



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 July 27, 2022 - 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 July 27, 2022 4. Approve Minutes for June 22, 2022
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 <ul style="list-style-type: none"> - PSRA 2022/Data Request Update
12:15 pm	7. Announcements and Adjournment
<p><u>NEXT COMPREHENSIVE PLANNING COMMITTEE (CPC) MEETING:</u></p>	<p>WEDNESDAY AUGUST 24, 2022 11PM TO 1PM ELECTRONIC MEETING VIA ZOOM VIDEO CONFERENCING (ONLINE)</p>

COMPREHENSIVE PLANNING COMMITTEE (CPC) MEETING MINUTES

WEDNESDAY, JUNE 22, 2022 – 11:00AM

ZOOM CONFERENCE AND VIDEO CALL

ELECTRONIC – ONLINE MEETING

ATTENDEES/ROLL CALL					
COMMISSIONERS	PRESENT	ABSENT	COMMITTEE MEMBERS	PRESENT	ABSENT
Carney, Misty		x	Ramos, Claudia	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 (Kenny)	x				
Shaw-Richardson, Re'ginald	X		COMMUNITY PARTNERS/GUESTS	PRESENT	ABSENT
RYAN WHITE RECIPIENT STAFF	PRESENT	ABSENT	Dyson, Casey	X	
Edmonds, Jason	X				
Fortune, Ebony		x	CONSULTANTS	PRESENT	ABSENT
Lago, Lena (Recipient)	X				
HAHSTA STAFF	PRESENT	ABSENT	COMMISSION SUPPORT STAFF	PRESENT	ABSENT
Price, Ashlee	X		Bailey, Patrice	X	
			Johnson, Alan	X	

HIGHLIGHTS

NOTE: This is a draft version of the June 22, 2022, Comprehensive Planning Committee (CPC) Meeting Minutes. The final version will be approved at the July 27, 2022, meeting and made available thereafter.

AGENDA

ITEM	DISCUSSION
Call to Order	Mackenzie C. called the meeting to order at 11:10 am, followed by a moment of silence and introductions.
Review and Adoption of the Agenda	Mackenzie assumed the motion to adopt the agenda for June 22, 2022. The agenda was adopted as presented.
Review and Approval of the Minutes	Mackenzie assumed the motioned to approve the meeting minutes for the May 25, 2022, meeting. The motioned was approved as presented.



<p>Ryan White HIV/AIDS Program (RWHAP) Reports & Financial Oversight</p>	<p>Lena Lago presented the Recipient Report The Ryan White HIV/AIDS Program (RWHAP) Part A Grant Year 32 includes two components: Part A and Part A Minority AIDS Initiative (MAI). For GY 32 the recipient received the full award in the amount \$32,676,052.00 and all percentages have been adjusted for the total award.</p> <p><u>FISCAL STATUS</u> For Part A and Part A MAI, in April, 21 of 34 invoices have been received.</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 9% and should be at 17%.</p> <p>Service areas affected by unprocessed invoices are Outpatient Ambulatory Health Services (OAHS), Oral Health Care (OHC), Early Intervention Services (EIS), Home & Community Based Care Services (HCBS), Mental Health Services (MHS), Medical Nutrition Therapy (MNT), Medical Case Management (MCM), Substance Abuse Services - Outpatient (SASO), Non-Medical Case Management (NMCM), Emergency Financial Assistance (EFA), Outreach Services (OS), Psychosocial Support Services (PSS), and Regional Early Intervention Services (REIS).</p> <p>Services 30% below expected are Regional Early Intervention Services (EIS), Health Insurance Premium and Cost Sharing Assistance (HIPCSA), Oral Health Care (OHC), Home and Community-Based Health Services (HCBS) Other Professional Services (OPS), Food Bank/Home Delivered Meals (FBHDM), Linguistic Services (LS), Medical Transportation (MT), Outreach Services (OS), and Housing Services (HS). The requirement for invoices to be submitted no later than the 10th business day of the month, negotiations around budgeting in the beginning of the grant period, providers that don't receive a full award, and a delay in HAHSTA receiving a full award are some of the reasons there are unprocessed invoices.</p> <p>Services 30% above expected are Early Intervention Services (EIS) and Emergency Financial Assistance (EFA).</p> <p><u>PART A MAI FISCAL SUMMARY</u> Part A MAI expenditures are at 15% and should be at 17%.</p> <p>Service areas affected by unprocessed invoices are Outpatient Ambulatory Health Services (OAHS), Early Intervention Services (EIS), Mental Health Services (MH), Medical Case Management (MCM), Medical Nutrition Therapy (MNT), Non-Medical Case Management (NMCM), Psychosocial Support Services (PS), and Substance Abuse Services (SAS).</p> <p>Services spending 30% below expected are Early Intervention Services (EIS) and Substance Abuse Services – Outpatient (SASO).</p>
---	---

	<p>The services spending 30% above expected is Outpatient/Ambulatory Health Services (OAHS).</p> <p>RECIPIENT REPORT The Recipient submitted the 75/25% Core Medical Services Waiver for GY 32. The waiver has been approved.</p> <p>Mackenzie asked what is driving the overspending in EIS and EFA and should there be a reallocation of funds to cover the potential shortage. Lena indicated that a better decision can be made next month after numbers have normalized. There was a change in the amount of money from last year to this year that was available in EIS and it takes the service delivery side of the provider network to make adjustments to new funding levels and service delivery.</p> <p>Mackenzie asked if the providers spend and exhaust the regular EIS funds then shift to the Regional EIS. Lena indicated that decisions about reprogramming is discussed and decided between the provider and their HAHSTA program officer. However, she will check into it and bring a more comprehensive answer to the next meeting.</p> <p>Mackenzie asked if there is anything structurally that keeps Maryland and Virginia from spending or is the underspending a result of the jurisdictions using Part B funds for services that were once funded by Part A. Lena indicated that there are no structural obstacles. Whenever funding mechanisms are executed they are executed at the same time for everyone. She would guess the underspending is more related to the unsubmitted invoices.</p>
Other Business	<p>PSRA 2022/Data Request Discussion Lamont indicated that the PSRA Light meeting is scheduled for the August 25, 2022 during the COHAH General Body meeting. There will be an overview of the utilization, epidemiology, and spending updates in Maryland, Virginia and DC. There will not be individual jurisdictional meetings.</p> <p>Lena indicated the data request was received and usually it would be forwarded to the surveillance department to coordinate with the states in getting surveillance data. Previously, HAHSTA has presented EMA and DC data. However, in recent years the states have been invited to present their own data. Lena asked how they should proceed. Mackenzie suggested giving a 20 minute update on each jurisdiction by HAHSTA. Lamont suggested having representatives from the states attend in case there are questions. Lena mentioned the August 25th date coincides with the Ryan White National Conference. Lamont doesn't think it will have an impact on the PSRA Light meeting.</p>

ANNOUNCEMENTS/OTHER DISCUSSION

Lamont reported on the challenges the REC has encountered with the releasing of the Needs Assessment. It was intended to use DC REDCap, however, it was discovered to not be in compliance

and getting in compliance would be too expensive. Several other options are being discussed and researched.

The 2022-2026 Integrated Plan is being developed. HAHSTA will reach out to different organizations and communities for engagement sessions that will target a number of different populations (i.e., black cisgender women, black cisgender heterosexual men, black MSM, Latino MSM, transgender women, youth, or young adults between ages 13-24 and the aging population). Initially it was decided to attend existing support groups, create stand-alone meeting for the different populations we are seeking to engage with as well as provider conversations around the four (4) pillars of HIV which are to diagnose, test, treat, and respond. There will be break out rooms tomorrow during the General Body meeting to discuss the 4 pillars.

HANDOUTS

- June 22, 2022, Comprehensive Planning Committee (CPC) Meeting Agenda
- May 25, 2022 Comprehensive Planning Committee (CPC) Meeting Minutes
- Monthly Fiscal and Recipient Report (Part A and Part A MAI Funding) Year 32 – Reporting Period: March and April 2022

MEETING ADJOURNED	11:50 PM	NEXT MEETING	WEDNESDAY, JULY 27, 2022 11:00am to 1:00pm ZOOM CONFERENCE AND VIDEO CALL
------------------------------	-----------------	-------------------------	--

Date: July 27, 2022

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: May 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 \$32,676,052.00.**

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 May 2022, **(30)** of **(34)** invoices have been received and processed.

SERVICE DELIVERY CHALLENGES

DC: No challenges.

MD: No challenges.

VA: No challenges.

PART A FISCAL SUMMARY

Part A expenditures are 13% and should be 25%. (Overall Expenditure rates by funding source for the reporting period)

Service areas affected by unsubmitted invoices:

Early Intervention Services (EIS)

Mental Health Services (MHS)

Substance Abuse Services - Outpatient (SASO)
Psychosocial Support Services (PSS)
Outpatient Ambulatory Medical Care (OAHS)
Oral Health Care (OHC)
Health Insurance Premium and Cost Sharing Assistance (HISPCSA)
Medical Case Management (MCM)
Non-Medical Case Management (NMCM)
Medical Transportation Services (MT)
Outreach Services (OS)

Services 30% below expected:

Outpatient/Ambulatory Health Services (OAHS)
Early Intervention Services (EIS)
Health Insurance Premium and Cost Sharing Assistance (HIPCSA)
Oral Health Care (OHC)
Mental Health Services (MHS)
Medical Nutrition Therapy (MNT)
Medical Case Management (MCM)
Substance Abuse Services – Outpatient (SASO)
Non-Medical Case Management Services (NMCM)
Food Bank/Home Delivered Meals (FBHDM)
Medical Transportation (MT)
Outreach Services (OS)
Psychosocial Support Services (PSS)

Services 30% above expected:

Other Professional Services (OPS)

PART A MAI FISCAL SUMMARY

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

Service areas affected by unsubmitted invoices:

Psychosocial Support Services (PS)

Services 30% below expected:

Substance Abuse Services Outpatient (SASO)

Services 30% above expected:

Medical Case Management (MCM)

RECIPIENT REPORT

1. **GY 32 Core Medical Services Waiver.** The Recipient submitted the Core Medical Services Waiver for GY 32 and it was approved.

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

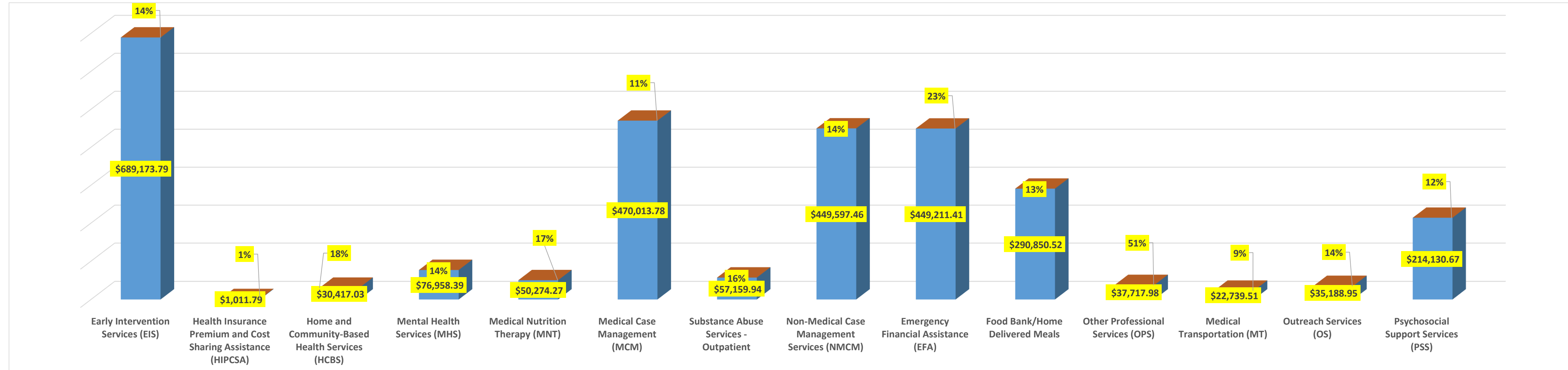
Jurisdiction	Current Award - Finalized	Expenditures	Remaining Balance	Percent Spent	Comments
District of Columbia - Part A	18,820,313	2,942,192	15,878,121	15.6%	
District of Columbia Subtotal	20,690,114	3,463,840	17,226,274	16.7%	
Northern Virginia -- Part A	1,860,077	235,579	1,624,498	13%	
Northern Virginia -- MAI	300,966	44,205	256,761	15%	
Northern Virginia Subtotal	2,161,043	279,783	1,881,260	13%	
Suburban Maryland - Part A	4,165,771	134,493	4,031,278	3.2%	
Suburban Maryland -- MAI	325,000	70,146	254,854	21.6%	
Suburban Maryland Subtotal	4,490,771	204,638	4,286,133	4.6%	
West Virginia - Part A	432,719	36,704	396,015	8.5%	
West Virginia Subtotal	432,719	36,704	396,015	8.5%	
TOTAL -- Part A	25,278,880	3,348,967	21,929,913	13.2%	
TOTAL -- MAI	2,495,767	635,998	1,859,769	25.5%	
TOTAL Subtotal	27,774,647	3,984,966	23,789,681	14.3%	

PART A

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

SERVICE CATEGORY	ALLOCATED	EXPENDITURES TO DATE							Comments	
		Reported \$					Reported %	Expected \$		Expected %
	Current AWARDS	DC	MD	VA	WVA	Total				
Outpatient/Ambulatory Health Services (OAHS)	\$ 3,555,954.00	\$ 352,223.50	\$ 105.00	\$ 14,362.43		\$ 366,690.93	10%	\$888,988.50	25%	Unsubmitted invoices
Oral Health Care	\$ 1,376,669.00	\$ 98,554.33	\$ 7,846.46	\$ 1,429.94		\$ 107,830.73	8%	\$344,167.25	25%	Unsubmitted invoices
Early Intervention Services (EIS)	\$ 4,831,739.00	\$564,169.98	\$15,266.18	\$109,737.63		\$ 689,173.79	14%	\$1,207,934.75	25%	Unsubmitted Invoices
Health Insurance Premium and Cost Sharing Assistance (HIPCSA)	\$ 99,803.00	\$0.00	\$1,011.79			\$ 1,011.79	1%	\$24,950.75	25%	Unsubmitted Invoices
Home and Community-Based Health Services (HCBS)	\$ 165,379.00	\$30,417.03				\$ 30,417.03	18%	\$41,344.75	25%	
Mental Health Services (MHS)	\$ 551,023.00	\$74,731.40		\$2,226.99		\$ 76,958.39	14%	\$137,755.75	25%	Unsubmitted invoices
Medical Nutrition Therapy (MNT)	\$ 299,435.00	\$46,733.04	\$3,541.23			\$ 50,274.27	17%	\$74,858.75	25%	Sub-recipient underperformance, technical assistance being provided.
Medical Case Management (MCM)	\$ 4,137,205.00	\$363,393.04	\$44,702.73	\$47,961.46	\$13,956.55	\$ 470,013.78	11%	\$1,034,301.25	25%	Unsubmitted invoices
Substance Abuse Services - Outpatient	\$ 356,071.00	\$50,638.73		\$6,521.21		\$ 57,159.94	16%	\$89,017.75	25%	Unsubmitted invoices
Non-Medical Case Management Services (NMCM)	\$ 3,235,734.00	\$399,780.75	\$28,635.90	\$21,180.81		\$ 449,597.46	14%	\$808,933.50	25%	Unsubmitted invoices
Emergency Financial Assistance (EFA)	\$ 1,975,110.00	\$431,246.24			\$17,965.17	\$ 449,211.41	23%	\$493,777.50	25%	
Food Bank/Home Delivered Meals	\$ 2,255,523.00	\$290,850.52				\$ 290,850.52	13%	\$563,880.75	25%	Unsubmitted invoices
Other Professional Services (OPS)	\$ 74,380.00	\$37,717.98				\$ 37,717.98	51%	\$18,595.00	25%	
Medical Transportation (MT)	\$ 265,413.00	\$13,074.97	\$6,064.54		\$3,600.00	\$ 22,739.51	9%	\$66,353.25	25%	Unsubmitted invoices
Outreach Services (OS)	\$ 251,168.00	\$15,103.44	\$18,903.13		\$1,182.38	\$ 35,188.95	14%	\$62,792.00	25%	Unsubmitted invoices
Psychosocial Support Services (PSS)	\$ 1,848,274.00	\$173,556.63	\$8,416.00	\$32,158.04		\$ 214,130.67	12%	\$462,068.50	25%	Unsubmitted invoices
TOTAL	\$ 25,278,880.00	\$2,942,191.58	\$134,492.96	\$235,578.51	\$36,704.10	\$ 3,348,967.15	13%	\$6,319,720.00	25%	

Underspent over 30%
Overspent over 30%



PART A MAI

Washington, DC EMA Part A Grant Year 32 Report through May 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	\$98,619.88	\$21,281.57	\$8,412.12	\$128,313.57	21%	\$152,233.75	25%	
Early Intervention Services (EIS)	\$450,138.00	\$50,705.88	\$16,355.20	\$12,512.23	\$79,573.31	18%	\$112,534.50	25%	
Mental Health Services (MHS)	\$359,728.00	\$64,580.15	\$10,118.24	\$1,184.81	\$75,883.20	21%	\$89,932.00	25%	
Medical Case Management (MCM)	\$552,710.00	\$217,980.13	\$10,679.17	\$5,180.61	\$233,839.91	42%	\$138,177.50	25%	
Substance Abuse Services - Outpatient (SASO)	\$182,102.00	\$26,570.60	\$4,143.23	\$629.45	\$31,343.28	17%	\$45,525.50	25%	
Psychosocial Support Services (PSS)	\$342,154.00	\$63,191.50	\$7,568.10	\$16,285.51	\$87,045.11	25%	\$85,538.50	25%	
TOTAL	\$2,495,767.00	\$521,648.14	\$70,145.51	\$44,204.73	\$635,998.38	25%	\$623,941.75	25%	

Underspent over 30%

Overspent over 30%

