



PPS Name:	Forestland Performing Provider System
Point Scale:	0=Non-responsive; 1=Poor/Mostly Unmet; 2=Good/Somewhat Met; 3=Excellent/Completely Met

Section	Reviewer Comments	Reviewer Score	Scoring Notes
Section 1 - Executive Summary (Pass/Fail)			
1	Includes executive summary clearly articulating how the PPS will evolve into a highly effective integrated delivery system	PPS submitted adequate response to this section.	Pass
2	Includes explanation of the goals and objectives of the PPS	PPS submitted adequate response to this section.	Pass
3	Includes explanation of how the PPS has been formulated to meet the needs of the community and address identified healthcare disparities	PPS submitted adequate response to this section.	Pass
4	Provides the vision of what the delivery system will look after 5 years and how the PPS will be sustainable into the future	PPS submitted adequate response to this section.	Pass
Section 2 - Governance (25 points)			
Governance Organizational Structure (20% of Governance Score)			
1	PPS identified the organizational structure as well as explained why the selected organizational structure will be critical to the success of the PPS.	PPS addressed all requirements under this section. PPS explained how it arrived at its Governance structure, and described how it will operate and be sustainable into the future.	3
2	PPS provided information on how the governance structure will ensure adequate governance and management of the DSRIP program	PPS addressed all requirements under this section. PPS has a well-planned organizational structure, sufficient controls to maintain oversight, and addressed the issue of large representation and the ability to achieve efficient decision-making.	3
3	PPS provided information on how the governance structure will ensure adequate clinical governance,	PPS addressed most requirements under this section. PPS described the role of the Clinical	2
4	When applicable, outline how the organizational structure will evolve throughout the years of the DSRIP program period to enable the PPS to become a highly performing organization	PPS addressed all requirements under this section. PPS described its plan to monitor any need for governance changes on a monthly basis.	3
Subtotal		Reviewer Score	11.00
		Weight	20% of 25 points (5 points)
		Application Points	4.58 out of 5



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Section	Reviewer Comments	Reviewer Score	Scoring Notes
Governance Members and Governing Process (30% of Governance Score)			
1	PPS identifies the members of the governing body, as well as roles and responsibilities	PPS did not discretely identify the responsibilities of each governance member. Titles of roles provide a sense, but more explanation would be required for higher score.	2
2	Description provided of how members were selected into governing body	PPS addressed all requirements under this section. A description of a Governance Working Group and voting to approve members by the PAC was provided.	3
3	Explanation on how members included provide sufficient representation across the providers in the PPS	PPS addressed all requirements under this section. A description of how representation developed through the PAC, and the role of the community was provided.	3
4	PPS identified the coalition providers that have been included in the organizational structure	PPS addressed all requirements under this section.	3
5	Description of the decision making/voting process that will be implemented and adhered to by the governing team	PPS addressed all requirements under this section, including a description of Guiding Principles for voting.	3
6	Explanation on how conflicts or issues will be resolved by the governing team	PPS addressed all requirements under this section. The description includes discussion of committees having been constructed to minimize conflicts. When a conflict does occur, the description refers to an escalation process up to the PAC and Executive Body.	3
7	Description on how the PPS governing body will ensure a transparent governing process	PPS addressed all requirements under this section. This includes a discussion of posting meeting minutes, open attendance of meetings, and involvement of Executive members in the PAC to ensure two-way communication.	3
8	Description on how the PPS governing body will engage stakeholders, including Medicaid members, throughout DSRIP	PPS addressed all requirements under this section. The open nature of meetings with the public and engagement of Medicaid beneficiaries is described.	3
Subtotal		Reviewer Score	23
		Weight	30% of 25 points (7.5 points)
		Application Points	7.19 out of 7.5

Scoring notes: Governance Members and Governing Process is worth 7.5 points, which is 30% of total possible Governance points (25 points). The application points are determined by reviewer score percentage times weighted application points possible.



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Section		Reviewer Comments	Reviewer Score	Scoring Notes
The Project Advisory Committee (PAC) (15% of Governance Score)				
1	Description of how the PAC was formed, the timing in which it was formed, along with its membership.	PPS addressed all requirements under this section. The description includes discussion of formation of the PAC, including a public announcement that initial meetings were open to the public.	3	<i>Scoring notes: The Project Advisory Committee (PAC) is worth 3.8 points, which is 15% of total possible Governance points (25 points). The application points are determined by reviewer score percentage times weighted application points possible.</i>
2	Explanation of the role the PAC will serve within the PPS organization	PPS addressed most requirements under this section. The description states that the PAC will first serve as a decision-making body and then transition into an advisory body.	3	
3	Explanation of the role of the PAC in the development of the PPS organizational structure, as well as the PPS had during the Community Needs Assessment (CNA)	PPS addressed most requirements under this section. There is a description of the work of the Community Needs Assessment Workgroup.	3	
Subtotal		Reviewer Score	9	
		Weight	15% of 25 points (3.75 points)	
		Application Points	3.75 out of 3.75	

Compliance (10% of Governance Score)				
1	Identification of the compliance official or individual and description of the individual's organizational relationship to the PPS governing team.	PPS addressed all requirements under this section. PPS identified a compliance officer.	3	<i>Scoring notes: Compliance is worth 2.5 points, which is 10% of total possible Governance points (25 points). The application points are determined by reviewer score percentage times weighted application points possible.</i>
2	Description of the mechanisms for identifying and addressing compliance problems related the PPS' operations and performance.	PPS addressed requirements under this section. PPS described compliance principles, the use of a Hot Line, and a process to report compliance issues to the Executive Body on a monthly basis.	3	
3	Description of the compliance training for all PPS members and coalition partners, distinguished the training programs that are under development versus existing programs.	PPS addressed requirements under this section. PPS described a plan to develop compliance training and expected deliverable dates.	3	
Subtotal		Reviewer Score	9	
		Weight	10% of 25 points (2.5 points)	
		Application Points	2.5 out of 2.5	

PPS Financial Organizational Structure (10% of Governance Score)				
1	Description of the processes that will be implemented to support the financial success of the PPS and the decision making of the PPS' governance structure	PPS described the tasks to be pursued by the Finance Committee, but did not provide a clear explanation of the processes that will be implemented to support the financial success of the PPS.	2	<i>Scoring notes: PPS Financial Organizational Structure is worth 2.5 points, which is 10% of total possible Governance points (25 points). The application points are determined by reviewer score percentage times weighted application points possible.</i>
2	Description of the key finance functions to be established within the PPS	PPS indicated they are working on finalizing financial policies and procedures, but did not provide a clear vision.	2	
3	Identification of the planned use of internal and/or external auditors	PPS addressed the requirements of this section.	3	
4	Description of the PPS' plan to establish a compliance program in accordance with New York State Social Security Law 363-d	PPS stated they were developing a compliance program but made no mention of NYS Social Services Law 363-d in this section, despite mentioning it in the previous section.	2	
Subtotal		Reviewer Score	9	
		Weight	10% of 25 points (2.5 points)	
		Application Points	1.88 out of 2.5	



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Section		Reviewer Comments	Reviewer Score	Scoring Notes
Oversight and Member Approval (15% of Organizational Score)				
1	Description of the process in which the PPS will monitor performance	PPS outlined a comprehensive evaluation and monitoring process.	3	<i>Scoring notes: Oversight and Member Approval is worth 3.8 points, which is 15% of total possible Governance points (25 points). The application points are determined by reviewer score percentage times weighted application points possible.</i>
2	Explanation of how the PPS will address lower performance members within the PPS network	PPS articulated a methodology to monitor the performance of poor performing providers on a monthly basis.	3	
3	Description of the process for sanctioning or removing a poorly performing member of the PPS network who fails to sufficiently remedy their poor performance. Methodology is in accordance with the standard terms and conditions of the waiver.	PPS addressed the requirements of this section. A good description is provided that illuminates the process to monitor poorly performing partners, and the ability for that partner to offer an action plan to address performance.	3	
Subtotal		Reviewer Score	9.00	
		Weight	15% of 25 points (3.75 points)	
		Application Points	3.75 out of 3.75	
Section 2 - Governance Total Score				
			Total Application Points	23.65

Section 3 - Community Needs Assessment				
Overview on the Completion of the CNA				
1	Description of the process and methodology in which the CNA was completed	Comprehensive overview provided on the process PPS followed to complete CNA.	3	<i>Scoring notes: Overview on the Completion of the CNA is worth 1.3 points, which is 5% of total possible Community Needs Assessment points (25 points). The application points are determined by reviewer score percentage times weighted application points possible.</i>
2	Explanation of the information and data sources that were leveraged to conduct the CNA, citing specific resources that informed the CNA process	PPS used numerous data sources to derive a sound CNA process and methodology.	3	
Subtotal		Reviewer Score	6	
		Weight	5% of 25 points (1.25 points)	
		Application Points	1.25 out of 1.25	

Healthcare Provider Infrastructure				
1	Description of the existing healthcare infrastructure and environment, including the number and types of healthcare providers available to the PPS to serve the needs of the community	PPS provides comprehensive analysis of the current resources, particularly in comparison to the resources available within the community.	3	<i>Scoring notes: Healthcare Provider Infrastructure is worth 3.8 points, which is 15% of total possible Community Needs Assessment points (25 points). The application points are determined by reviewer score percentage times weighted application points possible.</i>
2	Explanation of how the composition of the providers needs to be modified to meet the needs of the community	The PPS identified the gaps of the infrastructure but did not provide a clear vision of how the network of providers will need to be modified to meet the needs of the community.	2	
Subtotal		Reviewer Score	5	
		Weight	15% of 25 points (3.75 points)	
		Application Points	3.13 out of 3.75	



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Section		Reviewer Comments	Reviewer Score	Scoring Notes
Community Resources Supporting PPS Approach				
1	Description of the existing community resources, including the number and types of resources available to the PPS to serve the needs of the community	PPS did not specifically identify the CBOs that have been included in the PPS. The response outlined the resources available, but made no mention which of these entities are participating in the PPS and DSRIP.	3	<i>Scoring notes: Community Resources Supporting PPS Approach is worth 2.5 points, which is 10% of total possible Community Needs Assessment points (25 points). The application points are determined by reviewer score percentage times weighted application points possible.</i>
2	Explanation of how the compositions of the community resources needs to be modified to meet the needs of the community	PPS identified the gaps of the community resources infrastructure but did not provide a clear description of how the community resources will need to be modified to meet the needs of the community.	3	
Subtotal		Reviewer Score	6	
		Weight	10% of 25 points (2.5 points)	
		Application Points	2.5 out of 2.5	

Community Demographics				
1	Provided demographics, including those who are institutionalized and in the criminal justice system, is comprised of the following: - Age Statistics - Race/ethnicity/language statistics, including identified literacy and health literacy limitations - Income levels - Poverty levels - Disability levels - Education levels - Employment levels	Response addressed adequately addressed all required demographic groups as required in the application.	3	<i>Scoring notes: Community Demographics is worth 3.8 points, which is 15% of total possible Community Needs Assessment points (25 points). The application points are determined by reviewer score percentage times weighted application points possible.</i>
Subtotal		Reviewer Score	3	
		Weight	15% of 25 points (3.75 points)	
		Application Points	3.75 out of 3.75	

Community Population Health & Identified Health Changes				
1	Explanation of the leading causes of death and premature death by demographic groups	PPS addressed all requirements under this section.	3	<i>Scoring notes: Community Population Health & Identified Health Changes is worth 3.8 points, which is 15% of total possible Community Needs Assessment points (25 points). The application points are determined by reviewer score percentage times weighted application points possible.</i>
2	Explanation of the leading causes of hospitalization and preventable hospitalizations by demographic groupings	PPS addressed the requirements under this section, but lacked detail.	2	
3	Listed rates of ambulatory care sensitive conditions and rates of risk factors that impact health status.	PPS addressed all requirements under this section.	3	
4	Explanation of disease prevalence such as diabetes, asthma, etc.	PPS addressed all requirements under this section.	3	
5	Description of maternal and child health outcomes including infant mortality, low birth weight, high risk pregnancies, birth defects as well as access and quality prenatal care	PPS addressed all requirements under this section.	3	
6	Explanation of health risk factors such as obesity, smoking, drinking, etc.	PPS addressed all requirements under this section.	3	
Subtotal		Reviewer Score	17	
		Weight	15% of 25 points (3.75 points)	
		Application Points	3.54 out of 3.75	



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Section		Reviewer Comments	Reviewer Score	Scoring Notes
Healthcare Provider and Community Resources Identified Gaps				
1	Description of the health and behavioral health service gaps and/or excess capacity that exists in the community, specifically outlining excess hospital and nursing home beds.	PPS identified inpatient over-capacity issues, and an increase in the foreseeable future.	3	<i>Scoring notes: Healthcare Provider and Community Resources Identified Gaps is worth 3.8 points, which is 15% of total possible Community Needs Assessment points (25 points). The application points are determined by reviewer score percentage times weighted application points possible.</i>
2	Data included has supports the causes for the identified gaps, such as availability, accessibility, affordability, acceptability and quality of health services and what issues may influence utilization of services, such as hours of operation, and transportation that are contributing to the identified needs of the community.	PPS addressed all requirements under this section.	3	
3	Explanation of the strategy and plan to sufficiently address the identified gaps in order to meet the needs of the community	PPS outlined comprehensive strategy to meet the needs of the community.	3	
Subtotal		Reviewer Score	9	
		Weight	15% of 25 points (3.75 points)	
		Application Points	3.75 out of 3.75	

Stakeholder & Community Engagement				
1	Explanation of the stakeholder and community engagement process undertaken in developing the C.N.A.	PPS addressed all requirements under this section. The PPS described the use of surveys, advertising, and the use of key informants to identify perceptions of health from the community, barriers to good health, and recommended changes.	3	<i>Scoring notes: Stakeholder & Community Engagement is worth 1.3 points, which is 5% of total possible Community Needs Assessment points (25 points). The application points are determined by reviewer score percentage times weighted application points possible.</i>
2	Description of the number and types of focus groups that have been conducted	PPS addressed all requirements under this section.	3	
3	Summarization of the key findings, insight and conclusions that were identified though the stakeholder and community engagement process	PPS did not provide sufficient description of the key findings of the stakeholder engagement process. There was not enough evidence that the process was detailed enough to drive the CNA process.	2	
Subtotal		Reviewer Score	8	
		Weight	5% of 25 points (1.25 points)	
		Application Points	1.11 out of 1.25	

Summary of CNA Findings				
1	Community Needs Chart is completed and summarizes at a high level the unique needs of the community	PPS completed the CNA table in a comprehensive fashion.	3	<i>Scoring notes: Summary of CNA Findings is worth 5 points, which is 20% of total possible Community Needs Assessment points (25 points). The application points are determined by reviewer score percentage times weighted application points possible.</i>
2	Each need has been designated a unique Community Need Identification Number	PPS completed the CNA table in a comprehensive fashion.	3	
3	Each of the needs is one that the PPS is intending to address through the DSRIP program and projects	PPS completed the CNA table in a comprehensive fashion.	3	
4	Each of the needs is appropriately referenced in the DSRIP project section of the application re-enforcing the rational for the project selection	PPS completed the CNA table in a comprehensive fashion.	3	
Subtotal		Reviewer Score	12	
		Weight	20% of 25 points (5 points)	
		Application Points	5 out of 5	

TOTAL SCORE SECTION 3 - COMMUNITY NEEDS ASSESSMENT

		Total CNA Application Points	24.03	
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Section	Reviewer Comments	Reviewer Score	Scoring Notes	
Section 5 - PPS Workforce Strategy				
Detailed workforce strategy identifying all workplace implications to the PPS				
1	Summarization of how the existing workers will be impacted in terms of possible staff requiring redeployment, retraining, as well as potential reductions to workforce	3	<i>Scoring notes: Detailed workforce strategy identifying all workplace implications to the PPS is worth 4 points, which is 20% of total possible Workforce Strategy points (20 points). The application points are determined by reviewer score percentage times weighted application points possible.</i>	
2	Explanation of the specific workforce categories of the existing staff that will be impacted greatest specifically citing the reasons for the anticipated impact	3		
3	Description of the PPS' high level approach and strategy to minimize the negative impact to the workforce including the identification of training, re-deployment and recruiting plans	3		
Subtotal		Reviewer Score		9
		Weight		20% of 20 points (4 points)
		Application Points		4 out of 4

Analysis of Workforce Impact - Retraining of Existing Staff			
1	Description of the process by which the identified employees and job functions will be retrained	3	<i>Scoring notes: Analysis of Workforce Impact - Retraining of Existing Staff is worth 3 points, which is 15% of total possible Workforce Strategy points (20 points). The application points are determined by reviewer score percentage times weighted application points possible.</i>
2	Indication of whether the training will be voluntary	3	
3	Description of the process and potential impact of this retraining, particularly in regards to current wages and benefits of existing employees	3	
4	Explanation of the ramifications to existing employees who refuse redeployment assignment	3	
5	Description of the role of labor (intra/inter-entity) representatives	3	
Subtotal		Reviewer Score	
		Weight	15% of 20 points (3 points)
		Application Points	3 out of 3



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Section		Reviewer Comments	Reviewer Score	Scoring Notes
Analysis of Workforce Impact - Redeployment of Existing Staff				
1	Description of the process by which the identified employees and job functions will be redeployed	The PPS addressed the requirements of this section. PPS describes a redeployment strategy that identifies staff who may require moving to a different facility, department, role, or job classifications. Redeployment and retraining are being used interchangeably here. Redeployment is moving someone to another entity but to perform the same functions.	3	<i>Scoring notes: Analysis of Workforce Impact - Redeployment of Existing Staff is worth 3 points, which is 15% of total possible Workforce Strategy points (20 points). The application points are determined by reviewer score percentage times weighted application points possible.</i>
2	Description of the process and potential impact of this redeployment approach, particularly in regards to current wages and benefits of existing employees	PPS addressed requirements under this section by explaining the ramifications. They describe efforts to keep employees "whole."	3	
3	Explanation of the ramifications to existing employees who refuse their redeployment assignment	PPS addressed requirements under this section by explaining the ramifications.	3	
4	Description of the role of labor (intra/inter-entity) representatives	PPS describes the engagement of labor in assessing any impact to contractual arrangements, and opportunities for redeployment over termination.	3	
Subtotal		Reviewer Score	12	
		Weight	15% of 20 points (3 points)	
		Application Points	3 out of 3	

Analysis of Workforce Impact - New Hires				
1	Description of the new jobs that will be created as a result of the implementation of the DSRIP program and projects	PPS outlined the types of positions it will need to hire.	3	<i>Scoring notes: Analysis of Workforce Impact - New Hires is worth 3 points, which is 15% of total possible Workforce Strategy points (20 points). The application points are determined by reviewer score percentage times weighted application points possible.</i>
Subtotal		Reviewer Score	3	
		Weight	15% of 20 points (3 points)	
		Application Points	3 out of 3	

Workforce Strategy Budget				
1	Completed table, identifying the DSRIP object number, the planned spending the PPS is committing to its workforce strategy over the term of the waiver	The PPS completed the table.	3	<i>Scoring notes: Workforce Strategy Budget is worth 4 points, which is 20% of total possible Workforce Strategy points (20 points). The application points are determined by reviewer score percentage times weighted application points possible.</i>
2	The PPS outlined the total funding the PPS is committing to spend over the life of the waiver	The PPS completed the table.	3	
Subtotal		Reviewer Score	6	
		Weight	20% of 20 points (4 points)	
		Application Points	4 out of 4	

State Program Collaboration Efforts				
1	Description of the PPS workforce strategy and how it may intersect with any existing State program efforts specifically in the recruiting, retention or retraining plans	PPS described its process to leverage existing programs to assist with their workforce strategy efforts.	3	<i>Scoring notes: State Program Collaboration Efforts is worth 1 points, which is 5% of total possible Workforce Strategy points (20 points). The application points are determined by reviewer score percentage times weighted application points possible.</i>
Subtotal		Reviewer Score	3	
		Weight	5% of 20 points (1 points)	
		Application Points	1 out of 1	



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Section		Reviewer Comments	Reviewer Score	Scoring Notes
Stakeholder & Worker Engagement				
1	Explanation of the steps in the stakeholder engagement process undertaken in developing the workforce strategy	PPS addressed all requirements under this section.	3	<i>Scoring notes: Stakeholder & Worker Engagement is worth 2 points, which is 10% of total possible Workforce Strategy points (20 points). The application points are determined by reviewer score percentage times weighted application points possible.</i>
2	Identification of which labor groups or worker representatives have been consulted in the planning and development of the PPS approach	PPS addressed all requirements under this section.	3	
3	Explanation of how the PPS has and will continue to engage the frontline workers in the planning and implementation of system change	The PPS describes the creation of a workforce steering committee. It is not clear whether frontline workers are engaged in this group. Very little detail on the PPS' plans to engage workers on an ongoing basis.	2	
4	Description of the steps the PPS plans to implement to continue stakeholder and worker engagement and any strategies the PPS will implement to overcome structural barriers that the PPS anticipates to encounter	The PPS describes the creation of a position control committee that will meet on a weekly basis to assess workforce changes and address any workforce obstacles that develop.	3	
Subtotal		Reviewer Score	11	
		Weight	10% of 20 points (2 points)	
		Application Points	1.83 out of 2	
TOTAL SCORE SECTION 5 - PPS WORKFORCE STRATEGY				
Total Workforce Strategy Application Points			19.83	

Section 6 - Data Sharing, Confidentiality & Rapid Cycle Evaluation				
Data Sharing & Confidentiality				
1	Description of the PPS' plan for an appropriate data sharing arrangement amongst its partner organizations	PPS provided clear response by describing all the data-sharing protocols that all PPS partners have accepted and signed: (Participation agreement, BAA and data use agreement).	3	<i>Scoring notes: Data Sharing & Confidentiality is worth 2.5 points, which is 50% of total possible Data Sharing, Confidentiality & Rapid Cycle Evaluation points (5 points). The application points are determined by reviewer score percentage times weighted application points possible.</i>
2	Explanation of the strategy describing how all PPS partners will act in unison to ensure privacy and security of data, including upholding all HIPAA privacy provisions	PPS referred back to Governance section regarding how the PPS will monitor compliance with regulatory requirements, such as HIPAA. These should have been addressed in this section. Otherwise, PPS provided a good description of the Clinical and Financial Governance Committees and how each will be accountable to specific clinical and financial outcomes.	2	
3	Description of how the PPS will have/develop an ability to share relevant patient information in real-time so as to ensure that patient needs are met and care is provided efficiently and effectively while maintaining patient privacy	The PPS provided some of the specific project requirements that will support active sharing of pertinent patient information while maintaining privacy. PPS did not provide sufficient specificity around protocols and guidance .	2	
Subtotal		Reviewer Score	7	
		Weight	50% of 5 points (2.5 points)	
		Application Points	1.94 out of 2.5	



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Section		Reviewer Comments	Reviewer Score	Scoring Notes
Rapid-Cycle Evaluation				
1	Identification of the organizational unit within the PPS organizational structure that will be accountable for reporting results and making recommendations on actions requiring further investigation into PPS performance	PPS clearly addressed the specific groups within the PPS who will be held accountable for measuring and reporting performance.	3	<i>Scoring notes: Rapid-Cycle Evaluation is worth 2.5 points, which is 50% of total possible Data Sharing, Confidentiality & Rapid Cycle Evaluation points (5 points). The application points are determined by reviewer score percentage times weighted application points possible.</i>
2	Description of how the organizational relationship of this unit to the PPS' governing team	The PPS adequately describes the Clinical and Financial Governance Committees and how each will be accountable to specific clinical and financial outcomes.	3	
3	Explanation of how the PPS intends to use collected patient data to: - Evaluate performance of PPS partners and providers - Conduct quality assessment and improvement activities - Conduct population-based activities to improve the health of the targeted population	While a summary dashboard is a good start, more detail is necessary to establish the metrics by which PPS partners and providers will be measured and frequency. Description did not include PPS strategy to conduct population-based activities to improve care.	1	
4	Description of how the oversight of the interpretation and application of the results	The PPS provides very little discussion on the process to interpret results.	1	
5	Explanation of how the RCE will assist to facilitate in the successful development of a highly functioning PPS	Response did not adequately address how RCE will be used in the successful development of a highly functioning PPS.	2	
Subtotal		Reviewer Score	10	
		Weight	50% of 5 points (2.5 points)	
		Application Points	1.67 out of 2.5	
TOTAL SCORE SECTION 6 - DATA-SHARING, CONFIDENTIALITY & RAPID CYCLE EVALUATION				
Total Reviewer Scores				
Total Data Sharing, Confidentiality, and Rapid Cycle Evaluation Application Points			3.61	

Section 7 - PPS Cultural Competency/Health Literacy				
Approach to Achieving Cultural Competence				
1	Description of the identified and/or known cultural competency challenges in which the PPS must address to ensure success	The response did not adequately identify the known cultural competency challenges the PPS must address to ensure success.	1	<i>Scoring notes: Approach to Achieving Cultural Competence is worth 7.5 points, which is 50% of total possible PPS Cultural Competency/Health Literacy points (15 points). The application points are determined by reviewer score percentage times weighted application points possible.</i>
2	Description of the strategic plan and ongoing processes the PPS will implement to develop a culturally competent organization and a culturally responsive system of care, particularly addressing how the PPS will engage and train frontline healthcare workers in order to improve patient outcomes due to cultural competency challenges	PPS did not thoroughly address all sections. Response needed to bring together the various tactics under a clearer strategic vision.	2	
Subtotal		Reviewer Score	3	
		Weight	50% of 15 points (7.5 points)	
		Application Points	3.75 out of 7.5	



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Section		Reviewer Comments	Reviewer Score	Scoring Notes
Approach to Improving Health Literacy				
1	Description of the PPS plan to improve and reinforce health literacy of patients	Response did not adequately describe the plan to improve the health literacy of patients.	1	<i>Scoring notes: Approach to Improving Health Literacy is worth 7.5 points, which is 50% of total possible PPS Cultural Competency/Health Literacy points (15 points). The application points are determined by reviewer score percentage times weighted application points possible.</i>
2	Explanation of the initiatives that will be pursued by the PPS to promote health literacy.	Response identified several tactics of how the PPS would support providers, but did not describe the strategic plan to address these challenges as a system.	2	
Subtotal		Reviewer Score	3	
		Weight	50% of 15 points (7.5 points)	
		Application Points	3.75 out of 7.5	
TOTAL SCORE SECTION 7 - PPS CULTURAL COMPETENCY/HEALTH LITERACY				
Total PPS Cultural Competency and Health Literacy Application Points			7.50	

Section 8 - DSRIP Budget & Flow of Funds				
1	Description of the plan in which the PPS plans on distributing DSRIP funds	Sufficient description provided.	Pass	<i>Scoring notes: DSRIP Budget & Flow of Funds is scored on a Pass/Fail basis.</i>
2	Description of how the PPS plans to distribute funds among clinical specialties and among organizations along the care continuum	Sufficient description provided.	Pass	
3	Explanation of how the distribution of funds is consistent and/or ties to the governance structure	Sufficient description provided.	Pass	
4	Description of how the proposed approach will best allow the PPS to achieve its DSRIP goals	Sufficient description provided.	Pass	
Subtotal		Reviewer Score	Pass	
		Weight	N/A	
		Application Points	N/A (Pass)	
TOTAL SCORE Section 8 - DSRIP Budget & Flow of Funds				
Total DSRIP Budget & Flow of Funds Application Points			N/A	

Section 9 - Financial Sustainability Plan				
Assessment of PPS Financial Landscape				
1	Description of the assessment the PPS has performed to identify the PPS partners that are currently financially challenged and are at risk for financial failure	PPS implemented a detailed process to identify financially fragile providers. Response included a description of a sensitivity and cash-flow analysis to identify fragile providers.	3	<i>Scoring notes: Assessment of PPS Financial Landscape is worth 3.3 points, which is 33.3% of total possible Financial Sustainability Plan points (10 points). The application points are determined by reviewer score percentage times weighted application points possible.</i>
2	Explanation of the expected financial impact DSRIP projects will have on financially fragile providers and/or other providers that could potentially be negatively impacted by the goals of DSRIP	PPS outlined the impact to these providers as a result of DSRIP	3	
Subtotal		Reviewer Score	6	
		Weight	33% of 10 points (3.33 points)	
		Application Points	3.33 out of 3.33	



PPS Name:	Forestland Performing Provider System
Point Scale:	0=Non-responsive; 1=Poor/Mostly Unmet; 2=Good/Somewhat Met; 3=Excellent/Completely Met

Section		Reviewer Comments	Reviewer Score	Scoring Notes
Path to PPS Financial Sustainability				
1	Description of the plan the PPS has or will develop, outlining the PPS' path to financial sustainability	Financial Stability Plan was clearly defined with key dates, operational milestones and objectives.	3	<i>Scoring notes: Path to PPS Financial Sustainability is worth 3.3 points, which is 33.3% of total possible Financial Sustainability Plan points (10 points). The application points are determined by reviewer score percentage times weighted application points possible.</i>
2	Description of how the PPS will ensure fragile safety net providers will achieve a path of financial sustainability	PPS clearly identified 2 providers that will require significant restructuring and defined a path for each.	3	
3	Description of how the PPS will sustain the DSRIP outcomes after the conclusion of the program	Response included the PPS approach in working with MCOs as a way to sustain the achievements after DSRIP concludes.	3	
Subtotal		Reviewer Score	9	
		Weight	33% of 10 points (3.33 points)	
		Application Points	3.33 out of 3.33	

Strategy to Pursue and Implement Payment Transformation to Support Financial Stability				
1	Articulation of the PPS' vision for transforming to value based reimbursement methodologies and how the PPS plans to engage Medicaid managed care organizations in this process	PPS articulated a detailed approach to achieve financial sustainability through payment reform.	3	<i>Scoring notes: Strategy to Pursue and Implement Payment Transformation to Support Financial Stability is worth 3.3 points, which is 33.3% of total possible Financial Sustainability Plan points (10 points). The application points are determined by reviewer score percentage times weighted application points possible.</i>
2	Explanation of how payment transformation will assist the PPS to achieve a path of financial stability	Response clearly addresses a plan to implement specific payment models for the types of providers within the PPS and the projects they are implementing (i.e., bundled payments based on the specific disease burdens the PPS is addressing).	3	
Subtotal		Reviewer Score	6	
		Weight	33% of 10 points (3.33 points)	
		Application Points	3.33 out of 3.33	
TOTAL SCORE SECTION 9 - FINANCIAL SUSTAINABILITY PLAN				
			Application Points	10.00

TOTAL SCORE ALL SECTIONS	<p>Scoring Note: Total score is the total of all application point subtotals for the sections above plus bonus points out of 100 possible application points. Note that this represents the total score of one reviewer. Final scores for each section and total score may vary based on selection of the maximum median, average, or trimmed average scores for each section.</p>	88.62
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PPS Name:	Forestland Performing Provider System
Point Scale:	0=Non-responsive; 1=Poor/Mostly Unmet; 2=Good/Somewhat Met; 3=Excellent/Completely Met

Section	Reviewer Comments	Reviewer Score	Scoring Notes
Section 10 - BONUS			
Proven Population Health Management Capabilities			
1	Description of the experience and proven population health management skills	PPS indicates that it will build upon its Health Home experience.	3
2	Explanation of how the PPS has engaged key partners that possess proven population health management skill sets	PPS has invested in a new population health management tool, HealthInsight. They are in discussions with a vendor about expanding the scale and scope of this IT platform to address disease management and reduce avoidable admissions.	3
Subtotal		Reviewer Score	6
		Weight	N/A
		Application Points	3 Bonus Points for Project 2.a.i
<i>Scoring Note: Bonus points for population health management capabilities are applied to the final application score for project 2.a.i only.</i>			
Proven Workforce Strategy Vendor			
1	Demonstrate whether the PPS has or intends to contract with a proven and experienced entity to help carry out the PPS' workforce strategy of retraining, redeploying, and recruiting employees.	PPS has engaged a workforce strategy vendor to assist in managing and monitoring its workforce strategy. The vendor is a multi-national vendor that has experience helping healthcare organizations.	3
Subtotal		Reviewer Score	3
		Weight	N/A
		Application Points	3 Bonus Points for all projects
<i>Scoring Note: Bonus points for proven workforce strategy vendor are applied to all projects (up to 3 bonus points applied to each project pursued by the PPS).</i>			
Election of the PPS to pursue 11th Project (2.d.i)			
1	PPS has elected to pursue project 2.d.i	PPS has elected to pursue the 11th project.	3
Subtotal		Reviewer Score	3
		Weight	N/A
		Application Points	Varies
<i>Scoring Note: Bonus points for election of the PPS to pursue 11th Project (2.d.i) are applied to all projects (5 points awarded to all projects).</i>			
TOTAL SCORE SECTION 10 - BONUS			
		Total Reviewer Scores	12
		Application Points	8 Bonus Points for all projects*

* Bonus points awarded for project 2.d.i subject to change. Bonus points for Proven Health Management are applicable only to project 2.a.i.



Project Number:	2.a.i
Project Description:	Create Integrated Delivery Systems that are focused on Evidence-Based Medicine / Population Health Management
Project Index Score:	56
Point Scale:	0=Non-responsive; 1=Poor/Mostly Unmet; 2=Good/Somewhat Met; 3=Excellent/Completely Met

Project Application Section		Reviewer Score	Item Weighting	Points	Comments
Project Description and Justification (20 points)					
Community Needs Assessment					
a.	Clearly addressed the identified gaps (via the Community Needs Assessment) this project will fill in order to meet the needs of the community.	3	25%	5.0	The response clearly identified ER overuse as a major problem. Additionally, response indicates 55% of BH patients have one chronic medical condition, there is a lack of community-based PCMH resources, and a need for one-stop-shop. "Patients would rather go to ER once, than multiple providers at multiple locations."
Current Assets and Resources					
b.	Provided a succinct summary of the current assets and resources that can be mobilized and employed to help achieve this DSRIP Project; Described existing resources which will be repurposed to meet the needs of the community.	2	25%	3.3	Mentioned specific population health tool, HealthInsight, as a key resource to be expanded that is currently being utilized at Forestland Hospital Center. However, response was not specific regarding the current resources within 3 hospitals that will be expanded -leveraging "staff capabilities."
Project Challenges and Issues					
c.	Identified anticipated project challenges or anticipated issues the PPS will encounter in implementing this project and described how these challenges will be appropriately addressed.	3	25%	5.0	Response described system fragmentation as a major challenge. PPS adequately describes how this fragmentation would be overcome included an actively engaged metric for participating providers - driving by their IDS leadership time (Governance) with identified indicators. Also, proposed Funds Flow model has been developed to overcome revenue reduction challenges.
PPS Coordination					
d.	(If applicable) Clearly outlined plans on how the PPS will coordinate on the DSRIP project with other PPSs that serve an overlapping service area.	3	25%	5.0	PPS adequately describes coordination with other PPSs who seek to implement the same project in overlapping service areas.
SUBTOTAL	Project Description and Justification	11	100%	18.3 out of 20 points	
System Transformation Vision and Governance (20 points)					
Strategy and Action Plan					
a.	Described the comprehensive strategy and action plan for reducing the number of unnecessary acute care or long-term care beds in parallel with developing community-based healthcare services, such as ambulatory, primary care, behavioral health and long term care; Response included	3	50%	10.0	Response described a clear comprehensive strategy and action plan to create a coordinated delivery of care infrastructure with three main components of the approach and the specific tactics to accomplish the plan.
Governance Strategy					
b.	Described how the project's governance strategy will evolve all participants into an integrated healthcare delivery system; Response included specific governance strategy milestones indicating the commitment to achieving true system integration (e.g., metrics to exhibit changes in aligning provider compensation and performance systems, increasing clinical interoperability, etc.).	3	50%	10.0	Response provided an adequate description of the role and major responsibilities of the IDS Leadership Workgroup. Milestones were identified -- for example, 85% of participating providers using shared IT platform by DY3 -- but not specific enough to how all PPS participants will evolve into a highly-functioning IDS.
SUBTOTAL	System Transformation Vision and Governance	6	100%	20 out of 20	
Scale of Implementation (20 points)					
a.	Total number of providers, programs, facilities, or sites that the PPS intends to include in the project by DY4.	NA	25%	2.67	<i>Scale of implementation scoring is conducted using a relative scale, rewarding those PPSs that commit to broader scale implementations or faster project implementation. Responses for total number of providers, programs, facilities, or sites are broken into tiers based on the numbers proposed among PPS applicants for this project and are assigned points based on relative performance.</i>
b.	Percentage of safety net providers in service area that the PPS intends to include for implementation of the project.	NA	25%	3.32	
c.	The total expected volume of patients the PPS intends to engage throughout this project by the end of DY4 as percentage of total attributed population.	NA	50%	10.00	
SUBTOTAL	Scale of Implementation		100%	15.99	
Speed of Implementation/Patient Engagement (40 points)					
a.	Expected timeline for achieving all project requirements.	NA	50%	18.00	<i>Responses for speed of implementation are scored based on method where each metric submitted is divided by the highest (or best-performing) metric submitted by a PPS and multiplied by points possible.</i>
b.	Expected timeline for achieving 100% engagement of total expected number of actively engaged patients.	NA	50%	15.00	
SUBTOTAL	Speed of Implementation/Patient Engagement		100%	33 out of 40	
TOTAL			100 points	87.3	



Project Number:	2.a.iv
Project Description:	Create a medical village using existing hospital infrastructure
Project Index Score:	54
Point Scale:	0=Non-responsive; 1=Poor/Mostly Unmet; 2=Good/Somewhat Met; 3=Excellent/Completely Met

Project Application Section	Reviewer Score	Item Weighting	Points	Comments	
Project Description and Justification (20 points)					
Community Needs Assessment					
a.	Clearly addressed the identified gaps (via the Community Needs Assessment) this project will fill in order to meet the needs of the community.	3	20%	4.00	Response clearly identifies the problem of avoidable admissions and readmissions and patient subpopulation with chronic diseases. The response defines the currently unused space (70,000 sq. ft.) within the Forestland Hospital Center that would be used to establish a medical village and has incorporated in decision-making considerations regarding locations where at risk populations use services. The response identifies the ongoing alcohol, substance abuse and behavioral health programs which will be included in the medical village.
Target Population					
b.	Provided a clear explanation of the patient population PPS expects to engage through the implementation of this project. Population must be specific and should include descriptive information such as geographic location, disease burden, social needs or other identifying demographic information.	3	20%	4.00	Target population is defined in the response by location (north GLF and south GFL) and defined by disease burden (alcohol and drug abuse, behavioral health, asthma, diabetes, cardiovascular disease and food needs) and the clinical health, language and social needs (frail elderly).
Current Assets and Resources					
c.	Provided a succinct summary of the current assets and resources that can be mobilized and employed to help achieve this DSRIP Project; Described existing resources which will be repurposed to meet the needs of the community.	2	20%	2.67	Response describes current assets, however, resources for behavioral health and substance abuse are mentioned but not sufficiently defined.
Project Challenges and Issues					
d.	Identified anticipated project challenges or anticipated issues the PPS will encounter in implementing this project and described how these challenges will be appropriately addressed.	3	20%	4.00	Response clearly identifies safety and security and shortage of PCPs and Specialists as challenges. Answer properly states several ways in which both challenges will be addressed in the course of the project: for example, improving the hospital infrastructure to attract and retain PCPs and specialists.
PPS Coordination					
e.	(If applicable) Clearly outlined plans on how the PPS will coordinate on the DSRIP project with other PPSs that serve an overlapping service area.	0	20%	0.00	No response provided regarding how the PPS will coordinate with other PPS who seek to implement the same project.
SUBTOTAL	Project Description and Justification	11	100%	14.7 out of 20 points	
Scale of Implementation (40 points)					
a.	Total number of providers, programs, facilities, or sites that the PPS intends to include in the project by DY4.	NA	25%	5.00	<i>Scale of implementation scoring is conducted using a relative scale, rewarding those PPSs that commit to broader scale implementations or faster project implementation. Responses for total number of providers, programs, facilities, or sites are broken into tiers based on the numbers proposed among PPS applicants for this project and are assigned points based on relative performance.</i>
b.	Percentage of safety net providers in service area that the PPS intends to include for implementation of the project.	NA	25%	7.50	
c.	The total expected volume of patients the PPS intends to engage throughout this project by the end of DY4 as percentage of total attributed population.	NA	50%	13.20	
SUBTOTAL	Scale of Implementation		100%	25.7 out of 40	



Project Number:	2.a.iv
Project Description:	Create a medical village using existing hospital infrastructure
Project Index Score:	54
Point Scale:	0=Non-responsive; 1=Poor/Mostly Unmet; 2=Good/Somewhat Met; 3=Excellent/Completely Met

Project Application Section		Reviewer Score	Item Weighting	Points	Comments
Speed of Implementation/Patient Engagement (40 points)					
a.	Expected timeline for achieving all project requirements.	NA	50%	15.71	<i>Responses for speed of implementation are scored based on method where each metric submitted is divided by the highest (or best-performing) metric submitted by a PPS and multiplied by points possible.</i>
b.	Expected timeline for achieving 100% engagement of total expected number of actively engaged patients.	NA	50%	16.25	
SUBTOTAL			100%	31.96	
TOTAL			100 points	72.3	



Project Number:	2.b.ii
Project Description:	Development of co-located primary care services in the ED
Project Index Score:	40
Point Scale:	0=Non-responsive; 1=Poor/Mostly Unmet; 2=Good/Somewhat Met; 3=Excellent/Completely Met

Project Application Section	Reviewer Score	Item Weighting	Points	Comments	
Project Description and Justification (20 points)					
Community Needs Assessment					
a.	Clearly addressed the identified gaps (via the Community Needs Assessment) this project will fill in order to meet the needs of the community.	3	25%	5.00	PPS provides adequate community-specific statistics and clear description of community gaps and challenges, including: lack of awareness within the community of available non-ED services, community-based health resources, lack of processes to redirect patients with non-emergency conditions to primary care and other appropriate services.
Target Population					
b.	Provided a clear explanation of the patient population PPS expects to engage through the implementation of this project. Population must be specific and should include descriptive information such as geographic location, disease burden, social needs or other identifying demographic information.	3	25%	5.00	PPS provides adequate description of targeted population and areas needing improvement. Examples include: location (Northern/Central Forestland, Juniper Hill-Ash), social needs (high-levels of poverty, access barriers, linguistic) and disease burden (20% have MH/SA problem).
Current Assets and Resources					
c.	Provided a succinct summary of the current assets and resources that can be mobilized and employed to help achieve this DSRIP Project; Described existing resources which will be repurposed to meet the needs of the community.	1	25%	1.67	The response did not sufficiently address this topic. Response mentions a relocation of 3 PCMH sites but does not describe the significance of why the choice of these particular sites was made or any other community resources that will be mobilized.
Project Challenges and Issues					
d.	Identified anticipated project challenges or anticipated issues the PPS will encounter in implementing this project and described how these challenges will be appropriately addressed.	2	25%	3.33	Project challenges were clearly defined and include: limited medical resources, new immigrants, cultural and language challenges; interventions identified by PPS are well aligned with the challenges. However, some of the solutions were identified as out of the scope of the PPS (under/unemployment) and indicate that further research was necessary on how to conduct screenings within ED.
PPS Coordination					
e.	(If applicable) Clearly outlined plans on how the PPS will coordinate on the DSRIP project with other PPSs that serve an overlapping service area.	NA	NA	NA	Not applicable
SUBTOTAL	Project Description and Justification	9	100%	15 out of 20 points	
Scale of Implementation (40 points)					
a.	Total number of providers, programs, facilities, or sites that the PPS intends to include in the project by DY4.	NA	25%	5.00	<i>Scale of implementation scoring is conducted using a relative scale, rewarding those PPSs that commit to broader scale implementations or faster project implementation. Responses for total number of providers, programs, facilities, or sites are broken into tiers based on the numbers proposed among PPS applicants for this project and are assigned points based on relative performance.</i> <i>Responses for percentage of safety net inclusion and percentage of expected patients to be actively engaged are scored based on method where each metric submitted is divided by the highest (or best-performing) metric submitted by a PPS and multiplied by points possible.</i>
b.	Percentage of safety net providers in service area that the PPS intends to include for implementation of the project.	NA	25%	7.10	
c.	The total expected volume of patients the PPS intends to engage throughout this project by the end of DY4 as percentage of total attributed population.	NA	50%	17.50	
SUBTOTAL	Scale of Implementation		100%	29.6 out of 40	



Project Number:	2.b.ii
Project Description:	Development of co-located primary care services in the ED
Project Index Score:	40
Point Scale:	0=Non-responsive; 1=Poor/Mostly Unmet; 2=Good/Somewhat Met; 3=Excellent/Completely Met

Project Application Section		Reviewer Score	Item Weighting	Points	Comments
Speed of Implementation/Patient Engagement (40 points)					
a.	Expected timeline for achieving all project requirements.	NA	50%	18.57	<i>Responses for speed of implementation are scored based on method where each metric submitted is divided by the highest (or best-performing) metric submitted by a PPS and multiplied by points possible.</i>
b.	Expected timeline for achieving 100% engagement of total expected number of actively engaged patients.	NA	50%	17.14	
SUBTOTAL	Speed of Implementation/Patient Engagement		100%	35.71 out of 40	
TOTAL			100 points	80.3	



Project Number:	2.b.iv
Project Description:	Care transitions intervention model to reduce 30 day readmissions for chronic health conditions
Project Index Score:	43
Point Scale:	0=Non-responsive; 1=Poor/Mostly Unmet; 2=Good/Somewhat Met; 3=Excellent/Completely Met

Project Application Section	Reviewer Score	Item Weighting	Points	Comments	
Project Description and Justification (20 points)					
Community Needs Assessment					
a.	Clearly addressed the identified gaps (via the Community Needs Assessment) this project will fill in order to meet the needs of the community.	3	20%	4.00	PPS demonstrates understanding of lack of access and availability of community resources. Examples include: 57% of ADHD children in MCOs had a follow-up visit with clinician within 30 days of starting treatment, significant immigrant population will likely result in language and cultural competency challenges, and lack of health literacy/empower to better manage individual health. The problem and identified needs were provided at a good level of specificity.
Target Population					
b.	Provided a clear explanation of the patient population PPS expects to engage through the implementation of this project. Population must be specific and should include descriptive information such as geographic location, disease burden, social needs or other identifying demographic information.	2	20%	2.67	Response provided insurance status of target population (52% are dual eligible) but answer did not address specific geographic, social determinants, or disease burden considerations.
Current Assets and Resources					
c.	Provided a succinct summary of the current assets and resources that can be mobilized and employed to help achieve this DSRIP Project; Described existing resources which will be repurposed to meet the needs of the community.	1	20%	1.33	PPS describes intention to build upon an established pilot program but did not sufficiently describe the specific program components, resources, outcomes or demonstrated experience upon which the DSRIP program will be based.
Project Challenges and Issues					
d.	Identified anticipated project challenges or anticipated issues the PPS will encounter in implementing this project and described how these challenges will be appropriately addressed.	3	20%	4.00	PPS demonstrates understanding of challenges and solutions. Two clear challenges were identified: social factors and information-sharing and advanced data analytics. Response laid out how these challenges will be overcome with sufficient evidence and description.
PPS Coordination					
e.	(If applicable) Clearly outlined plans on how the PPS will coordinate on the DSRIP project with other PPSs that serve an overlapping service area.	0	20%	0.00	No response provided in how the PPS will coordinate with other PPS who seek to implement the same project.
SUBTOTAL	Project Description and Justification	9	100%	12 out of 20 points	



Project Number:	2.b.iv
Project Description:	Care transitions intervention model to reduce 30 day readmissions for chronic health conditions
Project Index Score:	43
Point Scale:	0=Non-responsive; 1=Poor/Mostly Unmet; 2=Good/Somewhat Met; 3=Excellent/Completely Met

Project Application Section		Reviewer Score	Item Weighting	Points	Comments
Scale of Implementation (40 points)					
a.	Total number of providers, programs, facilities, or sites that the PPS intends to include in the project by DY4.	NA	25%	5.00	<i>Scale of implementation scoring is conducted using a relative scale, rewarding those PPSs that commit to broader scale implementations or faster project implementation. Responses for total number of providers, programs, facilities, or sites are broken into tiers based on the numbers proposed among PPS applicants for this project and are assigned points based on relative performance.</i> <i>Responses for percentage of safety net inclusion and percentage of expected patients to be actively engaged are scored based on method where each metric submitted is divided by the highest (or best-performing) metric submitted by a PPS and multiplied by points possible.</i>
b.	Percentage of safety net providers in service area that the PPS intends to include for implementation of the project.	NA	25%	6.10	
c.	The total expected volume of patients the PPS intends to engage throughout this project by the end of DY4 as percentage of total attributed population.	NA	50%	13.20	
SUBTOTAL	Scale of Implementation		100%	24.3 out of 40	
Speed of Implementation/Patient Engagement (40 points)					
a.	Expected timeline for achieving all project requirements.	NA	50%	18.00	<i>Responses for speed of implementation are scored based on method where each metric submitted is divided by the highest (or best-performing) metric submitted by a PPS and multiplied by points possible.</i>
b.	Expected timeline for achieving 100% engagement of total expected number of actively engaged patients.	NA	50%	17.50	
SUBTOTAL	Speed of Implementation/Patient Engagement		100%	35.5 out of 40	
TOTAL			100 points	71.8	



Project Number:	2.d.i
Project Description:	Implementation of patient activation activities to engage, educate and intergrate the uninsured and low/non-utilizing Medicaid populations into community-based care
Project Index Score:	56
Point Scale:	0=Non-responsive; 1=Poor/Mostly Unmet; 2=Good/Somewhat Met; 3=Excellent/Completely Met

Project Application Section	Reviewer Score	Item Weighting	Points	Comments
Project Description and Justification (20 points)				
Community Needs Assessment				
a.	3	25%	5.0	PPS demonstrates understandin of gaps, including lack of access and availability of community resources to employ solutions. Examples include: "close link between poor access to and understanding of health services and reliance on ER for source of care", identification of number of undocumented uninsured, identification of low/non utilizers, fragmentation of current provider system. Additional details supporting "strong record of designing and delivering innovative models" would be preferable.
Target Population				
b.	2	25%	3.3	Response provided some explanantion of the target population by identifying the type of consumer to be targeted, however, more detail could have been provided about the characteristics of the population.
Current Assets and Resources				
c.	2	25%	3.3	The response included a good level of detail around the primary care resources and community care workers available in the targeted areas but could have provided more detail with respect to other resources in the community that will be needed to fully engage consumers.
Project Challenges and Issues				
d.	3	25%	5.0	The response demonstrated understanding of implementation challenges and necessary interventions to address the challenges.
PPS Coordination				
e.	NA	NA	NA	(If applicable) Clearly outlined plans on how the PPS will coordinate on the DSRIP project with other PPSs that serve an overlapping service area. Not Applicable
SUBTOTAL	10	100%	16.7 out of 20 points	
Scale of Implementation (40 points)				
a.	NA	50%	10.00	<i>Scale of implementation scoring is conducted using a relative scale, rewarding those PPSs that commit to broader scale implementations or faster project implementation. Responses for total number of providers, programs, facilities, or sites are broken into tiers based on the numbers proposed among PPS applicants for this project and are assigned points based on relative performance. Responses for percentage of safety net inclusion and percentage of expected patients to be actively engaged are scored based on method where each metric submitted is divided by the highest (or best-performing) metric submitted by a PPS and multiplied by points possible.</i>
b.	NA	NA	NA	
c.	NA	50%	20.00	
SUBTOTAL		100%	30 out of 40	



Project Number:	2.d.i
Project Description:	Implementation of patient activation activities to engage, educate and intergrate the uninsured and low/non-utilizing Medicaid populations into community-based care
Project Index Score:	56
Point Scale:	0=Non-responsive; 1=Poor/Mostly Unmet; 2=Good/Somewhat Met; 3=Excellent/Completely Met

Project Application Section		Reviewer Score	Item Weighting	Points	Comments
Speed of Implementation/Patient Engagement (40 points)					
a.	Expected timeline for achieving all project requirements.	NA	50%	20.00	<i>Responses for speed of implementation are scored based on method where each metric submitted is divided by the highest (or best-performing) metric submitted by a PPS and multiplied by points possible.</i>
b.	Expected timeline for achieving 100% engagement of total expected number of actively engaged patients.	NA	50%	20.00	
SUBTOTAL	Speed of Implementation/Patient Engagement		100%	40 out of 40	
TOTAL			100 points	86.7	



Project Number:	3.a.i
Project Description:	Integration of primary care and behavioral health services
Project Index Score:	39
Point Scale:	0=Non-responsive; 1=Poor/Mostly Unmet; 2=Good/Somewhat Met; 3=Excellent/Completely Met

Project Application Section	Reviewer Score	Item Weighting	Points	Comments	
Project Description and Justification (20 points)					
Community Needs Assessment					
a.	Clearly addressed the identified gaps (via the Community Needs Assessment) this project will fill in order to meet the needs of the community.	1	25%	1.7	The response did not sufficiently describe the needs of the community. Examples include, "behavioral health disorders are fairly common", "high-likelihood" of psychotropic overtreatment requires further research. Response references numerous studies but supplies insufficient PPS-specific examples.
Target Population					
b.	Provided a clear explanation of the patient population PPS expects to engage through the implementation of this project. Population must be specific and should include descriptive information such as geographic location, disease burden, social needs or other identifying demographic information.	1	25%	1.7	Insufficient response. "MA patients with behavioral health conditions" does not provide enough detail to define the targeted population.
Current Assets and Resources					
c.	Provided a succinct summary of the current assets and resources that can be mobilized and employed to help achieve this DSRIP Project; Described existing resources which will be repurposed to meet the needs of the community.	2	25%	3.3	Response provided a clear description of PPS assets but not enough of a description of the non-PPS assets (community resources) that will be mobilized.
Project Challenges and Issues					
d.	Identified anticipated project challenges or anticipated issues the PPS will encounter in implementing this project and described how these challenges will be appropriately addressed.	0	25%	0.0	Response did not provide sufficient information from which to score the requirement.
PPS Coordination					
e.	(if applicable) Clearly outlined plans on how the PPS will coordinate on the DSRIP project with other PPSs that serve an overlapping service area.	NA	NA	NA	Not Applicable
SUBTOTAL	Project Description and Justification	4	100%	6.7 out of 20 points	
Scale of Implementation (40 points)					
a.	Total number of providers, programs, facilities, or sites that the PPS intends to include in the project by DY4.	NA	25%	5.00	<i>Scale of implementation scoring is conducted using a relative scale, rewarding those PPSs that commit to broader scale implementations or faster project implementation. Responses for total number of providers, programs, facilities, or sites are broken into tiers based on the numbers proposed among PPS applicants for this project and are assigned points based on relative performance.</i> <i>Responses for percentage of safety net inclusion and percentage of expected patients to be actively engaged are scored based on method where each metric submitted is divided by the highest (or best-performing) measure submitted by a PPS and multiplied by points possible.</i>
b.	Percentage of safety net providers in service area that the PPS intends to include for implementation of the project.	NA	25%	7.80	
c.	The total expected volume of patients the PPS intends to engage throughout this project by the end of DY4 as percentage of total attributed population.	NA	50%	14.20	
SUBTOTAL	Scale of Implementation		100%	27 out of 40	



Project Number:	3.a.i
Project Description:	Integration of primary care and behavioral health services
Project Index Score:	39
Point Scale:	0=Non-responsive; 1=Poor/Mostly Unmet; 2=Good/Somewhat Met; 3=Excellent/Completely Met

Project Application Section		Reviewer Score	Item Weighting	Points	Comments
Speed of Implementation/Patient Engagement (40 points)					
a.	Expected timeline for achieving all project requirements.	NA	50%	17.50	<i>Responses for speed of implementation are scored based on method where each metric submitted is divided by the highest (or best-performing) metric submitted by a PPS and multiplied by points possible.</i>
b.	Expected timeline for achieving 100% engagement of total expected number of actively engaged patients.	NA	50%	18.57	
SUBTOTAL	Speed of Implementation/Patient Engagement		100%	36.07	
TOTAL			100 points	69.7	



Project Number:	3.a.ii
Project Description:	Behavioral health community crisis stabilization services
Project Index Score:	37
Point Scale:	0=Non-responsive; 1=Poor/Mostly Unmet; 2=Good/Somewhat Met; 3=Excellent/Completely Met

Project Application Section	Reviewer Score	Item Weighting	Points	Comments	
Project Description and Justification (20 points)					
Community Needs Assessment					
a.	Clearly addressed the identified gaps (via the Community Needs Assessment) this project will fill in order to meet the needs of the community.	3	25%	5.0	Response provided a clear description of community resources. Examples include: 14 qualified hospital systems, surgical centers, FQHC, etc. Response illustrates the need for more psychiatric emergency services with complementary community services.
Target Population					
b.	Provided a clear explanation of the patient population PPS expects to engage through the implementation of this project. Population must be specific and should include descriptive information such as geographic location, disease burden, social needs or other identifying demographic information.	1	25%	1.7	Response does not sufficiently identify the population the PPS intends to engage through implementation of this project.
Current Assets and Resources					
c.	Provided a succinct summary of the current assets and resources that can be mobilized and employed to help achieve this DSRIP Project; Described existing resources which will be repurposed to meet the needs of the community.	2	25%	3.3	Response identifies 3 general hospitals that are part of the PPS and require assistance with how to deal with crisis stabilization services. However, the response does not clearly identify how these 3 hospitals will be better mobilized to effectively deal with patients who are experiencing a psychiatric crisis.
Project Challenges and Issues					
d.	Identified anticipated project challenges or anticipated issues the PPS will encounter in implementing this project and described how these challenges will be appropriately addressed.	2	25%	3.3	The response does not fully capture the challenges and solutions the PPS will employ. Although the response identifies the challenge of "gaining support and cooperation" from all involved parties there is no mention of how these various cultures and agendas will fit together through the implementation of the project.
PPS Coordination					
e.	(If applicable) Clearly outlined plans on how the PPS will coordinate on the DSRIP project with other PPSs that serve an overlapping service area.	NA	NA	NA	Not Applicable
SUBTOTAL	Project Description and Justification	8	100%	13.3 out of 20 points	
Scale of Implementation (40 points)					
a.	Total number of providers, programs, facilities, or sites that the PPS intends to include in the project by DY4.	NA	25%	5.00	<i>Scale of implementation scoring is conducted using a relative scale, rewarding those PPSs that commit to broader scale implementations or faster project implementation. Responses for total number of providers, programs, facilities, or sites are broken into tiers based on the numbers proposed among PPS applicants for this project and are assigned points based on relative performance.</i>
b.	Percentage of safety net providers in service area that the PPS intends to include for implementation of the project.	NA	25%	8.85	
c.	The total expected volume of patients the PPS intends to engage throughout this project by the end of DY4 as percentage of total attributed population.	NA	50%	17.50	
SUBTOTAL	Scale of Implementation		100%	31.4 out of 40	



Project Number:	3.a.ii
Project Description:	Behavioral health community crisis stabilization services
Project Index Score:	37
Point Scale:	0=Non-responsive; 1=Poor/Mostly Unmet; 2=Good/Somewhat Met; 3=Excellent/Completely Met

Project Application Section		Reviewer Score	Item Weighting	Points	Comments
Speed of Implementation/Patient Engagement (40 points)					
a.	Expected timeline for achieving all project requirements.	NA	50%	15.56	<i>Responses for speed of implementation are scored based on method where each metric submitted is divided by the highest (or best-performing) metric submitted by a PPS and multiplied by points possible.</i>
b.	Expected timeline for achieving 100% engagement of total expected number of actively engaged patients.	NA	50%	17.69	
SUBTOTAL	Speed of Implementation/Patient Engagement		100%	33.25	
TOTAL			100 points	77.9	



Project Number:	3.b.i
Project Description:	Evidence-based strategies for disease management in high risk/affected populations (Cardiovascular - adult only)
Project Index Score:	30
Point Scale:	0=Non-responsive; 1=Poor/Mostly Unmet; 2=Good/Somewhat Met; 3=Excellent/Completely Met

Project Application Section	Reviewer Score	Item Weighting	Points	Comments	
Project Description and Justification (20 points)					
Community Needs Assessment					
a.	Clearly addressed the identified gaps (via the Community Needs Assessment) this project will fill in order to meet the needs of the community.	3	20%	4.0	PPS demonstrates understanding of high-incidence areas, examples include - North/Central Forestland, Juniper Hill-Ash Park, Birchview and North Birchview as areas that account for the highest percentage of potentially preventable emergency room visits, of which 65% to 80% could be prevented. Response demonstrated the opportunity within these areas to diagnose and impact patients with cardiovascular conditions.
Target Population					
b.	Provided a clear explanation of the patient population PPS expects to engage through the implementation of this project. Population must be specific and should include descriptive information such as geographic location, disease burden, social needs or other identifying demographic information.	2	20%	2.7	Although the response identified target populations at a high level, the respondent could have provided more detail specifically around their social needs, demographics and other identifying factors.
Current Assets and Resources					
c.	Provided a succinct summary of the current assets and resources that can be mobilized and employed to help achieve this DSRIP Project; Described existing resources which will be repurposed to meet the needs of the community.	1	20%	1.3	Although the response provided the naming of various job functions that would be deployed for the interventions, more detail is required regarding how the resources would be efficiently deployed and used in project implementation.
Project Challenges and Issues					
d.	Identified anticipated project challenges or anticipated issues the PPS will encounter in implementing this project and described how these challenges will be appropriately addressed.	1	20%	1.3	Response provides background to document challenges (e.g. the changing of patient and provider behavior) but doesn't sufficiently address how these challenges will be addressed. "Convenience" and "outreach" does not sufficiently identify interventions at a program level that will appropriately address the problems.
PPS Coordination					
e.	(If applicable) Clearly outlined plans on how the PPS will coordinate on the DSRIP project with other PPSs that serve an overlapping service area.	2	20%	2.7	Response provided but inadequately addressed how the PPS will coordinate approach with other PPS operating same project in service area.
SUBTOTAL	Project Description and Justification	9	100%	12 out of 20 points	
Scale of Implementation (40 points)					
a.	Total number of providers, programs, facilities, or sites that the PPS intends to include in the project by DY4.	NA	25%	5.00	<i>Scale of implementation scoring is conducted using a relative scale, rewarding those PPSs that commit to broader scale implementations or faster project implementation. Responses for total number of providers, programs, facilities, or sites are broken into tiers based on the numbers proposed among PPS applicants for this project and are assigned points based on relative performance.</i>
b.	Percentage of safety net providers in service area that the PPS intends to include for implementation of the project.	NA	25%	7.13	
c.	The total expected volume of patients the PPS intends to engage throughout this project by the end of DY4 as percentage of total attributed population.	NA	50%	17.59	<i>Responses for percentage of safety net inclusion and percentage of expected patients to be actively engaged are scored based on method where each metric submitted is divided by the highest (or best-performing) measure submitted by a PPS and multiplied by points possible.</i>
SUBTOTAL	Scale of Implementation		100%	29.7 out of 40	



Project Number:	3.b.i
Project Description:	Evidence-based strategies for disease management in high risk/affected populations (Cardiovascular - adult only)
Project Index Score:	30
Point Scale:	0=Non-responsive; 1=Poor/Mostly Unmet; 2=Good/Somewhat Met; 3=Excellent/Completely Met

Project Application Section		Reviewer Score	Item Weighting	Points	Comments
Speed of Implementation/Patient Engagement (40 points)					
a.	Expected timeline for achieving all project requirements.	NA	50%	15.56	<i>Responses for speed of implementation are scored based on method where each metric submitted is divided by the highest (or best-performing) metric submitted by a PPS and multiplied by points possible.</i>
b.	Expected timeline for achieving 100% engagement of total expected number of actively engaged patients.	NA	50%	17.50	
SUBTOTAL		Speed of Implementation/Patient Engagement		100%	33.06 out of 40
TOTAL				100 points	74.8



Project Number:	3.c.i
Project Description:	Evidence-based strategies for disease management in high risk/affected populations (Diabetes - adults only)
Project Index Score:	30
Point Scale:	0=Non-responsive; 1=Poor/Mostly Unmet; 2=Good/Somewhat Met; 3=Excellent/Completely Met

Project Application Section		Reviewer Score	Item Weighting	Points	Comments
Project Description and Justification (20 points)					
Community Needs Assessment					
a.	Clearly addressed the identified gaps (via the Community Needs Assessment) this project will fill in order to meet the needs of the community.	3	20%	4.0	The response clearly identified diabetes as the top disease burden in Forestland. Response references the 11% of PPS attributed patients that would benefit from project as well as gaps in access to primary care, insufficient patient education, and insufficient monitoring.
Target Population					
b.	Provided a clear explanation of the patient population PPS expects to engage through the implementation of this project. Population must be specific and should include descriptive information such as geographic location, disease burden, social needs or other identifying demographic information.	3	20%	4.0	The response clearly articulated the target population and provided clear neighborhood designations: Medicaid patients with diabetes in Hazelcrest and Birchview. Response clearly explained use of CNA and focus groups to arrive at conclusion.
Current Assets and Resources					
c.	Provided a succinct summary of the current assets and resources that can be mobilized and employed to help achieve this DSRIP Project; Described existing resources which will be repurposed to meet the needs of the community.	1	20%	1.3	Response was non-specific to project scope. Response does not mention community resources that will be mobilized or repurposed.
Project Challenges and Issues					
d.	Identified anticipated project challenges or anticipated issues the PPS will encounter in implementing this project and described how these challenges will be appropriately addressed.	1	20%	1.3	The response identified challenges that are non-specific to project completion or success. Strategies are not aligned with challenges. Groceries stores offering healthier foods or special incentives for health clubs are not specific to evidence based strategies to address diabetes.
PPS Coordination					
e.	(If applicable) Clearly outlined plans on how the PPS will coordinate on the DSRIP project with other PPSs that serve an overlapping service area.	1	20%	1.3	PPS provided response but did not identify how PPS would coordinate with other PPSs.
SUBTOTAL	Project Description and Justification	9	80%	12 out of 20 points	
Scale of Implementation (40 points)					
a.	Total number of providers, programs, facilities, or sites that the PPS intends to include in the project by DY4.	NA	25%	5.00	<i>Scale of implementation scoring is conducted using a relative scale, rewarding those PPSs that commit to broader scale implementations or faster project implementation. Responses for total number of providers, programs, facilities, or sites are broken into tiers based on the numbers proposed among PPS applicants for this project and are assigned points based on relative performance.</i> <i>Responses for percentage of safety net inclusion and percentage of expected patients to be actively engaged are scored based on method where each metric submitted is divided by the highest (or best-performing) measure submitted by a PPS and multiplied by points possible.</i>
b.	Percentage of safety net providers in service area that the PPS intends to include for implementation of the project.	NA	25%	7.30	
c.	The total expected volume of patients the PPS intends to engage throughout this project by the end of DY4 as percentage of total attributed population.	NA	50%	20.00	
SUBTOTAL	Scale of Implementation		100%	32.3 out of 40	



Project Number:	3.c.i
Project Description:	Evidence-based strategies for disease management in high risk/affected populations (Diabetes - adults only)
Project Index Score:	30
Point Scale:	0=Non-responsive; 1=Poor/Mostly Unmet; 2=Good/Somewhat Met; 3=Excellent/Completely Met

Project Application Section		Reviewer Score	Item Weighting	Points	Comments
Speed of Implementation/Patient Engagement (40 points)					
a.	Expected timeline for achieving all project requirements.	NA	50%	20.00	<i>Responses for speed of implementation are scored based on method where each metric submitted is divided by the highest (or best-performing) metric submitted by a PPS and multiplied by points possible.</i>
b.	Expected timeline for achieving 100% engagement of total expected number of actively engaged patients.	NA	50%	17.10	
SUBTOTAL		Speed of Implementation/Patient Engagement		100%	37.1 out of 40
TOTAL				100 points	81.4



Project Number:	4.a.iii
Project Description:	Strengthen Mental Health and Substance Abuse Infrastructure across Systems
Project Index Score:	20
Point Scale:	0=Non-responsive; 1=Poor/Mostly Unmet; 2=Good/Somewhat Met; 3=Excellent/Completely Met

Project Application Section	Reviewer Score	Item Weighting	Points	Comments	
Project Description and Justification (100 points)					
Community Needs Assessment					
a.	Clearly addressed the identified gaps (via the Community Needs Assessment) this project will fill in order to meet the needs of the community.	2	16.7%	11.1	PPS demonstrates understanding of geographically-specific mental health disorders (i.e. drug abuse or accidental poisoning), a top 10 leading cause of death in Forestland. While the response indicates a lack of mental health services, the response could have been more detailed in terms of the specific service gaps in Forestland
Target Population					
b.	Provided a clear explanation of the patient population PPS expects to engage through the implementation of this project. Population must be specific and should include descriptive information such as geographic location, disease burden, social needs or other identifying demographic information.	3	16.7%	16.7	The response provided a full description of target population including specific geographic locations, social needs and language challenges.
Current Assets and Resources					
c.	Provided a succinct summary of the current assets and resources that can be mobilized and employed to help achieve this DSRIP Project; Described existing resources which will be repurposed to meet the needs of the community.	2	16.7%	11.1	Response does not provide sufficient details on how current assets will be leveraged to implement the 3 projects. Respondent included references to problem-solving approach (education, methodology, etc.) but lacks a clear outline of how identified resources will be used to accomplish objectives.
Project Challenges and Issues					
d.	Identified anticipated project challenges or anticipated issues the PPS will encounter in implementing this project and described how these challenges will be appropriately addressed.	2	16.7%	11.1	The response provided a thorough account of data challenges and solutions but lacked detail regarding how social factors challenge will be addressed (i.e., which social supports will be utilized, how care continuum will be implemented, etc.)
PPS Coordination					
e.	(If applicable) Clearly outlined plans on how the PPS will coordinate on the DSRIP project with other PPSs that serve an overlapping service area.	0	16.7%	0.0	No response provided in how the PPS will coordinate with other PPS who seek to implement the same project.
Project Milestones and Timelines					
f.	Identified and described the important project milestones relative to the implementation of this project. Provided the anticipated timeline for achieving the milestones.	3	16.7%	16.7	PPS provided adequate response in identifying multiple milestones for each project with accompanying completion dates for each milestone.
SUBTOTAL	Project Description and Justification	12	100%	66.7 out of 100	
TOTAL			100 points	66.7	



Project Number:	4.b.ii
Project Description:	Increase Access to High Quality Chronic Disease Preventive Care and Management in Both Clinical and Community Settings (Note: This project targets chronic diseases that are not included in domain 3, such as cancer)
Project Index Score:	17
Point Scale:	0=Non-responsive; 1=Poor/Mostly Unmet; 2=Good/Somewhat Met; 3=Excellent/Completely Met

Project Application Section	Reviewer Score	Item Weighting	Points	Comments	
Project Description and Justification (100 points)					
Community Needs Assessment					
a.	Clearly addressed the identified gaps (via the Community Needs Assessment) this project will fill in order to meet the needs of the community.	3	16.7%	16.7	Response identifies specific proportion (73%) of preventable admissions in Forestland due to the mismanagement of chronic conditions. The response is further elaborated with details within geographical clusters in Forestland. The PPS response demonstrates ability to analyze community needs and service and provider gaps in Forestland.
Target Population					
b.	Provided a clear explanation of the patient population PPS expects to engage through the implementation of this project. Population must be specific and should include descriptive information such as geographic location, disease burden, social needs or other identifying demographic information.	3	16.7%	16.7	Response adequately described the disease burden, geographical area, and other social needs of the population the PPS expects to engage through implementation of this project.
Current Assets and Resources					
c.	Provided a succinct summary of the current assets and resources that can be mobilized and employed to help achieve this DSRIP Project; Described existing resources which will be repurposed to meet the needs of the community.	3	16.7%	16.7	Response clearly describes new (Wi-Fi enabled tablets) and current assets (care coordinators and mobile diagnostic units) required to be successful.
Project Challenges and Issues					
d.	Identified anticipated project challenges or anticipated issues the PPS will encounter in implementing this project and described how these challenges will be appropriately addressed.	3	16.7%	16.7	Clear response of project challenges (accessibility, trust and language) with methods for overcoming each.
PPS Coordination					
e.	(If applicable) Clearly outlined plans on how the PPS will coordinate on the DSRIP project with other PPSs that serve an overlapping service area.	1	16.7%	5.6	Response noted 3 other PPSs in Forestland, but adequate response would have included partnering or collaboration strategies to most efficiently target the populations in Forestland with chronic conditions.
Project Milestones and Timelines					
f.	Identified and described the important project milestones relative to the implementation of this project. Provided the anticipated timeline for achieving the milestones.	3	16.7%	16.7	PPS provided adequate response in identifying multiple milestones for each project with accompanying completion dates for each milestone.
SUBTOTAL	Project Description and Justification	16	100%	88.9 out of 100 points	
TOTAL			100 points	88.9	