

MINUTES: PLANNING COUNCIL

September 15th, 2020 / 5:30 – 7:30 pm / War Memorial, 101 N. Gay Street, Baltimore, MD 212



Facilitator (Chair)	J. Keruly/M. Cole	PCSO Lead	Vanessa Graves
Time started:	5:35 p.m.	Quorum:	There was quorum at the start of the meeting
Members present:	J. Keruly, Akil Patterson, Christopher Stuckey, Judith Shaw, Markton Cole, Wendy Merrick, Sean Thames, Kimberly Whitaker, Shakima Richardson, Fernando Mena-Carrasco, Dennis Rivera, Vanessa Lathan, Sara Zisow-McClean, Kemahn Jones.		
Members absent:	Pamela Kurowski, , Monique Thomas, Reginald Douglass, Carlisle Harvey, Sr., Carlton Gross, Abby Plusen, Shalyta Campbell, Dr. Victoria Cargill		
Visitors:	Kyle King Reynold, Erica Bullo, Emily Leonard, Evelyn Nicholson, Michael Snowden, Carlton Smith, Adam Huebner, Jocelyn Stenhouse, Michael Valentin, Roshaunda Ingram-Harvey, Dale Brewer, Cassandra Stewart		
Ryan White Part A:	Sonney Pelham, Lauren Wagner, Alberta Ferrari, Michelle Muhammad		
Handouts:	Agenda, Part A & B reports, August Meeting Minutes		

AGENDA

1: Welcome

Presenter: J. Keruly/M.Cole

J. Keruly

- Welcomed all to the meeting.
- Reminded all that the meeting was being recorded.
- A moment of silence was observed.

2: Approval of Meeting Minutes

Presenter: Committee

Motion:	Who made the motion? Second?	Motion passed?
Motion to accept the August 2020 meeting minutes.	C. Stuckey/K. Whitaker	Passed
	Opposed	Abstain 1

3: Chair Report

Presenter: Jeanne Keruly

Jeanne Keruly

- Thanked all for their patience with transitions to virtual platforms.
- The PC leadership and support office worked with Part A leadership to submit materials specific to the activities of the PC for our FY21 RW application.
- We had a financial meeting and there is a need to be a little bit more nibble for the potential of moving money around more quickly.
 - As a result of the same, the fiscal committee has agreed to meet monthly until the end of this fiscal year.
- We are entering into a period of elections for PC leadership and hopes that all have given some thought to whom they might nominate.
 - A list of eligible members was provided to everyone.
 - We very clearly heard from our consultants during our April 2019 site visit that it is important that we introduce new faces to lead and new innovations of our processes.
 - Hoped that all have submitted nominations to the support office.
- The community needs assessment is close to starting.
- We are close to having a second support staff analyst.
- We need to review/approve the assessment of the administrative mechanism which will be done toward the end of the meeting.

4: Ryan White Part A

Presenter: Sonney Pelham

Sonney Pelham

- The monthly HRSA monitoring call was conducted on September 9th, 2020.
- The next “Have You Heard Meeting” is scheduled for September 22nd, 2020.
- HRSA HAB has revised PCN 15:01 and 15:02 to provide clarification on use of RW funds for staff training. HRSA has removed the prohibition on use of funds to pay for professional licensure.
- HRSA is reporting low COVID 19 expenditure rates across many jurisdictions.
- FY19 Part A expenditure report has been accepted by HRSA with final request adjustments.
 - No adjustments have been made thus far.

- Information request forms were received from all sub-recipients for every service category for 5-month reprogramming exercise.
- The recipient remains on track for the FY20 HRSA Part A application which is due on October 7th.
- Immediately after this the FY20 core medical services 75/25 waiver will be submitted as well.
- The FY20 reprogramming exercise was held with the fiscal committee on Tuesday the 8th. The following actions were taken;
 - There was a reduction of \$157, 738 to medical case management.
 - A reduction of \$8,416 to mental health services.
 - An increase of \$28k to oral health.
 - An increase of \$87k to housing services.
 - An increase of \$31,655 to outreach services.
 - An increase of \$19k to psycho social support services.
- A summary of detail is in the packet that has been provided to everyone.
- As mentioned earlier, the fiscal committee has decided to have monthly meeting going forward to respond as needed to discuss the EMA's spending patterns can be monitored.
- All money coming back that we know of looks like it will not be expended.
 - Right now, there is not a place for this.
 - We will discuss this in upcoming fiscal meetings and exercises.
 - There were several categories that demonstrated unexpended funding that could not be addressed at that fiscal meeting so we still have a total of about \$291k dollars in Part A and approximately \$18k in MAI that need to still be addressed.
- The Fiscal committee asked the recipient to take the following actions prior to the October Fiscal meeting;
 - Continue conversations with sub-recipients to determine their capacity if any to appropriately absorb additional funding.
 - Revisit the COVID-19 funding request. There was \$411k that was not enough money to address, that was above and beyond money available to see if those request that were not met are appropriate for Part A funding.
 - Recipient staff will be working with the sub-recipients to find this information out.
 - After discussion with MAI Mental health sub-recipients, they have determined they may have trouble absorbing the \$82,280 that we are in the process of requesting from HRSA for carry over.
 - This is all MAI money with half of it going towards our most vulnerable populations.
 - The recipient will continue to work with MAI sub-recipients in an effort to find an alternative use for these funds.

- In light of how much money we already have to find room for there is some conversation at the fiscal and executive committee of not accepting this carry over funding.
- This could add to the burden of how much we have to spend or minimize how much we don't spend by the end of the year.
- Fiscally the fiscal team is working with the recipient to schedule and complete its desk audits.
- Sub-recipients are receiving desk audits in lieu of comprehensive site visits this year due to COVID-19.
- April, May and June sub-recipient invoices were paid as of August.
- July invoices are currently being processed.

CQM

- The CQM team continues to prepare for the third phase of quality improvement sub-committee.
- The overall goal is to strengthen wide collaborations among sub-recipients and consumers while providing intense QI training through learning and demonstrating practical QI work.
- Currently we are reviewing submitted applications and selecting candidates.
- The applications has been extended through September 30th.
- Our target date for the first session is November 11th.

CAREWARE

- The CAREWare administrator is continuing to provide extended Maryland CAREWare hours to the helpdesk to support RW sub-recipients that are teleworking.
- He is also assisting sub-recipients in expanding their mapped reported sub services to include barrier modalities of service during COVID 19.
- He is working with the contracted agent, developing the ending the epidemic models innovations and fields in Maryland CAREWare for all contracted sub-recipients.
- The target completion date for onboarding and framing all recipients is the end of September.
- He is also working with the SOAR program administrator and sub recipients in eliminating the use of excel data collection file and migrating all of this reporting and onboarding into CAREWare.
- He has met with all SOAR sub-recipients and work in on the way to build the custom fields across CAREWare sub-recipient domains funded under the program.
- There is some suggested reading of the book HIV and US unities of color.
 - Dr. Cargill is the co author of the first chapter.
- The recipient's presentation at this summers national HIV convention was covered in the HIV blog from the Department of Health and Human services office of the assistant secretary of health.

EHE

- The EHE grant is being implemented with the assistance of three RW Part A sub-recipients.
 - We are working collaboratively with prevention EHE team and we are scheduled to participate on the upcoming RFP webinar for these funds.
 - The EHE project getting to zero plus is going well.
 - The first session for providers has been held at a curriculum for community health workers is well on the way.
 - The community health workers DIS position should be posted shortly.
- With COVID 19 funding, the million dollars that we received has been distributed by ABC .
 - Award letters to sub-recipients for those COVID-19 contracts, the recipient has worked with HRSA project officer to confirm appropriate use of service categories to make sure we are using proper service categories.
 - Work plans have been submitted. All but two have been finalized.

Questions

C. Stuckey

- once award letters go out, will these funds get spent.

S. Pelham

- yes.

C. Stuckey

- can we address PPE so that we can make certain that we use those funds appropriately?

S. Pelham

- Yes, but let me say, we will be in discussion with our HRSA project officer. If we see that there is funding available and COVID-19, there will be conversations with the PC leadership and the PC as a whole to determine the best and proper way to absorb it if that turns out to be the case.

M. Snowden

- I served as a reviewer for the EHE grant. One of the things I found disheartening was that very few agencies had consumer advisory boards.

S. Pelham

- We have made efforts to assist agencies with their CABS. We have had some difficulty but we are still trying to work with them to improve those boards and to identify some of the things/ barriers that are being faced.

J. Keruly

- I need clarification regarding the \$82,280 that is in MAI pot. How many providers do we in that group?

S. Pelham

- We only have two mental health sub-recipients at this time.
- From the feedback that we are receiving from them, they are going to have difficulty absorbing that money.
- In this current climate, this is going to be tough.
- We also talked with sub-recipients outside and in every category its overall, even the \$18k that we have out there, we still have to find a place for that.
- This \$82k is just going to add to the other pot of money that we have to find a way to absorb.

J. Keruly

- If we indicate that we are not able to use the carry over funds, how is this perceived by HRSA?

L. Ferrari

- I did inform HRSA of the delay in submitting the documents. They haven't responded. However, I don't think that we can speak for them.
- They have encouraged us to utilize the funds. I think that just by our inability to do so may send a message that there isn't as great a need for dollars.

J. Keruly

- Part of the dilemma is that we only have two providers in MAI.
- I need to be able to think about how we walk through this. If we had more service categories there, even if we hadn't funded this categories we would then be in a position to think a little bit more out of the box.
- Am I wrong or correct about this? Let me know so that we can correct this for the coming year.

S. Pelham

- There is two schools of thought with this.
- The more providers we have the more potential ways we have to potentially spend funds when we have reprogramming. But there is also the fact that we have been over the last years be to be more targeted with our MAI money.

Akil Patterson

- Didn't we have this conversation about the procedure of moving money? If we move the money, can a recipient contract those funds out if they have a certified provider in their agency?

- Or can we specialize that you must contractually put this out there for mental health services to make sure it is a component that can be put into the written agreements? Can we do this?

S. Pelham

- Our project officers are having conversations with our sub recipients to see that those are possibilities.
- Right now, it is not just our MAI it is also our Part A as well. It is just hard to get some of these funds expended.
- We are having conversations with our sub recipients to talk about the different ways and different models in different projects to address spending.
- In this COVID 19 atmosphere its challenging to spend some of the funding.
- Another part of this is that we have to think about capacity with our sub-recipients.

Akil Patterson

- The only push back that I will give is I fundamentally do not think it is that hard.
- If it's not easy but it becomes hard when you have go outside of yourself.
- This brings me to a greater concern that is going to be problematic over the next year.
- The caveat that hinders us is that we don't know who anyone is.
- We just have to start thinking differently a little.

S. Zisow-McClean

- Are sub contracts allowable within a contract year.
- Can funding be used for things such as PPE?

S. Pelham

- Yes, sub contracts are allowable we just need to make certain that the use of funds is in compliance with specific service categories.
- We need to have a conversation with our project officer to make sure that we can do this.

J. Keruly

- One of the problems sub-recipients may procedural and policy related issues because of COVID where there are hiring freezes.
- where the ability to do a sub-contract that might not be as challenging before make it more challenging to hire someone new.
- There are existing sub recipients that may have that type of restraint.
 - There are now furlough days that are now a part of a budget.
- I still think we need to be more nimble and think about ways to use the \$82k.
 - It might not be in mental health because this issue is see with this is that we have providers and they have constraints with being able to sub contract right now because institutionally they are not letting that happen easily, even with the money on the table.

- My concern is can we make some decisions about service categories and in Mai that would be appropriate for the group that's intended and be able to use some of the money.

Lin Ferrari

- The deadline to spend these funds is the end of the fiscal year.
- This document was due July 31st. we are having this discussion now because it was returned for modifications.
- We are passed the deadline now for submitting this.

C. Stuckey

- Can we get creative and authorize Sonney and the sub recipients to extend mental health sessions to include 15 minutes of charting?
- 60 minutes with 15 minutes of charting. They would go from the standard one hour to 75 minutes. Can we get creative like this?

S. Zisow-McClean

- This is outside of our purview as a PC.
- We can only deal with allocations to categories and not the actual services rendered?

Lin Ferrari

- We can't do this now. When we put the category up for bid we can inform providers that this is the model we would like them to use and see if they are interested in doing it this way.

Akil Patterson

- This is creative but I worry about fraud.
- We would have to obtain guidance on this.

J. Keruly

- Thinks we need to reconsider things for next year.
- We need to provide decision as a PC regarding what to do about these funds.
- My sense is that we are unable to use these funds.

S. Zisow-McClean

- What happens if we are not able to use these funds. If we accept them and are not able to expend them, is it a worst outcome?

Lin Ferrari

- I would say yes because it increases our unobligated dollars.

S. Zisow-McClean

- I don't know that I see an alternative to what's been said.

Lin Ferrari

- Did we zero fund other categories in MAI.

S. Pelham

- No, they are open.
- The PC can put money into those categories.
- One of the things that compounded things in MAI this year is that we thought we would have oral health which is usually a category that can absorb funding but sub recipients that we had in this category had some issues.
- We can always open up a category that had sub recipients in Part A that have the same categories.
- We want to be careful because we have a lot of money in Part A that we are trying to find placement for.

J. Keruly

- If we decide as a PC that we are going to move funds out of mental health and put it somewhere else, we would have to be very aggressive in being able to have our sub recipients be very proactive in contacting our consumers who fit MAI criteria to see if they need anything.
- I have to believe that we would just be inundated with this.

Lin. Ferrar

- We have \$300k that we need to allocate right now in addition to that \$82k.

J. Keruly

- There was a conversation in the fiscal committee that with COVID funds there was an inability to fulfill all the request that came in because there was a fixed amount of dollars that could be given out to sub recipients.
- We haven't even explored that yet.
- If a large portion of that could be use then it isn't as much money as we think.
- We need to be able to help sub recipients think about valid ways to spend money that they might not be thinking about.
- We have a grid that discloses who sub recipients are. This is available and can be shared with the PC.

Motion:	Who made the motion? Second?	Motion passed?
Motion to see the specific HRSA policy that the Recipients office is using to determine what's legal and not legal as far as disclosure of providers who are awarded contracts.	Christopher Stuckey/	Passed

Akil Patterson

- It is important that we see the rule that HRSA uses that protects the legality and disclosure. The second part of this is to release the depth in which shows who they are.

Lin Ferrari

- Jeanne has asked that the provider matrix be shared with everyone. We can definitely share this document.
- This will not include funding level for any program.
- This is information that we have always shared with the PC.
- In the past we created a service directly which case managers would provide to each client.
- This information has always not only been available to the PC but for clients.
- Regarding legislation it is in the Ryan White Part A manual which can be found on the HRSA website.

C. Stuckey

- I don't want the manual.
- I want to see what legislation you guys are pulling from so then we can all have the same information.

Akil Patterson

- What rule guides this decision, this is what we would like to know.

J. Keruly

- We can do this.

V. Lathan

- Feels that we learned from our last site visit that we don't always have a good understanding of the processes.
- Sees the value of knowing what providers and what service categories has a wait list etc.

5: Ryan White Part B

Presenter: V. Lathan

Vanessa Lathan

- In the essence of time the committee can read my report.
- There are no real changes.
- The state continues to work from home.
- Thanked all who attended the HPG this month.
- MADAP has a new center chief.
- HRSA along with NMAC is doing a webinar for PLWHA to obtain jobs in the HIV work force.

6: Committee Reports

Presenter: Committee's

COCC

Updates

- The committee met on September 2nd. 2020.
- The committee discussed having a town hall to offer community input.
- The committee will be reviewing the standards of care for updates and changes.
 - The committee will have a work session to review this.
- The committee is planning to work with the recipients office to develop a plan to streamline directives and data request.

Action Item

Motion:	Who made the motion? Second?	Motion passed?
Motion to have time at the October PC meeting to conduct the Town Hall event	S. Zisow-McClean/C. Smith	Passed
	Opposed	Abstain 1

CPC

Updates

- The committee met on August 20th, 2020.
- The committee did a debrief of PSRA.
 - Two highlights of this conversation were
 - Looking for a new PSRA facilitator.
 - Updating the PSRA training.
- We are hopeful that the beginning of next month that the Research Manager for the Needs Assessment will be on board.
- Interviewers are going to start onboarding early as this Friday.

- We will have a protocol training done by Johns Hopkins/MD department of Health.
- The committee is meeting this Thursday, we will be inviting C. Flynn to speak about their HIV Care Continuum. We want to use this data and that platform to update our dashboard.
- We also had a discussion around elections for co-chairs.

Action Item

N/A

Fiscal

Updates

- The committee met on September 8th, 2020.
- The committee reviewed the expenditure report.
- The committee updated its work plan.
- The committee reviewed the PC budget.
 - We received notification today that this was officially approved.
 - This was submitted to the PC at the last meeting.
- The committee opened nominations for its chair and co chair positions.
- The committee elected to meet monthly so that they can review the expenditure report in order to adjust service categories as needed.

Action Items

Motion:	Who made the motion? Second?	Motion passed?
Motion to request Part A leadership to review with HRSA if they can fill COVID request with unexpended Part A funds.	J.Keruly/C. Stuckey	Passed
	Opposed	Abstain 2

Motion:	Who made the motion? Second?	Motion passed?
Motion to reduce medical case management by \$157,738.	K. Whitaker/ A. Patterson	Passed
	Opposed 1	Abstain 5

Akil Patterson

- Was a rationale provided for this.

S. Pelham

- There were salary savings due to vacancies.

- Some providers had staff that were moved to COVID 19 services so they were not charged to RW budgets.
- There is hiring for various positions in progress.

F. Mena-Carrasco

- Thought there was federal guidance that came from the White House and all the agencies allowing for expenditures for COVID 19.

J. Keruly

- The issue here is that current sub recipients have had either furloughs or departures and they will not be able to expend this money.

F. Mena-Carrasco

- There is federal guidance that allows for expenditures of allocated and unallocated amounts for COVID 19 response.
- We are allowed to reassign individuals.

C. Stuckey

- If funds exist within RW funding then agencies wouldn't have to furlough employees.

J. Keruly

- This is a separate discussion that we would need to have about how money for salary support for the use of fringe benefit comes into it play when there is a furlough or people are taking vacation time.
- Almost every month when we are reviewing unexpended funds and trying to make good financial decisions and move money around to where it is most needed.
- We put a lot of money into medical case management. It is heavily salary supported and our sub recipients have not been able to expend it.
 - The documentation is there and that was the recommendation and we voted on that recommendation.
 - We approved this change.

Motion:	Who made the motion? Second?	Motion passed?
Motion to reduce mental health services by \$8,416.	S. Zisow-McClean/K. Whitaker	Passed
	Opposed 1	Abstain 3

S. Pelham

- There was some salary savings.
- The remaining \$27k will be addressed in the upcoming fiscal meeting.

Motion:	Who made the motion? Second?	Motion passed?
Motion to increase oral health by \$28k	S. Zisow-McClean/D. Rivera	Passed
	Opposed	Abstain

Motion:	Who made the motion? Second?	Motion passed?
Motion to halt any further actions until we get further guidance around HRSA	Akil Patterson/C. Stuckey	Did not pass
	Opposed	Abstain

Motion:	Who made the motion? Second?	Motion passed?
Motion to extend meeting by 15 minutes.	K. Whitaker/	Did not pass
	Opposed	Abstain

Due to incomplete motions and disagreements the meeting was adjourned.

Meeting Adjourned at 7:35 p.m.