



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 23, MARCH 23, 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"> <li>1. Call to Order and Moment of Silence</li> <li>2. Welcome and Introductions</li> <li>3. Adopt Agenda for March 23, 2022</li> <li>4. Approve Minutes for February 23, 2022</li> </ol>
11:15 am	5. Ryan White HIV/AIDS Program (RWHAP) – Reports & Financial Oversight
11:30 am	<ol style="list-style-type: none"> <li>6. Other Business</li> <li>PSRA 2022 Discussion</li> <li>Review unfunded service categories</li> </ol>
12:15 pm	7. Announcements and Adjournment
<b><u>NEXT COMPREHENSIVE PLANNING COMMITTEE (CPC) MEETING:</u></b>	<b>WEDNESDAY APRIL 27, 2022 11PM TO 1PM ELECTRONIC MEETING VIA ZOOM VIDEO CONFERENCING (ONLINE)</b>



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 MINUTES

**WEDNESDAY, FEBRUARY 23, 2022 – 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	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 ( <i>Kenny</i> )		X			
Shaw-Richardson, Re’ginald	X		<b>COMMUNITY PARTNERS/GUESTS</b>	<b>PRESENT</b>	<b>ABSENT</b>
<b>RYAN WHITE RECIPIENT STAFF</b>	<b>PRESENT</b>	<b>ABSENT</b>	Mena-Carrasco, Fernando		X
Ally, Shabeen	X				
Edmonds, Jason	X		<b>CONSULTANTS</b>	<b>PRESENT</b>	<b>ABSENT</b>
Fortune, Ebony	X				
Lago, Lena ( <i>Recipient</i> )	X				
<b>VISITING COMMISSIONERS</b>	<b>PRESENT</b>	<b>ABSENT</b>	<b>COMMISSION SUPPORT STAFF</b>	<b>PRESENT</b>	<b>ABSENT</b>
			Bailey, Patrice	X	
			Johnson, Alan	X	

<b>HIGHLIGHTS</b>	
<p><i>NOTE: This is a draft version of the February 23, 2022, Comprehensive Planning Committee (CPC) Meeting Minutes. The final version will be approved at the March 23, 2022, meeting and made available thereafter.</i></p>	
<b>AGENDA</b>	
<b>ITEM</b>	<b>DISCUSSION</b>
<b>Call to Order</b>	Gerald P. called the meeting to order at 11:06 am, followed by a moment of silence and introductions.
<b>Review and Adoption of the Agenda</b>	Gerald assumed the motion to adopt the agenda for February 23, 2022. There was one correction. The agenda was adopted with correction.



<p><b>Review and Approval of the Minutes</b></p>	<p>Gerald assumed the motioned to approve the meeting minutes for the January 26, 2022, meeting. The motioned was approved as presented.</p>
<p><b>Ryan White        HIV/AIDS Program        (RWHAP) Reports &amp;        Financial Oversight</b></p>	<p><b>Lena Lago presented the Recipient Report</b>        The GY 32 partial award has been received in the amount \$10,168,601 which is 40% of the total award and starts March 1, 2022.</p> <p><u>FISCAL STATUS</u>        For Part A and Part A MAI, in December 2021, 29 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 53% and should be at 83%.</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), and Psychosocial Support Services (PSS).</p> <p>The services spending 30% below expected are Early Intervention Services (EIS), 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 30% above expected.</p> <p><u>PART A MAI FISCAL SUMMARY</u>        Part A MAI expenditures are at 57% and should be at 83%.</p> <p>The 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 30% above expected.</p> <p><u>UBC FISCAL SUMMARY</u>        UBC expenditures are at 75% and should be at 83%.</p> <p>There are no service areas affected by unprocessed invoices.</p> <p>The services spending 30% below expected are Oral Health Care (OH), and Substance Abuse Services –Outpatient (SASO).</p>

	<p>There are no services spending 30% above expected.</p> <p><b><u>RECIPIENT REPORT</u></b></p> <p>The GY 32 RFA Part A awards were released on February 4, 2022. There are 28 sub-recipients that will be awarded funds. The subrecipient meeting was held on February 16, 2022.</p> <p>GY 31 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. HRSA has waived the underspending penalties for Parts A and B for FY 20 and FY 21. Carryover will be requested for the underspending that will take us into the first part of the grant year.</p> <p>Lamont C. asked how close to 100% will be in the jurisdiction by the end of the year and if there is a cap on how much carry over is allowed by HRSA. Lena indicated that a precise amount could not be given because of the lags and how the data is compiled. Ebony indicated that only formula dollars that weren't spent can be requested to carryover not supplemental dollars.</p> <p>Reginald asked if the unused funds could be used to provide housing and support services. There was discussion about how Ryan White dollars are used in support of housing and how other service categories can and or can not be added to line items or receive funding without going through the extensive process of first discovering the need (via needs assessment), putting forth a request to the Recipient, issuing a Request For Proposals, (RFP) and having an open competition, and evaluating the applicants' ability to fulfill the requirements. Lena indicated that Ryan White dollars for housing is limited because it is still the payer of last resort and there was such an influx of funding around housing and COVID. Lamont indicated that experts can be consulted to explain housing programs and what can and can not be done and that as a body, other ways to potentially assist can be explored. He further indicated that HAHSTA/Ryan White CARE Program funds 20 of the 27 eligible service categories. Housing services and other funded and unfunded service categories are something the committee should be thinking about as they formulate what they want PSRA to look like. Lamont named the seven (7) service categories that are currently not funded because they were found no longer relevant for this current time. Those services are AIDS pharmaceutical Assistance Local (LPAP), Substance Abuse services Residential, Home Health Care, Referral for Health Care Supportive Service, Hospice Services, Rehabilitation Services and Respite Care.</p>
<p><b>PSRA 2022</b></p>	<p>The date for PSRA has been set for August 25, 2022. The April agenda will include time to augment the most recent PSRA Data Request form, ask questions and updating them for submission.</p>
<p><b>Other Business</b></p>	<p>Lamont will send out the list of 7 service categories for review and preparation for discussion at the next meeting. Lamont also emphasized the importance of</p>

	<p>attending other committee meetings to better understand the different responsibilities of the committees and the interconnectedness. Mackenzie asked if the meeting minutes are available for review instead of having to attend each committee meeting. Lamont indicated that the updates at the General Body meeting gives a synopsis of what the committees are doing but it doesn't take the place of attending and getting a "full plate" of what the committee is doing. However, he will send the meeting minutes to anyone who's interested in having them.</p>
--	--

**ANNOUNCEMENTS/OTHER DISCUSSION**

N/A

**HANDOUTS**

- February 23, 2022, Comprehensive Planning Committee (CPC) Meeting Agenda
- January 26, 2021, Comprehensive Planning Committee (CPC) Meeting Minutes
- Monthly Fiscal and Recipient Report (Part A and Part A MAI Funding) Year 31 – Reporting Period: December, 2021

<b>MEETING ADJOURNED</b>	<b>12:02 PM</b>	<b>NEXT MEETING</b>	<b>WEDNESDAY, March 23, 2022 11:00am to 1:00pm ZOOM CONFERENCE AND VIDEO CALL</b>
------------------------------	-----------------	-------------------------	---

**Date: March 23, 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: January 1 – 31, 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 January 2022, (26) 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 58% and should be 92%.** (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)
Regional Early Intervention Services (EIS)
Health Insurance Premium and Cost Sharing Assistance (HIPCSA)
Home and Community-Based Health Services (HCBS)
Medical Nutrition Therapy (MNT)
Psychosocial Support Services (PSS)

**Services 30% above expected:**

N/A
-----

**PART A MAI FISCAL SUMMARY**

Part A MAI expenditures are 65% and should be 92%. (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)

**Services 30% below expected:**

Early Intervention Services (EIS)
Substance Abuse Services – Outpatient (SASO)

**Services 30% above expected:**

N/A

## UBC FISCAL SUMMARY

**UBC expenditures are 80% and should be 92%.** (Overall Expenditure rates by funding source for the reporting period)

**Service areas affected by unprocessed invoices:**

N/A

**Services 30% below expected:**

Oral Health Care (OH)

Substance Abuse Services –Outpatient (SASO)

**Services 30% above expected:**

N/A

## RECIPIENT REPORT

1. **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.

## Report Through January 2022

Jurisdiction	Current Award - Finalized	Expenditures	Remaining Balance	Percent Spent	Comments
District of Columbia - Part A	9,699,222	6,274,397	3,424,825	64.7%	
District of Columbia - MAI	1,380,000	967,400	412,600	70.1%	
District of Columbia - UBC	10,212,671	8,187,347	2,025,324	80.2%	
<b>District of Columbia Subtotal</b>	<b>21,291,893</b>	<b>15,429,145</b>	<b>5,862,748</b>	<b>72.5%</b>	
Northern Virginia -- Part A	1,249,364	491,951	757,413	39%	
Northern Virginia -- MAI	402,895	254,378	148,517	63%	
<b>Northern Virginia Subtotal</b>	<b>1,652,259</b>	<b>746,330</b>	<b>905,930</b>	<b>45%</b>	
Suburban Maryland - Part A	2,508,092	1,075,760	1,432,332	42.9%	
Suburban Maryland -- MAI	822,287	471,401	350,886	57.3%	
<b>Suburban Maryland Subtotal</b>	<b>3,330,379</b>	<b>1,547,161</b>	<b>1,783,218</b>	<b>46.5%</b>	
West Virginia - Part A	483,067	289,239	193,828	59.9%	
<b>West Virginia Subtotal</b>	<b>483,067</b>	<b>289,239</b>	<b>193,828</b>	<b>59.9%</b>	
<b>TOTAL -- Part A</b>	<b>13,939,745</b>	<b>8,131,348</b>	<b>5,808,397</b>	<b>58.3%</b>	
<b>TOTAL -- MAI</b>	<b>2,605,182</b>	<b>1,693,179</b>	<b>912,003</b>	<b>65.0%</b>	
<b>TOTAL -- UBC</b>	<b>10,212,671</b>	<b>8,187,347</b>	<b>2,025,324</b>	<b>80.2%</b>	
<b>TOTAL Subtotal</b>	<b>26,757,598</b>	<b>18,011,874</b>	<b>8,745,724</b>	<b>67.3%</b>	

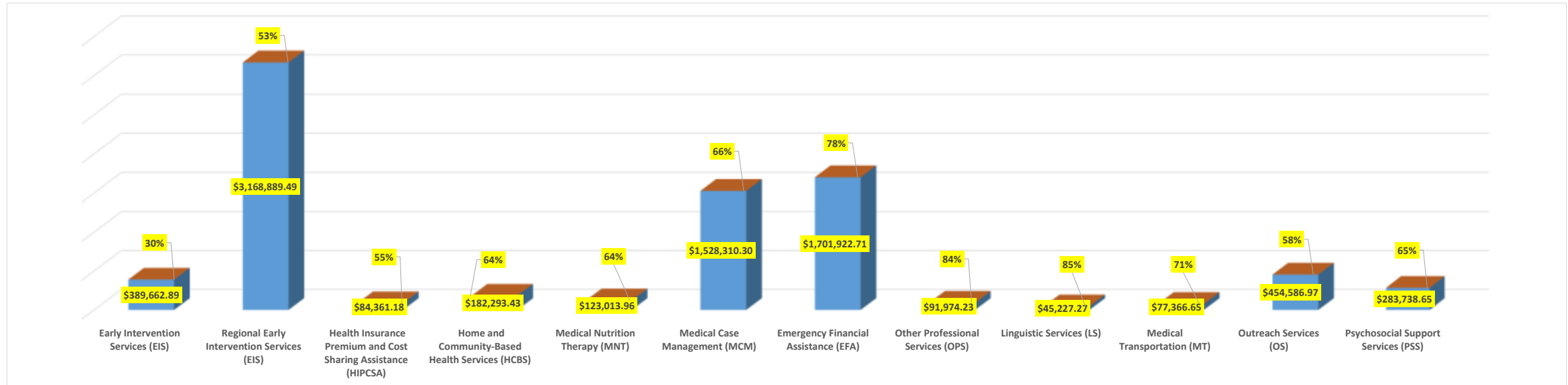
PART A

Report Through January 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	\$319,602.84	\$70,060.05			\$389,662.89	30%	\$1,199,791.08	92%	Unprocessed Invoices
Regional Early Intervention Services (EIS)	\$6,003,586.00	\$2,387,181.73	\$289,756.70	\$491,951.06		\$3,168,889.49	53%	\$5,503,287.17	92%	Unprocessed Invoices
Health Insurance Premium and Cost Sharing Assistance (HIPCSA)	\$153,021.00	\$1,048.63	\$32,803.94		\$50,508.61	\$84,361.18	55%	\$140,269.25	92%	Unprocessed Invoices
Home and Community-Based Health Services (HCBS)	\$285,000.00	\$182,293.43				\$182,293.43	64%	\$261,250.00	92%	staff vacancies
Medical Nutrition Therapy (MNT)	\$193,504.00	\$90,280.48	\$30,122.98		\$2,610.50	\$123,013.96	64%	\$177,378.67	92%	cyclical spending
Medical Case Management (MCM)	\$2,321,445.00	\$1,051,424.22	\$396,529.31		\$80,356.77	\$1,528,310.30	66%	\$2,127,991.25	92%	
Emergency Financial Assistance (EFA)	\$2,179,400.00	\$1,571,003.15	\$6,854.20		\$124,065.36	\$1,701,922.71	78%	\$1,997,783.33	92%	
Other Professional Services (OPS)	\$109,368.00	\$91,974.23				\$91,974.23	84%	\$100,254.00	92%	
Linguistic Services (LS)	\$53,177.00	\$34,846.35	\$10,380.92			\$45,227.27	85%	\$48,745.58	92%	
Medical Transportation (MT)	\$108,500.00	\$22,457.17	\$29,709.48		\$25,200.00	\$77,366.65	71%	\$99,458.33	92%	
Outreach Services (OS)	\$788,881.00	\$364,985.55	\$83,103.52		\$6,497.90	\$454,586.97	58%	\$723,140.92	92%	Unprocessed Invoices
Psychosocial Support Services (PSS)	\$435,000.00	\$157,299.64	\$126,439.01			\$283,738.65	65%	\$398,750.00	92%	Unprocessed Invoices
<b>TOTAL</b>	<b>\$13,939,745.00</b>	<b>\$6,274,397.42</b>	<b>\$1,075,760.11</b>	<b>\$491,951.06</b>	<b>\$289,239.14</b>	<b>\$ 8,131,347.73</b>	<b>58%</b>	<b>\$12,778,099.58</b>	<b>92%</b>	

Underspent over 30%

Overspent over 30%

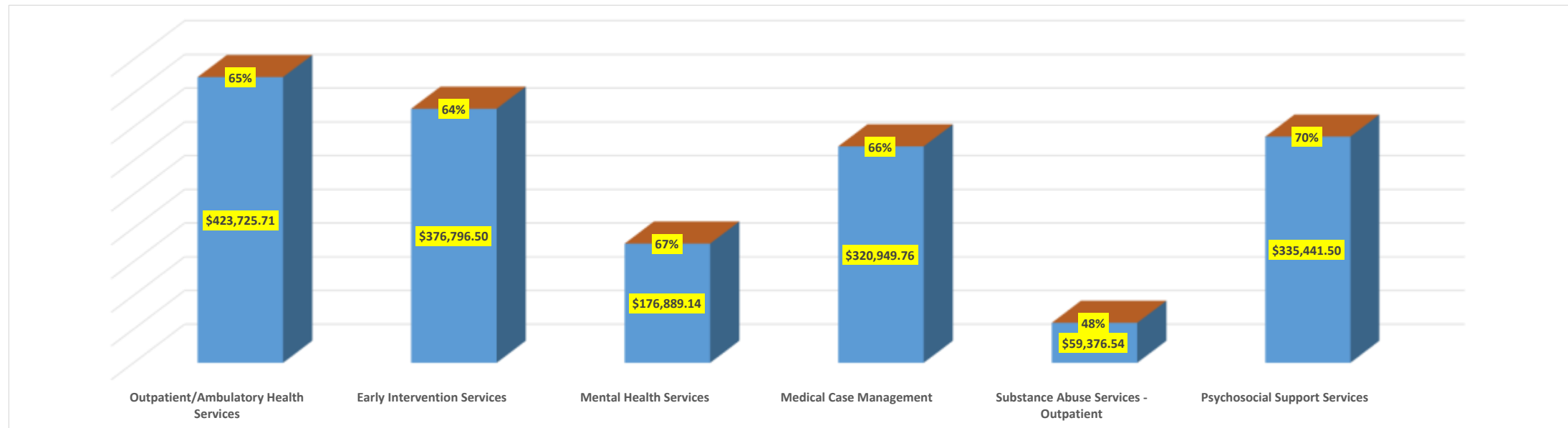


MAI

Report Through January 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	\$245,435.05	\$104,263.51	\$74,027.15	\$423,725.71	65%	\$601,138.07	92%	
Early Intervention Services	\$591,189.00	\$219,200.98	\$83,706.52	\$73,889.00	\$376,796.50	64%	\$541,923.25	92%	Modified service delivery due to COVID-19
Mental Health Services	\$265,131.00	\$70,647.34	\$103,081.71	\$3,160.09	\$176,889.14	67%	\$243,036.75	92%	
Medical Case Management	\$488,029.00	\$194,872.64	\$116,908.79	\$9,168.33	\$320,949.76	66%	\$447,359.92	92%	
Substance Abuse Services - Outpatient	\$124,228.00	\$59,376.54			\$59,376.54	48%	\$113,875.67	92%	Unprocessed Invoices
Psychosocial Support Services	\$480,818.00	\$177,867.65	\$63,439.98	\$94,133.87	\$335,441.50	70%	\$440,749.83	92%	
<b>TOTAL</b>	<b>\$2,605,181.99</b>	<b>\$967,400.20</b>	<b>\$471,400.51</b>	<b>\$254,378.44</b>	<b>\$1,693,179.15</b>	<b>65%</b>	<b>\$2,388,083.49</b>	<b>92%</b>	

Underspent over 30%  
Overspent over 30%



UBC

Report Through January 2022

SERVICE CATEGORY	ALLOCATED	EXPENDITURES TO DATE				Comments
	Current	Reported \$	Reported %	Expected \$	Expected %	
<b>Outpatient/Ambulatory Health Services</b>	\$ 2,020,857.00	\$ 1,881,061.88	93%	\$1,852,452.25	92%	
<b>Oral Health Care</b>	\$ 870,000.00	\$ 383,423.45	44%	\$797,500.00	92%	Modified service delivery due to COVID-19
<b>Mental Health Services</b>	\$ 178,029.00	\$ 173,475.00	97%	\$163,193.25	92%	
<b>Substance Abuse Services - Outpatient</b>	\$ 87,686.00	\$ 9,370.00	11%	\$80,378.83	92%	Modified service delivery due to COVID-19
<b>Non-Medical Case Management Services</b>	\$ 3,733,813.00	\$ 3,043,630.00	82%	\$3,422,661.92	92%	
<b>Food Bank/Home Delivered Meals</b>	\$ 3,262,286.00	\$ 2,653,472.00	81%	\$2,990,428.83	92%	
<b>Housing Case Management and Referral</b>	\$ 60,000.00	\$ 42,915.00	72%	\$55,000.00	92%	
<b>TOTAL</b>	<b>\$ 10,212,671.00</b>	<b>\$ 8,187,347.33</b>	<b>80%</b>	<b>\$9,361,615.08</b>	<b>92%</b>	

