Meeting Agenda

HYBRID:
Thursday, June 4th, 2026
2:00 p.m. – 4:00 p.m.

♦ Call to Order

♦ Welcome/Introductions

♦ Approval of Agenda

♦ Approval of Minutes (May 7th, 2026)

♦ Report of Co-Chairs

♦ Report of Staff

♦ Action Items

- 2026/2027 Fiscal Year Budget Allocations: Final Award Amount

♦ 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 on
July 2nd, 2026 at 2:00 p.m. to 4:00 p.m.

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Finance Committee

HYBRID: Finance Committee
Meeting Minutes of
Thursday, May 7th, 2026
2:00 p.m. – 4:00 p.m.
Office of HIV Planning, 340 N. 12th St., Suite 320, Philadelphia PA 19107

Present: K. Carter (Co-Chair), A. Edelstein (Co-Chair), M. Mabou, C. Nedev, P. Neumann, C. Rainey, S. Smith, S. Jacinto

Guests: Avis Scott (DHH), Ameenah McCann-Woods (DHH), J. Staley.

Staff: Tiffany Dominique, Debbie Law, Sofia Moletteri, Kevin Trinh, Kristin Wilson (Intern)

Call to Order: A. Edelstein called the meeting to order at 2:05 p.m.

Introductions: A. Edelstein called for introductions. Those on Zoom introduced themselves via the chat, and those in person verbally introduced themselves.

Approval of Agenda:
A. Edelstein referred to the May 2026 Finance Committee agenda and asked for a motion to approve. **Motion:** S. Smith motioned; C. Nedev seconded to approve the May 2026 Finance Committee agenda. **Motion passed:** 4 in favor, 1 abstained. The May 2026 agenda was approved.

Approval of Minutes (March 5th, 2026):
A. Edelstein referred to the March 2026 Finance Committee minutes. **Motion:** C. Rainey motioned; K. Carter seconded to approve the March 2026 meeting minutes. **Motion passed:** 4 in favor, 1 abstained. The March 2026 minutes were approved.

Report of Co-chairs:
None.

Report of Staff:
T. Dominique reported on the "Show Me the Spreadsheets" event on April 29th. Thirty-two people registered for the event and about 25 people attended. T. Dominique said the attendants were engaged throughout the event and stayed for 45 minutes after the event to ask questions or discuss the topic more in depth. After the event, T. Dominique confirmed that one person had applied for membership to the HIV Integrated Planning Council (HIPC). C. Rainey stated that the event improved her understanding of the financial aspect of HIPC.

On May 5th, the Office of HIV Planning (OHP) staff tabled at the Aging & Thriving Symposium. They had received one application from this event. On May 9th, T. Dominique would be tabling at Mount Pisgah Episcopal Church Community at their Wellness Day event.

T. Dominique announced E. Fischer and K. Wilson, the OHP interns, would be joining OHP as full time staff starting May 18th. She congratulated E. Fisher for winning an award for her final

project. S. Moletteri said E. Fischer's presentation, the epidemiological infographics, would be posted online on the OHP website. S. Moletteri then announced that the next Comprehensive Planning Committee (CPC) would be a combined meeting with the Prevention Committee on May 27th.

D. Law said the Nominations Committee would be hosting Orientation for the new members on June 4th. Though this date was subject to change. D. Law invited the co-chairs to join the meetings. She said they would have time at the end of the Orientation to recruit for their committees. In the May HIPC meeting, the Division of HIV Health (DHH/Recipient) would be presenting their goals and objectives for their Integrated Plan. She asked the members to attend the meeting in-person.

Discussion Items:

-Recipient Response to 2025 Directives-

A. McCann-Woods presented DHH's response to the directives created in the 2025 Allocations Process. She read the Recipient's response. The directive asked DHH to ensure broadly publicized trainings for case managers and other providers who work closely with clients. HIPC members wanted DHH to communicate work requirements/notable changes to federal funded programs. This directive would be reported back to HIPC with progress on the trainings within the fiscal year (FY). DHH's response read that all medical case managers must fully participate in all the DHH initiatives including but not limited to The Case Management Coordination Project.

The Case Management Coordination Project was a program funded by DHH in collaboration with the Mid-Atlantic AIDS Education and Training Center at the Health Federation of Philadelphia. The training is provided on HIV medical case management (MCM) and other related topics to the Philadelphia Eligible Metropolitan Area (EMA). The training calendar had started for the staff beginning in the current FY (March 1st, 2026 to February 28th, 2027). All medical case managers and their supervisors who work more than 30 hours per week were required to take this training. Furthermore, medical case managers and supervisors were required to complete a minimum of 20 hours of continuing education annually. Of these 20 hours, 6 hours must be devoted to addressing issues related to biomedical prevention, treatment, and care of HIV.

All training records were carefully maintained and systematically tracked by DHH's Case Management Training and Technical Assistance Coordinator/Trainer. The Recipient works closely with all Subrecipients funded for MCM and units within DHH to ensure ongoing compliance and service quality. When challenges and deficiencies were identified, DHH may implement quality improvement initiatives, recommend additional training, chart audits, require corrective action plans, or provide other forms of technical assistance to improve performance and outcomes.

DHH does not broadly publicize the training requirements. A. McCann-Woods said they remained focused on communicating required trainings in a targeted and intentional manner to the appropriate audience, ensuring relevance and effectiveness while maintaining operational clarity.

A. McCann-Woods welcomed all concerns and questions. She said consumers can send their concerns and grievances to the Recipient's Client Services Helpline at 215-985-2437.

One of the required modules of the training was for Motivational Interviewing. Case Managers were required to complete six hours of motivational interview training. K. Carter asked what motivational interview training involved. A. McCann-Woods said that the training equipped the case managers with the methods to help clients identify their strengths, weaknesses, and barriers to services. C. Rainey said she noticed that case managers had to undergo 12 hours of a course called HIV 101. She asked what this course entailed. A. McCann-Woods said this course defined HIV, its life cycle, its impact on the community and the effects of AIDS.

C. Nedev asked how case managers were educated. A. McCann-Woods said once a new person was hired, their training is carefully recorded. If the person was missing a particular training, their case manager training coordinator or supervisor would task them with attending that training. Supervisors and case managers went through the same training to ensure they were on the same page. C. Nedev asked if the training was asynchronous. A. McCann-Woods replied that the training was in-person and online, but it was not asynchronous. C. Rainey asked if these trainings were required for all new case managers. K. Carter asked if the trainings would replace the two-tiered case management system of Acute Case Management and High Intensity Case Management. T. Dominique said this discussion only pertained to training case managers. A. McCann-Woods explained that they had a two-tiered system: standard Medical Case Management and Comprehensive Case Management. She said that after surveying and gathering information from focus groups, they had created Comprehensive Case Management to support people who needed greater care than the standard Case Management. A. McCann-Woods said they re-assessed every three months for people in Comprehensive Case Management and every 6 months for people in standard case management to determine if they were receiving adequate care.

C. Nedev asked how DHH ensured all case managers and their supervisors had the same education and training. A. McCann-Woods said that all new case managers were tasked to complete a certain regime of courses when they begin onboarding. Afterward, both case managers and supervisors were required to complete 20 hours of training annually. She admitted that beyond the initial 20 hours through their coordination project, they did not have a standardized training program. They could only track that the case managers were being trained and meeting their training requirements per year. She said she would bring C. Nedev's concerns back to DHH. C. Nedev said training case managers was important as some case managers were passionate about their career in the field and could stay in their position for 15 years. A. McCann-Woods said most of their case managers were in their position for 5 years. While case managers were passionate about their job, burnout and staff turnovers were frequent challenges they had to overcome. T. Dominique said case management training needs had changed in recent years. For example, a decade ago, injectables did not exist as treatment. A. McCann-Woods said she would make a note regarding standardization and expanding the definition of training to include prevention.

-Recipient Recommendations for the 2026-2027 EMA level funding budget-

A. McCann-Woods had a discussion in their last Finance Committee about Emergency Financial Assistance (EFA) and its decline in utilization since they had enforced their payor of last resort policy. They noticed that people were using EFA as a substitute for the Special Pharmaceutical Benefits Program (SPBP). Once they had amended their application forms, EFA went from being overspent to being underspent.

Currently, for Philadelphia County, they were looking to reduce funding by $75,000. This would be reallocated to support 1 medical case manager. After the reduction, the remaining FY27 funding for EFA in Philadelphia County would be $47,476. Similarly, in the PA Counties, they were looking to reduce the allocation in EFA by $75,000 and reroute it to support one case manager. $51,344 would be left over in FY27 in this region. A. McCann-Woods said this would leave funding left over for EFA if the need arises while addressing the consistent underspending. With this decision, they would bolster their case management services.

T. Dominique asked how the committee members would like to proceed. She wanted to know if they wanted to wait until next month to vote on this change when they might receive their Final Award. A. Edelstein asked if waiting would disrupt services. T. Dominique said it was possible. A. Edelstein asked if this was considered a reallocation request. T. Dominique said it would qualify since it represented a change greater than 10% within the service category. K. Carter said he would want to vote on it now. T. Dominique said they would place it on the HIPC agenda if they voted on it today. C. Rainey agreed to vote on the request now. She believed that MCM was under pressure and another case manager would relieve this pressure.

The Finance Committee was looking to reallocate $75,000 from EFA in Philadelphia County and the PA Counties. The $75,000 reallocated from each region would go towards one case manager for each region.

Motion: K. Carter motioned, A. Edelstein seconded to forward the reallocation request to the HIV Integrated Planning Council with the Finance Committee's recommendation for approval.

C. Nedev asked how they had determined the $75,000 salary for each case manager and whether this figure had factored in administrative costs. A. McCann-Woods said this figure had encompassed the case manager's salary, benefits, and operational costs. She explained that salary varied between agency sites. A. Edelstein asked if this had meant that the $75,000 was a salary cap. A. McCann-Woods said this was correct. A. McCann-Wood added that some salaries may be supplemented with other funding sources or program income.

C. Nedev asked if it was possible for the subrecipient to cost-share the salary of one or even two case managers in each region. A. McCann-Woods said this was a good idea but it could be difficult for agencies to implement. S. Smith said some agencies may not have the funds available to cost share.

The committee voted on the motion.

K. Carter: In Favor
M. Mabou: In Favor

S. Jacinto: In Favor
C. Rainey: In Favor
P. Neumann: In Favor
S. Smith: In Favor
A. Edelstein: In Favor
C. Nedev: In Favor

Motion Passed: 8 in favor. The motion to forward the reallocation request to the HIV Integrated Planning Council with the Finance Committee's recommendation was passed.

Other Business:
T. Dominique said both co-chairs of this committee were reaching their term limits in September. She encouraged the members to reach out to A. Edelstein or K. Carter if they were interested in running for co-chair.

Announcements:
K. Carter reported on the Aging and Thriving Symposium. He said they would have a debrief on the event soon. He also made an announcement for AIDS Education month.

Adjournment:
K. Carter called for a motion to adjourn. **Motion:** A. Edelstein motioned; K. Carter seconded to adjourn the May 2026 Finance Committee meeting. **Motion passed:** All in favor. The meeting was adjourned at 3:13 p.m.

Respectfully submitted,

Kevin Trinh, staff

Handouts distributed at the meeting:
- May 2026 Finance Committee agenda
- March 2026 Finance Committee Meeting Minutes