

STATE: HAWAII, State Health Planning & Development Agency

WEBSITE: <http://health.hawaii.gov/shpda/certificate-of-need/>

Criteria	Description	Source
What facilities or equipment reviewed (i.e., urgent care, insurance companies)	<ol style="list-style-type: none"> 1. Acute Bed Services - Medical/Surgical, Obstetrics, Pediatrics, Neonatal Intensive Care, Critical Care, Psychiatric, Acute/long term swing 2. Long Term Bed Services – Psychiatric, Tuberculosis, Mental Retardation, Hansen's Disease, Children's Orthopedics, Rehabilitation, SNF, ICF, SNF/ICF, ICF/MR, Special Treatment Facility, Care Home 3. Non-Bed Services - Outpatient Clinic, Emergency Room, Outpatient Surgery (Surgicenter), Diagnostic Radiology, Computed Tomography Stationary, Computed Tomography Mobile, Nuclear Medicine, Ultrasound, Clinical Laboratory, Pharmacy, Social Services, Home Health Agency, Drug Rehabilitation, Alcohol Rehabilitation, Recompression Center, Mental Health Center, Family Planning Clinic, Prenatal Clinic, Abortion Clinic, Surface Ambulance, Fixed Wing Air Ambulance, Helicopter Air Ambulance, Birthing Center, Extracorporeal Shock Wave Lithotripsy (ESWL), Magnetic Resonance Imaging (MRI) Stationary, Magnetic Resonance Imaging (MRI) Mobile, Freestanding Emergency Care Facility, Comprehensive Outpatient Rehabilitation Facility 4. Special Services - Chronic Renal Dialysis, Cardiac Catheterization, Burn Center, Neurosurgery, Heart Surgery, Transplant Surgery, Radiation Therapy, Hospice 	HAR §11-186-5
What actions reviewed	Addition/Deletion/Relocation of health care service/facility Non-temporary (longer than 90 day) change in number of beds	HAR §11-186-6 HAR §11-186-7
Decisions	2013 – 11 approvals, 4 denials 2014 – 15 approvals, 3 denials, 1 conditional approval 2015 – 17 approvals, 1 denial, 2 conditional approvals	State Contact
Hospitals, systems and population	19 hospitals. 7 hospitals are part of a state funded health system. A private hospital, The Queen's Health System, owns 4 hospitals. Hawaii Pacific Health, another private hospital, owns 4 hospitals. Kaiser Permanente owns its own hospital. One other private hospital is part of Adventist Health. Population: 1,431,603	State Contact
What are the criteria considered & how defined (i.e., "clear public need")	<p>Relationship to the State Plan</p> <ul style="list-style-type: none"> • Relationship of the proposal to the state health services and facilities plan <p>Need and Accessibility</p> <ul style="list-style-type: none"> • The Need that the population served or to be served has for the services proposed to be offered or expanded, and the extent to which all residents of the area, in particular the elderly, low income persons, racial and ethnic minorities, women, persons with disabilities, and other underserved groups are likely to have access to those services • In the case of a reduction, elimination or relocation of a facility or service: <ul style="list-style-type: none"> ○ The need that the population presently served has for the service ○ The extent to which that need will be met adequately by the proposed relocation or by alternative arrangements 	HAR §11-186-15

	<ul style="list-style-type: none"> ○ The effect of the reduction, elimination, or relocation of the service on the ability of the elderly, low income persons, racial and ethnic minorities, women, persons with disabilities and other underserved groups to obtain needed health care. <p>Quality of Service/Care</p> <ul style="list-style-type: none"> • The applicant's compliance with federal and state licensure and certification requirements • The quality of the health care services proposed • In the case of existing health care services or facilities, the quality of care provided by those facilities in the past <p>Cost and Finances</p> <ul style="list-style-type: none"> • The probably impact of the proposal on the overall costs of health services to the community • The probable impact of the proposal on the costs of and charges for providing health services by the applicant • The immediate and long-term financial feasibility of the proposal <p>Relationship to the Existing Health Care System</p> <ul style="list-style-type: none"> • The relationship of the proposal to the existing health care system in the area • The availability of less costly or more effective alternative methods of providing services <p>Availability of Resources</p> <ul style="list-style-type: none"> • The availability of resources (including health personnel, management personnel, and funds for capital and operating needs) for the provision of the services proposed to be provided and the need for alternative uses of these resources as identified by the health services and facilities plan 	
Application fee	\$200 + .1% of the total capital cost of the project up to \$1,000,000 plus .05% of the total cost of the project in excess of \$1,000,000	HAR §11-186-25
Decision maker (i.e., review panel, Deputy/Commissioner)	<p>Agency refers completed application to the appropriate subarea council or countywide review committee, the review panel, and the statewide council for review and recommendations.</p> <p>The Governor appoints, subject to Senate confirmation, members of the Statewide Health Coordinating Council (SHCC) and each of the Subarea Health Planning Councils (SAC). The appointees serve for four-year terms. Appointees may serve a maximum of two consecutive terms.</p> <p>The SHCC is a twenty-one member panel which serves as an advisory council to SHPDA. Duties include reviewing CON applications, selecting CON review panel members, and preparing the Health Services and Facilities Plan.</p>	<p>HAR §11-186-45</p> <p>http://health.hawaii.gov/shpda/files/2013/07/shhsfp09_Page_46.jpg</p> <p>http://health.hawaii.gov/shpda/shpdas-advisory-councils/</p>
Use of Experts	Agency can call upon technical advisory committees/individuals	HAR §11-186-55
Scheduling/Timeline (i.e., batching? expedited, etc.)	<p>Batching Schedule:</p> <p>(a) For purposes of consolidating for review completed applications that are or may be mutually exclusive or that present conflicting claims, the agency shall require that an application for a certificate of need pertaining to any of the following health care services, health care facilities, or equipment affecting the same health service area be filed and completed by the applicant on or before the following deadlines:</p> <p>(1) Acute bed services involving new construction: the agency's first business day in January, May and September.</p> <p>(2) Long term bed services involving new construction: the agency's first business day in March, July and November.</p> <p>(3) Computed tomography, magnetic resonance imaging and extracorporeal shock wave lithotripsy: the agency's first business day in February, April, June, August, October and December.</p>	HAR §11-186-10

	<p>However, applications can be filed at anytime</p> <p>Agency has 30 days to notify applicant if application is not complete. Applicant has 60 days to respond Agency review is 90 days.</p> <p>Expedited applications are called "Emergency" applications. An emergency situation is "a state of affairs involving an actual substantial injury to public health or where there is a clear and present danger of such an injury occurring"</p> <p>Other CONs may go under administrative review - not being referred to the councils. These applications are:</p> <ul style="list-style-type: none"> • Bed changes with capital expense of \$1,000,000 or less & increased annual operating expense of less than \$5,000,000 • Service changes with capital expense of \$1,000,000 or less & increased annual operating expense of less than \$5,000,000 • Any acquisition of a health care facility that results in lower annual operating expenses • Change of ownership where the change is from one entity to another substantially related entity • An additional location of an existing service or facility • Any proposal determined to not have significant impact on the health care system 	<p>HAR §11-186-24 HAR §11-186-30</p> <p>HAR §11-186-34 HAR §11-186-99</p>
Public Hearings	Subarea council/countywide review committees, review panels and statewide council review applications at one or more public meetings. Recommendations are nonbinding on the agency.	HAR §11-186-45
Planning	Health Services and Facilities Plan (HSFP) updated every 5 – 10 years and an annual utilization report. The HSFP is used by subarea councils for regional health planning projects and initiatives. The relationship to the HSFP is one of the criteria for CON approval. The utilization data is used to guide the initial determination for a service area. The HSFP contains utilization thresholds which guide the initial determination of need for a service area, however, the plan does not specify a specific type or number of beds or services.	State Contact
Enforcement	Agency can monitor and inspect projects and evaluate compliance with CON or conditions of issuance - can change or revoke CON	HAR §11-186-87&88
Quality of Care	Asks applicant to provide the following information: <ul style="list-style-type: none"> • Describe how the proposal will improve the quality of care being delivered to the target group. • Describe the internal policies and procedures that will be used to monitor and evaluate the quality of care. If there are written policies and procedures, attach them as exhibits • If the applicant is an existing facility, or has operated facilities in other places, discuss the quality of care provided by those facilities in the past. 	State Contact. Application form Part C
Data	Collect data on bed utilization, daily room rates, equipment and procedures utilization, radiation therapy utilization, services utilization and MRI utilization.	State Contact
Rate Setting	No	