

COMPREHENSIVE PLANNING COMMITTEE (CPC) MEETING AGENDA

WEDNESDAY JULY 22, 2020 – 11:00PM TO 1:00PM

ELECTRONIC MEETING VIA ZOOM VIDEO CONFERENCING

ELECTRONIC – ONLINE MEETING

Note: all times are approximate

11:05 pm	<ol style="list-style-type: none"> 1. Call to Order and Moment of Silence 2. Welcome and Introductions 3. Adopt Agenda for July 22, 2020 4. Approve Minutes for June 24, 2020
11:15 pm	5. Ryan White HIV/AIDS Program (RWHAP) – Reports & Financial Oversight
11:45 pm	6. Other Business
12:15 pm	7. Announcements and Adjournment
<p><u>NEXT RESEARCH & EVALUATION COMMITTEE (REC) MEETING:</u></p>	<p>WEDNESDAY AUGUST 26, 2020 11PM TO 1PM ELECTRONIC MEETING VIA ZOOM VIDEO CONFERENCING (ONLINE)</p>

COMPREHENSIVE PLANNING COMMITTEE (CPC) MEETING MINUTES

WEDNESDAY, JULY 22, 2020 – 11:00AM

ZOOM CONFERENCE AND VIDEO CALL

ELECTRONIC – ONLINE MEETING

ATTENDEES/ROLL CALL					
COMMISSIONERS	PRESENT	ABSENT	COMMITTEE MEMBERS	PRESENT	ABSENT
Copley, Mackenzie (<i>Vice Chair</i>)	X				
DeMartino, Peter		X			
Morse, Ka'leef	X				
Padmore, Gerald (<i>Chair</i>)	X				
Shaw-Richardson, Re'ginald		X	COMMUNITY PARTNERS/GUESTS	PRESENT	ABSENT
Zoerkler, Jennifer	X				
RYAN WHITE RECIPIENT STAFF	PRESENT	ABSENT			
Barnes, Clover	X				
Edmonds, Jason	X		CONSULTANTS	PRESENT	ABSENT
Fortune, Ebony	X				
HAHSTA STAFF	PRESENT	ABSENT	COMMISSION SUPPORT STAFF	PRESENT	ABSENT
Mohram, Rony		X	Bailey, Patrice	X	
Ward, Carroll		X			

HIGHLIGHTS

NOTE: This is a draft version of the July 22, 2020 Comprehensive Planning Committee (CPC) Meeting Minutes. The final version will be approved at the August 26, 2020 meeting and made available thereafter.

AGENDA

ITEM	DISCUSSION
Call to Order	Gerald P. called the meeting to order at 11:18 am, followed by a moment of silence and introductions.
Review and Adoption of the Agenda	Jennifer Z. motioned to adopt the Comprehensive Planning Committee Agenda for July 22, 2020. Ka'leef M. seconded. The agenda was adopted unanimously.



<p>Review and Approval of the Minutes</p>	<p>Mackenzie C. motioned to approve the Comprehensive Planning Committee Minutes from June 24, 2020. Kaleef seconded. The minutes were approved unanimously.</p>
<p>Ryan White HIV/AIDS Program (RWHAP) Reports & Financial Oversight</p>	<p><u>Clover Barnes reported for the Recipient</u> <u>SERVICE DELIVERY CHALLENGES</u></p> <ul style="list-style-type: none"> • For Part A and Part A MAI in May 2020, (35) of (41) invoices have been received. • DC: Due to COVID-19, Unit Based Cost (UBC) Purchase Orders have a surplus of unprocessed invoices. Partially because providers who submitted UBC invoices and were also receiving or submitting invoices for CARES Act funding didn't process because EGMS cannot perform more than one task at a time and the system will cancel them out. MD: No challenges. VA: No challenges. • Part A expenditures are at 18% and should be at 25%. Service areas affected by unprocessed invoices are Early Intervention Services (EIS), Regional Early Intervention Services (REIS), Home & Community Based Care, Medical Transportation Services, Health Insurance Premium and Cost-Sharing Assistance, Medical Case Management, Emergency Financial Assistance, and Outreach Services. • Services spending 30% below expected are Early Intervention Services (EIS), Health Insurance Premium and Cost Sharing Assistance (HIPCSA), Medical Case Management, Other Professional Services (OPS), Linguistic Services (LS), Medical Transportation (MT), Outreach Services (OS), and Psychosocial Support Services (PSS). There are no services spending 30% above expected. • Part A MAI expenditures are at 17% and should be at 25%. • Service areas affected by unprocessed invoices are Outpatient/Ambulatory Health Services, Mental Health Services, and Substance Abuse Services – Outpatient. • Services spending 30% below expected are Outpatient/Ambulatory Health Services, Early Intervention Services (EIS), and Substance Abuse Services – Outpatient. There are no services spending 30% above expected. • UBC expenditures are at 17% and should be at 25%. • Service areas affected by unprocessed invoices are Outpatient/Ambulatory Health Services, Oral Health Care, Mental Health Services, Substance Abuse Services – Outpatient, Non-Medical Case Management Services, Food Bank/Home Delivered Meals, and Housing Case Management and Referral. • Services spending 30% below expected are Outpatient/Ambulatory Health Services, Oral Health Care, Mental Health Services, Substance



	<p>Abuse Services – Outpatient, and Housing Case Management and Referral Services. There are no services spending 30% above expected.</p> <p>RECIPIENT REPORT</p> <p><u>NARCAN</u></p> <p>Please contact Shea Davis at shea.davis@dc.gov to receive the Narcan kits. Providers/staff must show proof of attending and completing a training at DC Health or in the community to receive the kits. A list of free scheduled webinar trainings provided by DC Health can be found at http://dchealth.dc.gov/page/cme-ceu-webinars-and-trainings.</p> <p><u>CARES ACT FUNDING</u></p> <p>Originally, the CARES Act funding was to be distributed equally among 42 providers in the amount of \$21,000. However, there were providers who opted out. Seventeen (17) providers were awarded which increased the funding level to \$55,000 per provider with the exception of five (5) providers who requested their award remain at \$21,000 or less. There are some funds leftover and it is anticipated that there will be other expenses coming as the pandemic evolves. The committee will be kept abreast of any additional requests and where the funds are.</p> <p>Last week there was a meeting about rolling out Provider Report Cards. Ebony F. spearheaded the effort to give more consistent and tangible feedback about their performance, in accordance with some of the feedback from HRSA at their last site visit, which mandated that past performance be used in the evaluation for future funding. This effort will start with Part A, then Part B and published quarterly. Also, there was a meeting about the CARES Act funding and what needs to go in the COVID Data Reports (CDR's).</p>
<p>Other Business</p>	<p>Kaleef indicated that Ebony provided the utilization report for the first quarter which is from March 1 to May 31. At Kaleef's request, Ebony asked the CareWare Administrator to conduct a comparative analysis on the first quarter for this year versus the first quarter from last year to analyze how the COVID situation impacted the first quarter of service delivery and evaluate how the information could be used to move forward in planning for PSRA later in the year. The information will be available at the August 26, 2020 CPC meeting. Additionally, feedback on the Assessment of the Efficiency of the Administrative Mechanism (AEAM), that went out last week, should be available. There have been positive responses from providers already.</p>
<p>Follow-up Items</p>	<p>None</p>

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.

ANNOUNCEMENTS/OTHER DISCUSSION

HANDOUTS

- July 22, 2020 Comprehensive Planning Committee (CPC) Meeting Agenda
- June 24, 2020 Comprehensive Planning Committee (CPC) Meeting Minutes
- Monthly Fiscal and Recipient Report (Part A and Part A MAI Funding) Year 29 – Reporting Period: May 2020
- Fiscal Roll-up Report – May 2020

MEETING ADJOURNED	11:48 AM	NEXT MEETING	WEDNESDAY, AUGUST 26, 2020 11:00am to 1:00pm ZOOM CONFERENCE AND VIDEO CALL
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[Redacted Signature Line]

I, as Planning Commission Government Co-Chair, hereby certify the accuracy of the above minutes:	Signature of: _____ Date: _____
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Date the Minutes were approved by the Comprehensive Planning Committee (CPC):		<i>Ka'leef Stanton Morse, MHS, MBA Government Co-Chair</i>
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