



STATE HEALTH PLANNING AND DEVELOPMENT AGENCY

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November 23, 2016

CERTIFIED MAIL, RETURN RECEIPT REQUESTED

Gary K. Kajiwara
President and Chief Executive Officer
Kuakini Medical Center
347 N. Kuakini Street
Honolulu, Hawaii 96817

Dear Mr. Kajiwara:

The State Health Planning and Development Agency has evaluated Kuakini Medical Center's Certificate of Need application #16-12A for the reduction of 40 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 one or more of the criteria in Subsection 11-186-99.1(b), HAR.
- (b) The applicant, Kuakini 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), Hawaii 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 Kuakini Medical Center for the proposal described in Certificate of Need application #16-12A. There is no capital expenditure authorized under this approval.

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.

C: OHCA



Romala Sue Radcliffe
Administrator