

Metropolitan Washington Regional Ryan White Planning Council Meeting			Meeting Minutes
Standing Committee	Planning Council		
Meeting Title - Type	Monthly Meeting		
Date / Time	September 29, 2016	6:00pm-7:30pm	
Location/Room	899 N Capitol Street, NE Washington DC		

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



HIGHLIGHTS

- Chair Report
- o Recipient Report
- Jurisdictional Reports

AGENDA		
Item	Discussion	
Call to Order	The meeting was called to order by Kaleef M. at 6:15 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 1st minutes were approved.	
the minutes		
	Suburban Maryland David Parmer provided the Maryland Penert	
	David Barmer provided the Maryland Report. David B. stated that the overall expense at the end of July is 36.0%, but should be at 41%. He noted that this is an improvement over last year at this same time. He noted that they have had a few challenges with their new EGM system.	
	David pointed out the comparision from previous years:	
	FY 24 was 28.06% spent after July invoices.	
	FY 25 was 30.58% spent after July invoices.	
	FY 26 is 36.0% spent after July invoices.	
Jurisdictional Reports	David noted there were 3 service categories that were underspent Child Care 6.4%, Food Vouchers 10.6%, Medical Transportation 15.9%. He stated that all of those categories didn't have a large amount of funds allotted for a significant impact.	
	David noted that in MAI service categories are at 33.2% for actual expense with only one underspent service category, Oral Health, which was at 15.3%.	
	Northern Virginia Tim Agar provided the Virginia Report. Tim stated spending is at or near target for OAMC, EIS, MCM, Home Delivered Meals, Legal Services, Medical Transportation and Outreach. Underspending in Pharmaceutical Assistance, Health Insurance Premium and Cost Sharing Assistance, and Child Care continues and will be addressed in the reprogramming request. Substance Abuse appears overspent and will be addressed in reprogramming.	



	Tim noted all funds received as a result of the final award from HRSA have been obligated through sub-recipient contract modifications and as agreed at the last meeting, the Virginia is providing a reprogramming request. In MAI Tim noted that there have been a significant increase in Oral Health spending.
	Recipient ReportClover Barnes provided the DC and the Recipient Report.DCFor the month of July, (16) of (16) invoices have been received and processed. She noted that there are still some issues to work through with the EGM system. She stated that the main challenges come with there has to be a change in the budget, it must go through more layers than previously which slows everything down.
	In DC: Clover B noted that Part A expenditures are 38.7% and should be 41.7%. Staff vacancies and vacation fluctuations in Legal Services, Substance Abuse Services and Home and Community Based Care have contributed to the low expenditure rates. Medical Transportation fluctuates with bulk purchase of the transportation supplies and we expect that this will pick up when he next bulk purchases are made.
Recipient Report	Clover B stated that in MAI expenditures are at 34.7% and should be 41.7%. And similar to Part A Regular Staff vacancies in Outreach Services and Ambulatory Outpatient Care have contributed to the low expenditure rates. Medical Transportation fluctuates with bulk purchase of the transportation supplies and we expect that this will pick up when he next bulk purchases are made.
	In West Va.: Regular: Part A expenditures are at 37.7% and should be 41.7%. WVA has not needed as much funding in Ambulatory Outpatient Care because of ACA expansion. A change in the Medical Nutrition Therapy service delivery system continues to contribute to the low expenditure rate.
	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 low expenditure rate.
	EMA Wide: Clover stated that Part A and MAI EMA service category expenditures for the month of July are as follows: Part A expenditures are at 36.7% and should be 41.7%.



	Part A MAI expenditures are at 35.6% and should be at 41.7%. The overall Part A expenditure for the entire EMA is 36.6% and should be 41.7%.
	The Part A EMA-Wide. Expenditures are at 35.7% and should be 41.7% with staff vacancies serviing as the main factory. The Part A EMA-Wide. Expenditures are at 35.7% and should be 41.7% with fluctuations in fare cards serving as the main factor.
	In regard to Hep C drugs Clover B stated that nine clients are currently on Hep C meds (8 from DC, 1 from WVa), three clients are going through the PA process at the time of this report. There was a report that some providers didn't have the information so more information was sent out to those who requested it.
	Guy S. asked if there was a document on support groups throughout the EMA. Clover B. noted that the report only includes the EMA wide Transgender support group which was a directive. She stated there are other support groups throughout the jurisdiction and she could provide him with information on it.
Integrated Plan Presentation	Leah Varga, PhD. HIV Services Planner from HAHSTA provided an overview presentation of the Integrated HIV Prevention and Care Plan. Clover B. stated that HRSA and CDC asked EMAs to create on plan and HIV Prevention Planning and Ryan White Planning Council members worked together to create a regional plan. She noted that the plan was due tomorrow and any changes would have to go into future iterations of the document.
	Michael K. also noted that the Plan is not just fulfilling what HRSA and CDC has required, but it is a framework for how to optimize the prevention and care system throughout the region. It will help make the system more flexible to the needs of consumers.
	A motion was made, and 2 nd , to concur with the document. 16 Yes, 0 – No, 2 Abstain. Motion was approved.
Standing Committee Chair Reports	Membership/Bylaws : Sharon C stated that applicants had been interviewed, and a few selected to be nominated for membership. Those applications have been forwarded to the Mayor's office and they hope to hear back soon about the status of those Nominees.
	She stated that tonight they will vote to accept the Bylaws, as discussed at the last meeting(s).
	A motion was made and properly 2^{nd} to approve the Bylaws. The motion was approved 18 Yes – 0 No.



Ka'leef M. noted that a New Member Orientation would occur on October 19 th .
Consumer Access Committee - Chuck G. stated AIDS Health Foundation came to the CAC meeting. Their (AHF) Pharmacists discussed the services that they could provide to consumers.
Ka'leef M. noted that they are working on having someone discuss Tenant Rights and Responsibilities at the next CAC.
Needs Assessment- Beth T. stated that NACP came to the CAC and shared the Unmet Needs tool and got good feedback. They continue to meet with George Washington University who will help to review the survey and provide feedback. The committee also voted in a new named member.
Care Strategies, Coordination and Standards - Ka'leef M stated the Committee has been having extra meetings during the past few months in order to work on service standards. Ka'leef M. presented the council with a final draft of Non-Medical Case Management standards. The council has a month to review the document and should provide any feedback to Ka'leef. The document will be put up for approval at the next Planning Council meeting. Wednesday Oct 12 th will be the next special meeting for standards work.
FOAC- Scott S. says the committee continues to monitor spending by jurisdictions, which has been great. They asked jurisdictions to try to forecast any reprogramming needs ahead of time, and Virginia has brought forward a reprogramming request, which was approved by FOAC and will be voted on tonight.
Tim A. discussed the request to approve the Virginia proposal to revise certain GY26 allocations for Part A 2016-17 services to address service deliver requirements and service continuity.
Virginia proposed to do the following: Reduce Primary Medical by \$26,761 and to add \$26,761 to Substance Abuse service. - Reduce AIDS Pharmaceutical Assistance by \$200,000 to add \$100,000 to
 Oral Health and \$100,000 to EFA for Medication. Reduce Health Insurance Premium by \$32,500 and to add \$32,500 to Medical Case Management. Reduce Child Care services by \$3,000 to add \$3,000 to Linguistic Services.
 Reduce Legal Services by \$20,000 to add \$500 to Linguistic, \$21 to EFA, \$8,740 to Medical Transportation, \$2500 to Medical Case Management and



	\$8,239 to Substance Abuse Services.
	The motion was properly approved and 2 nd . 20 Yes, 0-No the motion was approved.
	Ka'leef M. discussed that at the last meeting the Planning Council approved Allocations. He stated that HRSA has changed the definition of LPAP a change was needed to make a revision to the Virginia allocation. They would like to move LPAP money into EFA. This would still allow for the budget to meet the 75/25 balance.
	A motion was made and 2^{nd} . 20 – Yes, 0 – No, the motion was approved.
	Ka'leef led a discussion about the MAI service categories. The Council voted on the population, but has to agree on the categories for the services. He noted that utilization is different across the EMAI by jurisdiction but they need to agree to provide services to improve health outcomes.
	The group reviewed a document that showed how services were being utilized across the EMA. The categories proposed to fund were: Outpatient/Ambulatory Health Services, Medical Case Management, Mental Health, Substance Abuse Outpatient Care, Early Intervention Services, Psychosocial Support Services, Outreach Services, and Health Education/Risk Reduction services. The categories were moved and properly 2 nd . 17 – yes, 0-no, 2 – Abstain. The motion was approved.
	Community Co-Chair
Planning Council Government Co-Chair Report	 Part A Application Page Turner Ka'Leef M. stated that the Page Turner had to be postponed and should be rescheduled soon. Application is due October 18th Planning Council Retreat Ka'Leef asked members to think about how they would like to do a retreat. Lamont C. stated he would email the group with options.
ANNOUNCEMENTS/OTHE	ER DISCUSSION
HANDOUTS	
Agenda dated 09/29/2016	5
Recipient Report	
Recipient Narrative Repor	t



EMA-Wide Roll Up FOAC Allocations and Awards through July 31, 2016 Jurisdictional District of Columbia and West Virginia Report DC and West Virginia Utilization Report NOVA Regular FOAC Report through July 31, 2016 NOVA MAI FOAC Report through July 31, 2016 NOVA Client Utilization Suburban Maryland Regular Part A and MAI FOAC Report through July 31, 2016

MEETING ADJOURNED	7:55 PM
NEXT MEETING	November 17, 2016 441 4 th St NW Washington DC