

## **COMPREHENSIVE PLANNING COMMITTEE (CPC) MEETING AGENDA**

**WEDNESDAY JULY 27, 2021 – 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"> <li>1. Call to Order and Moment of Silence</li> <li>2. Welcome and Introductions</li> <li>3. Adopt Agenda for July 28, 2021</li> <li>4. Approve Minutes for June 23, 2021</li> </ol>
11:15 am	5. Ryan White HIV/AIDS Program (RWHAP) – Reports & Financial Oversight
11:30 am	6. PSRA Data Request Update
12:00 pm	7. Other Business
12:15 pm	8. Announcements and Adjournment
<b><u>NEXT COMPREHENSIVE PLANNING            COMMITTEE (CPC) MEETING:</u></b>	<b>WEDNESDAY AUGUST 25, 2021            11PM TO 1PM            ELECTRONIC MEETING VIA ZOOM VIDEO            CONFERENCING (ONLINE)</b>

# **COMPREHENSIVE PLANNING COMMITTEE (CPC) MEETING MINUTES**

**WEDNESDAY, JUNE 23, 2021 – 11:00AM**

**WEBEX CONFERENCE AND VIDEO CALL**

**ELECTRONIC – ONLINE MEETING**

<b>ATTENDEES/ROLL CALL</b>					
<b>COMMISSIONERS</b>	<b>PRESENT</b>	<b>ABSENT</b>	<b>COMMITTEE MEMBERS</b>	<b>PRESENT</b>	<b>ABSENT</b>
Carney, Misty	X		Ramos, Claudia		X
Copley, Mackenzie ( <i>Vice Chair</i> )	X				
DeMartino, Peter		X			
Padmore, Gerald ( <i>Chair</i> )	X				
Palmer, Kentrell (Kenny)	X				
Pettigrew, Ken (Gov. Co-Chair)	X		<b>COMMUNITY PARTNERS/GUESTS</b>	<b>PRESENT</b>	<b>ABSENT</b>
Shaw-Richardson, Re'ginald		X	Mena-Carrasco, Fernando		X
<b>RYAN WHITE RECIPIENT STAFF</b>	<b>PRESENT</b>	<b>ABSENT</b>	Ollinger, Joshua		X
Barnes, Clover	X				
Edmonds, Jason	X		<b>CONSULTANTS</b>	<b>PRESENT</b>	<b>ABSENT</b>
Fortune, Ebony	X				
<b>HAHSTA STAFF</b>	<b>PRESENT</b>	<b>ABSENT</b>	<b>COMMISSION SUPPORT STAFF</b>	<b>PRESENT</b>	<b>ABSENT</b>
			Bailey, Patrice	X	
			Clark, Lamont	X	

## **HIGHLIGHTS**

*NOTE: This is a draft version of the June 23, 2021, Comprehensive Planning Committee (CPC) Meeting Minutes. The final version will be approved at the July 28, 2021, meeting and made available thereafter.*

## **AGENDA**

<b>ITEM</b>	<b>DISCUSSION</b>
<b>Call to Order</b>	Gerald P. called the meeting to order at 11:10 am, followed by a moment of silence and introductions.
<b>Review and Adoption of the Agenda</b>	Kenny P. motioned to adopt the Comprehensive Planning Committee Agenda for June 23, 2021. Misty C. seconded. The agenda was adopted unanimously.



<p><b>Review and Approval of the Minutes</b></p>	<p>Mackenzie C. motioned to approve the Comprehensive Planning Committee Minutes from May 26, 2021. Kenny seconded. The minutes were approved unanimously.</p>
<p><b>Ryan White        HIV/AIDS Program        (RWHAP) Reports &amp;        Financial Oversight</b></p>	<p><b>Clover Barnes reported for the Recipient.</b>        The fiscal system that HAHSTA uses to record and report fiscal data is down. Therefore, reports for Part A and Part A MAI expenditures were not received from the Grants Division to roll-up and be made available to the CPC. The June and July reports will be given at next month's meeting. However, the CARE team does have data for Unit Based Cost (UBC) because that information is kept in another system.</p> <p><u>UBC FISCAL SUMMARY</u>        UBC expenditures are at 15% and should be at 17%.</p> <p>There are no service areas affected by unprocessed invoices.</p> <p>Services spending 30% below expected are Outpatient/Ambulatory Health Services, Housing Case Management and Referral, Oral Health Care, and Substance Abuse Services – Outpatient.</p> <p>The service spending 30% above expected is Non-Medical Case Management Services (NMCM).</p> <p><u>RECIPIENT REPORT</u></p> <p><u>GY 30 Closeout.</u> The Recipient and her team are working diligently to ensure funds are spent down as much as possible. HRSA anticipates significant underspending from Ryan White grants due to the COVID-19 pandemic. We do not anticipate having an unobligated balance large enough to cause the EMA to receive a penalty. HRSA has waived the underspending penalties for Parts A and B for FY 20 and FY 21. Carryover will be requested.</p> <p><u>Reprogramming Motion.</u> The Recipient and her team requested a reprogramming to balance awards and allocations for GY 31. The current funding mechanism was completed 4 years ago and as needs changed and organizational capacities varied, there were a few areas that needed to be reprogrammed. Clover explained why the awards do not match the allocations and budgets do not always match projections. Mackenzie asked if there was value in establishing a rule to allow the Recipient to award up to 50% more than what the COHAH allocates. Clover agreed that it would make the process quicker and easier. Lamont C. suggested that the recommendation be bought up during PSRA so that it can be put into a directive. Ebony F. suggested that the additional allocation should not exceed more than 25% and encouraged the committee to consider adding a rule for reducing the amount as well. She further indicated that a Program Submissions Report</p>



	<p>must be submitted to HRSA, accompanied by a letter from the commission chairs that agrees with the allocation of funds and services.</p> <p>Gerald motioned to approve the recipient’s request to reprogram \$5,197,555 in service dollars from the following 12 service categories: Oral Health, Medical Case Management, Mental Health, Substance Abuse, Medical Nutrition Therapy, Regional EIS, Health Insurance Premium Cost Sharing, Medical Transportation, Housing, Linguistics, Psychosocial and other Professional Services into the following 7 service categories: Outpatient Ambulatory Health, Home and Community Based Care, Early Intervention Service, Emergency Financial Assistance, Foodbank/Home Delivered Meals, Non-Medical Case Management and Outreach Services to balance awards and allocations for GY31. Mackenzie seconded. The motioned was approved unanimously.</p> <p>Clover indicated that the payment models would change from a Fee For Service to a Fee For Value model. The new model would increase the amount of pay out each year based on the providers’ performance, increase those reimbursements twice a year to avoid saving it all until the end of the year, and help spend the money more effectively and efficiently. A presentation has been given to some of the providers to get their input and feedback about specific service categories to put into the new RFA. Introduction of the new model will require a different spin on PSRA. The CARE team will give the COHAH a presentation before the RFA is published. Lamont will put Clover on the PSRA training agenda next month. The RFA should come out around the first week of August.</p> <p>Mackenzie asked if it were possible to see a report on prevention expenditures. Clover indicated that it is unclear how prevention funding will move forward. Currently, there are two (2) prevention service areas in CARE that are not funded by CDC and some Ending the Epidemic funds that are funded by CDC. Clover further indicated that CDC funds, requirements, and funding cycles are significantly different from Ryan White. Dr. Talwalkar is trying to make it more cohesive. Ken P. indicated that they have been working with George Washington University (GW) to see how the integration of prevention and CARE is being done in other jurisdictions. Chicago seems to have the best model, although, they do not have the same jurisdictional issues the DC EMA has. The information gathered from other jurisdictions, coupled with Dr. Talwalkar’s analysis and vision will determine how DC integrates. At some point, a presentation will be given to the General Body on some of the best practices.</p>
<p><b>Data Request</b></p>	<p>Mackenzie indicated that the PSRA Data Request was submitted to Ken who submitted it to Clover in quick succession. Clover submitted it to all the jurisdictions, and state health departments, and epidemiological and program staff to compile the data. Clover was waiting to get a good sense of when the PSRA meetings would be scheduled to set a due date.</p>

	<p>Lamont indicated that the proposed schedule for PSRA meetings are as follows:</p> <table data-bbox="470 388 933 546"> <tr> <td>Virginia</td> <td>August 10, 2021</td> </tr> <tr> <td>Maryland</td> <td>August 11, 2021</td> </tr> <tr> <td>DC</td> <td>August 12, 2021</td> </tr> <tr> <td>EMA-wide</td> <td>August 26, 2021</td> </tr> </table> <p>All meetings will be conducted via online platforms.</p>	Virginia	August 10, 2021	Maryland	August 11, 2021	DC	August 12, 2021	EMA-wide	August 26, 2021
Virginia	August 10, 2021								
Maryland	August 11, 2021								
DC	August 12, 2021								
EMA-wide	August 26, 2021								
<p><b>Other Business</b></p>	<p>Mackenzie asked what the committee could do to assist the Ryan White providers in gaining access to vaccinations that could potentially vaccinate clients in-house. Clover indicated that most of the outpatient ambulatory providers get direct funding from Health and Human Services (HHS). The government is shipping the vaccines directly to the providers that are giving them. There has been lots of funding distributed for vaccines, enough for incentives if desired, therefore, HAHSTA's financial support is not needed.</p>								

**ANNOUNCEMENTS/OTHER DISCUSSION**

**HANDOUTS**

- June 23, 2021, Comprehensive Planning Committee (CPC) Meeting Agenda
- May 26, 2021, Comprehensive Planning Committee (CPC) Meeting Minutes
- Monthly Fiscal and Recipient Report (Part A and Part A MAI Funding) Year 29 – Reporting Period: April 2021

<p><b>MEETING        ADJOURNED</b></p>	<p><b>12:12PM</b></p>	<p><b>NEXT        MEETING</b></p>	<p><b>WEDNESDAY, JULY 28, 2021        11:00am to 1:00pm        ZOOM VIDEO CONFERENCING</b></p>
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**Date: July 28, 2021**

**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 30 - Reporting Period: May 1 – 31, 2021**

**Part A and Part A MAI.** The Ryan White HIV/AIDS Program (RWHAP) Part A Grant Year 30 includes two components: Part A and Part A Minority AIDS Initiative (MAI). These reports are designed to report distinctly on the associated program activities. **The GY 31 award has been received in the amount \$31,479,527.**

**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 May 2021, (25) of (41) invoices have been received. This report also includes expenditures from April that were missing on last month's report.

### **SERVICE DELIVERY CHALLENGES**

**DC:** N/A

**MD:** N/A

**VA:** N/A

### **PART A FISCAL SUMMARY**

**Part A expenditures are 14% and should be 25%.** (Overall Expenditure rates by funding source for the reporting period)

**Service areas affected by unprocessed invoices:**

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)
Psychosocial Support Services (PSS)

**Services 30% below expected:**

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)
Medical Transportation (MT)
Outreach Services (OS)

**Services 30% above expected:**

Other Professional Services (OPS)
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**PART A MAI FISCAL SUMMARY**

**Part A MAI expenditures are 20% and should be 25%.** (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 (MH)
Medical Case Management (MCM)
Substance Abuse Services - Outpatient (SASO)
Psychosocial Support Services (PSS)

**Services 30% below expected:**

Substance Abuse Services – Outpatient (SASO)
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**Services 30% above expected:**

N/A

## UBC FISCAL SUMMARY

**UBC expenditures are 21% and should be 25%.** (Overall Expenditure rates by funding source for the reporting period)

**Service areas affected by unprocessed invoices:**

N/A

**Services 30% below expected:**

Substance Abuse Services - Outpatient

Housing Case Management and Referral

**Services 30% above expected:**

Mental Health Services (MH)

## RECIPIENT REPORT

1. **GY 30 Closeout.** The Recipient and her team are working diligently to ensure funds are spent down as much as possible. HRSA anticipates significant underspending from Ryan White grants due to the COVID-19 pandemic. We do not anticipate having an unobligated balance large enough to cause the EMA to receive a penalty. HRSA has waived the underspending penalties for Parts A and B for FY 20 and FY 21. Carryover will be requested.



Report through May 2021

SERVICE CATEGORY	EXPENDITURES TO DATE								Comments
	Reported \$					Reported %	Expected \$	Expected %	
	DC	MD	VA	WVA	Total				
Early Intervention Services (EIS)	\$58,081.87	\$25,127.87			\$83,209.74	6%	\$327,215.75	25%	Due to COVID-19, services are slow to re-open
Regional Early Intervention Services (EIS)	\$673,508.45	\$63,198.89	\$117,469.75		\$854,177.09	14%	\$1,500,896.50	25%	Due to COVID-19, services are slow to re-open
Health Insurance Premium and Cost Sharing Assistance (HIPCSA)	\$0.00	\$8,171.85			\$8,171.85	3%	\$62,510.50	25%	Due to COVID-19, services are slow to re-open
Home and Community-Based Health Services (HCBS)	\$25,674.85				\$25,674.85	9%	\$71,250.00	25%	Due to COVID-19, services are slow to re-open
Medical Nutrition Therapy (MNT)	\$13,679.17	\$2,769.76			\$16,448.93	9%	\$48,376.00	25%	Due to COVID-19, services are slow to re-open
Medical Case Management (MCM)	\$247,874.33	\$118,514.81			\$366,389.14	16%	\$580,361.25	25%	Due to COVID-19, services are slow to re-open
Emergency Financial Assistance (EFA)	\$420,607.93				\$420,607.93	19%	\$544,850.00	25%	
Other Professional Services (OPS)	\$25,095.18				\$25,095.18	203%	\$3,086.75	25%	
Linguistic Services (LS)	\$9,700.06				\$9,700.06	18%	\$13,294.25	25%	
Medical Transportation (MT)	\$3,661.23	\$5,870.77			\$9,532.00	9%	\$27,125.00	25%	Due to COVID-19, services are slow to re-open
Outreach Services (OS)	\$0.00	\$26,985.65			\$26,985.65	3%	\$197,220.25	25%	Due to COVID-19, services are slow to re-open
Psychosocial Support Services (PSS)	\$33,656.37	\$47,159.48			\$80,815.85	19%	\$108,750.00	25%	
<b>TOTAL</b>	<b>\$1,511,539.44</b>	<b>\$297,799.08</b>	<b>\$117,469.75</b>	<b>\$0.00</b>	<b>\$ 1,926,808.27</b>	<b>14%</b>	<b>\$3,484,936.25</b>	<b>25%</b>	

Underspent over 30% ■  
Overspent over 30% ■

