

**STATE HEALTH PLANNING  
AND DEVELOPMENT AGENCY**  
DEPARTMENT OF HEALTH - KA 'OIHANA OLAKINO

**JOSH GREEN, M.D.**  
GOVERNOR OF HAWAII  
KE KIA'ĀINA O KA MOKU'ĀINA 'O HAWAII

**KENNETH S. FINK, MD, MGA, MPH**  
DIRECTOR OF HEALTH  
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**JOHN C. (JACK) LEWIN, M.D.**  
ADMINISTRATOR

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December 5, 2024

**CERTIFIED MAIL, RETURN RECEIPT REQUESTED**

Michael McKinney  
CEO  
Pacific Quest Corp.  
169 Pu'ueo Street  
Hilo, HI 96720

Dear Mr. McKinney:

The State Health Planning and Development Agency has evaluated Pacific Quest Corp.'s Certificate of Need application #24-13A for the establishment of an 8 bed Special Treatment Facility at 15-1903 26<sup>th</sup> Avenue, Keaau, HI, at a capital cost of \$300,000.

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

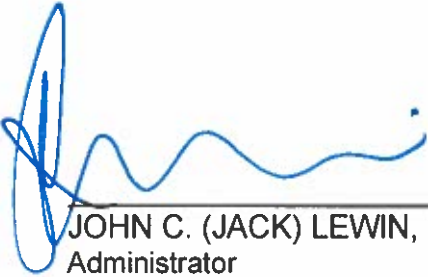
- (a) The proposal is eligible for administrative review as it meets the criteria in HAR 11-186-99.1(b)(6) i.e.: "Any proposal which is determined by the agency not to have a significant impact on the health care system".
- (b) The applicant, Pacific Quest Corp., has proven by a preponderance of the evidence that its proposal meets the Certificate of Need criteria in HAR 11-186-15(a).
- (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 concludes and determines 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.

#24-13A, Administrative Review Decision  
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Accordingly, the State Health Planning and Development Agency hereby APPROVES and ISSUES a Certificate of Need to Pacific Quest Corp. for the proposal described in Certificate of Need application #24-13A. The maximum capital expenditure allowed under this approval is \$300,000.

A handwritten signature in blue ink, appearing to read "John C. Lewin", is written over a horizontal line. The signature is stylized with a large initial "J" and a wavy line for the rest of the name.

JOHN C. (JACK) LEWIN, M.D.  
Administrator