# PLANNING COMMISSION (COHAH) GENERAL BODY MEETING MINUTES

## THURSDAY, JULY 29, 2021 - 6:00PM

**WEBEX CONFERENCE AND VIDEO CALL**

**ELECTRONIC – ONLINE MEETING**

| ATTENDEES/ROLL CALL | | | | | |
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| **COMMISSIONERS** | **PRESENT** | **ABSENT** | **COMMISSIONERS** | **PRESENT** | **ABSENT** |
| Adkins, Sarcia (Comm. Co-Chair) | X | | Hutton, Kenya | X | |
| Blocker, Lakisa | | X | Keita, Ramatoulaye | X | |
| Brown, Charles | | X | Massie, Jenné | X | |
| Bryant, Larry | X | | McClain, Lenora | | X |
| Camara, Farima | X | | Mekonnen, Betelhem (Comm. Vice-Chair) | X | |
| Carney, Misty | X | | Murdaugh, Henry | X | |
| Cauthen, Melvin | X | | Palmer, Kentrell | | X |
| Coker, Sharon | X | | Padmore, Gerald | X | |
| Copley, Mackenzie | | X | Pettigrew, Kenneth (Gov't Co-Chair) | | X |
| Corbett, Wallace | | X | Rakhmanina, Natella | X | |
| Cox, Derrick | X | | Rhodes, Stefanie | | X |
| Dean, Traci | X | | Sain, Philip | X | |
| DeMartino, Peter | X | | Shaw-Richardson, Re'ginald | X | |
| Fogal, Doug | X | | Torre, Andrew | X | |
| Ford, Jasmine | | X | Wallis, Jane | X | |
| Forman, Lynn | X | | Washington, Antonio | X | |
| Gomez, Ana | | X | Yocum, Ashley | X | |
| Guitierrez, Anthony | | X | | | |
| Hickson, DeMarc | | X | | | |
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| **RECIPIENT STAFF** | **PRESENT** | **ABSENT** | | **PRESENT** | **ABSENT** |
| Barnes, Clover | X | | Varga, Leah | X | |
| Fortune, Ebony | X | | | | |
| **HAHSTA STAFF** | **PRESENT** | **ABSENT** | **COMMISSION STAFF** | **PRESENT** | **ABSENT** |
| Fox, Anthony | X | | Bailey, Patrice | x | |
| Johnson, Alan | X | | Clark, Lamont | X | |
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| **HIGHLIGHTS** | |
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| *This is a draft version of the July 29, 2021 COHAH General Body Meeting Minutes which is subject to change. The final version will be approved on September 30, 2021.* | |
| **AGENDA** | |
| **Item** | **Discussion** |
| **Call to Order** | The meeting was called to order by Lamont C. at 6:10 pm, followed by a moment of silence. |
| **Welcome and Introductions/Roll Call** | Attendance of Commissioners was taken by Roll Call. With 26 commissioners present for roll call, quorum was established. |
| **Review and Adoption of the Agenda** | Sharon C. motioned to adopt the agenda for July 29, 2021. Henry M. seconded the motion. The agenda was adopted unanimously. |
| **Review and Approval of the Minutes** | Gerald P. motioned to adopt the June 24, 2021 meeting minutes. Melvin C. seconded the motion. The minutes were approved unanimously. |
| **Ryan White HIV/AIDS Program (RWHAP) Recipient Report/Updates** | Clover Barnes reported for the Recipient.<br>The fiscal report for May includes the expenditures from the previous month that weren't reported because of the internal reporting system issues.<br><br><u>FISCAL STATUS</u><br>For Part A and Part A MAI in May 2021, (25) of (41) invoices have been received and processed.<br><br><u>PART A FISCAL SUMMARY</u><br>Part A expenditures are 14% and should be 25%.<br><br>Service areas affected by unprocessed invoices are Early Intervention Services (EIS), Regional Early Intervention Services (REIS), Home and Community-Based Health Services (HCBS), Medical Nutrition Therapy (MNT), Medical Case Management (MCM), Emergency Financial Assistance (EFA), and Psychosocial Support Services (PSS).<br><br>Services spending 30% below expected 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), Medical Case Management (MCM)<br>Medical Transportation (MT), and Outreach Services (OS).<br><br>Other Professional Services (OPS) is the service spending 30% above expected and probably because there was a small amount of money allotted. |

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| | PART A MAI FISCAL SUMMARY<br>Part A MAI expenditures are 20% and should be 25%.<br><br>Service areas affected by unprocessed invoices are Outpatient/Ambulatory Health Services (OAHS), Early Intervention Services (EIS), Mental Health Services (MH), Medical Case Management (MCM), Substance Abuse Services - Outpatient (SASO), and Psychosocial Support Services (PSS).<br><br>The service spending 30% below expected is Substance Abuse Services – Outpatient (SASO).<br><br>There are no services spending 30% above expected.<br><br>UBC FISCAL SUMMARY<br>UBC expenditures are 21% and should be 25%.<br><br>Services spending 30% below expected are Substance Abuse Services-Outpatient (which is underutilized in every category due to the amount of money made available for the opioid response), and Housing Case Management and Referral.<br><br>The service spending 30% above expected is Mental Health Services (MH).<br><br>RECIPIENT REPORT<br>**GY 30 Closeout**. The Final Financial Report, (FFR) is due Friday and a full accounting for GY 30 will be presented at next month's meeting.<br><br>HRSA has waived the underspending penalties for Parts A and B for FY 20 and FY 21. The Recipient is waiting to see how the new processes and procedures from the waivers will affect how much can be requested in a carry-over request. |
| **MAI Youth Reach Update** | Clover gave a presentation (overview) on the MAI Youth Reach program. (Presentation available upon request).<br><br>Of particular note, she stated that she needed to get input from the COHAH as to whether or not the program should continue. If the COHAH decides to continue, the Recipient will put it out as a competition in the RFA when it comes out.<br><br>Youth (13-24 years old) were 4% of the Ryan White Washington DC eligible metropolitan area (EMA) customers in 2020. This is down from 5.3% in 2019. There were 1196 clients served in MAI, with 17,322 units of service provided. Overall the program is still working, but it has taken a hit due to COVID.<br><br>Natella R. motioned to continue the MAI Youth Reach program. Betelhem M. seconded the motion. The motion passed unanimously. |

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| **RWHAP Part A New Business Model** | Clover gave a presentation on the new business model for Ryan White. (Presentation available upon request).<br><br>Clover noted that the current model uses Fee for Service, in March 2022 the new model will be Fee for Value. The aim is to optimize the Ryan White Care Act business model in preparation for the next Request for Proposals (RFP) in summer of 2021 through implementing a Hybrid Model with Fee-for-Value HIV Management Grants funded by one mechanism, and continuously ensure it is on target by instituting standardized processes for monitoring and evaluation.<br>• Spending award $ more efficiently, and effectively<br>• Reduced complexity for providers, Care & Treatment staff, and other HAHSTA staff involved in our program<br>• Security and engagement among provider network. Stronger relationship with subrecipient<br>• Improved health outcomes, satisfaction, and service delivery for customers<br><br>**<u>Summary of Changes</u>**<br><br>**1.Funding Models**<br>**a. Fee for *Value***–new funding model<br><br>**b. Fee for *Service***–sunsets this grant year<br>**2.Bundling of Services** -improve coordination and care<br><br>**3.Centralized Eligibility** –improve customer experience and reduce duplication<br><br>**4.Capacity Building** -enhanced model to support diverse providers<br><br>**5.Monitoring**–enhanced scope, supported by dashboards<br><br>It was noted that Fee for Services has not been easy to forecast. Not all categories will be fee for value, but those that are it will be laid out in the RFA and how to verify the metrics.<br><br>Fee for Value - Model which rewards health care providers with a higher rate of reimbursement for the quality of care they give to people receiving RWHAP services.<br>• Reward partners for providing services in a matter that are consistent with the goals, objectives, and plans of DC EMA RWHAP.<br>• Allocate funds with more transparency and accuracy than previous funding models. Improve spending.<br>• Reward quality over quantity, with defined and standardized targets based on outcomes, process, and capacity.<br><br>The model will:<br>• Pay for the percentage of RW network customers the agency provides service to. |

- Pay for the quality of service and program the organization provides, *relative to network.*
- Higher award for *select number* of providers with the highest value and outcomes.

It was noted that other providers will not be penalized, they just will not be rewarded.

RW Part A service categories were evaluated for funding model optimization and alignment with Ending the HIV Epidemic plan.
Fee for Value:
•Outpatient Ambulatory Health Services

•Food Bank / Home Delivered Meals

•Medical Nutrition Therapy

•Medical Case Management

•Non-medical Case Management

**All other service categories will be funded by Grants.**

Service categories were evaluated for purpose, network need, and alignment with the Ending the HIV Epidemic plan. Overall, four key systems level activities were identified. To ensure interested providers have the necessary resources to complete these activities, HAHSTA will bundle select service categories and fund providers for all services in the bundle.
**1.Medical and Care Coordination**

**2.Care Coordination**

**3.Wellness**

**4.Early Intervention and Retention**

Sub recipients completing bi-annual Ryan White eligibility will submit eligibility documents to HAHSTA so documents can be viewed and used by other Ryan White sub recipients, thereby reducing the burden on both PLWH and sub recipients.

New Capacity Building assessment:
•Quantifies success and growth of RW programs

•Captures likeliness of success for programs to meet RW requirements

•Identifies needs of each program, for program to tailor Technical Assistance

•Low capacity providers ineligible for Fee for Value, tracked to special capacity building process

Program monitoring will be enhanced in both scope and process, to better support sub recipients. The program will use new Provider Report Cards and internal dashboards to monitor

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| | •Program Performance<br><br>•Capacity Level<br><br>•Health Outcomes<br><br>•Technical Assistance Work Plan<br><br>Re'ginald S. asked when will this take effect. Clover stated it will begin March 2022. She stated the new RFA should come out in late August or Mid-September. Providers will have six weeks to apply once it is released.<br><br>Betelhem asked what will providers have to expect to get ready for this program. Clover noted that they have been meeting with programs since February in order to give every provider a one on one meeting and also an opportunity to receive instruction and assistance. Only three organizations chose not to meet one on one.<br><br>A question was asked from guests "Where any other Health Departments part of this discussion?" Clover stated she had a conversation with Bruno (Benavides) from the Maryland Department of Health, about models and how to move them forward. She is also scheduled to have a meeting with Bruno, Kimberly Scoot (Virginia Department of Health) and Peter DeMartino (Maryland Department of Health) about Ryan White and making sure the Health Departments are on the same page.<br><br>A final question from a guest was "Do you know how intricate the RFA will be?" Clover stated that 'intricate' is probably not the right term. She stated it will be similar to RFAs in the past with narratives and criteria on how applicants will be scored. She also stated that they have to lay out how each organization will be evaluated for the reimbursement, so everyone will know how to receive an increase. Providers will write their RFP as normal.<br><br>Gerald P. asked about how the change in the RFA was done (in regard to input from organizations). Clover reiterated that they try to be collaborative, and they met with all providers to discuss the change. |
| **Standing Committee Updates** | **<u>Community Education and Engagement Committee (CEEC) reported by Jenne M.</u>**<br>CEEC had a presentation on the DMV History Project. They will take on that project as a committee and will have more information about it in the weeks to come. They will also see how they can use their Community Listening Sessions to help with the DMV Project.<br><br>**<u>Research and Evaluation Committee (REC) reported by Lamont C.</u>**<br>The REC met in July and continued their discussion around the Needs Assessment from the DC Cohort. He also noted that DeMarc will not be able to serve as Chair, therefore the REC needs a new Chair. He noted that they will have full support from the Staff and Government CO-Chair.<br><br>**<u>Comprehensive Planning Committee (CPC) reported by Gerald P.</u>** |

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| | The CPC report mirrored the Recipient's report. He provided the dates for the Jurisdictional PSRA meetings:<br>Virginia – August 10<br>Maryland – August 11<br>DC – August 12<br><br>**Integrated Strategies Committee (ISC) reported by Jane W.**<br>The ISC had a presentation from Carmi Washington Flood about the Maryland HIV Planning Group. They discussed how to share their findings on the different position papers. Ken assisted with submitting and abstract to the US Conference on AIDS. They continue to work on the Health Equity Paper. Naomi S. suggested having one main paper, with six sub-topics: Employment, Housing, Access to Care, Food Environment, Transportation, and Sexual Health Education. These topics would then have 1-3 page papers on each. They also went over and approved more service standards.<br><br>Naomi and Claire H. gave a brief presentation/recap around the Immigration Paper. The purpose was to begin to show actionable steps related to the position papers that are created within ISC.<br><br>Questions the GW Team posed were:<br>- Are COHAH documents useful? (Can they be more useful)<br>- Aside from policy, how can these positions lead to real change from COHAH and others? (Should statements be more explicit about what COHAH could/should do? Should COHAH return to the topics after a year to see what changes have been made? Does the paper help inform the work of COHAH committees?)<br>Emily B. noted that this could be a great way to work in coalition with Non-HiV partners to support policy change for our people. Kimberly S. noted that she finds that the Virginia General Assembly is really fickle about the information they find useful. She said VDH will point to anything positive that their neighbors are doing, but it may be more beneficial to focus on what COHAH might want to do or change or effect. Specifically around the Immigration paper, Nikilas M. discussed domestic violence and representation when hiring at providers. Jenne M. noted that information like this is helpful to her as a researcher because it can help guide them in where they want to go or when writing for grants etc. She also noted that for COHAH it can be used to hold themselves accountable outside of the mandated work (PSRA, Needs Assessment, etc). |
| **PSRA Training Part II** | Lamont gave a presentation/Training on the Priority Setting and Resource Allocation. |
| **Commission Administrative Business – Things to Do** | Lamont reminded members that they must attend their Jurisdictional PSRA meetings.<br><br>Lamont noted that the staff sent out two surveys. The first survey asked what platform members preferred to meet on (Zoom was the overwhelming winner). The second survey asked members how they prefer to meet (in-person, virtual, hybrid). |
| **Old Business** | N/A |
| **New Business** | N/A |

| **ANNOUNCEMENTS/OTHER DISCUSSION** |
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| Kimberly noted that VDH is hiring for "ADAP Retention Coordinators" across the state. Anyone interested can contact Jasmine Ford.<br><br>Nik noted that AHF has several position open. |
| **HANDOUTS** |
| • Planning Commission (COHAH) Meeting Agenda, July 29, 2021<br>• Planning Commission (COHAH) Meeting Minutes, June 24, 2021<br>• Monthly Fiscal and Recipient Report (Part A and Part A MAI Funding) Year 30 – Reporting Period: May 2021<br>• PSRA Training Part II |

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| **MEETING ADJOURNED** | **8:03 PM** | **NEXT MEETINGS** | **Virginia PSRA – August 10, 2021 10 AM**<br>**Maryland PSRA – August 11, 2021 10 AM**<br>**D.C. PSRA – August 12, 2021 10 AM**<br><br>**EMA Wide PSRA – THURSDAY October, 26, 2021**<br>**5:00 pm to 8:00 pm**<br>**ZOOM CONFERENCE AND VIDEO CALL** |