Meeting Agenda

VIRTUAL:
Thursday, February 15th, 2024
2:00 p.m. – 4:00 p.m.

- Call to Order
- Welcome/Introductions
- Approval of Agenda
- Approval of Minutes (January 18th, 2024)
- Report of Co-Chairs
- Report of Staff
- Discussion Items
  - Review of Service Standards
- Other Business
- Announcements
- Adjournment

Please contact the office at least 5 days in advance if you require special assistance.
The next Comprehensive Planning Committee meeting is
VIRTUAL: March 21st, 2024 from 2:00 p.m. to 4 p.m.

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Comprehensive Planning Committee
Meeting Minutes of
Thursday, January 18th, 2024
2:00 p.m. – 4:00 p.m.
Office of HIV Planning, 340 N. 12th St., Suite 320, Philadelphia PA 19107

Present: Keith Carter, Pamela Gorman, Gus Grannan (Co-Chair), Gerry Keys, Clint Steib

Excused: Debra D'Alessandro (Co-chair)

Guest: Ameenah McCann-Woods (DHH), Laura Silverman (DHH)

Staff: Beth Celeste, Tiffany Dominique, Sofia Moletteri, Mari Ross-Russell, Kevin Trinh

Call to Order: C. Steib offered to chair the meeting and called the meeting to order at 2:35 p.m.

Introductions: C. Steib asked everyone to introduce themselves.

Approval of Agenda:
C. Steib referred to the January 2024 Comprehensive Planning Committee agenda and asked for a motion to approve. **Motion:** K. Carter motioned; G. Keys seconded to approve the amended January 2024 Comprehensive Planning Committee agenda via a Zoom poll. **Motion passed:** 3 in favor, 1 abstaining. The January 2024 Comprehensive Planning Committee agenda was approved.

Approval of Minutes (*November 16th, 2023*):
C. Steib referred to the combined November 2023 Comprehensive Planning Committee and Prevention Committee minutes. **Motion:** G. Keys motioned; K. Carter seconded to approve the November 2023 CPC/Prevention Committee meeting minutes via a Zoom poll. **Motion passed:** 2 in favor, 1 abstaining. The November 2023 minutes were approved.

Report of Co-chairs:
None.

Report of Staff:
S. Moletteri stated that the CPC was looking to find more information on how to reach and market to those individuals over the age of 50. They said A. Thomas-Ferraioli had replied back to them with news that there was development of DHH's online search tool to include HIV prevention and care resources. This effort was EHE funded. DHH also contracted with Penn to conduct a series of focus groups with older adults to learn more about their service needs and concerns. S. Moletteri said they would likely report the results of these efforts to the CPC in the spring. S. Moletteri also reported that the HIV Integrated Planning Council (HIPC) was working on tabling at the Aging with HIV Symposium in May 2024.

M. Ross-Russell reported that S. Moletteri and T. Dominique would be presenting their epidemiological infographics at the next HIPC meeting in February.

T. Dominique announced that the Prevention Committee was hosting a virtual meet-and-greet event on Valentine's Day.

Discussion Item:
-Review of Service Standards-
A. McCann-Woods stated that they would be reviewing the service standards for all Ryan White-funded services. She then listed some examples of the services they would be reviewing and said they would only be reviewing some of the services due to time constraints.

A. McCann-Woods began with the review of Outpatient Ambulatory Health Services on page 21 of the included document titled Ryan White Care Services Manual. The document can be found on the Office of HIV Planning website under the Planning Council section in the Bylaw + Policies tab. The service standards stated for this category that doctors and other medical practitioners must be licensed and up to date on their credentials. Subrecipients of Outpatient Ambulatory Care dollars had also agreed to ensure that new HIV patients received a comprehensive health history and physical examination during their initial visit with a follow-up visit soon after. These services should be provided to all existing PLWH and should include documentation of HIV status, baseline diagnostic studies, and treatment of behavioral and physical conditions. A. McCann-Woods said that all payments should be billed to third parties first and Ryan White funding as a last resort. Funding must also be set aside for diagnostic testing for the uninsured or underinsured. A. MCann-Woods said the subrecipient should cooperate with Medical Case Management, such as providing documentation to ensure comprehensive care every 6 months. T. Dominique said that for some patients, HIV care was an annual visit. She wondered if subrecipients would be marked up if they did not provide documentation every six months for these patients. A. McCann-Woods said that they would unless the provider documents that they meet with the patient only once yearly. A. McCann-Woods said subrecipients should help patients understand their medical history and make them aware of HIV-related health services. Additionally, subrecipients should have a process to reengage those who were lost to care.

S. Moletteri asked how DHH kept track of whether patients were made aware of HIV-related services. A. McCann-Woods replied that a DHH program analyst would annually review the subrecipient's office and website for information that would help the patient learn about the different services. These would include brochures and printed materials that patients could take with them. A. McCann-Woods said that coordination with case managers was key since the case manager was the spokesperson for various services and was often the primary way that patients learn about available resources. S. Moletteri asked if there was documentation of the frequency in which providers were providing patients with information about services in their patient notes. A. McCann-Woods said subrecipients did not always document this, but they always ensured patients left appointments with at least a brochure.

K. Carter asked how they reached out to people who were illiterate, blind, or unable to read a brochure. A. McCann-Woods said this was part of the subrecipient's responsibility to ensure that the patient understood their treatment plan and diagnostics. M. Ross-Russell said she had remembered that patients had to sign off that were aware of the services available. This was one the ways in which providers ensured they knew of available services and were passing along this information to patients. She wondered if this was still available or if it was exclusive to Medical Case Management. A. McCann-Woods replied that she would put a note asking for more information on whether there was a requirement for client signatures.

T. Dominique asked if the service standards were base level and applied to all providers. A. McCann-Woods responded that these were required guidelines. However, many providers may have more stringent requirements and that some patients may require more care than the requirements. It depended on the location and the patient when determining the amount of care the patient should receive. K. Carter asked how a contract would be affected if a provider was unable to fulfill a minimum standard. M. Ross-Russell said each contract was fitted to the providers' location and/or target population. A. McCann-Woods agreed with M. Ross-Russell's statement. She said this was determined by the provider's funder. She gave an example of a provider who could not be accessed by SEPTA, the provider may need to create provisions for their patients to access their location. She said they would need to address the issue, offer the solution to the patients, and then support the solution through funding.

A. McCann-Woods then moved to review the service standards of Emergency Financial Assistance Services. Emergency Financial Assistance or EFA provides limited one-time or short-term payments to assist RWHAP clients with paying for essentials such as utilities, housing, food, transportation, and medication. The subrecipient was required to employ a project coordinator to implement a central processing site for EFA intake sites throughout the Philadelphia EMA, PA Counties, and New Jersey Counties. The subrecipient would also agree that there would be proper documentation of shut-off notices for essential utilities such as gas and electricity as well as notice of insurance companies about denial of coverage for medications.

K. Carter asked how they would prevent misuse of the funding by clients. A. McCann-Woods replied that they prevented misuse by requiring subrecipients to have documentation of shut-off notices as well as all expenses. She understood that making rent was more expensive and hoped that clients would be able to meet their needs by exploring options with their case manager. G. Grannan said that landlords do not take into account other people's budgets when they increase the rent.

A. McCann-Woods noted that subrecipients agreed to ensure funds would be available to all PLWH without discrimination. She reminded the committee that RW dollars were funds of last resort. The subrecipient was also required to have a record of those who were eligible for assistance and those who were not. The subrecipient should record the reasons for the denial of services. The subrecipient must also have an appeals process for those who were denied this service. She said that EFA funds should be maintained in a separate account and were required to

be monitored by the agency's accountant, board treasurers, and auditors. This was subject to review by DHH. A. McCann-Woods said the subrecipient should ensure that payments do not exceed $2,000 or $2,500 for a family of three. She said the payments should not be considered income. She said EFA was intended for those whose income was at or below 500% of the federal poverty level. The subrecipient was not allowed to give direct checks or cash payments to the consumer. The subrecipient must provide the consumer with a 'consent for services' form. The subrecipient must also ensure the program analyst was aware of the written process for approving or disapproving an applicant's request for aid. Invoices were to be submitted monthly by the 10th of each month.

K. Carter asked what was the actual dollar amount for 500% below the poverty line. A. McCann-Woods said he could find this information online on the federal government website. M. Ross-Russell said the actual amount for at or below 500% the poverty level based on the 2023 federal guidelines was $75,300. M. Ross-Russell said the federal poverty changes every year and applied to only 48 states excluding Hawaii, Alaska, and Puerto Rico. A. McCann-Woods said the poverty level based on the 2023 guidelines was $14,580. S. Moletteri noted that this amount was per individual and that it was an additional $5,000 per person in each household.

A. McCann-Woods continued with the presentation with EFA Pharmaceutical (EFA-Pharma). This was the last category she would review in the meeting and would resume the review in the next CPC meeting. A. McCann-Woods said EFA-Pharma's purpose was to provide medication such as antiretrovirals. She said it was meant as a last resort and should not be used before all other funding sources were exhausted. She said funding was to be dispersed within three days due to the emergency nature of the service. The funding would not be given directly to the consumer (no cash or check payments) and would be the minimum amount needed to avert an interruption of adherence. The client was to be made sure that they understood the application instructions and was given an 'Applicant Statement and Consent for Service Form.' The subrecipient would need to ensure that the program analyst was aware of the written process for approving and disapproving the applicant's request for aid. The subrecipient was required to have an appeals process if the applicant was rejected.

K. Carter asked if records of all supporting documents were required to be kept for up to 3 years. M. Ross-Russell said it depended on the type of documentation since some documentation had to be kept for 7 years. A. McCann-Woods said she would make a note to look into the topic further. M. Ross-Russell said there was pushback on documentation for 7 years since storage and security concerns were an issue every organization needed to address. T. Dominique said the language in the document stated that subrecipients were encouraged to keep a copy. She asked what would happen to the original document. A. McCann-Woods said the agency handling the application would send the original document to a referral organization and the referral organization would then retain the document.

A. McCann-Woods stated that DHH was in the process of revising the provisions and that the providers were following the current provisions reviewed in the presentation for the three aforementioned service categories.

Other Business:
None.

Announcements:
None.

Adjournment:
G. Grannan called for a motion to adjourn. **Motion:** K. Carter motioned, C. Steib seconded to adjourn the Comprehensive Planning Committee meeting. **Motion passed:** Meeting adjourned at 3:35 p.m.

Respectfully submitted,

Kevin Trinh, staff

Handouts distributed at the meeting:

- January 2024 CPC Meeting Agenda
- November 2023 CPC/Prevention Committee Meeting Minutes
- Ryan White HIV/AIDS Program (RWHAP) National Monitoring Standards for RWHAP Part A Recipients
- Division of HIV Health Ryan White Care Services Manual