

COMPREHENSIVE PLANNING COMMITTEE (CPC) MEETING MINUTES

WEDNESDAY, OCTOBER 24, 2018 @ 3:00 PM

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

ATTENDEES/ROLL CALL

Commissioners	Present	Absent	Administrative Agents	Present	Absent
Clay, Cyndee	X		Barner, David	CC	
Copley, Mackenzie	X		Simmons, Michelle		X
DeMartino, Peter	X		Puranik, Rashmi	CC	
McBride, Dennis		X	Agar, Tim	CC	
Morse, Kaleef	X		Avellanet, Felix	CC	
Padmore, Gerald, <i>Chair</i>	X		Hayes-Cozier, Ravinia	CC	
Pannell, Altmann	CC				
Shaw-Richardson, Re'ginald	X				
HAHSTA			Planning Commission Staff		
Mohram, Rony	X		Bailey, Patrice	X	
Ward, Carroll	X		Clark, Lamont	X	
	X				
HAHSTA/Administrative Agents			Guests		
Barnes, Clover	X				
Edmonds, Jason					
Fortune, Ebony		X			

AGENDA

Item	Discussion
Call to Order	Gerald Padmore called the meeting to order at 3:09 pm, followed by a moment of silence and introductions.



<p>Review and Approval of the Agenda</p>	<p>Peter DeMartino motioned to approve the October 24, 2018 Comprehensive Planning Committee (CPC) Meeting Agenda. Cyndee Clay seconded the motion. The motion was approved.</p>
<p>Review and Approval of the Minutes</p>	<p>Peter D. motioned to approve the September 24, 2018 Comprehensive Planning Committee (CPC) Meeting Minutes. Re’ginald Shaw-Richardson seconded the motion. The motion was approved.</p>
<p>Ryan White HIV/AIDS Program (RWHAP) Jurisdictional Reports & Financial Oversight</p>	<p><u>Rashmi Puranik presented the Northern Virginia (NVRC) report</u></p> <p>Fiscal Summary Overall spending through August is at 35.8% for Part A and 36% through May for Minority AIDS Initiative (MAI), of the full 12-month award.</p> <p>Part A spending is at or near target for Early Intervention Services (EIS), Medical Case Management (MCM), Legal Services, and Outreach. Spending is higher than expected in Linguistic services. Spending in Health Insurance Co-pays is slightly lower than expected due to the time it takes for insurance billings to work through the system. Spending is lower than expected in Emergency Financial Assistance (EFA) and Medical Transportation. EFA spending increased in the month of August, as it was the first month of billing since the expansion of EFA, to include the remainder of the allowable types of EFA (e.g. everything except food and prescription drugs). Felix Avellanet indicated that the award was received in a piecemeal manner; therefore, the provider was only able to spend what was allocated. Currently, Medical Transportation and Food is in the high 30 percentile. In addition, there is a new contractor with EFA food, which brings it down a couple of percentage points. Mackenzie Copeley asked why EFA spending was so high and if the \$30,500 was attributable directly to the additional provider. Rashmi P. indicated that the provider didn’t start spending until August. Also there was stockpiling in the first couple of months of the grant. The stockpile has dwindled and spending will subsequently increase moving forward.</p> <p>Tim Agar reported that the corrective action process is underway on MAI. The issues listed in the NVRC Report are being addressed and reconciled. Tim A. is confident that the change in leadership will lead to a turnaround in the provider’s performance. Kaleef Morse asked if updated billing information would be provided at the next month’s meeting. Rashmi indicated that NVRC has looked at the documents and has billed HAHSTA for the month of September, which included MAI from June to September. Updated billing information will be reported next month. Peter noted the full expenditure of the EIS award and asked if it meant that the service is no longer available in Northern Virginia for the remainder of the grant period. Tim indicated that the provider can use other funding sources to render EIS and Psychosocial services. Therefore, those funds have been disallowed and will be reprogrammed to meet the needs of the other service categories. A detailed explanation will be provided at next month’s meeting.</p>



Ravinia Hayes-Cozier presented the Suburban Maryland report

Available Funding / Status of Contracts / Implementation Progress

Currently, nine contracts for this period have been processed and approved and payments have been rendered. In addition, nine of nine invoices have been received and are being processed.

Fiscal Summary

In August 2018, financial report submission includes expenses from nine of nine sub recipients. The overall expense at the end of August is at 39.4% and should be at 50%.

Overall spending by funding source for the reporting period for Part A is at 37.6 % and should be at 50%. Suburban Maryland received an additional \$1,094,819 in Medical Case Management (MCM) during the month of August, which brought the underspending rate in MCM to 36.1%. The current rate for August would have been at 30.5% overspent had the additional MCM funds not been included.

Medical Nutritional Therapy is underspent because of staff vacancies. Suburban Maryland met with their agencies and re-distributed a portion of the underspent dollars to service areas where resources were needed.

Linguistic Services are being utilized as needed. Agencies have many different resources for linguistic services in the state. Suburban Maryland will utilize some of the \$15,000 in linguistics for bilingual materials and information sharing through mass media.

The service category spending at 30% above expected is Health Insurance Cost Premiums. The need to increase funds is not anticipated.

Part A MAI expenditures are at 47.9% and should be at 50%.

There is no underspending in Part A-MAI. The service spending at 30% above expected is Mental Health due to collaborative efforts taken with MAI contractors, medical case management teams and clients that talked about better assessments and how to work more collaboratively in getting involved with issues before they become crisis'.

Carroll Ward presented the District of Columbia and West Virginia report.

Available Funding / Status of Contracts / Implementation Progress

For the month of August, 10 of 12 invoices were received. The remaining two of 12 invoices are pending and awaiting processing.

Challenges to Service Delivery

During the grant period, one agency experienced some technical difficulties and challenges with the Enterprise Grants Management System (EGMS). However, the



	<p>agency and HAHSTA staff were able to work through the issues and invoice in a timely manner. HAHSTA’s fiscal staff will continue to work with providers to assure that invoicing continues to go according to the process.</p> <p>Fiscal Summary Washington, DC Part A expenditures are at 31.3% and should be at 50%. Part A MAI expenditures are at 38.9% and should be at 50%. All but one of the service categories noted as underspent by 30% or more, overlap with the service areas noted as affected by unprocessed invoices. Additionally, Medical Transportation is underspent due to the cyclic purchasing of transportation services and the additional re-program dollars added to the service category.</p> <p>Note: The DC allocation and award for Housing Case Management and Referral is reported on the Unit Based Costs sheet, which thereby skews the total expenditure amounts on the DC fiscal report.</p> <p>Service areas affected by unprocessed invoices are Medical Case Management, Medical Case Management-MAI, Psychosocial Support Services, Psychosocial Support Services-MAI, Outpatient Ambulatory Health Services-MAI, Early Intervention Services, Early Intervention Services-MAI, and Medical Nutrition Therapy. The last three are Substance Abuse Services-MAI, Mental Health Services-MAI, and Home and Community-Based Health Services.</p> <p>Services spending 30% below expected are Early Intervention Services, Medical Transportation, Psychosocial Support Services, Outpatient Ambulatory Health Services-MAI, Substance Abuse Services-MAI, and Mental Health Services-MAI. There are no service areas spending at 30% above expected.</p> <p>West Virginia The Overall Expenditure rates for Part A are at 53.2% and should be at 50%. The service area spending at 30% above expected is Emergency Financial Assistance.</p> <p>Discussion There was lengthy discussion about awards being greater than allocations, the allocation adjustment column, coming to a consensus about what the committee wants to see on the report (what has been spent verses what is available for spending etc.), how to structure the report in a way that is more reader-friendly and how to document seasonal trends and historical data. No conclusions or answers were given; however, it is anticipated that the HAHSTA fiscal team will have corrections and/or answers by the next meeting.</p>
<p>Recipient Report</p>	<p><u>Clover Barnes presented the Recipient Report</u></p> <p>Regional Services- Unit Based Costs (UBC). Overall expenditures for UBC are at 74.2% through August 2018 and is expected to be 50%. Substance abuse is lower than expected due to underutilization and billing.</p>



	<p>Food Bank/Home Delivered Meals is higher than expected due to high utilization. An increase for this service category is not reflected in the award, but it is in process, awaiting approval through the DC Office of Contracts and Procurement. Once it completes the approval process, the additional amount will move to the awards column on the spreadsheet. Once that number moves over, that will make it at 94% and the overall expenditure will decrease to 74%.</p> <p>Discussion</p> <p>There was discussion about low utilization in Substance Abuse being the result of the 92% of District residents insured by other resources. Mackenzie C. indicated that there is 8.5 million Unit Based Costs dollars that are unawarded and asked if that money should be re-allocated. Clover B. indicated that discussions to ramp up spending with current providers are underway. Mackenzie asked if there is a penalty for not spending all of the money. Kaleef Morse indicated that the goal is to spend at least 95% to avoid a penalty. HAHSTA will make recommendations for spending, as a motion, once everything is lined up.</p> <p>Cyndee Clay asked if there is a potential for raising the reimbursement rates. Clover indicated that reimbursement rates have been stretched as far as legally possible.</p>
<p>Other Business</p>	<p>Gerald asked if the committee should resume the practice of using the first hour of the meeting to review the reports and formulate questions for the jurisdictional agents, prior to including them in the meeting. Kaleef M. indicated that he would extend an invitation for a CPC representative to participate in the internal HAHSTA meeting to review the reports. Peter asked if a meeting should be scheduled to discuss the questions the committee would like the reports to answer. Kaleef indicated that Jason Edmonds is designing a new report for the next fiscal year. Jason E. has gleaned the following from the previous meetings: month-to-month trends, future projections, expenditures over allocations, and historical data. Mackenzie suggested having a “white board session” during the Other Business section of next month’s meeting.</p> <p>Cyndee would like to recap at the end of each meeting to include information in the minutes in the form of a “Follow-Up Box” or “Carryover Business” that will indicate items that need resolution or explanation.</p>
<p>Follow –up Items</p>	<ol style="list-style-type: none"> 1. Jurisdictional data reports and utilization reports 2. Follow-up on NVRC stockpiling/spending increase 3. NVRC’s response to the low spending.
<p>ANNOUNCEMENTS/OTHER DISCUSSION</p>	
<p> </p>	
<p>HANDOUTS</p>	
<ul style="list-style-type: none"> • Comprehensive Planning Committee (CPC) Meeting Agenda dated October 24, 2018 • Comprehensive Planning Committee (CPC) Meeting Minutes, Wednesday September 26, 2018 	

- Suburban Maryland Fiscal Narrative Report (Part A and Part A MAI Funding) Year 28 Reporting Period: August 1 thru August 31, 2018
- NVRC Fiscal Narrative Report (Part A and Part A MAI Funding) Year 28 Reporting Period: August 1 thru August 31, 2018
- Washington DC and West Virginia Monthly Fiscal Narrative Report (Part A and Part A MAI Funding) Year 28 Reporting Period: August 1 thru August 31, 2018
- Recipient Report EMA Wide Roll Up CARE Act Part A Grant Year 28, through August 2018

MEETING ADJOURNED	4:36pm
NEXT MEETING	Wednesday, November 28, 2018 3:00 pm – 5:00 pm DC Health-HAHSTA 899 N. Capitol St., NE, 4 th Floor Washington, DC 20002

COMPREHENSIVE PLANNING COMMITTEE (CPC) MEETING AGENDA

WEDNESDAY OCTOBER 24, 2018 – 3:00PM TO 5:00PM

DC HEALTH HEADQUARTERS - HAHSTA

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

Note: all times are approximate

3:05 pm	<ol style="list-style-type: none"> 1. Call To Order and Moment of Silence 2. Welcome and Introductions 3. Approve Agenda for October 24, 2018 4. Approve Minutes from September 26, 2018
3:10 pm	<ol style="list-style-type: none"> 5. Ryan White HIV/AIDS Program (RWHAP) – Jurisdictional Reports & Financial Oversight <ul style="list-style-type: none"> • Suburban Maryland Administrative Agent Report • Northern Virginia Administrative Agent Report • DC and West Virginia Administrative Agent Report • RWHAP Recipient Report
4:30 pm	<ol style="list-style-type: none"> 6. Other Business
4:55 pm	<ol style="list-style-type: none"> 7. Announcements and Adjournment
<p><u>NEXT COMPREHENSIVE PLANNING COMMITTEE (CPC) MEETING:</u></p>	
<p>Wednesday November 28, 2018 3pm-5pm</p>	

CONFERENCE CALL INFORMATION:

Dial In #: 1-866-809-0886

Participant Code: 8289221#



COMPREHENSIVE PLANNING COMMITTEE (CPC)

MEETING MINUTES

WEDNESDAY, SEPTEMBER 26, 2018 @ 3:00 PM

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

ATTENDEES/ROLL CALL

Commissioners	Present	Absent	Administrative Agents	Present	Absent
Copley, Mackenzie	X		Barmer, David	CC	
DeMartino, Peter	X		Simmons, Michelle		X
McBride, Dennis		X	Puranik, Rashmi	CC	
Morse, Ka'leef	X		Agar, Tim		X
Padmore, Gerald, <i>Chair</i>	X		Avellanet, Felix	CC	
Pannell, Altmann		X	Hayes-Cozier, Ravinia	CC	
Shaw-Richardson, Re'ginald	X				
HAHSTA			Planning Commission Staff		
Jason Edmonds	X		Lamont Clark	X	
Rony Mohram		X	Patrice Bailey	X	
Ward, Carroll	CC				
HAHSTA/Administrative Agents			Guests		
Barnes, Clover	X				
Fortune, Ebony	X				

AGENDA

Item	Discussion
Call to Order	Gerald P. called the meeting to order at 3:08 pm, followed by a moment of silence and introductions.
Review and Approval of the Agenda	Mackenzie Copley motioned to approve the September 26, 2018 Comprehensive Planning Committee (CAC) Meeting Agenda. Peter DeMartino seconded the motion. The motion was approved.



<p>Review and Approval of the Minutes</p>	<p>Mackenzie C. motioned to approve the August 22, 2018 Comprehensive Planning Committee (CPC) Meeting Minutes. Peter D. seconded the motion. The motion was approved.</p>
<p>Committee Review of Financial Documents</p>	<p>Gerald led the discussion on the financial reports. Gerald and Mackenzie agreed that a half hour of time be taken at the CPC meeting to flush out any problems presented in the reports. Establish “take aways”, if any, in the form of slides to be presented at the General Body meeting, in addition to the jurisdiction’s reports.</p> <p>Kaleef M. introduced Jason Edmonds, Administrative Specialist in the Care and Treatment Division. Jason E. will be responsible for the Roll-up effective October 1, 2018. All are encouraged to ask questions and talk about likes and dislikes, so that he can shape the Roll-up moving forward. Peter D. asked what the deadline is for submitting data. Kaleef indicated that the data should be submitted two weeks before the meeting. Grants Management intends to have a final report by the second Friday of the month. HAHSTA will have an internal meeting the third week of the month to make corrections to the report so it will be cleaned and accurate in time for the CPC meeting the fourth week of the month. Gerald would like to see month-to-month variances on the report. Mackenzie would like to see an expenditure over allocation calculation so that spending can be determined relative to the annual budget.</p> <p>Peter asked what the committee is responsible for besides the financial report review. Kaleef indicated that the committee is also responsible for the Priority Setting and Resource Allocations (PRSA) process and funding stream analysis. Peter asked if there are any specific trainings or items to be considered currently. Lamont C. indicated that immediately after one PSRA is completed, preparation for the next PSRA should begin and when new or interesting information is discovered, it should be shared.</p>
<p>Ryan White HIV/AIDS Program (RWHAP) Jurisdictional Reports & Financial Oversight</p>	<p><u>Carroll Ward presented the District of Columbia and West Virginia report.</u></p> <p>Available Funding / Status of Contracts / Implementation Progress For the month of July, (12) of (12) invoices were received. One of (12) invoices is pending and awaiting processing.</p> <p>Challenges to Service Delivery During the grant period there were some technical difficulties and challenges that one agency experienced with the Enterprise Grants Management System (EGMS). HAHSTA’s fiscal staff continues to work with sub-recipients to ensure that invoicing continues to go according to the process.</p> <p>Fiscal Summary Washington, DC Part A expenditures are at 33.6% and should be at 41.7%.</p> <p>Part A MAI expenditures are at 29.9% and should be at 41.7%. The small allocation for the Other Professional Services category is overspent and has seen increased</p>



utilization through the month of July. A reprogramming request to increase the funding allocation for Other Professional Services was approved at the August commission meeting. The areas noted as underspent by 30% or more also overlap with the services impacted by unprocessed invoices.

Note: The DC allocation and award for Housing Case Management and Referral is reported on the unit based cost sheet which thereby skews the total expenditure amounts on the DC fiscal report.

Service areas affected by unprocessed invoices are Medical Case Management-MAI, Psychosocial Support Services Psychosocial Support Services-MAI, Outpatient Ambulatory Health Services-MAI, Early Intervention Services, Early Intervention Services-MAI, Medical Nutrition Therapy, Substance Abuse Services MAI and Medical Transportation Services.

Services spending at 30% below expected are: Medical Case Management (MCM), including, Treatment Adherence Services, Home and Community-Based Health Services, Medical Transportation, Psychosocial Support Services, Mental Health Services-MAI, Substance Abuse Services-MAI, Outpatient Ambulatory Health Services-MAI.

The service spending at 30% above expected is Other Professional Services

West Virginia Part A expenditures are at 45% and should be at 41.7%

Unprocessed invoices did not affect other service areas.

Mackenzie indicated that the Part A expenditures appear to be extremely underspent. When you consider that only half the amount of allocated money has been awarded it brings the percentage down from 33.6% to about 18%. Is there a plan to get that money spent? Ebony F. indicated that the adjustment was made in the allocation column, but not in the awards column. As of July, the money has been allocated but not awarded and until the money is actually given, it will not be reflected as an award. The same is true on the MAI sheet. Those changes have not been made but if you match it to what has been approved by the reprogramming, it evens out. Mackenzie asked if there is any concern about the 20% underspent of the initial allocation. Ebony indicated that once the provider receives the increase, they would be able to spend against it. It will be on the August report.

Ravinia Hayes-Cozier presented the Suburban MD report

Available Funding / Status of Contracts / Implementation Progress

This Suburban Maryland report represents expenses for July 2018. Nine of nine invoices have been received and are being processed. All contracts have been signed by providers for the second portion of the contract. The reported expenditure percentages reflect funds from the first grant award.



Fiscal Summary

In July 2018, financial report submission includes expenses from nine of our nine sub recipients. The overall expense at the end of July is at 29.5% and should be at 41.7%

Part A expenditures are at 27.1 % and should be at 41.7%. Suburban Maryland received additional money in Medical Case Management (MCM) during the month of August which brought the underspent expenditure rate in MCM to 44.1%. The current rate for July would have been overspent by 14% if the additional MCM funds were not included. The underspent expenditure percentage rate is expected to level off during the course of the next couple of months as the MCM dollars have now been placed into the agencies budget.

Underspending is in Medical Case Management and Medical Nutrition Therapy. Overspending is in Health Insurance Cost Premium.

Part A MAI expenditures are at 40.1% and should be at 41.7%.

One program will be fully staffed by the first week in October. The second program is going through an overall agency transition and they have been asked to refer clients to some of the other partners so the clients can continue to receive Medical Nutrition Therapy service. In terms of MAI mental health, there have been several meetings with providers with the MAI to talk about how to better services in mental health as we have seen a dramatic increase in service need. We have also made some financial adjustments to assure their ability to provide the extra responsibility in service.

Mackenzie asked if money should be taken out of Medical Nutrition Therapy and put into the overspent Health Insurance Premiums. Ravinia indicated that they are considering adding funds to the Medical Nutrition Therapy service that is doing well, helping those agencies that do not have Medical Nutrition and increasing Health Insurance Cost Premiums.

Kaleef asked about the reprogramming request in Linguistic Services. Ravinia indicated that an adjustment to the \$30,043 should have been submitted to the budget in August. Linguistic Services are provided to the entire agency, not exclusively Ryan White services. Therefore, moving \$15,000 from Linguistic Services into Outreach Services is being requested. The remaining \$15,043 will be used for updating materials, translations on the website for the services and make those available to all of their grantees and other Suburban Maryland individuals that might need the information. Ravinia made a request to reallocate 50% of linguistic service money to Outreach Services. The request was approved and Mackenzie made a motion to present it to the Commission. The motion was seconded by Peter. The motion was approved by the committee.



	<p><u>Rashmi Puranik presented the Northern Virginia report</u></p> <p>Available Funding / Status of Contracts / Implementation Progress Sub-recipient initial awards based on the first and second partial awards were made and the schedules have been finalized. Eight of eight invoices have been received from providers.</p> <p>Challenges to Service Delivery None noted</p> <p>Fiscal Summary: Overall spending through July is at 30% for Part A and 36% through May for MAI of the full 12 month award. Part A spending is at or near target for Early Intervention Services, Medical Case Management, Legal Services, and Outreach. Spending is higher than expected in Linguistic services, the outstanding third-party bills have now been received by the recipient. Spending is much lower than expected for EFA Food and Meds and Medical Transportation due to year-end stockpiling and spending in Health Insurance Co-pays is slightly lower than expected due to late third-party billings. MAI spending was much higher than expected in all the MAI service areas through May. The required 100% documentation was received from the MAI provider and has been reviewed. A Corrective Action Plan (CAP) had been issued to the provider with a plan of action to resolve the MAI issues by the end of August, which has been received. A response to the response has been drafted. Michelle will give an update at the next CPC meeting. The MAI June & July expenses have not been billed to HAHSTA and are not part of this MAI report. The July invoice was received prior to a response to the CAP from the MAI provider and has been held because the July invoice has the same issues as before.</p> <p>Part A expenditures are at 30.1 % and should be at 41.7 %.</p> <p>Mackenzie asked if NVRC is concerned about the underspending in EFA at 3.3%. Rashmi indicated that a provider was re-awarded for EFA and just started billing in August. Going forward, it will increase and EFA will spend down by the end of the grant year.</p>
<p>Recipient Report</p>	<p><u>Clover Barnes presented the Recipient Report</u></p> <p>Regional Services (Unit Based Costs or UBC). All vendors with unit based costs contracts in GY 27 have executed option year contracts for GY 28. Expenditures through July 2018 are reflected in the EMA wide fiscal roll up. Overall expenditures for UBC are at 57% through July 2018 and is expected to be at 41.7%. Substance abuse is lower than expected due to underutilization and billing. Medicaid and several other NIH funded sources are out and the providers cannot find enough people to give the service to. There have been application submissions to the solicitation. Hopefully more people will be added to the provider list. A reprogramming request to address underspending and reallocate funds was approved in August. A new solicitation for entrance into the Ryan White Provider Network for Regional Services closed earlier this</p>



	<p>month. Evaluation of that submission is underway and results will be released in October.</p> <p>Part A Application. The Ryan White Part A Application was successfully submitted on September 20, 2018 for \$33,671,731 as per HRSA’s directive. Mackenzie asked if the amount was based on an increase of the number of people. Clover indicated that the amount is determined by a complicated formula used by HRSA. Its arbitrary until the award comes.</p> <p>HRSA Site Visit. The DC EMA is currently scheduled for a comprehensive site visit, May 21-24, 2019.</p>
<p>Other Business</p>	<p>“Take Away” hand-out will include the following information:</p> <ul style="list-style-type: none"> • Roll-Up Report will not be provided anymore, but can be requested. • PSRA planning. Need to start talking and planning the PSRA process. Encourage committee membership. • Reprogramming of Linguistic Services. <p>Mackenzie asked if there will be a PSRA process for Prevention. Kaleef indicated that some changes have to be made to the orientation to include the seven funding areas the District has under the CDC. Other areas will be discussed at a later date when there is more prevention engagement. Next PSRA should start in April not in June or July.</p>

ANNOUNCEMENTS/OTHER DISCUSSION

Thursday, September 27, 2018, First Executive Meeting
 NOVA Pride - Bull Run Park - Saturday, September 29, 2018 11:00am – 8:00pm

HANDOUTS

- Comprehensive Planning Committee (CPC) Meeting Agenda dated 9/26/2018
- Comprehensive Planning Committee (CPC) Meeting Minutes, Wednesday, August 22, 2018
- Suburban Maryland Fiscal Narrative Report (Part A and Part A MAI Funding) Year 28 Reporting Period: July 1 thru July 31, 2018
- NVRC Fiscal Narrative Report (Part A and Part A MAI Funding) Year 28 Reporting Period: July 1 thru July 31, 2018 (First Quarter)
- Washington DC and West Virginia Monthly Fiscal Narrative Report (Part A and Part A MAI Funding) Year 28 Reporting Period: July 1 thru July 31, 2018
- Recipient Report EMA Wide Roll Up CARE Act Part A Grant Year 28, through July 2018

<p>MEETING ADJOURNED</p>	<p>4:17 pm</p>
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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.

**NEXT
MEETING**

October 24, 2018
3:00 pm – 5:00 pm
DC Health-HAHSTA
899 N. Capitol St., NE, 4th Floor
Washington, DC 20002

Suburban Maryland Ryan White Part A



Date: October 19, 2018

To: Comprehensive Planning Committee

From: Suburban Maryland Ryan White Part A

Re: Fiscal Narrative Report (Part A and Part A MAI Funding)
Year 28 - Reporting Period: August 1 thru August 31, 2018

Available Funding / Status of Contracts / Implementation Progress

This Suburban Maryland report represents expenses for August 2018, 9 of 9 invoices have been received and are being processed. All contracts for this period have been processed and approved and payments have been rendered. The expenditure percentages below reflect funds from our first grant award.

Fiscal Summary

In August 2018, financial report submission includes expenses from 9 of our 9 sub recipients. Our overall expense at the end of August is 39.4% and should be 50%

Part A expenditures are 37.6 % and should be 50%. (Overall Expenditure rates by funding source for the reporting period). "Suburban Maryland received an additional 1,094,819 in Medical Case Management during the month of August. We anticipate the underspent expenditure percentage rate to level off during the course of the next couple of months as the MCM dollars have now been placed into the agencies budget.

Service areas affected by unprocessed invoices (N/A)

Services 30% below expected:

Medical Case Management: "Suburban Maryland received an additional 1,094,819 in Medical Case Management during the month of August which brought our underspent expenditure rate in MCM to 36.1%". Our current rate for August would have been 30.5% overspent without the additional MCM funds included.

Medical Nutritional Therapy: Staffing vacancies created underspending in this service area. We have met with the agencies and re-budgeted the underspending dollars in service areas where the resources were needed.

Linguistic Services: (Utilized as needed) however agencies have many different resources for linguistic services in the state. We will utilize some of the funds for bilingual materials and information sharing through mass media.

Services 30% above expected: Health Insurance Cost Premiums

Suburban Maryland Ryan White Part A



Part A MAI expenditures are 47.9% and should be 50%. (Overall Expenditure rates by funding source for the reporting period)

Service areas affected by unprocessed invoices (N/A)

Services 30% below expected: None

Services 30% above expected: Mental Health



Northern Virginia Regional Commission
 3040 Williams Drive, Suite 200, Fairfax, VA 22031
 703/642-0700

Date: October 24, 2018
To: Comprehensive Planning Committee
From: Northern Virginia Regional Commission
Re: Fiscal Narrative Report (Part A and Part A MAI Funding)
 Year 28 - Reporting Period: August 01, 2018-August 31, 2018

Available Funding / Status of Contracts / Implementation Progress

Sub-recipient initial awards based on the first and second partial awards were made, and the Schedules were finalized. The Sub-recipient Part A awards based on the Final award received from HAHSTA have been made and the Schedules have been finalized and the fully executed contracts have been issued to the Sub-recipients. Services were implemented March 1, 2018.

Challenges to Service Delivery

None noted

Fiscal Summary:

Overall spending thru August is at 35.8% for Part A and 36% (thru May) for MAI of the full 12-month award.

Part A spending is at or near target for Early Intervention Services, Medical Case Management, Legal Services, and Outreach. Spending is higher than expected in Linguistic services. Spending in Health Insurance Co-pays is slightly lower than expected due to the time it takes for insurance billings to work through subrecipient systems and ensure that co-pays are needed. Spending is lower than expected in EFA and Medical Transportation. EFA spending increased in the month of August as this was the first month of billing since expansion of EFA to include the remainder of the allowable types of EFA (e.g. everything except food and prescription drugs).

A corrective action process is underway on MAI. MAI June through August expenses have not been billed to HAHSTA and are not part of this MAI report. In August, a corrective action plan delineating actions to resolve the MAI issues was issued to the provider. The provider returned an insufficient response to the corrective action plan to NVRC. NVRC staff performed chart review at the provider at the end of August. The provider's executive director left her position in September. In late September, NVRC staff met with the provider's interim new management and walked through expectations of the corrective action process. A deadline was set for receipt of revised materials from the provider by mid-October. That deadline was met. NVRC is reviewing materials provided in the second response. NVRC has disallowed portions of 2018-19 MAI invoicing.

Unit Based Cost Expenditures N/A

Service Category	Amount Expended	% Expended
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Part A expenditures are at 35.8% and should be 50%.

Service areas affected by unprocessed invoices: N/A

Services 15% below expected

EFA & Med Transportation

Services 15% above expected

Linguistic services

Part A MAI expenditures are 35.9% through May

Service areas affected by unprocessed invoices:

June thru August MAI Invoices have not been processed (See Fiscal Summary)

Services 15% below expected

Services 15% above expected:

October 24, 2018

To: Comprehensive Planning Committee (CPC)

From: Ryan White Part A Grantee Staff

Re: **Monthly Fiscal Narrative Report (Part A and Part A MAI Funding)**
Grant Year 28 - Reporting Period: August 1 - 31, 2018

Available Funding / Status of Contracts / Implementation Progress

The District of Columbia and West Virginia will report expenses for the month of August 2018. For the month of August (10) of (12) invoices were received, (2) of (12) invoices is pending and awaiting processing.

Challenges to Service Delivery

During the grant period there were some technical difficulties and challenges that one agency did experience with the Enterprise Grants Management System (EGMS). However, our agencies along with HAHSTA staff were able to work through those issues and invoice in a timely manner. HAHSTA's fiscal staff will continue to work with providers to assure that the invoicing continue to go according to the process.

Fiscal Summary

Washington, DC Part A expenditures are 31.3% and should be 50%, Part A MAI expenditures are 38.9% and should be 50%. (Overall Expenditure rates by funding source for the reporting period). All but one of the service categories noted as underspent by 30 or more percent overlap with the service areas noted as affected by unprocessed invoices. Additionally, medical transportation is underspent due to the cyclic purchasing of transportation services and the additional reprogramming dollars added to the service category. **Note:** The DC allocation and award for Housing Case Management and Referral is reported on the unit based cost sheet which thereby skews the total expenditure amounts on the DC fiscal report.

Service areas affected by unprocessed invoices

Medical Case Management
Medical Case Management-MAI
Psychosocial Support Services
Psychosocial Support Services-MAI
Outpatient Ambulatory Health Services-MAI
Early Intervention Services
Early Intervention Services-MAI
Medical Nutrition Therapy

Substance Abuse Services-MAI
Mental Health Services-MAI
Home and Community-Based Health Services

Services 30% below expected

Early Intervention Services
Medical Transportation
Psychosocial Support Services
Outpatient Ambulatory Health Services-MAI
Substance Abuse Services-MAI
Mental Health Services-MAI

Services 30% above expected

N/A

West Virginia Part A expenditures are 53.2% and should be 50%. (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

Emergency Financial Assistance

**Greater Washington Eligible Metropolitan Area
Jurisdiction: District of Columbia Services Report- HCA**

Period Covered: June 01-August 31, 2018

HRSA Service Areas for Grant Year 28	Quarter 1		Quarter 2		Quarter 3		Quarter 4		Cumulative Total	
	Clients	Units	Clients	Units	Clients	Units	Clients	Units	Clients	Units
Core Medical Services										
Outpatient/Ambulatory Health Care	295	677	292	774					587	1,451
Oral Health Services	107	231	101	181					208	412
Mental Health Services	43	231	65	301					108	532
Substance Abuse Services Outpatient	2	11	4	37					6	48
Support Services										
Food Bank/Home Delivered Meals	632	69,813	599	72,633					1,231	142,446
Non-Medical Case Management	1,023	3,702	1,489	4,779					2,512	8,481
Housing Services	96	234	87	246					183	480

Notes:

Date of Report

Prepared by

Report submitted to:

Source of Report

Comments:

This report represents all services data entered into CAREWARE up to the date of extraction

11-Oct-18

Hodan Eyow

Comprehensive Planning Committee (CPC)

CAREWARE

**Greater Washington Eligible Metropolitan Area
Jurisdiction: District of Columbia Services Report- Grant**

Period Covered: June 01-August 31, 2018

HRSA Service Areas for Grant Year 28	Quarter 1		Quarter 2		Quarter 3		Quarter 4		Cumulative Total	
	Clients	Units	Clients	Units	Clients	Units	Clients	Units	Clients	Units
Core Medical Services										
Early Intervention Services	96	222	124	372					220	594
Early Intervention Services (MAI youth reach)	-	-	-	-					0	0
Medical Nutrition Therapy (including supplements)	74	224	84	324					158	548
Medical Case Management (including Treatment Adherence)	330	1,700	297	1,802					627	3,502
Medical Case Management (MAI youth reach)	-	-	-	-					0	0
Support Services										
Emergency Financial Assistance	142	293	402	827					544	1,120
Health Education/ Risk Reduction	-	-	-	-					0	0
Medical Transportation Services	126	275	117	280					243	555
Linguistics	11	23	9	13					20	36
Psychosocial Support Services	36	62	45	90					81	152
Psychosocial Support (MAI youth reach)	-	-	-	-					0	0
Service Outreach	-	-	-	-					0	0
Home and Community-based Health Services	22	481	19	645					82	221
Other Professional Services	14	16	11	12					25	28

Notes:

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CAREWARE

Greater Washington Eligible Metropolitan Area
 Jurisdiction: District of Columbia Services Report

Period Covered: June 01-August 31, 2018

HRSA Service Areas for Grant Year 28	Quarter 1		Quarter 2		Quarter 3		Quarter 4		Cumulative Total	
	Clients	Units	Clients	Units	Clients	Units	Clients	Units	Clients	Units
Core Medical Services										
Medical Nutrition Therapy (including supplements)	25	55	21	60					46	115
Medical Case Management (including Treatment Adherence)	113	367	109	330					222	697
Support Services										
Emergency Financial Assistance	100	298	97	250					197	548
Medical Transportation Services	28	185	31	194					59	379
Service Outreach	2	4	-	-					2	4
Health Insurance Program (HIP)	9	26	10	28					9	27

Notes:

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