<table>
<thead>
<tr>
<th>Criteria</th>
<th>Description</th>
<th>Source</th>
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</table>
| What facilities or equipment reviewed (i.e., urgent care, insurance companies) | Hospitals, freestanding ambulatory surgery centers, off site health care facilities, impatient services at licensed outpatient facilities  
Intermediate care facility for people with developmental disabilities  
A research project that results in an increase in clinical bed capacity or outpatient capacity of the health care facility  
New technology or technology used for an innovative purpose in a location other than a health care facility  
Capital expenditure for construction related to the provision of inpatient services; change in inpatient services; acquisition of medical equipment or an existing health care facility  
Transfers of ownership except for nursing homes | 105 CMR 1000.012 (definitions in 105 CMR 1000.020)  
105 CMR 1000.013  
105 CMR 1000.234  
105 CMR 1000.246  
105 CMR 1000.263 |
| What actions reviewed (i.e., substantive vs terminations)               | Establishment of a new facility  
Notice of intent for research projects, acquiring a health care facility and other circumstances can be reviewed and determined to need to file an application for a determination of need | 105 CMR 1000.012  
105 CMR 1000.254 |
| Exemptions                                                             | Freestanding ambulatory surgery centers in operation before August 10, 2008  
Projects that do not involve substantial capital expenditure or involve substantial change in services | 105 CMR 1000.014  
105 CMR 1000.308 |
| Decisions                                                              | Almost all applications are approved, and they always have conditions | Phone Interview |
| Hospitals, systems and population                                       | About 76 hospitals in 5 or 6 systems  
Population: 6,794,422 | Phone Interview |
| What are the criteria considered & how defined (i.e., “clear public need”) | Nine factors including cost, equity and community health initiatives | 105 CMR 1000.263 |
By applicant:

(1) An HMO or combination of HMOs if:
   (a) the HMO or combination of HMOs has in the service area of the HMO or the service areas of
       the HMOs in combination an enrollment of at least 50,000 individuals;
       (b) the facility in which the services will be provided is or will be geographically located so that
           the services will be reasonably accessible to such enrolled individuals; and
       (c) at least 75% of the patients who can reasonably be expected to receive the inpatient service
           or services proposed by the project will be individuals enrolled with such HMO or HMOs in combination; or

(2) A health care facility if:
   (a) the facility primarily provides or will provide inpatient services;
       (b) the facility is or will be controlled, directly or indirectly, by an HMO or combination of HMOs
           which has in the
           service area of the HMO or service areas of the HMOs in combination an enrollment of at least 50,000
           individuals;
           (c) the facility is or will be geographically located so that the services will be reasonably
               accessible to such enrolled
               individuals; and
           (d) at least 75% of the patients who can reasonably be expected to receive the inpatient service
               or services proposed by the project will be individuals enrolled with such HMO or HMOs in combination; or

(3) A health care facility or portion thereof if:
   (a) the facility is or will be leased by an HMO or combination of HMOs which has in the service
       area of the HMO
       or the service areas of the HMOs in combination an enrollment of at least 50,000 individuals and on the
date the
       application is submitted at least 15 years remain in the term of the lease;
       (b) the facility is or will be geographically located so that the services will be reasonably
           accessible to such enrolled
(c) At least 75% of the patients who can reasonably be expected to receive the inpatient service or services proposed by the project will be individuals enrolled with such HMO or HMOs in combination.

<table>
<thead>
<tr>
<th>Application Fees</th>
<th>2/10 of 1% of the proposed capital expenditures, but no less than $250</th>
<th>105 CMR 1000.323</th>
</tr>
</thead>
<tbody>
<tr>
<td>Decision maker (i.e., review panel, Deputy/Commissioner)</td>
<td>Program Director</td>
<td>Phone Interview</td>
</tr>
<tr>
<td>Use of Experts</td>
<td>Hospitals pay for a consultant to conduct the cost of market impact review, but the consultant works with the DON staff. Public Health Council, which holds public meetings and votes on recommendations on DON decisions. The Council is made up of experts in policy, cost containment, social work, doctors, nurses, and community activists. They are appointed by the Secretary of Health and Human Services. Other departments may review applications if there is overlap (i.e.: Department of Elder Affairs/Mental Health). They receive a copy of the application and are asked to comment. They also receive a staff summary once the application is being reviewed. In practice, they rarely comment.</td>
<td>Phone Interview</td>
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| Scheduling/Timeline (i.e., batching? expedited, etc.) | Completeness - 60 days
Review - 60 days | 105 CMR 1000.262
105 CMR 1000.263 |
| Public Hearings (i.e., initiating) | Can be requested by a group of 10 tax payers | 105 CMR 1000.140 |
| Planning | There is no up to date plan. As a result, criteria are out of date. | Phone Interview |
| Enforcement | Enforced through conditions. When applying for a new DON, an applicant’s compliance with previous DONs is taken into consideration. | Phone Interview |
| Quality of Care | Data is collected by the Center for Health Information and Analysis (CHIA): [http://www.chiamass.gov/](http://www.chiamass.gov/) | Phone Interview |
| Rate Setting | None |  |
| Other | Interveners - group of 10 tax payers | 105 CMR 1000.140 |