

Philadelphia EMA HIV Integrated Planning Council
Finance Committee
Meeting Minutes of
Thursday, November 07, 2019
2:00 p.m. – 4:00 p.m.
Office of HIV Planning, 340 N. 12th St., Suite 320, Philadelphia PA 19107

Present: Michael Cappuccilli, Keith Carter, Mark Coleman, Alan Edelstein (Co-Chair), Dave Gana (Co-Chair), Marilyn Martinez, Sade Benton

Absent: Jeanette Murdock, Joseph Roderick, Gail Thomas

Guests: Chris Chu (AACO), Ameenah McCann-Woods (AACO)

Staff: Briana Morgan, Mari Ross-Russell, Sofia Moletteri

Call to Order and Introductions:

A. Edelstein called the meeting to order at 2:07 PM. He asked everyone to introduce themselves with their name and pronouns.

Approval of Agenda:

A. Edelstein called for an approval of the November 7, 2019 Finance Committee Agenda. **Motion:** K. Carter moved and M. Cappuccilli seconded to approve the agenda as presented. **Motion passed:** general consensus.

Approval of Minutes (August 01, 2019)

A. Edelstein called for an approval of the August 1, 2019 Finance Committee meeting minutes. **Motion:** K. Carter motioned M. Cappuccilli seconded to approve August 1, 2019 minutes. **Motion passed:** general consensus.

Report of Co-Chairs:

No report.

Report of Staff:

No report.

Discussion Items:

—Quarterly Over/Underspending Report—

C. Chu and A. McCann-Woods distributed the AACO Quarterly Over/Underspending Report. A. McCann-Woods explained that she would deliver the over/underspending information via PowerPoint slide, as the council decided that was most effective during the August Allocations process. Along with the PowerPoint slides, there was corresponding number and percentage data that covered NJ counties, PA counties, and Philadelphia separately.

A. McCann-Woods read the 2Q Underspending Summary slide which indicated 16% (\$1,882,320) underspending according to data from total invoices (including MAI funds) forwarded to AACO for processing through August 31, 2019. The figures were based on expenditures for all awards after processing through the sixth month for the time period of March – August 2019. With 6 months of invoices still pending, the majority of underspending was premature.

She further explained that hospitals, universities, and the two fiduciaries (PHMC and UAC) were experiencing delays in submitting invoices to the Recipient. The fiscal processes of aforementioned organizations/institutions were inherently cumbersome and prevented timely processing of budgets and getting contracts conformed. K. Carter asked about PHMC and UAC. A. McCann-Woods explained that they were umbrella organizations that acted as fiduciaries, or trustees, for smaller organizations. M. Ross-Russell clarified that PHMC was an acronym for Public Health Management Corporation and UAC was an acronym for Urban Affairs Coalition.

A. McCann Woods asked everyone to refer to the Underspending slide for Philadelphia. She noted Outpatient/Ambulatory which was underspent by 22% at \$523,933. The reason for underspending was late invoicing and delayed spending on operating expenses. She noted that the percentage is based off of 2nd quarter allocation only. She added that delayed spending was common in clinical settings and money was usually spent in the second half of the contracting period.

M. Coleman questioned whether waiting times for appointments or general delivery of service was impacted by the underspending. A. McCann-Woods answered that the underspending related to only invoicing and not the service itself. A. Edelstein said that there is underspending but services are still being provided. A. McCann-Woods added that service categories with late invoicing do not represent final underspending numbers.

A. Edelstein asked if Ambulatory Care and Oral Health Care funds are usually 100% spent. A. McCann-Woods affirmed that they are.

A. McCann-Woods reported that Outpatient Substance Abuse Treatment service category was underspent by \$140,928 (53%) due to vacancies and leveraging other funding sources. She mentioned that underspending percentage had since gone down, because some vacancies had been filled.

Service category EFA-Pharma had been underspent by \$62,162 (22%) due to lack of demand. Therefore, AACO was looking to relocate dollars.

Food Bank was underspent by \$30,462 (29%) due to leveraging other funding sources. Referrals to Healthcare was underspent by \$17,247 (42%) due to delayed spending on operating expenses.

For Philadelphia overspending, A. McCann-Woods explained that EFA, EFA-Housing, and Transportation were all overspent due to high utilization. M. Cappuccilli asked if over and underspending categories and amounts were expected. A. McCann-Woods responded that such underspending/overspending is typical. She then noted that EFA-Housing was also overspent due to increased fair market values, heightening the cost of living. She pointed out that this was heavily discussed in Allocations and thus expected as well.

A. McCann-Woods moved along to the PA counties slides for underspending and overspending. She reported that Outpatient Substance Abuse Treatment was underspent by \$47,161 (44%) due to

vacancies and leveraging other funding sources. Just like Philadelphia, EFA-Pharma was also underspent by \$38,886 (55%) based on lack of demand. Transportation was underspent by \$46,777 (29%) due to delayed spending and leveraging other funding sources, but she explained that funds would likely be spent out for this service.

She reported that overspending for PA counties consisted of EFA at \$9,034 (84%) and Food Bank \$11,030 (34%), both for high utilization.

A. McCann-Woods moved onto the NJ counties underspending slide. MCM (Medical Case Management) was underspent by \$23,571 (11%) due to vacancies and delayed spending on operating expenses. She noted, however, that underspending was likely to decrease since positions had been filled. Mental Health Therapy/Counseling was underspent by \$9,545 (11%) because of vacancies and Food Bank was underspent by \$17,568 due to delayed spending on operating expenses and low utilization. A. McCann-Woods added that AACO was still investigating Food Bank to identify the reason behind its low utilization. A. Edelstein mentioned that the service is a direct commodity due to food vouchers. M. Martinez asked if patients were unaware of the service and therefore not accessing it. A. McCann-Woods there may be a multitude of reasons and listed some possible barriers: there are only 2 subrecipients distributing food vouchers or the services may be unknown, there is a high need, but there has typically been underspending in that category.

A. McCann-Woods explained that the service is provided by vouchers, A. Edelstein clarified that in NJ, the vouchers are similar to gift cards. Providers distributing the vouchers seek supermarkets near the clientele for easier access. However, transportation can still be a barrier whether it be to the supermarket or the provider itself.

M. Ross-Russell noted that the only two providers in NJ were both located in Camden. She explained that NJ defined food as a definite need. However, when clients sought out food vouchers, they reported having to divulge a large amount of personal information and navigate a convoluted process before receiving them. Some avoided food vouchers due to the lengthy and complicated processes.

M. Ross-Russell considered how the supermarkets and providers may be too much of a commute for some individuals. A. Edelstein explained that the providers look for the largest network of supermarkets when considering where to purchase vouchers. Vouchers would change depending on popularity/accessibility of markets. He questioned how clients received the vouchers—by mail or only in person?

M. Martinez asked if the NJ providers provided a form of transportation or delivery for grocery needs. A. McCann-Woods responded that it depended on the voucher amount. A. Edelstein mentioned that clients typically receive smaller voucher denominations since providers more typically work with clients on an individual level. A. McCann-Woods explained that clients often utilize public transportation and therefore purchase smaller batches of groceries at a time. A. Edelstein added that the smaller denominations are due to the fact that the vouchers are not meant to meet 100% food needs.

M. Martinez mentioned how some clients feel as if they cannot use the vouchers because the mandated supermarket does not have food that they typically use. D. Gana agreed that this was a barrier to receiving food and asked about how food vouchers are determined. A. Edelstein responded that providers will simply go to a popular and accessible supermarket and purchase vouchers in bulk.

M. Ross-Russell explained that some supermarkets offer incentive for clients to continue using food vouchers at their market. A. Edelstein agreed and referred to a specific supermarket that offered a 5% discount in the form of vouchers for clients. M. Ross-Russell considered that there may be disconnect between patient and staff/provider. Turnover rates may be a problem.

A. McCann-Woods said that in order to solve the issue, AACO would turn to the assigned analyst to review the service category in depth. K. Carter asked if you can buy an unlimited amount of vouchers from stores. A. Edelstein said it depends on supermarket procedure. A. McCann-Woods responded that when vouchers are bought in large amounts, providers would purchase directly from the corporate offices.

K. Carter asked about if it would be better if AACO purchased the vouchers and distributed them to providers in NJ. C. Chu said responded that it would not be helpful because there is no discount for buying bulk gift cards/vouchers. A. Edelstein explained that the exchange is dollar for dollar. M. Ross-Russell commented on how it depended who was in charge of purchasing and distributing vouchers to the providers—what rules have they set up and how are they getting information to the clients?

A. Edelstein explained that some clients were known to sell vouchers, so providers have concern for potential abuse and do not offer vouchers in large denominations. A. McCann-Woods agreed, but she and A. Edelstein emphasized that those selling vouchers was not a common practice. A. Edelstein reiterated that he wanted to know how client access the vouchers—via mail or do they have transportation to the providers?

K. Carter noted that the current conversation was essentially a directive for AACO to do more research into the NJ food program. A. Edelstein said he wanted to determine if they are underserving a particular geographical area. M. Cappuccilli offered to help AACO with the service category investigation “on the ground.”

A. McCann-Woods referred to the NJ Overspending slide to review overspending on Transportation. She reported that Transportation was overspent by \$14,301 (17%) due to high utilization.

She then referred to the Minority AIDS Initiative (MAI) slide regarding underspending. She reported underspending for Medical Case Management (MCM) due to vacancies, delayed spending, and leveraging other funding sources. This was underspent by \$71,201 (10%), but it would very likely be spent out.

A. McCann-Woods then reviewed the Systemwide Allocations slide. There was underspending for I&R (\$269,663), QM Activities (\$86,001), Capacity Support (\$36,826), PC Support (\$37,735), and Grantee Admin. (\$344,380). Most of the underspending was due to late invoices. Hiring processes and vacancies caused disruption but had since improved and reduced some underspending.

A. McCann-Woods then reported on the MAI Systemwide Allocations underspending. QM Activities was underspent by \$11,325 due to late invoicing, and Grantee Admin. was underspent by \$98,396 due to vacancies and late invoicing.

Action Items:

—Reallocation Request—

A. McCann-Woods referred to the November 7, 2019 Reallocation Request sheet. She read the entirety of the request:

The current 2019-2020 contract year ends February 29, 2020. The administrative mechanism employed by the HIV Integrated Planning Council has proven very effective in mitigating underspending at the conclusion of the contact year.

Proactively, the Recipient is requesting permission to reallocate any remaining underspending to the following direct service categories, including but not limited to: Emergency Financial Assistance, Food Bank/Home Delivered Meals, Medications, Oral Health Care, and Medical Transportation Services.

A. McCann-Woods reported that AACO had already anticipated underspending and wanted to redistribute it within the system.

A. Edelstein pointed out that the reallocation request was earlier than usual. Because of the timing of the request, he asked if the money was going to be spent earlier or follow the usual process. C. Chu answered that they would be spending it sooner so there would be less carryover to the next year. A. Edelstein clarified that this meant AACO would be reallocating in real time, and C. Chu agreed.

A. McCann-Woods said AACO and HIPC reconciled on a quarterly basis, so it would not affect services in any way. M. Cappuccilli voiced concern around the request's vague phrasing, "not limited to." C. Chu said that the language infers that AACO can typically reallocate the funds to any service. A. McCann-Woods agreed, saying that the services listed were simply the most typical categories for overspending. A. Edelstein suggested taking out the language. C. Chu explained that taking out the language would restrict AACO to five services and would not allow AACO to aid any other services to meet other needs because HIPC did not approve it.

M. Ross-Russell suggested taking out the "not limited to" language and having an emergency HIPC meeting for approval of reallocation if needed. She suggested this as a way to keep with the legislative language around monitoring the grantee. A. Edelstein clarified that a request for reallocation only needs HIPC approval if the change consists of more than 10%. Therefore, he said taking the language out should be fine if all the services besides the five listed were likely to have little or any need for reallocation.

M. Ross-Russell said that allocation decisions are based on documented need and therefore based on the patient/client documented need for a given service over time. The recipient helps support the process by offering utilization data to HIPC for each service.

M. Coleman asked about protocol for sudden changes in need. M. Ross-Russell responded that emergency changes were always addressed. For example, there was consideration for the Outpatient Substance Abuse Treatment due to the opioid crisis. However, M. Ross-Russell explained that other funding streams also acknowledged the crisis, and RWHAP, a payer of last resort, was still used last as other funds increased. A. Edelstein clarified that there is a difference between actual allocated dollars and the patterns of utilization. He said that the funding may not play out as intended and adjustments must be made.

A. Edelstein asked for a motion to bring the Reallocation Request forward to the full Planning Council with a recommendation for approval.

Motion: K. Carter moved, M. Cappuccilli second to bring the Reallocation Request to the full Planning Council with a recommendation for approval. Motion passed: 7 in favor, 0 opposed, 1 abstention.

Old Business:

None.

New Business:

None.

Announcements:

M. Coleman announced that November was American Diabetes Month.

A. Edelstein mentioned a New York Times article discussing the disproportionate cost of PrEP (\$20,000 per year per person) in the United States, as compared to other countries (averaging at \$6/month per person). A. Edelstein explained that the cost for PrEP research was federally subsidized. Due to the cost, the percentage of people using PrEP is very small, especially in minority communities. K. Carter added that there was currently a lawsuit around the issue involving Gilead.

Adjournment:

A. Edelstein asked for a motion to adjourn. **Motion:** K. Carter moved, D. Gana seconded to adjourn the November 2019 Finance Committee meeting. Motion passed: general consensus. Meeting adjourned at 3:08 PM.

Respectfully submitted:

Sofia M. Moletteri, staff

Handouts distributed:

- November 2019 Finance Committee Agenda
- August 2019 Finance Committee Meeting Minutes
- November/December 2019 Meeting Calendar
- EMA November 7, 2019 Reallocation Request (from AACO)
- Recipient FY2019-2020 Second Quarter Underspending Report PowerPoint (from AACO)
- 2nd Quarter Spending as of August 30, 2019 Tables (from AACO)