METROPOLITAN WASHINGTON REGIONAL HEALTH SERVICES PLANNING COUNCIL

Fiscal Oversight and Allocations Committee

64 New York Avenue, NE
Washington, DC 20002
March 17, 2009

MINUTES

Council Members	Present	Absent	HAA	Present	Absent
Smith, Laurence - Chair	X		Freehill, Gunther	X	
Wallace Corbett	X		Debbie Stevens	X	
Robert Smith	X		Panes, Sandra	X	
Cooke, Robert	X				
Fischer, Mark	X				
Menear, Wade	X		**Administrative Agents**		
Hawkins, Pat (Dr.)			Alston, Jonathan	X	
Smith, E. Robert	X		Allison, Glenna	CC	
Solan-Pegler, Nicolette		X	Ramey, Devi	X	
David Hoover	X		Simmons, Michelle	cc	
			Stacy Balderston,	X	
			Dave Barnum,	X	

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CALL TO ORDER

Laurence Smith called the meeting to order at 10:50 a.m.

APPROVAL OF AGENDA

The agenda was approved with the understanding that discussion items may be added later as appropriate.

APPROVAL OF MINUTES

The following corrections to the minutes:

Mr. Freehill noted that on page 4, the third paragraph read "Mr. Freehill recommended." It was not a recommendation and should read "Mr. Freehill recounted last year's structure where…."

Mr. Freehill also noted that on page 4, the first paragraph, 5th line HRSA should be "HAA."

Moved by Mark Fisher

Motion 2nd by Robert Smith

Motion passed unanimously

ADMINISTRATIVE AGENT REPORTS

Northern Virginia: By Stacy Balderston

- **MAI Funding**

  Stacy Balderston noted that overall spending being 13 percent behind target is not unusual for this time of year. Expect a surplus in the local Drug Assistance Program. She noted administrative changes in the ADAP program and income eligibility and uncertain about why. But will pay close attention to analyze. Noted a deficit in the linguistics and the service needs will continue, therefore should budget more next year. Whitman Walker is now closed. Pretty much finished allocations for upcoming year.
  She also clarified that the funds were moved to the providers that are serving former Whitman Walker clients. Currently does not know the exact number of clients unable to be reached but will provide an end of year report. But all MAI clients, plus new clients from this underserved area and clients from the recent closure of Whitman-Walker can be successfully accommodated.

- **Regular and Rural Funding**

  Funds have been allocated and awarded in accordance with the service category allocations approved by the Planning Council.

  In general, significant increases in spending are recorded in the last month of a grant year, as final quarterly data from central accounting systems is collected, and appropriate distributions by revenue source are made to Parts A, B, C, and D of the CARE Act. In addition, special efforts are made by service providers to collect and record all sub-contractor billings in the last month of the grant year.

  Special attention is also given to insuring all sub-contractor and other billings through February are in fact received and paid before the close of the grant year, as opposed to waiting to receive invoices in the next grant year.

West Virginia: By Glenna Allison

- **MAI Funding**

  Ms. Allison reported as of the end of January MAI spending is under spending by 7 percent.

- **Regular and Rural Funding**

  Ms. Allison reported expenditures are at 95.4 percent.

Maryland: By Devi Ramey

- **Regular and Rural Funding**

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Ms. Ramey noted the award adjustment of $30,708 in reprogramming changes. Ms. Ramey reported current expenditure reported rate is 70 percent; these reflected expenditures data received from all twelve of twelve sub-recipients. Believes will be cleared up by February reporting period. Devi explained factors which may lead to late reporting.

Gunther Freehill noted the difference is closer to a 20% gap and that the reprogramming changes will make a noticeable difference.

- **MAI**

  Ms. Ramey noted the difference in Primary Medical being closer to 63,000 which brings total MAI funding to 81,854 as opposed to 72,799. Devi handed out a chart describing plans to meet award for Year 19, considering the R.F.A. request, compared to Year 18 level funding.

  The Suburban Maryland requested approval to conduct the following reprogramming actions to address the Year 19 awards.

  Increased Primary Medical, Mental Health Services, EFA Food Vouchers, Rural outpatient and a decrease in AIDS Pharmaceutical Assistance, Substance Abuse Services, EFA Housing, EFA Utilities, Medical Transportation, Respite Care, Health Insurance & Co-Pay, Rural medical Case Management and Rural Oral Health.

  Gunther noted that EFA is now one category and the net changes require Planning Council approval. Also noted that it would be easier to see changes consistent to reflect the 75/25 split.

  A request was made for utilization report of EFA in MD. Devi will consult with the Grantee.

Wallace Corbett move the motion: to accept the request by the Suburban Maryland Administrative Agent to conduct the reprogramming as described in the "Reprogramming Request No. 1 for Year 19 Awards" handout provided.

There was plenty of questions and discussion. It was recommended to provide a summary to reduce the amount of questioning.

Motioned 2nd by Mark Fischer

Motion passed unanimously

District of Columbia: By Jonathan Alston

- **Regular Funding**

  At the time of this report all programs are providing services and it appears that the below projected expenditure rate is not impacting service delivery. Areas with significant variances in expenditures are Substance Abuse Services which is under spent; Child Care Services and EFA. Certain that expenses will balance by year's end Year 19 subgrants have all been executed and services are being provided.

  Overall the District of Columbia is under spending the projected expenditures by a total of 10.4% as of the January invoice. Two large sub-grantees have not reported December & January expenditures which should have a significant impact on expenditures to date and overall expenditures for the grant year.

  Requests made for provider list for each jurisdiction of the EMA.

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GRANTEE REPORT

- **Regular and Rural Funding**

  The final report for Year 18 will be distributed by early June.

  The funding was actually 39.3%

  AIDS cases reported in the most recent application, which means living AIDS cases as of December 31, 2007

  Noted a substantial change of funds for DC from 58.7% last year and 52% this year. Most of the difference going to MD & VA.

  Implemented IGAs that are not correct and will correct according to the final distribution of funds. Assumes $10 million award.

  Mr. Freehill noted that the Planning Council may benefit from a more comprehensive formula to calculate the distribution of rural funds.

  Mr. Smith noted that a long-term goal of the committee is to look at the reevaluation of the process.

OLD BUSINESS

- Priority Setting/Resource Allocations – the discussion was moved to the Executive meeting.

NEW BUSINESS

- Parity and Portability Taskforce Question – the discussed was moved to a later date and is a continuing topic in all subcommittees.

FUTURE ACTIONS

Ms. Graham request email to Devi for the next FOC meeting. Put the provider request in writing and send to administrative agents.

ADJOURNMENT

Mr. Smith adjourned the meeting. The next meeting will be held on April 21, 2009.

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