



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, AUGUST 23, 2023 11:00AM 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 August 23, 2023 4. Approve Minutes for July 26, 2023
11:15 am	5. Ryan White HIV/AIDS Program (RWHAP) – Reports & Financial Oversight
11:30 am	<ol style="list-style-type: none"> 6. Other Business <li style="padding-left: 20px;">Vote on Reprogramming Request <li style="padding-left: 20px;">New Projects
12:15 pm	7. Announcements and Adjournment
<u>NEXT COMPREHENSIVE PLANNING COMMITTEE (CPC) MEETING:</u>	WEDNESDAY September 27, 2023 11AM TO 1PM ELECTRONIC MEETING VIA ZOOM VIDEO CONFERENCING (ONLINE)

COMPREHENSIVE PLANNING COMMITTEE (CPC) MEETING MINUTES

WEDNESDAY, JULY 26, 2023 – 11:00AM

ZOOM CONFERENCE AND VIDEO CALL

ELECTRONIC – ONLINE MEETING

ATTENDEES/ROLL CALL					
COMMISSIONERS	PRESENT	ABSENT	COMMITTEE MEMBERS	PRESENT	ABSENT
Carney, Misty		X			
Clark, Lamont (<i>Gov. Co-Chair</i>)	X				
Copley, Mackenzie (<i>Chair</i>)	X				
DeMartino, Peter	X				
Palmer, Kentrell (<i>Kenny</i>)		X			
Ramos, Claudia	X				
			COMMUNITY PARTNERS/GUESTS	PRESENT	ABSENT
Shaw-Richardson, Re'ginald	X		Dyson, Casey	X	
RYAN WHITE RECIPIENT STAFF	PRESENT	ABSENT			
Edmonds, Jason		X			
Smith, Avemaria (<i>Recipient</i>)		X			
			CONSULTANTS	PRESENT	ABSENT
HAHSTA STAFF	PRESENT	ABSENT	COMMISSION SUPPORT STAFF	PRESENT	ABSENT
Price Ashley	X		Bailey, Patrice	X	
Orban, Julie	X		Johnson, Alan	X	

HIGHLIGHTS

NOTE: This is a draft version of the July 26, 2023, Comprehensive Planning Committee (CPC) Meeting Minutes. The final version will be approved at the August 23, 2023, meeting and made available thereafter.

AGENDA

ITEM	DISCUSSION
Call to Order	Mackenzie C. called the meeting to order at 11:07 am, followed by a moment of silence and introductions.
Review and Adoption of the Agenda	There were no changes made to the July 26, 2023, Meeting Agenda. Therefore, Mackenzie assumed the motion to adopt the agenda as presented.

<p>Review and Approval of the Minutes</p>	<p>There were no changes made to the June 28, 2023, Meeting Minutes. Therefore, Mackenzie assumed the motion to approve the meeting minutes as presented.</p>
<p>Ryan White HIV/AIDS Program (RWHAP) Reports & Financial Oversight</p>	<p>Ashley P. presented the Recipient Report The Part A and Part A MAI report is being presented for the month of May for Grant Year 33. The full award is in the amount of \$32,652,189.00.</p> <p><u>FISCAL STATUS</u> Twenty-five (25) of the twenty-six (26) providers have submitted payment requests that were processed, and one (1) provider has not submitted an invoice for Part A and Part A MAI in May.</p> <p><u>PART A FISCAL SUMMARY</u> Part A expenditures are 23% and should be 25%.</p> <p>Service areas affected by unprocessed invoices were Early Intervention Services (EIS), and Psychosocial Support Services (PSS).</p> <p>Services 30% below expected were Early Intervention Services (EIS), and Health Insurance Premium and Cost Sharing Assistance (HIPCSA) due to staff vacancies.</p> <p>Services spending 30% above expected were Mental Health Services (MHS) and Other Professional Services (OPS). The spending is being closely monitored in these service categories and a reprogramming is expected.</p> <p><u>PART A MAI FISCAL SUMMARY</u> Part A MAI expenditures were at 17% and should be at 25%.</p> <p>There were no service areas affected by unprocessed invoices.</p> <p>Services spending 30% below expected were Early Intervention Services (EIS) Medical Case Management (MCM), Psychosocial Support Services (PSS) and Substance Abuse Services – Outpatient (SASO), also due to staff vacancies. Mackenzie inquired further about the low EIS spending. He noted that EIS is an important preventative service and asked what roles/positions need to be filled and if there is something the COHAH can do to help. Ashley said she will investigate it and have the Recipient respond. Mackenzie asked if there is a mechanism to move money from one (1) provider that may not be doing well in this category to another. Lamont reminded them that the COHAH does not engage with the providers on that level. The responsibility of the COHAH is to determine, prioritize and monitor the spending of the approved service categories that are funded. Ashley noted that there will be a meeting in August with all EIS providers to discuss the revisions that will be made to the performance measures in hopes it will help with understanding the service and spending.</p> <p>There were no services areas spending 30% above expected.</p>

	<p>RECIPIENT REPORT 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. During the meeting the Recipient will make a reprogramming request to reduce the lapse rate of the Part A award for GY33 in.</p> <p>On August 3, 2023, the Recipient will convene a jurisdictional meeting with the Virginia Department of Health, and Maryland Department of Health to discuss Ryan White programmatic overlaps within our respective jurisdictions. Specific discussion will be around funding gaps, administrative or programmatic requests or needs of any of the shared recipients, the PSRA meeting and developing a process for routine information and data request amongst teams.</p> <p>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.</p>		
<p>Other Business</p>	<p>PSRA Data Request Update The Recipient has disseminated the data request to the Care and Treatment team, the HAHSTA Surveillance Department, and the jurisdictional partners and are working to compile all required data elements for the August meeting.</p>		
<p>ANNOUNCEMENTS/OTHER DISCUSSION</p>			
<p>Mackenzie announced that CPC is hosting a COHAH gathering at Hi-Lawn at the Rooftop/Union Market at 6pm tonight.</p> <p>Lamont C. announced the upcoming USCHA conference and encouraged everyone to register and attend. Mackenzie dittoed and shared his joyful experience of being amongst colleagues who genuinely care about the needs and issues of the HIV population and the fun activities he experienced at the USCHA conference in Florida.</p>			
<p>HANDOUTS</p>			
<ul style="list-style-type: none"> • July 26, 2023, Comprehensive Planning Committee (CPC) Meeting Agenda • June 28, 2023, Comprehensive Planning Committee (CPC) Meeting Minutes • Recipient Reports for May 2023 			
<p>MEETING ADJOURNED</p>	<p>11:28am</p>	<p>NEXT MEETING</p>	<p>WEDNESDAY, AUGUST 23, 2023 11:00am to 1:00pm ZOOM CONFERENCE AND VIDEO CALL</p>

Date: August 23, 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: June 1 – 30, 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 June **2023**, of the twenty-six (**26**) providers, twenty-five (**25**) submitted payment request that were processed, and one (**1**) provider has 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 33% and should be 33%. (Overall Expenditure rates by funding source for the reporting period)

Service areas affected by unprocessed invoices:

Early Intervention Services (EIS)
Psychosocial Support Services (PSS)

Medical Case Management (MCM)
Medical Transportation Services (MT)
Outreach Services (OS)
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)
Emergency Financial Assistance (EFA)
Other Professional Services (OPS)

PART A MAI FISCAL SUMMARY

Part A MAI expenditures are 24% and should be 33%. (Overall Expenditure rates by funding source for the reporting period)

Service areas affected by unprocessed invoices:

Early Intervention Services (EIS)
Psychosocial Support Services (PSS)
Mental Health Services (MHS)
Medical Case Management (MCM)
Substance Abuse Services - Outpatient (SASO)
Psychosocial Support Services (PSS)

Services 30% below expected:

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) Meeting:** The Recipient is prepared to present programmatic, fiscal, and service utilization data during the August PSRA meeting.
- 2. Reprogramming Request:** The Recipient will make a reprogramming request to reduce the lapse rate of the Part A award for GY33 during the August CPC meeting.
- 3. GY32 Final Carryover Request:** The Recipient is preparing to submit the final GY32 carryover request, which is due August 31, 2023.
- 4. Regional Health Department Collaboration:** The Ryan White Programs from Washington, DC, Maryland and Virginia met in early August. On the agenda: shared providers/funding overlap; funding gaps; new partnerships; and site visits.

Washington, DC EMA Part A Grant Year 33 Report through June 2023

Jurisdiction	Current Award - Finalized	Expenditures	Remaining Balance	Percent Spent	Comments
District of Columbia - Part A	13,969,780	4,891,678	9,078,102	35%	
District of Columbia - MAI	1,407,837	402,078	1,005,759	29%	
District of Columbia Subtotal	15,377,617	5,293,756	10,083,861	34%	
Northern Virginia -- Part A	1,867,364	453,092	1,414,272	24%	
Northern Virginia -- MAI	273,540	58,062	215,478	21%	
Northern Virginia Subtotal	2,140,904	511,154	1,629,750	24%	
Suburban Maryland - Part A	3,170,440	901,595	2,268,845	28%	
Suburban Maryland -- MAI	295,454	19,434	276,020	7%	
Suburban Maryland Subtotal	3,465,894	921,029	2,544,865	27%	
West Virginia - Part A	402,454	74,323	328,131	18%	
West Virginia Subtotal	402,454	74,323	328,131	18%	
TOTAL -- Part A	19,410,038	6,320,688	13,089,350	33%	
TOTAL -- MAI	1,976,831	479,573	1,497,258	24%	

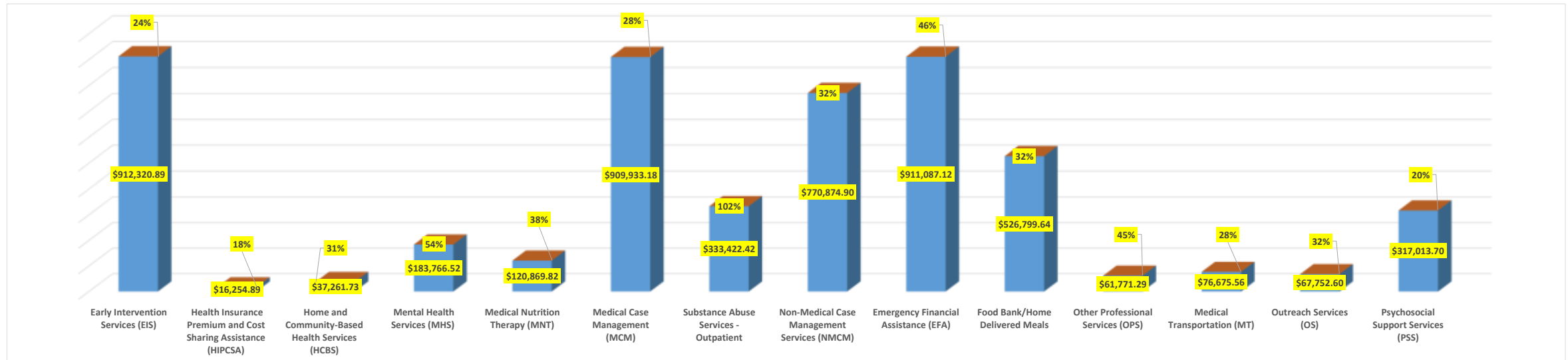
PART A

Washington, DC EMA Part A Grant Year 33 Report through June 2023

SERVICE CATEGORY	ALLOCATED	EXPENDITURES TO DATE								Comments
		Current AWARDS	Reported \$				Reported %	Expected \$	Expected %	
		DC	MD	VA	WVA	Total				
Outpatient/Ambulatory Health Services (OAHS)	\$2,096,042.00	\$ 572,658.14	\$ 150,807.05	\$ 34,036.85		\$ 757,502.04	36%	\$698,680.67	33%	
Oral Health Care	\$826,426.00	\$ 210,139.97	\$ 84,855.49	\$ 22,386.50		\$ 317,381.96	38%	\$275,475.33	33%	
Early Intervention Services (EIS)	\$3,850,863.00	\$679,641.20	\$62,610.98	\$170,068.71		\$912,320.89	24%	\$1,283,621.00	33%	Unprocessed invoices; staff vacancies
Health Insurance Premium and Cost Sharing Assistance (HIPCSA)	\$88,733.00		\$5,571.81		\$10,683.08	\$16,254.89	18%	\$29,577.67	33%	Staff vacancies, underutilized services
Home and Community-Based Health Services (HCBS)	\$118,788.00	\$37,261.73				\$37,261.73	31%	\$39,596.00	33%	
Mental Health Services (MHS)	\$341,494.00	\$166,072.72		\$17,693.80		\$183,766.52	54%	\$113,831.33	33%	Actively monitoring spending
Medical Nutrition Therapy (MNT)	\$319,374.00	\$101,645.08	\$18,780.00		\$444.74	\$120,869.82	38%	\$106,458.00	33%	
Medical Case Management (MCM)	\$3,213,293.00	\$492,235.92	\$344,620.96	\$53,424.71	\$19,651.59	\$909,933.18	28%	\$1,071,097.67	33%	
Substance Abuse Services - Outpatient	\$325,770.00	\$316,075.35		\$17,347.07		\$333,422.42	102%	\$108,590.00	33%	
Non-Medical Case Management Services (NMCM)	\$2,434,158.00	\$561,863.89	\$153,687.79	\$55,323.22		\$770,874.90	32%	\$811,386.00	33%	
Emergency Financial Assistance (EFA)	\$1,982,069.00	\$876,361.19			\$34,725.93	\$911,087.12	46%	\$660,689.67	33%	Actively monitoring spending; providers reported a decrease in community resources coupled with inflation costs
Food Bank/Home Delivered Meals	\$1,628,320.00	\$526,799.64				\$526,799.64	32%	\$542,773.33	33%	
Other Professional Services (OPS)	\$136,364.00	\$61,771.29				\$61,771.29	45%	\$45,454.67	33%	Actively monitoring spending
Medical Transportation (MT)	\$273,587.00	\$49,663.57	\$16,001.88	\$3,810.11	\$7,200.00	\$76,675.56	28%	\$91,195.67	33%	
Outreach Services (OS)	\$210,281.00	\$21,059.94	\$45,075.40		\$1,617.26	\$67,752.60	32%	\$70,093.67	33%	
Psychosocial Support Services (PSS)	\$1,564,476.00	\$218,428.41	\$19,584.10	\$79,001.19		\$317,013.70	20%	\$521,492.00	33%	
TOTAL	\$19,410,038.00	\$4,891,678.04	\$901,595.46	\$453,092.16	\$74,322.60	\$ 6,320,688.26	33%	\$6,470,012.67	33%	

Underspent over 30%

Overspent over 30%



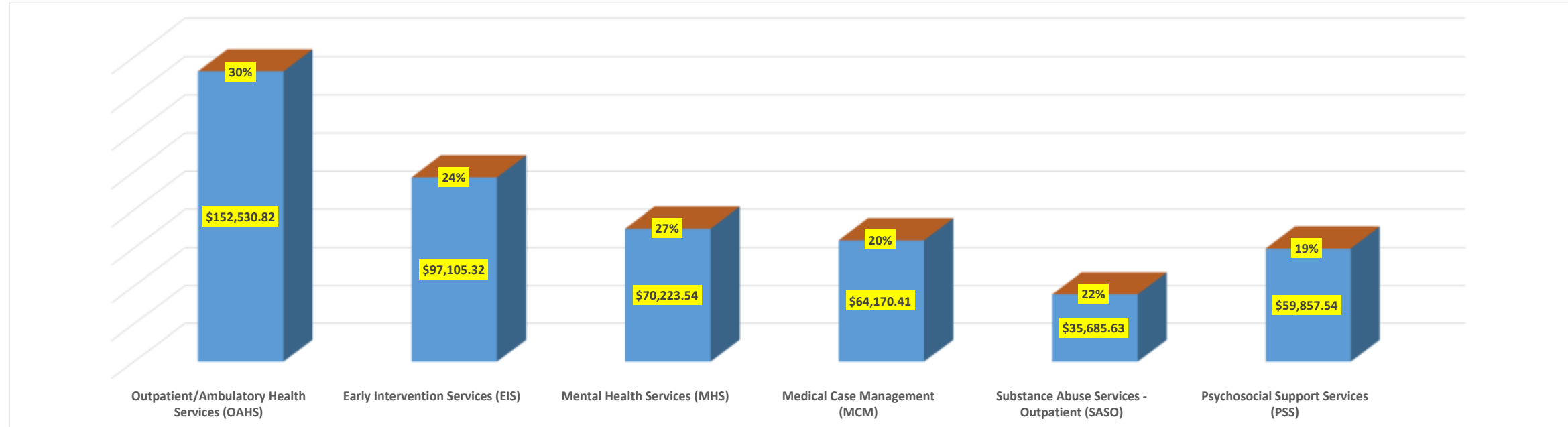
PART A MAI

Washington, DC EMA Part A Grant Year 33 Report through June 2023

SERVICE CATEGORY	AWARDS Current Budget	EXPENDITURES TO DATE							Comments
		Reported \$				Reported %	Expected \$	Expected %	
		DC	MD	VA	Total				
Outpatient/Ambulatory Health Services (OAHS)	\$510,586.00	\$138,250.28	\$4,161.81	\$10,118.73	\$152,530.82	30%	\$170,195.33	33%	
Early Intervention Services (EIS)	\$409,217.00	\$71,014.72	\$4,734.86	\$21,355.74	\$97,105.32	24%	\$136,405.67	33%	
Mental Health Services (MHS)	\$261,443.00	\$68,506.72	\$1,716.82		\$70,223.54	27%	\$87,147.67	33%	
Medical Case Management (MCM)	\$321,964.00	\$59,704.48	\$5,027.99	-\$562.06	\$64,170.41	20%	\$107,321.33	33%	Unprocessed invoices; staff vacancies
Substance Abuse Services - Outpatient (SASO)	\$162,573.00	\$33,585.20	\$2,100.43		\$35,685.63	22%	\$54,191.00	33%	Unprocessed invoices; staff vacancies
Psychosocial Support Services (PSS)	\$311,048.00	\$31,016.24	\$1,691.69	\$27,149.61	\$59,857.54	19%	\$103,682.67	33%	Unprocessed invoices
TOTAL	\$1,976,831.00	\$402,077.64	\$19,433.60	\$58,062.02	\$479,573.26	24%	\$658,943.67	33%	

Underspent over 30%

Overspent over 30%



Part A Grant Year 33

Reprogramming Request

August 23, 2023

GY 33 Award Breakdown

	Part A Formula and Supplemental	Part A MAI	Total Funds
CQM	\$ 995,291		\$ 995,291
Administrative	\$ 2,987,774	\$ 281,445	\$ 3,265,219
Non- services subtotal	\$ 3,979,065	\$ 281,445	\$ 4,260,510
Core Medical Services	\$ 15,210,490	\$ 2,096,459	\$ 17,306,949
Support Services	\$ 10,648,182	\$ 436,548	\$ 11,084,730
Total Service Allocations	\$ 25,858,672	\$ 2,533,007	\$ 28,391,679
Total Allocations(Service + Non-service)	\$ 29,837,737	\$ 2,814,452	\$ 32,652,189

Purpose of Reprogramming Request

- To ensure the alignment of expenditures and allocations for GY33
 - To ensure adequate funding is allocated in all service categories to maintain service delivery levels
 - To avoid lapse of funds at the end of the grant period
-
- **Note:** This reprogramming request will not disrupt the provision of services throughout the EMA.

GY 33 Reprogramming Request

- Request to move **\$5,655,908** from the following service categories:
 - Early Intervention Services (EIS), Home and Community Based Health Services (HCBHS), Foodbank Home Delivered Meals (FB/HDM), Housing Services (HS), Outreach Services (OS), Linguistic Services (LS) and Other Professional Services (OPS)
- Justification (*impacted service category*)
 - *Unable to make sub-awards for the full allocation amounts (EIS, HCBHS, FB/HDM, OS, LS)*
 - *Unable to operationalize tax preparation services (OPS)*
 - *A portion of housing case management is covered under NMCM (HS)*

GY 33 Reprogramming Request contd.

- Funds will be reprogrammed into the following service categories:
 - Outpatient Ambulatory Health Services (OAHS), Oral Health Services (OH), Medical Case Management (MCM), Mental Health Services (MHS), Substance Abuse Outpatient Care (SAOC), Medical Nutrition Therapy (MNT), Health Insurance Premium and Cost Sharing Assistance (HIPCSA), Emergency Financial Assistance (EFA), Medical Transportation (MT), Non- Medical Case Management (NMCM), and Psychosocial Support Services (PSS)
- Justification (*impacted service category*)
 - Fee For Value Program (*OAHS, MCM, NMCM, MNT*)
 - Increased need for rental and food assistance due to the end of COVID 19 funding support and the moratoria on evictions (*EFA*)
 - Increase need for transportation to support medical adherence (*MT*)
 - Increase based on providing level funding to current sub-recipients (*MHS, PSS, OHS*)

Part A GY33 Allocations by Service Category (Core)

Service Category	Total Part A Direct		Justification
	Approved COHAH Allocation	Requested Allocation	
Outpatient/Ambulatory Health Services	\$1,574,984.95	\$3,111,515.00	Increased demand for funding: Bundled service
Oral Health Care	\$1,049,989.97	\$1,425,257.00	Increased demand for services
Medical Case Management	2,425,109.07	\$3,624,663.00	Increased demand for funding: Bundled service
Mental Health Services	\$524,994.98	\$543,312.00	
Substance Abuse Outpatient Care	\$174,998.33	\$325,770.00	Increased demand for funding
Medical Nutrition Therapy	\$290,509.90	\$359,374.00	
Early Intervention Services	\$8,301,717.76	\$4,464,942.00	Not enough demand for funding/applications
Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals	\$74,101.65	\$88,733.00	
Home and Community Based Health Services	\$258,667.82	\$118,788.00	Not enough demand for funding/applications
Subtotal Core Services	\$14,675,074.43	\$14,062,354.00	

Part A GY33 Allocations by Service Category (Support)

	Total Part A Direct		
Emergency Financial Assistance	\$1,077,127.39	\$1,982,069.00	Increased demand for services /inflation
Medical Transportation	\$298,765.26	\$306,587.00	
Food Bank/Home Delivered Meals	\$2,799,973.24	\$1,628,320.00	Not enough demand for funding/applications
Non-Medical Case Management Services	\$2,449,976.62	\$2,869,110.00	Increased demand for funding: Bundled service
Housing Services	\$1,399,986.62	\$760,000.00	Some portions absorbed by NMCM
Outreach Services	\$779,738.02	\$255,736.00	Included in EIS. Not enough demand for funding/applications
Linguistic Services	\$310,558.63	\$0.00	No applications received
Psychosocial Support Services	\$880,571.29	\$1,840,647.00	Increased demand for services secondary to service bundle
Other Professional Services	\$690,305.00	\$236,364.00	Tax prep not operationalized
Subtotal, Support Services	\$10,687,002.07	\$9,878,833.00	

DC | HEALTH

GOVERNMENT OF THE DISTRICT OF COLUMBIA

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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.

Standing Committee of Origin:	Comprehensive Planning Committee	Date Moved:	
Motion Made By:			
Subject:	Grant Year 33 Allocations		

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

1. Text of the motion:

The recipient reviewed the funds awarded for grant year 33 and is requesting to reprogram \$5,655,908 service dollars. These service dollars will be moved from Early Intervention Services, Home and Community Based Health Services, Food Bank and Home-Delivered Meals, Housing Services, Outreach Services, Linguistic Services, and Other Professional Services. The reason for this decrease is because the recipient was unable to fully allocate service dollars for Early Intervention Services, Outreach Services, Food Bank and Home-Delivered Meals and Linguistic Services based on the funding requests made by applicants during the RFA process. Furthermore, the recipient was unable to fully operationalize components of Other Professional Services, such as tax preparation. Also, the service dollars allocated to Housing Services are less considering a portion of housing case management services are covered under NMCM.

The aforementioned service dollars will be reprogrammed into Outpatient/Ambulatory Health Services, Oral Health, Medical Case Management, Mental Health Services, Substance (Ab)use/Outpatient Care, Medical Nutrition Therapy, Health Insurance Premium & Cost Sharing Assistance, Emergency Financial Assistance, Medical Transportation, Non-Medical Case Management, and Psychosocial Support Services. The recipient anticipates an uptick in usage of HAHSTA’s Fee for Value service categories which include Outpatient/Ambulatory Health Services, Medical Case Management, Non-Medical Case Management, and Medical Nutrition Therapy. Also, the recipient anticipates an increase in EFA utilization due to the ending of COVID-19 funding support and the moratoria on evictions. An increase in service utilization in MT, MHS, PSS, and OHS is also expected.

2. Purpose of the motion / Need for the action

The purpose of this reprogramming request is to ensure the continuity of service provision across our Part A sub-recipients and avoid lapse of Part A grant funds.

3. Research completed prior to formulating recommended action



*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.*

A review of the GY 33 continuation funds awarded and subrecipient start-up documents have determined that this reprogramming request will not impact the provision of services.

4. Alternative strategies explored and reasons why the recommended action is preferable.
There are no alternative solutions. The recommended action is to reallocate funds for the aforementioned services categories.