

STATE: **MASSACHUSETTS, Department of Public Health, Determination of Need Program**

WEBSITE: <http://www.mass.gov/eohhs/gov/departments/dph/programs/hcq/don/>

Criteria	Description	Source
What facilities or equipment reviewed (i.e., urgent care, insurance companies)	Hospitals, freestanding ambulatory surgery centers, off site health care facilities, inpatient services at licensed outpatient facilities	105 CMR 1000.012 (definitions in 105 CMR 1000.020)
	Intermediate care facility for people with developmental disabilities	105 CMR 1000.013
	A research project that results in an increase in clinical bed capacity or outpatient capacity of the health care facility	105 CMR 1000.234
	New technology or technology used for an innovative purpose in a location other than a health care facility	105 CMR 1000.246
	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	105 CMR 1000.263
	Transfers of ownership except for nursing homes	Phone Interview
What actions reviewed (i.e., substantive vs terminations)	Establishment of a new facility	105 CMR 1000.012
	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 1000.254
Exemptions	Freestanding ambulatory surgery centers in operation before August 10, 2008	105 CMR 1000.014
	Projects that do not involve substantial capital expenditure or involve substantial change in services	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	Phone Interview 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

	<p>individuals; and</p> <p>(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.</p>	
Application Fees	<p>2/10 of 1% of the proposed capital expenditures, but no less than \$250</p> <p>Fee of 5% of the proposed capital expenditures goes to community health initiatives</p>	105 CMR 1000.323
Decision maker (i.e., review panel, Deputy/Commissioner)	Program Director	Phone Interview
Use of Experts	<p>Hospitals pay for a consultant to conduct the cost of market impact review, but the consultant works with the DON staff.</p> <p>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.</p> <p>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.</p>	<p>Phone Interview</p> <p>105 CMR 1000.152-156 and Phone Interview</p>
Scheduling/Timeline (i.e., batching? expedited, etc.)	<p>Completeness - 60 days</p> <p>Review - 60 days</p>	<p>105 CMR 1000.262</p> <p>105 CMR 1000.263</p>
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	Data is collected by the Center for Health Information and Analysis (CHIA): http://www.chiamass.gov/	Phone Interview
Rate Setting	None	
Other	Interveners - group of 10 tax payers	105 CMR 1000.140