

Question Number	Question	Response	Date Posted
Please note: Several FAQs have been updated to reflect revised answers in light of changes made to the RFP (Version 3, released on February 16, 2018) and related documents. These new answers are highlighted below.			
FAQ 1	How long can I submit FAQ questions and when will they be posted?	The HPC will accept questions through the FAQ submission deadline of March 23, 2018, with the final FAQ posting approximately one week later. Questions submitted through the FAQ process will be answered on a rolling basis with HPC staff posting answers on an approximately weekly basis.	1/19/2018
RFP Re-Posting 1	Do the changes made in version 3 of the RFP impact the HPC Terms and Conditions?	The posted HPC Terms and Conditions are provisional. The final version of the Terms and Conditions which Awardees will be required to sign prior to contract execution will be updated at that time.	2/16/2018
Budgeting 1	Are fringe or indirect costs allowed as reimbursable elements of the budget?	Fringe benefits are not eligible for reimbursement by the HPC but may be included in the Applicant's Budget Proposal and counted toward the Applicant's required contribution to the Initiative. Indirect costs are not eligible for reimbursement by the HPC and may not appear on the Budget Proposal.	1/19/2018 Updated 2/23/2018
Budgeting 2	In what ways can the 25% match be achieved?	SHIFT-Care is structured as a reimbursement contract. The Budget must include all costs directly associated with the implementation of the Initiative. Every cost on the Budget, with the exception of fringe benefits, is eligible for reimbursement, up to the Award cap, which may not exceed \$750,000. Further, the HPC requires an Applicant contribution. This contribution must be at least 25% of the total Initiative cost, i.e., the Grand Total of the Initiative on the Budget.	1/19/2018 Updated 2/16/2018
Budgeting 3	Will there be a cap on money for purchase of technology?	There is no cap on technology expenses. The total Award may not exceed \$750,000.	1/19/2018
Budgeting 4	Can grant funding be used for transportation?	Yes	1/26/2018
Budgeting 5	Can DSRIP serve as the funding source for the in-kind contribution?	The HPC does not have any restrictions on the source of the Applicant's contribution. Please note that the HPC does not approve DSRIP budgets and any decision relating to DSRIP is determined by MassHealth.	2/2/2018 Updated 2/16/2018
Budgeting 6	Do all Partners have to be allocated grant funds?	No, funding for Partners is not a requirement. However, funding of Partners in the proposed Initiative is a competitive factor described in Section V of the RFP. The HPC does not have a minimum amount of funding that Applicants should provide to Partners but will review proposed budgets to assess overall impact of funding on the Initiative.	2/2/2018
Budgeting 7	Can existing salaries be included in the HPC portion of the budget?	Yes, to the extent an existing employee will be assuming new responsibilities in support of the proposed Initiative, the portion of the employee's salary attributable to the Initiative may be reimbursed by the HPC.	2/2/2018
Budgeting 8	Does the in-kind funding have to come from the Applicant/partners or can it come from outside grant funding or gift money?	The HPC does not have any restrictions on the source of the Applicant's contribution.	2/2/2018 Updated 2/16/2018
Budgeting 9	Can staff salaries be covered during the Preparation period for on-boarding?	Yes.	2/23/2018
Budgeting 10	Does the SHIFT grant funding (or grant funded positions) come with any restriction as it relates to 3rd party billable activities. For example, can an employed medical provider, whose salary is supported by the SHIFT grant, bill an insurance company for a relevant medical procedure?	As noted in the procurement documents (see, for example, section 6.2 of the HPC Terms and Conditions), costs that are specified in the Budget and are reimbursed by the HPC may not be charged to any other funding source. However, services provided by Initiative staff whose salaries are reimbursed by the HPC may be billed to a third party as appropriate.	2/23/2018
Budgeting 11	Is the required Applicant contribution from Applicant alone or all partners combined?	Applicants alone are responsible for an Initiative's required 25% minimum contribution. The HPC does not have any restrictions on the source of the Applicant's contribution.	3/2/2018
Budgeting 12	For budgeting purposes, should staff be budgeted for just the 18 month performance period or for the 3 month planning (if appropriate) and the 6 month evaluation?	Applicants should determine the appropriate staffing models for their Initiatives. The HPC will reimburse for staff delivering services in support of the Initiative during the Preparation and Implementation Periods. After the Implementation Period ends, the HPC will only reimburse for activities that pertain to evaluation and/or contract close, up to the termination date of the contract.	3/2/2018
Budgeting 13	Will there be monthly reporting requirements? Attempting to budget for data analyst and evaluation contract and need to determine the effort needed monthly and at program end.	The HPC anticipates required data measurement on a monthly basis throughout the program (i.e., monthly measurement periods.) The HPC anticipates required data reporting on a monthly basis, with the possibility of reducing the frequency of reporting submission from monthly to quarterly during implementation, based on data quality and operations. Further, the HPC encourages Awardees to frequently use their own data to inform performance management and quality improvement, above and beyond those data required for reporting to the HPC. Awardees should appropriately resource analytics for both internal reporting and required HPC reporting..	3/9/2018
Budgeting 14	Will the HPC reimburse an Awardee for dollars spent on purchasing or leasing office space as part of offering services through a SHIFT-Care Initiative?	No.	3/9/2018

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Budgeting 15	Can an Awardee's required contribution to an Initiative be met through purchasing or leasing new space necessary to provide services to patients as part of a SHIFT-Care Initiative?	Yes, to satisfy the required Awardee contribution to the Initiative, Awardees may count costs associated with the purchase or lease of new space that will be used to provide Initiative services.	3/9/2018
Budgeting 16	Are the costs incurred during the 3 month preparation period covered under the grant funds or is that expected to be fully funded by the hospital?	Yes, the HPC will reimburse for allowable expenses during both the Preparation Period and the Implementation Period.	3/9/2018
Budgeting 17	Should each FTE be listed on a separate row? For example, if we have 2 clinical social workers should they be on one row or two?	If an initiative calls for multiple staff members performing effectively the same or similar work, then Applicants may include these in a single line item.	3/16/2018
Budgeting 18	Where would we put fringe for partners? As a line item under Partners or rolled up in the fringe section under personnel?	Applicants should submit Budgets with one line per Partner inclusive of all Partner costs for the Initiative.	3/16/2018
Budgeting 19	If we have an employee (physician) with a salary above \$187,000/year, can the difference between \$187K and the actual salary be included as part of the applicant's 25% contribution to the project?	No, the maximum allowable salary per FTE per year, in total, listed on the Budget is capped at \$187,000. Salary above this cap does not count toward the required Applicant contribution of at least 25% of the total project cost. No salary listed on the Budget, in total, may exceed \$187,000 per FTE per year. For example, if a full time employee is paid \$200,000 per year, dedicated in full to the SHIFT-Care initiative for the 18 months of implementation, the Budget would list the salary cap for the period of time dedicated to the project, or $\$187,000 * 1.5 \text{ years} = \$280,500$. The HPC recognizes that this employee would, in fact, be paid \$300,000 over the period in full, but for administrative simplification purposes, the Budget should only list the salary cap amount. In a separate example, if the above employee is dedicated half time, or 0.5 FTE, to the Initiative, the Budget would reflect $\$187,000 * 1.5 \text{ years} * 0.5 = \$140,250$.	3/30/2018
Budgeting 20	Can the applicant contribution come from existing staff cost not reimbursed by the HPC?	Yes.	3/30/2018
Budgeting 21	Can applicant use an existing staff member's salary as part of their contribution if that person is not included in the budget as a reimbursable expense?	As indicated in prior FAQ "Budgeting 7," both existing and new staff salaries are allowable for both HPC reimbursement and for the required Applicant contribution, provided these staff are assuming new responsibilities in service of the Initiative. Applicants should list all expenses on their Budgets (subject to the salary cap as described in FAQ "Budgeting 19"), not just those for which they intend to seek HPC reimbursement.	3/30/2018
Eligibility 1	Are BHCPs considered ACO participants for the purpose of being an eligible entity?	Yes, if the Behavioral Health Community Partner meets the definition of ACO Participant in Section III of the RFP.	1/19/2018
Eligibility 2	Can large behavioral health organizations that are certified ACOs be considered applicants or is this role restricted to the CHART eligible hospitals? In other words can a hospital be a partner rather than the applicant?	Any Provider or Provider Organization may be an Applicant on a Proposal, as defined in Section III of the RFP. A hospital may be a Partner instead of the Applicant as long as it meets the definition of Partner as stated in Section III of the RFP.	1/19/2018
Eligibility 3	For track 2b, are applicants restricted to Hospitals with EDs?	Yes, an Applicant for Track 2b must be a hospital with an Emergency Department.	1/19/2018
Eligibility 4	Can a government (agency local or state) serve as a Partner?	A government agency may serve as a Partner if it meets the definition of Partner in Section III of the RFP.	1/19/2018
Eligibility 5	Could an application be submitted by a payer partnering with a provider organization?	Payers are not eligible Applicants (see Section III of the RFP for definition of Eligible Entity).	1/19/2018
Eligibility 6	Would ACO entities be considered separate applicant organizations from their affiliated hospital organizations?	Yes, ACOs and affiliated hospitals may be considered separate Applicants as long as they both meet the definition of Applicant as stated in the RFR (Section III).	1/19/2018
Eligibility 7	Are current HPC grantees eligible to apply for the SHIFT-Care Challenge?	Yes, recipients of current and past HPC funding opportunities are eligible to apply as long as they are eligible Applicants (see Section III of the RFP for definition of Eligible Entity).	1/19/2018
Eligibility 8	Is a for-profit company (e.g., a digital health company) working with an eligible Provider or Provider Organization able to be a SHIFT-Care Applicant?	No. Only a Provider or Provider Organization is an Eligible Entity as described in Section III of the RFP.	1/26/2018
Eligibility 9	May multiple participants in a single ACO (e.g., a medical group practicing under a single TIN and an acute care hospital) each receive its own award?	Yes	1/26/2018
Eligibility 10	Does the operator of a PACE plan count as a provider to be a qualified applicant for a grant submission?	As long as the operator meets the definition of Provider or Provider Organization in Section III of the RFP, then it is an Eligible Entity.	2/2/2018
Eligibility 11	Is a MCO-administered MassHealth ACO participating in DSRIP eligible to apply to Track 1 as long as they can assure non-duplication of funding?	Yes, as long as Applicant is an Eligible Entity as defined in Section III of the RFP.	2/8/2018

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Eligibility 12	Can you please provide additional information on how hospitals are deemed CHART-eligible and how a hospital might become eligible?	CHART eligibility is established by criteria specified in statute and the HPC's regulation (see G.L. c. 29, §2GGGG and 958 CMR 5.00). The three CHART eligibility requirements are: (1) the hospital must not be a major teaching hospital; (2) the hospital must have relative prices that are lower than the statewide median relative price as determined by the Center for Health Information and Analysis; and, (3) the hospital must be non-profit.	2/23/2018
Eligibility 13	If we are a large behavioral health organization, are we eligible for Track 2a?	Yes, see the definition of Eligible Entity in the RFP (Section III). Note: For Track 2a, if the Applicant is a Behavioral Health Provider, partnership with a medical care Provider is required.	2/23/2018
Evaluation 1	Can you share any specifics (such as criteria, scope, and depth) you are seeking for the evaluation of the intervention?	The HPC seeks an evaluation plan that builds the evidence base for the proposed care delivery model. An evaluation plan must be designed to determine the Initiative's performance on its primary aim and intermediate results, compared to a baseline or a comparison group. The baseline or comparison group should be thoughtfully constructed to minimize threats to validity of the conclusions. Applicants are welcome to include additional relevant elements, such as patient experience, or implementation evaluation, in the evaluation plan. The HPC has no specific requirement for methods. Applicants are required to explain why the proposed methods are appropriate (See Applicant Initiative Response Template (AIR) question 3).	1/19/2018
Evaluation 2	Are there any requirements about who is eligible to perform the evaluation (i.e. could graduate students perform it or does it have to be an outside evaluator?)	The HPC does not have specific requirements for who may perform the evaluation. However, the qualifications and experience of the individuals designing and overseeing the evaluation will be considered during review and selection, as part of the assessment of the strength and feasibility of the proposed evaluation design (see RFP p. 12).	1/19/2018
Evaluation 3	Can grantees spend award dollars to fund the evaluation?	Yes	1/19/2018
Evaluation 4	Is there guidance that can be provided to Applicants about how much focus/budget they should devote to evaluation?	The HPC does not set a percentage of funding for an Initiative that should be budgeted for evaluation activities. Applicants seeking further information about planning and budgeting evaluation of Initiatives are encouraged to review existing literature including, but not limited to, the following links*: <ul style="list-style-type: none"> • Improving the Use of Program Evaluation for Maximum Health Impact • Corporation for National & Community Service • Evaluating Complex Health Interventions: A Guide to Rigorous Research Designs • How Low-cost Randomized Controlled Trials Can Drive Effective Social Spending Strength of evaluation plan is a competitive factor. Please refer to the RFP (Section V), as well as the AIR Template, for the selection criteria related to evaluation. *Please note: the HPC does not endorse any of the above-listed resources as the definitive guidance on evaluation, and we offer these resources only as potential helpful background information.	3/16/2018
Operational Response 1	The narrative portion of the response is limited to 20 pages, excluding required attachments. Does the response need to include the text of the questions or is just the number of the question being answered sufficient?	The Applicant Initiative Response is limited to 20 pages excluding attachments but including the text of the questions. Applicants must not remove the text of the questions in their responses.	1/19/2018
Operational Response 2	Can the Investment Director also be the Project Manager?	Yes.	3/9/2018
Operational Response 3	We plan to engage in preparatory work necessary for the Initiative for which we will not request HPC funding. Should we include related milestones in response to the last sub-bullet in AIR template section 1.e. "Provide a brief timeline or key dates..."?	Yes. In addition to programmatic milestones, please include key predecessor milestones necessary for Initiative launch, whether or not you request HPC funding for these. Examples may include, but are not limited to, clinic space acquisition or build out; acquiring waivers, licenses, or credentials; or information systems integrations.	3/9/2018
Operational Response 4	Can there be co-investment directors? One from the eligible applicant and one from a close collaborating entity? If co-investment directors are allowed – may the Chief Executive Officer and both co-investment directors sign the required cover letter?	No, there can only be one Investment Director for an Initiative. The Investment Director must be a representative of the Applicant entity. The CEO of the Applicant organization must sign the required cover letter. Additional signatories are allowed at the Applicant's discretion.	3/16/2018
Operational Response 5	Regarding AIR Section 1) e) iv): "Demonstrate how the partnership with a social service CBO will support and connect patients to resources that can address their health-related social needs. At a minimum, Applicant must provide letter of commitment from CBO (a separate attachment/document is allowed for answering this question such as an MOU, but not required)" If the Applicant is serving as the CBO – are additional letters of support required above and beyond the required letter from our CEO?	If Applicant is a CBO then additional letters of support are not required pursuant to the AIR Template Section 1.e.iv. However, Applicant is allowed to submit letters of support from other Initiative partners if this is deemed helpful.	3/23/2018

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Operational Response 6	Page 1, #1b. of Attachment A, Exhibit 1 for Track 2b refers to a "shared aim statement" with the initiative partners. The RFP (p.4, #2) refers to the "target aims" (avoidable admissions, 30-day all-cause readmissions, etc.). On page 6-7 of the RFP these same target aims are described as the "core measures". Are "target aims" and "core measures" the same?	Core Measures are the required metrics Awardees will report on to the HPC to demonstrate progress. The aim statement is the goal of the Initiative, assessed by one Core Measure, as defined in the RFP.	3/23/2018
Operational Response 7	Are incentive payments (e.g. cash, gift cards) for encouraging program participation allowable expenses on an Initiative's budget for HPC reimbursement?	Yes, incentive payments are allowable expenses, and an Applicant may include them in its proposed budget.	3/23/2018
Operational Response 8	Does MAT need to be physically initiated in the ED? Could MAT be initiated in a hospital-owned clinic that is adjacent to the ED?	Medication Assisted Treatment (MAT) can be initiated directly in the emergency department (ED) or a hospital-owned or affiliated facility that is immediately adjacent to the ED, as long as the referral comes from the ED. Initiation of treatment should occur in the clinical setting that is most appropriate for each patient's specific needs and provides the timeliest access to care.	3/30/2018
Operational Response 9	Can the program initiate MAT for patients that are not referred by the ED, but rather present to the clinic themselves? What about inpatients?	No, Track 2b Initiatives must treat patients who are in, or referred from, the ED.	3/30/2018
Operational Response 10	For Track 2b are questions 2b and 2c applicable?	Yes, if Applicant is an ACO/ACO Participant applying to any track, including Track 2b, it is required to address both questions.	3/30/2018
Operational Response 11	How is the Health Policy Commission defining the following: 1. Initiation in alcohol and other drug abuse or dependence treatment - how is this measure defined, what does initiation mean? 2. Engagement in alcohol and other drug abuse or dependence treatment - how is this measure defined, what does it mean to engage someone?	Definitions and further information on these terms can be found in the HEDIS Technical Resources at http://www.ncqa.org/hedis-quality-measurement	3/30/2018
Operational Response 12	We are a recipient of a past HPC funding opportunity. Can the care model used in this past work serve as the evidence base for our SHIFT-Care application?	While Applicants are not prohibited from using past HPC-funded work as the evidence base, the HPC encourages Applicants to cite a sufficient strength of evidence to effectively convey the likelihood that their Initiative will have the proposed impact. Strength of evidence base is a competitive factor for SHIFT-Care funding.	3/30/2018
Operational Response 13	Can a hospital outpatient program be considered a social service CBO for the purposes of the RFP if the focus is on social determinants of health and providing education and social supports to a group of patients?	No.	3/30/2018
Operational Response 14	For the Governance structure of the program, is there a required or recommended number of participants from each Partner, balance of leaders, front-line staff and clinicians, and patients and families (current vs. former patients/families)?	No.	3/30/2018
Partner/Partnership 1	If you are both a mental health and medical provider, who should partner with for track 2a?	If the Applicant already provides outpatient behavioral health care and medical care, the Applicant meets the partnership requirement for track 2A, and partnership with an external provider of outpatient behavioral health services or medical care is not required. If the Applicant does not provide both behavioral health services and medical care internally, partnership is required as explained in section I.B. of the RFP.	2/8/2018
Partner/Partnership 2	Can a CBO partner be a proprietary for-profit agency? The monies would be spent on paying for patients to receive services from the agency.	Yes. Please see Section III of the RFP for the definition of a Partner organization.	3/9/2018
Partner/Partnership 3	Should an outpatient practice that is owned by or affiliated with the Applicant hospital be named as a partner?	Yes, for track 2b, all outpatient providers should be listed as Partners.	3/23/2018
Partner/Partnership 4	For Track 2b, we are contemplating adding a New Hampshire based community health center which currently has an MAT program and IOP and a primary care practice in New Hampshire as a partner. There is much overlap between Massachusetts and New Hampshire patients in our area. We are still exploring this option but wonder if a New Hampshire partner would be allowed or frowned upon in anyway.	Partnerships are allowed with entities outside of Massachusetts.	3/30/2018
Period of Performance 1	Is the program expected to continue throughout both the Performance Period and the Evaluation Period? Or is the 6 month evaluation period for data analysis only?	The Initiative is expected to continue during the Preparation and Implementation Periods for a total of 21 months. Additional time is allotted to finalize evaluation deliverables as may be necessary.	2/23/2018

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Proposal Submission 1	Will letters of agreement/support be accepted to demonstrate the strength of a partnership or ACO commitment to the Initiative?	Yes, letters of support, memoranda of understanding, and other documents that address a partner's/ACO's willingness to work together with the Applicant will be accepted as part of a Proposal.	1/26/2018
Selection Criteria 1	The RFP states that in determining awards, preference will be given to HPC-certified ACOs (including provisionally certified ACOs), ACO Participants, and CHART-eligible hospitals. Does this mean that in order to receive such preference an entity must be both part of an HPC-certified ACO and be CHART-eligible?	Preference will be given to an entity meeting one or more of the following criteria: the entity is an HPC-certified ACO (or a provisionally-certified ACO), the entity is an ACO Participant, and/or the entity is a CHART-eligible hospital. An Applicant does not have to be both an ACO/ACO Participant and a CHART-eligible hospital for this selection preference.	1/19/2018
Selection Criteria 2	Is there a preference for the lead organization to be a hospital or community based organization?	The Applicant must be an Eligible Entity as defined in Section III of the RFP	1/19/2018
Selection Criteria 3	Is the intent to fund programs in every county across the state?	The HPC will evaluate all Proposals that meet the minimum requirements described in Section VI of the RFP, in accordance with the selection criteria detailed in Section V of the RFP.	1/19/2018
Selection Criteria 4	How will HPC assess the "strength of evidence base of care delivery model in reducing avoidable acute care utilization?"	The HPC will review the Proposal for references to literature and other sources or supporting material which demonstrate how the model to be deployed by the Applicant's proposed Initiative has worked to drive improvements in care delivery consistent with the goals of the SHIFT-Care Challenge	1/26/2018
Selection Criteria 5	The RFP states that preferred entities are hospitals that are part of an HPC-certified ACO (including provisionally certified ACOs) and are CHART-eligible. Does this response apply to track 2b or will preference for 2b be given to entities that are part of an ACO AND are CHART-eligible?	Preference will be given to Applicants that are an HPC-certified ACO (including provisionally certified ACOs), an ACO Participant, and/or are CHART-eligible. An Applicant must be in one of these three categories in order to receive preference. This preference applies to Track 2b Applicants as well as Track 1 and 2a.	2/23/2018
Target Population 1	Can the funding be used to expand DSRIP funded programs to serve non-Mass health ACO members?	Yes.	1/19/2018
Target Population 2	Can you describe the target population in more detail? Who's eligible, who's not? Can they be uninsured, undocumented, incarcerated, etc.? Please also clarify the exclusion of CP enrollees--aren't they all eligible for flexible funds? Are ACO enrollees that are not CP enrollees eligible?	Please see Section II.B of the RFP for target population exclusions.	1/19/2018 Updated 2/16/2018
Target Population 3	Could you confirm whether or not applicants can propose populations with SUD that do not have SMI?	Yes, as long as the target population meets the criteria listed in Section II.B of the RFP.	1/19/2018 Updated 2/16/2018
Target Population 4	Are all MassHealth Community Partner populations excluded from SHIFT-Care Track 1 target populations or just a narrowly defined subset?	Only a narrowly defined subset of engaged CP population is excluded from funding for coordination and services for Track 1. See Section II.B of the RFP for more detail.	1/26/2018 Updated 2/16/2018
Target Population 5	Can the target population include children or is this targeted to complex adult patients only when it comes to decreasing rehospitalizations and acute care visits?	Target populations for Tracks 1 and 2a may include children. Target populations for Track 2b may not include children under 18.	1/26/2018
Target Population 6	Our program is currently looking to expand its social work services. We are planning to apply to the Track 1 of the SHIFT Care Challenge grant and are wondering if you would support programs whose social services are provided primarily to families instead of children?	Yes	1/26/2018
Target Population 7	For "CP population," it is our understanding that children < 21 will not be using the CP system for BH, so how will the eligible population be defined for children if they are not engaging with CP services but are engaging in CBHI / have serious BH needs?	Children are eligible to be included in the target populations for Track 1 and Track 2a.	1/26/2018 Updated 2/16/2018
Target Population 8	Can an individual who is BH CP eligible but not engaged be part of track 1? Could we propose an intervention where we target those who are BH CP eligible but not engaged after a certain period (i.e. 90 days)?	No	1/26/2018
Target Population 9	Track 1 excludes MassHealth CP populations (BH/LTSS) who are eligible for flexible services. Since we still don't know what the flexible services will be, could you provide any additional guidance on exactly what the excluded population is here?	Please see Section II.B of the RFP for detail on target population exclusions.	1/26/2018 Updated 2/16/2018
Target Population 10	For Track 2a can the target population be payer agnostic? Or must it specifically exclude MassHealth ACO patients?	There are track specific target population exclusions for MassHealth ACO and CP populations as noted in section I.B of the RFP and in the Applicant Initiative Response Template. Otherwise, the target population can be proposed without regard to payer.	2/8/2018

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Target Population 11	We are not a MassHealth ACO. Are there any limitations to the type of patients that we can serve with SHIFT Care funds?	Target population exclusions apply to MassHealth and Community Partner patients only. Please see Section II.B of the RFP for further information.	2/23/2018
Target Population 12	One of our potential partners is a BH Community Partner to MassHealth ACOs. As such, the exclusions stated in the RFP are related to services to MH-ACO/BHCP patients only, not to the organization itself in terms of partnership? Is that correct?	Yes. Applicants may partner with any organization that provides clinical or non-clinical services to the target population in service of the Initiative, or otherwise collaborates with the Applicant on payment, service delivery, or analysis for the proposed Initiative, typically with shared aim statement and/or intermediate measure goals. SHIFT-Care has target population exclusions for patients, not for Partner organizations.	2/23/2018
Target Population 13	Community Service Agencies receive DSRIP dollars. Are those patients excluded from the target population?	Please refer to Section II.B of the RFP for detail on target population exclusions.	2/23/2018
Target Population 14	For Track 2b patient eligibility: Assuming patients are 18 yrs or older, are there restrictions on patient population eligibility as in other tracks?	No, there are no restrictions on Track 2b target population eligibility other than the patients having to be 18 years or older.	2/23/2018
Tracks 1	Are Tracks 2a and 2b considered one award?	Each Track is a separate application and award, and Applicants considering applying for more than one Track should submit a separate application for each track. There are a total of three application pathways as part of the SHIFT-Care challenge.	1/19/2018
Tracks 2	Is patient enrollment in a substance use treatment program considered an acceptable intermediate result for Track 2?	Yes (see page 15 of the RFP)	1/26/2018