

**METROPOLITAN WASHINGTON REGIONAL
HEALTH SERVICES PLANNING COUNCIL
Fiscal Oversight and Allocations Committee**

64 New York Avenue, NE

Washington, DC 20002

December 16, 2008

Council Members	Present	Absent	HAA	Present	Absent
<i>Smith, Laurence Chair</i>	X		Freehill, Gunther	X	
Burgos, Raul	phone		Mohram, Rony	X	
Corbett, Wallace	X		Panes, Sandra	X	
Fischer, Mark	X		Administrative Agents		
Hawkins, Pat (Dr.)	X		Alston, Jon	X	
Hoover, David	phone		Allison, Glenna	phone	
Menear, Wade	X		O’Gilvie, Lincoln	phone	
Smith, E. Robert	X		Ramey, Devi	phone	
Solan-Pegler, Nicolette	X		Simmons, Michelle	phone	
			Guest		
			Penney, Tinshe	phone	

CALL TO ORDER

Mr. Smith called the meeting to order.

APPROVAL OF AGENDA

The agenda was approved under Old business:

1. Priority Setting and Allocation process

Motion by: Mark Fischer

Motion 2nd by: Wade Meaner

Motion passed.

APPROVAL OF MINUTES

The November 18, 2008 minutes were approved.

Motion by: Mark Fischer
Motion 2nd by: Wade Meaner
Motion passed.

COMMITTEE BUSINESS

Mr. Smith recommended that each Administrative Agent report first on their jurisdictions regular funding and second on their MAI fiscal oversight funding. Mr. Smith recommended that West Virginia would report first, Northern Virginia would report second, Suburban Maryland would report third and the District Columbia would report fourth. Mr. Smith recommended that all ensure that the allocations/awards of funds and expenditures are aligned on their jurisdictional fiscal oversight reports.

West Virginia Regular Report: Glenna Allison

Ms. Allison reported that the overall expenditures year-to-date in core medical services is over-spending of 3.5%. The overall year-to-date in support services is under-spending by 12.94%. The overall under-spending for all services is 0.75%. Core medical services expenditures have increased due to an increase in newly diagnosed HIV infected clients requiring assistance with medical care and medications. ANTS under-spending in support services reflects an increase in assistance for rent and utilities from Community Networks, a local ASO. October's narrative report reflects the reprogramming that was approved by the Planning Council. Our outreach program continues to contact persons participating in substance abuse programs and community homeless programs. Our outreach program includes the distribution of information concerning HIV prevention, testing services and HIV related assistance programs in the area. Three clients have been recently diagnosed with HIV and been referred to medical care services. Transportation continues to be a barrier to access HIV-related, non-HIV related and entitlement services in the community. Many clients are resistant to moving to Jefferson County where HOPWA funding is available because of the lack of access to HIV related services and transportation services. Challenge is a HOPWA housing disparity between Jefferson and Berkeley counties. There has been an overall expenditure of 65.9% and will expend all of their money by the end of the year. Ms. Allison reported that the challenges that they had recently was a fire in their office that affected their internet service. The fire in their office did not affect client services.

Northern Virginia Regular & Rural Funding Report: Michelle Simmons

Ms. Simmons reported that funds have been allocated and awarded in accordance with the service category allocations approved by the Planning Council and all sub-grantees have been approved. Services were implemented March 1, 2008. Ms. Simmons reported that the October financial report includes invoice data from 12 out of 13 providers. Ms. Simmons reported that providers have been slow to invoice. Slow invoicing is affecting spending rates in primary medical, drugs and case management services. Spending rates for dental and linguistic services continue at a higher-than expected rates. Reprogramming and use of carryover approvals provided at last Planning Council meeting will enable funds to be used to address some needs in these service

areas. Ms. Simmons reported that they will be meeting with the providers at a contractors meeting on December 18, 2008 to review spending, end of year projections, and “take back” provisions to reduce and reallocate awards from under-spending subcontractors.

Northern Virginia MAI Funding Report: Michelle Simmons

Ms. Simmons reported that the October 2008 MAI Funding financial report includes invoice data from August 2008 through October 2008. Spending rates for primary medical and medical transportation are low and reflect some use of Part A and Part B funds for these purposes. The Sub-Recipient grant agreement is in process. Services provided with 2008-2009 MAI funds that began on August 1, 2008. Funds have been allocated in accordance with the requirements of the Intergovernmental Agreement. The new clinic in Manassas, Virginia is up and running and serves African American, Asian and Latino clientele.

Maryland Regular and Regular Funding Report: Devi Ramey

Ms. Ramey introduced Lincoln O’Gilvie a new person working for the Maryland administrative agency to the Fiscal Oversight and Allocation committee members. Ms. Ramey reported that the October 2008 financial report submitted to FOC reflects expenditure data received from all twelve Sub-recipients. Based on reported expenditures, the over-all spending rate of 46.5% is below the target 67% at the conclusion of the eight month of the grant year. Twelve of the eighteen funded program services for Regular indicate spending levels below the acceptable low of 58%: Primary and Specialty Medical Care (44.1%), AIDS Pharmaceutical Assistance (26.9%), Oral Health (48.3%), Mental Health Services (30.2%), Medical Nutrition Therapy (56.9%), Medical Case Management (46.7%), Substance Abuse Services (26.9%), Child Care Services (31.2%), Emergency Financial Ass Utility (53.5%), Medical Transportation (33.5%), Outreach Services (53.1%), Respite Care (28.0%). One of the eighteen funded program services for Regular is above the acceptable high of 76; Emergency Financial Assistance – Vouchers (85.5%). The spending levels for four of the five rural funded program services are on target, ranging from 63.1% to 66.7%. Oral Health (55.4%) is below the acceptable low of 58%. Ms. Ramey reported that all Sub-recipient Grant Agreements have been processed and approved. Client services remain ongoing and uninterrupted.

Sub-recipients have submitted remediation plans and reprogramming requests in response to Compliance Status Notices. The Administrative Agency is currently analyzing those reports. Funds have been allocated in accordance with the approved Suburban Maryland Reprogramming Request #1. The freeze on hiring has become a major challenge, resulting in unexpended funds in relation to salaries and administrative expenses.

Maryland Reprogramming #2 Report: Devi Ramey

Ms. Ramey proposed reprogramming:

- Reduce Medical Transportation by \$4,500 due to use of other sources of funding.
- Reduce Respite Care by \$18,157 due to decreased utilization of this service.
- Reduce Substance Abuse Services by \$31,244 due to under utilization and greater need in Mental Health Services
- Increase Mental Health Services by \$49,401 based upon need to increase the number of individual hours and the number of group hours
- Increase Medical Case Management by \$4,500 to accommodate change in staff from part-time to full-time.

Mark Fischer motioned that the Maryland reprogramming request #2 be forwarded to the Executive committee for approval

Motion by: Mark Fischer

Motion 2nd by: Wade Meaner

Motion passed.

District of Columbia Regular Funding Report: Jon Alston

Mr. Alston reported that the District of Columbia currently funds 22 Ryan White Part A sub-grants. Mr. Alston reported that the October report reflects reported expenditures of 18 of 22 awarded sub-grants. Late invoicing continues to be addressed with formal correspondence from HAA staff indicating non-compliance with the ten business day submission of monthly invoices as specified in the grant agreements. The projected expenditures y-t-d as of October is \$8,266,491 or 66.7% the allocated funds. The actual y-t-d expenditures is \$6,936,533 or 55.9% of the allocated funds, which based on the projections results in an under expenditure of \$1,329,958 or 10.7% for the combined service area expenditures. 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. A service area that has been of concern as it relates to overspending was 17b; as of this report spending in that service area reflects overspending at a rate of 4.9% which is a decrease in projected under spending from the September report of 1.5%. Service area expenditures were projected at 67% as of October 2008.

Service areas with significant projected under spending on service area 21, Linguistic Services, which is under spending the projected expenditures at a rate of 20.5%; service area 22, Medical Transportation, which is under spending the projected expenditure at a rate of 31.4%; Child Care Services 29.6%; and service area 28, Treatment Adherence Counseling which is under spending projected expenditures at the rate of 14.8%. All programs are providing services and there are no reported challenges to service delivery. Mr. Smith asked about the issue with late invoicing payments from HAA. Mr. Alston reported that providers are paid in thirty days. Mr. Alston reported that we are moving to making provider invoice payments electronically. Mr. Fischer requested clarification on why providers are not providing timely invoices. Mr. Alston responded that during the awards process HAA recommends providers send their invoices in within thirty days. Mr. Smith reported that the data reflected in the District of Columbia financial report is

October 2008 data. Mr. Alston reported that \$26,000 has been un-awarded at this point and these funds will be awarded and be expended by the end of the year. Mr. Freehill reported that the changes in HAA awards are based upon providers proposing changes to service categories in their grants. Mr. Freehill reported that the spending at the end of the grant year will be close to current Planning Council priorities. Mr. Freehill reported that there are providers that are under-spending and over-spending their service categories and those funds will be reallocated to other service categories. Mr. Freehill reported that HAA is ensuring due diligence and will maintain the Planning Council priorities. Mr. Smith reported the challenge that HAA encounters is that they receive the awards late and that impacts the late reporting of funds in the EMA. Mr. Smith reported that is why he has requested narratives from all the jurisdictions to describe un-awarded service categories and when they plan to award these funds. Mr. Freehill reported \$400,000.00 un-awarded primary care funds in the EMA which will be used as a cushion. HAA has reserved these funds and they will be allocated to program shortfalls such as the ticket-to-work program and to the primary care programs. Mr. Smith reported importance in data utilization reports from jurisdictions to ensure accuracy of spending amounts in the jurisdiction.

MAI Funding Report: Gunther Freehill

Mr. Freehill reported on the Ryan White Part A Minority AIDS Initiative Grant Report program service total of \$740,383 and the funding amounts that were allocated to each jurisdiction within the EMA by minority AIDS cases as of December 2005. The District of Columbia reporting percentage of 63% and the carryover amount is \$466,441. The Maryland reporting minority AIDS cases were 24.4% and the carryover amount is \$180,654. The Northern Virginia reporting minority AIDS cases were 11.6% and the carryover amount is \$85,884. The West Virginia reporting minority AIDS cases were 1% and the carryover amount is \$7,404.

ADJOURNMENT

Mr. Smith adjourned the meeting. The next meeting will be held on Tuesday, January 27, 2009 from 10:30 am to 12:30 pm at the HIV AIDS Administration at 64 New York Ave., NE, Washington, D.C.