



# STATE HEALTH PLANNING AND DEVELOPMENT AGENCY

LINDA LINGLE  
GOVERNOR

MARILYN A. MATSUNAGA  
ADMINISTRATOR

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January 24, 2003

## CERTIFIED MAIL, RETURN RECEIPT REQUESTED

Robert Speers, Ph. D.  
Administrator  
Rainbow Rehabilitation Services, Inc.  
47-866 Kamehameha Hwy.  
Kaneohe, HI 96744

Dear Dr. Speers:

The State Health Planning and Development Agency has evaluated your application for administrative review for Certificate of Need ("Cert.") #02-35A for the establishment of a 5 bed adult Special Treatment Facility at 47-862B Kamehameha Hwy., Kaneohe, HI at capital cost of \$300,000.

As provided under Section 11-186-99.1 of the Hawaii Administrative Rules (HAR), the Agency has determined that:

1. This 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."
2. The Agency has determined that the applicant has proven by a preponderance of evidence that its proposal meets the Cert. criteria in Section 11-186-15, HAR:
  - a. The applicant states that its proposal is consistent with the visions, guiding principles, and the behavioral health chapter (Chapter XI) of the Hawaii Health Performance Plan (H2P2).
  - b. The applicant states that its proposed service will meet the needs of adults with Developmental Disabilities (DD) who are experiencing emotional behavioral adjustment difficulties in their community living situations and require crisis stabilization. The applicant states that there are currently no services of this type available in the service area.
  - c. The applicant states that according to the state Developmental Disabilities Division, approximately 500 individuals with DD are subject to recurring crisis involving emotional/behavioral crisis adjustment issues and that at any one time, about five of these individuals will be experiencing a situation severe enough to require crisis stabilization.
  - d. The applicant projects that its average daily census will be five residents.

- e. The applicant states that it has been providing crisis stabilization services to DD individuals in the 18-20 year old range for the past six years during which time it has been CARF accredited and licensed by the State of Hawaii. The applicant states that it will be maintaining the same high quality of care that it has historically provided. The applicant states that to continually improve quality of care, it has established an ongoing quality assessment improvement plan.
- f. The applicant states that the total capital cost of its proposal is \$300,000 and projects that its revenues will be \$677,093 for its first and third years of operation.
- g. The applicant states that its project will supplement the existing healthcare system by providing a needed resource that does not exist at present.
- h. The applicant states that all resources necessary to implement its project are available and in place.

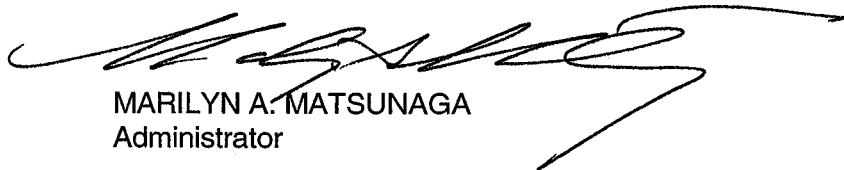
There is no compelling public interest which will be served by requiring the application to go through the standard review process.

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

1. There is a public need for this proposal.
2. The cost of the service 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 Rainbow Rehabilitation Services, Inc. for the proposal described in Cert. #02-35A. The maximum capital expenditure allowed under this approval is \$300,000.

Please be advised that pursuant to Section 323D-47, HRS and Section 11-186-99.1(g) HAR, 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 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.



MARILYN A. MATSUNAGA  
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 January 24, 2003:

Robert Speers, Ph. D.  
Administrator  
Rainbow Rehabilitation Services, Inc.  
47-866 Kamehameha Hwy.  
Kaneohe, HI 96744

HAWAII STATE HEALTH PLANNING  
AND DEVELOPMENT AGENCY

  
MARILYN A. MATSUNAGA, Administrator