Meeting Agenda

VIRTUAL:
Thursday, August 4, 2022
2:00 p.m. – 4:00 p.m.

- Call to Order
- Welcome/Introductions
- Approval of Agenda
- Approval of Minutes *(July 7, 2022)*
- Report of Co-Chairs
- Report of Staff
- Action Items
  - FY2023 Budget Review
  - Monitoring Administrative Mechanism Form
- Discussion Items
  - PA Counties Letter from HIPC
- 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: September 1, 2022 from **2:00 – 4:00 p.m.**
Office of HIV Planning, 340 N. 12TH Street, Suite 320, Philadelphia, PA 19107
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Finance Committee
HIV Integrated Planning Council

Philadelphia HIV Integrated Planning Council
Finance Committee
Meeting Minutes of
Thursday, July 7, 2022
2:00-4:00 p.m.

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

Present: Mike, Cappuccilli, Keith Carter, Alan Edelstein (Co-Chair), Gus Grannan, Sharee Heaven, Clint Steib, Adam Williams

Staff: Beth Celeste, Mari Ross-Russell, Sofia Moletteri

Guests: Ameenah McCann-Woods (AACO)

Call to Order: A. Edelstein called the meeting to order at 2:05 p.m. He explained that this was a joint meeting between the Executive Committee and Finance Committee and welcomed everyone.

Approval of Agenda: A. Edelstein presented the July 2022 Finance Committee agenda for approval. **Motion**: K. Carter motioned, G. Grannan seconded to approve the June 2022 agenda. **Motion passed**: 6 in favor, 1 abstaining. The July 2022 Finance Committee agenda was approved.

Approval of Minutes *(June 5, 2022)*: A. Edelstein presented the previous meeting's minutes for approval. **Motion**: K. Carter motioned, A. Williams seconded to approve the June 2022 meeting minutes. **Motion passed**: 5 n favor, 2 abstaining. The June 2022 Finance Committee meeting minutes were approved.

Report of Chair:

No report.

Report of Staff:

M. Ross-Russell reported that E. Sumners recently resigned, so S. Moletteri was doing the minutes as well as Zoom/displaying the documents. She asked everyone to keep this in mind, explaining that this might cause some delays. This would likely be a detailed meeting.

M. Ross-Russell recalled that A. Williams had wanted OHP to look further into Systemwide Coordination definitions. She asked A. Williams and the group if they wanted her to provide these definitions now or later. A. Williams said either way would be fine. M. Ross-Russell said she would hold the definitions until the Allocations discussion item.

M. Ross-Russell added that the Consumer Survey was now closed, though the office was still waiting to receive hardcopy surveys coming through the mail. The online survey had 165 responses and was closed. 164 of those responses were included as a draft in some of the allocation materials.

Action Items:

—OHP Budget—

A. Edelstein explained that this action item was why the Executive Committee individuals were included in the meeting. M. Ross-Russell noted that what was displayed on the screen was the OHP budget based on the approved amounts from the HIPC last month. The amount for the Ryan White Planning Council budget was supported by formula and supplemental funds. In the budget, she included expenditures to date as well as underspending. She anticipated more underspending since there were now two staff positions open. Office supplies, meeting expenses, and local travel (members & staff) were highlighted because the first two items were collapsed as well as the travel items. Together, Office Supplies and Meeting Expenses were $11,373. Travel was $4,634.

A. Williams noted that there was no prior budget for comparison and asked M. Ross-Russell to highlight or discuss any large variances within the budget. They asked if the budget listed was for the current year, and M. Ross-Russell said yes. A. Edelstein added that other organizations sometimes look at the preceding year when making the budget for the new year. M. Ross-Russell said she did not have the 12-month budget, but she had a 9-month budget she could show the group. A. Edelstein suggested expanding the 9-month to get to the projected 12-month. M. Ross-Russell said there would be a delay in doing this math, so they could wait for the math or see the 9-month now. A. Edelstein asked if the 9-month showed variances, and M. Ross-Russell said yes. A. Edelstein agreed to viewing the 9-month budget. M. Ross-Russell said one of the main variances would be components impacted by the Consumer Survey, such as postage and office supply. The majority of Consumer Survey costs would have been absorbed during the last budget cycle, though some expenses carried over.

A. Edelstein asked about the process for budget creation. M. Ross-Russell said she worked with PHMC to look at preceding expenditures. Utilities expenditures changed because the office had two separate systems, one for the conference room and one for the office spaces. The air conditioning and heat was not running in the conference room since no one was using the room (due to COVID-19 and virtual meetings), resulting in decreased utility costs. Because of the circumstances, historical spending might not always line up with the current spending. A. Edelstein asked if they were budgeting based on remote meetings. M. Ross-Russell said they divided it in half – they budgeted by anticipating a return to in-person in September. However, the new variant was very contagious, so they were unsure of this return date.

S. Moletteri pulled up the previous OHP budget. As for changes, M. Ross-Russell said that in the previous budget, rent was lower since there was an increase that was effective January 1st. The rent increase was fairly consistent with what was happening across the country. A. Edelstein directed attention to the bottom-line number and asked about the change between dollars and percentages. M. Ross-Russell listed total expenditures at $497,378 for last year. Technically it went down this year to $491,853. Administrative cost of 9.2% was being spread across all subrecipient budgets if PHMC was the fiscal agent. Therefore, OHP had to add $45,251 in indirect costs which increased their budget.

A. Edelstein asked if administrative costs used to be under PHMC and not separated out into each organization. M. Ross-Russell explained that in the past, AACO set up a contract with PHMC so that all administrative costs for each individual contractor went into one contract amount. Individual subcontractors, because of this, did not have it incorporated into their budgets. To ensure correct amounts were being applied to each subcontract, it was now included in each, individual contract. M.

Ross-Russell said this would ensure a cleaner process that would indicate each contract's administrative cost housed at PHMC. A. Edelstein clarified that this money was still going to PHMC—OHP was not receiving more dollars regardless of the change.

A. Edelstein said if there was underspending, then administrative costs of 9.2% would be lower than if there were not underspending. This is because the money is taken at the end and based off actual expenditures. M. Ross-Russell agreed, noting that all underspending goes back to service dollars.

M. Ross-Russell continued, explaining that equipment costs had gone down and the consultant line had changed (which entailed bringing in someone to do more in-depth analysis or a specific process). M. Ross-Russell said that the statistical analysis may be carried out by someone in AACO for the Consumer Survey instead of bringing in a consultant. A. Edelstein asked if OHP had a process they could go through to make a modification in their budget. M. Ross-Russell said for any unusual expenses (e.g. a power surge in the building fried the network server, requiring OHP to purchase a new network server), HRSA requires any expenditure of $5,000 or more to go through HRSA with an explanation. The recipient would receive notice, get permission from HRSA, and report back. Then it would need to go through PHMC. Re-budgets also happened this way.

A. Edelstein asked if M. Ross-Russell could write a narrative that could discuss variances between this year and last year (which would include Consumer Survey, rent, etc.). A. Williams said they found it would be easier to accept the budget with a simple narrative.

A. Edelstein asked what they needed to do as a joint committee – would they need to give recommendation for approval to the HIPC? M. Ross-Russell said yes. Additionally, allocations happening in July would need to go to the full HIPC in August as well. A. Edelstein said they were looking at the first column with the line items that comprised the $537,104 budget.

Motion: K. Carter motioned to endorse the budget for OHP as reflected in the first column with recommendation for approval by the Finance and Executive Committees, M. Cappuccilli seconded.

Vote:

A. Edelstein: abstain
M. Cappuccilli: in favor
K. Carter: in favor
C. Steib: in favor
S. Heaven: in favor
A. Williams: in favor
G. Grannan: in favor

Motion passed: 6 in favor, 1 abstaining, 0 against. The first column for the OHP budget was approved for recommendation by the Executive and Finance Committees.

Discussion Items:

—Allocations Process & Materials Review—

A. Edelstein explained that this agenda item was typically reviewed by the Finance Committee in preparation for the upcoming allocations meetings. A. Edelstein said the Executive Committee could feel free to leave the meeting if they would like.

M. Ross-Russell said she would first start with a background and then S. Moletteri would pull up the Systemwide budgets. M. Ross-Russell continued, noting that Finance Committee usually received the regional percentages from the recipient who got them from the respective health departments (Either State of PA or NJ surveillance departments). This year, they received the numbers from PA Counties for 2020, and it caused a certain level of question.

M. Ross-Russell went to the 2019 Systemwide percentages. PA Counties had 4,761 PLWH in 2019, and in 2020, they reported 4,248 PLWH. The number for PLWH in 2018 was 4,243. The recipient and OHP went to the state of PA and questioned why 2020 was closer to 2018 than 2019 numbers. They were curious to know whether the jump to 4,761 in 2019 was accurate. K. Carter suggested that this was an unreasonably high jump. M. Ross-Russell said she created two sets of spreadsheets because of this – one based on 2019 PA PLWH numbers and one with the 2020 PLWH numbers. Budgets, especially the 5% increase and 5% decrease, impacts could be seen.

M. Ross-Russell said that during the last meeting, she was asked to provide more information on Administrative line items under the Systemwide budget. Systemwide Coordination included the CM Coordination Project (training and certifications for MCM and supervisors). Capacity Building included the Behavioral Consultant Program from AACO (outpatient behavioral healthcare provided to PLWH from AACO-funded facilities). CSU was funded under Referral to Healthcare Services. Quality Management supported ISU and the Quality Management Program. A. Williams said this was helpful.

A. Edelstein asked about the best way to handle the discrepancy between 2019 and 2020 PLWH PA numbers. M. Ross-Russell said the basis for regional funding came from the most recent prevalence percentages by region. For the 2022-23 budget, they used the 2019 numbers to make their decisions. She said 2023-24 were the next allocation decisions, and under normal circumstances, they would use the 2020 prevalence numbers. A. Edelstein said that according to policy and practice, they should use the 2020 numbers then. A. Edelstein asked if there was an explanation from the state around the numbers. M. Ross-Russell said the state did not seem to see issues with the numbers—there was not much explanation. M. Cappuccilli asked if legally, HIPC had to go with these numbers. A. Edelstein said it was not about legality, it was about HIPC policy. M. Ross-Russell agreed, it was HIPC policy to use the most recent prevalence numbers.

G. Grannan asked if M. Ross-Russell knew the 2018 and 2017 PA Counties prevalence numbers. M. Ross-Russell said there were 4,243 PLWH in 2018 and 4,354 in 2017. A. Edelstein said, according to policy, they had to use the 2020 numbers anyways. K. Carter agreed with use of the 2020 numbers—it would make no sense to go backwards and use 2019 numbers anyhow.

M. Ross-Russell reviewed the difference for regional funding depending on use of 2020 and 2019 prevalence numbers. Based on 2020 PLWH numbers, Philadelphia level funding would have an

increase of $186.821, PA Counties would have a decrease of -$267,554, and NJ Counties would see an increase of $80,732.

She added that there needed to be a correction within the spreadsheets, just under the decrease budget. The overall service dollars would be further be reduced by $27,778, because the Systemwide total amounts were determined by the recipient first. They wanted QM dollars to not dip below the level funding amount.

A. Edelstein noted that the PA Counties decrease was very significant. M. Ross-Russell said that this was also in part due to the increase due to 2019 numbers. K. Carter said they would need a report from AACO around spending to further assess the changes. A. Edelstein said if they made any big cuts from services, they would be cutting into staff. A. Edelstein asked if those in the PA Counties knew about this yet. M. Ross-Russell said she did not think so. K. Carter said the state would have to offer an explanation, because their numbers were directly affecting the funding. M. Ross-Russell said regarding PA Counties data, there was especially an anomaly with age. Over the years, there had been a back and forth regarding age, because age was collected at diagnosis, so those diagnosed at 35, even if they were 50 years old now, remain in the system as 35.

A. Williams asked who took the surveillance data, and M. Ross-Russell explained that it was the PA Department of Health. A. Williams suggested they make a statement expressing the Planning Council's concern since they were the voice of the public, noting that it would be negligent to not ask for an explanation of the numbers. G. Grannan agreed, saying the current numbers meant those included in the prevalence numbers either passed away or moved from PA. The numbers made no sense. He added that, even aside from the budgetary consequences of the money, this made an epidemiological impact as well.

K. Carter asked if HRSA would notice and look into these numbers. M. Ross-Russell said there was an annual surveillance report. She explained that it was normal for small shifts to happen within the data due to cases that are diagnosed later, other delays in numbers, etc. Data cleaning on a regular basis, people moving, and other such reasons contribute to these small shifts. However, the PA numbers admittedly had a much larger shift than what was typically seen.

A. Edelstein said, aside from dollars, they should look at individual counties and towns to see where these decreases occurred. G. Grannan mentioned that last year for allocation (when the PA Counties number increased), he figured that Philadelphia residents were moving into the PA Counties. A. Edelstein asked if the numbers were based on where the person was diagnosed, not necessarily where they lived. M. Ross-Russell explained that states and local jurisdictions worked together to try to ensure numbers were as accurate as possible regarding where people lived. There was cleaning and changing that happened due to this, so the numbers tried to capture where people lived as accurately as possible.

M. Ross-Russell said, as of so far, the surveillance report produced in 2021 counted 4,469 PLWH within PA. These were not official numbers. K. Carter said this was still a large difference from both 2019 and 2020. M. Ross-Russell said she would go back to Dr. Brady to figure out next steps. A. Williams requested that, when going to AACO, it was expressed that the council needed an official, on-the-record explanation from the state of PA. If they get none, they could regroup and come up with a committee response. A. Edelstein said it would be appropriate to have this come from the full HIPC with the co-chairs signing. If not, they could have it come from the Finance Committee—though HIPC co-chairs would be preferred. He also asked what it would look like to take the

$200,000 out of the PA Counties budget when working with the 2020 numbers. K. Carter said they would have to re-analyze the budget to ensure they were not taking away money that would affect people greatly.

M. Ross-Russell was anticipating there might be some change with the prevalence numbers – regardless, the process would have to go forward for allocations with this knowledge and the possibility they would revisit the budgets because of this. Historically, there was movement toward proportional increases and decreases, but this large change in funding might change that. Because they just approved the last budget, after she ran the numbers, she questioned what would happen within the PA Counties. G. Grannan asked if data was collected by state data management. M. Ross-Russell said yes. G. Grannan asked how the loss of $267,554 would be dealt with. M. Ross-Russell said the total formula award was based on cases, so this might also lead to a problem.

K. Carter asked if they could take an average of PA County cases. M. Ross-Russell said as the numbers had shifted over the last 10 years or so, there was never the use of averages. They only used the hard numbers they were given. Averaging numbers would simply be a guess, so they would likely have to revisit the numbers when they implemented allocations decisions.

A. Edelstein said they had time between now and next March to reallocate if they needed. They would have to go forward with the current numbers to avoid any violation of the bylaws. Everyone agreed to use the 2020 PA PLWH numbers.

M. Ross-Russell briefly reviewed the next materials available for allocations.

She explained the Philadelphia HIV Integrated Planning Council service booklet. Within the table of contents, there were blue (core services) and yellow (supportive services) highlights which demonstrated all currently funded services. There was also the PA and NJ Medicaid coverage and comparison charts.

She went through the first service, Ambulatory Health Services, to explain the setup. First, there was the official definition from HRSA (the most updated being within the PCN 16-02) defining use of funds/allowable activities. All fundable services had a definition.

The next section had Numbers of Clients Services, Units Provided, Expenditures, Allocation that year, and Over/Under-spending – the chart showed all of this information for years 2015-2021.

Next, there was a chart for Funding by Part which showed, if applicable for the service, the following for the current and last year's allocation: Systemwide Part A, MAI, Part B (NJ), Total B (PA), Part C EIS (Early Intervention Services), Part D, and Part F which was comprised Dental and SPNS (Special Programs of National Significance).

There were two charts for Consumer Survey information. First, there was the finalized information from the 2017 survey which provided two options: (1) I used this service in the last 12 months, and (2) I needed but did not get this service in the last 12 months. The next survey from 2022 was not yet finalized data and only had responses from the online survey through June 30th. Instead of two, this survey had the four following categories to choose from: (1) I never personally needed this service, (2) I needed this service and received it, (3) I needed but did not get this service, and (4) I never heard of this service. These categories were borrowed from the Newark Consumer Survey.

Next, there was an Unmet Need section which was based on weighted MMP (Medical Monitoring Project) from 2015-2018 and 2021 CSU (Client Services Unit) Need at Intake.

The last section was Recipient Service Considerations which were provided by the Recipient to explain changes, issues, etc. related to any services. M. Ross-Russell said that S. Moletteri was currently in the process of putting all materials on the website.

The next material was all Other Funding by Parts (2022 if available), broken out regionally. She also included additional COVID funds and other program funds provided by each of the funding types. All of this information was important to keep in mind that RW Part A was funding of last resort.

Next, she referred to the pie charts that contained funding for each region as well as EMA-Wide by RW Part A service category. This is for those who would want a more visual representation of breakdown of funding.

M. Cappuccilli asked how OHP did outreach for Allocations this year. S. Moletteri explained that they sent out digital, interactive flyers. They were also sending out a newsletter that had a breakdown of the regional meetings and steps for preparation. Lastly, they were going to post on Facebook and Instagram as well.

S. Heaven asked if the HOPWA numbers were the total dollar amounts for the EMA, not just Philadelphia. M. Ross-Russell said for HOPWA dollars, it was grantee-specific. She directed attention to the NJ HOPWA numbers which she said were NJ-specific and for Camden. As for EMA-Wide dollars, HOPWA had about $14.5 million and was the combined dollar amount for Philadelphia and Camden. She said this did not include other dollars such as emergency system dollars.

Any Other Business:

A. Williams asked what the steps were for clarification around PA prevalence data discrepancies. M. Ross-Russell said she would tell Dr. Brady it was the intention of HIPC to write a formal letter. For now, HIPC was requesting an official response/explanation from the PA state regarding the discrepancies between the 2019/2020 prevalence numbers for PLWH. A. Edelstein asked who would sign the letter. M. Ross-Russell said, because this was a Planning Body, it was likely that the co-chairs of the HIPC would sign, but it was ultimately up to the Finance Committee/Executive Committee who would be the designated signers. A. Edelstein noted that they would not meet again until August due to the allocation process. Therefore, he said the Executive Committee could consider acting on behalf of the Planning Body on time sensitive issues. M. Ross-Russell said they likely could not act without HIPC direction, but she would have to look at the bylaws. Before they could take any formal action in August, she would still talk to AACO to inform them of the situation and HIPC intention. A. Edelstein asked if he could draft a letter on behalf of the Finance Committee. M. Ross-Russell said HIPC would still have to agree to this, but there was no issue with simply drafting.

The committees decided to work on a letter prior to the August meeting. A. Edelstein volunteered himself. A. Williams also volunteered.

M. Ross-Russell explained the meetings the process for the allocation meetings. Each region had its own allocation week which contained three meetings. The first meeting [Part 1 on Tuesday] was review of data, group discussion, and development of plans to address service needs and reduce barriers. Next, there was an optional meeting [Q&A on Wednesday] which offered Part 1 attendees the chance to ask for clarification. The last meeting [Part 2 on Thursday] was for the development and decision-making for the three budget scenarios (level funding, 5% increase, and 5% decrease) as well as directives to the recipient. In order to attend Part 2, participants had to be present at Part 1.

Announcements:

None.

Adjournment: A. Edelstein called for a motion to adjourn. **Motion**: K. Carter motioned, G. Grannan seconded to adjourn the July 7, 2022 Finance Committee meeting. **Motion passed**: All in favor. Meeting adjourned at 4:02 p.m.

Respectfully submitted:

Sofia M. Moletteri, staff

Handouts distributed:

- July 2022 Finance Meeting Agenda
- June 2022 Finance Meeting Minutes
- OHP Budget
- Draft EMA Allocations Spreadsheets FY2023-34 with 2019 PLWH PA numbers
- Draft EMA Allocations Spreadsheets FY2023-34 with 2020 PLWH PA numbers
- Philadelphia HIV Integrated Service Booklet
- Other Funding-Regional FY 2022
- Part A Funding Percentage Charts

FY2023 ALLOCATIONS DECISIONS & DIRECTIVES

NEW JERSEY COUNTIES:

(*Burlington, Camden, Gloucester, and Salem Counties)*

- **LEVEL**
  - All funded service categories are to be proportionally increased based on the additional $80,733 within the New Level Funding budget.

- **5% INCREASE**
  - All additional money under the 5% increase budget is to be proportionally divided between EFA-Housing, Mental Health, and Transportation; all other services are to be held at the FY2022 Level Funding amounts.

- **5% DECREASE**
  - All funded service categories are to be proportionally decreased, except for Transportation which is to be held at the FY2022 Level Funding amount.

- **DIRECTIVES TO THE RECIPIENT**
  - AACO is to report back to the Comprehensive Planning Committee with progress and updates on the currently implemented EFA-Housing Model.

  - In accordance with federal treatment guidelines, increase access to immediate ART initiation (within 96 hours) from diagnosis unless otherwise clinically indicated and recorded.

  - Expand operating hours to include evening and weekend appointments for HIV medical care in community and hospital-based HIV treatment sites.

PENNSYLVANIA COUNTIES:

(*Bucks, Delaware, Chester, and Montgomery Counties)*

- **LEVEL**
  - All funded service categories are to be proportionally decreased based on the reduction of $267,554 within the New Level Funding budget.

- **5% INCREASE**
  - Working from the FY2022 Level Funding Budget, all funded service categories are to be proportionally decreased by the 4% decrease of $124,703.

- **5% DECREASE**
  - Working from the FY2022 Level Funding Budget, all funded service categories are to be proportionally decreased by the 13.15% decrease of $410,886.

- **DIRECTIVES TO THE RECIPIENT**
  - In accordance with federal treatment guidelines, increase access to immediate ART initiation (within 96 hours) from diagnosis unless otherwise clinically indicated and recorded.

  - Expand operating hours to include evening and weekend appointments for HIV medical care in community and hospital-based HIV treatment sites.

  - Ascertain the need for increased mental health services in the PA counties, including surveying existing mental health providers and their accessibility.

  - Evaluate the need for home healthcare services and various non-RW funding streams that may be available to support this service.

PHILADELPHIA COUNTY:

- **LEVEL**
  - All funded service categories are to be proportionally increased based on the additional $186,821 within the New Level Funding budget.

- **5% INCREASE**
  - Working from the New Level Funding budget, the 5% increase is to be split evenly between Housing Assistance, Mental Health, and Food Bank.

- **5% DECREASE**
  - Working from the FY2022 Level Funding Budget, all funded service categories are to be proportionally decreased.

- **DIRECTIVES TO THE RECIPIENT**
  - Increase access to and awareness of transportation options to medical and social service care; request more information on transportation services provided and their utilization to determine improved health outcomes.

  - Ascertain the average wait time for people to be connected to Case Managers.

  - Review which services are most utilized and needed by PLWH who are 50+ years old.

  - Increase access to and awareness to 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.