



COMPREHENSIVE PLANNING COMMITTEE (CPC) MEETING AGENDA

WEDNESDAY SEPTEMBER 25, 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 September 25, 2019 4. Approve Minutes from July 24, 2019
11:15 am	5. Ryan White HIV/AIDS Program (RWHAP) – Reports & Financial Oversight
11:30 am	<ol style="list-style-type: none"> 6. Priority Setting and Resource Allocation (PSRA) Process Planning <ul style="list-style-type: none"> • Review/HRSA Notes
12:15 pm	7. Other Business
12:25 pm	8. Announcements and Adjournment
<p><u>NEXT COMPREHENSIVE PLANNING COMMITTEE (CPC) MEETING:</u></p>	<p>Wednesday October 23, 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, SEPTEMBER 25, 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	CC		Hein, Krista	X	
Copley, Mackenzie, <i>Vice Chair</i>	X				
DeMartino, Peter	CC				
Morse, Kaleef	X				
Padmore, Gerald, <i>Chair</i>	X				
Shaw-Richardson, Re'ginald		X			
Zoerkler, Jennifer	X				
HAHSTA STAFF	PRESENT	ABSENT	COMMISSION STAFF	PRESENT	ABSENT
Mohram, Rony		X	Bailey, Patrice	X	
Barnes, Clover	X		Clark, Lamont	X	
Edmonds, Jason	X				
Fortune, Ebony		X			

AGENDA	
Item	Discussion
Call to Order	Gerald P. called the meeting to order at 11:16 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 September 25, 2019. Jennifer Z. seconded. The motion was approved.
Review and Approval of the Minutes	Peter D. motioned to approve the Comprehensive Planning Committee Minutes for July 24, 2019. Mackenzie seconded. The motion was approved.



<p>Ryan White HIV/AIDS Program (RWHAP) Reports & Financial Oversight</p>	<p><u>The RWHAP Recipient Report and Financial Oversight was presented by Clover Barnes</u></p> <p>For Part A and Part A MAI in July 2019, (16) of (20) invoices have been received.</p> <p>DC: The Other Professional Services service category is overspent, there was only \$11,818.00 allocated to that service category. A reprogramming request has been submitted with this report.</p> <p>MD: The stop work order issued to the Maryland provider is still being enforced. The final determination regarding this organization is made in the Office of Grants Management. The final invoice is still pending from the vendor and once it is submitted a final payment will be made. Once final payment is made, we will be able to report the amount of funds that remain and can be reallocated.</p> <p>VA: The MAI Youth Reach program for the Virginia Jurisdiction is scheduled to begin October 1, 2019. The program will be implemented under a 5-month piloted partnership with two established providers in the Virginia jurisdiction. Once the award is finalized, a formal announcement will be made.</p> <p>Part A expenditures are 38% and should be 42%.</p> <p>Service areas affected by unprocessed invoices are Early Intervention Services, Health Insurance Premium and Cost Sharing Assistance, Home & Community Based Care, Medical Nutrition Therapy, Medical Case Management, Emergency Financial Assistance, Medical Transportation Services, Outreach Services, and Psychosocial Support Services.</p> <p>There are no services spending 30% below expected.</p> <p>The service spending 30% above expected is Other Professional Services.</p> <p>Part A MAI expenditures are at 36% and should be at 42%.</p> <p>Service areas affected by unprocessed invoices are Ambulatory Outpatient Medical Care, Early Intervention Services, Mental Health Services, Medical Case Management, and Substance Abuse Services – Outpatient.</p>
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There are no services spending above or below 30% expected.

Unit Based Cost (UBC) expenditures are at 67% and should be 42%.

Services spending 30% above expected are Outpatient/Ambulatory Health Services and Food Bank/Home Delivered Meals. Food Bank/Home Delivered Meals are over spending, in part, due to the change in the availability of food stamps.

There are no services spending 30% below expected.

Recipient Report

Please contact Jonjelyn Gamble at (jonjelyn.gamble@dc.gov) to receive the Narcan kits. Providers/staff must attend and obtain proof of a Narcan training (at DC Health or in the community) to receive the kits. A list of free scheduled trainings provided by DC Health can be found at <https://dchealth.dc.gov/page/cme-ceu-webinars-and-trainings>. Click the date of the training to register. The next scheduled training dates are November 19, 2019, January 28, 2020, March 24, 2020 and May 19, 2020.

Jennifer asked about the number of kits purchased verses the number distributed. Clover indicated that the Opioid Response team of the Prevention and Intervention Services Division monitors that activity, but she will request that information and hopefully have it for the next meeting. She also indicated that the kits are distributed with every opioid prescription, and HAHSTA's Rapid Peer Responders are trained to administer Narcan to people overdosing on the street.

The recipient awarded funds to 21 organizations throughout the Washington, DC Eligible Metropolitan Area (EMA) for Regional Early Intervention Services, EIS, which includes Outreach Services, Health Education Risk Reduction (HERR), Referral and Linkage to Care, and Testing. There are five (5) in Virginia, three (3) in Maryland and 13 in Washington. Based on a HRSA finding, the organizations that were funded must be able to provide all 4 services in EIS or be funded for just the service category they provide separately. The programs



	<p>are scheduled to start at varying intervals, (8/15/19, 9/1/19 and 10/1/19). Clover will provide the list of providers at the next meeting.</p> <p>The Recipient received the official approval of the Core Medical Services Waiver on 9/5/19. Therefore, we will not be in violation of the 75%/25% spending requirement.</p> <p>HRSA conducted a Comprehensive Site Visit at DC Health/HAHSTA on September 10-13, 2019. They met with sub-recipients throughout the EMA, Ryan White Care customers, the COHAH Executive Operations Committee and the Recipient team. Overall, the visit went well and several strengths were noted and documented for the official site visit report, which should be received in about 45 days. There were 12 findings and several improvement options for Part A.</p> <p>One finding related to PSRA, which states that a fully executed Memorandum Of Agreement (MOA) is required and the jurisdictions must provide written documentation of their contributions to the EMA. Each finding requires a Corrective Action Plan (CAP) that will need to be submitted 30 days after receipt of the site visit report and updated quarterly until completion. Our next site visit will be in 3-5 years.</p>
<p>Priority Setting and Resource Allocation (PSRA) Process Planning</p>	<p>Jennifer indicated that HRSA requires that the COHAH document the actual PSRA workplan. Each committee should have a plan for their part in the PSRA process. In addition to a plan for evaluating the Assessment of the Efficiency of Administrative Mechanism (AEAM) process. Clover offered the assistance of her evaluation team as a resource for developing the evaluation. Preparation of the document can start on Basecamp. Some of the work has already been done in the EOC on what committee is responsible for what parts of the process.</p>
<p>Other Business</p>	<p>Gerald opened the vote on the Recipient’s motion to move \$50,000 of unallocated funds from Regional EIS to the Other Professional Services category. The vote was carried by six (6) yes, 0 opposition and 0 abstentions on 9/25/19.</p>
<p>Follow –up Items</p>	<p>None</p>

ANNOUNCEMENTS/OTHER DISCUSSION

Peter DeMartino is the new Director of the Infectious Disease Prevention and Health Services Bureau of the Maryland Department of Health

HANDOUTS

- Comprehensive Planning Committee (CPC) Meeting Agenda, September 25 2019
- Comprehensive Planning Committee (CPC) Meeting Minutes, July 24, 2019
- Monthly Fiscal and Recipient Report (Part A and Part A MAI Funding) Year 29 – Reporting Period: July 1-31, 2019
- Jurisdictional Roll-up Report

MEETING ADJOURNED	12:03 PM
NEXT MEETING	Wednesday, October 23, 2019 11:00 pm – 1:00 pm DC Health-HAHSTA 899 N. Capitol St., NE, 4 th Floor Washington, DC 20002

Date: September 25, 2019

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 29 - Reporting Period: July 1 – 31, 2019**

Part A and Part A MAI. The Ryan White HIV/AIDS Program (RWHAP) Part A Grant Year 29 includes two components: Part A and Part A Minority AIDS Initiative (MAI). These reports are designed to report distinctly on the associated program activities. **The GY 29 award has been received in the amount \$31,293,011.**

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 July 2019, (16) of (20) invoices have been received.

SERVICE DELIVERY CHALLENGES

DC: The Other Professional Services service category is overspent, there was only \$11,818.00 allocated to that service category. A reprogramming has been submitted with this report.

MD: The stop work order issued to MD provider is still being enforced. The final determination regarding this organization is made in the Office of Grants Management. The final invoice is still pending from the vendor and once it is submitted a final payment will be made. Once final payment is made we will be able to report the amount of funds that remain and can be reallocated.

VA: The MAI youth reach program for the Virginia Jurisdiction is scheduled to begin October 1, 2019. The program will be implemented under a 5-month piloted partnership with two established providers in the Virginia jurisdiction. Once the award is finalized a formal announcement will be made.

PART A FISCAL SUMMARY

Part A expenditures are 38% and should be 42%. (Overall Expenditure rates by funding source for the reporting period)

Service areas affected by unprocessed invoices:

Early Intervention Services
Health insurance Premium and Cost Sharing Assistance
Home & Community Based Care
Medical Nutrition Therapy
Medical Case Management
Emergency Financial Assistance
Medical Transportation Services
Outreach Services
Psychosocial Support Services

Services 30% below expected:

N/A

Services 30% above expected:

Other Professional Services

PART A MAI FISCAL SUMMARY

Part A MAI expenditures are 36% and should be 42%. (Overall Expenditure rates by funding source for the reporting period)

Service areas affected by unprocessed invoices:

Ambulatory Outpatient Medical Care
Early Intervention Services
Mental Health Services
Medical Case Management
Substance Abuse Services - Outpatient

Services 30% below expected:

N/A

Services 30% above expected:

N/A

UBC FISCAL SUMMARY

UBC expenditures are 67% and should be 42%. (Overall Expenditure rates by funding source for the reporting period)

Service areas affected by unprocessed invoices:

Outpatient/Ambulatory Health Services
Oral Health Care
Mental Health Services
Substance Abuse Services – Outpatient
Non-Medical Case Management
Housing Case Management and Referral

Services 30% above expected:

Outpatient/Ambulatory Health Services
Food Bank/Home Delivered Meals

Services 30% below expected:

N/A

RECIPIENT REPORT

1. **Narcan.** Please contact Jonjelyn Gamble to receive the Narcan kits (jonjelyn.gamble@dc.gov). As a reminder, providers/staff must attend a Narcan training (at DC Health or in the community) to receive the kits. Proof of training is required to receive kits. A list of free scheduled trainings provided by DC Health can be found at <https://dchealth.dc.gov/page/cme-ceu-webinars-and-trainings>. Click the date of the training to register. The next scheduled training dates are:
 - a. November 19, 2019
 - b. January 28, 2020
 - c. March 24, 2020
 - d. May 19, 2020

2. **Regional EIS.** The recipient awarded funds to 21 organizations throughout the Washington, DC EMA. 5 in Virginia, 3 in Maryland and 13 in Washington, DC of which 5 have additional sites in Maryland. The programs are scheduled to start at varying intervals from 8/15/19, 9/1/19 and 10/1/19.
3. **Core Medical Services Waiver.** The Recipient received the official approval of the waiver on 9/5/19.
4. **HRSA Site Visit.** HRSA visited DC Health September 10-13, 2019 for a Comprehensive Site Visit. The visit was filled with visits to sub-recipients throughout the EMA, meetings with consumers, a meeting with the COHAH executive team and many meetings with the Recipient team. Overall the visit went well and several strengths were noted and documented for the official site visit report, which should be received in about 45 days. There were 12 findings and several improvement options for Part A. One finding related to PSRA which states that a fully executed MOA is required and the jurisdictions provide written documentation of contributions to the EMA. Each finding requires a corrective action plan (CAP) that will need to be submitted 30 days after receipt of the site visit report and updated quarterly until completion. Our next site visit will be in 3-5 years.

Report through July 2019

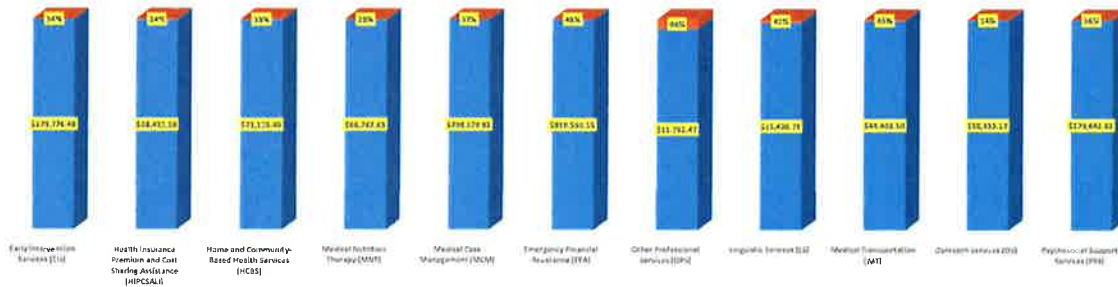
Jurisdiction	Current Award - Finalized	Expenditures	Remaining Balance	Percent Spent	Comments
District of Columbia - Part A	3,508,545	1,602,394	1,906,151	45.7%	
District of Columbia - MAI	821,585	529,818	291,767	64.5%	
District of Columbia - UBC	5,861,000	3,920,555	1,940,445	66.9%	
District of Columbia Subtotal	10,191,130	6,052,768	4,138,362	59.4%	
Suburban Maryland - Part A	2,067,259	518,178	1,549,081	25.1%	
Suburban Maryland -- MAI	792,834	236,157	556,677	29.8%	
Suburban Maryland Subtotal	2,860,093	754,335	2,105,758	26.4%	
West Virginia - Part A	339,167	143,154	196,013	42.2%	
West Virginia Subtotal	339,167	143,154	196,013	42.2%	
TOTAL -- Part A	5,914,971	2,263,725	3,651,246	38.3%	
TOTAL -- MAI	1,614,419	765,976	848,443	47.4%	
TOTAL -- UBC	5,861,000	3,920,555	1,940,445	66.9%	
TOTAL Subtotal	13,390,390	6,950,256	6,440,134	51.9%	

PART A

Report through July 2019

SERVICE CATEGORY	AWARDS				EXPENDITURES TO DATE				Comments
	DC	Initial MD	WVA	Current Budget	Total	Reported %	Expected \$	Expected %	
Early Intervention Services (EIS)	\$301,833.86	\$224,546.00		\$526,379.86	\$178,776.49	34%	\$210,224.94	42%	unprocessed invoices
Health Insurance Premium and Cost Sharing Assistance (HIPC/SAL)		\$109,091.00	\$48,000.00	\$157,091.00	\$38,432.39	24%	\$65,454.58	42%	unprocessed invoices
Home and Community-Based Health Services (HCBS)	\$190,909.00			\$190,808.00	\$73,125.45	38%	\$70,545.42	42%	unprocessed invoices
Medical Nutrition Therapy (MNT)	\$118,182.00	\$113,896.00	\$10,400.00	\$242,478.00	\$66,787.83	28%	\$101,032.56	42%	unprocessed invoices
Medical Case Management (MCM)	\$1,287,190.00	\$732,727.00	\$150,000.00	\$2,169,917.00	\$708,379.93	37%	\$904,132.06	42%	unprocessed invoices
Emergency Financial Assistance (EFA)	\$1,382,105.00	\$254,455.00	\$81,700.00	\$1,718,260.00	\$818,589.55	48%	\$715,841.67	42%	unprocessed invoices
Other Professional Services (OPS)	\$11,818.00			\$11,818.00	\$11,702.47	99%	\$4,924.17	42%	
Linguistic Services (LS)	\$38,384.00			\$38,364.00	\$15,400.73	42%	\$15,151.67	42%	
Medical Transportation (MT)	\$72,345.00	\$37,090.00	\$39,600.00	\$99,035.00	\$44,403.50	45%	\$41,284.58	42%	unprocessed invoices
Outreach Services (OS)		\$258,182.00	\$9,467.00	\$267,649.00	\$38,433.17	14%	\$111,520.42	42%	unprocessed invoices
Psycho-social Support Services (PSS)	\$157,798.31	\$337,272.00		\$495,070.31	\$179,842.82	36%	\$206,279.30	42%	unprocessed invoices
TOTAL	\$3,608,645.17	\$2,087,288.00	\$339,167.00	\$5,914,971.17	\$2,263,725.32	38%	\$2,484,971.32	42%	

Underspent over 30%
Overspent over 30%



MAI

Report through July 2019

SERVICE CATEGORY	AWARDS			EXPENDITURES TO DATE				Comments
	Initial		Current Budget	Reported \$ Total	Reported %	Expected \$	Expected %	
	DC	MD						
Outpatient/Ambulatory Health Services	\$365,577.83	\$159,243.00	\$524,820.83	\$151,039.37	29%	\$218,675.35	42%	Unprocessed invoices
Early Intervention Services	\$232,875.00	\$177,145.00	\$410,020.00	\$187,422.73	46%	\$170,841.67	42%	Unprocessed invoices
Mental Health Services	\$98,563.00	\$192,128.00	\$290,691.00	\$95,418.42	33%	\$121,121.25	42%	Unprocessed invoices
Medical Case Management	\$237,093.00	\$214,826.00	\$451,921.00	\$179,737.00	40%	\$188,300.42	42%	Unprocessed invoices
Substance Abuse Services - Outpatient	\$64,551.00	\$51,364.00	\$115,915.00	\$39,659.02	34%	\$48,297.92	42%	Unprocessed invoices
Psychosocial Support Services	\$188,503.00	\$157,369.00	\$345,872.00	\$112,699.11	33%	\$144,113.33	42%	
TOTAL	\$821,585.00	\$792,834.00	\$2,139,339.83	\$765,975.85	36%	\$891,349.03	42%	

Underspent over 30%
 Overspent over 30%



UBC

Report through July 2019

SERVICE CATEGORY	AWARDS			EXPENDITURES TO DATE				Comments
	Initial	Adjustments	Current	Reported \$	Reported %	Expected \$	Expected %	
Outpatient/Ambulatory Health Services	\$ 1,127,000.00		\$ 1,127,000.00	\$ 946,479.16	84%	\$469,583.33	42%	unprocessed invoices -2
Oral Health Care	\$ 772,000.00		\$ 772,000.00	\$ 403,481.19	52%	\$321,666.67	42%	unprocessed invoices - 1
Mental Health Services	\$ 163,875.00		\$ 163,875.00	\$ 52,875.00	32%	\$68,281.25	42%	unprocessed invoices
Substance Abuse Services - Outpatient	\$ 54,625.00		\$ 54,625.00	\$ 6,165.90	11%	\$22,760.42	42%	unprocessed invoices
Non-Medical Case Management Services	\$ 1,717,500.00		\$ 1,717,500.00	\$ 1,009,200.00	59%	\$715,625.00	42%	unprocessed invoices - 4
Food Bank/Home Delivered Meals	\$ 1,835,000.00		\$ 1,835,000.00	\$ 1,389,364.00	75%	\$764,583.33	42%	
Housing Case Management and Referral	\$ 191,000.00		\$ 191,000.00	\$ 112,990.00	59%	\$79,583.33	42%	unprocessed invoices - 2
TOTAL	\$ 5,861,000.00	\$ -	\$ 5,861,000.00	\$ 3,920,555.25	67%	\$2,442,083.33	42%	

Underspent over 30%
Overspent over 30%

