

CHART Phase 1 FAQs
Updated 12/11/2013

1. **Q:** Where can I find the RFP?
A: The RFP is available along with all Exhibits and Attachments at <http://www.mass.gov/anf/budget-taxes-and-procurement/oversight-agencies/health-policy-commission/chart/phase-1/rfp-materials.html>
2. **Q:** The Driver Diagram example provided in Attachment A, Exhibit 2 seems very complicated for a six month project. Are we expected to create such a detailed intervention for a Pathway A proposal in Phase 1?
A: The Driver Diagram provided is simply an example. The example provided may be more complex than necessary for successful proposals for Phase 1, or may reflect long term activities of which Phase 1 is only the beginning.
3. **Q:** Tell me about CHART Phase 2. I want to be sure my Phase 1 proposal aligns with the HPC's expectations for later Phases.
A: The HPC has not yet finalized requirements for CHART Phase 2 and beyond. However, Commissioners and staff are actively planning later Phases, as reflected in the slides and minutes from past [Board Meetings](#) and [Community Health Care Investment and Consumer Involvement Committee](#) meetings.
4. **Q:** Why can't I edit everything in the Operational Response Template, Attachment A, Exhibit 1?
A: This form is locked so that you can only enter answers in the text boxes, drop down menus, and check boxes.
5. **Q:** I want to send you information about my specific proposal and ask for your advice on whether the project is within scope for Phase 1 – I'd also like the HPC's guidance on which pathway to choose.
A: Consistent with state bidding practices and as specified in the RFP, we are unable to provide specific feedback during an open competitive application process. HPC has provided detailed instructions and examples in the RFP to assist Applicants in preparation of proposals. Please review the RFP materials.
6. **Q:** Is there a strategic advantage to receiving Pathway A funding during Phase 1? I want to be a strong candidate for future investment in Phase 2 and beyond.
A: HPC encourages Applicants to produce the best proposal possible aligned with their own institutional and community needs, and an Applicant will not be disadvantaged if it proposes Pathway B and/or C projects. HPC recognizes that there is a continuum between Pathways and some Applicants may propose projects that do not fall cleanly into a single Pathway, so we encourage Applicants to review the RFP materials and apply to one or more Pathways as appropriate.
7. **Q:** Are there any limits to the amount of text we can put in the fields in the Operational Response (Attachment A, Exhibit 1)?
A: There are no character limits to response fields in the Operational Response document.
8. **Q:** How long do you want responses to be for individual questions?
A: The HPC has not specified word limits to individual questions. We expect that many questions will have brief answers.

11/1/13 Update:

9. **Q:** Where can I find details about Information Sessions?

A: Details about Information Sessions can be found at <http://www.mass.gov/anf/budget-taxes-and-procurement/oversight-agencies/health-policy-commission/chart/phase-1/information-sessions.html>

10. **Q:** Is there a page limit for the Application?

A: No, HPC has not specified a page limit for the Application.

11. **Q:** If there is no separate narrative proposal submission, to what does “proposal” refer in the Criteria for Selection? (RFP Section VI.E., page 23)

A: The “proposal” referenced by the Criteria for Selection describes the Applicant’s full proposal submission in its entirety, not a specific portion of the submission.

11/13/13 Update:

12. **Q:** In the Operational Response, in the “Characteristics” section there is a question that reads...”Provide a narrative summary of results, including quantitative findings where applicable, of any recent capability or capacity assessments or staff culture surveys.” Can you further clarify what is meant by capability or capacity assessments or staff culture surveys?

A: The HPC is interested in the results of any structured inquiry into leadership, management, operational efficiency, or culture completed on or after January 1, 2010. Such tools might be implemented as interviews or surveys, and examples might include but are not limited to:

- AHRQ surveys on Patient Safety Culture
- Safety Attitudes Questionnaire (SAQ)
- Health Leadership and Quality Assessment Tool (HLQAT)
- World Management Survey (WMS)
- Any other structured assessment of leadership, management, operational efficiency, or culture within a specific unit or at the overall institutional level

13. **Q:** Is there a separate narrative proposal submission apart from the Attachments? (*11/12/13 addition in bold italics below*)

A: No, the HPC anticipates that most Applicants will only submit the following:

- Cover letter
- Operational Response (Attachment A, Exhibit 1)
- Financial Response (Attachment A, Exhibit 3)
- Mandatory Forms & Certificates (Attachment B, Exhibits 1 – 6)
- All additional attachments described therein, including
 - Program Director resume
 - Organizational Chart(s)
 - ***Budget narrative***
 - Driver Diagram (*optional for Pathway C*)

Additional attachments in lieu of narrative text for one or more questions are permitted per the Operational Response instructions. The HPC notes that this is merely intended to save Applicants time by permitting them to attach documents previously prepared.

11/21/13 Update:

14. **Q:** What is the source of the CHART Investment Program funds?
A: Chapter 224 of the Acts of 2012 requires the Health Policy Commission (HPC) to administer a one-time assessment on certain acute hospitals and surcharge payers (health plans) in the Commonwealth. The purpose of this assessment is to provide necessary investment funding for initiatives contained within chapter 224. These investments are critical for the building the foundation of long-term, sustainable health care cost containment and quality improvement. Hospitals and payers chose to pay the surcharge amount in one lump sum or in four equal annual installments. Only acute care hospitals with over \$1 billion in total net assets and less than 50% revenue from public payers were subject to the assessment, and for some of those, a segment of the assessment was waived through mitigation.
15. **Q:** To what extent will the HPC consider alignment with Prevention and Wellness Trust Fund proposals, Workforce Development proposals, and other c.224 investment programs in selecting Awardees?
A: As specified in the RFP, to the extent feasible, the HPC values alignment with other projects. Applicants who have applied for or intend to apply for other c.224 funding should indicate accordingly in the appropriate section of the Operational Response template. (RFP Attachment A, Exhibit 1, p. 5)
16. **Q:** May multiple hospitals apply together?
A: The HPC encourages collaboration, including between Qualified Acute Hospitals, and Applicants may collaborate on projects funded by the CHART Investment Program. Each Qualified Acute Hospital, however, is required to submit a stand-alone application as many of the required responses pertain not just to the project(s) but to the applying entity. (RFP Sec. I.D, p. 5)
17. **Q:** If an Applicant is applying jointly with other eligible hospitals, is each hospital eligible for up to \$500,000?
A: Where Applicants wish to apply to work on a project with other Qualified Acute Hospitals, each hospital must submit a separate application, and each hospital may apply for up to \$500,000.
18. **Q:** Can a Qualified Acute Hospital provide funding to Partnering Organizations in the community, for example a Skilled Nursing Facility (SNF)?
A: Yes, the RFP provides that “Qualified Acute Hospitals’ may identify partnering organizations (including, e.g., community-based health care providers, behavioral health providers, post-acute care providers) to receive funds through CHART Phase 1 Investments as a subcontractor of an Awardee. Any proposed subcontracts included in an application must demonstrate specific and tangible benefit to the Applicant and the population served by such Awardees, and are subject to review and approval by the HPC.” (RFP Sec. I.D. p. 5)
19. **Q:** Is it possible for an Applicant to partner with an IT vendor? IT vendors are not included in the example list of Partnering Organizations included in the RFP.
A: An Applicant can propose subcontracts with vendors (including IT vendors), consultants and other service providers necessary to accomplish the goals of the proposal. Any proposed subcontracts, whether with other health care providers or organizations, vendors and consultants or service provide, must demonstrate specific and tangible benefit to the Applicant and the population served by such Awardees, and are subject to review and approval by the HPC. (RFP Sec. I.D. p. 5)
20. **Q:** If an Applicant proposes to develop an IT model, tool or product (for example) using CHART Investment Program funding, who owns any resulting intellectual property rights in that model, tool or product? Could the Applicant form a company to bring the tool or product to market?
A: As stated in the RFP, successful Applicants are expected to share the results of funded projects, including systems developed and lessons learned, with HPC staff and other Awardees. A successful

Application will demonstrate specific and tangible benefit to the Applicant and the population served by the Applicant, and may result in models, tools or system innovations that might be adopted by other participants in the Commonwealth's health care system, to reduce cost and improve quality. If a proposal that meets the goals and requirements of the CHART Investment Program will result in development of a model, tool or product with Intellectual Property rights in the Applicant Qualified Acute Hospital, HPC may require the Applicant to grant the Commonwealth non-exclusive, worldwide, irrevocable and royalty-free license to reproduce, publish or otherwise use the model, tool or product, or authorize others to do so for state purposes.

21. **Q:** May an Applicant apply for multiple projects within a single Pathway?
A: Each Qualified Acute Hospital applying for funding must submit a single proposal (application) with a unified goal. The proposal may include multiple work-streams within Pathways A, B, or C. (RFP Sec.I.D.1 p. 6)
22. **Q:** If an Applicant proposes multiple projects within a single Pathway, must the Applicant submit separate budget sheets for each project?
A: Applicants should submit a single copy of the Budget Response, with one tab per Pathway and a tab totaling the Pathways as specified, so multiple projects within a single Pathway would be rolled up together in the spreadsheet. Projects should be described separately in the budget narrative text.
23. **Q:** What documentation is required to substantiate the evidence base for a Pathway A pilot?
A: An Application must include a description of the evidence base for a Pathway A pilot. Evidence might be from a peer-reviewed journal, trade journal, professional conference, peer experiences, or from prior experience in the hospital. Academic citations are welcome though not required.
24. **Q:** The RFP says that "Eligible Applicants who are applying for Pathway C support must demonstrate a lack of prior capacity (including, e.g., lack of financial or staff capacity) to otherwise conduct planning." (RFP Sec. I.D.1, p. 8) How should we demonstrate this lack of prior capacity?
A: Applicants should include a description of why Pathway C Planning funds are necessary. The HPC is seeking a cogent description of why support from the Commonwealth will provide an opportunity that otherwise would not happen. (RFP Sec. I.D.1, p. 8)
25. **Q:** Should funding for the executive leadership program be included in the Budget Response?
A: No, Applicants do not need to include funding for the executive leadership program in the proposal budget. Of the four core learning activities described in the RFP, Applicants must include the anticipated expense of implementing a culture survey in the submitted budget. (RFP Sec. I.D.1, p.6; RFP Sec. I.D.2, pp.8-9)
26. **Q:** May Qualified Acute Hospitals apply for a larger scale project that uses additional funding sources?
A: Yes, applying for Phase 1 funding for a larger scale project is within scope. The Applicant should include additional funding sources and amounts in the Budget Response, and should describe in detail the various funding sources in the budget narrative.
27. **Q:** Is the Phase 1 award cap \$500,000 per hospital, or is the entire CHART program cap \$500,000 per hospital?
A: The Phase 1 award cap is \$500,000 per hospital. A cap on the amount of an individual hospital's award has not been determined for future phases.
28. **Q:** Is Phase 1 reimbursement tied to performance as measured by submitted metrics?
A: No, funds dispersal is not tied to metric performance in Phase 1. Awards will be made as two lump

sum payments -- 80% of total award following Contract execution, and up to 20% of total award upon satisfactory project completion as determined by the HPC. (RFP Sec. VIII, C, at p. 29)

29. **Q:** The RFP states that hospitals may be asked to adjust the scope of activities and / or budget. How might this happen in practice? (RFP Sec. III.A, p. 12)
A: CHART Phase 1 provides up to \$10 million in available funds, with 31 eligible applicants that can receive a maximum possible award of \$500,000 each. In the case that the maximum funding pool is exceeded, the HPC might work with Applicant(s) to target a specific subset of goals or priorities. Additionally, where a proposal does not align with the RFP goals, the HPC might work with the Applicant to redirect to planning instead. (RFP Sec. III.A, p.12)
30. **Q:** There are a number of separate documents required for a proposal submission. Does the HPC require a particular sequence or ordering of these documents?
A: No, required proposal documents do not need to be submitted in any particular order, as long as all required documents and information are submitted.
31. **Q:** Can Applicants apply for more than one project for Phase 2?
A: The HPC has not specified the proposal requirements for Phase 2, which are still in development. (RFP Sec. I.D p. 5)
32. **Q:** Will the November 20, 2013 webinar include the same content as the November 14, 2013 presentation and webinar?
A: Yes, staff will present the same content at the November 20 webinar as at the November 14 webinar, with the same slides. Questions from attendees will likely differ, and all questions and answers deemed of general interest will be posted on the FAQ webpage in the days following the webinar.
33. **Q:** How confident is the HPC in a February 1 project launch?
A: The HPC continues to target a February 1, 2014 date for execution of Contracts with Awardee Qualified Acute Hospitals. (RFP p. 1)
34. **Q:** Is the six-month timeline for Pathway A and B projects fixed, with a hard stop on July 31, 2014?
A: The HPC has not specified whether the six-month timeline is firm and anticipates closure dates may vary from project to project.

11/26/13 Update

35. **Q:** Are details of the executive leadership program available? (RFP Sec. I.D.2, p. 9)
A: The executive leadership program is still under development by the HPC. The program will be substantively informed by proposals awarded.
36. **Q:** Are pilots that translate programs or processes to the community hospital setting that have only previously been tested or implemented in other settings (e.g. larger hospitals or health systems) acceptable?
A: Yes, a pilot implementing processes in a Qualified Acute Hospital that are common in larger hospitals or healthcare systems may be proposed for funding.
37. **Q:** In the discussion of other funding, how broadly should an Applicant include descriptions of initiatives that are not directly related to the proposed project? For example, should funding be discussed that supports behavioral health integration even if the proposed model(s) in the CHART application do not

relate to behavioral health?

A: In the Operational Response, Applicants are asked to describe “funding related to care delivery or payment system reform.” (RFP, Attachment A, Exhibit 1, p. 5). Funding for behavioral health integration is an excellent example of funding for care delivery reform and should be included in the proposal. Broadly, the HPC is interested in understanding all activities related to health system transformation in progress or anticipated by a Qualified Acute Hospital, and Applicants are encouraged to be inclusive in this response.

38. **Q:** Are Qualified Acute Hospitals in discussion for affiliation with academic institutions but not yet affiliated still eligible to apply for funding?

A: Except for the explicit eligibility criteria, affiliation status alone does not affect eligibility. In reviewing applications and making determinations about Awards, the HPC will consider resources available to Qualified Acute Hospitals, including the ability of affiliated systems to provide support and the extent to which submitted budgets reflect such contributions.

39. **Q:** Can Qualified Acute Hospitals apply for all three Pathways?

A: Yes, a Qualified Acute Hospital may apply for any combination of A, B, or C Pathways, including any one, two, or all three Pathways. The total funding request cannot exceed \$500,000 per Qualified Acute Hospital, and the Pathway C request cannot exceed \$100,000.

40. **Q:** Can a Qualified Acute Hospital subcontract with an academic institution?

A: An academic institution such as a college or university may be a subcontractor, provided the Applicant demonstrates “specific and tangible benefit to the Applicant and the population served by such Awardees,” and any proposed subcontracts “are subject to review and approval by the HPC.” (RFP Sec. I.D. p. 5)

41. **Q:** Does “lack of prior capacity ... to otherwise conduct planning” refer to lack of funding, lack of personnel, or lack of expertise? (RFP Sec. I.D.1, p. 8)

A: Capacity to conduct planning could include but is not limited to funding, personnel, and/or expertise.

42. **Q:** Have there been any changes to the RFP?

A: The RFP (HPC-CHART-001) has not been amended. Clarifications are posted to the FAQs on an ongoing basis. Should the RFP be updated, the updated document(s) will be posted on the CHART website in a timely manner.

43. **Q:** Will there be another information session?

A: The HPC does not anticipate hosting any additional Information Sessions after the November 14, 2013 and November 20, 2013 Information Sessions. Additional questions may be sent to hpc-chart@state.ma.us until Friday, December 6, 2013.

44. **Q:** Are “observation or table top explorations” an acceptable evidence base for Pathway A pilots?

A: For Pathway A pilots, there should be some evidence base for the proposed activity. Such evidence may come from the academic literature, from experience of peers, or prior experience (including observation, theoretical exercise, or simulation) within the Qualified Acute Hospital.

45. **Q:** Can an applicant drop off the application in person to the HPC's office prior to the stated deadline?
A: So long as the application arrives by 3:00pm on December 11, 2013, in-person delivery is acceptable, as is delivery by postal service, package delivery service, or courier. The HPC offices located at 2 Boylston Street, 6th Floor, Boston, MA 02116 (near the Chinatown MBTA stop) are open to receive applications from 9:00am to 5:00pm, Monday through Friday, except for state holidays.
46. **Q:** In the Operational Response Template, applicants are required to report current, recent and "anticipated" funding. Is there any requirement that the applicant also discuss project line items that are included in a pending grant application (with no guarantee of funding)? If so, does this reflect negatively on the proposal if we are requesting funds that also have been submitted in another grant application?
A: The HPC does require that Applicants describe project line items included in another pending grant application, along with the status and best estimated timeline of such grant application. Applicants must describe the plan for how any duplication will be managed if both opportunities are awarded. Such duplicative grant writing will not reflect negatively on an Applicant.
47. **Q:** Must proposals include an information technology component?
A: While proposals with an information technology element are permitted, there is no requirement that an application have any information technology component.
48. **Q:** Where the RFP refers to "infrastructure," does this only refer to information technology infrastructure?
A: Infrastructure is not limited to information technology. However, the CHART program is not intended to fund capital building projects.
49. **Q:** For a healthcare system with multiple hospitals, is each hospital within that system eligible to apply separately?
A: Eligibility of hospitals across Provider Organizations will vary. For some Provider Organizations, all hospitals are eligible, while for others, only some hospitals are eligible. Where a Provider Organization has multiple eligible hospitals, each eligible hospital must apply separately. The full list of eligible hospitals, listed by eligible hospital campus, is available at <http://www.mass.gov/anf/budget-taxes-and-procurement/oversight-agencies/health-policy-commission/chart/eligibility/phase-1-eligible-hospitals.html>
50. **Q:** If two hospitals within the same Provider Organization apply, will they be in direct competition with each other?
A: Each proposal will be considered on its own merits and will be evaluated against all submitted applications. (RFP Sec. VI.E, pp. 23-24)
51. **Q:** The RFP describes that "Awardees that have recently completed a culture assessment may be exempted from this requirement at the sole discretion of the HPC." (RFP Sec. I.D.2, p. 9). What are the criteria for exemption?
A: The HPC will consider recent completion of culture surveys (and similar assessment tools) by each Qualified Acute Hospital on a case-by-case basis, including the use of the results of such tools in each organization. Factors will include which tool was used, the sampling frame, when the survey was completed, and the use of the data. Additional guidance will be forthcoming after receipt of applications by HPC.
52. **Q:** What is considered a partnering organization for this proposal? If our hospital is purchasing a tool with a yearly subscription from a vendor, is that vendor considered a partner?

A: The RFP includes a non-exhaustive list of “partnering organizations,” providing health and social services, with which an Applicant might subcontract or otherwise collaborate to accomplish the goals of a project. For example, a Skilled Nursing Facility with which an Applicant partners on a care transitions proposal is considered a “partnering organization.” An Applicant also may propose subcontracts with vendors, consultants or other service providers necessary to accomplish the goals of the proposal, including a subcontract with a vendor to purchase a tool to accomplish the goals of the project. However, vendors, consultants or other service providers that are not organizations providing health or social services are not “partnering organizations.” Any proposed subcontracts, whether with partnering organizations or with vendors, consultants or other service providers, must demonstrate specific and tangible benefit to the Applicant and the population served by the Applicant, and are subject to review and approval by the HPC. (RFP Sec. I.D. p. 5)

53. **Q:** Could you further explain what you consider to be a "Rapid-cycle pilot"? Can Pathway A's 6-month pilot be a portion of Pathway B's larger/more comprehensive plan?

A: A rapid-cycle pilot is a simple, structured test of change, often implemented in multiple Plan-Do-Study-At (PDSA) cycles. (RFP Sec. I.D.1, p. 6) There are many online resources further describing PDSA cycles.

A Pathway B project may provide resources in supporting a Pathway A pilot. For example, a Qualified Acute Hospital may propose a Pathway B investment that fills some personnel, training, technology, or infrastructure gap necessary to pilot a new project, process, or workflow which may be tested in a Pathway A pilot. In other words, Pathway B provides needed tools, and Pathway A pilots an implementation working with said tools.

54. **Q:** Is it appropriate to propose a project that will enable the success of a strategic relationship that is currently being built/already in place (e.g. for ACO development)?

A: Yes, a project enabling the success of an existing strategic relationship may be appropriate, so long as the strategic relationship is aligned with the goals of the RFP.

55. **Q:** May we apply for separate projects in one RFP? Or would we complete separate RFPs for each project?

A: A single proposal with an overarching aim containing multiple projects and workstreams may be within scope, as described in the RFP. Each Qualified Acute Hospital may only submit a single proposal for Phase 1.

56. **Q:** Could you define "close engagement with the HPC"? What, if any, long-term oversight or regulatory function do you envision with respect to the projects that are implemented using Phase 1 CHART funds?

A: Precise details of the nature of the engagement between Awardees and the HPC will be informed by specific proposals funded. As described in the RFP, engagement will include participation in “an HPC-provided capability and capacity assessment tool,” “an HPC-designated survey on patient safety or improvement culture,” “an executive leadership program,” and “periodic activities or meetings with HPC Staff, other Awardees, or content experts.” For Phase 1, the HPC anticipates that such engagement will close on or around July 31, 2014, with possible run-out for concluding monitoring and evaluation activities. (RFP Sec. I.D.2, pp. 8-9)

Engagement for future Phases (i.e., beyond the anticipated July 31, 2014 close of Phase 1 activities) has not yet been specified. Participation in CHART Phase 1 does not obligate an Awardee to participate in future Phases, though the HPC anticipates and intends that such participation will be desirable and

beneficial for Awardees.

57. **Q:** What do you envision the reporting of results by the awardees will look like? Will there be reports required during/after each Phase?

A: For Phase 1, Qualified Acute Hospitals will propose reporting in their proposals. (RFP Sec. I.D.3, p. 9) Reporting requirements for future Phases have not yet been specified.

58. **Q:** One of the example projects provided is preparation for Accountable Care Organization models. Would an organization need to be a certified risk bearing organization to submit an RFP for this kind of project?

A: No, a Qualified Acute Hospital need not be a certified risk bearing organization to submit a proposal with the aim of developing capacities in preparation for becoming an Accountable Care Organization.

12/5/13 Update

59. **Q:** Does the HPC expect CHART Applicants to submit a signed Standard Contract Form with their proposal?

A: Yes, Applicants should complete the Contractor Information section of the Commonwealth Standard Contract Form, sign the Certification and submit the signed Form with their Application. The Applicant also must complete, sign and submit the Commonwealth Terms and Conditions, unless the Applicant has previously executed and filed the Terms and Conditions with the Office of the Comptroller.

60. **Q:** If Phase 1 implementation by an Awardee runs over budget, does HPC envision the possibility of Awardees requesting excess funds in Phase 2 to cover additional expense from Phase 1?

A: No, the HPC expects that all expenses for a Phase 1 project will be included in the Financial Response and that any expenditure in excess of a budget approved by the HPC will be the sole responsibility of an Awardee. Programs or projects awarded in Phase 1 may be appropriate for application for Phase 2 opportunities, but the award and budgeting process for Phase 2 cannot be applied to activities conducted during the Phase 1 Period of Performance.

61. **Q:** Do Applicants need to provide staffing details for partner organizations? Or only for Applicant employees that will be coordinating/implementing proposed efforts?

A: To the extent known, Applicants should provide staffing detail on all key personnel involved with implementation of a Phase 1 project who will commit at least 5% of Full Time Equivalency to this role, whether employed by the Applicant or a partner organization.

62. **Q:** With respect to organizational charts for Partnering Organizations, should the chart(s) be project-focused, or is a basic organizational chart that captures the essential make-up of the organization sufficient?

A: The organizational chart(s) provided for partnering organizations should describe the leadership structure of that organization. An optimal response will indicate where the relevant program, project, or service line fits into the overall leadership structure.

12/6/13 Update

63. **Q:** The Operational Response, Concurrent Funding/Grant Information section as about “funding related to care delivery or payment system reform.” Should incentive payments under Meaningful Use or Medicare Physician Quality Reporting System (PQRS) be included in this section?

A: Yes, Meaningful Use and PQRS incentive payments are examples of funding related to care delivery or payment system reform.

64. **Q:** Does each Pathway require its own Driver Diagram, or should Applicants submit a single Diagram that encapsulates all projects related to the proposal's overarching subject matter?

A: Please provide a single Driver Diagram linking primary and secondary drivers to the proposal's overarching aim. Note that a Driver Diagram is optional for Pathway C proposals. (RFP Sec. V.A, p. 15).

12/9/13 Update

65. **Q:** The RFP states that “Microsoft Office must be used for all files – PDFs will not be accepted except for signed Mandatory Forms and Certifications documents.” Can we submit organizational charts in PDF form?

A: Yes, Applicants may submit organizational charts in PDF form.

66. **Q:** For our proposal, it would be best to begin some training activities in late January. Is this acceptable?

A: Such a timeline will not influence funding decisions in one way or another. Applicants should note, however, that HPC funding for successful proposals is not guaranteed until contracts have been executed, and the HPC continues to target a February 1, 2014 date for contract execution.

12/11/13 Update

67. **Q:** We have been working on a proposal but have run into trouble getting it done on time. Is there any way of getting a short extension?

A: The HPC is unable to accept proposals received after the deadline, 3:00pm Eastern today, Wednesday, December 11, 2013. Note that 5 hard copies and an electronic copy must be received at 2 Boylston Street, 6th floor, Boston, MA 02116. Proposals may be hand-delivered. (RFP at VI.D.(1)) All proposals submitted by the deadline will be evaluated to determine compliance with submission requirements. (RFP at VI.D.(1)) HPC encourages all eligible hospitals to submit a funding proposal, and staff note that for a Pathway C Planning Proposal applicant responses may be brief.

Please note that period for accepting questions closed at 3:00pm on December 6, 2013.