

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

64 New York Avenue, NE

Washington, DC 20002

November 18, 2008

Council Members	Present	Absent	HAA	Present	Absent
<i>Smith, Laurence Chair</i>	X		Freehill, Gunther	X	
Cooke, Robert	X		Mohram, Rony	X	
Corbett, Wallace	X		Panes, Sandra	X	
Fischer, Mark	X		Administrative Agents		
Hawkins, Pat, Dr.	X		Alston, Jon	X	
Maramara, Ben	X		Allison, Glenna	phone	
Menear, Wade	X		Hall, Sheronda	phone	
Pleasant, Danielle	phone		Ramey, Devi	phone	
Smith, E. Robert	X		Simmons, Michelle	phone	
Solan-Pegler, Nicolette	X				

CALL TO ORDER

Mr. Smith called the meeting to order.

APPROVAL OF AGENDA

The agenda was approved with the following additions:

1. Under Old Business a discussion of the Methodology for Ryan White Part A priority setting and resource allocation across the EMA & distribution of funds.
2. Under New Business a discussion regarding Utilization data reports for the administrative agents in their jurisdictions.

Motion by: Nicolette Solan-Pegler

Motion 2nd by: Ben Maramara

Motion passed.

APPROVAL OF MINUTES

The October 21, 2008 minutes were approved.

Motion by: Wade Menear

Motion 2nd by: Ben Maramara

Motion passed.

COMMITTEE BUSINESS

West Virginia Report: Glenna Allison

Ms. Allison reported that the reprogramming that was requested for West Virginia will be reflected in next months financials. The overall expenditures year-to-date in core medical services is over-spending by 2.34%. The overall expenditure year-to-date in support services is under-spending by 14.61%. The overall under-spending for all services is 1.90%. Core medical services expenditures have increased due to an increase in assistance for rent and utilities from Community Networks, a local ASO. October's FOA report will reflect re-programming that was approved by the Planning Council in October. 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 transportation services. Transportation costs are increasing because of the price of fuel. Cost containment efforts are being instituted to decrease costs for transportation. Our outreach program continues with outreach workers contacting persons participating in substance abuse programs (methadone and inpatient substance abuse treatment 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. One person has been newly identified with HIV and referred for medical care and other services.

Mr. Freehill reported that next month you will see the reprogramming of West Virginia in their financial report. Ms. Solan-Pegler requested from Ms. Allison would West Virginia be able to spend out by the end of the year? Ms. Allison replied yes. Mr. Smith, Fiscal Oversight Chair, requested clarification on challenges in West Virginia. Ms. Allison reported that outreach has been good and they have found four people with HIV and they brought them into care. Ms. Solan-Pegler requested that West Virginia show the targets that the jurisdiction is trying to reach. Ms. Allison replied okay. Mr. Smith reported that need of transportation to get clients to provider sites you are doing a good job ensuring clients get to their doctor appointments. Mr. Freehill reported that West Virginia adhered to the 75/25% distribution which is good.

Northern Virginia 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. Ms. Simmons reported that the majority of sub-recipient grant agreements have been approved, one remains in progress, and services were implemented March 1, 2008. The September 2008 financial report includes invoice data from 11 out of 13 service providers. NVRC and a major service provider have reached an agreement on fiscal documentation to accompany the agency's invoices. The September invoice includes one month costs for this agency. The remaining months invoicing will be caught up quickly. This should improve the spending outlook for primary medical, drugs, and medical case management, among other services. Negotiation of the final outstanding contract and receipt of invoices from that vendor should further improve spending in primary medical and drugs. One provider remains under direct management of its Board of Directors, no changes in ongoing service delivery reported at this agency. Spending rates for dental and linguistic services continue at a higher-than expected rates. Reprogramming and use of carryover approvals provided at the last Planning Council meeting will enable funds to be used to address these service areas.

Northern Virginia Reprogramming Request

- **Suburban Virginia requests authority to reprogram funds as follows:**
 - Move \$11,981 from Medical Case Management
 - Move \$3,514 to Dental
 - Move \$2875 to Food
 - Move \$1589 to Medical Transportation
- **Savings in Medical Case Management resulted from a better apportionment of a vendor's costs for this service across multiple relevant funding sources**
- **Proposed additional funds in Dental, Mental Health, Food and Medical Transportation are predominately used for non-personnel items (i.e. more visits, food vouchers, rides)**
- **The requested reprogramming changes are small and do not adjust the Virginia funding split from 90.8 % of funding in Core services and 9.2% of funding in Support services.**

Mr. Smith recommended that we move this reprogramming request forward to the Executive committee for approval.

Motion by: Mark Fischer

Motion 2nd by: Wallace Corbett

Motion passed

Northern Virginia Report (continued): Michelle Simmons

Mr. Corbett requested clarification is this the same reprogramming request that you had last year? Ms. Simmons reported that this is as a result of one provider working out their budget. Ms. Solan-Pegler asked for clarification is this one provider that needs this reprogramming? Ms. Simmons replied yes. Ms. Solan-Pegler requested will linguistic and dental spending rates improve? Ms. Simmons reported that these are challenging service categories that the reprogramming will address. The providers that provide linguistic services seem to have all the interpreters that they need to meet the requirements of our jurisdiction. Mr. Smith reported that this issue may have to go to the CSCS committee to address the continuum of care of linguistic services across the EMA to ensure portability or parity. Ms. Solan-Pegler reported that some clients in Northern Virginia preferred to use the language line services to ensure confidentiality. Mr. Corbett requested clarification on item 27 legal services. Ms. Simmons reported that the vendor we thought was taking the contract did not so we put out another RFA to get a new provider for legal services.

Maryland Report: Devi Ramey

Ms. Ramey reported that all sub-recipient grant agreements have been processed and approved. Client services remain ongoing and uninterrupted. Sub-recipients have begun submitting reprogramming requests to adequately utilize funding. The September 2008 financial report submitted to FOC reflects expenditure data received from 11 of the 12 sub-recipients. Based on reported expenditures, the overall spending rate of 39.88% is below the target of 58% at the conclusion of the seventh month of the grant year. Eleven of the 18 funded program services for Regular indicate spending levels below the acceptable low of 49%, Primary and Specialty Medical Care (38.83%), Aids Drug Assistance (24.07%), Oral Health Care (41.49%), Mental Health Services (24.48%), Medical Nutrition Therapy (46.15%), Medical Case Management (38.91%), Substance Abuse services (17.24%), Child Care services (27.56%), Medical transportation (31.16%), Outreach services (46.46%), and Respite Care (28.05%). Two of the 18 funded program services for Regular are above the acceptable high of 67%, Health Insurance Premium (68.26%) and Emergency Financial Assistance – Vouchers (70.36%). The spending levels for all of the funded program services for Rural are on target. The spending levels range from 54.11% to 59.53%. There continues to be a challenge with both the volume and the serious medical conditions of clients seeking care which affects all program service categories. Mr. Corbett requested why the overall spending rate is 39.88%? Ms. Ramey reported that if the money is not spent we will reprogram some of the funds. Ms. Ramey reported that we have a challenge with some of the large providers. Mr. Smith requested clarification from Ms. Ramey regarding Maryland's hiring freeze? Ms. Ramey responded Maryland still has a hiring freeze. Mr. Corbett requested from Ms. Ramey will you reprogram funds? Ms. Ramey reported that it will not be reprogramming it will be a revision of the budget. Mr. Smith reported that he reviewed the Maryland allocation versus award and they do not match on the Maryland financial report? Ms. Ramey reported that they match. Ms. Ramey reported that Sheronda Hall will be leaving the Maryland Ryan White team.

District of Columbia Report: Jon Alston

Mr. Alston reported that the September report reflects reported expenditures of 17 of 24 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 September is \$7,233,180 or 58% of the allocated funds. The actual y-t-d expenditures is \$5,996,233 or 48.4% of the allocated funds, which based on the projection results is an under expenditure of \$1,236,946 or 10% for the combined service area expenditures. At the time of this report all programs are providing services and it appears that the below projected expenditures 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 6.4%. At the time of this report service are 20 and 21 expenditures have increased and are currently under spent by 3.5% and 16.9% respectively. Other service areas of concern that are under spending at a rate of 10% or more are; 7a Home Health Care-Professional Nursing 12.4% which is a decrease of 9.6% ; 15 Child care services 24.3% which represents a decrease of 4% and 28 Treatment Adherence Counseling @ 13.2% which represents a decrease of 8.5% in under spending.

Mr. Corbett asked about 17a Food bank home delivered meals category. Mr. Freehill reported that there will be a change in service providers. There are also DC appropriated funds available for the food bank and this is a separate body of money from Ryan White foods. Mr. Menear asked Mr. Alston if the District of Columbia will be able to spend out by the end of the year. Mr. Alston replied yes.

Grantee Report: Gunther Freehill

Mr. Freehill reported that the Planning Council has allocated three sources of funds for services throughout the EMA. In addition, the grantee has allocated three percent of the Care Act Part A grant to “Planning Council Support.” The allocations for these three service areas and the Planning Council Support allocations are listed as follows;

Referral for Health Care and Supportive Services: \$75,000 allocated

- These funds are used by the grantee to support staff costs associated with gathering, producing and maintaining a directory of services of interest to people with HIV/AIDS.

Ambulatory Outpatient Medical Care (EMA-wide): \$74,968 allocated

- These funds will be allocated to support services provided to Spanish-speaking individuals regardless of their jurisdiction in the EMA.

Psychosocial Support Services – PWA Advocacy: \$225,000 allocated

- These funds will be allocated and used for a PWA Advocacy project in the EMA.

Mr. Freehill reported that Information Referral will be online for the EMA on the HAA website. Mr. Freehill reported that our EMA can not have more than 2% unspent funds. It is important that all four jurisdictions spend all of their Ryan White funds. Mr. Freehill reported that financial reports need to come in on time.

Ms. Ramey requested from Mr. Alston when can they reprogram funds? Mr. Alston recommended that Ms. Ramey send an email requesting a reprogram of funds for the Maryland jurisdiction today and she will be given a letter of intent. Mr. Freehill agreed that a letter of intent and the grant agreements will be sent at the same time.

Old Business

Mr. Smith reported that there will be strict oversight by the Planning Council from now on in regards to priority setting and allocations across the EMA to ensure transparency. Mr. Corbett asked will this be addressed at the January 2008 Planning Council meeting. Mr. Smith reported on the January 10, 2007 cross-jurisdictional report regarding ensuring portability and parity in the EMA and that we need an adhoc-committee to address these issues. Mr. Smith reported with the financial crisis in America we have to take that into account when we do priority setting and allocations next year.

New Business

Mr. Smith reported that he had previously requested utilization data by jurisdiction on a quarterly basis. Mr. Smith recommended that utilization data between the Grantee and the Administrative Agents needs to be more aligned. Mr. Smith asked what software application is going to be selected for storage of HIV/AIDS data in the EMA? Dr. Pat Hawkins reported that the CSCS committee will be having a presentation from Ms. Temprosa regarding what software HAA is considering for storage of HIV/AIDS data in the EMA.

ADJOURNMENT

Mr. Smith adjourned the meeting. The next meeting will be held on Tuesday, December 16, 2008 from 10:30 am to 12:30 pm at the HIV AIDS Administration at 64 New York Ave, NE, Washington, D.C.