Nomination Form Received Program Reviews for Completeness¹ Complete- Letter sent to nominator confirming receipt Incomplete- Decision letter sent requesting more information Nomination Committee Reviews within 60 days of receipt² Sufficient Data-Subcommittee Formed Insufficient criteria- Decision letter sent outlining deficiencies Feasibility Assessment of Treatment Centers to Treat Patients New Condition Workgroup Reviews Application and Completes Readiness Form³ Workgroup Votes^ Yes- Presented to Technical Advisory Board No-Decision letter sent outlining deficiencies and NSFTAB updated at next meeting. **Technical Advisory Board Reviews Submission** Technical Advisory Board Votes* Yes-Implementation process begins for screening of new condtion No- Decision letter sent outlining deficiencies Screening for condition is implemented⁴ Approximately one year post implementation a data review is completed Technical Advisory Board Votes* to maintain condition on panel permanently **Yes-Screening Continues** No- Screening Ceased 1. Program staff consists of a minimum of two Department of Health delegates. 2. Nomination Committee consists of NSFTAB Chair, Vice Chair, and DOH Representative 3. New Condition Workgroup consists of NSFTAB Chair, Vice Chair, DOH Representative, Ethicist, selected providers with knowledge of the

- 3. New Condition Workgroup consists of NSFTAB Chair, Vice Chair, DOH Representative, Ethicist, selected providers with knowledge of the nominated condition. One condition will be reviewed at a time in the order in which a nomination or resubmission was received.
- 4. DOH will attempt to implement within two years after approval.
- ^Majority vote to continue to next phase.

^{*}Per section 7 of the NSFTAB Bylaws only board members are eligible to vote. Majority vote to continue to next phase.