



COMPREHENSIVE PLANNING COMMITTEE (CPC) MEETING AGENDA

WEDNESDAY MAY 29, 2019 – 11:00AM TO 1:00PM

DC HEALTH HEADQUARTERS - HAHSTA

899 N. CAPITOL ST., NE; 4TH FLOOR; WASHINGTON, DC 20002

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 3. Approve Agenda for May 29, 2019 4. Approve Minutes from April 24, 2019
11:15 am	<ol style="list-style-type: none"> 5. Ryan White HIV/AIDS Program (RWHAP) – Reports & Financial Oversight <ul style="list-style-type: none"> • RWHAP Recipient Report • New Spreadsheet Format for Reports
11:30 am	<ol style="list-style-type: none"> 6. Priority Setting and Resource Allocation (PSRA) Process Planning <ul style="list-style-type: none"> • Finalize Data Request • Trainings for June/July • Possible Additional Meetings for July/August
12:15 pm	<ol style="list-style-type: none"> 7. Other Business
12:25 pm	<ol style="list-style-type: none"> 8. Announcements and Adjournment
<u>NEXT COMPREHENSIVE PLANNING COMMITTEE (CPC) MEETING:</u>	<p>Wednesday June 26, 2019 11am – 1pm DC HEALTH HEADQUARTERS - HAHSTA 899 N. CAPITOL ST., NE; 4TH FLOOR; WASHINGTON, DC 20002</p>

CONFERENCE CALL INFORMATION:

Dial In #: 1-866-809-0886

Participant Code: 8289221#

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

WEDNESDAY, MAY 29, 2019 – 11:00AM

DC HEALTH-HAHSTA – 899 N. CAPITOL ST. NE; 4TH FLOOR; WASHINGTON, DC 20002

ATTENDEES/ROLL CALL					
COMMISSIONERS	PRESENT	ABSENT	GUESTS	PRESENT	ABSENT
Holley, Nathaniel		X	Desrouleaux, Sasha	X	
Clay, Cyndee		X			
Copley, Mackenzie, <i>Vice Chair</i>	X				
DeMartino, Peter	CC				
McBride, Dennis		X			
Morse, Kaleef	CC				
Padmore, Gerald, <i>Chair</i>	X				
Shaw-Richardson, Re'ginald	CC				
Zoerkler, Jennifer	X				
HAHSTA STAFF	PRESENT	ABSENT	COMMISSION STAFF	PRESENT	ABSENT
Mohram, Rony	X		Bailey, Patrice	X	
Ward, Carroll	X		Clark, Lamont	X	
Barnes, Clover	CC				
Edmonds, Jason	X				
Fortune, Ebony	X				



AGENDA	
Item	Discussion
Call to Order	Gerald P. called the meeting to order at 11:14 am, followed by a moment of silence and introductions.
Review and Approval of the Agenda	Mackenzie C. motioned to approve the Comprehensive Planning Committee Agenda for May 29, 2019. Jennifer Z. seconded. The motion was approved.
Review and Approval of the Minutes	Jennifer motioned to approve the Comprehensive Planning Committee Minutes for April 24, 2019. Peter D. seconded. The motion was approved.
Ryan White HIV/AIDS Program (RWHAP) Reports & Financial Oversight	<p><u>Rony Mohram presented the financial report</u></p> <p>Available Funding/ Status of Contracts/Implementation Progress</p> <p><u>District of Columbia:</u> Six (6) of fourteen (14) invoices have been received. The eight (8) invoices that were not received are partly due to the startup process and do not include any human care agreements. Mackenzie asked if there is concern about being overspent with 14 invoices not received. Ebony F. indicated that there is no need for concern. If the need arises, and the spending does not clear itself up, there is the possibility that there will be additional funding available through unit-based cost and other areas that can be reprogrammed. Clover B. added that some of the services are cyclical so they spend more in the warmer months, less during the winter months and vice versa.</p> <p><u>Maryland:</u> For Suburban Maryland, two (2) of five (5) invoices have been received and processed.</p> <p>Challenges</p> <p>DC and Maryland have no challenges to Service Delivery.</p> <p>Virginia had challenges with the RFA solicitation of MAI services. There were no applicants at the close of the RFA. The recipient is pursuing other options to procure MAI services in the Virginia area of the EMA. Clover indicated that there was participation in the pre-application conference, however, no one submitted applications. She met with the Virginia Department of Health to talk about who, in the Virginia region, could help with the grant. The Recipient is planning to meet with specific organizations in Virginia that work with youth, and are not currently funded by MAI for Part A, to work through the youth</p>



reach program. Jennifer asked if it was known, why people did not apply. Ebony indicated that there was an overlap. Feedback from the providers indicated that the Regional EIS RFA and the MAI Youthreach RFA were out simultaneously and it seemed easier to apply for the EIS because the focus was not on a specialized youth population.

Fiscal Summary

Service areas affected by unprocessed invoices are HIPCSALI and Outreach Services.

Part A expenditures are at 10% and should be at 8%. There are no services spending 30% below or above expected.

Part A MAI expenditures are at 7% and should be at 8%. There are no services spending 30% below or above expected.

West Virginia

Part A expenditures are at 7% and should be at 8%. There are no services affected by unprocessed invoices and no services spending at 30% below or above expected.

Suburban Maryland

Service areas affected by unprocessed invoices are Early Intervention Services (EIS), Home and Community Based Health Services, Other Professional Services, Linguistic Services and Psychosocial Support Services.

Part A expenditures are at 1% and should be at 8%. There are no service areas affected by unprocessed invoices and no services spending at 30% below or above expected.

Part A MAI expenditures are at 5% and should be at 8%. There are no service areas affected by unprocessed invoices and no services spending at 30% below or above expected.

Northern Virginia

Part A MAI Expenditures ended at 0% and should be at 8%. There are no service areas affected by unprocessed invoices and none spending at 30% below or above expected.



	<p><u>New Spreadsheet Format for Reports</u> Clover led the discussion about the new format of the financial report. She indicated that the report appeared a little drawn out and would prefer to see the report address the service categories overall and then refer to any jurisdictional questions and have the information provided. She asked for the committee members comments. It was agreed that an explanation is warranted only for expenses that vary from expected spending on a services category or geographical level. Clover indicated that something different will be presented at the next meeting.</p>
<p>Recipient Report</p>	<p>Recipient Report presented by Clover Barnes. No report was provided but it will be available for the General Body meeting.</p> <p>Unit Based Cost (UBC) started fine in the new year and is currently spending at 11% and should be at 8%.</p> <p><u>HRSA Site Visit.</u> The DC EMA Comprehensive Site Visit is still scheduled for September 10-13, 2019.</p>
<p>Priority Setting and Resource Allocation (PSRA) Process Planning</p>	<p>Finalize Data Request Mackenzie indicated that a deadline should be set for making the Data Request. Kaleef M. indicated that the request was due today. Gerald suggested that if there are no additional items to be included, use what is already in the request.</p> <p>Mackenzie indicated that he forwarded 10 questions to Kaleef M. regarding the data request. Kaleef’s response to Mackenzie’s questions were as follows:</p> <ul style="list-style-type: none"> • Question 1 relates to the needs assessment process, not PSRA. • Questions 2 -7 are to determine if there is a shortage of services somewhere. It cannot be assumed that co-location of services, to where someone lives, is desirable. The entire reason for regional services is so that customers wanted to have options to receive their services away from where they live. • Questions 8 same thoughts as above. • Questions 9 relates to the needs assessment process, not PSRA. • Question 10 what are the questions. <p>Gerald thanked Kaleef for the clarification and suggested that the data request from last year be reviewed and add or change what is needed to that.</p>



Clover indicated that George Washington University prepares a resource inventory of all other funding in the region (i.e. Medicaid, Medicare, other Ryan White Parts, etc.). Additionally, in the utilization report, the number of clients served that had insurance is indicated. The report will look different this year because Virginia expanded their Medicaid. A spike in the insurance will be seen in grant year 29.

Mackenzie asked if the two (2) Fee For Service (FFS) questions (13 and 14), on page 4, are still applicable. If so, do we ask the same questions, but substitute FFS with Part B, and if so, how does the new Part B structure impact allocations. Clover indicated the Part B did not start until the beginning of grant year 29, which was April 1. The previous year did not include Part B as paying for services, in the way they are now, so you won't see any data because it did not happen in the past, it is happening now.

Adjustments to the data request will include:

- Add a Question - What are the Part B allocations and expenditures for grant year 28 that cover the overlap in the Washington DC EMA and what are the allocations for grant year 29
- Questions 4, 10, 13 and 14, remove
- Question 12 – change 15% to 30%
- Update the Year/Time Period column to read Grant year 28 or Most Recent Available Data.

Mackenzie asked about the difference in using the terms PLWH and clients. Kaleef indicated that PLWH is used for persons who are infected and clients is used for those who are affected. In addition to servicing person that are HIV+, Ryan White provides a limited number of services to people affected by HIV, (ex. EIS engages people who are not living with HIV by linking them to testing and other services). Clover added that the information that comes from EPI is for the whole jurisdiction so residents may not be Ryan White clients but they are people living with HIV nonetheless.

Kaleef motioned to have data request revised and made available by noon tomorrow with the discussed changes. Mackenzie seconded. The motion approved. Mackenzie will make the revisions.

Trainings for June/July

Kaleef indicated that there would be trainings in preparing for PSRA and orient new commissioners of the process. He has been collecting commissioner's availability schedules for the summer to insure the maximum number of

	<p>people attend the trainings. Those who have not responded will be asked to submit their information today and tomorrow. A calendar will be produced next week containing all trainings and meeting dates for June, July, and August. Additional trainings or meetings are possible in July and August.</p> <p>Gerald asked about discussing the plans for the PSRA jurisdictional meetings. Kaleef indicated that with the departure of the administrative agents and the removal of Part A money in certain areas, the committee might want to consider a different, more regionally encompassing approach to PSRA. Jennifer noted that historically, there were meetings in each jurisdiction in addition to a larger regional meeting. She suggested inviting everyone to attend a regional meeting/information session and stressing the importance of having everyone there in one place at one time. Kaleef indicated that having meetings in the jurisdictions to discuss specific changes in their jurisdictions would still be useful.</p>
Other Business	None
Follow –up Items	None
ANNOUNCEMENTS/OTHER DISCUSSION	
NVRC will have a table at the Pride Festival on June 9, 2019.	
HANDOUTS	
<ul style="list-style-type: none"> • Comprehensive Planning Committee (CPC) Meeting Agenda, May 29, 2019 • Comprehensive Planning Committee (CPC) Meeting Minutes, April 24, 2019 • Fiscal Narrative Report (Part A and Part A MAI Funding)Year 29 – Reporting Period: March 1-31, 2019 • 2018 (GY' 29) Priority Setting and Resource Allocation (PSRA) Process Data Request May 13, 2018 	

MEETING ADJOURNED	12:41 pm
NEXT MEETING	Wednesday, June 26, 2019 11:00 pm – 1:00 pm DC Health-HAHSTA 899 N. Capitol St., NE, 4 th Floor Washington, DC 20002



COMPREHENSIVE PLANNING COMMITTEE (CPC) MEETING MINUTES

WEDNESDAY, APRIL 24, 2019 @ 11:00AM

D.C. HEALTH-HAHSTA – 899 N. CAPITOL ST. NE; 4TH FLOOR; WASHINGTON, D.C. 20002

ATTENDEES/ROLL CALL

Commissioners	Present	Absent			
Holley, Nathaniel	CC				
Clay, Cyndee	<i>Sabbatical</i>				
Copley, Mackenzie, <i>Vice Chair</i>	X				
DeMartino, Peter	X				
McBride, Dennis		X			
Morse, Kaleef	X				
Padmore, Gerald, <i>Chair</i>	X				
Shaw-Richardson, Re'ginald		X			
Zoerkler, Jennifer	X				
HAHSTA			Planning Commission Staff		
Mohram, Rony		X	Bailey, Patrice	X	
Ward, Carroll	X		Clark, Lamont	X	
HAHSTA/Administrative Agents			Guests		
Barnes, Clover	X		Desrouleaux, Sasha	X	
Edmonds, Jason	X				
Fortune, Ebony	X				



AGENDA	
Item	Discussion
Call to Order	Gerald P. called the meeting to order at 11:13 am, followed by a moment of silence and introductions.
Review and Approval of the Agenda	Nathaniel H. motioned to approve the Comprehensive Planning Committee Agenda for April 24, 2019. Kaleef M. seconded. The motion was approved.
Review and Approval of the Minutes	Mackenzie C. motioned to approve the Comprehensive Planning Committee Minutes for March 27, 2018. Kaleef seconded. The motion was approved.
Ryan White HIV/AIDS Program (RWHAP) Jurisdictional Reports & Financial Oversight	<p>Clover Barnes presented jurisdictional reports. In accordance with end of year policy, providers are allowed to submit supplemental invoices in Unit Based Cost for things that may have been missed. Therefore, there will be more invoices reported on the final year-end report.</p> <p>A one page jurisdictional report has been developed, as decided on in the last meeting. The last report is based on monthly expenditures.</p> <p><u>District of Columbia</u> For the month of February 12 or 12 invoices have been received. Spending in regular Part A funds is at 97.6%. Spending in MAI is at 99.4%. There are no services spending at 30% above or below expected.</p> <p><u>West Virginia</u> Spending is at 100%.</p> <p><u>Suburban Maryland</u> Spending in Regular Part A funds is at 93.1%. Linguistic Services continue to be</p>



	<p>underspent due to other available resources for the service.</p> <p>Spending in MAI services is at 95.5%.</p> <p>There are no services spending at 30% above or below expected.</p> <p><u>Northern Virginia</u> All invoices from February 1 – 28, 2019 have been processed and paid. Regular Part A funds were spent at 85.1%. Regular funds were overspent in Outreach Services. Savings from EFA services were used to cover the deficit in this service category.</p> <p>Part A spending was lower than expect in Medical Case Management (mostly due to staff vacancies), Linguistic Service and Medical Transportation. Spending is a lot lower in EFA as the EFA funds were awarded mid-year.</p> <p>Any metro, gas and food cards that were purchased by providers at the end of GY 28, but not used by February 28, 2019, were returned to NVRC for transmittal to HAHSTA.</p>
<p>Recipient Report</p>	<p>Recipient Report presented by Clover Barnes.</p> <p><u>Regional Services (Unit Based Costs).</u> GY 28 overall expenditures for Unit Based Cost (UBC) are at 78.6% because of the MAI carryover funds that were added to the UBC Housing Case Management and Referral. Plans for a youth focused housing program are underway, but will not expend the totality of carryover funds. MAI carryover funds do not factor into the calculation of the unobligated balance (UOB). Without the MAI carryover, UBC is spent at 90%.</p> <p><u>HRSA Site Visit.</u> The DC EMA comprehensive site visit has been postponed to September 10-13, 2019. HRSA made this change due to scheduling conflicts within their system.</p> <p><u>Virginia MAI Services.</u> One letter of intent was received for this funding opportunity. Another organization has expressed interest and the closing date for the RFA has been moved back to May 3, 2019 to allow the other organizations (or anyone else who wants to apply) the opportunity.</p> <p><u>Regional EIS.</u> The RFA for Regional EIS has been completed and will be posted on Friday, April 26, 2019. Responses are due back June 7, 2019. There will be three pre-application conferences; one in Maryland at the Montgomery</p>



	County Health Department, one in Virginia at FAHASS, and one in DC at DC Health respectively. Dates and locations will be announced.
Other Business	<p>Jason E. presented examples of new reporting spreadsheets for review and feedback. Some feedback was given.</p> <p>Clover recommended producing revised versions of examples 1 and 3, with the actual GY 29 data, to give a better idea of what a report will actually look like.</p> <p>Ebony F. indicated that regarding the new reporting, with the allocation column being removed, the Recipient will submit a quarterly report the same way the utilization data is presented that will present summary data of everything going on with the grant. It will give a comprehensive view of Part A services for the EMA in terms of the status of awards verses what is expected, allocations, and utilizations.</p> <p><u>PSRA</u> Clover asked Jose when the NOFA could be expected for Part A. Jose said it would be in July, which will make the application due in September. PSRA has to be complete before the application is due because the information has to be included in the application.</p>
Follow –up Items	None
ANNOUNCEMENTS/OTHER DISCUSSION	
HANDOUTS	
<ul style="list-style-type: none"> • Comprehensive Planning Committee (CPC) Meeting Agenda, April 24, 2019 • Comprehensive Planning Committee (CPC) Meeting Minutes, March 27, 2019 • Ryan White Part A District of Columbia Recipient Staff; Suburban Maryland Ryan White Part A; Northern Virginia Regional Commission • Ryan White Recipient Report • Utilization Reports for DC, MD and VA • New drafted example spreadsheets 	

MEETING ADJOURNED	12:40 pm
NEXT MEETING	Wednesday, May 29, 2019 11:00 pm – 1:00 pm DC Health-HAHSTA 899 N. Capitol St., NE, 4 th Floor Washington, D.C. 20002

Date: May 29, 2019

To: Comprehensive Planning Committee (CPC)

From: Ryan White Part A District of Columbia Recipient Staff;

Re: Fiscal Narrative Report (Part A and Part A MAI Funding)
Year 29 - Reporting Period: March 1 – 31, 2019

Available Funding / Status of Contracts/Implementation Progress

DC: The District of Columbia and West Virginia will report expenses from March 2019. For DC (6) of (14) invoices have been received. For West Virginia, all invoices were received and processed.

MD: For organizations funded in Suburban Maryland this report represents expenses for March 2019, 2 of 5 invoices have been received and processed.

VA: N/A

Challenges to Service Delivery

DC: N/A

MD: N/A

VA: The RFA for the solicitation of MAI services in the Virginia jurisdiction has closed and there were no applicants. The recipient is pursuing other options to procure MAI services in this area of the EMA.

Fiscal Summary

District of Columbia

Service areas affected by unprocessed invoices

HIPCSALI
Outreach Services

Part A expenditures are 10% and should be 8%. (Overall Expenditure rates by funding source for the reporting period)

Services 30% below expected

N/A

Services 30% above expected

N/A

Part A MAI expenditures are 7% and should be 8%. (Overall Expenditure rates by funding source for the reporting period)

Services 30% below expected

N/A

Services 30% above expected

N/A

West Virginia

Part A expenditures are 7% and should be 8%. (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

Suburban Maryland

Service areas affected by unprocessed invoices

EIS
Home and Community Based Health Services
Other Professional Services
Linguistic Services
Psychosocial Support Services

Part A expenditures are 1% and should be 8%. (Overall Expenditure rates by funding source for the reporting period)

Service areas affected by unprocessed invoices

N/A

Services 30% below expected

N/A

*(Utilized as needed), however agencies have many different resources for linguistic services in the state.

Services 30% above expected

N/A

Part A MAI expenditures are 5% and should be 8%. (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

Northern Virginia

Part A MAI Expenditures ended at 0% and should be 8%.

Service areas affected by unprocessed invoices

N/A

Services 30% below expected

N/A

Services 30% above expected

N/A

Report through March 2019

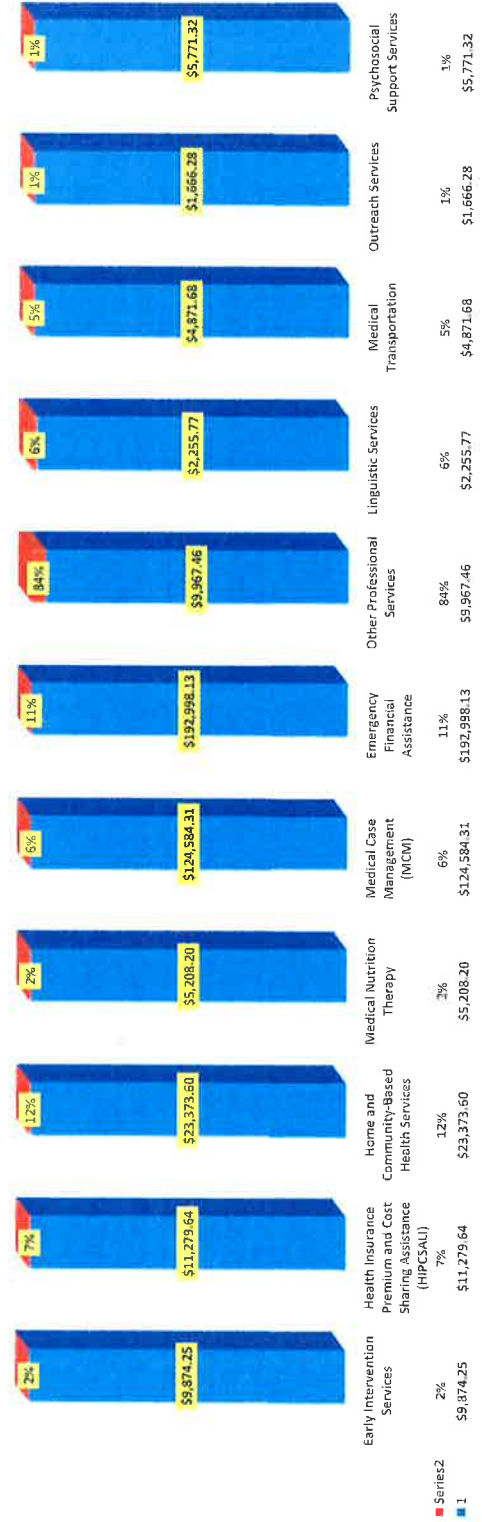
Jurisdiction	Current Award - Finalized	Expenditures	Remaining Balance	Percent Spent	Comments
District of Columbia - Part A	3,508,545	339,867	3,168,679	9.7%	
District of Columbia - MAI	821,585	58,055	763,530	7.1%	
District of Columbia - UBC	5,772,000	653,037	5,118,963	11.3%	
District of Columbia Subtotal	10,102,130	1,050,958	9,051,172	10.4%	
Northern Virginia -- MAI	-	-	-		
Northern Virginia Subtotal	-	-	-		
Suburban Maryland - Part A	2,067,259	27,372	2,039,887	1.3%	
Suburban Maryland -- MAI	792,834	35,955	756,879	4.5%	
Suburban Maryland Subtotal	2,860,093	63,327	2,796,766	2.2%	
West Virginia - Part A	339,167	24,612	314,555	7.3%	
West Virginia Subtotal	339,167	24,612	314,555	7.3%	
TOTAL -- Part A	5,914,971	391,851	5,523,121	6.6%	
TOTAL -- MAI	1,614,419	94,010	1,520,409	5.8%	
TOTAL -- UBC	5,772,000	653,037	5,118,963	11.3%	
TOTAL Subtotal	13,301,390	1,138,897	12,162,493	8.6%	

DISTRICT OF COLUMBIA, Maryland, West Virginia - PART A

Report through March 2019

SERVICE CATEGORY	AWARDS				EXPENDITURES TO DATE				Comments		
	DC	MD	WVA	Total	DC	MD	WVA	Total			
Early Intervention Services (HPCSAL)	\$301,853.96	\$224,546.00	\$526,379.96	\$9,874.25	\$9,874.25			\$9,874.25	2%	\$43,864.99	8%
Health Insurance Premium and Cost Sharing Assistance	\$180,905.00	\$109,091.00	\$157,091.00	\$48,000.00	\$157,091.00			\$157,091.00	7%	\$13,090.92	8%
Home and Community-Based Health Services	\$118,182.00	\$113,866.00	\$242,048.00	\$10,400.00	\$242,048.00			\$242,048.00	12%	\$15,809.08	6%
Medical Nutrition Therapy	\$1,287,160.00	\$732,727.00	\$1,500,000.00	\$150,000.00	\$1,500,000.00			\$1,500,000.00	2%	\$20,206.50	0%
Medical Case Management (MCM)	\$1,382,105.00	\$254,455.00	\$817,000.00	\$817,000.00	\$1,181,513.54			\$1,181,513.54	8%	\$180,828.47	0%
Emergency Financial Assistance	\$11,818.00	\$36,364.00	\$11,818.00	\$9,967.46	\$11,818.00			\$11,818.00	11%	\$143,188.33	8%
Other Professional Services	\$36,364.00	\$37,090.00	\$39,600.00	\$39,600.00	\$36,364.00			\$36,364.00	84%	\$984.83	0%
Linguistic Services	\$22,345.00	\$258,182.00	\$267,649.00	\$9,467.00	\$267,649.00			\$267,649.00	6%	\$3,030.33	0%
Medical Transportation	\$157,798.31	\$337,272.00	\$495,070.31	\$5,771.32	\$495,070.31			\$495,070.31	1%	\$22,904.08	0%
Outreach Services	\$157,798.31	\$337,272.00	\$495,070.31	\$5,771.32	\$495,070.31			\$495,070.31	1%	\$41,265.86	0%
Psychosocial Support Services	\$157,798.31	\$337,272.00	\$495,070.31	\$5,771.32	\$495,070.31			\$495,070.31	1%	\$41,265.86	0%
TOTAL	\$3,006,545.17	\$2,067,256.00	\$5,914,871.17	\$339,167.00	\$5,914,871.17	\$27,272.07	\$24,812.02	\$391,600.64	6%	\$492,914.26	8%

Underreport over 30%
Overreport over 30%



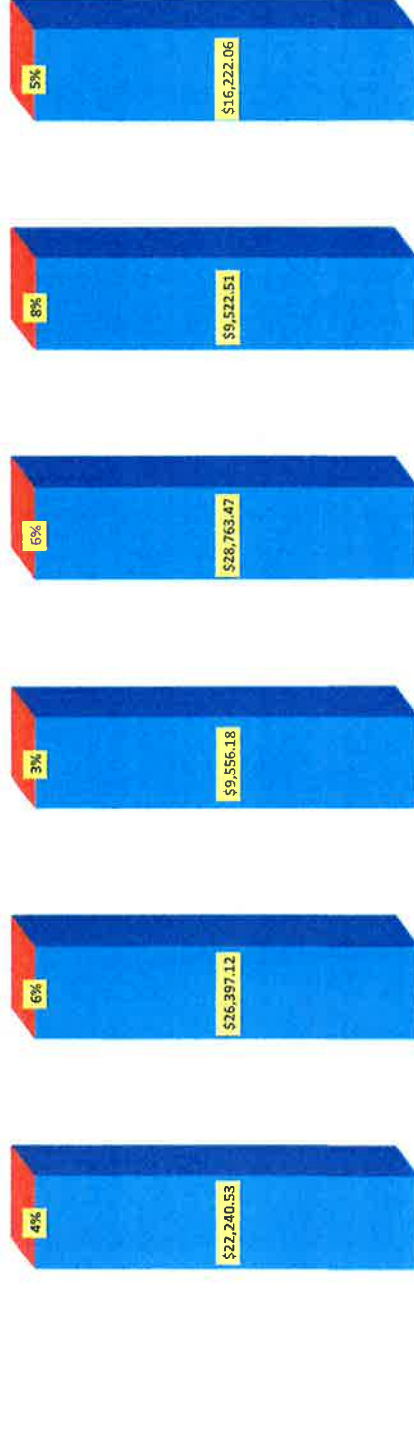
Series 2
Series 1

DISTRICT OF COLUMBIA, Maryland, Northern Virginia - MAI

Report through March 2019

SERVICE CATEGORY	AWARDS						EXPENDITURES TO DATE							
	Inited		Adjustments		Current Budget		Reported \$		Reported %		Expected \$		Expected %	
	DC	VA	DC	VA	DC	VA	DC	VA	DC	VA	DC	VA	DC	VA
Outpatient/Ambulatory Health Services (OAHs)	\$365,577.83	\$159,243.00			\$624,820.83		\$18,586.53	\$3,674.00	\$22,240.53	4%	\$43,735.07			8%
Early Intervention Services	\$232,875.00	\$177,145.00			\$410,020.00		\$19,980.46	\$6,415.66	\$26,397.12	6%	\$34,188.33			8%
Mental Health Services	\$88,563.00	\$192,128.00			\$280,691.00		\$2,198.68	\$7,397.50	\$9,596.18	3%	\$24,224.25			8%
Medical Case Management (MCM)	\$237,093.00	\$214,828.00			\$451,921.00		\$22,808.80	\$5,954.67	\$28,763.47	6%	\$37,660.08			8%
Substance Abuse Services - Outpatient	\$64,551.00	\$11,364.00			\$115,915.00		\$4,812.31	\$4,710.20	\$9,522.51	8%	\$9,659.56			8%
Psychosocial Support Services	\$188,503.00	\$157,369.00			\$345,872.00		\$8,284.70	\$7,927.36	\$16,222.06	5%	\$28,822.67			8%
TOTAL	\$821,085.00	\$782,834.00	\$ -	\$ -	\$1,674,419.00	\$ -	\$30,954.95	\$35,594.05	\$80,401.34	4%	\$134,534.92			8%

Underspent over 30%
Overspent over 30%



Series2
Series1

Outpatient/Ambulatory Health Services (OAHs) 4% \$22,240.53
 Early Intervention Services 6% \$26,397.12
 Mental Health Services 3% \$9,596.18
 Medical Case Management (MCM) 6% \$28,763.47
 Substance Abuse Services - Outpatient 8% \$9,522.51
 Psychosocial Support Services 5% \$16,222.06

DISTRICT OF COLUMBIA - UBC

Report through March 2019

SERVICE CATEGORY	AWARDS		EXPENDITURES TO DATE				Comments
	Initial	Adjustments	Current	Reported \$	Reported %	Expected \$	
Outpatient/Ambulatory Health Services (OAHS)	\$ 1,127,000.00		\$ 1,127,000.00	\$ 112,380.65	10%	\$93,916.67	8%
Oral Health Care	\$ 687,000.00		\$ 687,000.00	\$ 82,963.07	12%	\$57,250.00	8%
Mental Health Services	\$ 160,875.00		\$ 160,875.00	\$ 14,825.00	9%	\$13,406.25	8%
Substance Abuse Services - Outpatient	\$ 53,625.00		\$ 53,625.00	\$ 2,769.80	5%	\$4,468.75	8%
Non-Medical Case Management Services (NMCM)	\$ 1,717,500.00		\$ 1,717,500.00	\$ 167,325.00	10%	\$143,125.00	8%
Food Bank/Home Delivered Meals	\$ 1,835,000.00		\$ 1,835,000.00	\$ 259,798.00	14%	\$152,916.67	8%
Housing Case Management and Referral	\$ 191,000.00		\$ 191,000.00	\$ 12,875.00	7%	\$15,916.67	8%
TOTAL	\$ 6,772,000.00	\$	\$ 6,772,000.00	\$ 653,836.62	11%	\$481,000.00	8%

Underspent over 30%
Overspent over 30%

