



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 MAY 25, 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"> <li>1. Call to Order and Moment of Silence</li> <li>2. Welcome and Introductions</li> </ol>
11:10 am	<ol style="list-style-type: none"> <li>3. Adopt Agenda for May 25, 2022</li> <li>4. Approve Minutes for April 27, 2022</li> </ol>
11:15 am	<ol style="list-style-type: none"> <li>5. Ryan White HIV/AIDS Program (RWHAP) – Reports &amp; Financial Oversight</li> </ol>
11:30 am	<ol style="list-style-type: none"> <li>6. Other Business               <ul style="list-style-type: none"> <li>- PSRA 2022/Data Request Discussion</li> </ul> </li> </ol>
12:15 pm	<ol style="list-style-type: none"> <li>7. Announcements and Adjournment</li> </ol>
<p><b><u>NEXT COMPREHENSIVE PLANNING COMMITTEE (CPC) MEETING:</u></b></p>	<p><b>WEDNESDAY June 22, 2022 11PM TO 1PM ELECTRONIC MEETING VIA ZOOM VIDEO CONFERENCING (ONLINE)</b></p>



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# COMPREHENSIVE PLANNING COMMITTEE (CPC)

## MEETING MINUTES

**WEDNESDAY, APRIL 27, 2022 – 11:00AM**

**ZOOM CONFERENCE AND VIDEO CALL**

ELECTRONIC – ONLINE MEETING

<b>ATTENDEES/ROLL CALL</b>					
COMMISSIONERS	PRESENT	ABSENT	COMMITTEE MEMBERS	PRESENT	ABSENT
Adkins, Sarcia	X				
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 ( <i>Kenny</i> )		X			
Shaw-Richardson, Re'ginald		X	<b>COMMUNITY PARTNERS/GUESTS</b>	<b>PRESENT</b>	<b>ABSENT</b>
<b>RYAN WHITE RECIPIENT STAFF</b>	<b>PRESENT</b>	<b>ABSENT</b>	Dyson, Casey	X	
Edmonds, Jason	X		<b>CONSULTANTS</b>	<b>PRESENT</b>	<b>ABSENT</b>
Fortune, Ebony	X				
Lago, Lena ( <i>Recipient</i> )	X				
<b>VISITING COMMISSIONERS</b>	<b>PRESENT</b>	<b>ABSENT</b>	<b>COMMISSION SUPPORT STAFF</b>	<b>PRESENT</b>	<b>ABSENT</b>
			Bailey, Patrice	X	
			Johnson, Alan		X

<b>HIGHLIGHTS</b>	
<i>NOTE: This is a draft version of the April 27, 2022, Comprehensive Planning Committee (CPC) Meeting Minutes. The final version will be approved at the May 25, 2022, meeting and made available thereafter.</i>	
<b>AGENDA</b>	
ITEM	DISCUSSION
<b>Call to Order</b>	Gerald P. called the meeting to order at 11:05 am, followed by a moment of silence and introductions.
<b>Review and Adoption of the Agenda</b>	Gerald assumed the motion to adopt the agenda for May 25, 2022. The agenda was adopted as presented.

<p><b>Review and Approval of the Minutes</b></p>	<p>Gerald assumed the motioned to approve the meeting minutes for the April 27, 2022 meeting. The motioned was approved as presented.</p>
<p><b>Ryan White          HIV/AIDS Program (RWHAP) Reports &amp; Financial Oversight</b></p>	<p><b>Lena Lago presented the Recipient Report</b>          The monthly Fiscal and Recipient Report (Part A and Part A MAI Funding) Year 31 is for the February 1 – 28, 2022 reporting period.</p> <p><u>FISCAL STATUS</u>          For Part A and Part A MAI in February 2022, 27 of 39 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 82% and should be at 100%.</p> <p>Service areas affected by unprocessed invoices 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), Outreach Services (OS), Psychosocial Support Services (PSS), Medical Case Management (MCM), Linguistic Services (LS), and Medical Transportation Services (MT).</p> <p>Services spending 30% below expected are Early Intervention Services (EIS), Health Insurance Premium and Cost Sharing Assistance (HIPCSA), and Outreach Services (OS).</p> <p>There are no services spending at 30% above expected.</p> <p><u>PART A MAI FISCAL SUMMARY</u>          Part A MAI expenditures are at 72% and should be at 100%.</p> <p>Service areas affected by unprocessed invoices are Outpatient/Ambulatory Health Services (OAHS), Substance Abuse Services –Outpatient (SASO), and Mental Health Services (MH).</p> <p>The service spending 30% below expected is Substance Abuse Services – Outpatient (SASO).</p> <p><u>UBC FISCAL SUMMARY</u>          UBC expenditures are at 91% and should be at 100%.</p> <p>The service spending 30% below expected is Substance Abuse Services – Outpatient (SASO).</p>

	<p><b><u>RECIPIENT REPORT</u></b></p> <p>All final invoices for the grant year have not been processed. The Recipient and team are working diligently to ensure funds are spent down and closed out as part of that process. HRSA has waived the underspending penalties for Parts A and B for FY 20 and FY 21 that were due to the COVID 19 pandemic.</p> <p>A reprogramming was made in the unit-based cost service categories of Outpatient/Ambulatory Health Services (OAHS) and Mental Health Services (MH) due to overspending. There was \$330,000 moved from Oral Health and \$575,000 moved from Regional Early Intervention Services; \$895,000 was added to OAHS and \$10,000 was added to MH.</p>
<p><b>Other Business</b></p>	<p>A discussion was led by Sarcia Adkins of Housing Counseling Services regarding available housing programs in the District of Columbia. Sarcia indicated that there has not been much evolution to the Ryan White Housing Service Standard because of HOPWA, the program established specifically to provide Housing Opportunities for Persons with AIDS. HOPWA has the following programs:</p> <ul style="list-style-type: none"> <li>• Tenant Based Rental Assistance (TBRA) which distributes housing vouchers, although the list has been closed since July 2016.</li> <li>• Intake for transitional housing in DC.</li> <li>• Sustainable Housing Assistance Rental Program (SHARP). For those who are over 40% rent burdened. About 20 slots are available.</li> <li>• The Housing Independence through Employment Program (HITE). The person must have a plan that leads to self-sufficiency in two years. (i.e., complete an educational degree or certificate, etc.). A portion of the money that's paid by them is given back at the end. This program involves a large case management component.</li> <li>• Two transitional programs, one of which recently started specifically for seniors.</li> </ul> <p>Sarcia concluded that there are still populations that need assistance. Currently HCS is not receiving any Ryan White money for housing services. The Emergency Financial Assistance (EFA) program helps to stabilize the housing for those already housed and extends to consumers in Maryland.</p> <p>Lamont asked about any potential solutions that have been discussed or heard about. Sarcia indicated that shallow rental subsidies as a solution, have been effective with some type of case management component. There appears to be</p>

	<p>more stability in housing for consumers in Maryland who would probably benefit from that kind of program. The greatest need for housing stability outside of emergency rental assistance appears to be in Prince Georges, Charles, and Calvert Counties. Another solution has been for people to partner with others, pooling their money together, for some type if room-mating situation.</p> <p>Lamont asked if there are programs that pay rents that are not on an emergency basis. Sarcia indicated that one of the programs is called Supportive Services for Veteran Families (SSVF) that will pay all a veterans rent for up to 6 months, re-evaluate every 6 months for up to 18 months. Another program is the Homeless Prevention Rapid Re-housing program (HPRR). It's a tiered program for up to 2 years. The entire rent is paid for the first 6 months, 75% the next 6 months, 50% the next 6 months and 25% the final 6 months. Also, the Stay DC program pays for rental arrears and there have been incidences when rental costs have been paid in advance.</p> <p><u>PRA 2022/Data Request Discussion</u>          Gerald tabled the discussion until more voting members are present.</p> <p><u>Service Categories discussion</u>          Gerald tabled the discussion until more voting members are present.</p>
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**ANNOUNCEMENTS/OTHER DISCUSSION**

**HANDOUTS**

- May 25, 2022, Comprehensive Planning Committee (CPC) Meeting Agenda
- April 27, 2021, Comprehensive Planning Committee (CPC) Meeting Minutes
- Monthly Fiscal and Recipient Report (Part A and Part A MAI Funding) Year 31 – Reporting Period: February 2022

<b>MEETING ADJOURNED</b>	<b>11:40 PM</b>	<b>NEXT MEETING</b>	<b>WEDNESDAY, May 25, 2022 11:00am to 1:00pm ZOOM CONFERENCE AND VIDEO CALL</b>
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**Date: May 25, 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: March 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 a partial in the amount \$10,168,601.00. The allocations noted on expenditure report reflect the partial award and will be updated once the full award is received.**

**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 March 2022, (14) of (34) invoices have been received.

### **SERVICE DELIVERY CHALLENGES**

**DC:** No challenges.

**MD:** No challenges.

**VA:** No challenges.

### **PART A FISCAL SUMMARY**

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

**Service areas affected by unprocessed invoices:**

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)
Outreach Services (OS)
Psychosocial Support Services (PSS)
Regional Early Intervention Services (REIS)

**Services 30% below expected:**

Regional Early Intervention Services (EIS)
Health Insurance Premium and Cost Sharing Assistance (HIPCSA)
Oral Health Care (OHC)
Other Professional Services (OPS)
Linguistic Services (LS)
Medical Transportation (MT)
Outreach Services (OS)
Housing Services (HS)

**Services 30% above expected:**

Outpatient/Ambulatory Health Services (OAHS)
Early Intervention Services (EIS)
Home & Community-Based Health Services (HCBS)
Mental Health Services (MHS)
Medical Nutrition Therapy (MNT)
Medical Case Management (MCM)
Substance Abuse Services - Outpatient
Non-medical Case Management Services (NMCM)
Emergency Financial Assistance (EFA)
Psychosocial Support Services (PSS)

**PART A MAI FISCAL SUMMARY**

**Part A MAI expenditures are 16% and should be 8%.** (Overall Expenditure rates by funding source for the reporting period)

**Service areas affected by unprocessed invoices:**

Ambulatory Outpatient Medical Care (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)
Substance Abuse Services (SAS)

**Services 30% below expected:**

N/A
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**Services 30% above expected:**

Outpatient/Ambulatory Health Services (OAHS)
Mental Health Services (MHS)
Medical Case Management (MCM)
Substance Abuse Services – Outpatient (SASO)
Psychosocial Support Services (PSS)

**RECIPIENT REPORT**

- GY 32 Core Medical Services Waiver.** The Recipient submitted the Core Medical Services Waiver for GY 32 and are awaiting review and approval from HRSA.

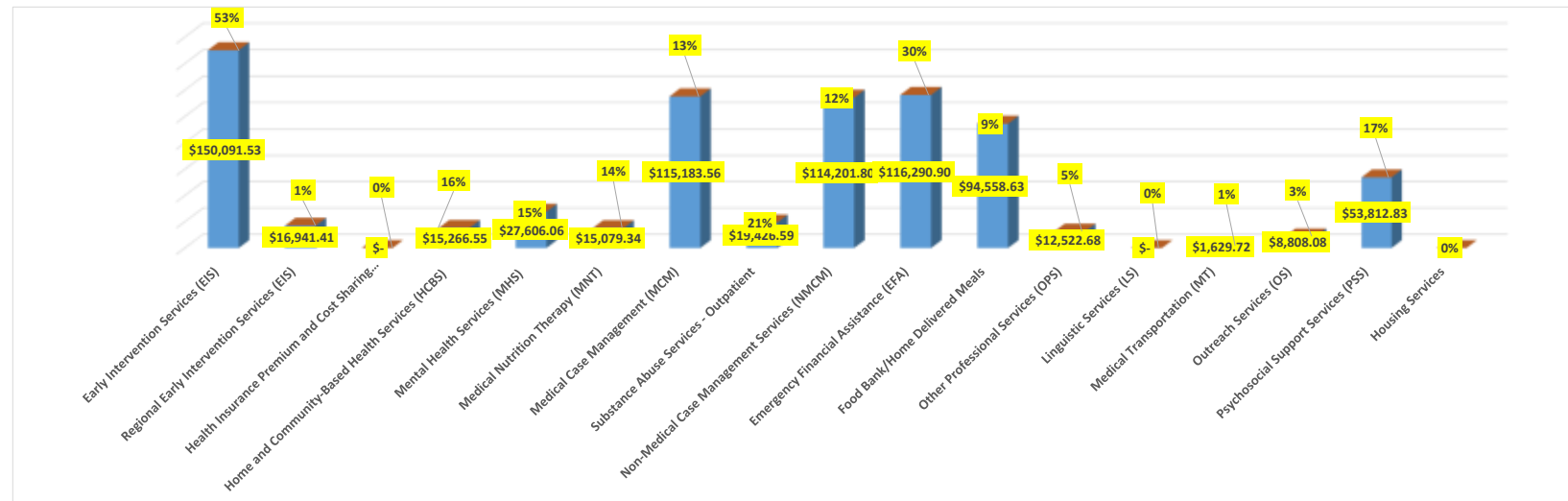
## Washington, DC EMA Part A Grant Year 32 Report through March 2022

Jurisdiction	Current Award - Finalized	Expenditures	Remaining Balance	Percent Spent	Comments
District of Columbia/ WVA - Part A	7,319,725	841,725	6,478,000	11.5%	
<b>District of Columbia Subtotal</b>	<b>7,983,564</b>	<b>974,891</b>	<b>7,008,673</b>	<b>12.2%</b>	
Northern Virginia -- Part A	578,396	36,540	541,856	6%	
Northern Virginia -- MAI	128,739	-	128,739	0%	
<b>Northern Virginia Subtotal</b>	<b>707,135</b>	<b>36,540</b>	<b>670,595</b>	<b>5%</b>	
Suburban Maryland - Part A	936,028	10,683	925,345	1.1%	
Suburban Maryland -- MAI	139,020	15,046	123,974	10.8%	
<b>Suburban Maryland Subtotal</b>	<b>1,075,048</b>	<b>25,729</b>	<b>1,049,319</b>	<b>2.4%</b>	
West Virginia - Part A	402,454	-	402,454	0.0%	
<b>West Virginia Subtotal</b>	<b>402,454</b>	<b>-</b>	<b>402,454</b>	<b>0.0%</b>	
<b>TOTAL -- Part A</b>	<b>9,236,603</b>	<b>888,947</b>	<b>8,347,656</b>	<b>9.6%</b>	
<b>TOTAL -- MAI</b>	<b>931,598</b>	<b>148,212</b>	<b>783,386</b>	<b>15.9%</b>	
<b>TOTAL Subtotal</b>	<b>10,168,201</b>	<b>1,037,159</b>	<b>9,131,042</b>	<b>10.2%</b>	

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

SERVICE CATEGORY	ALLOCATED	EXPENDITURES TO DATE				Comments
		Reported \$	Reported %	Expected \$	Expected %	
	Current AWARDS	Total				
Outpatient/Ambulatory Health Services (OAHS)	\$ 554,196.18	\$ 112,736.94	20%	\$46,183.02	8%	
Oral Health Care	\$ 369,464.12	\$ 14,790.64	4%	\$30,788.68	8%	
Early Intervention Services (EIS)	\$ 282,451.99	\$ 150,091.53	53%	\$23,537.67	8%	
Regional Early Intervention Services (EIS)	\$ 2,770,980.90	\$ 16,941.41	1%	\$230,915.08	8%	
Health Insurance Premium and Cost Sharing Assistance (HIPCSA)	\$ 26,773.01	\$ -	0%	\$2,231.08	8%	
Home and Community-Based Health Services (HCBS)	\$ 94,424.59	\$ 15,266.55	16%	\$7,868.72	8%	
Mental Health Services (MHS)	\$ 184,732.06	\$ 27,606.06	15%	\$15,394.34	8%	
Medical Nutrition Therapy (MNT)	\$ 105,438.46	\$ 15,079.34	14%	\$8,786.54	8%	
Medical Case Management (MCM)	\$ 882,336.06	\$ 115,183.56	13%	\$73,528.01	8%	
Substance Abuse Services - Outpatient	\$ 92,366.03	\$ 19,426.59	21%	\$7,697.17	8%	
Non-Medical Case Management Services (NMCM)	\$ 923,660.30	\$ 114,201.80	12%	\$76,971.69	8%	
Emergency Financial Assistance (EFA)	\$ 392,879.83	\$ 116,290.90	30%	\$32,739.99	8%	
Food Bank/Home Delivered Meals	\$ 1,016,026.33	\$ 94,558.63	9%	\$84,668.86	8%	
Other Professional Services (OPS)	\$ 252,472.75	\$ 12,522.68	5%	\$21,039.40	8%	
Linguistic Services (LS)	\$ 113,717.83	\$ -	0%	\$9,476.49	8%	
Medical Transportation (MT)	\$ 109,036.25	\$ 1,629.72	1%	\$9,086.35	8%	
Outreach Services (OS)	\$ 283,923.04	\$ 8,808.08	3%	\$23,660.25	8%	
Psychosocial Support Services (PSS)	\$ 319,893.12	\$ 53,812.83	17%	\$26,657.76	8%	
Housing Services	\$ 461,830.15	\$ -	0%	\$38,485.85	8%	
<b>TOTAL</b>	<b>\$ 9,236,603.00</b>	<b>\$ 888,947.26</b>	<b>10%</b>	<b>\$769,716.92</b>	<b>8%</b>	

Underspent over 30%  
Overspent over 30%



SERVICE CATEGORY	AWARDS Current Budget	EXPENDITURES TO DATE							Comments
		Reported \$				Reported %	Expected \$	Expected %	
		DC	MD	VA	Total				
Outpatient/Ambulatory Health Services (OAHS)	\$239,085.98	\$38,253.84	\$2,136.47		\$40,390.31	17%	\$19,923.83	8%	
Early Intervention Services (EIS)	\$192,547.76	\$12,018.28	\$3,490.43		\$15,508.71	8%	\$16,045.65	8%	
Mental Health Services (MHS)	\$124,839.64	\$19,196.40	\$3,422.23		\$22,618.63	18%	\$10,403.30	8%	
Medical Case Management (MCM)	\$150,872.67	\$31,469.54	\$3,474.17		\$34,943.71	23%	\$12,572.72	8%	
Substance Abuse Services - Outpatient (SASO)	\$77,894.64	\$12,624.97			\$12,624.97	16%	\$6,491.22	8%	
Psychosocial Support Services (PSS)	\$146,357.31	\$19,603.10	\$2,522.26		\$22,125.36	15%	\$12,196.44	8%	
<b>TOTAL</b>	<b>\$931,598.00</b>	<b>\$133,166.13</b>	<b>\$15,045.56</b>	<b>\$0.00</b>	<b>\$148,211.69</b>	<b>16%</b>	<b>\$77,633.17</b>	<b>8%</b>	

Underspent over 30%

Overspent over 30%

