



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

DSRIP Scoring Summary:
New York City Health and Hospitals-led PPS

February 17 - 20, 2015



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PPS Informational Page and Proposal Overview

PPS Name: New York City Health and Hospitals-led PPS

PPS Lead Organization: Jacobi Medical Center

PPS Service Counties: Bronx, Kings, New York, Queens

Total Attributed Population: 634,789

Goals of the PPS:

1. Create a patient- and family-centered integrated delivery system in New York City
2. Decrease potentially avoidable emergency room visits
3. Decrease potentially preventable readmissions
4. Provide greater access to primary care and enroll patients in appropriate care models
5. Promote integrated primary and behavioral health services in an outpatient setting
6. Form a Central Services Organization to serve as the nexus for all population health activities
7. Actively engage the uninsured and low- and non-utilizing patients in care before they become sick

Network Composition:

Provider Types	Total Providers in Network
Primary Care Physicians	1,263
Non-PCP Practitioners	4,878
Hospitals	25
Clinics	120
Health Home / Care Management	49
Behavioral Health	567
Substance Abuse	47
Skilled Nursing Facilities / Nursing Homes	71
Pharmacy	27
Hospice	8
Community Based Organizations	88
All Other	2,654



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 that are focused on Evidence-Based Medicine / Population Health Management	56	22	88%
2.a.iii	Health Home At-Risk Intervention Program: Proactive management of higher risk patients not currently eligible for Health Homes through access to high quality primary care and support services	46	10	40%
2.b.iii	ED care triage for at-risk populations	43	13	52%
2.b.iv	Care transitions intervention model to reduce 30 day readmissions for chronic health conditions	43	17	68%
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.b.i	Evidence-based strategies for disease management in high risk/affected populations (adult only)	30	15	60%
3.d.ii	Expansion of asthma home-based self-management program	31	8	32%
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.c.ii	Increase early access to, and retention in, HIV care	19	7	28%
	Cumulative Index Score	405		
	PPS Rank by Cumulative Index Score	10		

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	20.35	24.48	24.23	24.06	20.46	25.00	24.15	23.10	23.10	24.15	N/A	24.15
Community Needs Assessment	25	25.00	24.38	25.00	23.96	24.44	22.92	24.41	24.28	24.56	24.56	N/A	24.56
Workforce Strategy	20	15.55	15.25	16.00	15.55	12.45	15.30	15.43	15.02	15.53	15.53	4.00	19.53
Data Sharing, Confidentiality & Rapid Cycle Evaluation	5	5.00	5.00	5.00	4.72	3.89	4.67	4.86	4.71	4.88	4.88	N/A	4.88
PPS Cultural Competency/Health Literacy	15	15.00	15.00	15.00	14.17	15.00	15.00	15.00	14.86	15.00	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	9.26	10.00	8.33	10.00	8.15	10.00	9.63	9.29	9.29	9.63	N/A	9.63
												Total	97.74

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	31.67	38.33	31.67	36.67	30.00	28.33	31.67	32.78	32.78	32.78	16.18	30.00	78.96
2.a.iii	20	18.67	20.00	18.67	18.67	18.67	18.67	18.67	18.89	18.67	18.89	26.55	33.50	78.94
2.b.iii	20	18.67	18.67	18.67	20.00	20.00	20.00	19.33	19.33	19.33	19.33	27.55	33.06	79.94
2.b.iv	20	18.67	18.67	20.00	20.00	20.00	20.00	20.00	19.56	19.56	20.00	24.67	33.75	78.42
2.d.i	20	18.67	20.00	20.00	20.00	18.67	18.67	19.33	19.33	19.33	19.33	36.67	38.57	94.57
3.a.i	20	18.67	20.00	18.67	18.67	16.00	20.00	18.67	18.67	19.20	19.20	24.33	33.50	77.03
3.b.i	20	18.67	20.00	18.67	20.00	17.33	20.00	19.33	19.11	19.47	19.47	23.43	32.50	75.40
3.d.ii	20	18.67	20.00	18.67	18.67	16.00	20.00	18.67	18.67	19.20	19.20	22.32	33.50	75.02
3.g.i	20	18.67	20.00	20.00	18.67	14.67	20.00	19.33	18.67	19.47	19.47	24.48	35.50	79.45
4.a.iii	100	94.44	100.00	100.00	100.00	100.00	100.00	100.00	99.07	100.00	100.00	0.00	0.00	100.00
4.c.ii	100	100.00	100.00	100.00	100.00	94.44	100.00	100.00	99.07	100.00	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.i	97.74	29.32	78.96	55.27	3	1.00	TBD	88.59
2.a.iii	97.74	29.32	78.94	55.26	N/A	1.00	TBD	85.58
2.b.iii	97.74	29.32	79.94	55.96	N/A	1.00	TBD	86.28
2.b.iv	97.74	29.32	78.42	54.90	N/A	1.00	TBD	85.22
2.d.i	97.74	29.32	94.57	66.20	N/A	1.00	TBD	96.52
3.a.i	97.74	29.32	77.03	53.92	N/A	1.00	TBD	84.24
3.b.i	97.74	29.32	75.40	52.78	N/A	1.00	TBD	83.10
3.d.ii	97.74	29.32	75.02	52.52	N/A	1.00	TBD	82.84
3.g.i	97.74	29.32	79.45	55.62	N/A	1.00	TBD	85.94
4.a.iii	97.74	29.32	100.00	70.00	N/A	1.00	TBD	100.00
4.c.ii	97.74	29.32	100.00	70.00	N/A	1.00	TBD	100.00

Organizational Component – Narrative Summary

Section	Subjective Points	Points Possible	Strengths	Comments
Executive Summary	Pass	Pass/Fail	<ul style="list-style-type: none"> PPS' Executive Summary received passing evaluation from all scorers 	
Governance	24.15	25	<ul style="list-style-type: none"> Response adequately identifies the organizational structure and explains why the selected structure will contribute to the PPS' success Response contains sufficient detail describing of the decision making/voting process that will be implemented and adhered to Response describes role of regional committees to target interventions to specific regions Response defines key finance functions to be established within the organization Response adequately outlines the PPS' process for sanctioning or removing a poorly performing member of the network Response provides sufficient information on how the governance structure will ensure adequate governance and management of the program 	<ul style="list-style-type: none"> Response doesn't contain sufficient details of how CBOs will be contracted with Compliance individual is not identified nor is a timeline for hiring indicated Response does not discuss how compliance problems will be identified and addressed With the exception of "Medicaid billing and data privacy", compliance training topics are not identified Other than "ensure the appropriate use of DSRIP funds", no use of auditors are mentioned Process does not fully describe the process for how Medicaid beneficiaries will be informed of a provider's removal from the PPS
Community Needs Assessment	24.56	25	<ul style="list-style-type: none"> Response adequately explains the Community Needs Assessment's process and methodology Response clearly explains how the current composition of providers needs to be modified to meet the needs of the community; including use of CBOs Response successfully summarizes key findings, insight and conclusions identified through the stakeholder engagement process CNA included a broad set of data sources were used to develop the CNA Wide array of feedback from stakeholders and beneficiaries led to robust analysis of community gaps and needs 	<ul style="list-style-type: none"> Response does estimate the number of excess nursing home or hospital beds 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	15.53	20	<ul style="list-style-type: none"> • Response sufficiently describes new jobs that will be created as a result of this implementation • Response clearly explains steps undertaken in the stakeholder engagement process that contributed to the workforce strategy • Response sufficiently describes the steps the PPS plans to implement to continue stakeholder and worker engagement • PPS describes need to rebalance the workforce as the transformation evolves based on attrition • PPS describes commitment to expanding employment opportunities and to mitigate any risk of downward mobility and/or job loss 	<ul style="list-style-type: none"> • Response is unclear if a formal assessment process has been conducted or will be conducted to fully understand the impact on existing employees' current wages and benefits • The response does not address whether redeployment is voluntary • Response doesn't describe whether frontline workers had been previously engaged
Data Sharing, Confidentiality, and Rapid Cycle Evaluation	4.88	5	<ul style="list-style-type: none"> • Response adequately explains how all PPS partners will act in unison to ensure privacy and security of data • Response clearly explains how the PPS intends to use collected patient data to evaluate performance of partners and providers, conduct quality assessment and population-based activities • Response sufficiently explains how rapid-cycle evaluation will assist in facilitating the successful development of a highly functioning PPS • The PPS will use the IOM's Learning Health Care System as a framework from which to develop RCE principles 	<ul style="list-style-type: none"> • The response to this item does not clearly identify the department within the PPS structure that will be accountable for reporting results • Organization relationship between the RCE functions to PPS governing team not described.

Section	Subjective Points	Points Possible	Strengths	Comments
Cultural Competency/Health Literacy	15.00	15	<ul style="list-style-type: none"> • Response adequately captures the identified cultural competency challenges which the PPS must address to ensure success • PPS indicates that it will provide in person and e-learning cultural competency training across the PPS network. • The PPS described initiatives to build cultural competency and health literacy capacity and improve its effectiveness including patient materials 	
DSRIP Budget & Flow of Funds	Pass	Pass/Fail	<ul style="list-style-type: none"> • PPS received passing evaluations in all five Budget & Flow of Funds categories from all scorers 	
Financial Sustainability Plan	9.63	10	<ul style="list-style-type: none"> • PPS Financial Stability Plan has been developed for the PPS hospital partners • PPS describes a vision for the gradual evolution of value based payment strategies working with managed care entities who are part of the network 	<ul style="list-style-type: none"> • PPS does not have a strategy for getting providers to – and maintaining – financial sustainability • PPS plans to appropriately monitor the financial stability of safety net providers is unclear
Final Organizational Score	97.74	100		

Bonus Component – Narrative Summary

Section	Subjective Points	Points Possible	Strengths	Comments
Bonus Points – Population Health Management	3.00	3	<ul style="list-style-type: none"> PPS has population health management experience with New York Medicaid population 	
Bonus Points - Workforce	1.00	3		<ul style="list-style-type: none"> PPS intends to contract with a proven workforce vendor
Bonus Points – 2.d.i	TBD	TBD	<ul style="list-style-type: none"> PPS is pursuing project 2.d.i 	



Project Scoring Narrative Summaries

Project 2.a.i

PPS Name: New York City Health and Hospitals-led 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

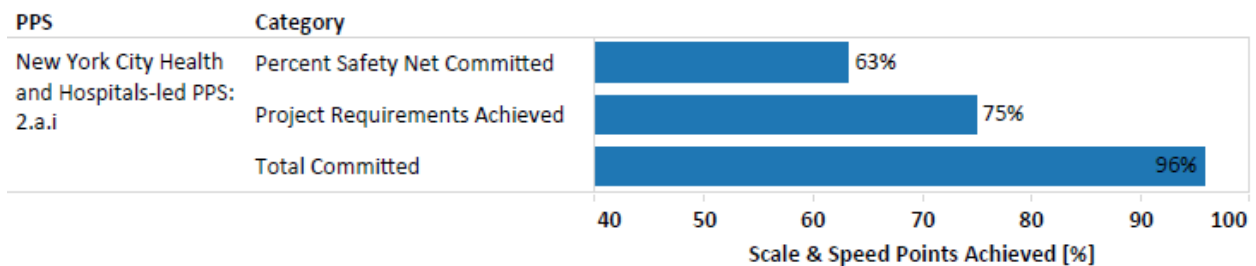
Final Application Score
88.59

Individual Project Score:

Subjective Points	Points Possible	Strengths	Comments
32.78	40	<ul style="list-style-type: none"> To build on existing resources, the PPS will use CBOs to strengthen the ability to identify, engage and track patients To combat the challenge of a fragmented system, the PPS will develop an in-house Central Services Organization supported by robust analytics and IT infrastructure 	<ul style="list-style-type: none"> Response does not link the Needs to the Sites selected for the project Response does not clearly outline how the PPS plans to coordinate on the project with other PPS' in the service area Milestones, with specific time periods for achievement, not generally identified Does not describe a comprehensive strategy and action plan for reducing unnecessary acute or long term care beds

Project Scale and Speed:

PPS	Category	PPS Submission	Points Achieved	Possible Points
New York City Health and Hospitals-led PPS: 2.a.i	Percent Safety Net Committed	13.29%	6.33	10
	Project Requirements Achieved	DY4 Q3/Q4	30.00	40
	Total Committed	9797	9.58	10





Project 2.a.iii

PPS Name: New York City Health and Hospitals-led PPS

DSRIP Project Number: 2.a.iii

DSRIP Project Title: Health Home At-Risk Intervention Program: Proactive management of higher risk patients not currently eligible for Health Homes through access to high quality primary care and support services

Number of PPS' Pursuing This Project: 10

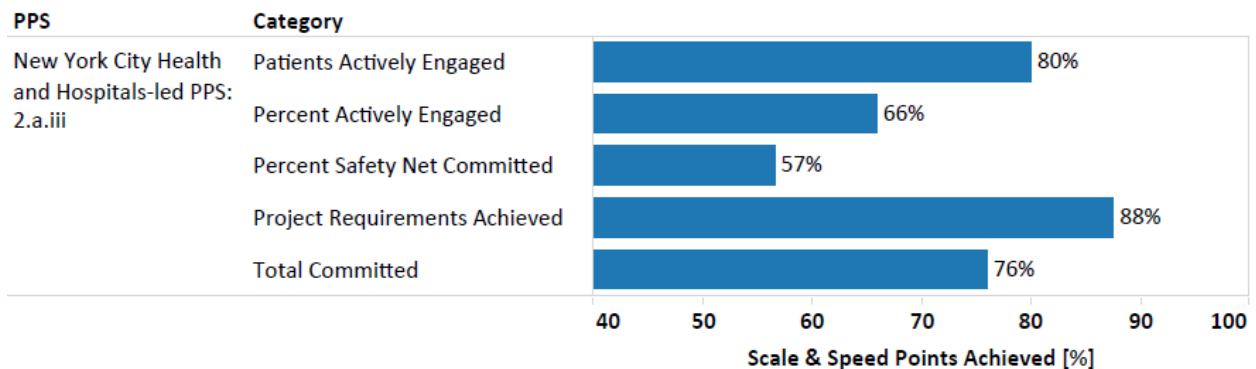
Final Application Score
85.58

Individual Project Score:

Subjective Points	Points Possible	Strengths	Comments
18.89	20	<ul style="list-style-type: none"> Response provides a sufficient summary of the current assets to be mobilized to help this project. For instance, PPS will expand its current primary care capacity with PCMH level 3 certification PPS will address the challenge of varying degrees of patient engagement by implementing consistent care management protocols 	<ul style="list-style-type: none"> Description does not demonstrate linkage between need and the program design, sites and resources Does not include a plan to address the social determinants of health, which is described as a challenge

Project Scale and Speed:

PPS	Category	PPS Submission	Points Achieved	Possible Points
New York City Health and Hospitals-led PPS: 2.a.iii	Patients Actively Engaged	DY4 Q3/Q4	16.00	20
	Percent Actively Engaged	10.00%	13.17	20
	Percent Safety Net Committed	3.28%	5.66	10
	Project Requirements Achieved	DY3 Q3/Q4	17.50	20
	Total Committed	1543	7.59	10





Project 2.b.iii

PPS Name: New York City Health and Hospitals-led PPS

DSRIP Project Number: 2.b.iii

DSRIP Project Title: ED care triage for at-risk populations

Number of PPS' Pursuing This Project: 13

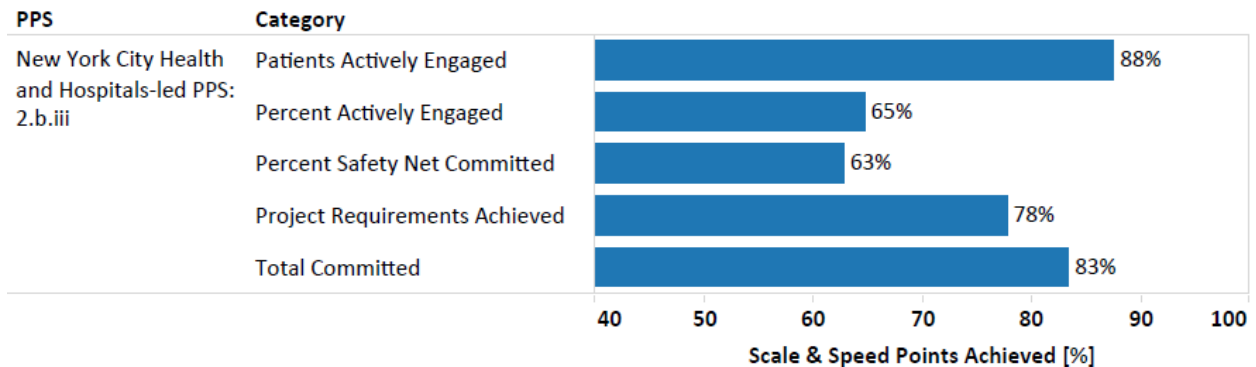
Final Application Score
86.28

Individual Project Score:

Subjective Points	Points Possible	Strengths	Comments
19.33	20	<ul style="list-style-type: none"> 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 example, the PPS will use ED care management to engage patients and strengthen patient relationships with PCPs To address project challenges, PPS will use a standardized assessment to identify and prioritize patients requiring care management needs 	<ul style="list-style-type: none"> Project design is well explained, however the project sites are not clearly identified

Project Scale and Speed:

PPS	Category	PPS Submission	Points Achieved	Possible Points
New York City Health and Hospitals-led PPS: 2.b.iii	Patients Actively Engaged	DY3 Q3/Q4	17.50	20
	Percent Actively Engaged	8.57%	12.94	20
	Percent Safety Net Committed	9.15%	6.28	10
	Project Requirements Achieved	DY4 Q1/Q2	15.56	20
	Total Committed	12	8.33	10





Project 2.b.iv

PPS Name: New York City Health and Hospitals-led 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

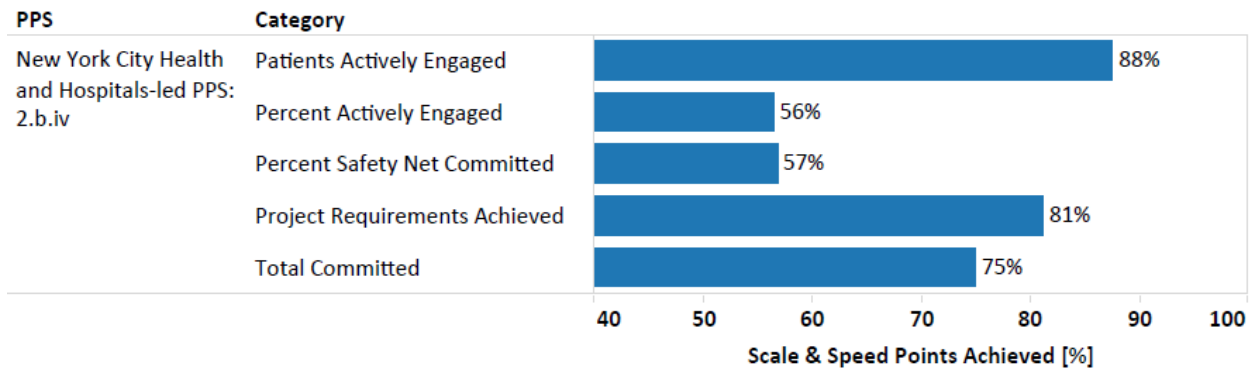
Final Application Score
85.22

Individual Project Score:

Subjective Points	Points Possible	Strengths	Comments
20.00	20	<ul style="list-style-type: none"> Response provides a sufficient summary of the current assets to be mobilized. For example, PPS will strengthen medical and social services throughout service area, including a care management follow-up post discharge The PPS will enhance "Project Red" (re-engineered) in all hospitals using standardizing protocols and risk assessment tools Description of target population is exceptional 	

Project Scale and Speed:

PPS	Category	PPS Submission	Points Achieved	Possible Points
New York City Health and Hospitals-led PPS: 2.b.iv	Patients Actively Engaged	DY3 Q3/Q4	17.50	20
	Percent Actively Engaged	2.95%	11.28	20
	Percent Safety Net Committed	3.53%	5.69	10
	Project Requirements Achieved	DY3 Q3/Q4	16.25	20
	Total Committed	1690	7.50	10





Project 2.d.i

PPS Name: New York City Health and Hospitals-led 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

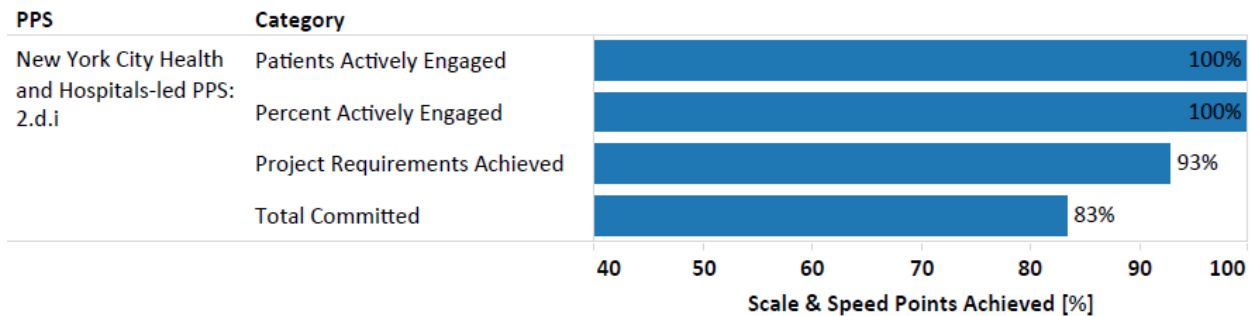
Final Application Score
96.52

Individual Project Score:

Subjective Points	Points Possible	Strengths	Comments
19.33	20	<ul style="list-style-type: none"> Response effectively addressed gaps identified by the CNA and linked these findings with the project design and sites included The PPS will use CBOs to identify (using hot spots), engage the population to expand current outreach capacity In addressing the challenge of providing culturally competent services, the PPS will work with CBOs to provide expertise to PPS staff 	<ul style="list-style-type: none"> Does not specifically demonstrate that the PPS has network capacity to handle this project

Project Scale and Speed:

PPS	Category	PPS Submission	Points Achieved	Possible Points
New York City Health and Hospitals-led PPS: 2.d.i	Patients Actively Engaged	DY2 Q3/Q4	20.00	20
	Percent Actively Engaged	100.00%	20.00	20
	Project Requirements Achieved	DY3 Q1/Q2	18.57	20
	Total Committed	750	16.67	20





Project 3.a.i

PPS Name: New York City Health and Hospitals-led 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

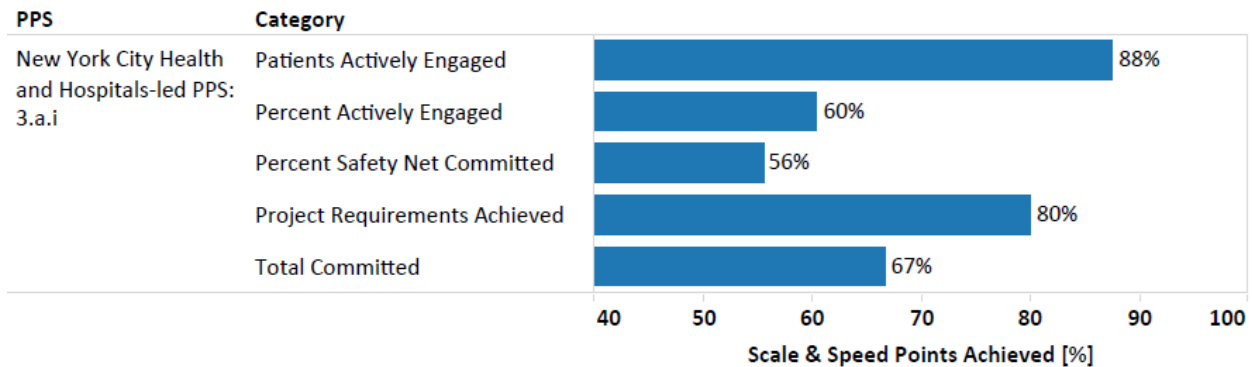
Final Application Score 84.24

Individual Project Score:

Table with 4 columns: Subjective Points, Points Possible, Strengths, and Comments. Row 1: 19.20, 20, [Strengths: Response provides a sufficient summary of the current assets to be mobilized...], [Comments: Project need is well explained, however the project design and included sites are not identified]

Project Scale and Speed:

Table with 5 columns: PPS, Category, PPS Submission, Points Achieved, Possible Points. Rows include: Patients Actively Engaged (DY3 Q3/Q4, 17.50, 20), Percent Actively Engaged (16.77%, 12.10, 20), Percent Safety Net Committed (3.29%, 5.56, 10), Project Requirements Achieved (DY4 Q3/Q4, 16.00, 20), Total Committed (1132, 6.67, 10)





Project 3.b.i

PPS Name: New York City Health and Hospitals-led 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

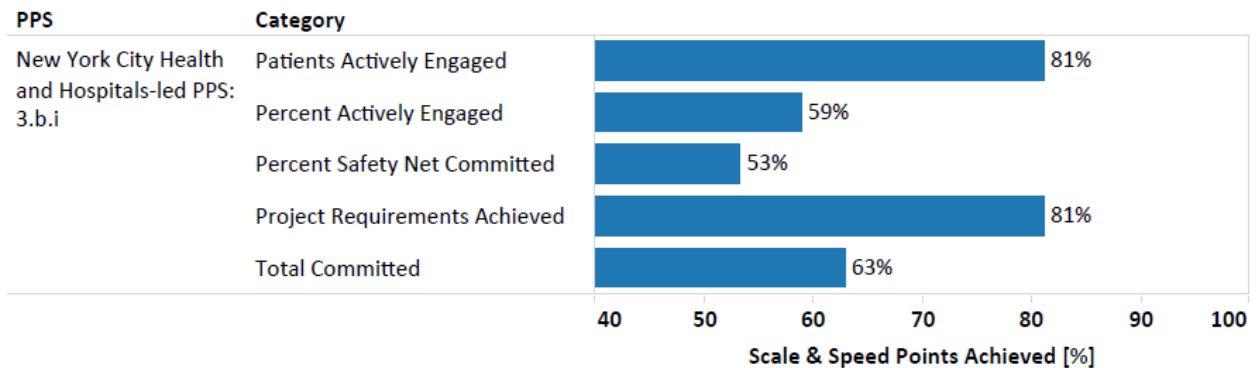
Final Application Score
83.10

Individual Project Score:

Subjective Points	Points Possible	Strengths	Comments
19.47	20	<ul style="list-style-type: none"> Response provides a clear explanation of the patient population PPS is expecting to engage through the implementation of this project In terms of new resources to be developed, the PPS will implement the ABCs of the Million Hearts Campaign related to CVD The PPS will work with community colleges and local partners to develop a pipeline of care management staff 	<ul style="list-style-type: none"> Project need is well explained, however the project design and included sites are not identified

Project Scale and Speed:

PPS	Category	PPS Submission	Points Achieved	Possible Points
New York City Health and Hospitals-led PPS: 3.b.i	Patients Actively Engaged	DY3 Q3/Q4	16.25	20
	Percent Actively Engaged	7.46%	11.80	20
	Percent Safety Net Committed	2.96%	5.34	10
	Project Requirements Achieved	DY3 Q3/Q4	16.25	20
	Total Committed	1330	6.30	10





Project 3.d.ii

PPS Name: New York City Health and Hospitals-led PPS

DSRIP Project Number: 3.d.ii

DSRIP Project Title: Expansion of asthma home-based self-management program

Number of PPS' Pursuing This Project: 8

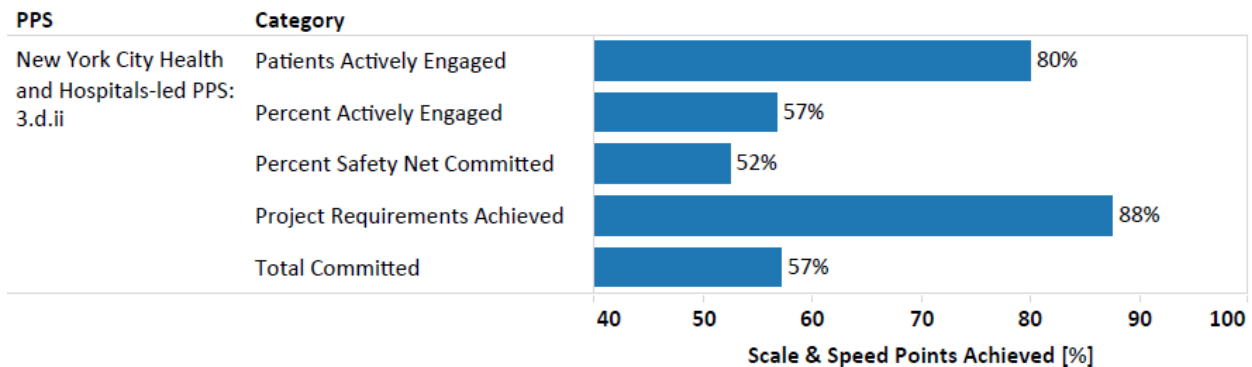
Final Application Score 82.84

Individual Project Score:

Table with 4 columns: Subjective Points, Points Possible, Strengths, and Comments. Row 1: 19.20, 20, [Strengths: Response provides a sufficient summary of the current assets to be mobilized... PPS will expand its implementation of the Physician Care Education Reinforcement program (PACER)... Response clearly outlines the PPS' plans to coordinate with other PPS' serving an overlapping area], [Comments: Project need is well explained, however the project design and included sites are not identified]

Project Scale and Speed:

Table with 5 columns: PPS, Category, PPS Submission, Points Achieved, Possible Points. Rows include: Patients Actively Engaged (DY4 Q3/Q4, 16.00, 20), Percent Actively Engaged (1.84%, 11.36, 20), Percent Safety Net Committed (1.44%, 5.25, 10), Project Requirements Achieved (DY3 Q3/Q4, 17.50, 20), Total Committed (514, 5.71, 10)





Project 3.g.i

PPS Name: New York City Health and Hospitals-led PPS

DSRIP Project Number: 3.g.i

DSRIP Project Title: Integration of palliative care into the PCMH Model

Number of PPS' Pursuing This Project: 9

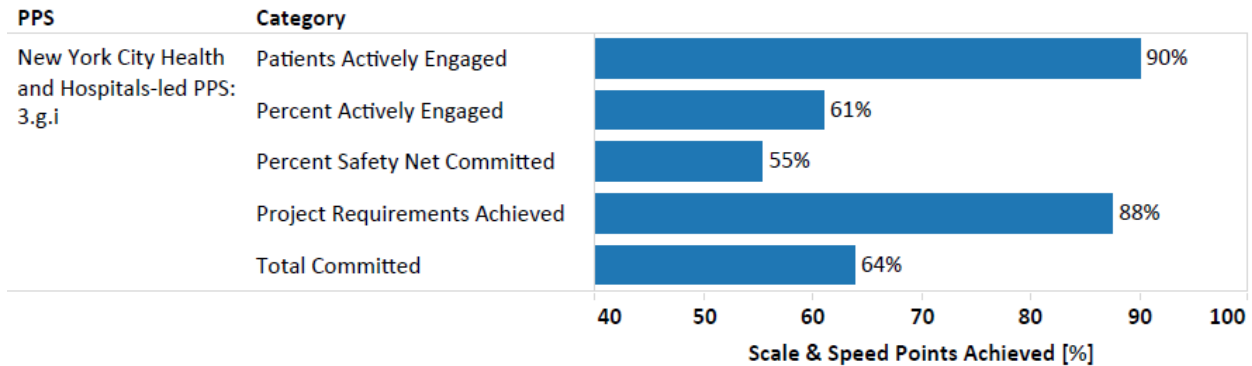
Final Application Score
85.94

Individual Project Score:

Subjective Points	Points Possible	Strengths	Comments
19.47	20	<ul style="list-style-type: none"> The PPS will develop and implement an automated data collection and tracking mechanism to follow palliative care initiatives across the PPS In order to address the challenge of the proper adoption of palliative care services, the PPS will develop and deploy training to providers across the PPS to spread best practice standards and increase resources across the service area 	<ul style="list-style-type: none"> Project need is well explained, however the project design and included sites are not identified

Project Scale and Speed:

PPS	Category	PPS Submission	Points Achieved	Possible Points
New York City Health and Hospitals-led PPS: 3.g.i	Patients Actively Engaged	DY4 Q3/Q4	18.00	20
	Percent Actively Engaged	3.10%	12.21	20
	Percent Safety Net Committed	1.56%	5.55	10
	Project Requirements Achieved	DY3 Q3/Q4	17.50	20
	Total Committed	505	6.39	10





Project 4.a.iii

PPS Name: New York City Health and Hospitals-led 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
100.00

Individual Project Score:

Subjective Points	Points Possible	Strengths	Comments
100.00	100	<ul style="list-style-type: none"> • Response effectively links CNA's findings with the project design and sites included • Response provides clear explanation of the target patient population • PPS will develop culturally sensitive education materials to inform adolescents about MHSA diseases • PPS will implement MHSA routine screenings to assess co-occurring conditions and develop comprehensive treatment plans across the PPS 	<ul style="list-style-type: none"> • No identified weaknesses. PPS received the maximum amount of points for this section



Project 4.c.ii

PPS Name: New York City Health and Hospitals-led PPS

DSRIP Project Number: 4.c.ii

DSRIP Project Title: Increase early access to, and retention in, HIV care

Number of PPS' Pursuing This Project: 7

Final Application Score
100.00

Individual Project Score:

Subjective Points	Points Possible	Strengths	Comments
100.00	100	<ul style="list-style-type: none"> Response effectively links CNA's findings with the project design and sites included Response clearly outlines PPS' plans to coordinate with other PPS' serving an overlapping area. For example, PPS has engaged 7 fellow PPSs, NYC DOHMH, and Amida Care for joint project planning PPS will build upon current resources, for instance 22 Ryan White Programs and 35 HIV social service programs 	<ul style="list-style-type: none"> Response does not indicate the PPS has a firm grasp of the geographic characteristics of the patients they are targeting