



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 28, 2024 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 28, 2024 4. Approve Minutes for July 24, 2024
11:15 am	5. Ryan White HIV/AIDS Program (RWHAP) – Reports & Financial Oversight
11:45 am	<ol style="list-style-type: none"> 6. Other Business <ul style="list-style-type: none"> - EFA Service Standard update
12:50 pm	7. Announcements and Adjournment
<u>NEXT COMPREHENSIVE PLANNING COMMITTEE (CPC) MEETING:</u>	WEDNESDAY September 25, 2024 11AM TO 1PM ELECTRONIC MEETING VIA ZOOM VIDEO CONFERENCING (ONLINE)

COMPREHENSIVE PLANNING COMMITTEE (CPC) MEETING MINUTES

WEDNESDAY, JULY 24, 2024 – 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				
DeMartino, Peter	X				
Lewis, Jason	X				
Palmer, Kentrell (Kenny)	X		COMMUNITY PARTNERS/GUESTS	PRESENT	ABSENT
Ramos, Claudia	X		Dyson, Casey	X	
Stuckey, Christopher		X			
Shaw-Richarson, Re'ginald	X				
RYAN WHITE RECIPIENT STAFF	PRESENT	ABSENT	CONSULTANTS	PRESENT	ABSENT
Edmonds, Jason	X				
Price, Ashley	X				
Smith, Avemaria	X				
HAHSTA STAFF	PRESENT	ABSENT	COMMISSION SUPPORT STAFF	PRESENT	ABSENT
Orban, Julie	X		Bailey, Patrice	X	
			Johnson, Alan	X	

HIGHLIGHTS	
<p><i>NOTE: This is a draft version of the July 24, 2024, Comprehensive Planning Committee (CPC) Meeting Minutes. The final version will be approved at the August 28, 2024, meeting and made available thereafter.</i></p>	
AGENDA	
ITEM	DISCUSSION
Call to Order	Lamont C. called the meeting to order at 11:04 am, followed by a moment of silence and introductions.
Review and Adoption of the Agenda	Hearing no changes to the July 24, 2024, Meeting Agenda, Lamont assumed the motion to adopt the agenda as presented.

<p>Review and Approval of the Minutes</p>	<p>Hearing no corrections to the June 26, 2024, Meeting Minutes, Lamont assumed the motion to approve the meeting minutes as presented.</p>
<p>Ryan White HIV/AIDS Program (RWHAP) Reports & Financial Oversight</p>	<p><u>Avemaria S. presented the Recipient Report</u> The Part A and Part A MAI Grant Year 34 report is being presented for the month of May. The full award received was in the amount of \$32,559,498.</p> <p><u>FISCAL STATUS</u> Twenty-six (26) of twenty-seven (27) providers have submitted payment requests that were processed for Part A and Part A MAI in May 2024.</p> <p>There were no service delivery challenges noted in DC, Maryland or Virginia.</p> <p><u>PART A FISCAL SUMMARY</u> Part A expenditures were at 20% and should have been at 25%.</p> <p>Service areas affected by unprocessed invoices were Early Intervention Services (EIS) Medical Case Management (MCM) Non-Medical Case Management (NMCM) and Psychosocial Support Services (PSS).</p> <p>Services spending at 30% below expected were Oral Health Care (OHC) Health Insurance Premium & Cost Sharing Assistance (HIPCSA) and Housing Services (HS).</p> <p>The service spending 30% above expected is Other Professional Services (OPS).</p> <p><u>PART A MAI FISCAL SUMMARY</u> Part A MAI expenditures were at 20% and should have been at 25%.</p> <p>There were no service areas affected by unprocessed invoices.</p> <p>Services spending 30% below expected were Non-Medical Case Management (NMCM) and Psychosocial Support Services (PSS).</p> <p>There are no services spending 30% above expected.</p> <p><u>RECIPIENT REPORT</u> The Recipient has received the FY25RWHAP Part A NOFO and has convened internal meetings to begin drafting the application sections.</p> <p>The Recipient is preparing to submit the Program Submissions Report and Program Terms Report to HRSA on Friday, July 26, 2024.</p> <p>The Recipient is working to finalize all required elements for the Priority Setting and Resource Allocation (PSRA) Data Request. The full PSRA meetings are scheduled for August.</p>

	<p>The Recipient remains engaged in ongoing collaboration with ISC and CPC to maximize Emergency Financial Assistance (EFA) services in the EMA. Inquiries were made about the funding and EFA services in Maryland and Virginia. Peter D. indicated that the Maryland Department of Health (MDH) doesn't fund EFA. Ashley indicated that the Virginia Department of Health (VDH) awards EFA to subrecipients in a lump sum and allows them to allocate those funds as they wish. There are no restrictions on how they use it if they stay within the 75/25 percent core services requirement. Also, there is no cap in their standard.</p> <p>The Recipient recently received their carry-over award. However, requests for additional funding have already exceeded it.</p>
<p>Other Business</p>	<p><u>EFA Service Standard Update</u> Lamont shared the research he conducted on EFA's in major cities. He noted that New York city has increased their cap from \$2,000 to \$5,000 since 2021. Los Angeles County's Standards and Best Practices Committee is in the process of updating their EFA standards and revising the annual caps. Their Commission on HIV has approved their Fiscal Year 34 allocation of 6.32%. Last year it was at 3.1%. Houston's EFA is in two (2) categories (Pharmacy and Other) in the amount of \$75,000. It has increased to \$100,000. Philadelphia awards \$2,500 per client. There is no indication that any adjustments are being made to their allocations.</p> <p>The Recipient is meeting with the HOPWA Division to discuss the services their program is providing and the new guidance from HRSA. DC's EFA is 10% the of Part A Award which is already the largest percentage and the largest amount in total award in comparison to other major cities. There was extensive discussion about how the information presented can or cannot assist the decision-making process during PSRA.</p> <p><u>MAI Update</u> Lamont reported that the MAI providers made a request to unbundle the cluster of Youth Reach Services, initiated by the COHAH in 2017. Unbundling the cluster will allow the service providers more flexibility in how they provide services.</p> <p><u>PSRA Update</u> Lamont sent out the PSRA presentation for training tomorrow at the General Body Meeting. Let him know if there are any comments, questions, or ideas about the presentation. Commissioners are required to attend the meeting for their jurisdiction and are welcome to attend other jurisdictional meetings. The jurisdictions will meet virtually via zoom conferencing from 10:00am – 12:00pm. August 6, 2024, Virginia August 7, 2024, Maryland August 8, 2024, Washington, DC</p>

	<p>The Roll-up meeting is scheduled for Thursday, August 28, 2024, during the COHAH General Body Meeting from 6:00pm – 8:00pm.</p> <p>Anyone who is not a commissioner and interested in attending any of the meetings, need reach out to Lamont or Patrice B. to have the meeting link sent to them.</p>
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ANNOUNCEMENTS/OTHER DISCUSSION

None noted.

HANDOUTS

- July 24, 2024, Comprehensive Planning Committee (CPC) Meeting Agenda
- June 26, 2024, Comprehensive Planning Committee (CPC) Meeting Minutes
- Recipient Reports for May 2024

MEETING ADJOURNED	11:41pm	NEXT MEETING	WEDNESDAY AUGUST 28, 2024 11:00am to 1:00pm ZOOM CONFERENCE AND VIDEO CALL
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Date: August 28, 2024

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 34 - Reporting Period: June 1 – 30, 2024**

Part A and Part A MAI. The Ryan White HIV/AIDS Program (RWHAP) Part A Grant Year 34 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 34 the recipient received a full award in the amount of \$32,559,498.**

Notes on Overview. The fiscal spreadsheets list the service categories by Part and jurisdiction and identify 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:

June 2024 - twenty-seven **(26)** of the twenty-eight **(27)** providers submitted payment requests that were processed, and one **(1)** provider has not yet submitted **June 2024** invoices.

SERVICE DELIVERY CHALLENGES

DC: No challenges.

MD: No challenges.

VA: No challenges.

PART A FISCAL SUMMARY

Part A expenditures are 27% and should be 33%. (Overall Expenditure rates by funding source for the reporting period)

Service areas affected by unprocessed invoices:

Housing Services (HS)

Services 30% below expected:

Health Insurance Premium & Cost Sharing Assistance (HIPCSA)
Housing Services (HS)

Services 30% above expected:

Other Professional Services (OPS)

PART A MAI FISCAL SUMMARY

Part A MAI expenditures are 28% and should be 33%. (Overall Expenditure rates by funding source for the reporting period)

Service areas affected by unprocessed invoices:

N/A

Services 30% below expected:

N/A

Services 30% above expected:

N/A

RECIPIENT REPORT

1. Carryover Request. The Recipient's request to carryover funds from FY23 for use in FY24 was approved.
2. FY25 Part A Notice of Funding Opportunity. The Recipient is progressing with the Part A application process as planned.
3. Ryan White Conference. Recipient staff were selected to present at the 2024 National Ryan White Conference. Their contributions included a poster on "The Benefits of Standardizing Monitoring Practices" and 60-minute presentations on "Status Neutral: Advancing Comprehensive Services for People Affected by HIV" and "Evaluating and Enhancing Provider Capacity."
4. MD Jurisdictional Meeting: The Recipient will hold a virtual meeting in August with local health departments in the southern Maryland region of the DC EMA to discuss gaps and needs, and ways the Part A Recipient can offer support.

Washington, DC EMA Ryan White PART A/MAI Grant Year 34 Report through June 2024

PART A Notice of Grant Award: \$32,559,498

Jurisdiction	Current Award-Finalized	Expenditures	Remaining Balance	Percent Spent	Comments
District of Columbia - PART A	\$19,514,663	\$5,318,315	\$14,196,349	27%	
District of Columbia - MAI	\$1,620,119	\$487,220	\$1,132,899	30%	
District of Columbia Subtotal	\$21,134,782	\$5,805,535	\$15,329,247	27%	
Northern Virginia - PART A	\$1,988,404	\$468,849	\$1,519,555	24%	
Northern Virginia - MAI	\$229,451	\$52,151	\$177,300	23%	
Northern Virginia Subtotal	\$2,217,855	\$521,001	\$1,696,854	23%	
Suburban Maryland - PART A	\$3,308,926	\$853,238	\$2,455,688	26%	
Suburban Maryland - MAI	\$325,000	\$63,364	\$261,636	19%	
Suburban Maryland Subtotal	\$3,633,926	\$916,602	\$2,717,324	25%	
West Virginia - PART A	\$452,699	\$134,739	\$317,960	30%	
West Virginia Subtotal	\$452,699	\$134,739	\$317,960	30%	
TOTAL PART A	\$25,264,692	\$6,775,141	\$18,489,551	27%	
TOTAL - MAI	\$2,174,570	\$602,735	\$1,571,835	28%	
TOTAL GRANT	\$27,439,262	\$7,377,876.18	\$20,061,385.82	27%	

Washington, DC EMA Ryan White PART A/MAI Grant Year 34 Report thorough June 2024
PART A

SERVICE CATEGORY	CURRENT AWARDS	EXPENDITURES TO DATE								COMMENTS
		DC	MD	VA	WVA	Total	Reported %	Expected \$	Expected %	
Outpatient/Ambulatory Health Services (OAHS)	\$3,425,736.00	\$601,876.69	\$182,981.39	\$46,157.82		\$831,015.90	24%	\$1,141,912.00	33%	
Oral Health Care	\$1,543,556.00	\$246,354.52	\$101,098.29	\$13,334.19		\$360,787.00	23%	\$514,518.67	33%	
Early Intervention Services (EIS)	\$4,549,208.00	\$785,363.50	\$62,952.91	\$235,319.03		\$1,083,635.44	24%	\$1,516,402.67	33%	
Health Insurance Premium & Cost Sharing Assistance (HIPCSA)	\$108,201.00	\$1,705.54	\$5,942.52		\$9,383.58	\$17,031.64	16%	\$36,067.00	33%	Decrease in service utilization. Budget reprogramming expected.
Home and Community-Based Health Services (HCBS)	\$130,667.00	\$40,777.16				\$40,777.16	31%	\$43,555.67	33%	
Mental Health Services (MHS)	\$537,632.00	\$162,596.27		\$9,774.91		\$172,371.18	32%	\$179,210.67	33%	
Medical Nutrition Therapy (MNT)	\$254,896.00	\$58,189.27	\$16,896.00		\$447.72	\$75,532.99	30%	\$84,965.33	33%	
Medical Case Management (MCM)	\$3,885,043.00	\$641,630.20	\$244,546.09	\$71,989.29	\$36,409.79	\$994,575.37	26%	\$1,295,014.33	33%	
Substance Abuse Services - Outpatient (SASO)	\$313,668.00	\$103,366.50		\$2,730.06		\$106,096.56	34%	\$104,556.00	33%	
Non-Medical Case Management Services (NMCM)	\$2,931,716.00	\$592,680.01	\$157,611.58	\$38,837.06		\$789,128.65	27%	\$977,238.67	33%	
Emergency Financial Assistance (EFA)	\$2,542,761.00	\$883,668.65			\$71,144.34	\$954,812.99	38%	\$847,587.00	33%	
Food Bank/Home Delivered Meals	\$1,766,660.00	\$629,433.19				\$629,433.19	36%	\$588,886.67	33%	
Other Professional Services (OPS)	\$150,000.00	\$82,416.54				\$82,416.54	55%	\$50,000.00	33%	Provider requested an award increase to support higher service utilization which will be reflected in the next report.
Medical Transportation (MT)	\$281,100.00	\$53,752.23	\$21,621.70	\$2,513.26	\$14,400.00	\$92,287.19	33%	\$93,700.00	33%	
Housing Services (HS)	\$240,266.00	\$24,351.07				\$24,351.07	10%	\$80,088.67	33%	Unprocessed invoices; service category is under-awarded.
Outreach Services (OS)	\$276,586.00	\$34,090.13	\$35,752.46	\$304.26	\$2,953.10	\$73,099.95	26%	\$92,195.33	33%	
Psychosocial Support Services (PSS)	\$1,807,262.00	\$376,063.03	\$23,835.50	\$47,889.42		\$447,787.95	25%	\$602,420.67	33%	
TOTAL	\$24,744,958.00	\$5,318,314.50	\$853,238.44	\$468,849.30	\$134,738.53	\$6,775,140.77	27%	\$8,248,319.33	33%	

Underspent over 30%

Overspent over 30%

Washington, DC EMA Ryan White PART A/MAI Grant Year 34 Report through June 2024
PART A MAI

PART A MAI

SERVICE CATEGORY	CURRENT AWARDS	EXPENDITURES TO DATE							COMMENTS
		DC	MD	VA	Total	Reported %	Expected \$	Expected %	
Outpatient/Ambulatory Health Services (OAHS)	\$552,887.00	\$160,842.20	\$8,145.20	\$10,012.49	\$178,999.89	32%	\$184,295.67	33%	
Early Intervention Services (EIS)	\$430,938.00	\$73,225.64	\$19,804.86	\$16,530.60	\$109,561.10	25%	\$143,646.00	33%	
Mental Health Services (MHS)	\$287,982.00	\$65,153.09	\$3,300.41		\$68,453.50	24%	\$95,994.00	33%	
Medical Case Management (MCM)	\$338,710.00	\$75,736.97	\$24,254.43	\$3,211.16	\$103,202.56	30%	\$112,903.33	33%	
Medical Transportation (MT)	\$10,000.00	\$2,280.00	\$865.42		\$3,145.42	31%	\$3,333.33	33%	
Non-Medical Case Management (NMCM)	\$170,000.00	\$39,209.58			\$39,209.58	23%	\$56,666.67	33%	
Substance Abuse Services - Outpatient (SASO)	\$66,899.00	\$17,263.46	\$1,319.40		\$18,582.86	28%	\$22,299.67	33%	
Psychosocial Support Services (PSS)	\$317,154.00	\$53,509.08	\$5,674.24	\$22,397.18	\$81,580.50	26%	\$105,718.00	33%	
TOTAL	\$2,174,570.00	\$487,220.02	\$63,363.96	\$52,151.43	\$602,735.41	28%	\$724,856.67	33%	

Underspent over 30%

Overspent over 30%