



Metropolitan Washington Regional Ryan White Planning Council			Meeting Minutes
Standing Committee	Planning Council		
Meeting Title - Type	Monthly Meeting		
Date / Time	October 26, 2016	6:00pm-7:30pm	
Location/Room	441 4 th St NW Washington DC		

ATTENDEES/ROLL CALL					
Planning Council Members	Present	Absent	Planning Council Members	Present	Absent
Adkins, Sarcia	x		Kurowski, Pamela		x
Anderson, Gwen	x		Marachelian, Alis	x	
Baker-Holley, Dustin	x		Mekonnen, Betelhem		x
Baker-Holley, Nathaniel	x		Mikre, Meriam	x	
Brentini, Stan	x		Morse, Ka'leef	x	
Cannon, Sherla	x		Pannell, Altman	x	
Coker, Sharon		x	Sanders, Scott	x	
Criswell, Debbie	x		Smith-Bullock, Tyranny	x	
Decker, Thomas	x		Shields, Guy	x	
Edmonds, Calie	x		Sullivan, Meghan	x	
Fonseca, Julio		x	Tadesse, Beth	x	
Fogal, Doug	x		Teague, Christine		x
Grant, Charles		x	Turner, Melissa	x	
Jackson, Roxanne	x		Zoekler, Jennifer	x	
Kharfen, Michael	x				
Kier, Randy		x			
Kirkland-Isaac, Margot	x				
Administrative Agent Representatives			Administrative Agent Representatives	Present	Absent
Agar, Tim	x		Moore, Tarsha	x	
Barmer, David	x		Puranik, Rashmi	X	
Hayes-Cozier, Ravinia	x		Mehan, Julie	x	
HAHSTA Staff	Present	Absent	PC Staff	Present	Absent
Barnes, Clover	x		Lamont Clark	X	
			Alexis Myers	X	

**HIGHLIGHTS**

- Chair Report
- Recipient Report
- Jurisdictional Reports

AGENDA

Item	Discussion
Call to Order	The meeting was called to order by Kaleef M. at 6:10 pm. There is a moment of silence. Then he asked everyone to introduce themselves for the record.
Review and Approval of the Agenda	Approval for the agenda was motioned. The agenda was approved.
Review and Approval of the Minutes	September minutes were approved.
Jurisdictional Reports	<p>Suburban Maryland Ravinia Hayes-Cozier provided the Maryland Report. Ravinia that All 8 contracts are in place and there was one site visit during the month of August. She noted that they had 5 site visits and there were 3 visits that needed to be completed.</p> <p>Overall expense at the end of August is 44.2% which is approximately 5 points better than where they were last year.</p> <p>Low areas of spending include Child Care at 6.4%, Food Vouchers at 30.0% (which is a 19% increase from the previous month), and Medical Transportation 37.3% (which is a 21% increase from the previous month). She noted that both Child Care and Medical Transportation are areas with small amounts of funding.</p> <p>In MAI spending is at 42.3%, with under spending occurring in Oral Health (32.2%) which is due to one provider, but they have new staff in place to work with clients demand.</p> <p>Northern Virginia Tim Agar provided the Virginia Report. Tim A. stated that spending is on target for OAMC, EIS, MCM, Home Delivered Meals, Legal Services, Medical Transportation and Outreach. Substance Abuse which was overspent in the prior month was addressed during the recent reprogramming and the spending in August is near target at 47%.</p> <p>Underspending in prior months in Pharmaceutical Assistance, Health Insurance Premium and Cost Sharing Assistance, and Child Care was addressed in the recent reprogramming request. To better align actual usage of Local AIDS pharmacy, a significant portion of LPAP funding was moved to EFA, consistent with HRSA Policy</p>



	<p>Notice 16-02. Pharmaceutical assistance spending at 61% should not concern you as it is a result of reprogramming.</p> <p>EFA Food continues to use year-end stockpiling. Underspensing in Linguistic services (26%), Oral Health (27%) and Health Insurance Premium and cost sharing (22%) are all due to late third party billings. Underspensing in Non-Medical Case Management is due to staff vacancies; temporary fill in staffing has begun in several cases. Tim noted that dental providers can take 30, 60, and up to 90 days to turn in their invoices.</p> <p>Overall MAI spending is on track. In Oral Health there has been an increase in the bills coming in. Monitoring of spending trends in the under-obligated service areas continues.</p> <p>Tim A. noted that Julie Mehan will be leaving NVRC in an employment capacity but will remain as a consultant.</p>
<p>Recipient Report</p>	<p>Recipient Report Clover Barnes provided the DC and the Recipient Report.</p> <p>DC Part A Regular expenditures are 48.6% and should be 50%. Legal Services is the only area under spent. There are staff vacancies that are the reason for under spending in Legal Services.</p> <p>Part A MAI expenditures are at 43.3% and should be 50%. Outpatient Ambulatory Care, Medical Transportation, and Outreach Services are the areas that are underspent. She noted that fluctuation of Medical Transportation will occur because of the switch to SmarTrip Cards. Staff vacancies in Ambulatory Care and Outreach services, and advanced bulk purchases in Medical Transportation are reasons for under spending in the respective areas.</p> <p><u>In West Va.:</u> Part A expenditures are at 46.9% and should be 50%, and Part A MAI expenditures are at 59.6% and should be 50%. Clover noted that since these are small amounts of money, and changes can cause big fluctuations. She also noted that in West Virginia, there fiscal years starts over again in August, so service spending will pick up in September when the Fiscal year renews.</p> <p>MAI: Part A MAI expenditures are at 49.9% and should be 41.7%. A change in the Medical Nutrition Therapy service delivery system continues to contribute to the</p>



	<p>low expenditure rate.</p> <p>EMA Wide: Part A expenditures are at 45.4% and should be 50%. Part A MAI expenditures are at 45.1% and should be at 50%. The overall Part A expenditure for the entire EMA is 45.4% and should be 50%.</p> <p>Part A EMA-Wide expenditures are at 43% and should be 50%. EMA-Wide: Staff vacancies in Psychosocial Support Services have contributed to the low expenditure rates</p> <p>Part A MAI EMA-Wide expenditures are at 51.4% and should be 50%.</p> <p>In regard to the Hepatitis C drugs, Clover stated that there is a new Chief of Strategic Information Division. She is working on a project using data to care to target co-infected persons (HIV/Hep C). The Hepatitis C data is hard to come by and no federal agencies fund Hep C surveillance, they will pool the resources that are available. There will be a data match with DC Medicaid data to identify DC Medicaid clients who were co-infected. These are people who can be tracked and outreach efforts can be made to.</p> <p>There nine (9) in the program, with three (3) people going through the prior authorization which is required to be in the program. There was enough drugs purchased to help 18 people.</p>
<p>Standing Committee Chair Reports</p>	<p>Membership/Bylaws: Ka’leef M. stated that New Member Orientation occurred on October 19th. Members who have not been to orientation need to talk with Lamont. Bylaws were approved and sent to the Mayor’s Office. Folks will be asked to join the Interview Panel.</p> <p>Consumer Access Committee- Ka’leef M. stated that on Oct. 18th the CAC welcomed Housing Counseling Services who provided a seminar on housing rights and responsibilities. They will be working with administrative agents to have more jurisdiction specific providers to talk about issues that occur in each jurisdiction.</p> <p>Ka’leef M. noted that they will look to have one or two meetings in the various jurisdictions in 2017 and will expand after seeing how it works out.</p> <p>Needs Assessment- Beth T. stated they are presenting the survey to the Institutional Review Board the next Tuesday for approval.</p> <p>Care Strategies, Coordination and Standards- Ka’leef M stated at last month’s Planning Council meeting, members got a copy of the Non Medical Case</p>



	<p>Management Service Standards for their review and asked if there were any concerns. A motion was made to approve the Standards. The motion was 2nd. 18 – yes, 0 – No, 4 – Abstain. The Service Standard was approved.</p> <p>FOAC- Scott S. stated he was pleased with how the jurisdictions were on track with their spending, which he acknowledged was difficult. Ka’leef M. noted that there will be a session on how to properly read the Roll Up Report.</p>
<p>Planning Council Government Co-Chair Report</p>	<p>Community Co-Chair</p> <p>PSRA GY27 Plan Ka’Leef M. reviewed a document that summarized the work the Planning Council did for the Priority Setting and Resource Allocations for Grant Year 27.</p> <p>Part A Application Ka’Leef discussed the submission of the Part A Application to HRSA. He noted that the application process was a function of the Recipient and as a courtesy invites Planning Council members to participate. There were a few members who participated in the writing and/or review of the document including Ka’leef M., Beth T., and Michael K. He also noted that the Letter of Assurance was signed by him stating that there were certain things done by the Planning Council that were required by HRSA.</p> <p>Planning Council Retreat Ka’leef asked members to make sure they responded to Lamont’s email. Lamont C. stated that at the moment the vote was tied, therefore it was important that those who hadn’t voted or those who were neutral make a decision.</p>
<p>ANNOUNCEMENTS/OTHER DISCUSSION</p>	
<p>HANDOUTS</p>	
<p>Agenda dated 10/27/2016 Recipient Report Recipient Narrative Report EMA-Wide Roll Up FOAC Allocations and Awards through August 31, 2016 Jurisdictional District of Columbia and West Virginia Report DC and West Virginia Utilization Report NOVA Regular FOAC Report through August 31, 2016 NOVA MAI FOAC Report through August 31, 2016</p>	



NOVA Client Utilization

Suburban Maryland Regular Part A and MAI FOAC Report through August 31 , 2016

MEETING ADJOURNED	7:55 PM
NEXT MEETING	December 15, 2016 441 4 th St NW Washington DC