

## April 5, 2016

TO: Potential Applicants for the Health Care Innovation Investment Program

RE: Amended Request for Proposal (HPC-Innovation-001)

## To whom it may concern:

The HPC issued an amended RFP for the Health Care Innovation Investment Program, Round 1 on April 5, 2016. **This amended RFP supersedes the RFP dated and posted on March 2, 2016**. Below is a list of updates to the RFP that we encourage you to review as you prepare proposals.

<ul> <li>Clarified that measurable savings to the HCII Program must be measurable</li> </ul>
health care cost savings within the 18-month Implementation Period
<ul> <li>Clarified the relationship of social determinants of health to health care cost</li> </ul>
reduction goal
Added the date and time for an additional webinar focused on the Letter of
Intent (LOI) Submission (Wednesday, April 6, 2016 at 1:30pm)
Under the Impact of the Proposed Initiative, added health care to "the"
magnitude of estimated cost savings"
<ul> <li>Under Budget and Financial Considerations, added "other funding sources"</li> </ul>
<ul> <li>In Section V.A.4, added other funding sources to types of permissible funding for partnership</li> </ul>
<ul> <li>Replaced the footnote to Section V.A.4 with the following text:</li> </ul>
For purposes of HCII, an Applicant must have at least one Partner that is not corporately affiliated with the Applicant, i.e., an entity that does not have an ownership or controlling relationship or an entity that is not under common control or ownership with the Applicant. As long as an Applicant has at least one Partner that is not corporately affiliated, it may have additional Partners that are corporately affiliated, including, for example, affiliates in the same health system as the Applicant.
Removed <i>Target Population</i> as a field from the LOI
<ul> <li>Clarified that the HPC will only publish the contact information for LOI</li> </ul>
respondents who indicate they are interested in finding additional partner(s)
<ul> <li>Removed social costs from Section V.E.2.d and added health care cost to the</li> </ul>
primary aim statement
<ul> <li>Moved a reference to scalability from the Section V.E.2.e (pertaining to the impact of the initiative) to Section V.E.9 (pertaining to sustainability) and clarified what Applicants should submit to respond effectively to Section V.E.9</li> </ul>
Clarified competitive factors in Section V.E.2.e
Added context to clarify that both non-CHART entities and CHART hospitals are
eligible to apply for funding
Added the state and California of Health Come Complete to foother active
Added the statutory definition of <b>Health Care Services</b> to further assist     interested parties in detargations if they are a limited.
interested parties in determining if they are eligible
• Increased the Salary Cap from \$181,500 per FTE per year to \$185,100 per FTE
per year in the instructions and in each budget template tab and clarified that
the cap applies to the portion of a salary that may be eligible for HPC funding.
In-kind or other funding sources may be used to augment salaries at the
discretion of the Applicant or Partner(s).  Note: Applicants may submit either the original version or the revised version of Attachment B.3. The
HPC will evaluate all proposals using the updated salary cap irrespective of version used.