

MEETING AGENDA

VIRTUAL:

Thursday, November 7th, 2024

2:00 p.m. – 4:00 p.m.

- ◆ Call to Order
- ◆ Welcome/Introductions
- ◆ Approval of Agenda
- ◆ Approval of Minutes (October 3rd, 2024)
- ◆ Report of Co-Chair
- ◆ Report of Staff
- ◆ Discussion Item
 - Recruitment Presentation
- ◆ Other Business
- ◆ Announcements
- ◆ Adjournment

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

The next Finance Committee meeting is

VIRTUAL: December 5th from 2:00 p.m. – 4:00 p.m.

Office of HIV Planning, 340 N. 12TH Street, Suite 320, Philadelphia,
PA 19107

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**VIRTUAL: Finance Committee
Meeting Minutes of
Thursday, October 3rd, 2024
2:00 p.m. – 4:00 p.m.**

Office of HIV Planning, 340 N. 12th St., Suite 320, Philadelphia PA 19107

Present: Michael Cappuccilli, Keith Carter, Adam Williams

Excused: Alan Edelstein (Co-Chair)

Guests: Avis Scott (DHH), A. McCann-Woods (DHH)

Staff: Tiffany Dominique, Sofia Moletteri, Kevin Trinh

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

Introductions: K. Carter skipped introductions.

Approval of Agenda:

K. Carter referred to the October 2024 Finance Committee agenda and asked for a motion to approve the October 2024 agenda. **Motion:** M. Cappuccilli motioned; K. Carter seconded to approve the October 2024 Finance Committee agenda. **Motion passed:** All in favor. The October 2024 agenda was approved.

Approval of Minutes (August 1st, 2024):

A. Edelstein referred to the August 2024 Finance Committee minutes. **Motion:** K. Carter motioned; M. Cappuccilli seconded to approve the August 2024 meeting minutes. **Motion passed:** All in favor. The August 2024 minutes were approved.

Report of Co-chair:

None.

Report of Staff:

None.

Discussion Item:

-Spending Report-

A. McCann-Woods presented the Second Quarter Spending Report from the Division of HIV Health. She reported that spending through September 30th, 2024 indicated 12%/\$1,406,120 underspending of the overall total award including the Minority AIDS Initiative (MAI) funds. She reminded the committee that qualitative inferences (overspending/underspending) were still premature and spending trends would be clearer in the second half of the contract period.

She began her report by reviewing the underspending in Philadelphia. There was underspending in Outpatient Ambulatory Health services (O/AHS) at \$388,919 or 17%, Medical Case Management (MCM) at \$570,163 or 30%, Drug Reimbursement at \$46,687 or 20%, Mental Health services at \$17,116 or 11%, Oral Health services at \$28,145 or 14%, Substance Abuse services at \$53,342 or 21%, and Transportation services at \$4,106 or 71%. O/AHS was underspent due to delayed spending on operating expenses and leveraging other funding sources. MCM, Mental Health services, and Transportation services were underspent due to staff vacancies. Drug Reimbursement services were underspent because of decreased utilization. Oral Health and Transportation services were underspent because of delayed spending on operating expenses. Transportation services was also underspent due to leveraging funds on other fund sources for the same category.

M. Cappuccilli asked A. McCann-Woods to define “delayed spending on operating expenses.” A. McCann-Woods said operating expenses were usually items such as rent, utilities, and supplies. Sometimes a provider would not utilize funds for supplies or rent until the next quarter.

Philadelphia had 6 service categories with overspending in Q2. EFA (Emergency Financial Assistance), EFA-Pharma, EFA Housing, and Food Bank services were all overspent due to higher utilization. EFA was overspent by \$16,532 or 72%, EFA-Pharma by \$59,062 or 55%, EFA-Housing by \$83,225 or 34%, and Food Bank by \$64,057 or 65%. All four services were also overspent due to carryover funds. Carryover had to be expended before they could use the allocated funding for the quarter. Housing Assistance services were overspent by \$56,374 or 22% due to higher utilization. Lastly, Legal and Other Professional services were overspent by \$15,322 or 11%. This was the result of the provider leveraging other funding sources for the same service. She said this overspending would level out soon.

Over in the PA Counties, there was underspending in O/AHS (\$49,077/12%), MCM (\$116,645/17%), Mental Health services (\$14,479/32%), EFA-Pharma (\$42,804/69%), Food Bank services (\$7,267/18%), and Transportation services (\$121,448/51%). Transportation services saw decreased utilization as the reason for underspending. O/AHS and Transportation services were underspent due to delayed spending on operating expenses and leveraging other funding sources. MCM and Mental Health services were underspent as a result of staff vacancies. EFA-Pharma was underspent due to lower utilization. Food bank services were underspent because of delayed spending on operating expenses which meant provider/s still needed to purchase food supplies.

A. McCann-Woods next reviewed overspending in the PA Counties. A. McCann-Woods reported that there was overspending by \$92,593 or 98% in Oral Health, \$8,486 or 63% in EFA, \$11,863 or 37% in Housing Assistance, and \$2,104 or 20% in Other Professional services/Legal services. Oral Health was overspent due to increased utilization, but A. McCann-Woods said the spending would level out. EFA and Housing Assistance services were overspent due to higher utilization. Legal and Other Professional services were overspent due to leveraging other funding sources. A. McCann-Woods said this would level out by the end of the contract period.

The NJ Counties had five service categories that had underspent their budgets. These services were O/AHS by \$115,032 or 21%, MCM by \$25,712 or 12%, Mental Health by \$13,951, Oral

Health by \$19,320, and EFA-Housing by \$19,570 or 36%. O/AHS and Oral Health services were underspent due to delayed spending on operating expenses and leveraging other funding sources for the same service category. Mental Health services were underspent as a result of delayed spending on operating expenses. MCM was underspent because of staff vacancies. EFA-Housing continued their trend of underspending due to decreased utilization.

A. McCann-Woods said the NJ Counties had three service categories that had exceeded their budgets. Food Bank was overspent by \$13,902, Legal/Other Professional Services by \$8,224 or 19%, and Transportation services by \$27,740 or 33% – overspending in all three budgets was due to higher utilization. A. McCann-Woods noted that Legal/Other Professional services would level out due to leveraging other funding sources. T. Dominique reminded the committee that they had recently increased the budget for Transportation services. A. McCann-Woods said this could indicate a greater need for the service and they could allocate more funding with a reallocation request if needed. K. Carter wondered if an increased usage of Transportation services meant a decreased use of telehealth. A. McCann-Woods said this could be attributed to a myriad of reasons. She listed the possible reasons such as a preference for in-person care visits, rising costs due to including Lyft and Uber, and a growing number of people in the system seeking care.

S. Moletteri questioned why there was a 98% overspending in Oral Health services in the PA Counties, noting that this was a large percentage of the budget for 2Q. A. McCann-Woods replied that Oral Health's spending generally wavered due to the types of costs that Oral Health care would generally spend funding on. She predicted Oral Health services would not require additional funding since they had not needed increased funding regularly. They would keep an eye on the service category's status. T. Dominique recalled that Oral Health services were overspent by \$20,000 in the last fiscal year. A. McCann-Woods and S. Moletteri reviewed the previous year's fiscal report. S. Moletteri said the overspending last year was due to using carryover funds in Philadelphia County.

K. Carter asked A. McCann-Woods to define "carryover" funding. A. McCann-Woods described "carryover funding" as money that was not used in the last year and was forwarded to the next where it had to be used first. T. Dominique asked if there was a limit to how much carryover fund they could forward. A. McCann-Woods did not know the exact amount but knew there was a limit otherwise the provider was penalized for underspending. A. McCann-Woods said she could find more clarity on the definition for future use.

The committee continued their review of the spending report with the Systemwide spending report. Information & Referral, Quality Management, Capacity Building, and Grantee Administration were all underspent due to staff vacancies. A. McCann-Woods attributed the vacancies to cumbersome hiring practices at the Recipient level that often made it difficult for hiring new staff. She promised that all underspent funds would be reallocated to other service categories. Planning Council Support had some underspending in personnel but she said this seemed like it would be fully expended by the end of the contract period. Please refer to the underspending report for more information on the spending balance.

The MAI Systemwide services had underspending in two service categories as a result of staff vacancies. MCM was underspent by \$319,368 or 49% and QM Activities on the recipient level was underspent by \$7,395 or 69%. A. McCann-Woods turned her attention back to carryover funding. As noted before, carryover funds were distributed to EFA, EFA-Pharma, EFA-Housing, and Food Bank services. A. McCann-Woods said that as of September 30th, 2024, the invoices had not yet been received. Funds were expected to be spent down by the end of the contract period.

-Carryover 2023 Directives to the Recipient Update-

The Carryover Directives were directives from the previous year that DHH did not fully address in their previous directives presentation. A. McCann-Woods would provide an update to these directives as requested by the committees. A. McCann-Woods thanked the committee members for their patience as they prepared the update.

A. McCann-Woods read the directive first from New Jersey as stated:

Increase access to and awareness of telehealth options to medical and social service care; request more information on telehealth services provided and the circumstances of its Use.

In regards to awareness, A. McCann-Woods said that medical and social service staff work individually with patients to communicate all services including telehealth in an effort to reduce barriers to care. She said patients making phone calls would hear about telehealth options on outgoing messages while on hold. This was verified by DHH. Regarding access to care, she said telehealth appointments were routinely offered when needed and schedules could be shifted to make accommodations. Print materials about telehealth were made available to all clients and patients.

The directive for the PA Counties was to ascertain the need for increased mental health services in the PA Counties. A. McCann-Woods said that DHH had found among subrecipients that 35% of clients screened positive for depression and anxiety. She listed the barriers to care as transportation, insurance and stigma. To address these barriers, clients were provided transportation services and informed about their available insurance benefits (Medicare, Medicaid, Special Pharmaceutical Benefits Program).

Philadelphia County had four directives that were carried over from 2023. The first directive was stated as follows:

Review which services are most utilized and needed by PWH 50+ years old; encourage outreach to said population to ensure they are informed about funded services.

A. McCann-Woods presented a table of the services that were most used by the PWH 50+ years old in Philadelphia. The highest service to be utilized by PWH over the 50 years old was O/AHS, followed by MCM and Food Bank services. For outreach, the Recipient held their 2nd annual HIV and Aging Symposium on May 24, 2024. The symposium focused on long term survivor content and a training track for medical case managers. She said that the Recipient held focus

groups with PWH over 50 years old alongside an academic partner. The findings of the focus group were still under review. She reported that they would work with their content expert to develop an aging readiness checklist. This was to be used by subrecipients to assess the needs of PWH clients over 50 years old. Additionally, a web-based search tool on the PhillyKeepOnLoving website included all resources available and would be coming soon.

The second directive from Philadelphia was as follows:

Increase food access and awareness of Food Bank services especially those that are culturally relevant; request more information on Food Bank services provided and their utilization to determine improved health outcomes.

A. McCann-Woods said this topic was previously covered in a presentation to HIPC on November 9th, 2023. She reported there were five subrecipients who received Ryan White Part A funds for Food Bank services. The food services were diverse and ranged from food vouchers to supermarket style shopping. She said the subrecipients were implementing culturally relevant and appropriate food bank services such as language access and dietary considerations. She said the clients were given brochures to increase awareness of food banks. Clients who visited food banks were assessed to ensure access to entitlements such as SNAP and WIC.

A. McCann-Woods read the third directive as stated:

Ensure subrecipients are disseminating information on the availability and coverage of EFA funding so clients can access this service.

A. McCann-Woods reported that the primary way in which EFA services were shared was through MCM services. All medical case managers must complete a vigorous training process with the MCM Coordination Project through which they were introduced to the EFA service category. She said an MCM program must designate at least one individual who completes further training with PHMC to carry out EFA services. She said that a client's needs were considered during their comprehensive assessment with their assigned medical case manager. A. McCann-Woods reminded the committee of the upcoming search tool on the PhillyKeepOnLoving website which would help to inform clients about available services. She said clients could call by phone, chat online, or email with the Client Services Unit (CSU) about services. CSU could provide short term case management until the client was assigned a medical case manager.

A. McCann-Woods said the 2024 directives were completed, but they had to be vetted before she could present them to the committee and HIPC. She did not know if they could be presented at the next HIPC meeting but knew they would definitely be read by November.

Other Business:

None.

Announcements:

K. Carter announced that there was an Aging With HIV Symposium at the DoubleTree Hotel on February 20th and 27th. The first event would be focused on consumers while the second would be focused on providers.

Adjournment:

K. Carter called for a motion to adjourn. **Motion:** M. Cappuccilli motioned; K. Carter seconded to adjourn the October 2024 Finance Committee meeting. **Motion passed:** All in favor. Meeting adjourned at 2:48 p.m.

Respectfully submitted,

Kevin Trinh, staff

Handouts distributed at the meeting:

- October 2024 Finance Committee agenda
- August 2024 Finance Committee Meeting Minutes

DRAFT