



The **Washington, D.C. Regional Planning Commission on Health and HIV (COHAH)** will invigorate planning for HIV prevention and care programs that will demonstrate effectiveness, innovation, accountability, and responsiveness to our community.

PLANNING COMMISSION (COHAH) GENERAL BODY MEETING AGENDA

THURSDAY, JULY 27, 2023 – 6:00PM TO 8:00PM

ZOOM CONFERENCE AND VIDEO CALL

Note: all times are approximate

6:05 pm	1. Call To Order and Moment of Silence
6:10 pm	2. Review and Adoption of the Meeting Agenda for July 27, 2023 3. Review and Approval of the Meeting Minutes for June 29, 2023
6:15 pm	4. Ryan White HIV/AIDS Program (RWHAP) Recipient Report/ Updates
6:25 pm	5. Standing Committee Updates <ul style="list-style-type: none"> • Research & Evaluation Committee (REC) {Next mtg.: Tue. Aug 15th@ 3pm} • Community Engagement & Education Committee (CEEC){Next mtg.: Thur. Aug 17th @ 5pm} • Comprehensive Planning Committee (CPC) {Next mtg.: Wed. Aug 23rd @ 11am} • Integrated Strategies Committee (ISC) {Next mtg.: Wed. Aug 23rd@ 1pm}
6:45 pm	6. Other Business <ul style="list-style-type: none"> • Vote to approve Health Equity Position Paper • Virginia Updates • Maryland Updates
6:55 pm	7. Announcements/Adjournment
<p><u>NEXT PLANNING COMMISSION (COHAH) MEETING: PRIORITY SETTING & RESOURCE ALLOCATIONS</u></p>	
<p>THURSDAY AUGUST 24, 2023 5:30PM – 8:30PM ZOOM</p>	

This meeting is governed by the Open Meetings Act. Please address any questions or complaints arising under this meeting to the Office of Open Government

at opengovoffice@dc.gov.

PLANNING COMMISSION (COHAH) GENERAL BODY MEETING MINUTES

THURSDAY, JUNE 29, 2023 - 6:00PM

ZOOM CONFERENCE AND VIDEO CALL

ELECTRONIC – ONLINE MEETING

ATTENDEES/ROLL CALL

COMMISSIONERS	PRESENT	ABSENT	COMMISSIONERS	PRESENT	ABSENT
Barnes, Clover (Ex-Officio)		X	Hutton, Kenya		X
Barton, Jedidiah	X		Keita, Ramatoulaye		X
Blocker, Lakisa		X	Massie, Jenné	X	
Brown, Charles	X		Mekonnen, Betelhem (<i>Comm. Co-Chair</i>)	X	
Camara, Farima		X	Murdaugh, Henry		X
Carney, Misty	X		Olinger, Joshua	X	
Cauthen, Melvin	X		Palmer, Kentrell	X	
Clark, Lamont (Gov. Co-Chair)		X	Penner, Murray	X	
Coker, Sharon	X		Pettigrew, Kenneth		X
Cooper-Smith, Marjorie	X		Rakhmanina, Natella		X
Copley, Mackenzie	X		Ramos, Claudia		X
Corbett, Wallace		X	Rhodes, Stefanie		X
Cox, Derrick		X	Sain, Philip	X	
Dean, Traci		X	Shaw-Richardson, Re'ginald		X
DeMartino, Peter	X		Wallis, Jane (<i>Comm. Vice-Chair</i>)	X	
Fogal, Doug	X		Yocum, Ashley	X	
Ford, Jasmine		X			
Forman, Lynn	X				
Gomez, Ana	X				
Gutierrez, Anthony		X			
Hickson, DeMarc		X			
RECIPIENT STAFF	PRESENT	ABSENT	PRESENTERS	PRESENT	ABSENT
Smith, Avemaria	X				
Fortune, Ebony	X				
HAHSTA STAFF	PRESENT	ABSENT	COMMISSION STAFF	PRESENT	ABSENT
Jefferson, Regina	X		Bailey, Patrice		X
Orban, Julie	X		Johnson, Alan	X	
Price, Ashley	X				

HIGHLIGHTS

This is a draft version of the June 29, 2023, COHAH General Body Meeting Minutes which is subject to change. The final version will be approved on July 27, 2023.

AGENDA

Item	Discussion
Call to Order	The meeting was called to order by Jane W. at 6:13 pm. gave the welcome, followed by a moment of silence. Attendance was taken via Zoom chat. With 18 of 34 voting commissioners present, a quorum was established.
Review and Adoption of the Agenda	Jane asked for a motion to adopt the agenda for June 29, 2023. Melvin C. made the motion. Melvin C. seconded. The agenda was adopted unanimously via poll vote.
Review and Approval of the Minutes	Jane asked for a motion to approve the meeting minutes from May 25, 2023. Melvin made the motion. Betelhem M. seconded. The minutes were approved unanimously via poll vote.
Ryan White HIV/AIDS Program (RWHAP) Recipient Report/Updates	<p>Avemaria (Ave) S. presented the Recipient Report The Part A and Part A MAI report is being presented for the month of April for Grant Year 33. The full award is in the amount of \$32,652,189.00.</p> <p><u>FISCAL STATUS</u> Twenty-three (23) of the twenty-six (26) providers have submitted payment requests that were processed, and three (3) providers have not yet submitted April invoices for Part A and Part A MAI.</p> <p><u>PART A FISCAL SUMMARY</u> Part A expenditures are 15% and should be 17%.</p> <p>Service areas affected by unprocessed invoices were Early Intervention Services (EIS), Medical Nutrition Therapy (MNT), Medical Case Management (MCM), Non-Medical Case Management Services (NMCM), Medical Transportation (MT), Outreach Services (OS), and Psychosocial Support Services (PSS).</p> <p>Services 30% below expected were Early Intervention Services (EIS), Health Insurance Premium and Cost Sharing Assistance (HIPCSA), and Home and Community-Based Health Services (HCBS).</p> <p>Services 30% above expected were Mental Health Services (MHS) and Other Professional Services (OPS).</p> <p><u>PART A MAI FISCAL SUMMARY</u> Part A MAI expenditures were at 10% and should be at 17%.</p> <p>Service areas affected by unprocessed invoices were Outpatient/Ambulatory Health Services (OAHS), Early Intervention Services (EIS), Mental Health Services (MHS), Medical Case Management (MCM), Substance Abuse Services – Outpatient (SASO), and Psychosocial Support Services (PSS).</p>

	<p>Most services are spending 30% below expected except Medical Case Management.</p> <p>There were no services spending 30% above expected.</p> <p>RECIPIENT REPORT Recipient staff are working on conditions of award and closing out GY 32 with HRSA and starting GY 33 awards. GY33 Program Submission Report, and GY33 Program Terms Report.</p> <p>The Recipient submitted the Core Medical Services Waiver for GY 33 with the Non-competing Continuation (NCC) progress report and is awaiting review and approval from HRSA.</p> <p>The Recipient received combined CDC and HRSA feedback on the Integrated Plan and will incorporate feedback that included the jurisdictional partners, Maryland and Virginia Health Departments as needed.</p> <p>After reconciling the accepted subawards for GY33, the Recipient will make a reprogramming request in August to reduce the lapse rate of the Part A award for GY33.</p> <p>Ave reported that she will be on leave next month. Ashley Price will sit in for her.</p>
<p>Understanding the Fee For Value Model presented by Ebony Fortune</p>	<p>Ebony Fortune, Ryan White Program Manager, and Interim Deputy Chief presented on the Fee for Value Program. Ebony gave an overview of:</p> <ul style="list-style-type: none"> • The transition from Fee For Service (FFS) to Fee For Value (FFV) • What is the FFV Program: model, assessment tools and value enhancement awards • Why the need for a transition • What FFV supports • How Fee For Value has been utilized by our programs to award funds to our subrecipients to participate and engage in the transition process • FFV service categories
<p>Standing Committee Updates</p>	<p>Research and Evaluation Committee (REC) reported by Alan J. Data collection efforts for the Consumer Needs Assessment will continue until June 30th.</p> <p>Julie O. indicated that the survey was a continuation from last year. She noted that there were four (4) interns supporting the study at various subrecipient sites. Another graduate student intern was onboarded on June 5th.</p> <p>A fourth and final reminder was sent to sub-recipients on May 31st regarding the assessment close out date. There are approximately 408 usable responses out of 529 in the database. DC and Virginia exceeded the expected numbers. However, there was a need to increase responses in</p>

	<p>Maryland. Julie thanked Melvin C. and Emily Brown in Montgomery County, MD for the Pride on the Plaza event that rendered 27 more responses (4 online, 16 English and 7 Spanish), increasing Maryland numbers up to 20% below Maryland expectation.</p> <p>Community Education and Engagement committee (CEEC) reported by Jenné M. Preparation for the institutional ethnography phase of the D-Seeing Project is underway. The list of themes is being finalized to begin planning the interviews and observations with stakeholders in the community related to some of the themes discussed in the previous phase.</p> <p>The abstract submitted to the USCHA Conference has been accepted. Some of the community co-researchers will help present.</p> <p>The PrEP Protocol Summit is on hold. It will probably take place in the fall. Hopefully, a new date will be discussed at the next meeting.</p> <p>Comprehensive Planning Committee (CPC) reported by Mackenzie C. The Recipient presented the fiscal report. It was a pleasure to note that the Part A expenditures are 15% and were expected to be at 17%, so the numbers are good.</p> <p>Mackenzie noted that CPC Chair, Gerald Padmore, has resigned from the COHAH. Mackenzie has stepped into the CPC Chair position from his CPC Vice-Chair position. The Vice-Chair position is now vacant. Anyone interested in filling that position should contact Mackenzie or Lamont.</p> <p>Integrated Strategies Committee (ISC) reported by Jane W.</p> <p>The meeting was cancelled due to the lack of everyone’s availability. The next meeting will be in July.</p>
<p>Other Business</p>	<p><u>Vote to Approve the Health Equity Paper</u> Jane asked for a motion to approve the Executive Summary and the full Health Equity Position Paper. Melvin made the motion. Betelhem seconded. The vote was taken via chat box, however, there weren’t enough voting members available for quorum. The vote may have to be bought before the board again next month.</p> <p><u>Virginia Department of Health (VDH) by Ashley Y.</u> VDH has revised the Ryan White (RW) Part B Formulary which eliminates earlier classifications of drugs and re-classed them by class or type of drug, generic name, and available brand names and notes. It curtails narcotic and opioid medication prescriptions and new medications were added to assist with anxiety, infections, blood thinning, Chronic Obstructive Pulmonary Disease (COPD), nausea, cardiac issues, and transgender needed hormones to address health disparities.</p>

	<p>VDH also expanded the Ryan White Part B service categories, and they can be accessed through Emergency Financial Assistance (EFA) medications, Outpatient Ambulatory Health Services, or Health Insurance Premium and Cost Sharing Assistance.</p> <p>The Drug Addiction and Treatment Act 2000 (DATA 2000) has been amended. A special DEA number is no longer required for euphrynoprene containing products. In the event of a conflict between the formulary and the medical treatment guidelines, the medical treatment guidelines will prevail in accordance with DATA 2000. The revised formulary and policies can be found on the VDH website.</p> <p>VDH updated and revised all Virginia Ryan White Part B Services Standards to fully align with HRSA Policy Clarification Notice 1602 and 2102, by adding HRSA service definitions, VDH service definitions, an updated eligibility section, and service components where needed. VDH will transition clients from the old Part B service standards to the new, between June 1, 2023 through March 31, 2024. The new service standards will be fully implemented on April 1, 2024.</p> <p>VDH released the Ryan White Part B Quality Management Plan for GY 2023.</p> <p>The Virginia Needs Assessment was released last month, however more responses from Northern Virginia consumers are needed. The survey is available in English and Spanish and ends tomorrow.</p> <p><u>Maryland Department of Health (MDH) by Peter D. ‘</u> MDH released health officer memos and provider alerts around the hazy, red air quality we’ve begun to suffer.</p> <p>MDH is drawing attention to the pending baicalin shortage, which is used to treat syphilis, especially in pregnant women. The pharmaceutical company, Pfizer, reported that they will be totally out of stock as of their third quarter (next month) until the second or third quarter of 2024. MDH is working with HRSA across the state to locate unused stock and underused stock. Providers will receive a survey about their stock and expiration dates for possible redistribution.</p> <p>There has been discussion with CDC around harm reduction, homelessness servicing organizations, and drug overdose. A meeting is scheduled for July in celebration of the legalization of marijuana in Maryland.</p>
New Business	None noted.
Old Business	None noted.
ANNOUNCEMENTS/OTHER DISCUSSION	
Michael Hughes announced that he has been a planning body participant for at least 20 years and that he celebrated his 70 th birthday a couple of days ago.	
HANDOUTS	
<ul style="list-style-type: none"> • Planning Commission (COHAH) Meeting Agenda June 29, 2023 • Meeting Minutes May 25, 2023 	

The Washington, D.C. Regional Planning Commission on Health, and HIV (COHAH) will invigorate planning for HIV prevention and care programs that will demonstrate effectiveness, innovation, accountability, and responsiveness to our community.

<ul style="list-style-type: none"> Recipient Reports for April 			
MEETING ADJOURNED	7:13 pm	NEXT MEETING	THURSDAY, JULY 27, 2023 6:00pm to 8:00pm ZOOM CONFERENCE AND VIDEO CALL

Date: July 26, 2023

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 33 - Reporting Period: May 1 – 31, 2023**

Part A and Part A MAI. The Ryan White HIV/AIDS Program (RWHAP) Part A Grant Year 32 includes two components: Part A and Part A Minority AIDS Initiative (MAI). These reports are designed to report distinctly on the associated program activities. **For GY 33 the recipient received the full award in the amount \$32,652,189.00.**

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 **May 2023**, of the twenty-six (**26**) providers, twenty-five (**25**) submitted payment request that were processed, and one (**1**) provider have not yet submitted May 2023 invoices.

SERVICE DELIVERY CHALLENGES

DC: No challenges.

MD: No challenges.

VA: No challenges.

PART A FISCAL SUMMARY

Part A expenditures are 23% and should be 25%. (Overall Expenditure rates by funding source for the reporting period)

Service areas affected by unprocessed invoices:

Early Intervention Services (EIS)

Psychosocial Support Services (PSS)

Services 30% below expected:

Early Intervention Services (EIS)
Health Insurance Premium and Cost Sharing Assistance (HIPCSA)

Services 30% above expected:

Mental Health Services (MHS)
Other Professional Services (OPS)

PART A MAI FISCAL SUMMARY

Part A MAI expenditures are 17% and should be 25%. (Overall Expenditure rates by funding source for the reporting period)

Service areas affected by unprocessed invoices:

N/A

Services 30% below expected:

Early Intervention Services (EIS)
Medical Case Management (MCM)
Psychosocial Support Services (PSS)
Substance Abuse Services – Outpatient (SASO)

Services 30% above expected:

N/A

RECIPIENT REPORT

- 1. FY23 Priority Setting and Resource Allocation (PSRA) Data Request:** The Recipient is in receipt of the Data Request for PSRA 2023 and is working to compile all required elements for the PRSA meeting in August.
- 2. Reprogramming Request:** The Recipient will make a reprogramming request to reduce the lapse rate of the Part A award for GY33 in during the PSRA meeting in August.
- 3. Jurisdictional Ryan White Meeting:** The Recipient will convene a jurisdictional meeting with the Virginia Department of Health and Maryland Department of Health on August 3, 2023, to discuss Ryan White programmatic overlaps within our respective jurisdictions.
- 4. GY 33 Core Medical Services Waiver:** The Recipient submitted the Core Medical Services Waiver for GY 33 with the Non-competing Continuation (NCC) progress report and are awaiting review and approval from HRSA.