



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, FEBRUARY 22, 2023 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 February 22, 2023 4. Approve Minutes for January 25, 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 PSRA Data Request discussion
12:15 pm	7. Announcements and Adjournment
<u>NEXT COMPREHENSIVE PLANNING COMMITTEE (CPC) MEETING:</u>	WEDNESDAY MARCH 23, 2023 11PM TO 1PM ELECTRONIC MEETING VIA ZOOM VIDEO CONFERENCING (ONLINE)

COMPREHENSIVE PLANNING COMMITTEE (CPC) MEETING MINUTES

WEDNESDAY, JANUARY 25, 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>Vice Chair</i>)		X			
DeMartino, Peter	X				
Padmore, Gerald (<i>Chair</i>)	X				
Palmer, Kentrell (<i>Kenny</i>)	X				
Ramos, Claudia	X		COMMUNITY PARTNERS/GUESTS	PRESENT	ABSENT
Shaw-Richardson, Re'ginald		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
			Bailey, Patrice	X	
			Johnson, Alan	X	

HIGHLIGHTS

NOTE: This is a draft version of the January 25, 2023, Comprehensive Planning Committee (CPC) Meeting Minutes. The final version will be approved at the February 25, 2023, meeting and made available thereafter.

AGENDA

ITEM	DISCUSSION
Call to Order	Gerald P. called the meeting to order at 11:11 am, followed by a moment of silence and introductions.

Review and Adoption of the Agenda	Gerald assumed the motion to adopt the agenda for January 14, 2023. The agenda was adopted as presented.
Review and Approval of the Minutes	Gerald assumed the motion to approve the meeting minutes for the December 14, 2022, meeting. The motion was approved as presented.
PSRA Data Request Discussion	Lamont C. suggested the committee to begin discussions for the data request from the Recipient for the next PSRA. It is not an application year for the Recipient, therefore, the PSRA meeting will present updates of any relevant new information to the COHAH constituency throughout the EMA. Whatever new data obtained from the recent needs assessment will be added.
Ryan White HIV/AIDS Program (RWHAP) Reports & Financial Oversight	<p>Avemaria (Ave) S. presented the Recipient Report Ave reported that the DCHealth is actively recruiting for a Division Chief. The job announcement closed on January 14, 2023. Human Resources is currently interviewing candidates and should make a selection and announcement in the next 30-45 days.</p> <p>The Ryan White HIV/AIDS Program (RWHAP) Part A Grant Year 32 includes Part A and the Part A Minority AIDS Initiative (MAI). The recipient received the full award in the amount \$33,345,898.</p> <p><u>FISCAL STATUS</u> For Part A and Part A MAI in November 2022, of the thirty-four (34) providers, five (5) grants ended May 30, 2022, one (1) ended in August 2022. Eighteen (18) payment requests were received and processed, and (10) were unprocessed.</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 44% and should be at 75%.</p> <p>Service areas affected by unprocessed invoices are Outpatient/Ambulatory Health Services (OAHS), Early Intervention Services (EIS), Health Insurance Premium and Cost Sharing Assistance (HIPCSA), Medical Case Management (MCM), Non-Medical Case Management Services (NMCM), Medical Transportation (MT), Outreach Services (OS), and Psychosocial Support Services (PSS).</p> <p>Services spending 30% below expected are Outpatient/Ambulatory Health Services (OAHS), Early Intervention Services (EIS), Health Insurance Premium and Cost Sharing Assistance (HIPCSA), Home and Community-Based Health Services (HCBS), Oral Health Care (OHC), Mental Health Services (MHS), Medical Case Management (MCM), Substance Abuse Services – Outpatient (SASO), Non-Medical Case Management Services (NMCM), Food Bank/Home Delivered Meals (FBHDM), Medical Transportation (MT), and Psychosocial Support Services (PSS).</p>

There are no services spending 30% above expected.

PART A MAI FISCAL SUMMARY

Part A MAI expenditures are at 58% and should be at 75%.

Service areas affected by unprocessed invoices are Outpatient/Ambulatory Health Services (OAHS), Early Intervention Services (EIS), Mental Health Services (MHS), Substance Abuse Services – Outpatient (SASO), and Psychosocial Support Services (PSS).

Services spending 30% below expected are Substance Abuse Services – Outpatient (SASO), and Mental Health Services (MHS).

There are no services spending 30% above expected.

RECIPIENT REPORT

The District of Columbia Government transitioned from the antiquated SOAR system to the new District Integrated Financial System (DIFS), which has caused some delays and disruptions. It has impacted Program’s ability to access and reprogram funds as needed. Invoicing has been slow. Some were submitted and processed late creating an additional \$386,287 expended that was not reported before submission of this report.

Overall underspending was also affected in part by the distribution of the Value Enhancement Awards that are part of the Fee For Value (FFV) program. Process and Outcome assessments were completed and factored into the calculation, thus determining award amounts for GY33’s FFV service categories. Moving forward the sub-recipients will have their full award at the beginning of the grant year which will enable them to better plan for their spending.

The Health Resources and Services Administration (HRSA) issued a partial Ryan White Part A Notice of Award for GY 33 on January 13, 2023. The Recipient office is allowed to proceed with the preloaded amounts.

Part A Continuation Award letters are expected to be sent to subrecipients before the end of January. Pre-award negotiation and grant issuance activities are expected to be completed by early February. The GY33 Ryan White Part A Kick-Off Meeting will be held on February 14, 2023. The meeting will be virtual and provide subrecipients with programmatic and fiscal data, and quality management updates.

Lamont asked what the final percentage of spending would be. Ave projected that the carryover, formula, MAI and other funds together will be at 87% – 90%. Lamont went on to explain that the COHAH in collaboration with different divisions at HAHSTA endeavor to conduct youth outreach activities that will bring young people to the table for sexual health conversations. A cross division workgroup along with CEEC has been assembled to begin organizing. Lamont

	asked if there would be funding available for it and indicated that the subgroup is going to start working on the plan and a budget. Ave responded that she would need more information and consider all factors in order to make that determination.
Other Business	

ANNOUNCEMENTS/OTHER DISCUSSION

Lamont announced that the COHAH is seeking members and accepting applications particularly from women who are HIV positive and live in Maryland and Virginia to fill HRSA mandated seats on the board. He encouraged everyone to invite women who fit the criteria to the committees to become familiar with the COHAH.

HANDOUTS

- January 25, 2023, Comprehensive Planning Committee (CPC) Meeting Agenda
- December 14, 2022, Comprehensive Planning Committee (CPC) Meeting Minutes
- Monthly Fiscal and Recipient Report (Part A and Part A MAI Funding) Year 32 – Reporting Period: November 2022

MEETING ADJOURNED	11:53am	NEXT MEETING	WEDNESDAY, FEBRUARY 22, 2023 11:00am to 1:00pm ZOOM CONFERENCE AND VIDEO CALL
------------------------------	----------------	-------------------------	--

Date: February 22, 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 32 - Reporting Period: December 1 – 31, 2022**

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 32 the recipient received the full award in the amount \$33,345,898.00.**

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

There were 28 active Part A and Part A MAI grant awards in December 2022. **(26)** payments requests were received and processed and **(2)** were unprocessed.

SERVICE DELIVERY CHALLENGES

DC: No challenges.

MD: No challenges.

VA: No challenges.

PART A FISCAL SUMMARY

Part A expenditures are 57% and should be 83%. (Overall Expenditure rates by funding source for the reporting period)

Service areas affected by unprocessed invoices:

Outpatient/Ambulatory Health Services (OAHS)
Early Intervention Services (EIS)
Medical Nutrition Therapy (MNT)
Medical Case Management (MCM)
Non-Medical Case Management Services (NMCM)
Medical Transportation (MT)
Food Bank, Home-Delivered Meals (FBHDM)
Psychosocial Support Services (PSS)

Services 30% below expected:

Outpatient/Ambulatory Health Services (OAHS)
Early Intervention Services (EIS)
Medical Case Management (MCM)
Food Bank/Home Delivered Meals (FBHDM)

Services 30% above expected:

N/A

PART A MAI FISCAL SUMMARY

Part A MAI expenditures are 56% and should be 83%. (Overall Expenditure rates by funding source for the reporting period)

Service areas affected by unprocessed invoices:

Outpatient/Ambulatory Health Services (OAHS)
Early Intervention Services (EIS)
Mental Health Services (MHS)
Substance Abuse Services – Outpatient (SASO)
Psychosocial Support Services (PSS)

Services 30% below expected:

Outpatient/Ambulatory Health Services (OAHS)
Substance Abuse Services Outpatient (SASO)

Mental Health Services (MHS)

Services 30% above expected:

N/A

RECIPIENT REPORT

1. The GY33 Ryan White Part A Kick-Off Meeting was held on Tuesday, February 14, 2023. This virtual meeting provided subrecipients with programmatic, fiscal, data and quality management updates.
2. Part A Continuation Award letters were sent to subrecipients in January. Monitoring staff are diligently working with sub-recipients to ensure a March 1, 2023, start date.
3. Important note is that Fee-for-Value programs will be fully funded for the start of GY33. This should improve subrecipient spending.
4. The full release of the Electronic Grants Management System (EGMS) 2.0 will take place on February 16, 2023. Internal and external trainings are underway to ensure familiarity with the system.

Washington, DC EMA Part A Grant Year 32 Report through December 2022

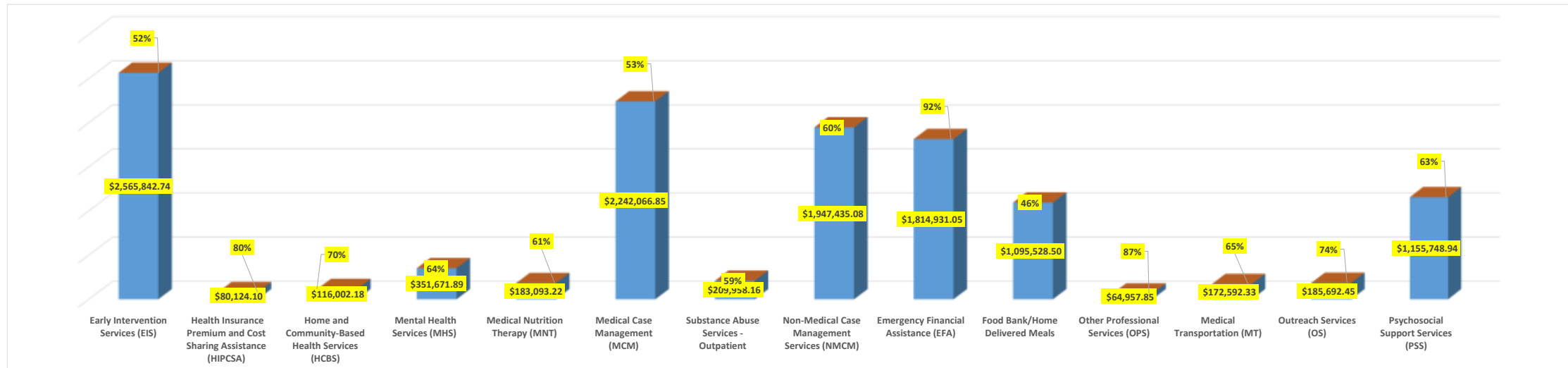
Jurisdiction	Current Award - Finalized	Expenditures	Remaining Balance	Percent Spent	Comments
District of Columbia - Part A	19,490,159	12,036,814	7,453,345	61.8%	
District of Columbia Subtotal	21,359,960	13,113,918	8,246,042	61.4%	
Northern Virginia -- Part A	1,860,077	578,402	1,281,675	31%	
Northern Virginia -- MAI	300,966	188,171	112,795	63%	
Northern Virginia Subtotal	2,161,043	766,573	1,394,470	35%	
Suburban Maryland - Part A	4,165,771	1,720,456	2,445,315	41.3%	
Suburban Maryland -- MAI	325,000	126,764	198,236	39.0%	
Suburban Maryland Subtotal	4,490,771	1,847,220	2,643,551	41.1%	
West Virginia - Part A	432,719	356,614	76,105	82.4%	
West Virginia Subtotal	432,719	356,614	76,105	82.4%	
TOTAL -- Part A	25,948,726	14,692,286	11,256,440	56.6%	
TOTAL -- MAI	2,495,767	1,392,039	1,103,728	55.8%	
TOTAL Subtotal	28,444,493	16,084,324	12,360,169	56.5%	

PART A

Washington, DC EMA Part A Grant Year 32 Report through December 2022

SERVICE CATEGORY	ALLOCATED	EXPENDITURES TO DATE								Comments
		Reported \$					Reported %	Expected \$	Expected %	
Current AWARDS	DC	MD	VA	WVA	Total					
Outpatient/Ambulatory Health Services (OAHS)	\$ 3,842,171.00	\$ 1,259,575.62	\$ 350,142.72	\$ 66,040.79		\$ 1,675,759.13	44%	\$3,201,809.17	83%	Unprocessed invoices; staff vacancies
Oral Health Care	\$ 1,376,669.00	\$ 711,372.03	\$ 117,240.57	\$ 2,268.71		\$ 830,881.31	60%	\$1,147,224.17	83%	
Early Intervention Services (EIS)	\$ 4,934,636.00	\$2,426,242.27	\$40,960.48	\$98,639.99		\$ 2,565,842.74	52%	\$4,112,196.67	83%	Unprocessed invoices; staff vacancies
Health Insurance Premium and Cost Sharing Assistance (HIPCSA)	\$ 99,803.00	\$8,720.35	\$13,482.77			\$57,920.98	80%	\$83,169.17	83%	
Home and Community-Based Health Services (HCBS)	\$ 165,379.00	\$116,002.18				\$ 116,002.18	70%	\$137,815.83	83%	
Mental Health Services (MHS)	\$ 551,023.00	\$330,745.81		\$20,926.08		\$ 351,671.89	64%	\$459,185.83	83%	
Medical Nutrition Therapy (MNT)	\$ 299,435.00	\$167,537.77	\$13,141.78			\$2,413.67	61%	\$249,529.17	83%	
Medical Case Management (MCM)	\$ 4,268,375.00	\$1,375,835.26	\$587,361.57	\$179,204.25	\$99,665.77	\$ 2,242,066.85	53%	\$3,556,979.17	83%	Unprocessed invoices
Substance Abuse Services - Outpatient	\$ 356,071.00	\$188,483.74		\$21,474.42		\$ 209,958.16	59%	\$296,725.83	83%	
Non-Medical Case Management Services (NMCM)	\$ 3,235,734.00	\$1,444,392.08	\$366,902.64	\$136,140.36		\$ 1,947,435.08	60%	\$2,696,445.00	83%	
Emergency Financial Assistance (EFA)	\$ 1,975,110.00	\$1,680,365.52				\$134,565.53	92%	\$1,645,925.00	83%	
Food Bank/Home Delivered Meals	\$ 2,405,085.00	\$1,095,528.50				\$ 1,095,528.50	46%	\$2,004,237.50	83%	Budget modification requested
Other Professional Services (OPS)	\$ 74,380.00	\$64,957.85				\$ 64,957.85	87%	\$61,983.33	83%	
Medical Transportation (MT)	\$ 265,413.00	\$101,352.80	\$31,844.98	\$3,394.55	\$36,000.00	\$ 172,592.33	65%	\$221,177.50	83%	
Outreach Services (OS)	\$ 251,168.00	\$54,851.70	\$122,707.49			\$8,133.26	74%	\$209,306.67	83%	
Psychosocial Support Services (PSS)	\$ 1,848,274.00	\$1,010,850.21	\$76,671.04	\$50,312.65	\$17,915.04	\$ 1,155,748.94	63%	\$1,540,228.33	83%	
TOTAL	\$ 25,948,726.00	\$12,036,813.69	\$1,720,456.04	\$578,401.80	\$356,614.25	\$ 14,692,285.78	57%	\$21,623,938.33	83%	

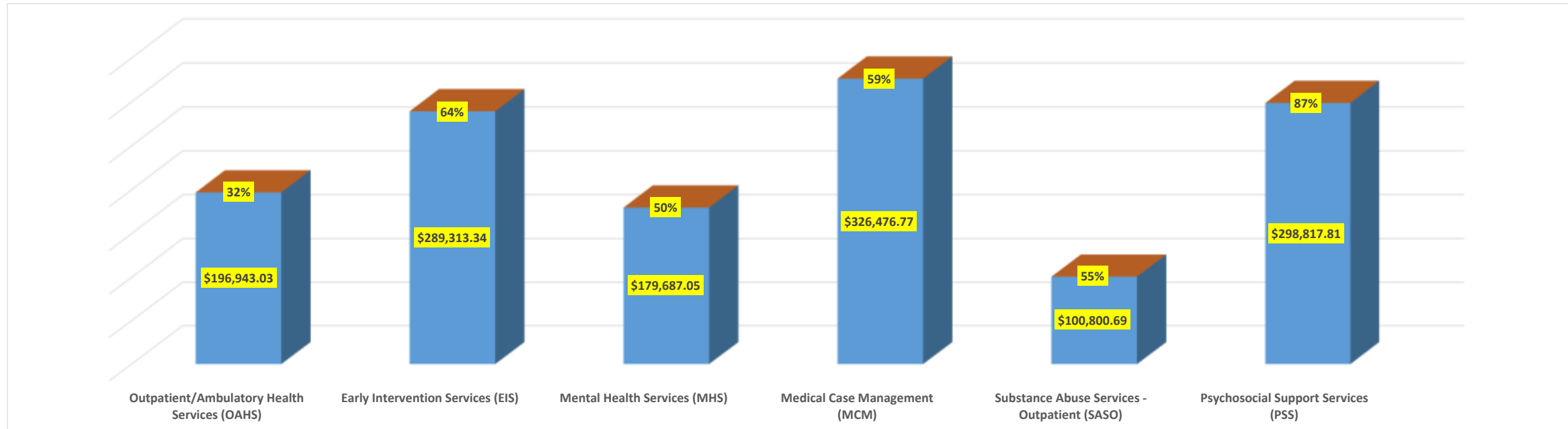
Underspent over 30%
Overspent over 30%



PART A MAI Washington, DC EMA Part A Grant Year 32 Report through December 2022

SERVICE CATEGORY	AWARDS Current Budget	EXPENDITURES TO DATE							Comments
		Reported \$				Reported %	Expected \$	Expected %	
		DC	MD	VA	Total				
Outpatient/Ambulatory Health Services (OAHS)	\$608,935.00	\$140,338.04	\$18,903.30	\$37,701.69	\$196,943.03	32%	\$507,445.83	83%	Unprocessed Invoices
Early Intervention Services (EIS)	\$450,138.00	\$196,725.33	\$43,572.89	\$49,015.12	\$289,313.34	64%	\$375,115.00	83%	
Mental Health Services (MHS)	\$359,728.00	\$152,983.68	\$21,745.41	\$4,957.96	\$179,687.05	50%	\$299,773.33	83%	Staff vacancies
Medical Case Management (MCM)	\$552,710.00	\$294,972.37	\$8,389.80	\$23,114.60	\$326,476.77	59%	\$460,591.67	83%	
Substance Abuse Services - Outpatient (SASO)	\$182,102.00	\$83,552.21	\$14,474.64	\$2,773.84	\$100,800.69	55%	\$151,751.67	83%	Staff vacancies
Psychosocial Support Services (PSS)	\$342,154.00	\$208,532.42	\$19,677.72	\$70,607.67	\$298,817.81	87%	\$285,128.33	83%	
TOTAL	\$2,495,767.00	\$1,077,104.05	\$126,763.76	\$188,170.88	\$1,392,038.69	56%	\$2,079,805.83	83%	

Underspent over 30%
Overspent over 30%



DATA REQUEST June 21st, 2022

#	QUESTION	DATA DESIRED	YEAR/ TIME PERIOD	SOURCE	EMA	JURISDICTIONAL
Epidemiologic Data						
1	<i>What is the size and characteristics of the local epidemic?</i>	People Living with HIV (PLWH) in the EMA. <ul style="list-style-type: none"> ▪ Include breakdowns by age, race/ethnicity, gender identity, mode of transmission, and country of origin. ▪ Include EMA data and jurisdictional breakdowns and comparisons <i>**Please highlight important disparities & notable findings</i>	As of December 31, 2021, if available	Surveillance reports	X	X
2	<i>How is the epidemic changing and where is it heading?</i>	Newly diagnosed cases of HIV and 3-year trends in newly diagnosed cases <ul style="list-style-type: none"> ▪ Include breakdowns by age, race/ethnicity, gender identity, mode of transmission, and country of origin. ▪ Include EMA data and jurisdictional breakdowns and comparisons <i>**Please highlight important disparities & notable findings</i>	As of December 31, 2021, if available	Surveillance reports	X	X
3	<i>How is the epidemic progressing in the EMA?</i>	Newly diagnosed cases of Stage-3 HIV (AIDS) and 3-year trends in newly diagnosed cases of Stage-3 HIV <ul style="list-style-type: none"> ▪ Include breakdowns by age, race/ethnicity, gender identity, mode of transmission, and country of origin. ▪ Include EMA data and jurisdictional breakdowns and comparisons <i>**Please highlight important disparities & notable findings</i>	As of December 31, 2021, if available	Surveillance reports	X	X
4	<i>What is the unmet need for care among PLWH in the EMA?</i>	Estimates of unmet need. <ul style="list-style-type: none"> ▪ Include breakdowns by age, race/ethnicity, gender identity, mode of transmission, and country of origin. 	As of December 31, 2021, if available	Surveillance reports	X	X

DATA REQUEST June 21st, 2022

#	QUESTION	DATA DESIRED	YEAR/ TIME PERIOD	SOURCE	EMA	JURISDICTIONAL
		<ul style="list-style-type: none"> Include EMA data and jurisdictional breakdowns and comparisons <p><i>**Please highlight important disparities & notable findings</i></p>				
5	<i>How well are we doing in engaging and retaining people in care? How does this vary across jurisdictions and populations?</i>	<p>Treatment Cascade/Continuum of Care</p> <ul style="list-style-type: none"> Include data for all RW clients in EMA and in each jurisdiction (show full cascade for each jurisdiction). Compare each step in the cascade by jurisdiction. Provide possible reasons for significant differences. Include breakdowns by age, race/ethnicity, gender identity, mode of transmission, and country of origin. Provide general data for all PLWHA in EMA. <p><i>**Please highlight important disparities & notable findings</i></p>	As of December 31, 2021, if available	CAREWare	X	X
6	<i>What are the Hepatitis C infection rates among PLWH?</i>	<p>Rates of Hepatitis C infection amongst People Living with HIV.</p> <ul style="list-style-type: none"> Include breakdowns by age, race/ethnicity, gender identity, and country of origin. Include EMA data and jurisdictional breakdowns and comparisons <p><i>**Please highlight important disparities & notable findings</i></p>	As of December 31, 2021, if available	Surveillance reports	X	
Service Utilization						

DATA REQUEST June 21st, 2022

#	QUESTION	DATA DESIRED	YEAR/ TIME PERIOD	SOURCE	EMA	JURISDICTIONAL
7	<i>How many people are using RW services and what are their characteristics?</i>	RW clients <ul style="list-style-type: none"> ▪ Include EMA and jurisdictional data ▪ Include breakdowns by age, race/ethnicity, gender identity, mode of transmission, country of origin, housing status, insurance status, and poverty level. 	CY' 2021 (1/1/21-12/31/21)	CAREWare	X	X
8	<i>Who are we not reaching? (What are the demographics and percentages of people in the EMA who are eligible for the RW Program, but not enrolled?)</i>	RW clients <ul style="list-style-type: none"> ▪ Include EMA and jurisdictional data ▪ Include breakdowns by age, race/ethnicity, gender identity, mode of transmission, country of origin, housing status, insurance status, and poverty level. <ul style="list-style-type: none"> ○ Ex) X% of the RW eligible Black men are enrolled in the RW Program. 	CY' 2021 (1/1/21-12/31/21)	CAREWare	X	X
9	<i>How many clients are using each service and how many units of service are they using?</i>	Unduplicated number of people served by category and service units by category. <ul style="list-style-type: none"> ▪ Include special populations service usage ▪ Include regionally-funded (Unit Based Cost) service categories 	CY' 2021 (1/1/21-12/31/21)	Service Stats/CAREWare	X	X
10	<i>Were large portions of some categories unspent? Are there ways to better project what service dollars can be spent efficiently?</i>	Underspending For service categories for which funds were returned to the recipient or more than 30% reprogrammed to another category. <ul style="list-style-type: none"> ▪ Include amount and percentage of funds transferred ▪ Include reasons funds were underspent/unspent 	Grant Year 30 (3/1/21 to 2/28/22)	Fiscal reports/recipient and sub-recipient narratives	X	X

DATA REQUEST June 21st, 2022

#	QUESTION	DATA DESIRED	YEAR/ TIME PERIOD	SOURCE	EMA	JURISDICTIONAL
11	<i>What are the Part B Allocations and Expenditures?</i>	We would like to see the Ryan White services that Part B has been able to fund in each of the EMA's jurisdictions in the past grant year as well as the allocations for the new grant year.	GY31, GY32	State Part B		X
12	<i>What was the total spending for each service category for each of the past three years? (A pre-COVID year, one COVID-impacted year, and one moving toward 'normal' year.)</i>	Spending, by service category for each of the past three Grant Years.	GY29, GY30, GY31	Fiscal reports	X	X
Special Considerations						
13	<i>What immigrant populations are most impacted in the region and how does that vary by jurisdiction? Are they being well served by the RW system?</i>	Other than country of origin in the epi data, we would like additional input and guidance on what data might be available.			X	X