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

DSRIP Scoring Summary:

Nassau Queens PPS

February 17 - 20, 2015

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PPS Informational Page and Proposal Overview

PPS Name: Nassau Queens PPS
PPS Lead Organization: Nassau University Medical Center
PPS Service Counties: Nassau, Queens
Total Attributed Population: 354,665

Goals of the PPS:

1. To create an integrated delivery system. Start DY1 through DY5
2. To create PCMH Level 3 safety-net providers and link patients to them: Start DY1 through DY3
3. Co-locate primary care in hospital EDs with high volume of preventable and avoidable visits
4. Coordinate the expansion of community-based behavioral health services in an organized way
5. Integrate the provision of physical and behavioral health services
6. Improve care transitions to reduce 30 day readmissions for chronic health conditions
7. Implement the INTERACT project with SNF partners
8. Implement patient activation activities to engage the uninsured and Medicaid's low/non-utilizers
9. Implement evidence-based strategies for disease management for high-risk adult populations
10. Partner with CBOs for outreach, patient engagement and meeting the non-health needs of patients
11. Become a culturally competent network and address the health literacy needs of our patients
12. To build on care redesign experience of partners to move to payment reform by the end of DY 5

Network Composition:

Provider Types	Total Providers in Network
Primary Care Physicians	**1,526**
Non-PCP Practitioners	**3,648**
Hospitals	**22**
Clinics	**66**
Health Home / Care Management	**23**
Behavioral Health	**354**
Substance Abuse	**51**
Skilled Nursing Facilities / Nursing Homes	**77**
Pharmacy	**43**
Hospice	**6**
Community Based Organizations	**7**
All Other	**2,639**

Projects Selected – Summary Table

Project Selection	Project Title	Index Score	Number of PPS' Pursuing Project	% of PPS' Selecting Project
2.a.i	Create Integrated Delivery Systems focused on Evidence-based Medicine/Population Health Management	56	22	88%
2.b.ii	Development of co-located primary care services in the emergency department (ED)	40	1	4%
2.b.iv	Care transitions intervention model to reduce 30 day	43	17	68%
2.b.vii	Implementing the INTERACT project (inpatient transfer avoidance program for SNF)	41	7	28%
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.ii	Behavioral health community crisis stabilization services	37	11	44%
3.b.i	Evidence-based strategies for disease management in high risk/affected populations (adult only)	30	15	60%
3.c.i	Evidence-based strategies for disease management in high risk/affected populations (adults only)	30	10	40%
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	**415**		
	PPS Rank by Cumulative Index Score	**7**		

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	23.08	23.19	24.50	24.17	23.33	25.00	23.75	23.88	23.88	23.88	N/A	23.88
Community Needs Assessment	25	25.00	24.58	24.17	23.33	24.17	22.50	24.17	23.96	24.25	24.25	N/A	24.25
Workforce Strategy	20	16.00	15.58	16.00	15.38	15.55	16.00	15.79	15.75	15.75	15.79	3.33	19.13
Data Sharing, Confidentiality & Rapid Cycle Evaluation	5	5.00	5.00	5.00	5.00	4.83	5.00	5.00	4.97	5.00	5.00	N/A	5.00
PPS Cultural Competency/Health Literacy	15	13.33	15.00	15.00	15.00	11.67	15.00	15.00	14.17	14.67	15.00	N/A	15.00
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	8.89	7.59	9.07	6.85	10.00	8.98	8.73	8.73	8.98	N/A	8.98
												Total	96.23

[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.i	40	25.00	33.33	35.00	35.00	30.00	40.00	34.17	33.06	34.67	34.67	15.60	32.50	**82.76**
2.b.ii	20	20.00	20.00	18.33	20.00	20.00	20.00	20.00	19.72	20.00	20.00	40.00	40.00	**100.00**
2.b.iv	20	16.00	16.00	18.67	20.00	13.33	16.00	16.00	16.67	16.67	16.67	29.53	33.75	**79.94**
2.b.vii	20	16.00	16.00	18.67	20.00	14.67	16.00	16.00	16.89	16.27	16.89	33.91	33.75	**84.55**
2.d.i	20	16.00	20.00	20.00	18.67	14.67	18.67	18.67	18.00	18.67	18.67	30.00	35.00	**83.67**
3.a.i	20	16.00	20.00	16.00	20.00	13.33	20.00	18.00	17.56	17.56	18.00	25.63	35.00	**78.63**
3.a.ii	20	20.00	20.00	16.67	20.00	15.00	20.00	20.00	18.61	19.33	20.00	28.56	35.00	**83.56**
3.b.i	20	16.00	20.00	17.33	20.00	14.67	20.00	18.67	18.00	18.00	18.67	24.80	32.50	**75.97**
3.c.i	20	16.00	20.00	17.33	20.00	13.33	20.00	18.67	17.78	18.67	18.67	31.58	35.00	**85.24**
4.a.iii	100	88.89	100.00	88.89	94.44	88.89	100.00	91.67	93.52	93.52	93.52	0.00	0.00	**93.52**
4.b.i	100	83.33	100.00	100.00	100.00	72.22	94.44	97.22	91.67	95.56	97.22	0.00	0.00	**97.22**

[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.i	96.23	28.87	82.76	57.94	3.00	1.33	TBD	**91.14**
2.b.ii	96.23	28.87	100.00	70.00	N/A	1.33	TBD	**100.00**
2.b.iv	96.23	28.87	79.94	55.96	N/A	1.33	TBD	**86.16**
2.b.vii	96.23	28.87	84.55	59.18	N/A	1.33	TBD	**89.39**
2.d.i	96.23	28.87	83.67	58.57	N/A	1.33	TBD	**88.77**
3.a.i	96.23	28.87	78.63	55.04	N/A	1.33	TBD	**85.24**
3.a.ii	96.23	28.87	83.56	58.49	N/A	1.33	TBD	**88.69**
3.b.i	96.23	28.87	75.97	53.18	N/A	1.33	TBD	**83.38**
3.c.i	96.23	28.87	85.24	59.67	N/A	1.33	TBD	**89.87**
4.a.iii	96.23	28.87	93.52	65.46	N/A	1.33	TBD	**95.67**
4.b.i	96.23	28.87	97.22	68.06	N/A	1.33	TBD	**98.26**

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	23.88	25	• Response provides sufficient information on how the governance structure will ensure adequate governance and management of the program • Response demonstrates PPS commitment to provide education to lower performing providers • PPS provides ample opportunities for Medicaid beneficiaries to provide service provider feedback (e.g., hotline, care manager and website) • PPS will work with beneficiary whose provider has been removed from the network to facilitate continuity of care • Response sufficiently describes how members were selected into governing body • Response sufficiently explains the role of the Project Advisory Committee in the development of the organizational structure, as well as the input the PAC had during the CNA	• Response does not describe a process for distributing all governance meeting materials to the broader stakeholders • Compliance official not identified • PPS response on contracting with CBOs not clearly stated; contracting commitment unclear • Description of PAC size and whether there are one or two PACs could have been clearer
Community Needs Assessment	24.25	25	• Response adequately explains the Community Needs Assessment process and methodology • Response clearly describes information and data sources leveraged to conduct the CNA • PPS used a broad set of CBOs to collect CNA data as well as to collect valuable insights from their communities • Response sufficiently describes the existing healthcare infrastructure and environment, including the number and types of healthcare providers available to the PPS • CNA used a broad set of data sources to derive assessment and findings	• Response does not specifically outline excess capacity of institutional beds • Needs a tighter linkage showing how strategies and plans address the identified gaps • List of "community needs" sounds more like a list of PPS project solutions than needs expressed by community

Section	Subjective Points	Points Possible	Strengths	Comments
Workforce Strategy	15.79	20	• Response adequately describes workforce shortages that may impact PPS' ability to achieve program goals • Response sufficiently describes the role of labor (intra/inter-entity) representatives • Response sufficiently describes new jobs that will be created as a result of this implementation • PPS has good grasp of how positions will be impacted and new hires needed to meet project objectives • PPS indicates a commitment to working with staff for advancement during the workforce restructuring process	• Response is unclear if a formal assessment has been conducted or will be conducted to fully understand the impact on existing employees' current wages and benefits • The narrative does not indicate whether redeployment is voluntary • The narrative does not describe how frontline workers have been engaged • No reference to structural barriers
Data Sharing, Confidentiality, and Rapid Cycle Evaluation	5.00	5	• Response describes how the PPS will develop an ability to share relevant patient information in real-time • Response identifies the unit within the organizational structure that will be accountable for reporting results and making recommendations • Response describes the organizational relationship of the RCE unit to the PPS' governing team • Response explains how rapid-cycle evaluation will assist in facilitating the successful development of a highly functioning PPS	• Response does not clearly identify data sources or examples of performance metrics that will be employed in this process
Cultural Competency/Health Literacy	15.00	15	• Response describes a successful plan to improve and reinforce health literacy of patients • Response sufficiently explains initiatives the PPS will pursue to promote health literacy	• Response does not clearly state what services the PPS will contract for with CBOs to support cultural competency or 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	

Section	Subjective Points	Points Possible	Strengths	Comments
Financial Sustainability Plan	8.98	10	• Response clearly explains how the PPS will sustain outcomes after the conclusion of the program • Response articulates the PPS' vision for transforming to value based reimbursement methodologies and engaging Medicaid managed care organizations in this process. For example, the PPS will build upon existing relationships with many of the six Medicaid managed care plans operating in Nassau and the 10 operating in Queens	• Assessment was only conducted of a few hospital providers • Response is too high level and it is not clear how frequently a review is conducted. The term "regular schedule" is not descriptive enough • Response describes the intention of developing a plan and not the plan itself • Response does not demonstrate a commitment for financial solvency for all providers within the PPS
Final Organizational Score	**96.23**	**100**		

Bonus Component – Narrative Summary

Section	Subjective Points	Points Possible	Strengths	Comments
Bonus Points – Population Health Management	3.00	3	• PPS has population health management experience with New York Medicaid population	
Bonus Points - Workforce	1.33	3		• PPS intends to contract with the 1199SEIU
Bonus Points – 2.d.i	TBD	TBD	• PPS is pursuing project 2.d.i	

Project Scoring Narrative Summaries

Project 2.a.i

PPS Name: Nassau Queens PPS
DSRIP Project Number: 2.a.i
DSRIP Project Title: Create Integrated Delivery Systems that are focused on Evidence Based Medicine/ Population Health Management
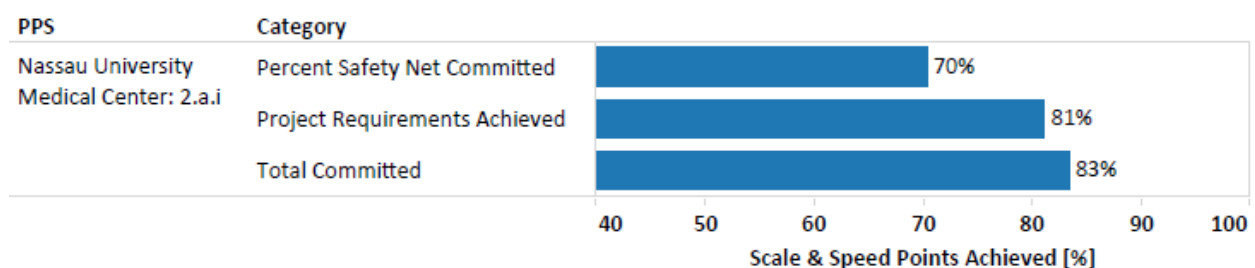**Number of PPS' Pursuing This Project:** 22

Final Application Score
91.14

Individual Project Score:

Subjective Points	Possible Points	Strengths	Comments
34.67	40	• PPS has extensive resources to allow for a rapid ramp up of IDS • PPS will retain and redeploy inpatient facility nurses as care managers to fill the gap across the PPS for care management capacity • Response provides a sufficient summary of the current assets/resources to be mobilized to meet the needs of the community • To overcome service area diversity challenge, PPS will provide new cultural competency training	• Description does not link the findings from the Community Needs Assessment with the project design and sites included • Governance strategy does not contain sufficient detail and achievement targets • Response does not discuss the number or percentage of beds that might be reduced

Project Scale and Speed:

PPS	Category	PPS Submission	Points Achieved	Possible Points
Nassau University Medical Center: 2.a.i	Percent Safety Net Committed	27.04%	7.03	10
	Project Requirements Achieved	DY3 Q3/Q4	32.50	40
	Total Committed	8462	8.33	10

PPS	Category	Scale & Speed Points Achieved [%]
Nassau University Medical Center: 2.a.i	Percent Safety Net Committed	70%
	Project Requirements Achieved	81%
	Total Committed	83%

Scale & Speed Points Achieved [%]

Project 2.b.ii

PPS Name: Nassau Queens PPS
DSRIP Project Number: 2.b.ii
DSRIP Project Title: Development of co-located primary care services in the emergency department (ED)
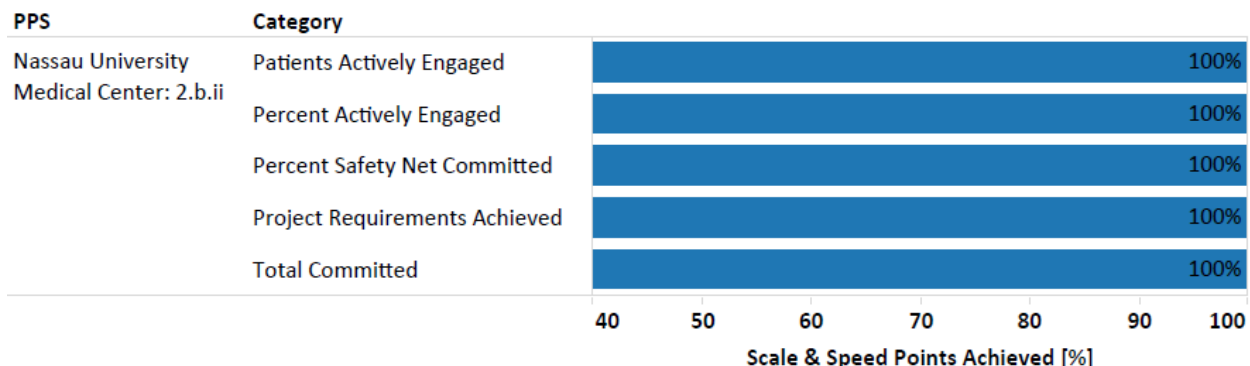**Number of PPS' Pursuing This Project:** 1

Final Application Score
100.00

Individual Project Score:

Subjective Points	Points Possible	Strengths	Comments
20.00	20	• Response provides a clear explanation of the patient population PPS is expecting to engage through the implementation of this project • The PPS has started construction of facility to co-locate a primary care center • PPS will expand PCMH certification within the network • The PPS will leverage fast track services that include protocols for referral to PCMH and are designed to enhance linkages to primary care for appropriate follow up	• No significant weakness identified for this project

Project Scale and Speed:

PPS	Category	PPS Submission	Points Achieved	Possible Points
Nassau University Medical Center: 2.b.ii	Patients Actively Engaged	DY3 Q3/Q4	20.00	20
	Percent Actively Engaged	7.39%	20.00	20
	Percent Safety Net Committed	3.13%	10.00	10
	Project Requirements Achieved	DY3 Q3/Q4	20.00	20
	Total Committed	7	10.00	10

PPS	Category	Scale & Speed Points Achieved [%]
Nassau University Medical Center: 2.b.ii	Patients Actively Engaged	100%
	Percent Actively Engaged	100%
	Percent Safety Net Committed	100%
	Project Requirements Achieved	100%
	Total Committed	100%

Project 2.b.iv

PPS Name: Nassau Queens PPS
DSRIP Project Number: 2.b.iv
DSRIP Project Title: Care transitions intervention model to reduce 30 day readmissions for chronic health conditions
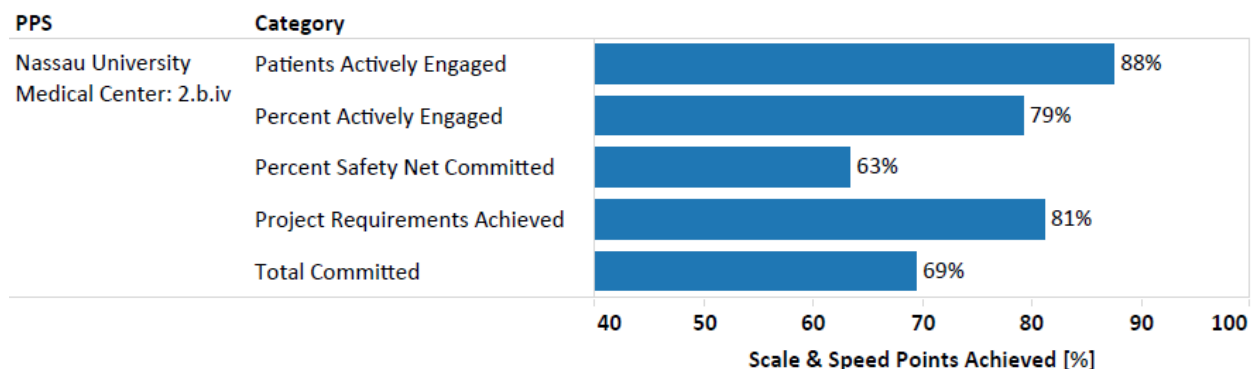**Number of PPS' Pursuing This Project:** 17

Final Application Score
86.16

Individual Project Score:

Subjective Points	Points Possible	Strengths	Comments
16.67	20	• Response demonstrates use of existing resources within the community. For instance, the Transport PLUS model can be leveraged where EMS is used to transport patients home from the hospital • PPS will train staff to develop electronically shared transition plans based on identified readmission risks to overcome the Readmission and poor care transitions challenges	• PPS does not describe how the project will risk stratify the patients who are hospitalized, only describes how they might be risk stratified

Project Scale and Speed:

PPS	Category	PPS Submission	Points Achieved	Possible Points
Nassau University Medical Center: 2.b.iv	Patients Actively Engaged	DY3 Q3/Q4	17.50	20
	Percent Actively Engaged	13.51%	15.84	20
	Percent Safety Net Committed	14.04%	6.35	10
	Project Requirements Achieved	DY3 Q3/Q4	16.25	20
	Total Committed	1911	6.94	10

PPS	Category	
Nassau University Medical Center: 2.b.iv	Patients Actively Engaged	88%
	Percent Actively Engaged	79%
	Percent Safety Net Committed	63%
	Project Requirements Achieved	81%
	Total Committed	69%

Scale & Speed Points Achieved [%]

Project 2.b.vii

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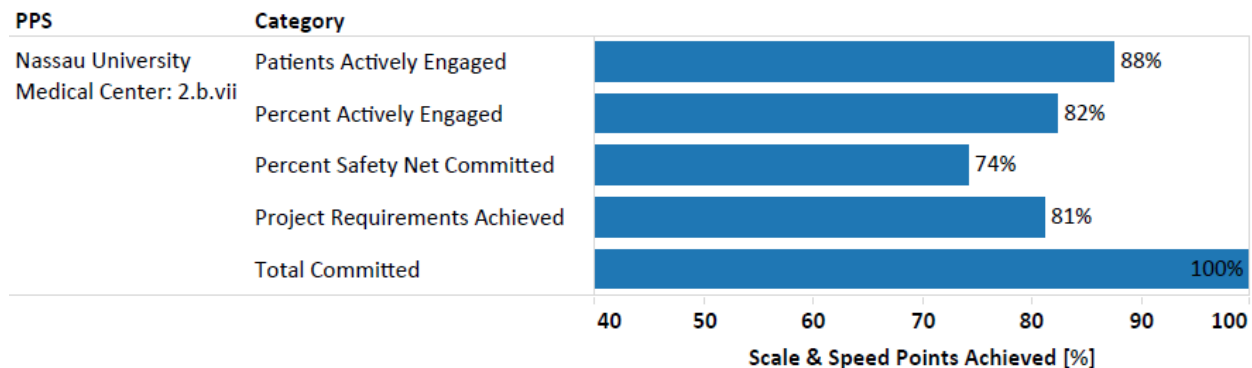**Number of PPS' Pursuing This Project:** 7

Final Application Score
89.39

Individual Project Score:

Subjective Points	Points Possible	Strengths	Comments
16.89	20	• CNA identifies inadequate clinical coverage in the SNF leading to readmissions to the hospital. To resolve, PPS will encourage SNFs to adopt evidence-based protocols and an all R.N. care model • PPS will employ mobile services in lieu of inpatient admissions • Among list of interventions identified for project, PPS has emphasized use of a robust HIT system to share patient info and care plans among SNFs/hospitals	• Response provided insufficient detail for this project

Project Scale and Speed:

PPS	Category	PPS Submission	Points Achieved	Possible Points
Nassau University Medical Center: 2.b.vii	Patients Actively Engaged	DY3 Q3/Q4	17.50	20
	Percent Actively Engaged	5.10%	16.48	20
	Percent Safety Net Committed	60.91%	7.43	10
	Project Requirements Achieved	DY3 Q3/Q4	16.25	20
	Total Committed	61	10.00	10

PPS	Category
Nassau University Medical Center: 2.b.vii	Patients Actively Engaged — 88%
	Percent Actively Engaged — 82%
	Percent Safety Net Committed — 74%
	Project Requirements Achieved — 81%
	Total Committed — 100%

Scale & Speed Points Achieved [%]

Project 2.d.i

PPS Name: Nassau Queens PPS
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
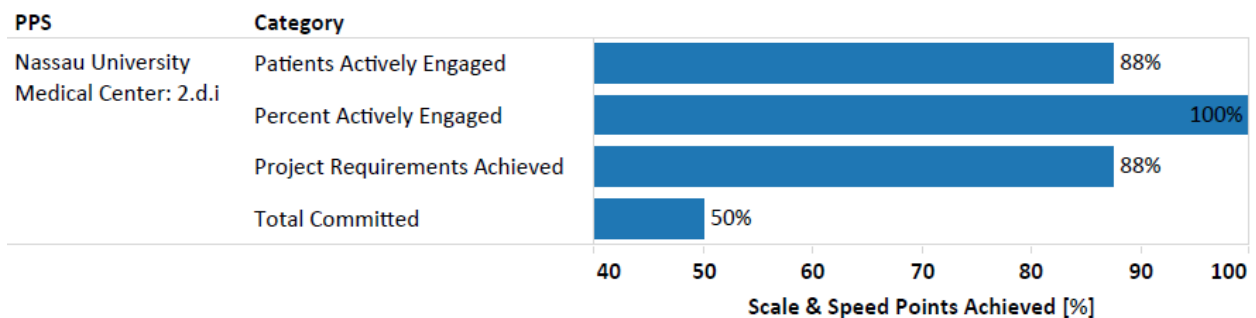**Number of PPS' Pursuing This Project:** 14

Final Application Score
88.77

Individual Project Score:

Subjective Points	Points Possible	Strengths	Comments
18.67	20	• Response effectively links CNA's findings with the project design and sites included • PPS will work with community based organizations to locate and engage target population • PPS will use outreach workers for PAM screening to identify high-risk individuals • Response identifies lack of IT connectivity as a challenge. PPS will outfit partners with mobile devices to conduct PAM assessments	• Response has good description of current programs but does not demonstrate increased capacity needed to handle larger numbers of UI, NU and LU populations

Project Scale and Speed:

PPS	Category	PPS Submission	Points Achieved	Possible Points
Nassau University Medical Center: 2.d.i	Patients Actively Engaged	DY3 Q3/Q4	17.50	20
	Percent Actively Engaged	100.00%	20.00	20
	Project Requirements Achieved	DY3 Q3/Q4	17.50	20
	Total Committed	250	10.00	20

PPS	Category	
Nassau University Medical Center: 2.d.i	Patients Actively Engaged	88%
	Percent Actively Engaged	100%
	Project Requirements Achieved	88%
	Total Committed	50%

Scale & Speed Points Achieved [%]

Project 3.a.i

PPS Name: Nassau Queens PPS
DSRIP Project Number: 3.a.i
DSRIP Project Title: Integration of primary care and behavioral health services
Number of PPS' Pursuing This Project: 25
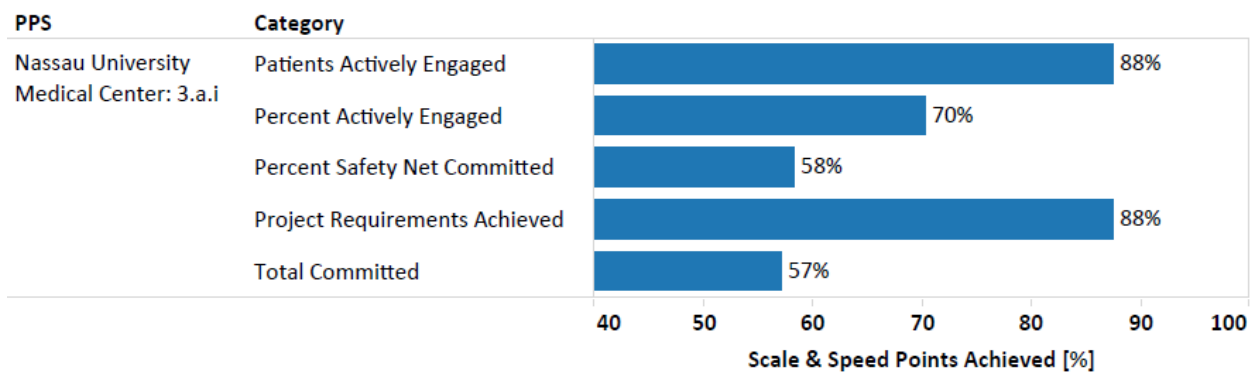
Final Application Score
85.24

Individual Project Score:

Subjective Points	Points Possible	Strengths	Comments
18.00	20	• Response describes how the PPS will utilize existing resources in the project. For instance, PPS will use existing PCMH certified health practices to co-locate BH • Response describes how the PPS will utilize new resources in the project. For example, PPS will also provide PCPs the opportunity to use curb side consultation with a psychiatrist buddy via email or phone on an as needed basis	• No detail regarding which resources will be developed or repurposed as dual sites • The response needs a fuller discussion of how each challenge will be addressed

Project Scale and Speed:

PPS	Category	PPS Submission	Points Achieved	Possible Points
Nassau University Medical Center: 3.a.i	Patients Actively Engaged	DY3 Q3/Q4	17.50	20
	Percent Actively Engaged	32.59%	14.08	20
	Percent Safety Net Committed	8.76%	5.84	10
	Project Requirements Achieved	DY3 Q3/Q4	17.50	20
	Total Committed	740	5.71	10

PPS	Category	
Nassau University Medical Center: 3.a.i	Patients Actively Engaged	88%
	Percent Actively Engaged	70%
	Percent Safety Net Committed	58%
	Project Requirements Achieved	88%
	Total Committed	57%

Scale & Speed Points Achieved [%]

Project 3.a.ii

PPS Name: Nassau Queens PPS
DSRIP Project Number: 3.a.ii
DSRIP Project Title: Behavioral health community crisis stabilization services
Number of PPS' Pursuing This Project: 11
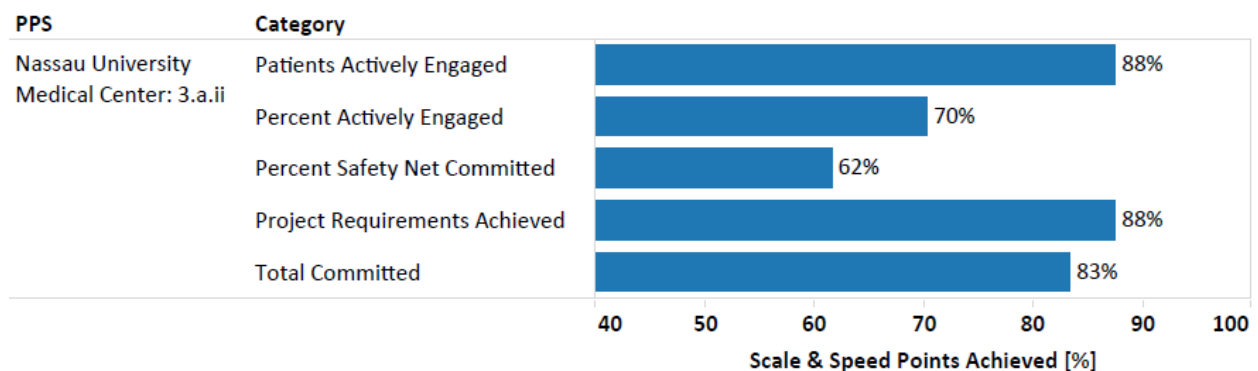
Final Application Score
88.69

Individual Project Score:

Subjective Points	Points Possible	Strengths	Comments
20.00	20	• Response provides a sufficient summary of the current assets/resources to be mobilized to help this project meet the needs of the community • PPS will improve crisis hotline services with paramedic dispatch and crisis management services. • PPS will enhance mobile crisis team to provide 24/7 rapid response coverage and follow-up visits	• Response does not demonstrate the PPS has a solid grasp of the patients they are targeting in this project

Project Scale and Speed:

PPS	Category	PPS Submission	Points Achieved	Possible Points
Nassau University Medical Center: 3.a.ii	Patients Actively Engaged	DY3 Q3/Q4	17.50	20
	Percent Actively Engaged	8.82%	14.06	20
	Percent Safety Net Committed	5.05%	6.16	10
	Project Requirements Achieved	DY3 Q3/Q4	17.50	20
	Total Committed	6	8.33	10

PPS	Category	Scale & Speed Points Achieved [%]
Nassau University Medical Center: 3.a.ii	Patients Actively Engaged	88%
	Percent Actively Engaged	70%
	Percent Safety Net Committed	62%
	Project Requirements Achieved	88%
	Total Committed	83%

Project 3.b.i

PPS Name: Nassau Queens PPS
DSRIP Project Number: 3.b.i
DSRIP Project Title: Evidence-based strategies for disease management in high risk/affected populations (adult only)
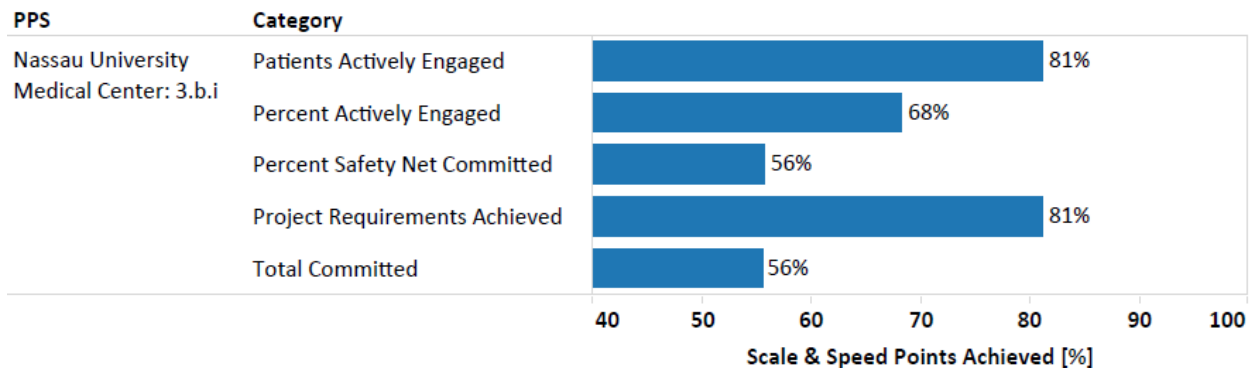**Number of PPS' Pursuing This Project:** 15

Final Application Score
83.38

Individual Project Score:

Subjective Points	Points Possible	Strengths	Comments
18.67	20	• Response sufficiently describes how these challenges will be appropriately addressed • To address challenge of getting physician appointments within 7 days of discharge, PPS will use a centralized telephone number that allows patients to be linked with medical care navigation and other services in the PPS • PPS will utilize hotspotting to help identify patients for the project	• There are no details regarding what new resources will be developed. The statement that that all current services may be "scaled up" to manage larger populations is too high level • Response does not demonstrate the PPS has a solid grasp of the patients they are targeting in this project

Project Scale and Speed:

PPS	Category	PPS Submission	Points Achieved	Possible Points
Nassau University Medical Center: 3.b.i	Patients Actively Engaged	DY3 Q3/Q4	16.25	20
	Percent Actively Engaged	15.22%	13.67	20
	Percent Safety Net Committed	8.81%	5.58	10
	Project Requirements Achieved	DY3 Q3/Q4	16.25	20
	Total Committed	1781	5.56	10

PPS	Category
Nassau University Medical Center: 3.b.i	Patients Actively Engaged — 81%
	Percent Actively Engaged — 68%
	Percent Safety Net Committed — 56%
	Project Requirements Achieved — 81%
	Total Committed — 56%

Scale & Speed Points Achieved [%]

Project 3.c.i

PPS Name: Nassau Queens PPS
DSRIP Project Number: 3.c.i
DSRIP Project Title: Evidence-based strategies for disease management in high risk/affected populations (adults only)
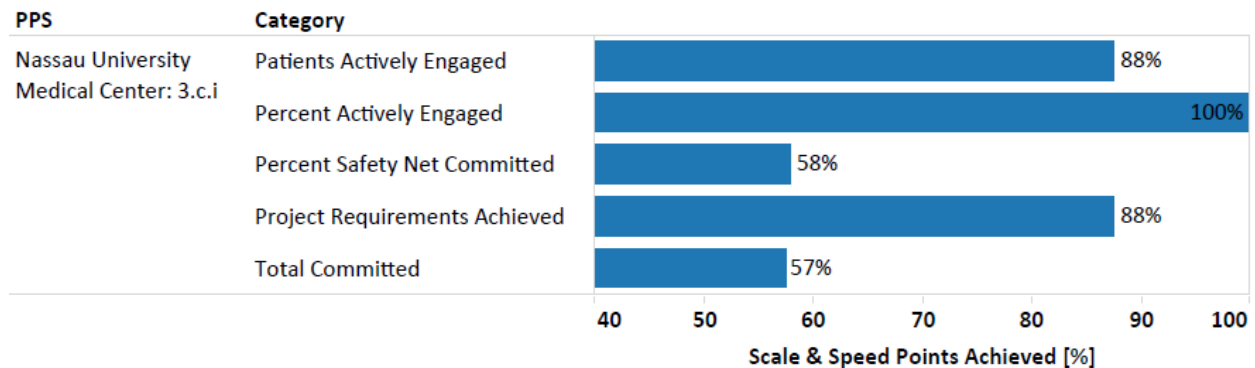**Number of PPS' Pursuing This Project:** 10

Final Application Score
89.87

Individual Project Score:

Subjective Points	Points Possible	Strengths	Comments
18.67	20	• Response provides a sufficient summary of the current assets to be mobilized. For instance, the 3 NQF hubs have extensive experience caring for diabetic patients • PPS will use text messaging to remind diabetes patients of self-management care protocols • PPS will work with Health Homes to coordinate care management of the target population	• Some project challenges are not clearly described • Response does not provide sufficient detail about how patient population will be risk stratified

Project Scale and Speed:

PPS	Category	PPS Submission	Points Achieved	Possible Points
Nassau University Medical Center: 3.c.i	Patients Actively Engaged	DY3 Q3/Q4	17.50	20
	Percent Actively Engaged	29.41%	20.00	20
	Percent Safety Net Committed	8.81%	5.79	10
	Project Requirements Achieved	DY3 Q3/Q4	17.50	20
	Total Committed	1781	5.74	10

PPS	Category	
Nassau University Medical Center: 3.c.i	Patients Actively Engaged	88%
	Percent Actively Engaged	100%
	Percent Safety Net Committed	58%
	Project Requirements Achieved	88%
	Total Committed	57%

Scale & Speed Points Achieved [%]

Project 4.a.iii

PPS Name: Nassau Queens PPS
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
95.67

Individual Project Score:

Subjective Points	Points Possible	Strengths	Comments
93.52	100	• Response provides a clear explanation of patient population PPS will engage throughout project • PPS will embark on a public awareness campaign to de-stigmatize mental illness and promote MEB • PPS will expand BH access in the schools for ready access to BH services • PPS will expand current services with the new technique of telepsychiatry	• The gaps are identified, however the findings are not linked to project sites, and design is too high level to show how infrastructure changes will impact hard-to-change population behavior

Project 4.b.i

PPS Name: Nassau Queens PPS
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
98.26

Individual Project Score:

Subjective Points	Points Possible	Strengths	Comments
97.22	100	• Response effectively addressed gaps identified by the CNA and linked these findings with the project design and sites included • To overcome the challenge of engaging low social-economic status, the PPS will work with trusted CBOs and faith-based organizations • PPS will implement peer-to-peer counseling models in the behavioral health setting to combat tobacco use	• Response lacks knowledge of the geographic or socio-economic, environmental characteristics of the patients they are targeting • Some project challenges are not clearly described