

STATE HEALTH PLANNING AND DEVELOPMENT AGENCY

LINDA LINGLE
GOVERNOR OF HAWAII

CHIYOME L. FUKINO, M.D.
DIRECTOR OF HEALTH

RONALD E. TERRY
ADMINISTRATOR

1177 Alakea St. #402, Honolulu, HI 96813 Phone: 587-0788 Fax: 587-0783 www.shpda.org

October 24, 2007

CERTIFIED MAIL, RETURN RECEIPT REQUESTED

Charles W. Anderson
Administrator/Founder
Anderson Recovery Center, LLC
P.O. Box 640
Honokaa, Hawaii 96727

Dear Mr. Anderson:

The State Health Planning and Development Agency has evaluated Anderson Recovery Center, LLC's Certificate of Need application #07-26A for the establishment of an 8 bed Special Treatment Facility at 45-504 and 45-504A, Loke Street, Honokaa, Hawaii, at a capital cost of \$655,000.

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 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."
- (b) The applicant, Anderson Recovery Center, LLC, has proven by a *preponderance of the evidence* that its proposal meets the Certificate of Need criteria in Section 11-186-15, HAR.
- (c) There is no compelling public interest which will be served by requiring the application to go through the standard review process.

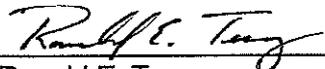
As required under Section 323D-43(b), Hawai'i Revised Statutes (HRS), the Agency finds that:

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 Anderson Recovery Center, LLC for the proposal described in Certificate of Need application #07-26A. The maximum capital expenditure allowed under this approval is \$655,000.

#07-26A, Administrative Review Decision
October 24, 2007
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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 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.



Ronald E. Terry
Administrator

C: OHCA

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 October 24, 2007.

Charles W. Anderson
 Administrator/Founder
 Anderson Recovery Center, LLC
 P.O. Box 640
 Honokaa, Hawaii 96727

HAWAII STATE HEALTH PLANNING
 AND DEVELOPMENT AGENCY

Ronald E. Terry

 Ronald E. Terry
 Administrator

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT <small>(Domestic Mail Only; No Insurance Coverage Provided)</small> For delivery information visit our website at www.usps.gov		SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
Charles Anderson OFFICIAL US		1. Article Addressed to: #07-26A Charles W. Anderson Administrator/Founder Anderson Recovery Center, LLC P.O. Box 640 Honokaa, Hawaii 96727		A. Signature X <i>Charles W. Anderson</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
Postage	\$.80	007-26A marked Postmark Here	B. Received by (Printed Name) Charles W. Anderson		C. Date of Delivery OCT 24 2007 HONOKAA HI 96727
Certified Fee	2.65		D. Is delivery address different from item 1? if YES, enter delivery address below.		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Return Receipt Fee (endorsement Required)	2.15		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
Restricted Delivery Fee (endorsement Required)			2. Article No. (Transfer) 7002 2030 0006 7938 1723		
Total Postage & Fees	\$ 5.60	Sent To: Charles W. Anderson-Administrator/ Anderson Recovery Center, LLC P.O. Box 640 Honokaa, Hawaii 96727			