

MEETING AGENDA

VIRTUAL:

Thursday, August 11, 2022

2:00 p.m. – 4:30 p.m.

- ◆ Call to Order
- ◆ Welcome/Introductions
- ◆ Approval of Agenda
- ◆ Approval of Minutes (*June 9, 2022*)
- ◆ Report of Co-Chairs
- ◆ Report of Staff
- ◆ Action Item:
 - FY2023 Allocations Budgets
- ◆ Discussion Item:
 - OHP/PC Budget Review
 - Monitoring the Administrative Mechanism
- ◆ Committee Reports:
 - Executive Committee
 - Finance Committee – *Alan Edelstein & David Gana*
 - Nominations Committee – *Michael Cappuccilli & Juan Baez*
 - Positive Committee – *Keith Carter & Gracie Bornes*
 - Comprehensive Planning Committee – *Gus Grannan*
 - Prevention Committee – *Lorett Matus & Clint Steib*
- ◆ Any Other Business
- ◆ Announcements
- ◆ Adjournment

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

The next HIPC meeting is

VIRTUAL: September 8, 2022 from 2:00 – 4:30 p.m.

**VIRTUAL: HIV Integrated Planning Council
Meeting Minutes of
Thursday, June 9, 2022
2:00 p.m. – 4:30 p.m.**

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

Present: Juan Baez, Keith Carter, Debra D'Alessandro, Lupe Diaz (Co-chair), Alan Edelstein, Gus Grannan, Pamela Gorman, Jeffrey Haskins, Sharee Heaven (Co-chair), Sterling Johnson, Gerry Keys, Kaleef Morse, Loretta Matus, Shane Nieves, Erica Rand, Sam Romero, Clint Steib, Desiree Surplus, Evan Thornburg (Co-chair) Adam Williams

Guests: Lorraine Obelcz, Bruce Johnson, Greg Langan

Staff: Beth Celeste, M. Ross-Russell Ross-Russell, Sofia Moletteri

Call to Order: L. Diaz called the meeting to order at 2:06 p.m.

Introductions: L. Diaz asked everyone to introduce themselves within the Zoom Chat box.

Approval of Agenda:

L. Diaz referred to the June 2022 HIPC agenda distributed via email and asked for a motion to approve. **Motion:** L. Matus motioned, K. Carter seconded to approve the June 2022 Planning Council agenda. **Motion passed:** majority in favor. The June 2022 agenda was approved.

Approval of Minutes (May 12, 2022):

L. Diaz referred to the May 2022 HIPC minutes. K. Carter and K. Morse noted that they were supposed to be excused during the meeting and that this should be reflected in the meeting minutes. G. Langan noted that he was considered a guest during the last meeting. **Motion:** G. Keys motioned to approve the amended May 2022 minutes, G. Grannan seconded. **Motion passed:** 11 in favor, 7 abstaining. The May 2022 minutes were approved.

Report of Co-Chairs:

L. Diaz reported that J. Baez would make the report as a representative of Nominations Committee. J. Baez reported that the Nominations Committee met today and decided to hold a new member check-in after the HIPC meeting. This would be an opportunity for the new members to let the committee know how were fairing and ask any questions.

Report of Staff:

M. Ross-Russell reported that the Draft Budget Presentation item was for the current allocation. They received the Notice of Grant Award late, so HIPC would be approving it today.

Additionally, HIPC would have allocations for FY2023 in July (next month) to stay on schedule. This meant there would be no formal HIPC meeting.

Allocations would happen over the period of three weeks with each of the three regions taking up its own week. There would be a Finance Committee meeting at the beginning of July to discuss the allocations materials. This would likely be a joint Finance and Executive Committee meeting since they would also have to review the revised Planning Support budget. In addition to all of this, the HRSA Project Officer requested HIPC review the allocations process. Due to timing, they would not be able to change this process until after July allocations. This was, of course, if the HIPC decided to do so. Any alterations would involve changing their allocation policy and waiting the 30-day period before officially voting on the change.

She also reported that while reviewing the epidemiological numbers for PLWH, there were questions about the PA State prevalence numbers. The numbers might impact the process, and the recipient was currently looking into them. AACO/OHP wanted to ensure that the numbers were as accurate as possible before using them within the allocations process since they directly affected the distribution of dollar amounts between the three regions.

As for the Consumer Survey, the online survey was spammed with fake responses. These were actively being cleaned by OHP staff. Regarding the hardcopy surveys, OHP staff was working with the post office to increase the amount in OHP's account to support sending back completed surveys. The post office involved a third party, and so OHP was unsure where to send the money. K. Carter asked if the post office was holding all the survey responses together. M. Ross-Russell said yes, the post office was holding them, but OHP did not know which location would accept the payment since business reply mail required the payment to go to a very specific location – not just any post office.

M. Ross-Russell noted that they did not know how many surveys the post office was holding. L. Diaz asked if this was why numbers were lower for survey response in certain areas. M. Ross-Russell explained that when she discussed response rate for each of the three regions, she was only reporting on online survey responses. PA Counties' response rate was low for the online survey.

K. Carter asked if the PA Counties' PLWH numbers included the Philadelphia area. M. Ross-Russell said it did not. OHP worked with three different surveillance offices for each of the three regions. The State of PA included the Philadelphia numbers, but they could be separated out from the other 4 suburban counties. Philadelphia also reported their own numbers—OHP used the numbers reported directly from Philadelphia's surveillance department.

G. Langan said that he had surveys to drop off. M. Ross-Russell said she could arrange a method to receive the surveys.

A. Edelstein asked if county numbers were based on where people were diagnosed with HIV or their county of residence. M. Ross-Russell said it was a tough question to answer and explained that both could factor in.

Action Item:

—Draft Budget Presentation—

A. Edelstein said he would present on this. They were reporting from the Finance Committee. All members would be asked to vote.

Last year they created three allocations plans for each of the regions based on three scenarios: level funding budget, 5% increase budget, and 5% decrease budget. They recently learned the amount of the award for the overall EMA. M. Ross-Russell said there was a small overall increase of 1.744% which translated to approximately \$361,000.

A. Edelstein said that within the Finance Committee, someone asked why they broke allocations into three regions. Years ago, they decided as a Planning Council that needs were somewhat different in the three parts of the EMA and that plans should reflect this. Plans between the regions could be somewhat different because of this. Around the same time, they were originally given a formula where 70% of dollars were given to Philadelphia and 15% each were given to the PA and NJ Counties. This was a rough estimate. Therefore, they changed the funding ratios to follow percentage numbers/share of the epidemic within the three regions. HIPC adopted the policy to divide dollars to match the share of the epidemic based on the most recent prevalence numbers. They could always revisit this policy if needed.

S. Moletteri displayed the spreadsheets for the screen. At the bottom of the page, A. Edelstein pointed out the Philadelphia allocation for 2021 based on the 2019 prevalence percentages. This would have been \$12,125,296 for Philadelphia, but with the 1.744% increase it was \$12,336,801. PA Counties represented 17.59% of the epidemic in 2019 and called for a \$3,070,993 allocation. With the increase of 1.744%, this was \$3,124,562. The NJ counties allocation with 2019 prevalence numbers was \$2,267,285. With the increase of 1.744%, this was \$2,306,833.

A. Edelstein directed attention to the 2021-2022 allocations. This column, he explained, was the allocation before the change in the composition of the epidemic. He read out the percentage share of PLWH for each part of the region: 69.43% share of the epidemic in Philadelphia County, 17.59% share in PA Counties, and 12.98% share in NJ Counties. A. Edelstein said the difference between last year's funding for Philadelphia and this year, due to change in composition of the epidemic, was a loss of \$282,573. Since there was an increase in funding, there was only a total loss of \$71,068. The PA Counties, due to an increase in PLWH, had an increase of \$299,524 solely from change in composition. With the increase in funding, the total increase was \$353,092. NJ faced a decrease of \$16,951 due to change in the composition and received an overall increase of \$22,598 after the funding increase of 1.744%.

A. Edelstein referred to the narrative for budget scenarios and read them aloud for each of the three regions. The budgets scenarios as decided in August 2021 for FY2022 are as follows:

NEW JERSEY COUNTIES:

(Burlington, Camden, Gloucester, and Salem Counties)

- **LEVEL:** All funded service categories are to be proportionally decreased based on the reduction of \$16,950 within the New Level Funding Budget.
- **5% INCREASE:** All funded service categories are to be proportionately increased based on the New Level Funding Budget increase of \$113,364.
- **5% DECREASE:** All funded service categories are to be proportionally decreased by \$137,899 with the exception of EFA-Housing and Mental Health Therapy/Counseling which are to be held at their FY2021 Level Funding Budget amounts.

PENNSYLVANIA COUNTIES:

(Bucks, Delaware, Chester, and Montgomery Counties)

- **LEVEL:** All funded service categories are to be proportionally increased based on the increase of \$299,524 within the New Level Funding Budget.
- **5% INCREASE:** Working from the New Level Funding Budget, the 5% increase of \$153,550 is to be split in half and distributed evenly between Mental Health Therapy/Counseling and Housing Assistance.
- **5% DECREASE:** Working from the FY2021 Level Funding Budget, all funded service categories are to be proportionally increased by \$135,701.

PHILADELPHIA COUNTY:

- **LEVEL:** All funded service categories are to be proportionally decreased based on the reduction of \$282,573 within the New Level Funding Budget.
- **5% INCREASE:** Working from the FY2021 Level Funding Budget, all funded service categories are to be proportionally increased by \$323,692.
- **5% DECREASE:** Working from the FY2021 Level Funding Budget, all funded service categories are to be proportionally decreased by \$929,400.

A. Edelstein explained that the Finance Committee's roles was to receive the final number for the allocation, review the three budget scenarios, and see which scenarios was closest to the actual award amount decrease or increase. Once the Finance Committee made a decision, they would bring their decision forward with a recommendation for HIPC to approve. The Finance Committee decided to go with the 5% increase budget for all three regions due to the small increase of 1.744%.

He reviewed the Philadelphia spreadsheet for the level funding budget scenario. The leftmost column listed core service categories (as defined by the federal government to be the greatest priority) and support services. The second column listed the percentage breakdown of funding

for each service category based on FY2021-2022 funds. The next column contained the correlated dollar amounts. These two columns were based on the 2018 PLWH% of 71.050%. The next two columns (in blue) contained the adjusted numbers with the 1.744% and the 2019 PLWH% of 69.430%. The percentages were identical since funding was the same percentage amount. The difference in funding was -71,068% for the level funding budget.

For Philadelphia and NJ Counties, the Level Funding Budget and 5% Increase Budget scenarios called for proportional changes based on the funding amount, so both budget scenarios were identical.

A. Edelstein next looked at the PA Counties 5% Increase Budget scenario. The 5% increase was to be split in half between Mental Health Therapy and Housing Assistance. The services, as displayed on the spreadsheet, that received the additional increase were highlighted in yellow. The other services were funded at the same level. PA Counties received a total increase of \$353,093 when considering the shift in PLWH% as well as the 1.744% increase. However, the budget scenario worked from the New Level Funding budget. This meant that the PLWH% increase dollars were proportionately distributed amongst all services first. The remaining \$53,569 which represented the 1.744% increase was then split in half and given to both Housing Assistance and Mental Health Therapy (\$26,784 each).

A. Edelstein next looked at the 5% Increase Budget scenario for NJ Counties. All services were funded at the same percentage amounts as the current funding. The dollar amounts were different because of the small increase, but the percentages were the same.

He said they would also have to allocate Systemwide and MAI (Minority AIDS Initiative) dollars. They would review these after they voted on the three regions.

Motion: A. Edelstein motioned to approve the 2021 5% increase plans for the three regions (NJ Counties, PA Counties, and Philadelphia County) as recommended by the Finance Committee.

Vote:

- A. Edelstein: abstaining
- K. Carter: in favor
- L. Diaz: abstaining
- K. Morse: in favor
- A. Williams: in favor
- C. Steib: in favor
- D. Surplus: abstaining
- E. Rand: in favor
- G. Keys: in favor
- S. Romero: in favor
- L. Matus: in favor
- P. Gorman: in favor
- S. Nieves: abstaining
- E. Thornburg: abstaining
- J. Baez: in favor

S. Heaven: abstaining
G. Grannan: in favor
D. D'Alessandro: in favor
S. Johnson: abstaining
J. Haskins: in favor

Motion passed: 12 in favor, 7 abstaining. The 5% Increase Budget scenarios for all three regions were approved.

A. Edelstein next directed attention to the Systemwide services. They would next have to approve the award for the Systemwide categories. A. Edelstein read off the titles in the first column which were all of the services/programs covered under Systemwide. He had asked M. Ross-Russell to offer an explanation for Systemwide costs, so she prepared a narrative for the HIPC which is as follows:

The Planning Support Budget is part of the Ryan White Formula and Supplemental administrative cost allocation. As part of the current budget cycle, indirect costs will be handled differently than in the past. Each funded organization that uses PHMC as its fiscal agent will have to include the 9.2% PHMC indirect costs within their respective budgets. Indirect costs are those costs that are not directly accountable to a program budget object. Indirect costs generally include administration, non-program personnel, and security costs. These are the costs which are not directly related to program activities. Most indirect costs may be related to overhead. By way of example, fiscal activities such as processing payroll, paying bills, liability insurance, audit costs, etc. are all an indirect cost. Because of this change the minimum amount OHP needed to maintain the existing program costs have been increased to offset the 9.2% indirect cost.

The 10% administrative costs also include Systemwide Coordination, Grantee Administration, and Capacity Building.

HRSA defines the term "capacity-building" as actions that build, strengthen, and maintain the necessary competencies and resources needed to sustain or improve health services delivery to vulnerable and underserved populations. An example of this within our system are the required trainings provided by AACO.

CQI (Continuous Quality Improvement) or QM as defined by HRSA represents Quality Improvement (QI) which consists of systematic and continuous actions that lead to measurable improvement in health care services and the health status of targeted patient groups. In our system many of these review activities are carried out by the Information Systems Unit at AACO. This is a separate legislatively identified cost that cannot exceed 5% of the total award.

A. Edelstein explained that PHMC (Public Health Management Corporation) was a fiscal agent for the city. Therefore, PHMC would be billed as opposed to the city directly, and PHMC administrated the dollars. When organizations billed PHMC, the turnaround was much quicker than billing the city. M. Ross-Russell added that there were administrative costs that PHMC absorbed. Since PHMC covered the 9.2% of indirect costs, OHP and other organizations did not

need to bear the extra costs that would inevitably occur when dealing with administrative work, personally (e.g. more financial staff, liability insurance, etc.).

A. Williams asked if redirecting administrative work to PHMC prevented individuals from receiving equitable benefits and pay. E. Thornburg responded that PHMC's benefits were equal to and sometimes better and that pay rate was not subject to be compared to union positions. There was more expansiveness under PHMC regarding the salary workers could receive. E. Thornburg noted that the only downside was that due to the language for contracted employees, they did not receive educational benefits. A. Williams asked if it was possible to ask PHMC to expand educational benefits. D. D'Alessandro asked if HIPC had gotten involved with personnel in the past. A. Edelstein said this was not necessarily their purview. K. Morse said that the recipient could address this, but the HIPC was not able to make any decisions regarding procurement. Personnel was included in procurement. D. D'Alessandro agreed that this was a regulatory issue.

D. D'Alessandro added that a reason for contracting individuals under a grant was to ensure that if funding ended, the contracted employees would not become a recurring cost. If such employees were hired directly by the city, the city would have an obligation to find the individual a new position if funding ceased.

The group returned to the discussion around Systemwide. M. Ross-Russell explained that I&R (Information & Referral) was the Client Services Unit (CSU) which is where individuals called to get linked to services and Case Management. She did not yet receive a response for Systemwide Coordination – she figured this was the hotline that could connect individuals to the I&R portion.

M. Ross-Russell asked everyone to look at the Systemwide and MAI budgets. M. Ross-Russell looked at the Systemwide column. She said that everything was proportional in this increase except the PC Budget and Grantee Administration. M. Ross-Russell asked the committee to recall her explanation in the past that there was a change to the way the PC Support budget was done and that they now had to include indirect costs. As a result, the overall budget increased to include indirect costs. A. Edelstein noted that the PC Budget amount was listed there, and Finance Committee would later present the PC Budget with the line items expanded. E. Thornburg suggested changing the colors of the spreadsheet to ensure that it was visible to individuals with low color perceptibility.

Motion: A. Edelstein motioned to approve green column (Draft 22-23 with 1.744% increase and PC support change) for the Systemwide budget as recommended by the Finance Committee.

Vote:

- A. Edelstein: abstaining
- K. Carter: in favor
- L. Diaz: abstaining
- K. Morse: in favor
- A. Williams: in favor
- C. Steib: in favor

E. Rand: in favor
G. Keys: in favor
S. Romero: in favor
L. Matus: in favor
S. Nieves: abstaining
E. Thornburg: abstaining
J. Baez: in favor
S. Heaven: abstaining
G. Grannan: in favor
D. D'Alessandro: in favor
S. Johnson: abstaining
J. Haskins: in favor
P. Gorman: in favor

Motion passed: 13 in favor, 6 abstaining. The green column (Draft 22-23 with 1.744% increase and PC support change) for the Systemwide budget was approved.

A. Edelstein explained that MAI was an acronym for Minority AIDS Initiative. The dollars originated with the Congressional Black Caucus years ago. The intent was to target dollars to minority communities with high incidence rates. The dollars funded two services: Ambulatory Care and Case Management. The HIPC typically increase or decreased dollars proportionally depending on the new award amount. M. Ross-Russell added that the MAI funds went to both Philadelphia and the some of the suburban counties.

Motion: A. Edelstein motioned to approve proportional increase budget for MAI funds (green column) as recommended by the Finance Committee.

Vote:

A. Edelstein: abstaining
K. Carter: in favor
L. Diaz: abstaining
K. Morse: in favor
A. Williams: in favor
C. Steib: in favor
E. Rand: in favor
G. Keys: in favor
S. Romero: in favor
L. Matus: in favor
P. Gorman: in favor
S. Nieves: abstaining
E. Thornburg: abstaining
J. Baez: in favor
S. Heaven: abstaining
G. Grannan: in favor
D. D'Alessandro: in favor
S. Johnson: abstaining

J. Haskins: in favor

Motion passed: 13 in favor, 7 abstaining. The proportional increase budget for MAI funds (green column) was approved.

A. Edelstein encouraged everyone to come to the meetings to, especially if they were new to the council and had questions about the process. The policy for the Finance Committee was that any HIPC member that attended a meeting was automatically a voting member for that committee.

A. Edelstein announced that the next meeting would be July 7th. Despite the upcoming allocation process, they would still be meeting. HIPC would not meet next month. The HIPC would next meeting August.

K. Carter suggested OHP provide spreadsheets and presentations be sent to members prior to meetings. M. Ross-Russell said external presentations may not be available until day-of. However, they could provide the spreadsheets and other documents, so long as the council acknowledges the numbers were not final.

Presentation:

—OHS Presentation—

B. Johnson introduced himself as the Assistant Deputy Director of the Office of Homeless Services (OHS) Prevention and Diversion Intake Unit.

He read OHS’s mission: “Provide the leadership, coordination, planning, and mobilization of resources to make homelessness rare, brief, and non-recurring for the City of Philadelphia. Homeless Services works collaboratively with more than 60 mostly non-profit, homeless housing and service providers combined with city, state, and federal governmental entities to comprise Philadelphia’s homeless service system of Continuum of Care (CoC). This system provides emergency housing and services to people who are both experiencing homelessness and at imminent risk of homelessness.”

Within the city, there were two intake sites/access points: Appletree Family Center (1430 N. Cherry Street) and Roosevelt Darby Center (804 N. Broad Street). Appletree was often known for single mothers and families, and the second was known for single men. Now, the locations did not separate by sex, gender, or family composition. They were open from 7 a.m. to 5 p.m.

They assisted households at risk or imminently at risk of homelessness, e.g. those with eviction notices. To access services, they had a hotline: 215-686-7177. There was also a webpage that came about due to COVID-19: phila.gov/departments/office-of-homeless-services/. He read the “what we do” and “get help” sections of the website. Please visit the website to see details.

Under “get help,” individuals could fill out a form to request assistance.

As for homeless prevention, they provided one-time payments. They also provided multi-month assistance depending on need assessment and funding available. Required documentation was required for financial assistance. The length of process would often vary depending on individual requiring assistance. For example, negotiation of rent, inspection process, etc. would heavily impact the length of process for assistance delivery.

As for intake assessment, individuals would go through security check and sign-in for safety purposes. They would then meet with Social Work Service Manager staff for intake assessment where placement eligibility would be determined. They would refer individuals to other available resources when needed – there were many individuals on-site who offered other services. COVID-19 screening assessment and tests were also available on-site. Within the last 2-3 weeks they had seen an uptake in positive COVID-19 cases. They would put these individuals in their CRIS site for isolation until testing negative.

Due to limited spaces, OHS had to prioritize populations such as those fleeing from domestic violence. A barrier to shelter placement, he noted, was the inability for individuals to complete Activities of Daily Life (ADL). Shelters were not personal care facilities, so if individuals needed extra assistance, OHS needed to ensure that they were referring individuals to the appropriate housing setting. In the case where individuals were unable to complete their ADLs but had been approved for some type of extra care, they could receive this service within a shelter by staff. Another barrier, he noted, was health and safety violations. Individuals violating health and safety, they could be placed on serious restriction while still being able to access the shelter on a night-by-night basis.

B. Johnson explained that diversion meant that everyone who requested placement in a shelter system, they attempted to divert them on a night-to-night basis. This means they would try to connect to family and friends to see if individuals could stay other places. This is part of an attempt to free up more bed space in shelters for those who truly had nowhere else to stay. They would still assist diverted individuals—they would pay for transportation in an effort to connect individuals with family and friends. This is all after they verify that the person had a safe place to stay.

After hours—Monday-Friday from 5 p.m. to 7 a.m., weekends, and holidays—people could go to Salvation Army for families, House of Passage for single women, and Station House for single men. K. Carter asked where individuals without housing went if they got COVID-19. He mentioned how the hotels had closed for this purpose. B. Johnson said they had a specific site where they would place people. The site was owned by the City of Philadelphia. People were not required to stay the full time of infection, but OHS had a responsibility to house individuals during COVID-19 isolation.

Sharee asked if the slides were available. B. Johnson said he would send the slides to S. Heaven. G. Grannan asked if those requesting traveler assistance were barred from returning to Philadelphia and accessing the services. B. Johnson responded that no one was barred, and they would assist if there was a need and funding was available. Within the Zoom chat, individuals suggested that the new access site location would cause individuals to not access services. B. Johnson responded that they had to move locations because of issues with reimbursement costs.

They provided the same services, however, and they provided transportation to sites when needed.

S. Johnson asked about the status of offering respite and Serenity Court. B. Johnson responded that depending on the severity of the medical issue with the individual, OHS had the ability to refer individuals to Serenity Court. Not all were accepted at Serenity Court since the location had its own criteria. S. Johnson specifically asked if there would be expansion of these types of services with the local hospitals. B. Johnson could not speak on this, but OHS recently had a discussion with the city about expanding services and ensuring that there was room and care (for those with medical need) for individuals especially before the upcoming winter.

S. Heaven addressed the council, explaining that housing was extremely important. The emergency shelter program, she felt, was important to explain to the council as a means for sheltering individuals. Individuals could not always immediately apply for HOPWA due to the current process. With the federal push for coordinated entry, the City of Philadelphia worked on this through the OHS. Later in the year, S. Heaven explained, there would be another presentation around housing so the Council could receive the full picture on housing within the City. Additionally, S. Heaven, mentioned increasing slots at HOPWA which dealt with capacity. She would get into this more in the future. K. Carter asked about the HOPWA waitlist. Sharee said it was at 220 (8-10 year wait) for a long time, but it was now under 200. HOPWA allowed two providers to take on additional individuals, and then they allowed providers to fill vacant slots. She said there was no one currently on the waitlist who was chronically homeless and living with HIV.

K. Carter mentioned that the OHS put out a newsletter, so this was an important resource.

Committee Reports:

—Executive Committee—

No report.

—Finance Committee—

No further report.

—Nominations Committee—

J. Baez reported that the committee met today and reviewed the attendance. Committee members would reach out to members on an individual basis. He reminded everyone that there would also be the new member check-in.

—Positive Committee—

S. Moletteri reported that the Positive Committee would next meet Monday the 13th from 7:00-8:30 p.m.

—Comprehensive Planning Committee—

G. Grannan reported that they were now at the end of the Priority Setting process. They should have priorities set for the upcoming allocations process.

—Prevention Committee—

L. Matus reported that the committee spent a portion of time discussing PrEP and offering feedback to AACO guests.

Any Other Business:

None.

Announcements:

None.

Adjournment:

S. Heaven called for a motion to adjourn. **Motion:** K. Carter motioned, D. D'Alessandro seconded to adjourn the June 2022 HIPC meeting. **Motion passed:** Meeting adjourned at 4:21 p.m.

Respectfully submitted,

Sofia M. Moletteri, staff

Handouts distributed at the meeting:

- June 2022 HIPC Meeting Agenda
- May 2022 HIPC Meeting Minutes
- FY2022 Budget Spreadsheets
- Systemwide Costs Narrative

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.

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.
-

Ryan White Formula and Supplemental Planning Council Support Budget Review

The responsibility of reviewing the initial support budget falls to both the Executive and Finance Committees as directed by the HIPC. The quarterly review was given to the Finance Committee by the Executive Committee and agreed upon by the HIPC.

As previously explained, PHMC acts as the fiscal agent for the Office of HIV Planning who are support staff to the HIPC. Fiscal segregation of responsibility is ensured through the following steps: the office manager processes the payment authorization, the director reviews and signs the payment authorizations and the checks are processed and currently distributed through the accounting department at PHMC and signed by their CEO, Richard Cohen. Monthly invoices are then submitted by PHMC to the recipient for payment and OHP as support documentation. (Any reimbursement for expenditures by the OHP Director related to the office are reviewed and authorized by the recipient. This type of expenditure cannot be authorized by the OHP Director. Copies of payment authorizations must be maintained for a period of no less than seven years.)

Expenditures through May 31, 2022 as well as the current and previous fiscal year budget have been provided for review. The projected first quarter expense is \$134,276, which is based on dividing the overall formula and supplemental budget by 12 (\$44,785) and multiplying that amount by 3. Currently there is approximately \$27,104 of underspending due in large part to staffing and virtual versus in person meetings. The lease for the space increased effective 1/1/2022 to \$18 per square foot from \$16, but it is still below the current rate for the area which is between \$22 to \$24 per square foot.

The change between the previous fiscal year budget and current year's budget are because of minor shifts in line items and the increase in the indirect cost allocation process.

The breakdown/explanation of expenditures is as follows:

Personnel was impacted by the departure of the health planner/website coordinator and the community planning support coordinator.

Consultant costs were reduced, it is anticipated that the need to use a data analyst for the community survey will not be necessary because this advanced analysis will be carried out by AACO staff.

Operating costs were affected by the office closure as a result of the pandemic and switch to a virtual meeting versus in-person structure.

- **Utilities:** The office did not require the usual heating and cooling or electrical output for computers and printers/copiers.
- **Communications:** The phones and internet were fully operational therefore the costs did not change significantly.

- **Postage** is preloaded. This changed from one year to the next with the implementation of the PLWH survey. The costs for postage paid mailers and return envelopes have been included in overall cost.
- **Courier Service:** This is generally has not been utilized but this changed with the delivery of the surveys to various providers throughout the EMA.
- **Office and meeting supplies:** The costs incurred are mostly related to PPE (personal protective equipment) supplies. Again, the virtual meeting structure has decreased the need for basic supplies.
- **Leased equipment:** Copier and Pitney Bowes postage machine.
- **Printing:** There is very little printing in a virtual meeting environment.
- **Equipment:** This is mostly software license/subscription costs which are paid on an annual basis. SPSS (statistical package for social sciences) is expensive (\$5,600) and ESRI which is the GIS (geographic information system) program (\$1,400), Survey Monkey (\$1,500), monthly network backup, etc.
- **Travel (staff and member), journal subscriptions, advertising and staff development** were not expended during this period.
- **Other:** This includes the security system, exterminator and office cleaning/maintenance. Only the costs for the security system were incurred.

Annual Checklist for
Assessment of the Efficiency of
The Administrative Mechanism (AEAM)
Completed by Finance Committee

General Instructions:

The following document is to be completed at the end of each fiscal planning cycle. Generally, February 28th marks the fiscal year end for the Ryan White Part A Formula, Supplemental and Minority AIDS Initiative funds. For the purpose of this document, consideration of the Recipient's final spending report will be included (Note: From year to year, the date that the final spending report becomes available may vary).

Throughout the course of the fiscal year the five sections (Procurement Process, Contracting, Reimbursement of Subrecipients, Use of Funds and Engagement with Planning Council/Planning Body in the planning process) will be completed at a minimum on a quarterly basis, in conjunction with the Finance Committee's review of quarterly spending reports as presented by the Recipient in the committee's meetings. Notes related to each item may be included as deemed appropriate by the members of the Finance Committee.

The Finance Committee will report its findings concerning the review of Annual Checklist items in its reports to members at the HIPC's monthly meetings. At the end of the fiscal planning cycle, the Finance Committee will present the findings documented on the Annual Checklist to the HIPC for review, comment, and approval. The checklist will serve as a report of the findings, conclusions, and recommendations and will be submitted to the recipient. The HIPC will request a written response from the recipient to be submitted within 45 days of receipt of the HIPC report.

Should issues and/or concerns related to the materials reported/provided to the Finance Committee by the Recipient occur during the course of this assessment process, the Executive Committee will be notified by the Finance Committee immediately (within 24 hours). A meeting of the Executive Committee will be scheduled in advance of the next HIPC meeting to discuss concerns and address next steps before a presentation to the full HIPC.

Annual Checklist for
Assessment of the Efficiency of
The Administrative Mechanism (AEAM)
Completed by Finance Committee

From the RWHAP Part A Manual: *The purpose of Monitoring the Administrative Mechanism “is to assure that funds are being contracted for quickly and through an open process, and that providers are being paid in a timely manner” (p 101).*

Directions: *Please complete the following form by highlighting yes, no, or N/A and offering the group responsible and any notes. “Group responsible” represents who (Council or specific subcommittee) was responsible for monitoring each item. The “Notes” section captures comments/concerns and allows the group responsible to expand upon the item listed.*

The Procurement Process:

<p>In the case of an RFP, HIPC received a presentation from and had a discussion with the recipient (AACO) around the RFP. The Recipient will present information regarding all proposed RFPs to the HIPC. HIPC meeting notes with a copy of the presentation will be reviewed as part of the monitoring process.</p> <p style="text-align: center;">NOTE: <i>HIPC is only to assess the process; the Council must not be involved in any way that might influence which agencies the recipient selects for funding. The HIPC should not be given information related to the RFP that could give provider members an unfair advantage.</i></p>		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Time Frame for report to Finance/HIPC: Six months prior to the RW service RFP distribution.		
Group Responsible: Finance Committee		
Notes: Not applicable. The recipient did not conduct a Ryan White Part A RFP during the fiscal year ending February 28, 2022.		

The recipient's (AACO's) contract procurement process was efficient, effective, fair and inclusive. The RFP distribution process was wide-spread and included all areas of the EMA. The Recipient will provide a report to the HIPC including the full RFP, the list of recipients that the RFP was distributed to, agency or agencies chosen, and a timeline for the contract process.

NOTE: HIPC is only to assess the process; the Council must not be involved in any way that might influence which agencies the recipient selects for funding.

Yes

No

N/A

Time Frame for report to Finance/HIPC: Thirty to sixty days after the RFP distribution process to accommodate the Finance and HIPC meeting schedule.

Group Responsible: Finance Committee

Notes: Not applicable. The recipient did not conduct a Ryan White Part A RFP during the fiscal year ending February 28, 2022.

The HIPC will be provided with an overview of the results of the RFP process from the recipient (AACO). This overview should include the number of responses to the RFP, the number of providers awarded and geographic location of the awards.

NOTE: HIPC is only to assess the process; the Council must not be involved in any way that might influence which agencies the recipient selects for funding.

Yes

No

N/A

Time Frame for report to Finance/HIPC: Thirty to sixty days after the RFP review and award process is completed to accommodate the Finance and HIPC meeting schedule.

Group Responsible: Finance Committee

Notes: Not applicable. The recipient did not conduct a Ryan White Part A RFP during the fiscal year ending February 28, 2022.

Contracting:

<p>HIPC received information from the Recipient (AACO) about the percent of contracts fully executed within 90 days after Notice of Grant Award. The Recipient will provide a report to the HIPC regarding the number of notices of intent to contract distributed and the percent executed within 90 days after the Notice of Grant Award.</p>		
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<p>Time Frame for report to Finance/HIPC: One hundred twenty days after the award letter distribution process to accommodate the Finance and HIPC meeting schedule.</p>		
<p>Group Responsible: Finance Committee</p>		
<p>Notes: All of the contracts were confirmed within 90 days of receipt of the final NOA from HRSA.</p>		

Reimbursement of Subrecipients:

<p>HIPC was informed of any obstacles to timely reimbursement. If there were obstacles, HIPC was informed of any adverse impact on clients or providers. The Recipient will provide a summary on obstacles to reimbursement to the Finance Committee on a quarterly basis. The measure will be determined by review of the Finance Committee notes on an annual basis.</p>		
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<p>Time Frame for report to Finance/HIPC: Quarterly, as part of the over/underspending reports.</p>		
<p>Group Responsible: Recipient staff and Finance Committee</p>		
<p>Notes: There is record of the quarterly spending reports, 2nd quarter – November; 3rd quarter – January. The final for this fiscal year has not been provided. Generally, the year-end report is provided in May or June after all invoices are received and reconciled by the recipient.</p>		

<p>HIPC was notified of late invoicing. The Recipient will provide a late invoicing summary to the Finance Committee on a quarterly basis. The measure will be determined by review of the Finance Committee notes on an annual basis.</p>		
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<p>Time Frame for report to Finance/HIPC: Quarterly, as part of the over/underspending reports.</p>		
<p>Group Responsible: Recipient staff and Finance Committee</p>		
<p>Notes: As part of the spending reports and reallocation requests information related to late invoicing is provided to the finance committee by recipient staff.</p>		

Use of Funds:

<p>The recipient (AACO) notified HIPC of a partial award/continuing resolution so HIPC could approve a budget scenario to ensure the rapid distribution of funds. The date that the HIPC emailed the Notice of Grant Award to the HIPC staff will be used to determine whether this indicator is met.</p>		
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<p>Time Frame for report to Finance/HIPC: One week after Notice of Grant Award or of partial award.</p>		
<p>Group Responsible: Recipient</p>		
<p>Notes: Upon receipt of a notice of award, either partial or full, by the recipient, the OHP staff and the finance committee were notified. At this point, the appropriate budget plan is crafted based on the approved HIPC decisions.</p>		

<p>The recipient (AACO) distributed funding in accordance to the approved allocation decisions made by HIPC. The Recipient will provide a copy of the allocations report submitted to HRSA to the HIPC after this report has been submitted to HRSA. Updates will be provided by the Recipient to the HIPC on a quarterly basis.</p>		
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<p>Time Frame for report to Finance/HIPC: Quarterly, as part of the over/underspending reports.</p>		
<p>Group Responsible: Recipient staff and Finance Committee</p>		
<p>Notes: This information has been provided in the past as part of the quarterly spending reports and reallocation requests.</p>		

<p>HIPC received regular reports on service utilization and expenditures by service category. The Recipient will provide quarterly reports on service utilization and expenditures by service category to the HIPC quarterly. Meeting minutes will be used to monitor this indicator on an annual basis.</p>		
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<p>Time Frame for report to Finance/HIPC: Quarterly, as part of the over/underspending reports.</p>		
<p>Group Responsible: Recipient staff</p>		
<p>Notes: Service utilization information is provided to the HIPC annually as part of the materials leading up to the allocation process. This generally happens in June. Expenditures are usually provided on a quarterly basis, unfortunately that did not occur during this fiscal period due in large part to the lack of availability of provider information because of the staffing problems related to the pandemic.</p>		

<p>The recipient (AACO) requested of HIPC any reallocations above the 10% threshold so HIPC could make and approve adjustments during the year. These requests were accompanied with a detailed explanation for the needed shift in funding. The Recipient submits these requests as needed. Meeting minutes and submitted materials from the Recipient will be used to monitor this indicator on an annual basis.</p>		
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<p>Time Frame for report to Finance/HIPC: As needed based on the Finance and HIPC meeting schedule.</p>		
<p>Group Responsible: Recipient staff</p>		
<p>Notes: Reallocation requests that occur throughout the fiscal year are presented to the finance committee for review and evaluation prior to going to the full HIPC. Finance committee decisions may be sent to the full planning body with: 1) recommendation to approve, 2) recommendation to disapprove, or 3) no recommendation. Final decisions related to reallocation requests fall under the purview of the HIPC.</p>		

Engagement with Planning Council/Planning Body in the planning process:

<p>The recipient (AACO) had a staff member at each committee meeting except when asked not to attend. Meeting minutes will be used to monitor this indicator on an annual basis.</p>		
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<p>Time Frame for report to Finance/HIPC: Recipient staff shall attend regularly scheduled Finance and HIPC as well as annual allocation meetings. The number of meetings attended by recipient staff will be identified at the end of the fiscal cycle.</p>		
<p>Group Responsible: Recipient staff</p>		
<p>Notes: Recipient staff participated in all 6 Finance committee meetings during fiscal year end 2022: 11 HIPC meetings and each of the allocation meeting held.</p>		

The recipient (AACO) implemented directives from HIPC and reported back on progress. The Recipient will report back on the directives at a regularly scheduled HIPC meeting. Meeting minutes will be used to monitor this indicator on an annual basis.

Yes

No

N/A

Time Frame for report to Finance/HIPC: Six months following the start of the fiscal year.

Group Responsible: Recipient staff

Notes: Due to transitions within the leadership staff, the recipient did not implement directives from the HIPC and did not report back on the progress to the HIPC during FY21.