

VIRTUAL: HIV Integrated Planning Council
Meeting Minutes of
Thursday, November 11, 2021
2:00-4:30 p.m.

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

Present: Keith Carter, Jose Demarco, Lupe Diaz (Co-Chair), Alan Edelstein, David Gana, Janice Horan, Kate King, Marilyn Martinez, Hemi Park, Clint Steib, Desiree Surplus, Nicole Swinson, Adam Williams

Guests: Ameenah McCann-Woods (AACO), Julie Hazzard (AACO), Sterling Johnson

Excused: Debra D'Alessandro, Pamela Gorman, Sharee Heaven (Co-chair), Gerry Keys, Sam Romero

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

Call to Order: S. Heaven called the meeting to order at 2:07 p.m.

Approval of Agenda: L. Diaz presented the November 2021 HIPC agenda for approval. M. Ross-Russell stated the agenda needed to be amended to properly reflect excused absences.

Motion: K. Carter motioned, A. Edelstein seconded to approve the amended October 2021 agenda. Motion passed: 8 in favor and 1 abstained.

Approval of Minutes (October 14, 2021): L. Diaz presented the previous meeting's minutes for approval. **Motion:** K. Carter motioned to approve the agenda with amendment to include excuse absences, C. Steib seconded to approve the amended October 2021 meeting minutes. Motion passed: 7 in favor and 3 abstained.

Report of Co-Chairs:

L. Diaz had two comments: her thanks to those who reached out during her absence and that she would need to leave early for a pre-existing appointment.

Report of Staff:

M. Ross-Russell reported that the main focus for OHP was to update and complete the Consumer Survey to make the November IRB submission date, as well as confirming the translation service to translate the Consumer Survey to Spanish

Discussion Items:

--Quarterly Spending Report--

A. Edelstein began the Second Quarter Spending Report by stating that the reconciliation of total invoices forwarded to AACO for processing through August 31, 2021 indicated seventeen percent (17%/\$1,993,673) underspending of the total overall award (included MAI funds). He noted that hospitals and the two fiduciary entities (PHMC and UAC) inherently had cumbersome fiscal processes which resulted in delays submitting invoices and budgets. There was underspending for Philadelphia in MCM (Medical Case Management) with a balance of \$600,812 due to vacancies and late invoicing. In Drug Reimbursement, there was \$241,881

underspent due to decreased utilization, A. Edelstein stated it was marked “still under review” because AACO was awaiting information about any contributions to underspending. For Oral Health Care, there was \$33,037 underspent due to late invoicing as well as sluggish underspending in operating expenses and/or supplies. In the Substance Abuse category there was \$125,230 underspent primarily due to vacancies.

A. Edelstein stated that the next page contained more underspending within Philadelphia County. EFA-Pharma had a balance of \$84,052 because of under-utilization; consumers' ability to access SPBP was quicker which lessened the need to access this service. All underspending would be or already had been reallocated; it was still under review at the time of the report. All underspending will be or have been reallocated through other services. Additionally, the EFA-Housing budget was underspent by \$253,203 and there was under-utilization caused by other safety net programs being leveraged; however, spending has increased, which will be reflected in the third quarter spending report. The Food Bank was underspent by \$70,931 this was likely due to leveraging other funding sources for the same service category, but this does not signify a diminishment in need. The Housing Assistance budget was underspent by \$84,052 due to under-utilization caused by other safety net programs being leveraged. However, spending has increased and will be reflected in the third quarter spending report. The Housing Assistance budget was underspent by \$84,052 due to under-utilization caused by other safety net programs being leveraged; however, spending has increased and will be reflected in the third quarter spending report.

A. Edelstein reported that EFA had \$18,640 overspent, this was solely due to higher utilization. S. Johnson asked why there was underspending on Housing Assistance? A. Edelstein answered that due to COVID-19 and grants from the federal government there was more money available to spend on housing and because Ryan White was the payer of last resort, the money from the federal government had to be exhausted before the latter could be utilized. M. Ross-Russell followed up that the rent moratorium also played a role in underspending. A. Edelstein continued by stating that in the PA Counties the Substance Use service category was underspent due to vacancies, late invoicing, and leveraging other funding sources. The Food Bank category also had a remaining balance of \$15,731 due to leveraging other funding sources for that service category.

A. Edelstein reported \$80,791 overspent in Outpatient/Ambulatory services in the PA Counties due to higher utilization which was likely because of aggressive spending in operation expenses, and that this will level out. In addition, Mental Health services were overspent by \$17,585 which was still under review by AACO. A. Edelstein reported that Oral Health was overspent likely due to spending in operating costs in the front-end of the contract period, this will also probably level out. J. Hazzard asked if the PA counties were all lumped together? A. Edelstein answered yes Chester, Delaware, Bucks, and Montgomery counties were all included. There was also \$2,884 overspent in Housing Assistance and \$62,019 overspent in Medical Transportation due to higher utilization.

In New Jersey there was underspending in Outpatient/Ambulatory care by \$57,234 due to late invoicing and delayed spending on operating expenses. The Medical Case Management category had an underspending balance of \$31,789 and was due to late invoicing and vacancies. A. Williams asked if the rise in transportation costs is due to discomfort with the masks and public transportation in favor of rideshare services? A. Edelstein answered that it could be a possibility and opened the floor to those who work in the field and if case managers have seen a rise of

consumers utilizing rideshare service vs. public transportation. M. Martinez reported that Medical Case Management has increased in services in federal qualified health centers during this year. J. Hazard added that there have been fewer drivers for services like Rover in counties like Chester so her agency ended up using services like Uber which were more expensive. A. Edelstein asked if this was due to safety issues folks had with using public transportation. L. Diaz answered yes, because in Delaware County, for example, there was no mask mandate like in Philadelphia and positive COVID-19 cases continue to rise.

M. Martinez added that when her agency administered a survey to a patient focus group and asked if they felt comfortable if her agency provided a safer mode of transportation than using public transportation (i.e Lyft, Uber, etc.) would they come to their visits and they responded yes. Once they implement it, they have a service with a medical transportation provider that picks up and drops off patients and the agency saw an increase in utilization of the service, more people completing visits, and referrals outside the federal qualified health center. She continued that yes, increasing the use of rideshare services has caught on and people felt safer using them rather than public transportation during the pandemic. K. Carter asked if it would be in the best interest of HIPC to ask for a contract with Uber or Lyft as a preferred provider for transportation services and how many providers have their own vehicles to provide services to their clients? A. Edelstein stated that that question could be better answered by the Comprehensive Planning Committee. A. Edelstein reported that in New Jersey there was \$71,164 in overspending in the Medical Transportation Services category due to higher utilization.

In System Wide Allocations there was reported underspending and this applied to the entire EMA. There was \$127,846 underspent in Information and Referral, \$47,568 underspent in Capacity Building, \$40,833 underspent in PC Support, and \$114,745 underspent in Grantee Administration and they were all related to vacancies due to cumbersome hiring practices at the Recipient level and a hiring freeze and therefore underspending was a result. Moreover, any underspending has been or will be reallocated to direct service categories.

There was additional overspending in Quality Management activities by \$89,821 and this was still under review by the recipient. S. Johnson commented can anyone talk more about hiring and admin, it's hard to ask people to do the same or more work with less people. A. Edelstein answered that the hiring process was lengthy and consequently it takes a longer time to hire people. He continued that in his experience it could take up to a minimum of a month to recruit and interview new candidates. M. Ross-Russell agreed that when there was not a hiring freeze the City's hiring process could be cumbersome and the hiring process could take months. While there were federal funds from COVID-19 coming into the city it did not necessarily make up for the revenue lost by the city during the pandemic. More often than not when the City has a hiring freeze regardless of whether or not AACO or PDPH has grants to support the position, the hiring freeze was across the board.

In MAI Systemwide Allocations there was \$16,776 underspent in Quality Management activities due to vacancies and cumbersome hiring practices at the Recipient level and a hiring freeze underspending was a result. Moreover, any underspending has been or will be reallocated to direct service categories.

J. DeMarco asked for an explanation of Quality Management. M. Ross-Russell stated that her understanding of the Quality Management activities involved providing support to subrecipients to ensure the provision of services that met a certain level based on both local and federal requirements. Ad that usually AACO sends a report to subrecipients based on various service

indicators. For example, there were certain quality management indicators that HRSA has come up with for subrecipients that providers were supposed to meet. That was part of looking at the service indicators to determine whether or not providers were doing what they were supposed to do in accordance with both a contractual requirement, service delivery standards, as well as the standards that have been set forth and were required by HRSA and the HIV/AIDS Bureau related to specific measures of how a service was supposed to be delivered.

A. Edelstein added that there was a quality management unit within AACO that set certain activities or deliverables and agencies had to periodically provide data that they were meeting those deliverables in various service categories. Additionally, they do have interaction with program analysts and the agencies concerning if they were meeting the targets for deliverables, and in some cases they may have to develop corrective action plans on activities designed to improve deliverables. C. Steib stated that in his agency they have to state yearly goals and complete monthly and quarterly reports to ensure they were on track to complete yearly goals.

Committee Reports:

--Executive Committee--

No Report.

--Finance Committee--

A. Edelstein reported that the committee had been reviewing the Monitoring the Administrative Mechanism form with the help of OHP and by referencing the processes other EMAs followed.

The committee has agreed on the items on the form and the next step would be to create a timetable for the activities because they occur at different times throughout the year. The plan finance was going to adopt was having the Recipient come into the committee and relay the information to the full planning committee.

--Nominations Committee--

D. Law reported that OHP received the appointment letters from the mayor's office and all 18 recommended members were approved, 8 were new and 10 were reapplicants.

--Positive Committee--

S. Moletteri reported that they have been working on a letter to past members about future participation and a resource guide to medical case managers.

--Comprehensive Planning Committee--

S. Moletteri reported that they will meet on November 18th, 2021 and the Consumer Survey was due on November 19th.

--Prevention Committee--

C. Steib reported that the Committee met in October and went over the Consumer Survey, specifically questions dealing with prevention and finished that up. Prevention will not meet until January 2022.

--Ad-Hoc Recruitment Workgroup--

S. Moletteri reported that the last meeting was September 28th and the next meeting date was not yet determined. When a meeting is scheduled they will send out an email.

Any Other Business:

None.

Announcements

D. Gana announced that World AIDS Day was December 1st and J. Horan added that through her agency there will be an event for World AIDS Day and she would send information to interested parties.

Adjournment

Motion: L. Diaz called for a motion to adjourn. K. Carter made a motion to adjourn the meeting. A. Williams seconded to adjourn the November 11, 2021 Integrated Planning meeting. Motion Passed: All in favor. Meeting was adjourned at 3:13 p.m.

Materials Included:

2nd Quarter Spending Report

Respectfully Submitted,

Elijah Sumners, staff