

## **COMPREHENSIVE PLANNING COMMITTEE (CPC) MEETING AGENDA**

**WEDNESDAY APRIL 28, 2021 – 11:00PM TO 1:00PM**

**ELECTRONIC MEETING VIA ZOOM VIDEO CONFERENCING**

*ELECTRONIC – ONLINE MEETING*

**Note: all times are approximate**

11:05 am	<ol style="list-style-type: none"> <li>1. Call to Order and Moment of Silence</li> <li>2. Welcome and Introductions</li> <li>3. Adopt Agenda for April 28, 2021</li> <li>4. Approve Minutes for March 24, 2021</li> </ol>
11:15 am	5. Ryan White HIV/AIDS Program (RWHAP) – Reports & Financial Oversight
11:30 am	6. Data Request
12:00 pm	7. Other Business
12:15 pm	8. Announcements and Adjournment
<b><u>NEXT COMPREHENSIVE PLANNING            COMMITTEE (CPC) MEETING:</u></b>	<b>WEDNESDAY MAY 26, 2021            11PM TO 1PM            ELECTRONIC MEETING VIA ZOOM VIDEO            CONFERENCING (ONLINE)</b>

## **COMPREHENSIVE PLANNING COMMITTEE (CPC) MEETING MINUTES**

**WEDNESDAY, MARCH 24, 2021 – 11:00AM**

**ZOOM CONFERENCE AND VIDEO CALL**

**ELECTRONIC – ONLINE MEETING**

<b>ATTENDEES/ROLL CALL</b>					
<b>COMMISSIONERS</b>	<b>PRESENT</b>	<b>ABSENT</b>	<b>COMMITTEE MEMBERS</b>	<b>PRESENT</b>	<b>ABSENT</b>
Carney, Misty	X				
Copley, Mackenzie ( <i>Vice Chair</i> )	X				
DeMartino, Peter	X				
Padmore, Gerald ( <i>Chair</i> )	X				
Shaw-Richardson, Re'ginald		X	<b>COMMUNITY PARTNERS/GUESTS</b>	<b>PRESENT</b>	<b>ABSENT</b>
			Fernando Mena-Carrasco	X	
<b>RYAN WHITE RECIPIENT STAFF</b>	<b>PRESENT</b>	<b>ABSENT</b>	Ramos, Claudia	<b>X</b>	
Barnes, Clover	X				
Edmonds, Jason	X		<b>CONSULTANTS</b>	<b>PRESENT</b>	<b>ABSENT</b>
Fortune, Ebony	X				
<b>HAHSTA STAFF</b>	<b>PRESENT</b>	<b>ABSENT</b>	<b>COMMISSION SUPPORT STAFF</b>	<b>PRESENT</b>	<b>ABSENT</b>
Fox, Anthony	X		Bailey, Patrice	X	
Pettigrew, Ken	X		Clark, Lamont	X	

### **HIGHLIGHTS**

*NOTE: This is a draft version of the March 24, 2021 Comprehensive Planning Committee (CPC) Meeting Minutes. The final version will be approved at the April 28, 2021 meeting and made available thereafter.*

### **AGENDA**

<b>ITEM</b>	<b>DISCUSSION</b>
<b>Call to Order</b>	Gerald P. called the meeting to order at 11:02 am, followed by a moment of silence and introductions.
<b>Review and Adoption of the Agenda</b>	Peter D. motioned to adopt the Comprehensive Planning Committee Agenda for March 24, 2021. Misty C. seconded. The agenda was adopted unanimously.



<p><b>Review and Approval of the Minutes</b></p>	<p>Misty motioned to approve the Comprehensive Planning Committee Minutes from January 27, 2021. Gerald seconded. The minutes are approved unanimously.</p>
<p><b>Ryan White        HIV/AIDS Program        (RWHAP) Reports &amp;        Financial Oversight</b></p>	<p><b>Clover Barnes reported for the Recipient.</b></p> <p><b><u>FISCAL STATUS</u></b>        For Part A and Part A MAI in January 2021, (38) of (41) invoices have been received.</p> <p>There are no service delivery challenges in Maryland, Virginia, or DC.</p> <p><b><u>PART A FISCAL SUMMARY</u></b>        Part A expenditures are at 64% and should be at 92%.</p> <p>The service area affected by an unprocessed invoice is Regional Early Intervention Services (REIS).</p> <p>Services spending 30% below expected are Early Intervention Services (EIS), Emergency Financial Assistance (EFA), Linguistic Services (LS), and Outreach Services (OS). EIS, (part of which is outreach, health education, risk reduction and linkage to care), Linguistics, and Outreach have been underspending because those services are primarily rendered in-person and there are other ways for the provider to pay for them. Outreach has been difficult during the pandemic for obvious reasons.</p> <p><b><u>PART A MAI FISCAL SUMMARY</u></b>        Part A MAI expenditures are at 73% and should be at 92%.</p> <p>The service spending 30% below expected is Outpatient/Ambulatory Health Services.</p> <p><b><u>UBC FISCAL SUMMARY</u></b></p> <p>Services spending 30% below expected are Outpatient/Ambulatory Health Services, Oral Health Care, Substance Abuse Services – Outpatient, and Housing Case Management and Referral. It has been difficult to spend Substance Abuse because there is so much money available in the EMA for it and we are payers of last resort. Oral Health Care came to a complete halt at the beginning of the grant year due to the pandemic. Outpatient Ambulatory has been difficult for providers who weren't doing telehealth before and had to transition during the pandemic. Housing Case Management and Referral was combined with Non-Medical Case Management.</p>



	<p><b><u>RECIPIENT REPORT</u></b></p> <p>1. <b>GY 30 Closeout.</b> The Recipient and her team are working diligently to ensure funds are spent down as much as possible. HRSA anticipates significant underspending from Ryan White grants due to the COVID-19 pandemic. We do not anticipate having an unobligated balance large enough to cause the EMA to receive a penalty. HRSA has waived the underspending penalties for Parts A and B for FY 20 and FY 21.</p>
<p><b>Data Request</b></p>	<p>Gerald indicated that he and Mackenzie C. were going to discuss the data request, however, it appears to be done already. Gerald doesn't anticipate any changes. Peter D. asked if the CPC could add to it (ex. what providers did with COVID and EHE money)? Clover B. indicated that the request usually contains data as it pertains to services in relation to the epidemiological profiles. Some questions around EHE and how COVID affected services could be asked, and if asked, placed in the section where George Washington University (GWU) talks about other funding streams.</p> <p>Clover noted she would be interested in seeing what the Research committee is able to find in regard to EHE. Lamont C. indicated that REC likely would not have much information because the majority of data they will use will be from 2017 - 2019 information which won't reflect what's happening around the current COVID era. It looks like there might not be a lot of information available during PSRA.</p> <p>Ebony F. noted that there was some underspending in EFA around rents. Initially there was more money put in that category because it was thought that there would be a need but due to the pandemic moratoriums on evictions and other resources the additional money wasn't spent as planned. Therefore, looking at those numbers won't tell you that it's not needed for next year. Also, there was an increase in the need for food but as more resources became available that number decreased as well.</p> <p>Clover indicated that they are doing a COVID based needs assessment for Part B DC funded providers which won't be done until September but likely before the application is due. Subsequently, if something needs to be changed there is time to make the changes.</p> <p>The Recipient's office is also working on a model change on how they operationalize allocations. It is likely the Unit Based Cost (UBC) model will discontinue, and a "Fee for Value" approach will take its place. The Recipient will do a full presentation when the redesigned model is complete. Anecdotally, the way rendered services are paid, decreases the data received by about 40%, which also changes some of the outcome measures. The</p>

	<p>providers are supposed to send information on all clients within the eligible scope, but they've only been sending information on the clients paid for by Ryan White. Consequently, the Recipient does not get the full scope of data. In addition, organizations have let go some of their Ryan White data staff which has affected their required data reporting and quality endeavors have suffered which endangers their ability to be funded moving forward as past performance is considered in rewarding new funds.</p> <p>Peter asked if we need a formal request from the committee to move forward. Lamont indicated that if it's going to stay the same, simply change the date. It needs to get to the Recipient's office by next month.</p> <p>Mackenzie indicated that he has the template on his computer and has previously taken responsibility for updating it. He offered to continue in that responsibility and post it in Basecamp with highlighted changes for any potential discussion. Mackenzie can complete it by the end of next Wednesday.</p>
<b>Other Business</b>	

<b>ANNOUNCEMENTS/OTHER DISCUSSION</b>			
Ken Pettigrew has been officially sworn in and is now the new Government Co-chair.			
<b>HANDOUTS</b>			
<ul style="list-style-type: none"> <li>• March 24, 2021 Comprehensive Planning Committee (CPC) Meeting Agenda</li> <li>• February 24, 2021 Comprehensive Planning Committee (CPC) Meeting Minutes</li> <li>• Monthly Fiscal and Recipient Report (Part A and Part A MAI Funding) Year 29 – Reporting Period: January 2021</li> <li>• Fiscal Roll-up Report – January 2021</li> </ul>			
<b>MEETING ADJOURNED</b>	<b>11: 34AM</b>	<b>NEXT MEETING</b>	<b>WEDNESDAY, APRIL 28, 2021 11:00am to 1:00pm ZOOM CONFERENCE AND VIDEO CALL</b>

**Date: April 28, 2021**

**To: Comprehensive Planning Committee (CPC)**

**From: Ryan White HIV/AIDS Program (RWHAP) Recipient Staff**

**Re: Monthly Fiscal and Recipient Report (Part A and Part A MAI Funding)  
Year 30 - Reporting Period: February 1 – 28, 2021**

**Part A and Part A MAI.** The Ryan White HIV/AIDS Program (RWHAP) Part A Grant Year 30 includes two components: Part A and Part A Minority AIDS Initiative (MAI). These reports are designed to report distinctly on the associated program activities. 1. The Part A GY 29 carryover request for \$938,440 was received on September 16, 2020 and has been added to the total award for GY30. **The GY 30 award has been received in the amount \$32,242,116. The total plus carryover is \$33,180,556.**

**Notes on Overview.** The fiscal spreadsheets list the service categories by Part and jurisdiction and identifies the reported expenditure as a proportion of expected-to-date. The COHAH has requested an explanation of those service categories with a 30% variance from the target percentage.

### **FISCAL STATUS**

For Part A and Part A MAI in February 2021, (32) of (41) invoices have been received.

### **SERVICE DELIVERY CHALLENGES**

**DC:** No challenges.

**MD:** No challenges.

**VA:** No challenges.

### **PART A FISCAL SUMMARY**

**Part A expenditures are 72% and should be 100%.** (Overall Expenditure rates by funding source for the reporting period)

**Service areas affected by unprocessed invoices:**

Regional Early Intervention Services (REIS)
Early Intervention Services
Home & Community Based Care
Medical Case Management
Emergency Financial Assistance
Medical Nutrition Therapy
Linguistic Services

**Services 30% below expected:**

Early Intervention Services (EIS)
Emergency Financial Assistance (EFA)
Outreach Services (OS)

**Services 30% above expected:**

N/A
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**PART A MAI FISCAL SUMMARY**

**Part A MAI expenditures are 80% and should be 100%.** (Overall Expenditure rates by funding source for the reporting period)

**Service areas affected by unprocessed invoices:**

Ambulatory Outpatient Medical Care
Early Intervention Services
Mental Health Services
Medical Case Management
Psychosocial Support Services

**Services 30% below expected:**

Outpatient/Ambulatory Health Services
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**Services 30% above expected:**

N/A
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**UBC FISCAL SUMMARY**

**UBC expenditures are 79% and should be 100%.** (Overall Expenditure rates by funding source for the reporting period)

**Service areas affected by unprocessed invoices:**

N/A
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**Services 30% below expected:**

Outpatient/Ambulatory Health Services
Oral Health Care
Substance Abuse Services - Outpatient
Housing Case Management and Referral

**Services 30% above expected:**

N/A
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**RECIPIENT REPORT**

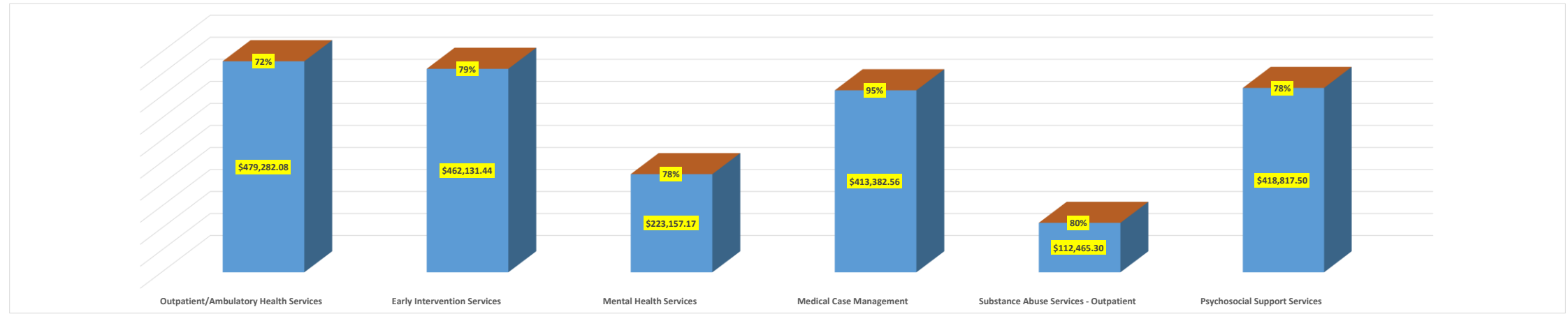
- GY 30 Closeout.** The Recipient and her team are working diligently to ensure funds are spent down as much as possible. HRSA anticipates significant underspending from Ryan White grants due to the COVID-19 pandemic. We do not anticipate having an unobligated balance large enough to cause the EMA to receive a penalty. HRSA has waived the underspending penalties for Parts A and B for FY 20 and FY 21. Carryover will be requested.
- RW Model Redesign.** The Recipient and her team are working toward a new model for service delivery within the Ryan White and Prevention networks. There are provider meetings occurring to discuss specifics for each service category affected that will inform the model. Once the model is complete, a presentation will be made to COHAH, prior to the release of the RFA this year. The RFA will fund RW Part A, RW DC Part B and DC prevention programming through a status neutral approach.
- GY 31 Award.** The full award for Grant Year 31 (which began March 1, 2021) has been received. **The new award is \$31,479,527**, which includes \$18,589,259 in Formula funds, \$10,053,491 in Supplemental funds, and \$2,836,777 in MAI funds. This award is \$762,589 less than the award from the previous year.

MAI

Report through February 2021

SERVICE CATEGORY	AWARDS						Current Budget	EXPENDITURES TO DATE						Comments	
	Initial			Adjustments				Reported \$			Reported %	Expected \$	Expected %		
	DC	MD	VA	DC	MD	VA		DC	MD	VA					Total
Outpatient/Ambulatory Health Services	\$365,578.00	\$146,496.00	\$139,017.00	\$14,812.00			\$665,903.00	\$281,649.82	\$91,677.12	\$105,955.14	\$479,282.08	72%	\$665,903.00	100%	Reduced in-person service delivery due to COVID19
Early Intervention Services	\$211,573.00	\$214,233.00	\$91,642.00	\$69,638.00			\$587,086.00	\$282,549.55	\$99,985.45	\$79,596.44	\$462,131.44	79%	\$587,086.00	100%	
Mental Health Services	\$98,563.00	\$151,524.00	\$4,566.00	\$30,000.00			\$284,653.00	\$119,222.79	\$100,773.28	\$3,161.10	\$223,157.17	78%	\$284,653.00	100%	
Medical Case Management	\$237,093.00	\$246,979.00	\$10,126.00	-\$58,550.00			\$435,648.00	\$308,582.29	\$95,733.78	\$9,066.49	\$413,382.56	95%	\$435,648.00	100%	
Substance Abuse Services - Outpatient	\$77,461.00	\$38,700.00		\$24,275.00			\$140,436.00	\$112,465.30			\$112,465.30	80%	\$140,436.00	100%	
Psychosocial Support Services	\$188,503.00	\$154,145.00	\$117,254.00	\$75,000.00			\$534,902.00	\$265,086.13	\$65,868.31	\$87,863.06	\$418,817.50	78%	\$534,902.00	100%	
<b>TOTAL</b>	<b>\$1,178,771.00</b>	<b>\$952,077.00</b>	<b>\$362,605.00</b>	<b>\$155,175.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$2,648,628.00</b>	<b>\$1,369,555.88</b>	<b>\$454,037.94</b>	<b>\$285,642.23</b>	<b>\$2,109,236.05</b>	<b>80%</b>	<b>\$2,648,628.00</b>	<b>100%</b>	

Underspent over 30%  
Overspent over 30%



## MOTION FORM

**Instructions:** The Committee Chair or another Commissioner making a motion for consideration by the Planning Commission shall complete this form and submit it to Planning Commission staff.

<b>Standing Committee of Origin:</b>	CPC	<b>Date Moved:</b>	4/28/21
<b>Motion Made By:</b>	Gerald Padmore		
<b>Subject:</b>	<i>Inpatient substance abuse treatment</i>		

MOTION STATUS			AYES	NAYES	ABST.	DATE OF VOTE:	CHAIR SIGNATURE:
<b>Committee:</b>	<input type="checkbox"/> Passed	<input type="checkbox"/> Failed					
<b>EOC Action:</b>	<input type="checkbox"/> Passed	<input type="checkbox"/> Failed					
<b>COHAH Action:</b>	<input type="checkbox"/> Passed	<input type="checkbox"/> Failed					
<b>Documents Attached:</b>							

- Text of the motion:** I request \$20,000 be moved from Substance Abuse Outpatient to Substance Abuse Inpatient.
- Purpose of the motion / Need for the action:** A Virginia provider has requested an allocation to pay for inpatient substance abuse treatment for a Spanish speaking, female customer who is uninsured and undocumented. All other avenues to cover this expense have been explored. The client has agreed to enter treatment and a facility has been identified. The funds will cover the inpatient treatment, medications, physician costs and translation costs.
- Research completed prior to formulating recommended action:** A search was completed of available resources and facilities that could pay for and provide the needed services to the customer. There are no facilities in Virginia that have funding or services that could be provided for the customer. A price comparison was completed for the needed services among the 2 providers that will accept Ryan White funds as payment and the lower of the 2 quotes was accepted. For a 30-day residential stay the cost is \$14,750 plus approximately \$2,500 for medications and \$2,750 for in person Spanish interpretation for the duration of the residential stay.
- Alternative strategies explored and reasons why the recommended action is preferable.** The other quote for inpatient substance abuse treatment was about \$10,000 higher and further away from where the customer is currently living. We chose the closer location and lower price option.