



Metropolitan Washington Regional Ryan White Planning Council			Meeting Minutes
Standing Committee	Planning Council		
Meeting Title - Type	Monthly Meeting		
Date / Time	February 25, 2016	5:00pm-7:00pm	
Location/Room	441 4 th Street, NW Washington DC		

ATTENDEES/ROLL CALL					
Planning Council Members	Present	Absent	Planning Council Members	Present	Absent
Adkins, Sarcia	x		Nash, Brittany	x	
Anderson, Gwen	x		Sanders, Scott		
Blocker, Lakisa		ML	Shields, Guy	x	
Cameron, Martha		ML	Sullivan, Meghan	x	
Chandler, Kenneth	x		Tadesse, Beth	x	
Coker, Sharon	x		Teague, Christine		
Corado, Ruby	x				
Decker, Thomas	x				
Edmonds, Calie	x				
Fonseca, Julio	x				
Grant, Charles	x				
Kharfen, Michael	x				
Kier, Randy		x			
Kurowski, Pamela	x				
Lumpkin, Ricardo		x			
Marachelian, Alis	x				
Mekonnen, Betelhem	x				
Mikre, Meriam	x				
Morse, Kaleef	x				
Administrative Agent Representatives			Administrative Agent Representatives	Present	Absent
Agar, Tim	x		Moore, Tarsha	x	
Barmer, David	x				
Hayes-Cozier, Ravinia	x				
HAHSTA Staff	Present	Absent	PC Staff	Present	Absent
Barnes, Clover	x		Lamont Clark	X	
Lago, Lena	X		Alexis Myers	X	
Opoku, Jen	x				



Guests				

HIGHLIGHTS
<ul style="list-style-type: none"> ○ Chair Report ○ Grantee Report ○ Jurisdictional Reports ○ Data/Epidemiology 101 Training

AGENDA	
Item	Discussion
Call to Order	The meeting was called to order by Kaleef M. at 5:22 pm. Then he asked everyone to introduce themselves for the record.
Review and Approval of the Agenda	Motioned by Brittany N. and the motion was 2 nd . The agenda was unanimously approved.
Review and Approval of the Minutes	Motioned and approved. Minutes were approved.
Chair Report	Kaleef M. stated he met with the HPPG and they have put together a team of 4 – 6 people to help create the Integrated Care Plan. He stated that he would be asking Ryan White Planning Council members to be a part of this group at the next meeting. Kaleef M. stated he attended a full day retreat with Administrative Agents and there was discussion around everyone working together to improve various facets of communication with consumers, working together on the Integrated Plan, and ensuring that everyone continues to work together to have a good system.
Recipient Report	<p>Recipient Report</p> <p>Clover B. gave the Recipient Report.</p> <p>Clover B. stated that in upcoming months there will be changes in the reports. The Recipient Report will be a narrative of overall status of the grant, while the Jurisdictional Report(s) will talk more about expenditures.</p> <p>Part A and MAI EMA service category expenditures. For the month of December; Part A expenditures are at 71.5% and should be 83%. Part A MAI expenditures are at 73.1% and should be 83%. Overall expenditures are within the allowable 15% variance therefore no further explanation is needed. Expenditures are up 10% from last month. In Part A EMA-Wide expenditures are at 56.4% and should be 83%. AIDS Pharmaceutical Assistance Local and Medical Transportation Services are</p>



	<p>underspent, Virginia can address the AIDS Pharmaceutical Assistance Local portion. Overall expenditures are up 5% from last month.</p> <p>The Part A EMA-Wide. Expenditures are at 51.2% and should be 75%. AIDS Pharmaceutical Assistance Local and Medical Transportation Services are under spent, Virginia will explain the AIDS Pharmaceutical Assistance Local portion. Medical Transportation Services were underspent due to fare cards that had been previously purchased. Overall expenditures are up 5% from last month.</p> <p>The Part A- MAI EMA-Wide. In Part A- MAI EMA-Wide expenditures are at 81.8% and should be 83%. Expenditures are up 11% from last month.</p> <p>The Recipient is working on the end of the year de-obligations and reprogramming with the administrative agents. Funding awards for grant year 26 have been sent to sub grantees and they are scheduled to sign their grant awards the week of February 22nd and they do not expect any lapse in services.</p> <p>Next month they should have information about the Hepatitis C spending.</p> <p>District of Columbia For the month of December, 14 of 16 invoices have been received and processed and that 2 of 16 invoices have been received but not yet processed. Under Part A Regular spending in early intervention services and medical nutrition therapy is lower than expected due to staff vacancies and unprocessed invoices. Spending in mental health services is lower than expected due to vacancies and unprocessed invoices. Spending in legal services is lower than expected due to unprocessed invoices. Spending in food bank is lower than expected due to lower food costs. Spending in emergency financial assistance is lower than expected due to a decrease in the number of applications received.</p> <p>West Virginia Regular Part A spending in medical nutrition therapy lower than expected due to a programmatic switch in providing actual supplements instead of vouchers. Clients are now more accustomed to this new process and spending is expected to increase. Spending in outreach is lower than expected due to medical case managers focusing more on case management and linkages to care. In MAI spending in outreach is lower than expected due to medical case managers focusing more on case management and linkages to care.</p>
<p>Jurisdictional Reports</p>	<p>Suburban Maryland Ravinia Hayes Cozier gave the report for Suburban Maryland.</p> <p>She stated that they had an opportunity to hear from consumers around issues and concerns and they are looking at Mental Health and Addiction, what it looked like in the past, and what it currently looks, and what it looks like in suburban areas vs.</p>



	<p>other locals.</p> <p>Ravinia C. stated that the report reflects spending for 8 providers and the overall expense at the end of December is 70.7%. The overall regular expenses are at 71.4%. There were service categories that were underspent including Oral Health at 65.4% and although Oral Health appears to be underspent this represents a 10.6% increase in spending from last month. AIDS Pharmaceutical Assistance is at 50.4% which represents a 13.2% increase in spending from last month. Medical Transportation is at 39.7% and the dollars in this category are a minimum cost. Medical Nutritional Therapy is at 61.7%. In EFA food vouchers spending is at 76.6% with an 18.9% increase from last month.</p> <p>MAI services had an expense rate of 62.2 %. Underspent areas include Oral Health 52.6% which is an 11.6% increase in spending compared to last month. Medical Case Management is at 56.2% and Medical Transportation is at 53.9%.</p> <p>All site visits have been completed and providers will receive feedback on what was found at those visits.</p> <p>Northern VA</p> <p>Kaleef M. read the report for Northern Virginia.</p> <p>Part A Regular spending continues to be lower than expected in Oral Health Care (35.4%), Mental Health Services (49.6%) and Outreach (20%) as awards for these services were made late in the grant year. Health Insurance Premiums and Co Pays (47%) and Linguistic services (31%) may also be targets for returning funds to services with greater spending/service delivery needs.</p> <p>Spending continues to be higher in Pharmaceutical Assistance (109.9%) and Psychosocial Support services (108.3%). Spending is slightly higher than expected in Legal Services (88.2%) and Home Delivered Meals (86.7%) in the month of December. Unspent balances from other service areas may be reallocated to these services at the end of the grant year. NVRC returned \$350,000 in budget authority to DC HAHSTA in January to support the EMA-wide Hepatitis C drug purchase.</p> <p>Spending has been completed in Medical Case Management; hereafter Medical Case Management will be provided through regular Part A funds. Higher than expected spend-down in OAMC and Substance Abuse services are consistent with NVRC instructions to vendors not to have funds left unspent in MAI this year. Spending continues to be lower than expected in Linguistic services and Oral Health. Savings from these service areas may have to be reallocated/reprogrammed at the end of the grant year.</p>
<p>Motion</p>	
<p>Public Comment</p>	<p>Melissa T, of the HPPG, introduced herself and said they are looking forward to working with the Planning Council in order to build a broader collaboration on the Integrated Plan.</p>



Training	Jen O. and Lena L. of HAHSTA gave a presentation on Data and Epidemiology 101.
Committee Updates	<p>Membership – Sharon C. stated that the committee has begun interviewing potential members for the Ryan White Planning Council.</p> <p>Consumer Access – Guy S. stated the committee talked about the survey as well as creating a calendar of trainings in order for people to be aware of what will be on the agenda for upcoming meetings. The committee also discussed the usefulness of Town Hall meetings and will be exploring what are other methods of collecting information from consumers. They also are looking into ways to get people to attend CAC meetings.</p> <p>Needs Assessment and Comprehensive Planning – The Committee continued their discussion around the Unmet Need survey. Lena Lago from HAHSTA attended the meeting to discuss resources around Unmet Needs data. Meriam M. was elected Co-Chair.</p> <p>Care Strategies, Coordination and Standards – Lamont C. stated that the committee decided that the Service Standards would be the top priority for the committee. They will begin to look at what standards are missing then look at those that are outdated. The goal is to ensure that all Service Standards are available and updated.</p> <p>Financial Oversight and Allocations – Pam K. stated that she would do the report for Scott S. who couldn't make it. Pam K. noted that she was elected co-Chair of the committee. In addition to Recipient and Jurisdictional Reports, the committee discussed have the jurisdictions make reprogramming requests earlier in the next grant year. The committee looked at the PSRA timeline and will take a closer look at the process.</p> <p>Kaleef M. noted that there was a handout for the Priority Setting and Resource Allocations process. The document was a guideline distributed by HRSA.</p>
ANNOUNCEMENTS/OTHER DISCUSSION	
HANDOUTS	
<p>Agenda dated 2/25/2016 Recipient Report Recipient Narrative Report YEAR 25 –Reporting Period March 1, 2015 through December 31, 2015 EMA-Wide Roll Up FOAC Allocations and Awards through December 31, 2015 Jurisdictional District of Columbia and West Virginia Report DC and West Virginia Utilization Report NOVA Regular FOAC Report through December 31, 2015 NOVA MAI FOAC Report through December 31, 2015 NOVA Client Utilization Suburban Maryland Regular Part A and MAI FOAC Report through December 31 , 2015 February 2016 Standing Committee Minutes</p>	



PSRA Overview Document

ACTION ITEMS – Open					
#	Item	Assigned To	Date Assigned	Due Date	Status
1.					

MOTIONS				
#	Motion	Motioned By	2 nd By	Approved By
1				

MEETING ADJOURNED	7:20PM
NEXT MEETING	April 28, 2016 441 4 th St NW Washington DC