New York Department of Health Delivery System Reform Incentive Payment (DSRIP) Program

DSRIP Scoring Summary:

Mohawk Valley PPS (Bassett)

February 17 - 20, 2015

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PPS Informational Page and Proposal Overview

PPS Name: Mohawk Valley PPS (Bassett)
PPS Lead Organization: Mary Imogene Bassett Hospital
PPS Service Counties: Delaware, Herkimer, Madison, Otsego, Schoharie
Total Attributed Population: 38,406

Goals of the PPS:
1. Create an integrated delivery system
2. Implement care coordination and transition care programs
3. To connect settings and expand access to community based care
4. To implement clinical improvement across disease states and disease management methods
5. To promote mental health and prevent substance abuse chronic diseases

Network Composition:

Provider Types	Total Providers in Network
Primary Care Physicians	207
Non-PCP Practitioners	672
Hospitals	10
Clinics	16
Health Home / Care Management	10
Behavioral Health	45
Substance Abuse	6
Skilled Nursing Facilities / Nursing Homes	11
Pharmacy	1
Hospice	3
Community Based Organizations	20
All Other	273

Projects Selected – Summary Table

Project Selection	Project Title	Index Score	Number of PPS' Pursuing Project	% of PPS' Selecting Project
2.a.ii	Increase certification of primary care practitioners with PCMH certification and/or Advanced Primary Care Models (as developed under the NYS Health Innovation Plan (SHIP))	37	5	20%
2.b.vii	Implementing the INTERACT project (inpatient transfer avoidance program for SNF)	41	7	28%
2.b.viii	Hospital-Home Care Collaboration Solutions	45	7	28%
2.c.i	Development of community-based health navigation services	37	5	20%
2.d.i	Implementation of Patient Activation Activities to Engage, Educate and Integrate the uninsured and low/non-utilizing Medicaid populations into Community Based Care	56	14	56%
3.a.i	Integration of primary care and behavioral health services	39	25	100%
3.a.iv	Development of Withdrawal Management (e.g., ambulatory detoxification, ancillary withdrawal services) capabilities and appropriate enhanced abstinence services within community-based addiction treatment programs	36	4	16%
3.d.iii	Implementation of evidence-based medicine guidelines for asthma management	31	5	20%
3.g.i	Integration of palliative care into the PCMH Model	22	9	36%
4.a.iii	Strengthen Mental Health and Substance Abuse Infrastructure across Systems	20	13	52%
4.b.i	Promote tobacco use cessation, especially among low SES populations and those with poor mental health	23	11	44%
	Cumulative Index Score	**387**		
	PPS Rank by Cumulative Index Score	**14**		

Organizational and Project Scoring Summary Tables

Organizational Component Scores

Please note, the organizational component score is worth 30% of the final score with the Project score representing 70% of the overall score for each DSRIP project.

Section Points Possible		Reviewer Scores						Subjective Scores				Objective Score	Final Org Score[2]
Section	Points Possible	1	2	3	4	5	6	Median	Average	Trimmed Average	Selected Subjective Score[1]	Workforce Score	
Executive Summary	Pass/Fail	Pass	Pass	Pass	Pass	Pass	Pass	Pass	Pass	Pass	Pass	N/A	**Pass**
Governance	25	23.44	24.06	24.17	25.00	20.23	24.58	24.11	23.58	24.25	24.25	N/A	**24.25**
Community Needs Assessment	25	23.33	23.96	23.54	23.96	25.00	22.92	23.75	23.78	23.54	23.78	N/A	**23.78**
Workforce Strategy	20	15.75	15.83	16.00	15.22	14.63	15.42	15.58	15.48	15.64	15.64	2.00	**17.64**
Data Sharing, Confidentiality & Rapid Cycle Evaluation	5	5.00	5.00	5.00	5.00	4.67	5.00	5.00	4.94	5.00	5.00	N/A	**5.00**
PPS Cultural Competency/Health Literacy	15	14.17	15.00	15.00	13.33	13.33	15.00	14.58	14.31	14.31	14.58	N/A	**14.58**
DSRIP Budget & Flow of Funds	Pass/Fail	Pass	Pass	Pass	Pass	Pass	Pass	Pass	Pass	Pass	Pass	N/A	**Pass**
Financial Sustainability Plan	10	10.00	10.00	9.07	10.00	7.04	10.00	10.00	9.35	9.81	10.00	N/A	**10.00**
												Total	95.26

[1] **Selected Subjective Score** is the highest of the median, average, and trimmed average

[2] **Final Org Score** is the sum of the *Selected Subjective Score* and *Workforce Score*

Project Scores

Please note, the project scores are worth 70% of the final score with the Organizational score representing 30% of the overall score for each DSRIP project.

Points Possible		Reviewer Scores						Subjective Scores				Objective Scores		Total Project Score[2]
Project #	Subjective Points Possible	1	2	3	4	5	6	Median	Average	Trimmed Average	Selected Subjective Score[1]	Scale Score	Speed Score	
2.a.ii	20	20.00	18.33	18.33	20.00	16.67	20.00	19.17	18.89	19.33	19.33	29.43	38.00	86.77
2.b.vii	20	17.33	20.00	20.00	20.00	16.00	20.00	20.00	18.89	19.47	20.00	32.50	33.75	86.25
2.b.viii	20	20.00	20.00	20.00	20.00	18.33	20.00	20.00	19.72	20.00	20.00	23.67	34.64	78.31
2.c.i	20	17.33	20.00	18.67	20.00	14.67	20.00	19.33	18.44	19.20	19.33	34.12	38.00	91.45
2.d.i	20	18.33	20.00	20.00	20.00	16.67	20.00	20.00	19.17	19.67	20.00	30.00	34.57	84.57
3.a.i	20	17.33	20.00	20.00	20.00	14.67	20.00	20.00	18.67	19.47	20.00	26.26	35.00	81.26
3.a.iv	20	20.00	20.00	20.00	20.00	18.33	20.00	20.00	19.72	20.00	20.00	33.99	37.00	90.99
3.d.iii	20	17.33	20.00	20.00	20.00	14.67	20.00	20.00	18.67	19.47	20.00	24.99	30.00	74.99
3.g.i	20	17.33	20.00	20.00	20.00	13.33	20.00	20.00	18.44	19.47	20.00	30.85	35.50	86.35
4.a.iii	100	77.78	100.00	100.00	100.00	94.44	100.00	100.00	95.37	98.89	100.00	0.00	0.00	100.00
4.b.i	100	77.78	100.00	100.00	100.00	77.78	100.00	100.00	92.59	92.59	100.00	0.00	0.00	100.00

[1] **Selected Subjective Score** is the highest of the median, average, and trimmed average

[2] **Total Project Score** is the sum of *Selected Subjective Score, Scale Score, and Speed Score*

Final Application Score Calculation

30% Organizational Score, 70% Project Score + Bonuses

Project #	Organizational Score	Weighted Organizational Score (0.3)	Project Score	Weighted Project Score (0.7)	Bonus (2.a.i IDS)	Bonus (Workforce)	Bonus (2.d.i Project)	Final Application Score
2.a.ii	95.26	28.58	86.77	60.74	N/A	1.00	TBD	**90.32**
2.b.vii	95.26	28.58	86.25	60.38	N/A	1.00	TBD	**89.95**
2.b.viii	95.26	28.58	78.31	54.82	N/A	1.00	TBD	**84.39**
2.c.i	95.26	28.58	91.45	64.02	N/A	1.00	TBD	**93.60**
2.d.i	95.26	28.58	84.57	59.20	N/A	1.00	TBD	**88.78**
3.a.i	95.26	28.58	81.26	56.88	N/A	1.00	TBD	**86.46**
3.a.iv	95.26	28.58	90.99	63.69	N/A	1.00	TBD	**93.27**
3.d.iii	95.26	28.58	74.99	52.49	N/A	1.00	TBD	**82.07**
3.g.i	95.26	28.58	86.35	60.45	N/A	1.00	TBD	**90.02**
4.a.iii	95.26	28.58	100.00	70.00	N/A	1.00	TBD	**99.58**
4.b.i	95.26	28.58	100.00	70.00	N/A	1.00	TBD	**99.58**

Organizational Component – Narrative Summary

Section	Subjective Points	Points Possible	Strengths	Comments
Executive Summary	Pass	Pass/Fail	• PPS' Executive Summary received passing evaluation from all scorers	
Governance	24.25	25	• Response provides sufficient information on how the governance structure will ensure adequate governance and management of the program • Response clearly outlines mechanisms for addressing compliance problems with individual providers • Response identifies multiple avenues for beneficiaries to submit complaints • Response defines key finance functions to be established within the organization • Response adequately explains how the PPS will address lower performing members in the network	• Response does not clearly identify the members of the governing body • Response does not address how the providers and CBOs on the PAC are representative of the entire PPS network • Response lacked sufficient detail on some of the performance metrics or potential data sources that will be employed to check the progress of the PPS
Community Needs Assessment	23.78	25	• Response clearly describes information and data sources leveraged to conduct the CNA • Response sufficiently outlines existing community resources, including the number and types of resources available to the PPS • Response describes strong contribution from the community in the development of the CNA • Response lists of the rates of ambulatory care sensitive conditions and rates of risk factors that impact health status • Response includes data which sufficiently reveals causes for identified gaps • Response successfully summarizes key findings, insight and conclusions identified through the stakeholder engagement process	• Response describes hospitalization rates but not the leading causes • Response refers to CNA data generally, but does not crosswalk projects to community identification numbers listed in summary of CNA findings

Section	Subjective Points	Points Possible	Strengths	Comments
Workforce Strategy	15.64	20	• Response sufficiently describes the role of labor (intra/inter-entity) representatives • Response adequately describes workforce shortages that may impact PPS' ability to achieve program goals • Response describes the PPS' strategy to minimize workforce disruptions. • Response sufficiently describes new jobs that will be created as a result of this implementation • Response clearly describes how workforce strategy may intersect with existing state program efforts • Response clearly explains steps undertaken in the stakeholder engagement process that contributed to the development of the workforce strategy	• Response does not describe any assessment conducted by the PPS on the potential impact of retraining on existing workers • This explanation does not fully describe potential differences in compensation to current wages and benefits • Response does not clearly state whether the redeployment will be voluntary
Data Sharing, Confidentiality, and Rapid Cycle Evaluation	5.00	5	• Response clearly describes the PPS' plan for an appropriate data sharing arrangement amongst its partner organizations • Response adequately explains how all PPS partners will act in unison to ensure privacy and security of data • Response sufficiently describes how the PPS will develop an ability to share relevant patient information in real-time • Response explains how RCE will assist in facilitating the successful development of a highly functioning PPS. For example, the use of "Plan-Do-Study-Act" standards	• Response does not establish a clear RCE owner who will be held accountable for reporting results and making recommendations • Response does not describe how the results/recommendations of the RCE will be applied throughout the participating providers

Section	Subjective Points	Points Possible	Strengths	Comments
Cultural Competency/Health Literacy	14.58	15	• Response adequately captures the identified cultural competency challenges which the PPS must address to ensure success • Response effectively describes the ongoing processes the PPS will implement to develop a culturally competent organization • Response describes a plan to improve and reinforce health literacy of patients by employing existing relationships with regional organizations	• Response is not clear in demonstrating the commitment of the PPS to contract with CBOs in health literacy efforts
DSRIP Budget & Flow of Funds	Pass	Pass/Fail	• PPS received passing evaluations in all five Budget & Flow of Funds categories from all scorers	
Financial Sustainability Plan	10.00	10	• Response describes an assessment that was conducted to identify "at-risk" providers • Response articulates the PPS' vision for transforming to value based reimbursement methodologies	• Response does not effectively address how the PPS efforts for financial stability would specifically help fragile providers • More detail would have been helpful, particularly describing the types of financial metrics to be included in the dashboards
Final Organizational Score	**95.26**	**100**		

Bonus Component – Narrative Summary

Section	Subjective Points	Points Possible	Strengths	Comments
Bonus Points – Population Health Management	0.00	3		• The PPS is not pursuing project 2.a.i.
Bonus Points - Workforce	1.00	3		• The PPS intends to contract with an appropriate entity and is leveraging existing resources such as SUNY
Bonus Points – 2.d.i	TBD	TBD	• The PPS is pursuing project 2.d.i	

Project Scoring Narrative Summaries

Project 2.a.ii

PPS Name: Mohawk Valley PPS (Bassett)
DSRIP Project Number: 2.a.ii
DSRIP Project Title: Increase certification of primary care practitioners with PCMH certification and/or Advanced Primary Care Models (as developed under the NYS Health Innovation Plan (SHIP))
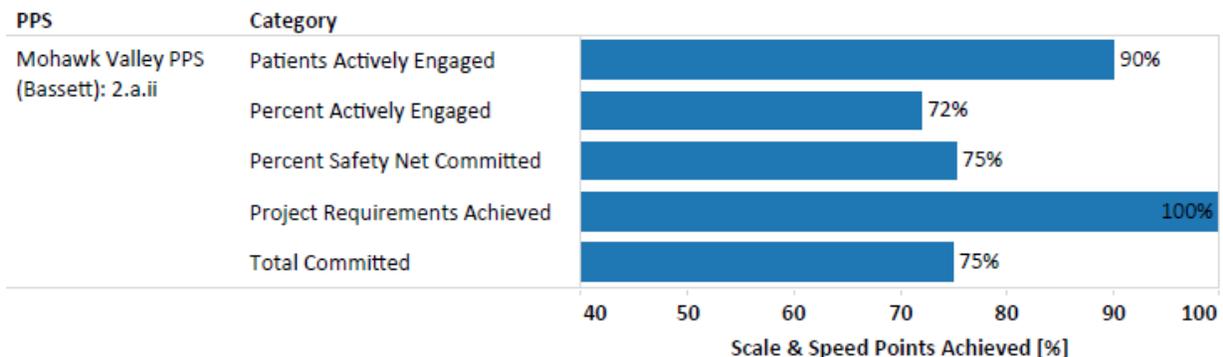**Number of PPS' Pursuing This Project:** 5

Final Application Score
90.32

Individual Project Score:

Subjective Points	Points Possible	Strengths	Comments
19.33	20	• Response places emphasis on enhancing IT technology and training providers on its use and capabilities • Response identifies project challenges or anticipated issues the PPS will encounter and describes how these challenges will be addressed • Response identifies goal to work to certify all PCP for PCMH level 3 certification	• Response is too high level and does not link CNA data to specific sites • Response does not indicate the PPS has a firm knowledge of the geographic or socio-economic, environmental characteristics of targeted patients

Project Scale and Speed:

PPS	Category	PPS Submission	Points Achieved	Possible Points
Mohawk Valley PPS (Bassett): 2.a.ii	Patients Actively Engaged	DY4 Q3/Q4	18.00	20
	Percent Actively Engaged	44.09%	14.41	20
	Percent Safety Net Committed	28.05%	7.53	10
	Project Requirements Achieved	DY3 Q3/Q4	20.00	20
	Total Committed	204	7.50	10

PPS	Category	
Mohawk Valley PPS (Bassett): 2.a.ii	Patients Actively Engaged	90%
	Percent Actively Engaged	72%
	Percent Safety Net Committed	75%
	Project Requirements Achieved	100%
	Total Committed	75%

Scale & Speed Points Achieved [%]

Project 2.b.vii

PPS Name: Mohawk Valley PPS (Bassett)
DSRIP Project Number: 2.b.vii
DSRIP Project Title: Implementing the INTERACT project (inpatient transfer avoidance program for SNF)
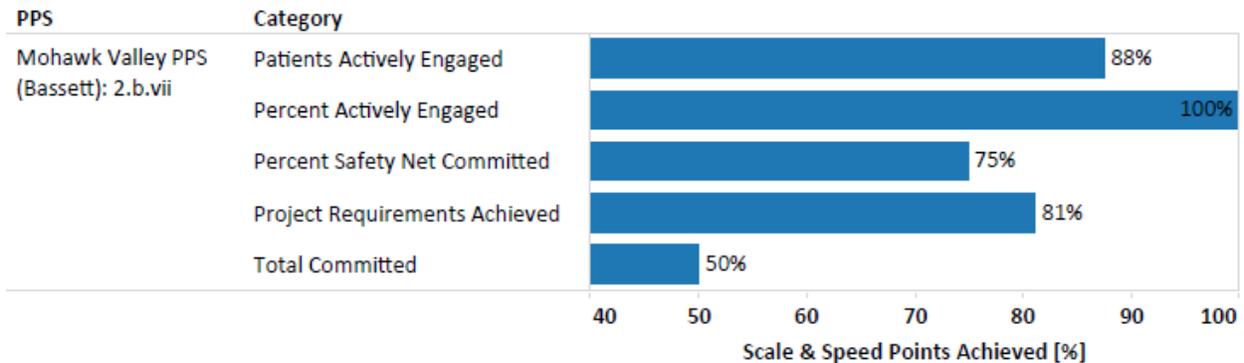**Number of PPS' Pursuing This Project:** 7

Final Application Score
89.95

Individual Project Score:

Subjective Points	Points Possible	Strengths	Comments
20.00	20	• Response effectively addresses gaps identified by the CNA and links these findings with the project design and sites included • Response uses current nursing homes with INTERACT content expertise as best practice advisors • PPS will develop agreement with hospitals to resolve the challenge of inconsistent communications between nursing homes and hospitals	• Response describes intent to collaborate, however unclear how this plan fits with other PPS coordination plans

Project Scale and Speed:

PPS	Category	PPS Submission	Points Achieved	Possible Points
Mohawk Valley PPS (Bassett): 2.b.vii	Patients Actively Engaged	DY3 Q3/Q4	17.50	20
	Percent Actively Engaged	7.86%	20.00	20
	Percent Safety Net Committed	50.00%	7.50	10
	Project Requirements Achieved	DY3 Q3/Q4	16.25	20
	Total Committed	9	5.00	10

PPS	Category
Mohawk Valley PPS (Bassett): 2.b.vii	Patients Actively Engaged — 88%
	Percent Actively Engaged — 100%
	Percent Safety Net Committed — 75%
	Project Requirements Achieved — 81%
	Total Committed — 50%

Scale & Speed Points Achieved [%]

New York Department of Health
Delivery System Reform Incentive Payment (DSRIP) Program
DSRIP Project Plan Application Scoring

Project 2.b.viii

PPS Name: Mohawk Valley PPS (Bassett)
DSRIP Project Number: 2.b.viii
DSRIP Project Title: Hospital-Home Care Collaboration Solutions
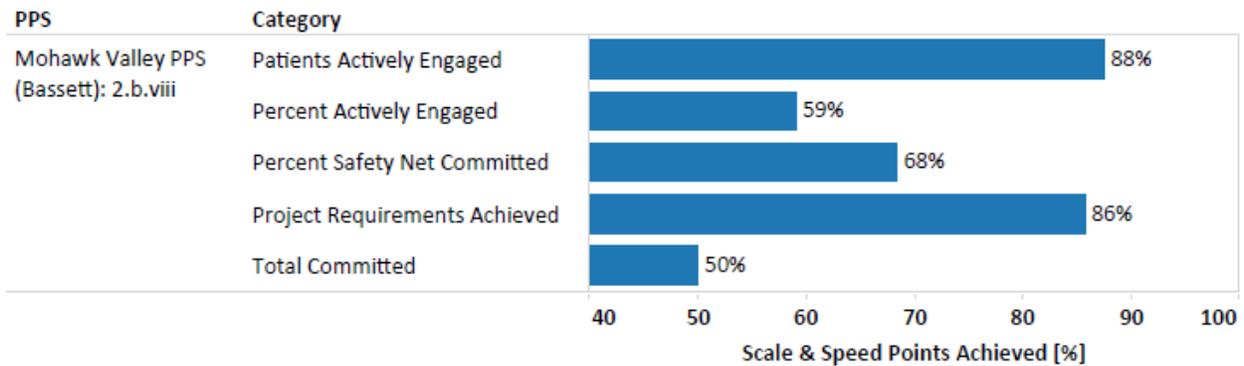**Number of PPS' Pursuing This Project:** 7

Final Application Score
84.39

Individual Project Score:

Subjective Points	Points Possible	Strengths	Comments
20.00	20	• Response effectively addresses gaps identified by the CNA and links these findings with the project design and sites included • Response sufficiently identifies project challenges or anticipated issues the PPS will encounter in implementing this project and describes how these challenges will be appropriately addressed • Response uses current nursing homes with INTERACT content expertise as best practice advisors	• Response needs more specificity in terms of patient's social needs or geography

Project Scale and Speed:

PPS	Category	PPS Submission	Points Achieved	Possible Points
Mohawk Valley PPS (Bassett): 2.b.viii	Patients Actively Engaged	DY3 Q3/Q4	17.50	20
	Percent Actively Engaged	2.05%	11.83	20
	Percent Safety Net Committed	21.13%	6.84	10
	Project Requirements Achieved	DY3 Q1/Q2	17.14	20
	Total Committed	3	5.00	10

PPS	Category	
Mohawk Valley PPS (Bassett): 2.b.viii	Patients Actively Engaged	88%
	Percent Actively Engaged	59%
	Percent Safety Net Committed	68%
	Project Requirements Achieved	86%
	Total Committed	50%

Scale & Speed Points Achieved [%]

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Project 2.c.i

PPS Name: Mohawk Valley PPS (Bassett)
DSRIP Project Number: 2.c.i
DSRIP Project Title: Development of community-based health navigation services
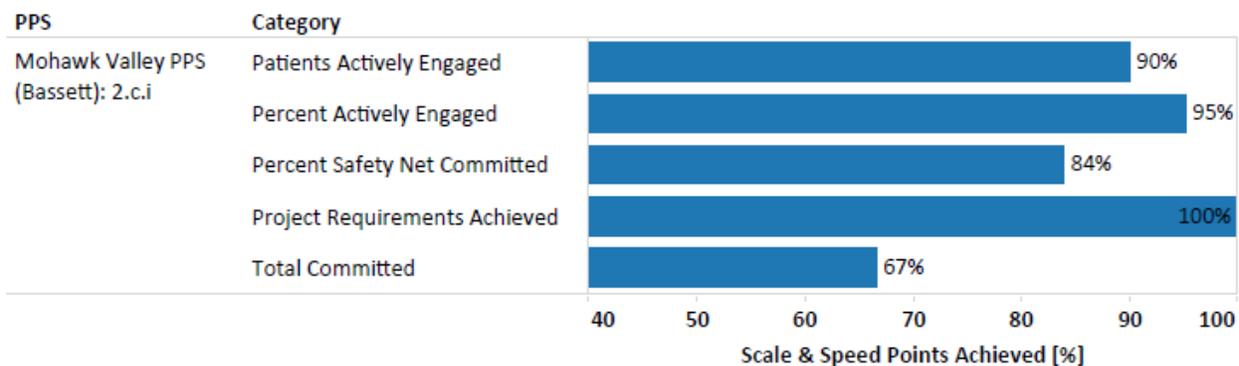**Number of PPS' Pursuing This Project:** 5

Final Application Score
93.60

Individual Project Score:

Subjective Points	Points Possible	Strengths	Comments
19.33	20	• Response effectively addresses gaps identified by the CNA and links these findings with the project design and sites included • Response provides a sufficient summary of the current assets to be mobilized. For example, leveraging CBO expertise to provide coordinated services • Project challenge of adequate staffing will be addressed, partially by working with the Community Navigation Advisory Committee	• Strategies to address and overcome the identified challenges are too vague and high-level • Response describes intent to collaborate, however unclear how this plan fits with other PPS coordination plans

Project Scale and Speed:

PPS	Category	PPS Submission	Points Achieved	Possible Points
Mohawk Valley PPS (Bassett): 2.c.i	Patients Actively Engaged	DY4 Q3/Q4	18.00	20
	Percent Actively Engaged	25.12%	19.05	20
	Percent Safety Net Committed	30.17%	8.40	10
	Project Requirements Achieved	DY2 Q3/Q4	20.00	20
	Total Committed	70	6.67	10

PPS	Category	
Mohawk Valley PPS (Bassett): 2.c.i	Patients Actively Engaged	90%
	Percent Actively Engaged	95%
	Percent Safety Net Committed	84%
	Project Requirements Achieved	100%
	Total Committed	67%

Scale & Speed Points Achieved [%]

Project 2.d.i

PPS Name: Mohawk Valley PPS (Bassett)
DSRIP Project Number: 2.d.i
DSRIP Project Title: Implementation of Patient Activation Activities to Engage, Educate and Integrate the uninsured and low/non-utilizing Medicaid populations into Community Based Care
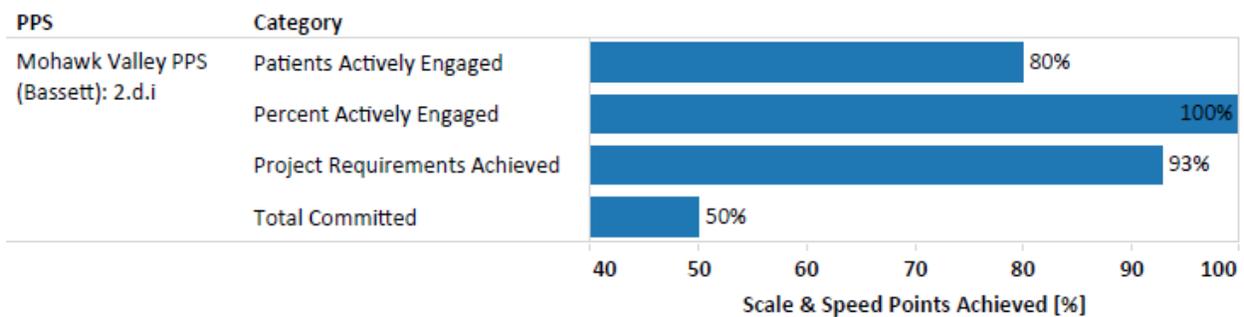**Number of PPS' Pursuing This Project:** 14

Final Application Score
88.78

Individual Project Score:

Subjective Points	Points Possible	Strengths	Comments
20.00	20	• Response provides a sufficient summary of the new assets that will be mobilized. For example, the PPS will create a task force in project development • Response sufficiently identifies project challenges and describes how these challenges will be appropriately addressed. For example, the challenge in engaging hard to reach patients will be addressed by the use of CBOs and hotspotting	• Response does not indicate the PPS has a solid idea of the geographic or socio-economic, environmental characteristics of the patients they are targeting • Response describes intent to collaborate, however unclear how this plan fits with other PPS coordination plans

Project Scale and Speed:

PPS	Category	PPS Submission	Points Achieved	Possible Points
Mohawk Valley PPS (Bassett): 2.d.i	Patients Actively Engaged	DY4 Q3/Q4	16.00	20
	Percent Actively Engaged	100.00%	20.00	20
	Project Requirements Achieved	DY3 Q1/Q2	18.57	20
	Total Committed	27	10.00	20

PPS	Category	
Mohawk Valley PPS (Bassett): 2.d.i	Patients Actively Engaged	80%
	Percent Actively Engaged	100%
	Project Requirements Achieved	93%
	Total Committed	50%

Scale & Speed Points Achieved [%]

Project 3.a.i

PPS Name: Mohawk Valley PPS (Bassett)
DSRIP Project Number: 3.a.i
DSRIP Project Title: Integration of primary care and behavioral health services
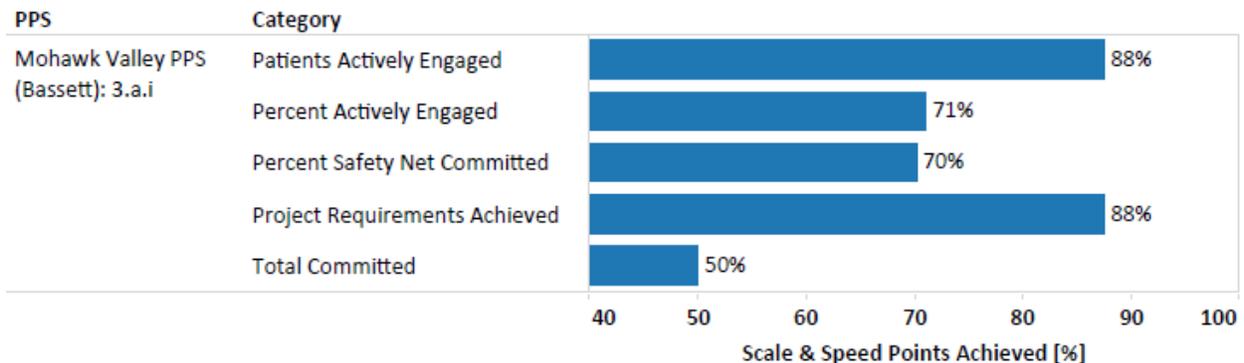**Number of PPS' Pursuing This Project:** 25

Final Application Score
86.46

Individual Project Score:

Subjective Points	Points Possible	Strengths	Comments
20.00	20	• Response effectively addresses gaps identified by the CNA and links these findings with the project design and sites included • Response provides a sufficient summary of the current assets to be mobilized • Response identifies navigators who will facilitate patient appointments and referrals	• More specificity in terms of patient's social needs or demographics is expected • Response describes intent to collaborate, however unclear how this plan fits with other PPS coordination plans

Project Scale and Speed:

PPS	Category	PPS Submission	Points Achieved	Possible Points
Mohawk Valley PPS (Bassett): 3.a.i	Patients Actively Engaged	DY3 Q3/Q4	17.50	20
	Percent Actively Engaged	33.87%	14.24	20
	Percent Safety Net Committed	26.69%	7.02	10
	Project Requirements Achieved	DY3 Q3/Q4	17.50	20
	Total Committed	921	5.00	10

PPS	Category	
Mohawk Valley PPS (Bassett): 3.a.i	Patients Actively Engaged	88%
	Percent Actively Engaged	71%
	Percent Safety Net Committed	70%
	Project Requirements Achieved	88%
	Total Committed	50%

Scale & Speed Points Achieved [%]

Project 3.a.iv

PPS Name: Mohawk Valley PPS (Bassett)
DSRIP Project Number: 3.a.iv
DSRIP Project Title: Development of Withdrawal Management (e.g., ambulatory detoxification, ancillary withdrawal services) capabilities and appropriate enhanced abstinence services within community-based addiction treatment programs
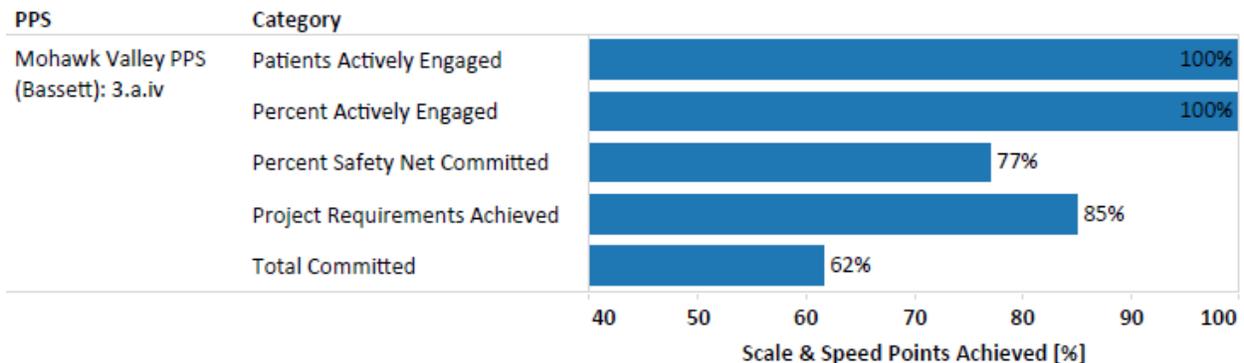**Number of PPS' Pursuing This Project:** 4

**Final Application Score
93.27**

Individual Project Score:

Subjective Points	Points Possible	Strengths	Comments
20.00	20	• LCHP is developing a relationship with Finger Lakes PPS to provide patient assessments and addiction counseling services from their providers via telemedicine • Response provides a sufficient summary of the current resources to be mobilized for this project • Response sufficiently identifies project challenges PPS will encounter in implementing project and describes how these challenges will be appropriately addressed	• More specificity in terms of patient's social needs or demographics is expected

Project Scale and Speed:

PPS	Category	PPS Submission	Points Achieved	Possible Points
Mohawk Valley PPS (Bassett): 3.a.iv	Patients Actively Engaged	DY4 Q3/Q4	20.00	20
	Percent Actively Engaged	11.05%	20.00	20
	Percent Safety Net Committed	23.82%	7.71	10
	Project Requirements Achieved	DY4 Q3/Q4	17.00	20
	Total Committed	895	6.17	10

PPS	Category	
Mohawk Valley PPS (Bassett): 3.a.iv	Patients Actively Engaged	100%
	Percent Actively Engaged	100%
	Percent Safety Net Committed	77%
	Project Requirements Achieved	85%
	Total Committed	62%

Scale & Speed Points Achieved [%]

Project 3.d.iii

PPS Name: Mohawk Valley PPS (Bassett)
DSRIP Project Number: 3.d.iii
DSRIP Project Title: Implementation of evidence-based medicine guidelines for asthma management
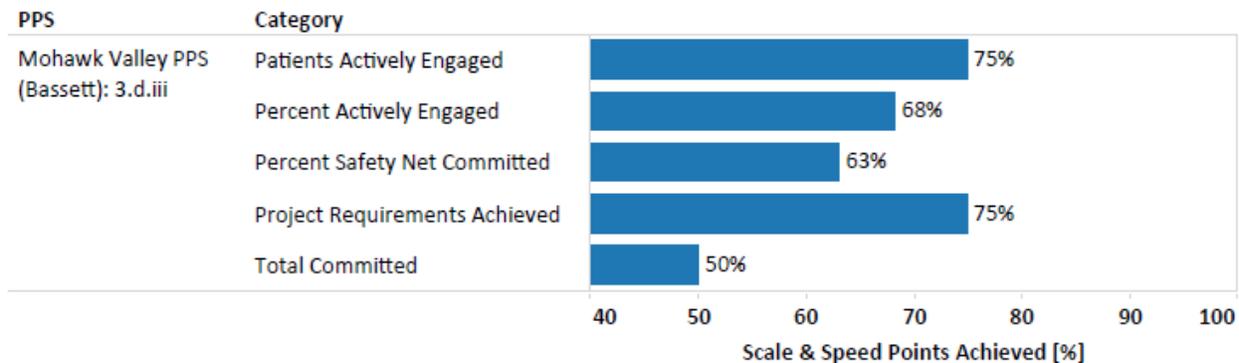**Number of PPS' Pursuing This Project:** 5

Final Application Score
82.07

Individual Project Score:

Subjective Points	Points Possible	Strengths	Comments
20.00	20	• Response effectively addresses gaps identified by the CNA and links these findings with the project design and sites included • Response provides a sufficient summary of the current assets. For example, PPS details several CBOs who will assist in providing intensive care management • PPS will use enhanced IT connectivity, patient registries and telemedicine	• More specificity in terms of patient's social needs or demographics is expected • Response describes intent to collaborate, however unclear how this plan fits with other PPS coordination plans

Project Scale and Speed:

PPS	Category	PPS Submission	Points Achieved	Possible Points
Mohawk Valley PPS (Bassett): 3.d.iii	Patients Actively Engaged	DY4 Q3/Q4	15.00	20
	Percent Actively Engaged	8.07%	13.67	20
	Percent Safety Net Committed	19.55%	6.32	10
	Project Requirements Achieved	DY4 Q3/Q4	15.00	20
	Total Committed	879	5.00	10

PPS	Category	
Mohawk Valley PPS (Bassett): 3.d.iii	Patients Actively Engaged	75%
	Percent Actively Engaged	68%
	Percent Safety Net Committed	63%
	Project Requirements Achieved	75%
	Total Committed	50%

Scale & Speed Points Achieved [%]

Project 3.g.i

PPS Name: Mohawk Valley PPS (Bassett)
DSRIP Project Number: 3.g.i
DSRIP Project Title: Integration of palliative care into the PCMH Model
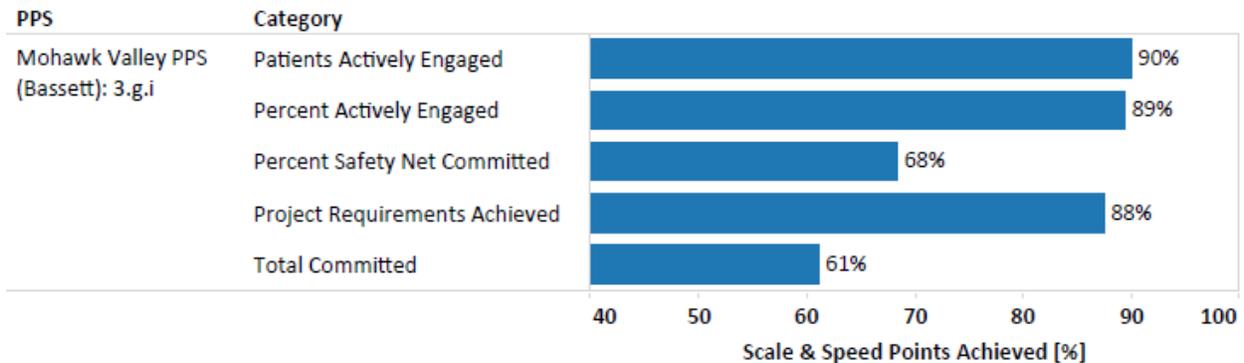**Number of PPS' Pursuing This Project:** 9

Final Application Score
90.02

Individual Project Score:

Subjective Points	Points Possible	Strengths	Comments
20.00	20	• Response effectively addresses gaps identified by the CNA and links these findings with the project design and sites included • PPS will enhance clinical engagement of physicians through training and education efforts • Response provides a sufficient summary of the current assets/resources to be mobilized to help this project meet the needs of the community	• More specificity in terms of patient's social needs or demographics is expected • Identified challenge refers to general IT issues affecting multiple projects and not specific palliative care challenges • Response describes intent to collaborate, however unclear how this plan fits with other PPS coordination plans

Project Scale and Speed:

PPS	Category	PPS Submission	Points Achieved	Possible Points
Mohawk Valley PPS (Bassett): 3.g.i	Patients Actively Engaged	DY4 Q3/Q4	18.00	20
	Percent Actively Engaged	11.03%	17.89	20
	Percent Safety Net Committed	19.34%	6.85	10
	Project Requirements Achieved	DY3 Q3/Q4	17.50	20
	Total Committed	854	6.11	10

PPS	Category	
Mohawk Valley PPS (Bassett): 3.g.i	Patients Actively Engaged	90%
	Percent Actively Engaged	89%
	Percent Safety Net Committed	68%
	Project Requirements Achieved	88%
	Total Committed	61%

Scale & Speed Points Achieved [%]

Project 4.a.iii

PPS Name: Mohawk Valley PPS (Bassett)
DSRIP Project Number: 4.a.iii
DSRIP Project Title: Strengthen Mental Health and Substance Abuse Infrastructure across Systems
Number of PPS' Pursuing This Project: 13

Final Application Score
99.58

Individual Project Score:

Subjective Points	Points Possible	Strengths	Comments
100.00	100	• Response effectively addresses gaps identified by the CNA and links these findings with the project design and sites included • Response provides a clear explanation of patient population PPS is expecting to engage • Response provides a sufficient summary of the current assets to be mobilized. For instance Bassett's 19 School-Based Health Centers will be deployed in the project	• Response describes intent to collaborate, however unclear how this plan fits with other PPS coordination plans

Project 4.b.i

PPS Name: Mohawk Valley PPS (Bassett)
DSRIP Project Number: 4.b.i
DSRIP Project Title: Promote tobacco use cessation, especially among low SES populations and those with poor mental health
Number of PPS' Pursuing This Project: 11

Final Application Score
99.58

Individual Project Score:

Subjective Points	Points Possible	Strengths	Comments
100.00	100	• Response effectively links CNA's findings with the project design and sites included • Response provides a sufficient summary of the current resources to be mobilized to meet the needs of the community • Response sufficiently identifies project challenges and how these challenges will be addressed. For example, PPS will form a regional task force to work with MCOs to address smoking cessation	• Response describes intent to collaborate, however unclear how this plan fits with other PPS coordination plans