



# STATE HEALTH PLANNING AND DEVELOPMENT AGENCY

LINDA LINGLE  
GOVERNOR

MARILYN A. MATSUNAGA  
ADMINISTRATOR

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June 6, 2003

## CERTIFIED MAIL, RETURN RECEIPT REQUESTED

Jay Duquette  
Administrator  
PACE Hawaii at Maluhia  
1027 Hala Drive  
Honolulu, HI 96817

Dear Mr. Duquette:

The State Health Planning and Development Agency has evaluated your application for administrative review for Certificate of Need ("Cert.") #03-10A for the expansion of service area from Honolulu to all of Oahu at a no capital cost.

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 meets the H2P2 statewide and regional priorities of fostering the development of care delivery systems for the elderly and chronically ill population, increasing access to cost-effective health care services and increasing geriatric services to the growing elderly population.
  - b. The applicant states that currently its program "serves 100 participants with a daily census of 60 attending the center." The applicant further states that its program "has the capacity to accommodate approximately 125 participants" and there is "sufficient space in its adult day center to have a daily census of 75+ per day."
  - c. The applicant states that the proposed island-wide expansion "will permit all eligible elderly on Oahu to apply for the program services."
  - d. The applicant states that its services are available to low income persons, racial and ethnic minorities, women, handicapped persons, other underserved groups.

- e. The applicant states that it is licensed by the Department of Health and is monitored by the Department of Human Services Adult and Community Care Services Branch for quality and compliance per the National PACE Protocols and Medicaid contract agreement standards.
- f. The applicant states that each PACE staff meets the minimum qualifications and credentials required for their job and is required to attend twelve hours of education credits covering patient care and safety, disaster preparedness and fire safety drills, CPR training and pertinent topics related to their profession each year.
- g. The applicant states that there is no capital cost associated with its proposal and revenue for its operations is available through Medicaid, private pay and other third party payors (private insurance, etc).
- h. The applicant projects that the proposal will result in no significant changes in its staffing pattern.

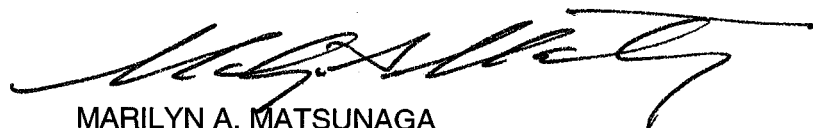
There is no compelling public interest which will be served by requiring the application to go through the standard review process.

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 PACE Hawaii at Maluhia for the proposal described in Cert. #03-10A. There is no capital expenditure authorized under this approval.

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.



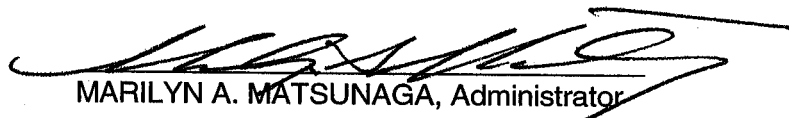
MARILYN A. MATSUNAGA  
Administrator

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 June 6, 2003:

Jay Duquette  
Administrator  
PACE Hawaii at Maluhia  
1027 Hala Drive  
Honolulu, HI 96817

HAWAII STATE HEALTH PLANNING  
AND DEVELOPMENT AGENCY

  
MARILYN A. MATSUNAGA, Administrator