

Meeting Agenda

Thursday, March 7, 2019

2 - 4pm

Welcome/Introductions

Call to Order

Approval of Agenda

Approval of Minutes (*February 7, 2019*)

Report of Chair

Report of Staff

Action Items

- Reallocation Request

Discussion Items

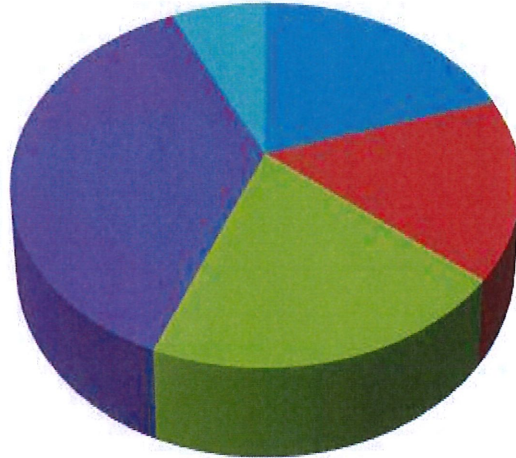
- Detailed Review of Allocations and Underspending Report

Old Business

New Business

Announcements

Adjournment



Finance Committee

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

The next Finance Committee meeting is scheduled for
Thursday, April 4, 2019 from 2:00 – 4:00 p.m. at the
Office of HIV Planning, 340 N. 12TH Street, Suite 320, Philadelphia, PA 19107
(215) 574-6760 • FAX (215) 574-6761 • www.hivphilly.org

**HIV Integrated Planning Council
Finance Committee
Thursday, February 7, 2019
2-4pm**

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

Present: Michael Cappuccilli, Mark Coleman, Alan Edelstein, Dave Gana, Joseph Roderick, Jeanette Murdock

Excused: Keith Carter

Absent:

Guests: Ameenah McCann-Woods (AACO)

Staff: Mari Ross-Russell, Briana Morgan, Dustin Fitzpatrick

Call to Order: A. Edelstein called the meeting to order at 2:08 pm. Those present then introduced themselves.

Approval of Agenda: A. Edelstein presented the agenda for approval. **Motion:** M. Cappuccilli moved, J. Roderick seconded to approve the agenda. **Motion Passed: All in favor.**

Approval of Minutes: A. Edelstein presented the (*November 1, 2018*) minutes for approval. **Motion:** D. Gana moved, M. Cappuccilli seconded to approve the (*November 1, 2018*) minutes. **Motion Passed: All in favor.**

Report of Chair:
None.

Report of Staff:
None.

Action Items:

Allocations

M. Ross-Russell stated that the OHP received the notice of grant award from HRSA in mid-January and it is approximately a \$240,000 increase. There is approximately a \$5,000 dollar decrease to Minority AIDS Initiative (MAI). M. Ross-Russell stated \$203,000 is going to the service categories taking out system-wide and the administrative costs. M. Ross-Russell stated to look at the EMA-wide example because at the bottom the \$203,000 increase shows up under the green section and a \$240,000 increase in the 3rd column. A. Edelstein asked if the \$240,000 is the 1.167% increase to the budget. M. Ross-Russell confirmed it was. She also informed members to ignore the red font since it was supposed to be deleted.

M. Ross-Russell stated that she did the level funding budget that the Committee originally approved back in August 2018 and incorporated it into the January 30, 2019 budget. M. Ross-Russell suggested that the level funding budget makes the most sense because the increase is small for each region. A. Edelstein verified that the 3rd column with the blue font is the one that reflects the 1.167 % increase in budget based on the level funding budget. M. Ross-Russell confirmed. She stated that the only exception for this is New Jersey they had decided on a proportional distribution for any increase. M. Ross-Russell stated that the difference for New Jersey was approximately \$25,000, for the PA counties it was \$32,000, and for Philadelphia it was \$145,000. A. Edelstein sought clarification that the approximate \$33,000 on the right

of the spreadsheet is if New Jersey adopts the 1.167 % budget. M. Ross-Russell confirmed. M. Ross-Russell stated that New Jersey saw an increase of \$8,482 as part of their level funding budget because the money shifted to follow the epidemic. In addition to the \$8,482 was the increase of \$25,473, bringing the total up to \$33, 955. A. Edelstein asked for any further questions. M. Cappuccilli asked if the EMA normally gets the notice of grant this early. M. Ross-Russell stated that it has happened before, but not for a few years.

M. Ross-Russell stated that the only thing they need to decide is if they want to recommend any particular budget. M. Coleman asked why the MAI was decreased and wondered if it was because of a lack of response. M. Ross-Russell informed members that the applications are competitive and what they are looking at is the formula award based on the numbers of HIV cases present. She stated that the supplemental award is based on your ability to demonstrate that there is an additional need or difficulty in the provision of service. M. Ross-Russell stated that Philadelphia is a majority-minority city. She stated that she does not believe MAI funding was decreased and that the money funded by the Ryan White budget was leveled based on a lack of response. M. Cappuccilli inquired whether any of the significant underspending categories that A. McCann-Woods informs them about would factor into their decision. M. Ross-Russell stated that these two things just happened to occur simultaneously because the underspending report was already planned. A. Edelstein stated that the general pattern has been to go with the budget they adopted during the allocations process. He stated that if they were to deviate from the already planned budget they have to make a strong empirically-based case. M. Cappuccilli asked if it made sense to hear the underspending report before discussing the budget. A. Edelstein informed members that the budget was already taken and based off what they knew in August 2018 and it can be changed later on based on needs.

M. Ross-Russell gave Philadelphia as an example where they chose to increase substance abuse treatment by \$250,000 to specifically support medication assistant treatment (MAT). She stated that Philadelphia wanted to keep the mental health therapy/counseling level because originally they were dealing with a \$120,000 decrease due to shifts in the epidemic. She stated the fact that the budget got an increase this year took Philadelphia back to where it was in 2017 and even adding another \$25,000. She informed members that due to this, they will not see a lot of dollar shifting between the level funding budget and the 1.167% increase budget. She stated HIPC wanted to leave the support services at the same percentage that they were originally in the level funding budget. So that is still the same funding in the 1.167% increase as well.

D. Gana inquired about the psychosocial services for Philadelphia where the \$100,000 is added on in the far right column and the 5% budget increase. B. Morgan responded that members brought up the need for social support groups as they age and face isolation. M. Ross-Russell informed members that Philadelphia technically lost \$120,000 because the percentage of PLWH had decreased very slightly compared to the other regions in the EMA. If the Finance Committee selects the 5% budget increase the \$100,000 would be included as shown.

B. Morgan inquired about New Jersey and their overspending in transportation and whether the reallocation was included in the local allocations. M. Ross-Russell responded no. M. Ross-Russell stated in the reallocations last year, some things changed. She stated \$84,000 was moved into Client Services, Information, and Referral line in the Philadelphia budget, and the approximate \$230,000 shifted to cover Emergency Financial Assistance/Housing. The question that was asked for both of those was whether the HIPC wanted that to be a permanent change. B. Morgan asked that means the transportation line in New Jersey is back to what it was before? M. Ross-Russell confirmed. M. Ross-Russell stated the issue with New Jersey was that transportation was overspent based on a misinterpretation. She stated the question is

does New Jersey actually need that amount of money and that it was the same question that came up with food bank and home delivered meals. She stated that New Jersey had to determine whether or not they were providing transportation for support groups. Due to the costs associated with transportation, the amount of times that people were allowed to go to support groups were reduced to try and contain those costs.

A. Edelstein asked what the difference was between the last 2 columns on the PA counties spreadsheet. M. Ross-Russell informed members that the PA counties decided to leave some of the categories as is. She stated that some of the categories were held at what their previous amount and the rest were increased or decreased. The column at the end of the sheet reflects the 5% increase. She informed members that the budget proposed is that one that members voted in the level funding budget. A. Edelstein highlighted that between the third and the fourth column on the PA counties spreadsheet, there was an increase in Emergency Financial Assistance and Emergency Financial Assistance/Housing while there was a decrease in Transportation. M. Ross-Russell informed members that this reflects the way they broke things down and how in the 5% budget increase members chose 3 categories to increase one at 50% and the other two at 25% of the total amount of increase. She stated that in the level funding budget, they divided the money equally. A. Edelstein expressed concern with cutting the budget for transportation. B. Morgan stated it was actually an increase of approximately \$30,000 when looking at the level-funding budget column compared to the last one.

A. Edelstein inquired if the 1.167 % increase is closer to level funding or closer to their 5% increase. A. Edelstein asked A. McCann-Woods if that would be enough money to implement some of the things that they laid out in proposed 5% budget increase. A. McCann-Woods responded that it depends on the service category and where in the EMA they are discussing. A. Edelstein stated that if they were to go with the 5% budget increase that AACO would have to fund psychosocial support services. A. McCann-Woods responded that there needs to be thought put into who they are going to staff, what type of group will it be, such as educational or support.

M. Ross-Russell stated that since there are a number of providers, \$203,000 from the 5% budget increase spread among them is not a sufficient amount of money to make a difference, and is basically a level funding budget. She stated that the amount that individual providers actually see of the 1.167% is going to be negligible.

A. Edelstein stated that the reason why they wanted more funding in psychosocial support is to help address the opioid epidemic. M. Ross-Russell suggested that the other reason people were choosing to add money to psychosocial support is because starting support groups will not require a lot of money, so \$100,000 could support several different groups.

A. Edelstein stated that the choice is between level funding budget or the 5% increase budget. He stated that it does not make much difference except mainly in Philadelphia and a little in the PA counties. M. Ross-Russell informed members that with very few exceptions, the money went down in categories. This is from the \$75,000 that has to be made up for psychosocial support and the other \$250,000 that was put into substance abuse.

D. Gana stated the major changes relation to the first column and the last column were Ambulatory Care, Case Management, Psychosocial Support, and Substance Abuse. He stated that everything else reflects a difference of only a couple thousand dollars.

A. Edelstein stated that since 1.167% is closer to level funding than the 5% increase, they should use that as a base. A. Edelstein stated that going with the 5% budget would seem to cause some harm for some

services. M. Cappacculli and D. Gana agreed. M. Ross-Russell stated that she will prepare the level funding budget, the difference between last year and this year, and the proposed level funding budgets for the next HIPC meeting.

Motion: D. Gana moved, M. Cappuccilli seconded to propose to the HIPC the 1.167 % level budget as seen in the third column. **Motion Passed:** 4 in favor, 0 opposed, 0 abstentions. All in favor.

Discussion Items:

Under-spending Report

A. McCann-Woods went over the Recipient FY 2018-2019 Third Quarter Underspending Report with the Committee. She explained the first sheet is a brief cover sheet and the next is the breakdown of the EMA Wide Spending and the services. A. McCann-Woods stated that there are some changes on the cover sheet that need to be made. One, the date that is listed in the first sentence should be 'November 30, 2018' not 'December 31, 2018'. Two, within that same sentence there is a percentage written out and in number form. The number form is correct so the written percentage should reflect 'nine percent' as opposed to 'nineteen percent'.

A. McCann-Woods went through the report and signified the areas where members need to direct their attention.

* Please see attached handout for all of the percentages of overspending and underspending categorized by services. Please note that percentages with a negative sign proceeding them denotes underspending in that service category while percentages with no negative denotes overspending.

- Philadelphia
 - Emergency Financial Assistance/AIDS Pharm Asst: - 29% (14 day prescription)
 - Emergency Financial Assistance/Housing: 68%
 - Housing Assistance: -53%

M. Ross-Russell inquired about how Housing Assistance could be underspent while Emergency Financial Assistance Housing is overspent. A. McCann-Woods stated that AACO is looking into it.

- PA Counties
 - Hospice services: -23% (may vary by season, Medicaid may be playing a role, if some clients have higher need of services and require referrals)
 - Emergency Financial Assistance/AIDS Pharm Asst: -51% (14 day prescription)
 - Food Bank/Home-Delivered Meals: -20%
 - Transportation: -17% (suburban providers may be looking at more cost beneficial ways such as shared rides)
- New Jersey
 - Ambulatory Care: -7%
 - Case Management: -11%
 - Mental Health Therapy/Counseling: -25% (late invoicing)
- Systemwide
 - -39%

Old Business:

None.

New Business:

None.

Announcements:

M. Coleman stated that today, February 7th, is National Black HIV/AIDS Awareness Day.

Adjournment: **Motion:** M. Cappuccilli moved, D. Gana seconded to adjourn the meeting at 3:08 pm.

Motion Passed: All in favor.

Respectfully submitted by,

Dustin Fitzpatrick, staff

Handouts distributed at the meeting:

- Meeting Agenda
- Meeting Minutes
- OHP Calendar
- Philadelphia FY2019-2020 Allocation Examples Spreadsheet
- Philadelphia EMA FY2019-2020 Allocation Examples Spreadsheet
- PA Counties FY2019-2020 Allocation Examples Spreadsheet
- New Jersey FY2019-2020 Allocation Examples Spreadsheet
- Recipient FY 2018-2019 Third Quarter Underspending Report



Outpatient/Ambulatory Health Services

HRSA Service Definition

Outpatient/Ambulatory Health Services

Description:

Outpatient/Ambulatory Health Services are diagnostic and therapeutic services provided directly to a client by a licensed healthcare provider in an outpatient medical setting. Outpatient medical settings include clinics, medical offices, and mobile vans where clients do not stay overnight. Emergency room or urgent care services are not considered outpatient settings.

Allowable activities include:

- Medical history taking
- Physical examination
- Diagnostic testing, including laboratory testing
- Treatment and management of physical and behavioral health conditions
- Behavioral risk assessment, subsequent counseling, and referral
- Preventive care and screening
- Pediatric developmental assessment
- Prescription, and management of medication therapy
- Treatment adherence
- Education and counseling on health and prevention issues
- Referral to and provision of specialty care related to HIV diagnosis

Program Guidance:

Treatment Adherence services provided during an Outpatient/Ambulatory Health Service visit should be reported under the Outpatient/Ambulatory Health Services category whereas Treatment Adherence Services provided during a Medical Case Management visit should be reported in the Medical Case Management service category.

*As part of Outpatient and Ambulatory Medical Care, provision of **laboratory tests** integral to the treatment of HIV infection and related complications*

Number of Clients Served, Units Provided, Expenditures, Cost per Client and 3 Year averaged Cost per Client (based on actual expenditures)

Year	2015**	2016**	2017**	2018 Projected*	2019 Projected*	2020 Projected*	3 yr avg. act. Client cost
Medical Care Clients	11,201	11,011	11,176	11,876	12,211	12,546	
Medical Care Units (Dr. visit)	39,965	38,850	35,662	44,092	44,663	45,235	
Medical Care Dollars	7,476,559	7,227,633	7,104,406				
Allocated Dollars	7,101,939	7,152,427	7,162,288				
Client Cost Medical Care	\$667	\$656	\$636				\$653

*Projections are based on the history of a service. Projections do not take into consideration federal policy changes, funding shifts, etc. that may occur in the future.

**Includes MAI

Funding by Part, and info on any other payers

	Total Part A Funds (Formula + Supp.)	MAI	Total Part B Funds (Formula + Supp. NJ)	Total Part B Funds (Formula + Supp. PA)	Total Part C EIS Funds (State & Local)	Total Part D Funds (State & Local)	Total Part F Funds
Last Year Allocation	\$6,497,840	\$644,407		\$805,650			
Current Allocation	\$6,684,543	\$370,664		\$836,135	\$6,980,625		

Consumer survey info 2017 n=392

	n	Used in the last 12 months	Needed but did not get (last 12 months)
Ambulatory Health Services	242	93.8%	6.2%

Unmet need

For the purposes of this document, need is based on the response of a consumer when asked if there was a service they needed. MMP interviews patients in care and asks consumers if they need a service and if they receive it. Client services unit data identifies needs at the time of initial intake.

	2014 MMP Percent with a Need	2017 Client Services Unit Need at Intake
Ambulatory Health Services	-	26.5%

Recipient Service Considerations

Ambulatory Health Services

Part A funds 25 HIV medical care programs in the EMA. These outpatient/ambulatory care providers are located in hospitals, comprehensive services agencies, Federally Qualified Health Centers and in the City of Philadelphia Health Centers.

70 (0.6%) more clients accessed Part A HIV medical services, and the number of Part A medical visits increased by 1,215 (3.1%) in comparison to 2016. (These figures do not include MAI)

VL Suppression in the EMA has increased from 83% to 85% between 2016-17. VL Suppression in the Ryan White system significantly exceeds the National HIV/AIDS Strategy (NHAS) goal of 80% VL Suppression.

**Ryan White EMA-Wide Spending
Philadelphia HIV Integrated Planning Council
3rd Quarter Spending as of November 30, 2018**

Philadelphia

Service Categories	Allocations	3rd Quarter Allocation	Spending	Balance	% (under)/over
AIDS Drug Assistance Program (ADAP)	-	-	-	-	2%
Ambulatory Care	4,891,899	3,668,924	3,733,549	(64,625)	-2%
Case Management	4,050,923	3,038,192	2,978,838	59,354	0%
Drug Reimbursement Program	492,775	369,581	369,581	0	
Early Intervention Services	-	-	-	-	
Health Insurance Premium & Costs Sharing Assistance	-	-	-	-	
Home & Community-based Health Services	-	-	-	-	
Home Health Care	-	-	-	-	
Hospice Services	-	-	-	-	
Mental Health Therapy/Counseling	321,633	241,225	248,751	(7,526)	3%
Nutritional Services	-	-	-	-	
Oral Health Care	420,304	315,228	311,880	3,348	-1%
Substance Abuse Treatment - Outpatient	234,009	175,507	172,148	3,359	-2%
Care Outreach	-	-	-	-	
Case Management (non-Medical)	-	-	-	-	
Child Care Services	-	-	-	-	
Day or Respite Care	-	-	-	-	
Emergency Financial Assistance	47,464	35,598	38,042	(2,444)	7%
Emergency Financial Assistance/AIDS Pharma Asst.	635,286	476,465	340,363	136,102	-29%
Emergency Financial Assistance/Housing	226,159	169,619	285,031	(115,412)	68%
Food Bank/Home-Delivered Meals	204,980	153,735	178,425	(24,690)	16%
Health Education Risk Reduction	-	-	-	-	
Housing Assistance	532,462	399,347	186,931	212,416	-53%
Referral for Health Care/Supportive Services	80,218	60,164	61,498	(1,335)	2%
Other Professional Services/Legal Services	298,061	223,546	226,635	(3,089)	1%
Psychosocial Support Services	-	-	-	-	
Rehabilitation Care	-	-	-	-	
Substance Abuse (Residential)	-	-	-	-	
Translation & Interpretation	-	-	-	-	
Transportation	11,948	8,961	11,919	(2,958)	33%
Total	12,448,121	9,336,091	9,143,591	192,500	-2%