Connected Care Accelerator
Frequently Asked Questions (FAQ)
Updated: June 12, 2020

Eligibility Questions

Q: **How do you define "comprehensive primary care services"?**
This program is limited to safety net healthcare organizations that provide comprehensive primary care services, including but not limited to, health promotion, disease prevention, health maintenance, counseling, patient education, diagnosis and treatment of acute and chronic illnesses.

Q: **My safety net primary care organization does not meet the minimum criteria of 8,000 unduplicated patients. Can I still apply?**
For the Infrastructure & Spread track, if your organization does not meet the above criteria but serves a traditionally hard-to-reach or marginalized community, you may still apply as an exception. Please review the narrative questions for more details. For the Innovation track, we are looking for organizations that provide comprehensive primary care services to at least 8,000 unduplicated patients.

Q: **If we received HealthNet funding recently, what track can we apply for?**
The HealthNet funding restriction is specific to the Infrastructure & Spread track, so you are still eligible to apply for the Innovation track. The selection criteria for the Innovation track is more focused on prior experience and existing efforts in virtual care delivery, QI and data capabilities, and intentional sustainability that aligns with the goals of the program.

Q: **Can our organization apply to both tracks: Infrastructure & Spread and Innovation Learning Collaborative?**
Yes, you may submit applications for both tracks, however you will only be selected for one grant. We can only provide one grant per organization.

Application Questions

Q: **How do you define leadership support? Are there specific leadership roles that you would prefer writing the letter of support?**

We prefer to see a letter from someone in the C-suite or senior leadership that can speak to how this program fits into the organization's strategy, why it is critical for the organization at this point in time, and how the team will have allocated time for the program activities.

Q: **How should the grant funds be used?**
We are flexible on how funds are used and are open to relevant expenses, like software and hardware, technical support, staffing, and medical supplies. We ask that you provide an explanation of how your proposed budget plans would help advance your telehealth work. The Budget Template lists several potential spending categories. The examples are intended to be suggestive, but not required.

Q: **Who will be reviewing our applications?**
Reviewers will include a mix of staff from the California HealthCare Foundation, Center for Care Innovations and potentially consultants.

Q: **When are applications due?**
Applications are due on June 19, 2020 at 5 pm PST. The final cohort will be announced on July 15, 2020.

Data Questions

Q: **Are the reporting requirements the same for both tracks?**
There are shared metrics (Table 2) for both tracks. However, those applying for the Learning Collaborative would report additional metrics like those listed in Table 3. These metrics are still in draft form, so we encourage you to let us know in the application which items you are unable to report. Based on your feedback, we may make adjustments to the metrics prior to launch of the program.

Infrastructure & Spread Questions

Q: **What time commitment would the team need to make (hours per week)?**
Most of the offerings in this track are optional and we are not requiring a project team to participate. The primary activity would be reporting data to an external evaluator 3 times over the 12-month period.

Q: **How would our goals/reporting for this grant be impacted if CA decides to return to the limitations for telehealth in FQHCs, which would greatly hinder our ability to provide services via telehealth?**

Regardless of what happens on the policy front, we want to collect the data to learn what changes are happening in care models and delivery. There are few program expectations for the Infrastructure & Spread track, so we would still ask you to report data.

Innovation Learning Collaborative Questions

Q: **Can we apply for all three cohorts in the Innovation Learning Collaborative?**
You can apply to all three cohorts, however your organization would only be able to receive one grant of $100,000. We ask you to rank your cohort preference and provide rationale for that preference in the application. If you have teams that have capacity to fully participate in more than one cohort, they would be able to participate in more than one cohort.

Q: **What time commitment would the team need to make (hours per week)?**
We are still developing the program details, so the exact cadence of program activities has yet to be determined. We are estimating one to two 1-hour webinars per month plus applied project work in your organization, as well as the time spent reporting data 3 times over the program year. Team members may expect to spend an average of 2-4 hours/week (roughly 10 hours/month), considering the teamwork done in between program activities. This includes the weekly or biweekly time that most teams meet to maintain forward progress.

Q: **Is the expectation that all team members participate in all program events?**
We recognize that not every team member will participate in every activity. It is important to have a core team that is able to attend all events. The Innovation Learning Collaborative is a peer collaborative so we are looking for organizations that can demonstrate an actively-engaged robust team.

Q: **Is there an expectation that the clinical members of the project team include a provider?**
For certain cohorts (e.g., Population Management Cohort), it will be important to have a provider on the team. If you don't intend to have a clinical staff member on the team, please explain your rationale in your Narrative Responses and how you plan to gather clinical input during the program.

Q: **How would our goals/reporting for this grant be impacted if CA decides to return to the limitations for telehealth in FQHCs, which would greatly hinder our ability to provide services via telehealth?**
Regardless what happens on the policy front, we want to collect the data to learn what changes are happening in care models and delivery. For the Innovation Learning Collaborative, state policy changes would be challenging and we would work with selected Collaborative participants to reexamine what can be accomplished and redefine program goals.