



THE STATE
of **ALASKA**
GOVERNOR BILL WALKER

Department of
Health and Social Services

CERTIFICATE OF NEED PROGRAM

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August 30, 2016

Mr. Kevin Barry
Alaska Spine Center
4100 Lake Otis Parkway, Suite 212
Anchorage, Alaska 99508

RE: Request for Determination dated August 5, 2016-Relocation of Alaska Spine Center

Dear Mr. Barry,

Thank you for your letter dated August 5, 2016 regarding the determination of whether a certificate of need (CON) is required for relocation of the Alaska Spine Center to a new location in the Mat-Su Valley. Your letter states that the existing facility project plan includes relocating the existing services beginning four months after a favorable decision by the Department regarding your request for a Determination, and anticipates the project completion date to be twelve months from the start of the project. The letter also states that the new facility will have three Class C operating rooms, but currently has three Class A operating rooms. The letter also states that the facility will continue to provide the same categories of health care services, in particular, surgical services.

Per 7AAC 07.031(1)(2), a written request for determination of whether a certificate of need is required must contain a clear description of the activity, per component, as well as a certified cost estimate for each component of the project as listed under 7AAC 07.010(a).

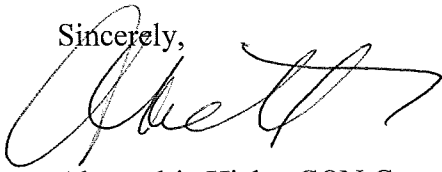
The Department requires additional information to make its determination. You have provided project begin and end dates along with some project information. However, the certified cost estimates and clear description of the activity and the specific components of the project are not included. Specific components will need to include, but are not limited to, the location of the new facility, the certified cost estimates for the project and a more detailed description of services being offered in the new facility. Also, please explain why Alaska Spine Center will provide surgical services in Class C operating rooms in the new location versus the existing Class A operating rooms it currently utilizes.

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While you express in your request a belief that a certified cost estimate is not necessary as this is a re-location; the Department cannot make that Determination on the information provided. The specific project elements outlined need to be provided to the Department in order for it to issue a formal determination. Please provide the additional information within thirty days, or by September 29, 2016.

Thank you.

Sincerely,

A handwritten signature in black ink, appearing to read "Alex Hicks", with a large, sweeping flourish extending to the right.

Alexandria Hicks, CON Coordinator