

MEETING AGENDA

VIRTUAL:

Thursday, November 4, 2021

2:00 p.m. – 4:00 p.m.

- ◆ Call to Order
- ◆ Welcome/Introductions
- ◆ Approval of Agenda
- ◆ Approval of Minutes (*October 7, 2021*)
- ◆ Report of Co-Chairs
- ◆ Report of Staff
- ◆ Discussion Items
 - Second Quarter Spending Report
 - Monitoring the Administrative Mechanism
- ◆ 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: November 4, 2021 from 2:00 – 4:00 p.m.

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FINANCE COMMITTEE
HIV INTEGRATED PLANNING COUNCIL

**Philadelphia HIV Integrated Planning Council
Finance Committee
Meeting Minutes of
Thursday, October 7, 2021
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), David Gana (Co-Chair)

Guests: Ameenah McCann-Woods (AACO)

Staff: Beth Celeste, Julia Henrikson, Debbie Law, Mari Ross-Russell, Sofia Moletteri, Elijah Sumners

Call to Order: A. Edelstein called the meeting to order at 2:06 PM

Approval of Agenda: A. Edelstein presented the August 2021 Committee agenda for approval. **Motion:** K. Carter motioned to approve the agenda with one amendment, M. Cappuccilli seconded to approve the August 2021 with one amendment agenda. Motion passed: 4 in favor, 1 abstained

Approval of Minutes (*August 12, 2021*): A. Edelstein presented the previous meeting's minutes for approval. **Motion:** D. Gana motioned to approve the minutes, K. Carter seconded to approve the August 2021 meeting minutes. Motion passed: 4 in favor and 1 abstained.

Report of Co-Chairs:

No Report.

Report of Staff:

M. Ross Russell stated there is no report, but there are related items that fall under action items that will be discussed.

Action Items:

—OHP Budget—

M. Ross Russell explained that this budget represents a 6-month expenditure budget. The total budget column is the one which has borders, and that is the total Ryan White formula and

Supplemental budget. Then you have the formula amount broken down and the supplemental amount broken down. The next column is expenditures through June. And then the 6 month expenditures which include July and August, which takes us to a half year. A. Edelstein asked when the fiscal year began for the office of HIV Planning. M. Ross-Russell answered that it began March 1, 2021. The next column has the total expenditures through August 31, 2021. M. Ross-Russell explained that the highlighted sections at the bottom of the page were how much we should have expended and the blue line is how much OHP was projected to spend and the yellow highlight signified the amount of underspending, so the \$207k is what has been expended. A. Edelstein asked if the third column where it begins 117k, would be the 6-month column? M. Ross-Russell answered yes. A. Edelstein followed up that you would expect that on the expenditures that OHP would have spent 50% of the dollars at the 6-month mark. With most of the items in the budget OHP was at or near 50%, although there were a number of items where there was underspending and overspending, respectively. A. Edelstein asked for clarification based on the significant variances in overspending and underspending. M. Ross-Russell stated that there was underspending in the Utilities budget because the first few months of the pandemic no staff were in the office, and even now OHP operates on a hybrid model. The result of that being that rooms like the large conference room are not being air conditioned, so OHP is under budget for where they thought they would be at this point.

Another example M. Ross-Russell gave was OHP is under budget for postage and courier services. Other than sending out bills for space utilization, etc. there has not been much spending on postage; however, she anticipates that the Consumer Survey would make OHP reach its projected budget for courier services and postage. She continued that leased equipment, including the postage machine and copier. Printing and Duplication will meet its budget once we begin the Consumer Survey. The equipment includes software licensing, SPSS and ESRI, which are a statistical package for the social sciences and the geographic imaging software, respectively, and both of which are pretty expensive. OHP also backs up its network on a monthly basis with IT services provided by ICS. A. Edelstein asked for clarification that these were not all equipment purchased, and some are software, services, etc. M. Ross-Russell answered yes. A. Edelstein asked when purchasing software packages, are they subscription-based as well as buying support from the respective company. M. Ross-Russell answered yes and stated that these subscriptions were all due in the last few months which is why the costs appear suddenly high on the budget, but reminded everyone that these are yearly subscriptions. A. Edelstein asked if the savings were primarily due to COVID-19. M. Ross-Russell answered yes in part, another being that an employee left in March and the hiring process and staffing changes were not finalized until July, so some personnel costs were not incurred. A. Edelstein asked if OHP does accounting on an accrual basis or on a cash basis. M. Ross-Russell answered that it is on an accrual basis, D. Law creates the payment authorization forms and M. Ross-Russell reviews and sends them to PHMC for payment. A. Edelstein asked if PHMC was responsible for issuing checks to vendors? M. Ross-Russell answered yes and if she purchased something she would have to send the payment authorization form to the Director of AACO to sign.

K. Carter asked what happened to the money that was unspent. M. Ross-Russell answered that when there is underspending, the money is reallocated to services. She went on to say that there have been cost-of-living increases in the past. A. Edelstein asked if there are merit-based pay-increases. M. Ross said there used to be in the past, and there was a performance evaluation/ assessment that has been phased out, and at times, overruled. M. Cappuccilli asked if there were any unexpected costs to working in a hybrid model? M. Ross answered that the costs came up in the “office supplies” section of the budget because there needed to be webcams for zoom calls, external hard drives for access to documents, etc. K. Carter asked if there were any out-of-pocket expenses for working at home? M. Ross-Russell answered that it was difficult to separate the wifi that people would use at home when it was already in use/ going to be used regardless of whether it was being used for work or not. She continued some expenditures that are hard to prove and used the example of buying paper for her home office. A. Edelstein likened this process to an honor system and he gave an example that his daughter’s phone bill was subsidized by her office. A. Edelstein reiterated the processes involved with PHMC, including the compartmentalization of duties of different individuals being involved with different steps in the process and approval from check writing coming directly from the fiscal agent. He continued that as long as the process was being followed, the Finance Committee did not need to question it. M. Cappuccilli asked if the Finance Committee would be conducting a budget review quarterly or every six months? M. Ross-Russell answered that it would be quarterly moving forward.

--Monitoring the Administrative Mechanism--

M. Ross Russell stated that S. Moleterri compiled the form, which covers what HIPC want to do moving forward and addressed the concerns from the HRSA site visit. Edelstein asked how these things would be communicated to HIPC? M. Ross answered that as we move toward the year-end we would go back and fill in the Administrative Mechanism. Some will need to be completed sooner; such as whether or not the recipient distributed the funding within the 90-day period, if there is an RFP process then that process needs to be conveyed to the planning body and finance by the recipient. Based on that information we would then determine potential dates based on the work accomplished. M. Ross-Russell suggested that when the Finance Committee reviews the budget quarterly that they could also complete sections of the Administrative Mechanism. A. Edelstein agreed that it makes sense. K. Carter asked how often requests for proposals go out? M. Ross-Russell answered that they happen rarely, so it becomes non-applicable. K. Carter followed up by asking when was the last time HIPC completed an RFP? M. Ross-Russell answered that there was a prevention related proposal. Prior to that there was a case management RFP, which everyone received a presentation on from E. Torres related to what that process would entail initially. Additionally, there was a presentation on the procurement process where she discussed what was going to happen and it was not as detailed as the previous presentation. M. Ross-Russell added she clarified to the project officer that since there are people on the planning council that would be submitting applications for the RFP, the level of detail that is provided over and above about what is in the proposal was actually giving member providers advanced knowledge on either what to

apply for, what to expect, or how to do it-- and wouldn't that be a conflict of interest. A. Edelstein added that it may also be illegal. M. Ross-Russell replied that she never got an answer to that question.

K. Carter stated that asking providers to recuse themselves during meetings in order to fully discuss RFPs was the only way for providers to not have an advantage. M. Ross-Russell stated that the legislative language calls for planning bodies to be made up of providers, and $\frac{2}{3}$ of the planning body is made up of providers. A. Edelstein asked if she completed reviews after something happens, not before they receive the information? M. Ross-Russell responded yes, but completing a review after the fact, means that if they came to you saying "x amount of people applied for this grant" and "these are the number of people we are providing services to," but the way HRSA wants this done moving forward is asking planning bodies if they had any input into the RFP process. Getting the pertinent information like the number of providers, the content of the RFP, what the process was, etc. after the fact makes absolute sense. A. Edelstein reiterated that it could still be illegal because if you have one set of people with more insider knowledge than another it creates a conflict of interest. M. Ross-Russell agreed and said that everyone in Philadelphia that participated in a site visit probably had a similar reaction. D. Gana stated that it was not to say the recipient could not give a general presentation on the general process on RFPs to the planning council itself. M. Ross-Russell responded yes and that was what they did. K. Carter suggested that we have a presentation again to do an overview of the process every quarter or 6-months. A. Edelstein answered that there have not been a lot of RFPs recently, and they are mostly on the prevention-side not the care-side. A. Edelstein asked if we should be more concerned about RFPs on the care-side of things? M. Ross-Russell answered that the part of the Prevention money that comes in was from the CDC, the planning body provides input into prevention services, but contractually they never have been involved in the allocation of prevention funds. Due to the CDC grant being contractual rather than legislative it is about what the language says in the contract and what the expectation is of the CDC. When they took a lot of the strength from the Prevention body's decision making, originally the Prevention group provided input into populations and interventions.

The CDC took over the population and interventions decision making process and they never had anything to say about the actual funding itself. So, where the planning body does allocations, that doesn't happen on the prevention side. M. Ross-Russell continued that this is a legislative mandate, community input from the CDC is completely different. A. Edelstein said that in the title it should read "Ryan White Part A" so as not to confuse others. M. Ross-Russell agreed and said that under the RFP process based on A. Edelstein's suggestion, HIPC would also have to include the results from the RFP process in this document. A. Edelstein stated that HIPC should focus on "high-level" stuff like looking at a fair, inclusive process because those things are appropriate for HIPC to be concerned about without getting into the minutia. M. Ross-Russell responded that this depends on the amount of detail the recipient provides, so finding out if it was inclusive is fine, but finding out which organizations benefited from this could be problematic. A. Edelstein suggested asking if they were

advertised in certain publications or certain kinds of organizations based on the population and geographic area. K. Carter asked if the process for RFP funding usually went to a group or organization that they have a pre-existing contract with. M. Ross-Russell answered that the way the RFP process was supposed to work is that there is a massive distribution to try to ensure that everyone that potentially can provide services is aware that this proposal is coming out and announcing it in as many ways as possible to receive the broadest response. She continued that as many different people/organizations are aware that there is a federal grant to serve x population or x service category. Part of the thing that became the restriction was the ability to carry out federally mandated steps and processes such as audits, fiscal responsibility, personnel, training, responses, reporting, data collection, etc. K. Carter summarized that an organization has to have a strong track record and internal operating standards. He continued by asking if they help in the development of other organizations that may not be up to the same standard as others? M. Ross-Russell answered that capacity building and quality management are also a part of the general process. A. Edelstein asked if that was still happening nowadays? M. Ross-Russell answered that she does not have the answer at this time. She continued that quality management training does happen, but those are usually individuals who are a part of the service delivery system. You also have the AIDS education and training centers that are supposed to provide services to everybody that provides services, and that may not necessarily mean someone that is a part of the Ryan White system. HRSA is also supposed to provide technical assistance and training for various service providers.

M. Cappuccilli asked if we have a subrecipient that receives a lion-share of ambulatory care services from Ryan White Part A funds, if a medical provider leaves that organization and takes a large number of patients with them, and is now out from the Part A umbrella but still providing care. More specifically, someone who works with this particular individual is on the planning council and asked a question "How can my doctor compete with Ryan White funding knowing that this doctor is treating so many of the patients that another doctor used to treat under the Ryan White umbrella. What would you tell that person? M. Ross-Russell answered that if they can fulfill the contractual requirements associated with the funding, yes, that happens through an RFP. For example, NJ Part B just sent out an RFP that went out to all of the providers and should be on their website. M. Cappuccilli said that basically the individual needs to chase down an RFP to actually find one. A. Edelstein added that this happened when the AIDS Care Group began and broke away from ChesPenn Health Services and started their own agency. They competed with their former employer for funding through the RFPs. M. Ross-Russell added that RFPs for Ryan White services do not happen often and depend upon what services they provide.

For Ryan White Part A and B, generally what happens is like in New Jersey where they are conducting RFPs for the entire system. If you are a primary medical provider you can go after this particular pot of money as long as you meet the service criteria that is put forth by New Jersey and HRSA. Part A does not necessarily RFP all of the services, they usually RFP blocks of services or individual services based on either changes to the system or the need to have additional providers of service. There are currently parts of the EMA that do not have

access to all services that are available and fundable. K. Carter asked if there was a non-compete clause through Ryan White services? M. Cappuccilli and A. Edelstein answered that they did not think so, M. Ross-Russell added that noncompete clauses are more likely in for-profit enterprises.

M. Ross-Russell suggested that another component to the procurement process be added to the Administrative Tool asking about the actual results of the procurement process. M. Cappuccilli asked whether most contracts were executed within 90 days of notice of grant? M. Ross-Russell answered that generally it did but it that not happen this year. A. Edelstein asked if it was a COVID-19 related issue. M. Ross-Russell answered that there were a couple things that happened that could explain it. Usually, the Health Department gets the notice of grant award and OHP is notified within 48 hours of receipt at which point OHP works toward creating the proper allocations budget so the planning council can review the allocations and make decisions. When the allocations process is completed with the new award amount, then the recipient can do the awards, the allocation process must happen first. This year the notice was not received from the recipient until six weeks after the fact, which made the letters of award go out late. The recipient made sure to note that this would not happen moving forward.

A. Edelstein asked if M. Ross-Russell had a recommendation on which Administrative mechanism to use based on other EMAs? M. Ross-Russell answered that there was no discernible difference and other EMAs may have requirements that others do not. She continued that any time the planning council has asked anything of the recipient they have been forthcoming. A. Edelstein asked if the finance committee could make the decision to adopt this format without the input of other committees on the planning council? M. Ross-Russell answered that this was a charge given to the finance committee from the executive committee, so yes, they could adopt it without going through the planning council. A. Edelstein asked if the future process would look something like the finance committee reviewed the administrative mechanism quarterly, some individuals will have to be responsible for completing it and present it to the full planning council. M. Ross-Russell answered that it would go to the planning council as a part of the finance committee's report. A. Edelstein said the planning council already has a process whereby the representative of the recipient would come to the committee and make quarterly financial reports, so this could be included also as updating it as appropriate and presenting it to the council. M. Ross-Russell answered that she is in regular contact with individuals at AACO, so filling the mechanism in and completing it should not be problematic. M. Ross-Russell asked A. McCann-Woods if this was correct, she responded affirmatively. A. Edelstein asked M. Ross-Russell if in terms of the minutes and fulfilling our legislative charge, does this need to be completed as a motion? M. Ross-Russell answered that the finance committee would have to formally accept this as the process as the form the planning committee will use moving forward.

--Reallocation Request--

A. McCann-Woods stated Ryan White Part A Medical Case Management subrecipients have been confronted with an increased demand for services due to an uptick for EFA/Housing and recent flooding events in the suburban counties. They've also incurred increased personnel costs due to scheduled cost of living and fringe benefits adjustments as well as keeping salaries at competitive levels to mitigate turnover of experienced staff. Generally, the average "tour of duty" of medical case managers is two years, then they tend to move on to other employment opportunities. The current allocations are insufficient to cover costs through the end of the contract year.

With the lifting of the moratorium on pandemic utility shut-offs, the Philadelphia Region is under allocated to meet increased demand for Emergency Financial Assistance (EFA). Conversely, Part A EFA Housing associated costs have been less than expected due to the availability of Care Act COVID-19 and carryover funds (\$332,775.00/State, \$328,077 HRSA and \$550,000 carryover).

In order to satisfy these regional needs, the Recipient is requesting permission to reallocate funds as follows:

A. McCann-Woods stated that for New Jersey there was a Decrease in EFA/Housing by 48.4% or \$54,989.00. Additionally, increase Medical Case Management by 12.5% or \$54,989.00. In Philadelphia we would like to decrease EFA/Housing by 49.6% or \$255,426.00. Increase Medical Case Management by 4.8% or \$200,426.00 and increase EFA by 113% or \$55,00.00. She continued, that AACO knows through the COVID-19 money received from the state and through HRSA there is about \$660,000+, so although there are decreases in EFA housing in New Jersey and Philadelphia, the region has received additional money through COVID dollars. A. Edelstein asked about staff retention and not only the retention, but overall compensation. A. McCann-Woods answered that the increase was due to fringe benefits increasing. K. Carter asked if the increased Medical Case Management money would have to be reported? M. Ross-Russell answered they do not need to report it, but they should let people know where the money is going. She recommended putting an explanation that there is extra money because housing was a really big issue and to take money out can create a larger issue. A. McCann-Woods said it would be added to the language before the next meeting. M. Cappuccilli asked how long the COVID-19 money will last and is that going to become a conflict moving forward? A. McCann-Woods answered that the money should last through the end of the contract period. M. Cappuccilli asked if the pipeline of COVID-19 money is as accessible as the pipeline for Part A funding? A. McCann-Woods answered yes because the shallow rent program so processes to access that is similar.

Motion: A. Edelstein called for a motion to approve the reallocation requests for both New Jersey and Philadelphia. D. Gana motioned to approve, M. Cappuccilli seconded the motion.

Motion passed: All in favor.

Any Other Business:

None.

Announcements:

S. Moletteri said there is not a meeting scheduled Monday the 12th for the Poz Committee because it's Indigenous Peoples Day, so the meeting will be the 18th.

Adjournment: A. Edelstein called for a motion to adjourn. **Motion:** M. Cappuccilli motioned, K. Carter seconded to adjourn the September 9, 2021 Integrated Planning meeting. **Motion passed:** All in favor. Meeting adjourned at 3:51 p.m.

Respectfully submitted:

Elijah Sumners, staff

DRAFT

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.</p> <p>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>		
Yes	No	N/A
Group Responsible:		
Notes:		

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.

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

Group Responsible:

Notes:

The HIPC should 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

Group Responsible:

Notes:

Contracting:

HIPC received information from the recipient (AACO) about the percent of contracts fully executed within 90 days after Notice of Grant Award.		
Yes	No	N/A
Group Responsible:		
Notes:		

Reimbursement of Subrecipients:

HIPC was informed of any obstacles to timely reimbursement. If there were obstacles, HIPC was informed of any adverse impact on clients or providers.		
Yes	No	N/A
Group Responsible:		
Notes:		

HIPC was notified of late invoicing.

Yes	No	N/A
Group Responsible:		
Notes:		

Use of Funds:

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.		
Yes	No	N/A
Group Responsible:		
Notes:		

The recipient (AACO) distributed funding in accordance to the approved allocation decisions made by HIPC.		
Yes	No	N/A
Group Responsible:		
Notes:		

HIPC received regular reports on service utilization and expenditures by service category.
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Yes	No	N/A
Group Responsible:		
Notes:		

<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.</p>		
Yes	No	N/A
Group Responsible:		
Notes:		

Engagement with PC/B in the planning process:

<p>The recipient (AACO) had a staff member at each committee meeting except when asked not to attend.</p>		
Yes	No	N/A
Group Responsible:		
Notes:		

The recipient (AACO) implemented directives from HIPC and reported back on progress.		
Yes	No	N/A
Group Responsible:		
Notes:		

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