



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.

COMPREHENSIVE PLANNING COMMITTEE (CPC) MEETING AGENDA

WEDNESDAY APRIL 27, 2022 – 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"> 1. Call to Order and Moment of Silence 2. Welcome and Introductions
11:10 am	<ol style="list-style-type: none"> 3. Adopt Agenda for April 27, 2022 4. Approve Minutes for March 23, 2022
11:15 am	<ol style="list-style-type: none"> 5. Ryan White HIV/AIDS Program (RWHAP) – Reports & Financial Oversight
11:30 am	<ol style="list-style-type: none"> 6. Other Business <ul style="list-style-type: none"> - PSRA 2022/Data Request Discussion - Service categories discussion
12:15 pm	<ol style="list-style-type: none"> 7. Announcements and Adjournment

**NEXT COMPREHENSIVE PLANNING
COMMITTEE (CPC) MEETING:**

**WEDNESDAY MAY 25, 2022
11PM TO 1PM
ELECTRONIC MEETING VIA ZOOM VIDEO
CONFERENCING (ONLINE)**

COMPREHENSIVE PLANNING COMMITTEE (CPC) MEETING MINUTES

WEDNESDAY, MARCH 23, 2022 – 11:00AM

ZOOM CONFERENCE AND VIDEO CALL

ELECTRONIC – ONLINE MEETING

ATTENDEES/ROLL CALL					
COMMISSIONERS	PRESENT	ABSENT	COMMITTEE MEMBERS	PRESENT	ABSENT
Carney, Misty	X		Ramos, Claudia	X	
Clark, Lamont (<i>Gov. Co-Chair</i>)	X				
Copley, Mackenzie (<i>Vice Chair</i>)	X				
DeMartino, Peter	X				
Padmore, Gerald (<i>Chair</i>)	X				
Palmer, Kentrell (Kenny)	X				
Shaw-Richardson, Re'ginald	X		COMMUNITY PARTNERS/GUESTS	PRESENT	ABSENT
RYAN WHITE RECIPIENT STAFF	PRESENT	ABSENT	Dyson, Casey	X	
			Lindsey, Miles	X	
Edmonds, Jason	X		CONSULTANTS	PRESENT	ABSENT
Fortune, Ebony	X				
Lago, Lena (<i>Recipient</i>)	X				
VISITING COMMISSIONERS	PRESENT	ABSENT	COMMISSION SUPPORT STAFF	PRESENT	ABSENT
			Bailey, Patrice	X	
			Johnson, Alan	X	

HIGHLIGHTS

NOTE: This is a draft version of the March 23, 2022, Comprehensive Planning Committee (CPC) Meeting Minutes. The final version will be approved at the April 27, 2022, meeting and made available thereafter.

AGENDA

ITEM	DISCUSSION
Call to Order	Gerald P. called the meeting to order at 11:06 am, followed by a moment of silence and introductions.
Review and Adoption of the Agenda	Gerald assumed the motion to adopt the agenda for March 23, 2022. There was one correction. The agenda was adopted with correction.
Review and Approval of the Minutes	Gerald assumed the motioned to approve the meeting minutes for the February 23, 2022, meeting. The motioned was approved as presented.

<p>Ryan White HIV/AIDS Program (RWHAP) Reports & Financial Oversight</p>	<p>Lena Lago presented the Recipient Report The monthly Fiscal and Recipient Report (Part A and Part A MAI Funding) Year 31 - Reporting Period is for January 1 – 31, 2022.</p> <p>The GY 31 award has been received in the amount \$31,479,527 and starts on March 1, 2022.</p> <p><u>FISCAL STATUS</u> For Part A and Part A MAI in January 2022, 26 of 39 invoices have been received.</p> <p>There are no service delivery challenges for DC, Maryland, or Virginia.</p> <p><u>PART A FISCAL SUMMARY</u> Part A expenditures are at 58% and should be at 92%.</p> <p>Service areas affected by unprocessed invoices are Early Intervention Services (EIS), Regional Early Intervention Services (REIS, Health Insurance Premium and Cost Sharing Assistance (HIPCSA), Home and Community-Based Health Services (HCBS), Medical Nutrition Therapy (MNT), Outreach Services (OS), Psychosocial Support Services (PSS), Medical Case Management (MCM), Linguistic Services (LS), and Medical Transportation Services (MT).</p> <p>Services spending 30% below expected are Early Intervention Services (EIS), and Regional Early Intervention Services (EIS), Health Insurance Premium and Cost Sharing Assistance (HIPCSA), Home and Community-Based Health Services (HCBS), Medical Nutrition Therapy (MNT), and Psychosocial Support Services (PSS).</p> <p>There are no services spending at 30% above expected.</p> <p><u>PART A MAI FISCAL SUMMARY</u> Part A MAI expenditures are at 65% and should be at 92%.</p> <p>Service areas affected by unprocessed invoices are Outpatient/Ambulatory Health Services (OAHS), and Substance Abuse Services –Outpatient (SASO).</p> <p>Services spending 30% below expected are Early Intervention Services (EIS) and Substance Abuse Services – Outpatient (SASO).</p> <p>There are no services spending at 30% above expected.</p> <p><u>UBC FISCAL SUMMARY</u> UBC expenditures are at 80% and should be at 92%.</p> <p>There are no service areas affected by unprocessed invoices. Services spending 30% below expected are Oral Health Care (OH), and Substance Abuse Services –Outpatient (SASO).</p>
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	<p>There are no services spending at 30% above expected.</p> <p><u>RECIPIENT REPORT</u></p> <p>GY 31 Closeout. The Recipient and her team are working diligently to ensure funds are spent down as much as possible and notifications of any reprogrammings will be noted in next month's report. HRSA anticipates significant underspending from Ryan White grants due to the COVID-19 Pandemic. HRSA has waived the underspending penalties for Parts A and B for FY 20 and FY 21. Carryover will be requested.</p> <p>The Recipient Office has right sided some of the underspending by switching from the UBC model back to grant based and capacity based models in addition to having GY 31 extensions on certain service areas that will continue for the next three (3) to six (6) months.</p>
<p>PSRA 2022</p>	<p>Gerald led a discussion around the service areas to consider for the PSRA process that had not previously been funded but allowable under Ryan White.</p> <ul style="list-style-type: none"> • Housing. Claudia R. and Miles L. from Housing Counseling Services were on the meeting and provided insight and information about housing programs in DC. Claudia described the housing programs available through Housing Counseling Services that attempt to address the housing shortage, (i.e., Tenant-Based Rental Assistance (TBRA), Short Term Mortgage and Utilities (STRMU), Emergency Financial Assistance (EFA), Housing Independence Through Employment (HITE), and Sustainable Housing Assistance Rental Program (SHARP)). Peter D. and Lamont C. suggested that the CPC attend other committees and housing program meetings to get a better idea of what the housing needs are in lieu of pursuing the lengthy process of creating and conducting a needs assessment. Gerald indicated that the committee has to first look at the need and the type of need and bring the information back to the table. • LPAP. Ebony indicated that the CARE Division does not fund the LPAP program because there isn't a need for it. • Home Health Care (HHC). HHC is limited to clients who are homebound. It appears that this service is being provided. Telehealth appointments are not included in the Home Health Care description. • Hospice. The need for this service has been drastically reduced. Therefore, it is not funded because the data no longer supports a need for it. • Rehab. Peter indicated that there is a need for Rehab and Respite services for people over 50 years of age, but questioned is the need contributable to HIV? • Substance Abuse. There are many other funding sources for this service. Kenny P. had a thought to use this funding to pay for sober living facilities in order to accommodate some of the housing issues.

	<ul style="list-style-type: none"> • The committee will continue to examine the need for all of the above services. Mackenzie asked about submitting a PSRA data request about housing to HAHSTA. Ebony indicated that information about HUD funded programs in the EMSA is provided in the links Peter provided. Lamont indicated that other questions about clients' behavioral and emotional health in regard to housing would need to be asked in a separate needs assessment survey. CPC in partnership with the REC could develop a specific survey to address the behavioral and emotional health of individuals with the different types of housing needs. However, for more immediate data a research poll of what may already be available can be conducted. Gerald asked Claudia to send a list of some of the housing organizations to attend their meetings. Claudia will speak to her director about getting more information to share. Mackenzie asked what would the critical core questions be to ask Sarcia Adkins of Housing Counseling Services. (Ex. is the housing problem the need for more rental assistance or the creation of more housing? What is her opinion about where extra money should be allocated...in housing or EFA and why)? Mackenzie asked Ebony if she knew the estimated amount of carryover funds. Ebony indicated that the amount would be capped at 5% of our total award and only formula funds not supplemental funds can be requested in carryover. She further indicated that she can provide an estimate at next month's meeting.
Other Business	

ANNOUNCEMENTS/OTHER DISCUSSION

Lamont announced the US Conference on AIDS is open for registration on the NMAC website. They have scholarships available and opportunities for presenters and will offer a subsidy for presenting. The conference is in Puerto Rico.

Gerald announced AIDS Watch on April 4th, 5th, and 6th. More information is available on the AIDS United website.

HANDOUTS

- March 23, 2022, Comprehensive Planning Committee (CPC) Meeting Agenda
- February 23, 2021, Comprehensive Planning Committee (CPC) Meeting Minutes
- Monthly Fiscal and Recipient Report (Part A and Part A MAI Funding) Year 31 – Reporting Period: January 2022

MEETING ADJOURNED	12:46 PM	NEXT MEETING	WEDNESDAY, April 27, 2022 11:00am to 1:00pm ZOOM CONFERENCE AND VIDEO CALL
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Date: April 27, 2022

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 31 - Reporting Period: February 1 – 28, 2022**

Part A and Part A MAI. The Ryan White HIV/AIDS Program (RWHAP) Part A Grant Year 31 includes two components: Part A and Part A Minority AIDS Initiative (MAI). These reports are designed to report distinctly on the associated program activities. **The GY 31 award has been received in the amount \$31,479,527.**

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 2022, (27) of (39) invoices have been received.

SERVICE DELIVERY CHALLENGES

DC: N/A

MD: N/A

VA: N/A

PART A FISCAL SUMMARY

Part A expenditures are 82% and should be 100%. (Overall Expenditure rates by funding source for the reporting period)

Service areas affected by unprocessed invoices:

Early Intervention Services (EIS)

Regional Early Intervention Services (REIS)

Health Insurance Premium and Cost Sharing Assistance (HIPCSA)
Home and Community-Based Health Services (HCBS)
Medical Nutrition Therapy (MNT)
Outreach Services (OS)
Psychosocial Support Services (PSS)
Medical Case Management (MCM)
Linguistic Services (LS)
Medical Transportation Services (MT)

Services 30% below expected:

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

Services 30% above expected:

N/A

PART A MAI FISCAL SUMMARY

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

Service areas affected by unprocessed invoices:

Outpatient/Ambulatory Health Services (OAHS)
Substance Abuse Services –Outpatient (SASO)
Mental Health Services (MH)

Services 30% below expected:

Substance Abuse Services – Outpatient (SASO)
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Services 30% above expected:

N/A

UBC FISCAL SUMMARY

UBC expenditures are 91% and should be 100%. (Overall Expenditure rates by funding source for the reporting period)

Service areas affected by unprocessed invoices:

N/A

Services 30% below expected:

Substance Abuse Services –Outpatient (SASO)

Services 30% above expected:

N/A

RECIPIENT REPORT

1. **GY 31 Closeout.** As noted above, all final invoices for the grant year have not been processed. The Recipient and team are working diligently to ensure funds are spent down. HRSA anticipates significant underspending from Ryan White grants due to the COVID-19 pandemic. HRSA has waived the underspending penalties for Parts A and B for FY 20 and FY 21. If applicable, carryover will be requested.
2. **GY 31 Closeout Reprogramming's.** A reprogramming was made in the unit-based cost service categories of Outpatient/Ambulatory Health Services (OAHS) and Mental Health Services (MH) due to overspending. There was \$330,000 moved from oral health and \$575,000 moved from regional early intervention services, \$895,000 was added to OAHS and \$10,000 was added to MH. These changes are noted on the spreadsheet.

Report Through February 2022

Jurisdiction	Current Award - Finalized	Expenditures	Remaining Balance	Percent Spent	Comments
District of Columbia - Part A	9,124,222	8,765,209	359,013	96.1%	
District of Columbia - MAI	1,380,000	1,093,918	286,082	79.3%	
District of Columbia - UBC	10,787,671	9,845,448	942,223	91.3%	
District of Columbia Subtotal	21,291,893	19,704,576	1,587,317	92.5%	
Northern Virginia -- Part A	1,249,364	541,491	707,873	43%	
Northern Virginia -- MAI	402,895	270,627	132,268	67%	
Northern Virginia Subtotal	1,652,259	812,118	840,141	49%	
Suburban Maryland - Part A	2,508,092	1,387,492	1,120,600	55.3%	
Suburban Maryland -- MAI	822,287	516,845	305,442	62.9%	
Suburban Maryland Subtotal	3,330,379	1,904,337	1,426,042	57.2%	
West Virginia - Part A	483,067	325,244	157,823	67.3%	
West Virginia Subtotal	483,067	325,244	157,823	67.3%	
TOTAL -- Part A	13,364,745	11,019,435	2,345,310	82.5%	
TOTAL -- MAI	2,605,182	1,881,391	723,791	72.2%	
TOTAL -- UBC	10,787,671	9,845,448	942,223	91.3%	
TOTAL Subtotal	26,757,598	22,746,275	4,011,323	85.0%	

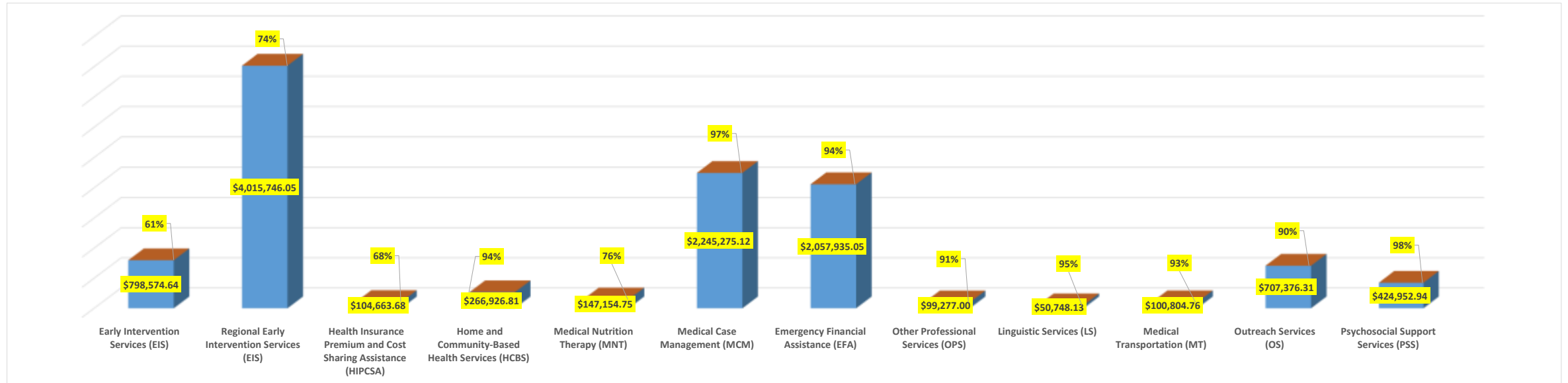
PART A

Report Through February 2022

SERVICE CATEGORY	ALLOCATED	EXPENDITURES TO DATE								Comments
		Reported \$					Reported %	Expected \$	Expected %	
Current AWARDS	DC	MD	VA	WVA	Total					
Early Intervention Services (EIS)	\$1,308,863.00	\$728,514.59	\$70,060.05			\$798,574.64	61%	\$1,308,863.00	100%	Unprocessed Invoices
Regional Early Intervention Services (EIS)	\$5,428,586.00	\$2,904,985.11	\$569,270.19	\$541,490.75		\$4,015,746.05	74%	\$5,428,586.00	100%	
Health Insurance Premium and Cost Sharing Assistance (HIPCSA)	\$153,021.00	\$13,433.15	\$35,191.17			\$104,663.68	68%	\$153,021.00	100%	Unprocessed Invoices
Home and Community-Based Health Services (HCBS)	\$285,000.00	\$266,926.81				\$266,926.81	94%	\$285,000.00	100%	
Medical Nutrition Therapy (MNT)	\$193,504.00	\$106,819.60	\$37,022.15		\$3,313.00	\$147,154.75	76%	\$193,504.00	100%	
Medical Case Management (MCM)	\$2,321,445.00	\$1,736,413.25	\$417,463.15		\$91,398.72	\$2,245,275.12	97%	\$2,321,445.00	100%	
Emergency Financial Assistance (EFA)	\$2,179,400.00	\$1,912,857.18	\$6,854.20			\$2,057,935.05	94%	\$2,179,400.00	100%	
Other Professional Services (OPS)	\$109,368.00	\$99,277.00				\$99,277.00	91%	\$109,368.00	100%	
Linguistic Services (LS)	\$53,177.00	\$40,367.21	\$10,380.92			\$50,748.13	95%	\$53,177.00	100%	
Medical Transportation (MT)	\$108,500.00	\$40,722.57	\$31,282.19		\$28,800.00	\$100,804.76	93%	\$108,500.00	100%	
Outreach Services (OS)	\$788,881.00	\$616,623.55	\$83,283.71		\$7,469.05	\$707,376.31	90%	\$788,881.00	100%	Unprocessed Invoices
Psychosocial Support Services (PSS)	\$435,000.00	\$298,268.68	\$126,684.26			\$424,952.94	98%	\$435,000.00	100%	
TOTAL	\$13,364,745.00	\$8,765,208.70	\$1,387,491.99	\$541,490.75	\$325,243.80	\$ 11,019,435.24	82%	\$13,364,745.00	100%	

Underspent over 30%

Overspent over 30%



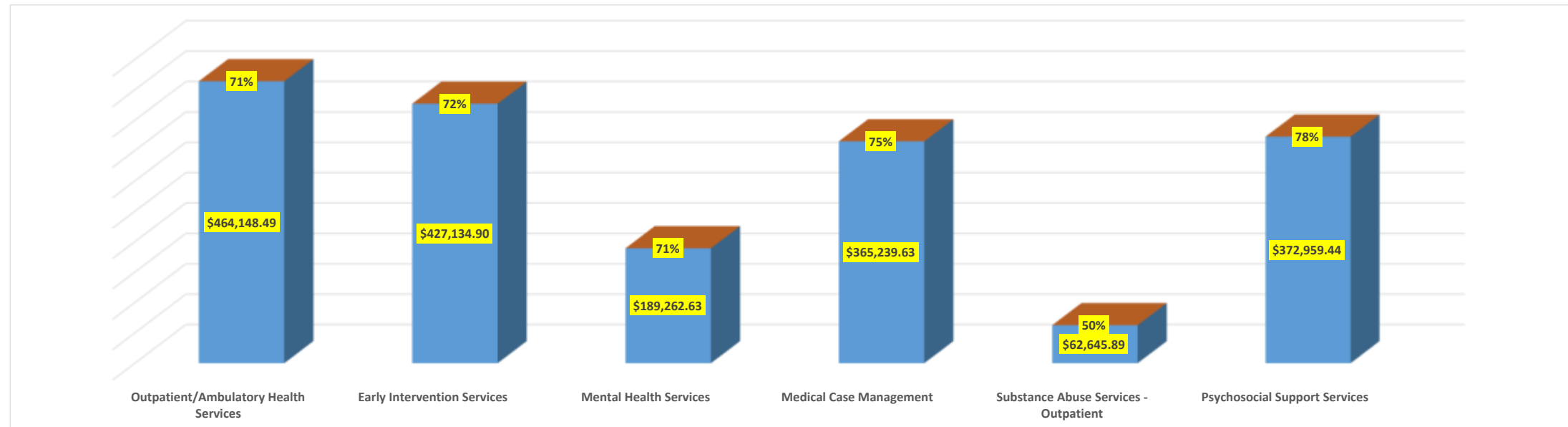
MAI

Report Through February 2022

SERVICE CATEGORY	AWARDS Current Budget	EXPENDITURES TO DATE							Comments
		Reported \$				Reported %	Expected \$	Expected %	
	DC	MD	VA	Total					
Outpatient/Ambulatory Health Services	\$655,786.99	\$270,747.67	\$112,625.68	\$80,775.14	\$464,148.49	71%	\$655,786.99	100%	
Early Intervention Services	\$591,189.00	\$248,387.21	\$96,387.43	\$82,360.26	\$427,134.90	72%	\$591,189.00	100%	
Mental Health Services	\$265,131.00	\$78,016.88	\$107,726.68	\$3,519.07	\$189,262.63	71%	\$265,131.00	100%	
Medical Case Management	\$488,029.00	\$224,558.71	\$130,841.95	\$9,838.97	\$365,239.63	75%	\$488,029.00	100%	
Substance Abuse Services - Outpatient	\$124,228.00	\$62,645.89			\$62,645.89	50%	\$124,228.00	100%	Unprocessed Invoices
Psychosocial Support Services	\$480,818.00	\$209,562.08	\$69,263.49	\$94,133.87	\$372,959.44	78%	\$480,818.00	100%	
TOTAL	\$2,605,181.99	\$1,093,918.44	\$516,845.23	\$270,627.31	\$1,881,390.98	72%	\$2,605,181.99	100%	

Underspent over 30%

Overspent over 30%



UBC

Report Through February 2022

SERVICE CATEGORY	ALLOCATED	EXPENDITURES TO DATE				Comments
	Current	Reported \$	Reported %	Expected \$	Expected %	
Outpatient/Ambulatory Health Services	\$ 2,915,857.00	\$ 2,878,211.72	99%	\$2,915,857.00	100%	
Oral Health Care	\$ 540,000.00	\$ 506,827.65	94%	\$540,000.00	100%	
Mental Health Services	\$ 188,029.00	\$ 185,075.00	98%	\$188,029.00	100%	
Substance Abuse Services - Outpatient	\$ 87,686.00	\$ 10,170.00	12%	\$87,686.00	100%	Modified service delivery due to COVID-19
Non-Medical Case Management Services	\$ 3,733,813.00	\$ 3,356,380.00	90%	\$3,733,813.00	100%	
Food Bank/Home Delivered Meals	\$ 3,262,286.00	\$ 2,865,924.00	88%	\$3,262,286.00	100%	
Housing Case Management and Referral	\$ 60,000.00	\$ 42,860.00	71%	\$60,000.00	100%	
TOTAL	\$ 10,787,671.00	\$ 9,845,448.37	91%	\$10,787,671.00	100%	

Underspent over 30%

Overspent over 30%

