure allowed under this approval is \$750,000.

#09-12A, Administrative Review Decision
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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 November 13, 2009:

Abby R. Paredes
CEO
Po'ailani Inc.
1005 Keolu Drive
Kailua, HI 96734

HAWAII STATE HEALTH PLANNING
AND DEVELOPMENT AGENCY



Ronald E. Terry
Administrator