

MEETING AGENDA

Thursday, June 6, 2019

2:00 p.m. – 4:00 p.m.

Call to Order

Welcome/Introductions

Approval of Agenda

Approval of Minutes (*March 7, 2019*)

Report of Co-Chairs

Report of Staff

Discussion Items:

- Fourth Quarter Underspending Summary & Report
- Allocations Prep

Old Business

New Business

Announcements

Adjournment

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

The next Finance Committee meeting is
Thursday, August 1, 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

Philadelphia EMA HIV Integrated Planning Council

Finance Committee

Thursday, March 7, 2019

2:00 – 4:00 p.m.

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

Present: Michael Cappuccilli, Alan Edelstein (Co-Chair), Dave Gana (Co-Chair)

Excused: Keith Carter

Absent: Mark Coleman, Jeanette Murdock, Joseph Roderick, Gail Thomas

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

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

Call to Order: A. Edelstein called the meeting to order at 2:06pm. Those present then introduced themselves.

Approval of Agenda:

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

Approval of Minutes:

A. Edelstein presented the February 7, 2019 minutes for approval. **Motion:** M. Cappuccilli moved, J. Jackson seconded to approve the minutes. **Motion Passed:** All in favor.

Report of Chair:

No report.

Report of Staff:

No report.

Action Item:

• **Reallocation Request**

A. McCann-Woods presented a reallocation request from the recipient (*see – attached handout*). She explained that the recipient had seen a significant increase in utilization in the emergency financial assistance – pharmaceutical category at the end of the 2017 – 2018 contract year, resulting in overspending. She stated that, in order to address this overspending, the recipient had begun providing only fourteen days of medication. She noted that this had resulted in negative impact on clients, and that the recipient recommended continuing the fourteen-day medication fill.

A. McCann-Woods explained that continuing the fourteen-day medication fills would mean that the emergency financial assistance – pharmaceutical category would not need as much

funding to meet client needs this year. She further explained that the recipient had calculated the necessary amount of funding for the category, which was currently provided in the Philadelphia and PA Counties regions of the EMA. She stated that the recipient had calculated that Philadelphia would need approximately \$550,000 in the category, leaving \$93,585 to be reallocated. She went on to say that the recipient had calculated that the PA Counties would need approximately \$120,000, leaving an excess allocation of \$95,909.

A. McCann-Woods concluded that the recipient was requesting that the Finance Committee reallocate these funds to other categories. M. Cappuccilli asked if this would impact the Southern New Jersey region of the EMA. A. McCann-Woods replied that it would not, adding that this region did not have any funding in this category.

A. Edelstein asked for clarification on how this program worked. A. McCann-Woods replied that a client who needed medications would contact a case manager, who would provide a referral for a fourteen-day medication fill. She noted that this was previously a thirty-day supply, but that clients typically sign up for the Special Pharmaceutical Benefits Program (SPBP) in that time. She stated that the change from thirty-day to fourteen-day medication fills was originally implemented to address overspending, but that they had found that there was no negative impact to clients.

A. Edelstein asked if the recipient had a recommended service or set of services to which they should reallocate these funds. A. McCann-Woods replied that the recipient had discussed this issue, but that they did not have a specific recommendation. A. Edelstein noted that most reallocation requests included recommendations for categories to receive additional funds.

A. Edelstein stated that he would feel more comfortable with the Finance Committee making this decision with the input of the Planning Council.

M. Cappuccilli asked if there were any wish list items from the PA Counties or Philadelphia regional allocations meetings. A. Edelstein stated that, when they had had surpluses in the past, they had reallocated those funds to quickly consumable categories. He asked if they would be able to allocate these funds to more staff-intensive programs since the potential underspending had been identified so early in the year.

M. Ross-Russell stated that they had come up with plans for what they would do with additional funds during the allocations process in the previous year. She went on to say that the Philadelphia region had wanted to put additional funding into medication-assisted treatment under substance abuse services. She stated that Philadelphia also specifically did not want to reduce funding in mental health services, particularly due to the intersection of the opioid crisis and mental health needs. A. Edelstein stated that these services relied on staff. He asked if the recipient would be able to distribute funds for staffing for mental health and substance abuse services at this point in the contract year. A. McCann-Woods stated that

this would depend on the type of organization, but that it was possible. A. Edelstein noted that there would be some delay.

J. Jackson asked if it would be feasible to save this unallocated funding to offset any future decreases. A. McCann-Woods replied that they were not allowed to do this, since the funding could only be used in the period from March 1, 2019 to February 29, 2020. She noted that they also had to demonstrate utilization for services. M. Ross-Russell noted that one of the Planning Council's responsibilities was ensuring that the recipient distributed funding as quickly as possible. She added that they could lose any funds that were left over at the end of the year.

Referencing the earlier conversation about Philadelphia's allocations plans in the event of an increase, M. Ross-Russell added that the Philadelphia region had also wanted to fund psychosocial support.

A. Edelstein stated that psychosocial was not currently funded, and that there would likely need to be a Request for Proposals (RFP) if this service category received funding. He went on to say that small amounts of additional funding did not necessarily result in organizations hiring more staff, particularly when there was not an assurance that the funding would be available past the current grant year. He then asked if there would need to be an RFP process if they funded psychosocial services. A. McCann-Woods replied that she was not sure if there would need to be an RFP process, but that RFP processes were time-consuming and expensive. A. Edelstein replied that it would be more expedient to reallocate funding to services that were already being funded. D. Gana stated that they would not be able to hire staff in each of the four counties with \$95,000. A. McCann-Woods replied that this assumed that they would split the \$95,000 evenly between each of the four counties.

M. Ross-Russell asked if AACO funded psychosocial support services under Part B, and A. McCann-Woods agreed.

M. Ross-Russell reminded those present that the PA Counties had identified service categories to receive any increase in funding during the allocations meetings. She stated that they had wanted to add funding to medical transportation, substance abuse services (outpatient), and food bank/home-delivered meals in the event of an increase. A. Edelstein asked if any of these services would be able to efficiently use an increase at this point in time. A. McCann-Woods replied that underspending was typically reallocated to medical transportation and food bank/home-delivered meals, and that this was likely to happen with regularly-identified underspending throughout the year.

A. Edelstein stated that this would leave substance abuse services (outpatient) as a category of interest. D. Gana agreed.

A. Edelstein asked the group if they would like to meet jointly with the Comprehensive Planning Committee to discuss this. A. McCann-Woods replied that this would be possible.

D. Gana stated that the Comprehensive Planning Committee would meet in two weeks. A. Edelstein replied that they could then be ready for the April Planning Council meeting.

A. Edelstein asked if they could request that the next Comprehensive Planning Committee meeting agenda include a discussion with the Finance Committee meeting. M. Ross-Russell noted that the committee was currently working on priority setting. M. Cappuccilli asked if they should mention the current discussion item during the Planning Council meeting, and D. Gana agreed that they should invite the Planning Council to participate in the Comprehensive Planning Committee meeting.

N. Johns noted that the Comprehensive Planning Committee's discussions on priority setting would include related information, but that they would not have much time for robust discussion on the current topic. A. Edelstein replied that this could be a twenty to thirty minute discussion. He explained that the Finance Committee did not feel comfortable making this decision on behalf of the whole Planning Council. He added that they could also bring this discussion to the entire Planning Council.

N. Johns noted that the Planning Council would meet before the Comprehensive Planning Committee meeting. M. Ross-Russell added that taking the conversation to the Comprehensive Planning Committee on March 20 would defer the Planning Council's ability to vote on the reallocation until their April meeting. N. Johns stated that they could also provide advance notice to the Comprehensive Planning Committee that this discussion would happen at the Planning Council meeting so they could come prepared. A. Edelstein asked if there would be time for a reallocation discussion at the Planning Council meeting, and M. Ross-Russell agreed.

A. Edelstein stated that they could bring this for discussion at the Planning Council meeting, and allow the group to make motions on how to reallocate funds. M. Cappuccilli noted that, if the Planning Council could not arrive at a decision, they could bring this discussion to the Comprehensive Planning Committee meeting.

Next, A. McCann-Woods distributed copies of a draft update to the underspending report based on her experiences with the Planning Council (*see – attached handout*). She explained that she was proposing a summary format involving less paper when presenting underspending reports to the full Planning Council, while maintaining the more detailed format for review by the Finance Committee.

A. McCann-Woods went on to say that the Planning Council often had questions around underspending, so she had assessed the common causes of underspending and compiled them into a handout. She stated that she still planned to bring a few copies of the traditional underspending report to Planning Council meetings for home review, but that full review of the detailed underspending reports would be limited to Finance Committee meetings. A. Edelstein stated that the main problem that they encounter with the underspending reports

was that they did not answer the questions that Planning Council members had, which were mostly around the level of services being provided. He explained that dollar amounts could not address these questions. He concluded that the new format would help the Planning Council to understand what the underspending reports could actually tell them, and thanked A. McCann-Woods for her efforts. A. McCann-Woods stated that they also wanted Planning Council members to understand that underspending did not mean that a service had been cut off. She noted that this was complicated by late invoicing from providers, since they did not have real-time spending data.

A. McCann-Woods asked the group if they would like to include the full underspending spreadsheets in the PowerPoint presentations for the Planning Council. She noted that C. Chu would highlight any underspending or overspending that exceeded 10%. A. Edelstein replied that pages with too many numbers could be confusing for a general audience, so the presentation would be easier to understand if significant underspending or overspending were highlighted.

M. Ross-Russell stated that the two columns that she looked to most frequently were that quarter's allocation and that quarter's spending, so that she could see how much money that was supposed to be spent as compared to the amount of money that was actually spent. She stated that these were the most important points in an underspending/overspending report. She noted that they could begin to consider causes of underspending from there. A. McCann-Woods stated that she was trying to think from the perspective of a new Planning Council members. She explained that, if it were her first meeting, she would have difficulty understanding the current format. She asked if it would help to reduce the columns to "allocated" and "balance."

A. Edelstein stated that identifying the significant information was helpful to people. D. Gana stated that the Planning Council had had difficulty understanding underspending and overspending notation that used parentheses or negative signs in the past. A. McCann-Woods agreed that this had come up frequently, and that the Planning Council had previously asked for notation that deviated from accounting norms. She stated that this could add to the confusion. She went on to say that, for this reason, C. Chu would augment the notation by color-coding significant overspending and underspending to make it clearer.

B. Morgan noted that Planning Council members often became lost in the underspending report packets, and that the PowerPoint presentation format would help ensure that everyone was looking at the same information at the same time. J. Jackson stated that this format could also help to cut down on unnecessary questions.

Discussion Item:

- **Detailed Review of Allocations and Underspensing Report**

M. Ross-Russell stated that she had included a past underspensing report for consideration by the group (*see – attached handout*). She explained that it would be helpful for the group to agree on the most important sections of the report, so that they would be able to guide other Planning Council members in interpreting the report.

M. Ross-Russell next discussed the allocations materials. She explained that, in the past, Comprehensive Planning Committee members had agreed to learn about individual service categories for the purpose of priority setting. She further explained that this had been helpful in developing a strong knowledge base as the group discussed each service. She then asked the committee if they would like to use a similar technique for the allocations process, in which Finance Committee members became “experts” on each funded service category. She explained that there was a great deal of information about each service in the allocations materials, but that it was often too much for meeting participants to process at once. A. Edelstein asked how they might do this. M. Ross-Russell replied that it might be helpful to spread overviews of the service categories out across several Planning Council meetings, which would allow enough time for members to discuss service categories if they had questions. A. Edelstein asked how many service categories were currently funded. A. McCann-Woods replied that twelve services were currently funded in the EMA.

M. Cappuccilli asked why knowledge about the service categories would not fall to the Comprehensive Planning Committee. M. Ross-Russell replied that the Comprehensive Planning Committee would be more knowledgeable about needs assessments and unmet need, while the Finance Committee would be more knowledgeable about underspensing, utilization, and other funding issues. She noted that this would ensure that Planning Council members knew more about the service categories when entering the allocations process. N. Johns stated that this would also be helpful to people participating in the priority setting process.

A. Edelstein stated that he was willing to try this and asked how to proceed. M. Ross-Russell replied that she could ask Finance Committee members to volunteer to learn about different service categories that were currently funded. The group agreed to have a variety of people presenting at each Planning Council meeting. M. Cappuccilli stated that they did not have a large enough committee to cover all of the service categories. M. Ross-Russell replied that they could talk about this at the March Planning Council meeting, and invite other Planning Council members to participate as “experts” as well. She noted that they could then begin the presentations in April, using the materials from the previous year. She noted that the materials were also available on the website at hivphilly.org.

The group agreed to proceed with the individual service category experts. M. Ross-Russell noted that OHP staff would ask members to participate.

M. Ross-Russell then asked the group to consider how they might best use the time in the allocations meetings. She noted that attendees had found the small group discussions useful, but that they had taken a long time. She explained that they had originally planned the previous year's allocations meetings for three hours, but that they had extended Philadelphia's meeting to four hours. Seeing no objections from the group, M. Ross-Russell concluded that the allocations meetings would likely be four hours long this year.

Old Business:

None.

New Business:

None.

Announcements:

None.

Adjournment:

Motion: M. Cappuccilli moved, D. Gana seconded to adjourn the meeting at 3:19 p.m. **Motion**

Passed: All in favor.

Respectfully submitted by,

Briana L. Morgan, staff

Handouts distributed at the meeting:

- Meeting Agenda
- Meeting Minutes from February 7, 2019
- Excerpt from Allocations Materials: Outpatient/Ambulatory Health Services
- Ryan White EMA-White 3rd Quarter Spending Report (Philadelphia)
- OHP Calendar

Office of HIV Planning: HIV Integrated
Planning Council Ryan White Part A:
Finance Committee

Recipient FY2018-2019 Fourth Quarter Underspending Report

June 6, 2019






4Q Underspending Summary

Reconciliation of total invoices forwarded to AACO for processing through February 28, 2019 indicated approximately **two-percent (2%) underspending of our total overall award or \$408,917** (includes MAI funds).

Underspending includes reallocations to direct services that took place throughout the contract period. All underspending took place in Systemwide allocations.



Under/Over Spending Themes: FY 2018-2019 Quarter 4 (~10% threshold)

PHILADELPHIA

UNDERSPENDING							
Service Category	Balance	Vacancies	Late Invoicing	Delayed spending on operating expenses	Leveraging other funding sources for same service category	Still Under Review	Other
Drug Reimbursement Program	\$140,000		X				X AM1
Mental Health	\$49,430	X					
EFA-Pharma	\$378,693						XAM4

Slide 3

- AM1** It was determined in December that only 2-week refills were adequate. Underspending was recaptured and re-routed to other service categories. This had no service delivery impact.
Ameenah McCann, 5/31/2019

- AM4** It was determined in December that only 2-week refills were adequate. Underspending was recaptured and re-routed to other service categories. This had no service delivery impact.
Ameenah McCann, 5/31/2019

Under/Over Spending Themes: FY 2018-2019 Quarter 4 (~10% threshold)

PHILADELPHIA

OVERSPENDING							
Service Category	Amount Overspent	Higher Utilization	Hx overspends early/levels out	Still under review	Other		
EFA	\$10,497	X					
Housing Assistance	\$92,181	X AM5					
Food Bank	\$201,965	X	X				
Transportation	\$3,562	X					

Slide 4

AM5 Fair market values have increased; thus making the cost of living in Philadelphia higher.

Ameenah McCann, 5/31/2019

Under/Over Spending Themes: FY 2018-2019 Quarter 4 (~10% threshold)

PA Counties

UNDERSPENDING							
Service Category	Balance	Vacancies	Late Invoicing	Delayed spending on operating expenses	Leveraging other funding sources for same service category	Still Under Review	Other
EFA-Pharma	\$109,315						X AM2

Slide 5

AM2

It was determined in December that only 2-week refills were adequate. Underspending was recaptured and re-routed to other service categories. This had no service delivery impact.

Ameenah McCann, 5/31/2019

Under/Over Spending Themes: FY 2018-2019 Quarter 4 (~10% threshold)

PHILADELPHIA *PA Counties*

OVERSPENDING

Service Category	Amount Overspent	Higher Utilization	Hx overspends early/levels out	Still under review	Other
Outpatient/Ambulatory	\$95,754	X			XAM3
Mental Health	\$44,566				XAM6
Food Bank	\$6,647	X	X		
Transportation	\$3,562	X			

Slide 6

AM3 Unreimbursed lab expenses.
Ameenah McCann, 5/31/2019

AM6 difficulties filling positions with Medicaid credentialed practitioners. RW funds was highly utilized to deal with higher and prolonged utilization.
Ameenah McCann, 5/31/2019

Under/Over Spending Themes: FY 2018-2019 Quarter 4 (~10% threshold)

NEW JERSEY

OVERSPENDING							
Service Category	Amount Overspent	Higher Utilization	Hx overspends early/levels out	Still under review	Other		
Oral Health	\$20,221	X			X AM3		
Transportation	\$114,680	X					

Slide 7

AM3

Unreimbursed lab expenses.
Ameenah McCann, 5/31/2019

Under/Over Spending Themes: FY 2018-2019 Quarter 4 (~10% threshold)

MAI

OVERSPENDING

Service Category	Amount Overspent	Higher Utilization	Hx overspends early/levels out	Still under review	Other		
Systemwide Allocations	\$26,729				X		

Ryan White EMA-Wide Spending
 Philadelphia HIV Integrated Planning Council
 4th Quarter Spending as of February 28, 2019

	Allocations	4th Quarter Allocation	Spending	Balance	% under/(over)
Philadelphia	12,573,373	12,573,373	12,573,997	(624)	0%
PA Counties	2,734,448	2,734,448	2,745,637	(11,189)	0%
New Jersey Counties	2,174,255	2,174,255	2,294,499	(120,244)	6%
Systemwide	3,085,889	3,085,889	2,544,915	540,974	-18%
Minority AIDS Initiative	1,776,279	1,776,279	1,749,550	26,729	-2%
MAI Systemwide	196,383	196,383	223,112	(26,729)	14%
Carryforward	7,101	7,101	7,101	-	0%
Total	22,547,728	22,547,728	22,138,811	408,917	-2%

Ryan White EMA-Wide Spending
Philadelphia HIV Integrated Planning Council
4th Quarter Spending as of February 28, 2019

Systemwide

Service Categories	Allocations	4th Quarter Allocation	Spending	Balance	% (under)/over
AIDS Drug Assistance Program (ADAP)	-	-	-	-	-
Ambulatory Care	7,055,207	7,055,207	7,362,705	(307,498)	4%
Case Management	7,003,445	7,003,445	6,956,416	47,029	-1%
Drug Reimbursement Program	497,810	497,810	357,810	140,000	-28%
Early Intervention Services	-	-	-	-	-
Health Insurance Premium & Costs Sharing Assistance	-	-	-	-	-
Home & Community-based Health Services	-	-	-	-	-
Home Health Care	-	-	-	-	-
Hospice Services	-	-	-	-	-
Mental Health Therapy/Counseling	541,986	541,986	521,363	20,623	-4%
Nutritional Services	59,611	59,611	59,609	2	0%
Oral Health Care	770,275	770,275	806,350	(36,075)	5%
Substance Abuse Treatment - Outpatient	354,603	354,603	346,487	8,116	-2%
Care Outreach	-	-	-	-	-
Case Management (non-Medical)	-	-	-	-	-
Child Care Services	-	-	-	-	-
Day or Respite Care	-	-	-	-	-
Emergency Financial Assistance	69,415	69,415	85,122	(15,707)	23%
Emergency Financial Assistance/AIDS Pharma Asst.	1,086,158	1,086,158	598,150	488,008	-45%
Emergency Financial Assistance/Housing	385,663	385,663	385,585	78	0%
Food Bank/Home-Delivered Meals	334,355	334,355	538,026	(203,671)	61%
Health Education Risk Reduction	-	-	-	-	-
Housing Assistance	179,145	179,145	278,368	(99,223)	55%
Referral for Health Care/Supportive Services	81,039	81,039	80,970	69	0%
Other Professional Services/Legal Services	402,393	402,393	432,393	(30,000)	7%
Psychosocial Support Services	-	-	-	-	-
Rehabilitation Care	-	-	-	-	-
Substance Abuse (Residential)	-	-	-	-	-
Translation & Interpretation	-	-	-	-	-
Transportation	444,351	444,351	561,430	(117,079)	26%
Total	19,265,456	19,265,456	19,370,784	(105,328)	1%

SYSTEMWIDE ALLOCATIONS

Allocations	4th Quarter Allocation	Spending	Balance	% (under)/over
I & R	512,425	437,238	75,187	-15%
QM Activities	538,293	342,473	195,820	-36%
Systemwide Coordination	190,598	189,185	1,413	-1%
Capacity Building	111,384	65,496	45,888	-41%
PC Support	494,154	437,998	56,156	-11%
Grantee Administration	1,435,418	1,295,637	139,781	-10%
Total	3,282,272	2,768,027	514,245	-16%
Total Service Allocations & Administrative	22,547,728	22,547,728	408,917	-2%

Ryan White EMA-Wide Spending
Philadelphia HIV Integrated Planning Council
4th Quarter Spending as of February 28, 2019

Philadelphia

Service Categories	Allocations	4th Quarter Allocation	Spending	Balance	% (under)/over
AIDS Drug Assistance Program (ADAP)	-	-	-	-	
Ambulatory Care	4,941,896	4,941,896	5,137,693	(195,797)	4%
Case Management	4,092,325	4,092,325	4,122,027	(29,702)	1%
Drug Reimbursement Program	497,810	497,810	357,810	140,000	-28%
Early Intervention Services	-	-	-	-	
Health Insurance Premium & Costs Sharing Assistance	-	-	-	-	
Home & Community-based Health Services	-	-	-	-	
Home Health Care	-	-	-	-	
Hospice Services	-	-	-	-	
Mental Health Therapy/Counseling	324,920	324,920	275,490	49,430	-15%
Nutritional Services	-	-	-	-	
Oral Health Care	424,600	424,600	440,457	(15,857)	4%
Substance Abuse Treatment - Outpatient	234,428	234,428	226,312	8,116	-3%
Care Outreach	-	-	-	-	
Case Management (non-Medical)	-	-	-	-	
Child Care Services	-	-	-	-	
Day or Respite Care	-	-	-	-	
Emergency Financial Assistance	47,950	47,950	58,447	(10,497)	22%
Emergency Financial Assistance/AIDS Pharma Asst.	870,249	870,249	491,556	378,693	-44%
Emergency Financial Assistance/Housing	385,663	385,663	385,585	78	0%
Food Bank/Home-Delivered Meals	207,075	207,075	409,040	(201,965)	98%
Health Education Risk Reduction	-	-	-	-	
Housing Assistance	152,241	152,241	244,422	(92,181)	61%
Referral for Health Care/Supportive Services	81,039	81,039	80,970	69	0%
Other Professional Services/Legal Services	301,107	301,107	328,556	(27,449)	9%
Psychosocial Support Services	-	-	-	-	
Rehabilitation Care	-	-	-	-	
Substance Abuse (Residential)	-	-	-	-	
Translation & Interpretation	-	-	-	-	
Transportation	12,070	12,070	15,632	(3,562)	30%
Total	12,573,373	12,573,373	12,573,997	(624)	0%

Ryan White EMA-Wide Spending
Philadelphia HIV Integrated Planning Council
4th Quarter Spending as of February 28, 2019

PA Counties

Service Categories	Allocations	4th Quarter Allocation	Spending	Balance	% (under)/over
AIDS Drug Assistance Program (ADAP)	-	-	-	-	
Ambulatory Care	659,540	659,540	755,294	(95,754)	15%
Case Management	1,079,734	1,079,734	1,042,187	37,547	-3%
Drug Reimbursement Program	-	-	-	-	
Early Intervention Services	-	-	-	-	
Health Insurance Premium & Costs Sharing Assistance	-	-	-	-	
Home & Community-based Health Services	-	-	-	-	
Home Health Care	-	-	-	-	
Hospice Services	-	-	-	-	
Mental Health Therapy/Counseling	47,606	47,606	92,172	(44,566)	94%
Nutritional Services	59,611	59,611	59,609	2	0%
Oral Health Care	150,162	150,162	150,159	3	0%
Substance Abuse Treatment - Outpatient	120,175	120,175	120,175	-	0%
Care Outreach	-	-	-	-	
Case Management (non-Medical)	-	-	-	-	
Child Care Services	-	-	-	-	
Day or Respite Care	-	-	-	-	
Emergency Financial Assistance	21,465	21,465	26,675	(5,210)	24%
Emergency Financial Assistance/AIDS Pharma Asst.	215,909	215,909	106,594	109,315	-51%
Emergency Financial Assistance/Housing	-	-	-	-	
Food Bank/Home-Delivered Meals	65,238	65,238	71,885	(6,647)	10%
Health Education Risk Reduction	-	-	-	-	
Housing Assistance	26,904	26,904	33,946	(7,042)	
Referral for Health Care/Supportive Services	-	-	-	-	
Other Professional Services/Legal Services	17,065	17,065	17,065	-	0%
Psychosocial Support Services	-	-	-	-	
Rehabilitation Care	-	-	-	-	
Substance Abuse (Residential)	-	-	-	-	
Translation & Interpretation	-	-	-	-	
Transportation	271,039	271,039	269,876	1,163	0%
Total	2,734,448	2,734,448	2,745,637	(11,189)	0%

Ryan White EMA-Wide Spending
Philadelphia HIV Integrated Planning Council
4th Quarter Spending as of February 28, 2019

New Jersey

Service Categories	Allocations	4th Quarter Allocation	Spending	Balance	% (under)/over
AIDS Drug Assistance Program (ADAP)	-	-	-	-	
Ambulatory Care	1,083,107	1,083,107	1,095,185	(12,078)	1%
Case Management	425,771	425,771	417,185	8,586	-2%
Drug Reimbursement Program	-	-	-	-	
Early Intervention Services	-	-	-	-	
Health Insurance Premium & Costs Sharing Assistance	-	-	-	-	
Home & Community-based Health Services	-	-	-	-	
Home Health Care	-	-	-	-	
Hospice Services	-	-	-	-	
Mental Health Therapy/Counseling	169,460	169,460	153,701	15,759	-9%
Nutritional Services	-	-	-	-	
Oral Health Care	195,513	195,513	215,734	(20,221)	10%
Substance Abuse Treatment - Outpatient	-	-	-	-	
Care Outreach	-	-	-	-	
Case Management (non-Medical)	-	-	-	-	
Child Care Services	-	-	-	-	
Day or Respite Care	-	-	-	-	
Emergency Financial Assistance	-	-	-	-	
Emergency Financial Assistance/AIDS Pharma Asst.	-	-	-	-	
Emergency Financial Assistance/Housing	-	-	-	-	
Food Bank/Home-Delivered Meals	54,941	54,941	50,000	4,941	-9%
Health Education Risk Reduction	-	-	-	-	
Housing Assistance	-	-	-	-	
Referral for Health Care/Supportive Services	-	-	-	-	
Other Professional Services/Legal Services	84,221	84,221	86,772	(2,551)	3%
Psychosocial Support Services	-	-	-	-	
Rehabilitation Care	-	-	-	-	
Substance Abuse (Residential)	-	-	-	-	
Translation & Interpretation	-	-	-	-	
Transportation	161,242	161,242	275,922	(114,680)	71%
Total	2,174,255	2,174,255	2,294,499	(120,244)	6%

Ryan White EMA-Wide Spending
Philadelphia HIV Integrated Planning Council
4th Quarter Spending as of February 28, 2019

Minority AIDS Initiative

Service Categories	Allocations	4th Quarter Allocation	Spending	Balance	% (under)/over
AIDS Drug Assistance Program (ADAP)	-	-	-	-	-
Ambulatory Care	370,664	370,664	374,533	(3,869)	1%
Case Management	1,405,615	1,405,615	1,375,017	30,598	-2%
Drug Reimbursement Program	-	-	-	-	-
Early Intervention Services	-	-	-	-	-
Health Insurance Premium & Costs Sharing Assistance	-	-	-	-	-
Home & Community-based Health Services	-	-	-	-	-
Home Health Care	-	-	-	-	-
Hospice Services	-	-	-	-	-
Mental Health Therapy/Counseling	-	-	-	-	-
Nutritional Services	-	-	-	-	-
Oral Health Care	-	-	-	-	-
Substance Abuse Treatment - Outpatient	-	-	-	-	-
Care Outreach	-	-	-	-	-
Case Management (non-Medical)	-	-	-	-	-
Child Care Services	-	-	-	-	-
Day or Respite Care	-	-	-	-	-
Emergency Financial Assistance	-	-	-	-	-
Emergency Financial Assistance/AIDS Pharma Asst.	-	-	-	-	-
Emergency Financial Assistance/Housing	-	-	-	-	-
Food Bank/Home-Delivered Meals	-	-	-	-	-
Health Education Risk Reduction	-	-	-	-	-
Housing Assistance	-	-	-	-	-
Referral for Health Care/Supportive Services	-	-	-	-	-
Other Professional Services/Legal Services	-	-	-	-	-
Psychosocial Support Services	-	-	-	-	-
Rehabilitation Care	-	-	-	-	-
Substance Abuse (Residential)	-	-	-	-	-
Translation & Interpretation	-	-	-	-	-
Transportation	-	-	-	-	-
Total	1,776,279	1,776,279	1,749,550	26,729	-2%

SYSTEMWIDE ALLOCATIONS

Allocations	4th Quarter Allocation	Spending	Balance	% (under)/over
I & R	-	-	-	-
QM Activities	21,624	21,624	8,957	12,667
Systemwide Coordination	-	-	-	-
Capacity Building	-	-	-	-
PC Support	-	-	-	-
Grantee Administration	174,759	174,759	214,155	(39,396)
Total	196,383	196,383	223,112	(26,729)
Total Service Allocations & Administrative	1,972,662	1,972,662	1,972,662	-



Office of HIV Planning

HIV Integrated Planning Council: Finance Committee

Ryan White Part A

Recipient 2018-2019 End of Year Underspending Report

June 6, 2019

At the conclusion of the Ryan White 2018-2019 contract period that ended February 28, 2019, the EMA was overspent by \$105,328 (or 1%) across all funded services categories.

However, Systemwide Allocations was underspent by \$514,245 (or 16%). Underspending includes reallocations to direct services that took place throughout the contract period. This resulted in a net underspending of \$408,917 (or 2%) overall.

