

**Ryan White Planning Council (RWPC) of the Philadelphia Part A EMA**

Meeting Minutes

**Thursday, September 8, 2016**

**2:00-4:00p.m.**

Office of HIV Planning, 340 N. 12<sup>th</sup> Street, Suite 320, Philadelphia, PA 19107

**Present:** Tre Alexander, Katelyn Baron, Ralph Bradley, Bikim Brown, Kevin Burns, Michael Cappuccilli, Keith Carter, Mark Coleman, Lupe Diaz, Alan Edelstein, Tessa Fox, Pamela Gorman, Sharee Heaven, Peter Houle, Gerry Keys, Sayuri Lio, Nicole Miller, Christine Quimby, Samuel Romero, Steven Saunders, Nurit Shein, Adam Thompson, Leroy Way, Lorrita Wellington

**Excused:** Juan Baez, Karen Coleman, Cheryl Dennis, David Gana, Andrena Ingram, Ann Ricksecker

**Absent:** Edward Campbell, Christine Hoegel, Abraham Mejia, Joseph Roderick, Carlos Sanchez, Kyle Tucker, Melvin White, Deanne Wingate

**Guests:** James Breinig, Greg Langan, Maryann Andrews, Susan Santry, Barbara Truskolawski, Terry Flores, Ricardo Colon (AACO), Chris Chu (AACO), Elliott McNeil, Henry Bennett

**Staff:** Mari Ross-Russell, Debbie Law, Nicole Johns, Briana Morgan, Antonio Boone, Jennifer Hayes

**Call to Order:** T. Alexander called the meeting to order at 2:03p.m.

**Welcome/Introductions/Moment of Silence** T. Alexander welcomed RWPC members and guests. Those present then introduced themselves and participated in an icebreaker activity.

**Approval of Agenda:** T. Alexander presented the agenda for approval. **Motion: L. Way moved, M. Cappuccilli seconded to approve the agenda. Motion passed: All in favor.**

**Recap of Previous Meeting:** T. Alexander reported that at their last meeting the Planning Council voted on EMA-wide allocations for the FY2017-2018 and reviewed the integrated planning process. They also heard standard committee reports.

**Approval of Minutes (August 4, 2016):** T. Alexander presented the minutes for approval. **Motion: L. Way moved, L. Diaz seconded to approve the August 4, 2016 minutes. Motion passed: All in favor.**

**Report of Co-Chair:** None.

**Report of Staff:** M. Ross-Russell stated that the Comprehensive Planning and Needs Assessment Committees had been meeting jointly to discuss the consumer survey. She stated that the consumer survey process was conducted every 5 years. She noted that the CPC and NA would be discussing the survey tool at their next meeting. She explained that physical copies of the survey would be sent out, and a HIPAA-compliant, web-based survey would be available as well. She stated that the survey would be conducted through providers, who would help to distribute the survey. She noted that Planning Council involvement in the process of preparing the survey helped get it out to more people. N. Johns reported that the CPC and NA would be talking about distributing the survey in the coming months. T. Alexander asked if the survey would be available in Spanish. M. Ross-Russell replied that it would.

D. Law stated that the Planning Council had admitted 4 new members. She said the new members had attended an orientation session prior to today's meeting.

M. Ross-Russell noted that the group needed to elect a new Planning Council co-chair. She stated that K. Coleman's co-chair seat was open, and she would not be running for reelection. She invited members to make nominations for co-chair any time before their next meeting in October, when the election would be held. D. Law stated that nominations would be accepted by email or at today's meeting.

M. Ross-Russell stated that nominations could be made by Planning Council members, and individuals could nominate themselves. D. Law noted that position would be open to members who'd served a minimum of 1 year on the Planning Council and actively participated in subcommittee meetings. T. Alexander nominated K. Baron for the co-chair position, and she accepted the nomination.

**Public Comment:** None.

**Discussion Items:**

- **Reallocation Request**

A. Edelstein noted that he was co-chair of the Finance Committee. He stated that R. Colon had presented AACO's reallocation request at the September 1<sup>st</sup> Finance Committee meeting. He explained that the request concerned funding in NJ.

A. Edelstein stated that the Finance Committee had discussed the request. However, he said the committee felt they lacked sufficient information about how the services would be reconfigured by the request to make a decision. He explained that the Finance Committee was responsible for considering reallocation requests, and they then typically recommended whether the Planning Council should approve the request.

A. Edelstein said the Finance Committee asked the recipient to present the reallocation request to the RWPC for a vote. He stated that a motion could be made to approve the reallocation request, if the group wished.

R. Colon explained that the recipient was responsible for monitoring and evaluating programs. He read the reallocation request (*see-attached sheet*). He explained that a recent New Jersey Department of Health (NJDOH) restructuring of their grant programs had eliminated the Part B ambulatory medical care service category from care and treatment grants formerly available to NJ Part A subrecipients. He added that NJDOH had increased support for MCM services. Therefore, the recipient requested to move a total of \$147,183 or 24% of allocated funds from medical case management services to NJ ambulatory outpatient medical care (\$103,000 or 16%) and NJ mental health (\$44,183 or 8%).

R. Colon explained that Part A subrecipients had requested a reallocation of Part A funds to ensure they could meet the needs of clients in NJ. S. Saunders reported that Part B in NJ had eliminated the ambulatory care category following Medicaid expansion. He noted that 90% of clients in NJ were enrolled in Medicaid or the ACA marketplace. He noted that there was sufficient funding in medical case management in NJ at the current time. He added that there was co-pay and deductible assistance available in NJ. Therefore, the move of funding to outpatient ambulatory care would have a limited impact on service delivery in those categories.

**Motion:** P. Gorman moved, P. Houle seconded to approve the reallocation request. **Motion passed:** 22 in favor, 0 opposed, 1 abstained.

- **Review Final Draft of Integrated Plan**

N. Johns stated that she'd pass a final draft of the Integrated HIV Prevention and Care Plan around the room. She noted that the program monitoring section on pg. 85 of the plan had changed following input from AACO. She reported that the plan would be posted on the OHP website shortly. She invited anyone

with comments or feedback to email her. She stated that an email would be sent out when the plan was posted on the website.

- **Care/Prevention Integration**

K. Baron stated that the Integrated Executive Committee, comprised of the co-chairs of each RWPC subcommittee and the HPG, had met and discussed integrating the care and prevention planning bodies. She noted that integration was previously discussed in 2012. She stated that she'd reviewed minutes from the prior discussions. She noted that changes since 2012 included HRSA and CDC recommendations along with updates to the National HIV/AIDS Strategy (NHAS). She said all these recommendations encouraged planning body integration.

K. Baron said that, over the past several months, many of the same topics had been discussed in RWPC and HPG meetings. She noted that the groups had both worked on the integrated plan. To that end, they'd had joint meetings and collaborations. She stated that the HPG met last month, and they voted to move forward with integration.

K. Baron stated that the purpose of the planning bodies was to develop a coordinated response to HIV, which was one goal of the NHAS. She noted that PrEP and treatment as prevention were two topics that spanned across care and prevention. She stated that integration would help to avoid duplication and share resources. She said the RWPC and HPG had the common goals of getting people in the Philadelphia area diagnosed, linked to, and retained in care.

K. Baron said the group would seek to ensure that everyone was equally represented in the integrated body. Therefore, membership, bylaws, and the leadership structure would be changed. She noted that bylaws had been drafted in the last discussions of integration in 2012. She explained that a committee could be created to manage integration and drafting the new bylaws, or the Planning Council could vote on a different approach.

N. Shein noted that HRSA mandated the RWPC. She stated that the HPG was not legislatively mandated. She asked what the maximum membership was for the RWPC. D. Law replied that it was 55. N. Shein suggested that the group decide how many members would need to represent care and how many would represent prevention. She noted that the HPG had no mandate over Ryan White funds. She asked how Ryan White allocations would work if the two bodies were integrated.

K. Baron stated that the details of integration would need to be worked out. She said some EMAs across the country had already integrated their planning bodies. She noted that the group could look at best practices from other areas. M. Ross-Russell stated that Philadelphia would be one of the last EMAs to integrate their planning bodies. A. Thompson stated that many Part B planning bodies had integrated. S. Saunders stated that NJ Part B had combined prevention and care plans since 2009. He invited the group to email him with any questions. He noted that the integration process had relatively straightforward.

M. Ross-Russell stated that the group had looked specifically at the EMA-level integration, particularly for EMAs that spanned state lines. She noted that one main difference was that the RWPC was responsible for doing allocations and priority setting. She said that allocations were carried out differently at the state level. She reiterated that the RWPC and HPG would decide who would proceed with integration, and whether it would be done by an ad hoc committee or the Integrated Executive Committee. She said that they would develop a timeline and compile resources on integration.

S. Saunders stated that AACO could reach out to UCHAPS and NASTAD for information or technical assistance regarding integration. M. Ross-Russell suggested the group also consult the CAEAR (Communities Advocating Emergency AIDS Relief) Coalition.

T. Alexander suggested that the RWPC receive an orientation on the structure and responsibilities of the HPG.

N. Shein asked about next steps. M. Ross-Russell noted that the HPG had voted to move forward with the integration process. She stated that the RWPC would take a vote on how to move forward. K. Baron noted that the Integrated Executive Committee would be meeting on September 21<sup>st</sup>.

**Motion:** A. Edelstein moved, S. Saunders seconded that the group move forward with integration, and the Integrated Executive Committee be charged with orchestrating the integration process. **Motion passed:** 22 in favor, 0 opposed, 2 abstained.

**Finance Committee** – *A. Edelstein, Co-Chair*

No report.

**Needs Assessment** – *G. Keys, Co-Chair*

No report.

**Comprehensive Planning Committee** – *K. Baron, Co-Chair*

K. Baron stated that L. Diaz had resigned as co-chair of the CPC. She noted that A. Thompson had been elected co-chair. She reported that the Comprehensive Planning and Needs Assessment committees would meet jointly on September 15<sup>th</sup> from 2-4pm.

**Positive Committee** – *K. Carter, Co-Chair*

K. Carter reported that the Positive Committee would meet on Monday, September 12<sup>th</sup>, from 12-2pm. He asked anyone who was attending to RSVP.

**Nominations Committee** – *M. Cappuccilli, Co-Chair*

M. Cappuccilli stated that the Nominations Committee had met last month and reviewed 21 applications. He reported that they'd admitted 4 new members, who'd been invited to attend an orientation today, and 12 returning members were approved as well.

**Old Business:** None.

**New Business:** None.

**Announcements:** K. Carter stated that the LGBT Elder Initiative (LGBTEI) would hold an event on September 24<sup>th</sup> from 10:30am-12:30pm at the Church of St. Luke and the Epiphany on 13<sup>th</sup> Street. He said the event would concern communication about sex.

T. Alexander stated that, on the evening of September 13<sup>th</sup>, a youth education program would be held at the convention center. He encouraged members to attend or refer their clients to the event. He noted that dinner would be served.

**Adjournment:** **Motion:** L. Way made, L. Diaz seconded a motion to adjourn the meeting at 2:50p.m. **Motion passed:** All in favor.

Respectfully submitted by,

Jennifer Hayes, Staff

Handouts distributed at the meeting:

- Meeting Agenda
- August 4, 2016 Meeting Minutes
- Recipient New Jersey Region Reallocations Request
- OHP Calendar

# MEETING AGENDA

*Thursday, September 8, 2016*

*2:00 p.m. – 4:00 p.m.*

Call to Order

Welcome/Introductions

Approval of Agenda

Recap of Previous Meeting

- The Planning Council voted on EMA-wide allocations for the FY2017-2018 and reviewed the integrated planning process. They also heard standard committee reports.

Approval of Minutes (*August 4, 2016*)

Report of Co-Chairs

Report of Staff

Public Comment

Discussion Items

- Reallocation Request
- Review Final Draft of Integrated Plan
- Care/Prevention Integration
  - Review Bylaws

Report of Committees:

- Finance Committee—Alan Edelstein, Co-Chair
- Needs Assessment Committee— Gerry Keys, Co-Chair
- Comprehensive Planning Committee—Katelyn Baron, Co-Chair
- Positive Committee—Keith Carter, Co-Chair
- Nominations Committee—Michael Cappuccilli and Kevin Burns, Co-Chairs

Old Business

New Business

Announcements

Adjournment

**Please contact the office at least 5 days in advance if you require special assistance.**

The next Ryan White Planning Council (RWPC) meeting is scheduled for  
**Thursday, October 13, 2016 from 2:00 – 4:00 p.m. at the**  
Office of HIV Planning, 340 N. 12<sup>TH</sup> Street, Suite 320, Philadelphia, PA 19107  
(215) 574-6760 • FAX (215) 574-6761 • [www.hivphilly.org](http://www.hivphilly.org)

**Ryan White Planning Council (RWPC) of the Philadelphia Part A EMA**  
Meeting Minutes

**Thursday, August 4, 2016**

**2:00-4:00p.m.**

Office of HIV Planning, 340 N. 12<sup>th</sup> Street, Suite 320, Philadelphia, PA 19107

**Present:** Tre Alexander, Juan Baez, Katelyn Baron, Ralph Bradley, Kevin Burns, Karen Coleman, Mark Coleman, Lupe Diaz, Tessa Fox, David Gana, Pamela Gorman, Sharee Heaven, Peter Houle, Christine Quimby, Joseph Roderick, Steven Saunders, Nurit Shein, Adam Thompson, Leroy Way, Lorrita Wellington

**Excused:** Michael Cappuccilli, Keith Carter, Alan Edelstein, Andrena Ingram, Gerry Keys, Samuel Romero

**Absent:** Jacob Adeniran, Tyler Berl, Edward Campbell, Cheryl Dennis, Christopher Griddle, Loretta Grimes, Christina Hoegel, Sayuri Lio, Dinita McGee, Kyle Tucker, Melvin White, Deanne Wingate

**Guests:** James Breinig, Chris Chu (AACO), Ricardo Colon (AACO), Akash Desai (AACO), Mae Rupert (HRSA), Sylvia Moreno (HRSA), Kristina Barney (HRSA), Nicole Miller, Henry Bennet, Tonya Johnson

**Staff:** Mari Ross-Russell, Debbie Law, Nicole Johns, Briana Morgan, Antonio Boone, Jennifer Hayes

**Call to Order:** K. Coleman called the meeting to order at 2:03p.m.

**Welcome/Introductions/Moment of Silence** K. Coleman welcomed RWPC members and guests. Those present then introduced themselves.

**Approval of Agenda:** K. Coleman presented the agenda for approval. **Motion:** L. Diaz moved, D. Gana seconded to approve the agenda. **Motion passed:** All in favor.

**Recap of Previous Meeting:** K. Coleman reported that, at their last meeting, the Planning Council voted on a reallocation request from the grantee, as well as FY2017-2018 allocations. They also reviewed Sections I and II of the Integrated HIV Prevention and Care Plan.

**Approval of Minutes (July 14, 2016):** K. Coleman presented the minutes for approval. **Motion:** L. Way moved, D. Gana seconded to approve the July 14, 2016 minutes. **Motion passed:** All in favor.

**Report of Co-Chair:** None.

**Report of Staff:** M. Ross-Russell stated that the group would elect a new co-chair at their next meeting, as one of the current co-chair's terms had expired. K. Coleman encouraged anyone who was interested to consider taking the co-chair position.

**Introduction from HRSA Representatives:** M. Rupert stated that she represented the federal government's Health Resources and Services Administration (HRSA), HIV and AIDS Bureau, Division of Metropolitan HIV/AIDS Programs. She said that HRSA funded 52 jurisdictions including Philadelphia under Ryan White Part A, and it conducted site visits with Part A recipients every 5 years. She stated that representatives had been in Philadelphia since Tuesday reviewing fiscal, programmatic, and planning requirements and quality management.

**Public Comment:** None.

**Action Items:**

- **FY 2017-2018 EMA-wide Allocations**

D. Gana noted that the group had voted on 3 regional budgets at their last meeting: Philadelphia, Southern New Jersey, and the Pennsylvania suburban counties. N. Shein asked for clarification about why the Planning Council was looking at the EMA allocations today. M. Ross-Russell noted that they still needed to approve systemwide and Minority AIDS Initiative (MAI) allocations.

**Motion:** The Finance Committee moved that the Planning Council approve the EMA-wide allocations as laid out on the spreadsheet. **Motion passed:** 11 in favor, 0 opposed, 2 abstained.

**Discussion Item:**

- **Review Integrated Planning Process**

N. Johns noted that the HIV Prevention Planning Group (HPG), Comprehensive Planning Committee (CPC), and Needs Assessment Committee had reviewed the Integrated HIV Prevention and Care Plan. She stated that the Comprehensive Planning Committee would meet with the Needs Assessment Committee on August 18<sup>th</sup> to review Section III of the plan, and a draft would be posted on the website by the end of August.

N. Johns stated that the guidance for the Integrated Plan was received last June. She said the OHP and AACO reviewed the guidance jointly and determined how to divide up the tasks. She noted that the CPC reviewed the guidance in October, and the Planning Council and HPG reviewed it in November. She reported that, in November, the CPC reviewed their comprehensive planning goals and objectives from the previous plan, written in 2011. She noted that the goals and objectives were updated in light of the Affordable Care Act (ACA), Medicaid expansion in NJ and PA, the newly updated NHAS, and other factors.

N. Johns stated that, in January 2016, AACO and OHP staff met to review early drafts of the plan materials. She said the CPC brainstormed and considered structural interventions regarding opioid addiction, housing, and other issues. She added that the CPC discussed service needs in February, including housing, transportation, and health insurance premium and cost sharing assistance. She stated that the CPC discussed health insurance premium and cost sharing assistance analysis in March, and the Integrated Executive committee brainstormed and received an update on the progress of the plan.

N. Johns said the CPC reviewed transportation survey results, discussed opioid dependency and overdose, and received a report on the OHP's high-risk heterosexual focus groups in April, while the Planning Council received a presentation from AACO's Client Services Unit (CSU) at their meeting. Additionally, Dr. Kathleen Brady from the PDPH presented her annual epidemiological overview to a joint Planning Council and HPG meeting. In May, the CPC continued their discussion about structural interventions and service needs.

N. Johns continued to summer 2016. She stated that, in June, the CPC and Needs Assessment committees reviewed Section I of the plan, and they reviewed Section II in July. Additionally, the Integrated Executive Committee received an update on the plan progress. Also in July, the Planning Council reviewed Section I and received copies of the plan to review on their own.

N. Johns reviewed points of collaboration between the Planning Council and outside resources on the plan. She stated that AACO staff regularly participated in RWPC and HPG meetings throughout the process, providing feedback and data for the plan. Further, the OHP and AACO staff collaborated on drafts of the plan. The Pennsylvania HIV Prevention Planning Group (PA HPG) received an overview of



the plan in July 2016, and representatives from the NJ Department of Public Health (NJDPH) and Pennsylvania Department of Health (PADOH) provided clarifications and data from the plan.

N. Johns stated that the CPC would continue working with the OHP and AACO staff to develop the monitoring section of the plan (Section III) more fully. She said the final draft of the plan would be uploaded to the OHP website in August and submitted to the CDC and HRSA by September 30<sup>th</sup>.

**Finance Committee – A. Edelstein, Co-Chair**

D. Gana stated that the Finance Committee would not be meeting in August. He reported that their next meeting was scheduled for September 1<sup>st</sup> from 2-4pm.

**Needs Assessment – G. Keys, Co-Chair**

N. Johns stated that the Needs Assessment Committee had met with the CPC in July.

**Comprehensive Planning Committee – K. Baron, Co-Chair**

K. Baron reported that the CPC met with the Needs Assessment Committee and HPG to review Sections I and II of the plan. L. Diaz announced that she had stepped down as Comprehensive Planning Committee co-chair. She invited any individuals who were interested in becoming CPC co-chair to nominate themselves for the position. K. Baron said nominations would be accepted at the next CPC meeting. K. Baron stated that the CPC would review Section III of the plan at their next meeting and discussing activities for the upcoming year.

**Positive Committee – K. Carter, Co-Chair**

D. Gana stated that the Positive Committee would be meeting on August 8<sup>th</sup> from 12-2pm.

**Nominations Committee – M. Cappuccilli, Co-Chair**

D. Law reported that the Nominations Committee would be meeting on August 25<sup>th</sup>. She said Planning Council members whose terms were expiring had received letters or emails inviting them to reapply. She noted that the Planning Council had received 9 new applications thus far. L. Diaz asked if applications were still being accepted. D. Law replied that applications would be accepted until August 22<sup>nd</sup> at 5pm. She said a link to the Planning Council application had been emailed out to the membership<sup>1</sup>. K. Coleman asked if specific demographics were needed for members. D. Law reported that the Planning Council needed males from Philadelphia and consumers. She noted that, for every 2 providers, there needed to be at least 1 consumer added to the Planning Council. She added that there were 2 vacancies for members from PA and 1 for NJ. Further, members were needed from hospital planning agencies, as well as people living with Hepatitis C and their representatives.

**Old Business:** None.

**New Business:** None.

**Announcements:** B. Morgan noted that the Special Pharmaceutical Benefits Program (SPBP) Hepatitis C medication pilot program had been made permanent. She asked attendees to share this information with anyone who may be interested.

M. Coleman stated that the month of August was Organ Donor Awareness Month and Immunization Month.

---

<sup>1</sup> <http://hivphilly.org/Documents/RWPCApplication2013.pdf>

**Adjournment: Motion:** L. Diaz made, L. Way seconded a motion to adjourn the meeting at 2:27p.m.  
**Motion passed:** All in favor.

Respectfully submitted by,

Jennifer Hayes, Staff

Handouts distributed at the meeting:

- Meeting Agenda
- July 14, 2016 Meeting Minutes
- FY2017-2018 EMA-wide Allocations Spreadsheet
- OHP Calendar

DRAFT



Office of HIV Planning

Ryan White Planning Council

Ryan White Part A

Recipient New Jersey Region Reallocations Request

*September 8, 2016*

In response to a decrease in Part B funding available, the implementation of the Affordable Care Act and Medicaid Expansion the New Jersey Department of Health (NJDOH) has restructured their grant programs. They have eliminated the Part B Ambulatory Medical Care service category from Care and Treatment grants formerly available to NJ Part A sub-recipients and have increased support for MCM services.

It is expected that NJ residents living with HIV now have increased access to premium, co-pay and deductible assistance, a network of Certified Application Counselors and Navigators. Since RW is the payor of last resort sub-recipients should be pursuing reimbursement from insurance and other public payors whenever possible.

This funding decision by the NJ Part B Recipient has resulted in decreased availability of OAMC funds in the NJ region of the EMA. Part A sub-recipients have restructured their programs to respond to the Part B grant structure, but have requested funding reallocation of Part A funds to ensure they can meet the needs of clients in NJ.

This realignment of Part B funding will result in less of a need for Medical Case Management Part A funds moving forward. Furthermore, the increased MCM support presents the opportunity to allow reallocation of funds to the Mental Health Services Category. Generally, greater than 60% of patients present with co-occurring MH conditions and additional MH funds will improve engagement of HIV infected persons.

The Grantee is requesting to move a total of \$147,183 or 24% of allocated funds from Medical Case Management Services to the following categories as follows:

To:

**NJ Ambulatory Out Patient Medical Care**

**\$103,000 or 16%**

**NJ Mental Health**

**\$44,183.00 or 8%**

**EMA-Wide FY2016 Allocation**  
**Philadelphia EMA Ryan White Part A Planning Council**

**NEW JERSEY**

<b>Service Categories</b>	<b>Allocations</b>	<b>Proposed Reallocation</b>	<b>Percentage Change</b>
Outpatient/Ambulatory Health Services	\$ 1,038,672	\$ 1,141,672	10%
Drug Reimbursement Program	\$ -		
Medical Case Management	\$ 626,207	\$ 479,024	-24%
Substance Abuse Services - Outpatient	\$ -		
Mental Health Services	\$ 134,124	\$ 178,307	33%
Medical Nutrition Therapy	\$ -		
Oral Health Care	\$ 206,293	\$ 206,293	
AIDS Drug Assistance Program (ADAP)	\$ -		
Health Insurance Premium & Costs Sharing Assistance	\$ -		
Early Intervention Services	\$ -		
Medical Transportation Services	\$ 179,506	\$ 179,506	
Food Bank/Home-Delivered Meals	\$ 57,971	\$ 57,971	
Housing Services	\$ -		
Legal Services	\$ 69,409	\$ 69,409	
Care Outreach Services	\$ -		
Emergency Financial Assistance	\$ -		
Treatment Adherence (Case Management)	\$ -		
Linguistics Services	\$ -		
Psychosocial Support Services	\$ -		
Home Health Care	\$ -		
Respite Care	\$ -		
Child Care Services	\$ -		
<b>Total</b>	<b>\$ 2,312,182</b>	<b>\$ 2,312,182</b>	