

# MEETING AGENDA

## *VIRTUAL:*

*Thursday, December 1, 2022*

*2:00 p.m. – 4:00 p.m.*

- Call to Order
- Welcome/Introductions
- Approval of Agenda
- Approval of Minutes (*September 1, 2022*)
- Report of Co-Chairs
- Report of Staff
- Presentation
  - 2Q Expenditure Report
- Discussion Items
  - PA Counties Response Letter
- 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: January 5, 2022 from 2:00 – 4:00 p.m.**

Office of HIV Planning, 340 N. 12<sup>TH</sup> Street, Suite 320, Philadelphia, PA 19107  
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**Philadelphia EMA HIV Integrated Planning Council**  
**Finance Committee**  
**Meeting Minutes of**  
**Thursday, September 1, 2022**  
**2:00 p.m. – 4:00 p.m.**

Office of HIV Planning, 340 N. 12<sup>th</sup> St., Suite 320, Philadelphia PA 19107

**Present:** Mike Cappuccilli, Keith Carter, Alan Edelstein, Adam Williams

**Guests:** Ameenah McCann-Woods (AACO)

**Staff:** Beth Celeste, Mari Ross-Russell, Sofia Moletteri

**Call to Order and Introductions:**

A. Edelstein called the meeting to order at 2:07 p.m. He dispensed with introductions since everyone knew each other.

**Approval of Agenda:**

A. Edelstein called for an approval of the September 1, 2022 Finance Committee Agenda. **Motion:** **K. Carter motioned, M. Cappuccilli seconded to approve the agenda as presented. Motion passed: 2 in favor, 1 abstaining.**

**Approval of Minutes (August 4, 2022):**

A. Edelstein called for an approval of the August 4, 2022 Finance Committee meeting minutes. **Motion:** **K. Carter motioned, M. Cappuccilli seconded to approve August 4, 2022 minutes. Motion passed: 2 in favor, 1 abstaining.**

**Report of Co-Chairs:**

No report.

**Report of Staff:**

M. Ross-Russell reported that, as it stood, the Consumer Survey had some online surveys which were incomplete and would not be entered. Therefore, they were about 220-225 complete surveys in total. The surveys would be entered into SPSS and she had given the online surveys to AACO to look at as well.

M. Ross-Russell explained that Dr. Brady had asked those in charge of the PA Counties' HIV prevalence numbers about the inconsistencies and mentioned the concerns voiced from HIPC. They responded to Dr. Brady that they would rerun the numbers, but they had not yet reported back.

Over the next few months, M. Ross-Russell reported that the HIPC would be receiving information from AACO and offering input on the Integrated Prevention and Care Plan.

M. Cappuccilli asked M. Ross-Russell if Dr. Brady had any insight to offer about the PA Counties' data since she was an epidemiologist, herself. M. Ross-Russell said that Dr. Brady also questioned the data that the PA Counties offered. She said there was commonly variation from year to year due to late reporting and other reasons. However, variation should be within a reasonable range—otherwise, this could indicate errors within the process or a large cultural shift causing variation.

Additionally, the numbers were not consistent—for example, the PA Counties’ surveillance report stated different numbers than the numbers offered to the HIPC.

M. Cappuccilli asked if Dr. Brady was involved in the issue or if the concerns were just between HIPC and the PA Health Department. M. Ross-Russell said it affected the whole EMA and each health department depended upon each other, so Dr. Brady was involved.

**Presentation:**

***—Final Expenditure Report—***

A. McCann-Woods explained that the following report was for the contract year that ended February 28th, 2022. She thanked everyone for their patience with this report. They were in the 3Q of the current fiscal year.

A. McCann-Woods screenshared the excel files containing spending information. She explained that at the end of the FY2021-2022, underspending was at 5% or \$1,200,053, including MAI and carry forward funds for the entire EMA. She reminded everyone that they only discussed service categories over/underspent at 10% or more.

In Philadelphia there was underspending in EFA-Pharma (\$63,880 or -28%), EFA-Housing (\$434,605 or -86%), and Substance Abuse (\$96,490 or -18%). As for overspending in Philadelphia, Housing Assistance was overspent by \$60,666 or 11% and EFA was overspent \$54,585 or 114%. She would explain the reasons for spending trends later on within the PowerPoint.

In PA Counties, there was underspending in EFA-Pharma (\$120,758 or -75%) and Housing Assistance (\$719 or -21%). As for overspending in PA Counties, EFA was overspent by \$9,326 or 43% and Mental Health was overspent \$23,158 or 29%.

In NJ Counties, there was underspending in Medical Case Management (\$87,510 or -21%) and EFA-Housing (\$106,394 -100%). As for overspending in NJ Counties, Medical Transportation Services were overspent by \$30,069 or 18%.

Regarding the Systemwide Allocations—with the exception of Systemwide Coordination and PC Support—there was underspending overall. This underspending was caused by vacancies. There was no carryover to discuss.

A. McCann-Woods next reviewed the PowerPoint for the 4Q Spending Report. She explained that the reconciliation of total invoices forwarded to AACO for processing through August 31, 2022 indicated five percent (5% or \$1,200,053) underspending of the total overall award (including MAI funds).

For underspending in Philadelphia, EFA-Pharma and EFA-Housing were underspent due to decreases utilization, not necessarily demand. EFA-Pharma consistently saw underspending due to a decrease need that came with the SPBP program efficiency. EFA-Housing was underspent in part due to the COVID-19 money previously available and other programs to prevent individuals from losing housing. A. Edelstein asked if the COVID-19 dollars were fully spent at this point in time. A.

McCann-Woods had heard that the funds in PA were technically done. However, there were still other active programs. A. Edelstein asked if the expectation was that they would spend the housing money down moving forward. A. McCann-Woods said yes, this was the expectation. A. McCann-Woods reported that for Substance Abuse, there was underspending due to vacancies.

Philadelphia overspending, A. McCann-Woods reported that Housing Assistance and EFA were overspent due to higher utilization.

PA Counties had underspending in EFA-Pharma and Housing Assistance for the same reasons stated in the Philadelphia portion. M. Cappuccilli asked, if the reason for housing underspending was use of COVID-19-related programs, why there was a large distinction between how housing dollars affected the suburban counties versus Philadelphia. He noted that the underspending in the PA Counties for housing was significantly lower. A. McCann-Woods was unsure but mentioned that density and accessibility were different between Philadelphia and the PA Counties. M. Cappuccilli said this would be interesting to look into, since CPC was to hear back about the Housing Model.

A. Edelstein asked if the PA and NJ Counties had access to their own pots of money for COVID-19 relief. A. McCann-Woods said the counties and the city had their own programs and pots of money, separate from COVID-19 federal programs.

A. McCann-Woods said PA overspending for EFA and Mental Health was due to higher utilization.

For NJ Counties MCM, underspending was due to vacancies. In NJ, due to the availability of COVID-19 funds, the full amount of RW Part A funds for EFA-Housing went unutilized. This did not diminish the need in this area of the jurisdiction. Because of the COVID-19 funds, they were used first and EFA-Housing dollars were not used at all. However, this did not mean that those funds would not be needed in the future.

Transportation was overspent in NJ because in-person services started to pick up and there was higher utilization.

She next looked at underspending for Systemwide and MAI Systemwide Allocations which were underspent across the board due to vacancies. She explained that any identified underspending had been reallocated to direct service categories. She said that reallocation of underspent funds was a continuing trend from year-to-year.

### ***—1Q Spending Report—***

A. McCann-Woods said she did not currently have the PowerPoint for the 1Q Report, but she would have the PowerPoint by HIPC. She said that this represented spending through May 31st, 2022. She explained that this was not a full picture of spending through the first quarter since contract conformance started late. Awards did not go out until about April/May 2022. As of today, everyone had their contracts and awards, but by the end of the 1Q, contracts were not completely conformed. A. Edelstein asked if providers were still operating smoothly. A. McCann-Woods said yes, this was just a fiscal issue, but all providers operated as-is and no jobs were lost.

In total, she explained that there was \$1,339,930 total underspending or 23%.

She first read the underspending for Philadelphia. Outpatient Ambulatory Care was underspent by 278,263 or -23%. Normally this was due to leveraging other funds, late invoicing, and sometimes vacancies. Medical Case Management was underspent by \$156,619 or -16%. This was usually due to vacancies. The Drug Reimbursement Program was underspent by \$57,090 or -47% which was usually due to late invoicing. Oral Health Care was underspent by \$18,907 or -18% which was usually due to late invoicing and leveraging other funding. Substance Abuse Outpatient was underspent by \$32,984 or -25% and was likely due to vacancies, late invoicing, and leveraging other funding sources.

A. McCann-Woods noted that EFA was overspent by \$26,166 or 220% in Philadelphia. Therefore, they were seeing an inverse situation to spending trends last year. This was due to increased utilization. EFA-Pharma was overspent by \$7,206 or 13% due to increased utilization, but she still wanted to find out more about this. They were under the impression that the SPBP program was causing underspending, so they needed to investigate the overspending. A. Edelstein noted that with EFA-Pharma, the spreadsheet showed that they were projected to run out of the allocated EFA-Pharma dollars quickly. A. McCann-Woods said that there would likely be an additional funds request to fill that gap. A. Edelstein asked if they were using carryover funds. M. Ross-Russell said there was a carryover request, yes, but this just happened. A. McCann-Woods continued, saying that EFA-Housing was underspent by \$46,130 or -37%. Transportation was underspent by \$2,376 or -79% and she expected this to level out.

A. Edelstein asked if there was any known change in request for assistance from those using RW dollars. A. McCann-Woods said anecdotally, with all of the money from COVID-19 being spent up, they might be seeing a return to or even an exaggeration of old spending and need due to the other assistance running out.

As for Philadelphia overspending, A. McCann-Woods said that EFA-Pharma was overspent by \$7,206 or 13%, EFA was overspent by \$26,166 or 220%, and Food Bank was overspent by \$35,685 or 70%. For Food Bank, she said that there was an increase in food pantry visits, food vouchers, etc. There was a notable increase in food insecurity. A. Edelstein agreed, noting that inflation had really affected food prices. A. McCann-Woods added that in some cases, those who accessed the food pantry once per month were now accessing it two times per month. Adam asked if there was anything they could do to anticipate the need for food going forward. A. Edelstein said they could potentially look into their underspending and see what they could do.

A. McCann-Woods next looked over the PA Counties underspending. Medical Case Management was underspent by \$30,907 or -10% likely due to vacancies. MCM saw a lot of turnover. A. Edelstein said there were a lot of people leaving their jobs, so this might be impacting them. A. McCann-Woods said the average MCM stayed for 2-3 years, but due to the "Great Resignation," this was even more of an issue. A. Williams said that MCM salaries were difficult to live on. A. Edelstein asked if there was any movement to increase MCM salaries. A. McCann-Woods said they saw some increases in salaries and benefits, but it ultimately depended where people worked. Clinical and collocated settings could often be more generous in their salaries.

As for PA Counties overspending, EFA was overspent by \$4,256 or 72%. This was due to increase utilization, similar to the story from Philadelphia.

A. McCann-Woods said EFA-Pharma was underspent by \$33,086 or -74%. This would be addressed through reallocation. Food Bank was underspent by \$9,875 or -55% most likely due to late invoicing or leveraging other funding. Housing Assistance was underspent by \$8,590 or -21% for the same reasons as Philadelphia.

A. McCann-Woods next looked at the NJ Counties underspending. Outpatient Ambulatory Care was underspent by \$36,115 or -13% likely due to late invoicing. Medical Case Management was underspent by \$46,197 or -43% due to vacancies and turnover. Mental Health was underspent by \$10,221 or -24% likely due to vacancies. Oral Health was underspent by \$49,403 or -100%. This was most certainly due to late invoicing. Food Bank was underspent by \$13,718 or -100% most definitely due to late invoicing and late conformance on contracts. This was not reflective of the need.

Regarding NJ Counties overspending, Transportation was overspent by \$38,716 or 94% due to higher utilization.

For Systemwide Allocations, A. McCann-Woods said that there was underspending in Information & Referral, Quality Management Activities, Capacity Building, PC Support, and Grantee Administration. M. Ross-Russell said, as for PC Support, they were underspent due to operating expenses being less because of virtual work. There was also one position open for almost a year, and there was another position open since the beginning of May 2022. The combination of the two open positions caused underspending. These positions had been posted on PHMC.org and other job listing websites. M. Ross-Russell said they were expected to go back to in-person meetings at some point, so the spending was in question as they figured out their approach for in-person meetings.

A. McCann-Woods said for MAI and Carryover, there was nothing above 10% to report.

#### **Action Items:**

#### **—PA Counties Letter from HIPC—**

A. Edelstein asked if the process between Dr. Brady and the State of PA would be disrupted if HIPC wrote their letter to the PA Counties. If there was a process underway and working, he questioned the importance of their letter. A. Williams understood A. Edelstein's point, but he felt not speaking up could risk the opportunity to do their due diligence. He felt that there should be something on the record that would indicate their opposition to the PA Counties prevalence numbers. M. Cappuccilli asked about the chain of command and who would be on the receiving end of the letter. M. Ross-Russell said it would likely go to someone at the State's Epidemiology Office, but Dr. Brady would be CCed since she was made aware of HIPC intentions. They could also CC other parties as needed.

M. Ross-Russell understood that this was not an easy process for the City of Philadelphia, since PA's response was to their concern was not fully comprehensive. As A. Williams said, she agreed that it

would make sense for the HIPC to acknowledge the concern with flawed data, as it had far-reaching impact, especially while they were intending to end the HIV epidemic. Asking for consistency was not outside of their purview. A. Edelstein agreed, saying that it impacted all 9 counties and their allocated funds. A. Williams said that they had a responsibility to the community, so they should speak out.

A. Edelstein asked if the Bureau of HIV still existed. M. Ross-Russell said it did, but the Bureau of Epidemiology was not nested under this. A. Edelstein said this was likely because the Bureau of Epidemiology assisted multiple departments. He suggested they CC the Health Secretary as well as the head of the HIV Bureau. A. Williams asked where they could find a map of the reporting structures. M. Ross-Russell said she could have this discussion with Dr. Brady to identify the individuals of importance within each department. A. Edelstein noted that Denise Johnson was the acting Health Secretary of PA.

Based on what she was hearing from the group, she said they were ultimately asking for accuracy and accountability. Everyone agreed. M. Ross-Russell said the PA numbers were off based on their historical trends, so the HIPC was asking the PA Counties to look into the inconsistencies. She said they should be able to receive a response.

A. Edelstein suggested the letter should be fairly short and succinct. A. Edelstein and M. Cappuccilli suggested a lighter tone within the letter. A. Williams suggested they be straightforward—they could simply point out the inaccuracy but be direct, firm, and fair. A. Edelstein said he could draft the letter and OHP could circulate it to the current attendees for comment.

M. Cappuccilli asked if the Monday Site Visit with AACO offered any additional information that would assist the letter. M. Ross-Russell said the presentation from the PA Epidemiologist was fairly basic and did not necessarily allay any concerns. The presentation was on the state surveillance report from online. A. Edelstein asked to receive a copy of this. He asked if they were responsive to the concerns. M. Ross-Russell noted that the PA County representatives said they would look into it. A. Edelstein asked if the PA County representatives were aware of the discrepancies. M. Ross-Russell was unsure.

A. Edelstein reiterated that he would write the letter in the next few days and have OHP staff distribute it to the others in the meeting. A. Williams asked if they had each other's contact information. S. Moletteri said she would ensure they could all communicate with each other.

A. Edelstein asked if M. Ross-Russell could send him the document with the PA County prevalence numbers over the years. M. Ross-Russell said she would. M. Cappuccilli asked, regarding the chain of command, if this needed to be communicated through the HRSA Project Officer (PO). M. Ross-Russell said they had already reported this issue in the monthly PO meetings. M. Cappuccilli was reassured that there would be no surprises and that everyone was aware of the discrepancies.

A. Edelstein asked if they would CC the entire HIPC on the final letter. M. Ross-Russell said they would not need to since the full HIPC would look over the letter before it was sent out. A. Edelstein asked if they got the letter done in time, if they could have it on the agenda for the next HIPC meeting. S. Moletteri commented that there was very full meeting next week and that the HIPC would look over the MPV (Monkeypox Virus) letter as well. She was unsure if they would have time, but it would be nice to get it out as soon as possible.

M. Ross-Russell noted that the PA surveillance reports from online and the numbers reported to the HIPC were also extremely dissimilar, so this was also of concern. K. Carter said they should be able to trust the State of PA and their numbers so that HIPC could operate and allocate funding smoothly and properly. This letter would be helpful with maintaining trust and workflow.

**Other Business:**

None.

**Announcements:**

None.

**Adjournment:**

A. Edelstein asked for a motion to adjourn. **Motion: K. Carter motioned, A. Williams seconded.**  
**Motion passed: general consensus.** Meeting adjourned at 3:42.

Respectfully submitted:

Sofia M. Moletteri, staff

Handouts distributed:

- September 2022 Finance Committee Agenda
- August 2022 Finance Committee Minutes





October 24, 2022

Mr. Alan Edelstein, Co-Chair  
HIPC's Finance Committee  
340 N. 12<sup>th</sup> Street  
Philadelphia, PA 19107

Dear Mr. Edelstein,

Thank you for your Committee's letter dated September 29, 2022 that was first received via email on October 14, 2022. I also want to thank you and your committee for the work that you do in addressing the needs of people living with HIV (PLWH) in Philadelphia and its contiguous counties.

In order to provide a comprehensive picture of the issue at hand, I am providing some background information on the PLWH data analysis. Prior to 2022, the residence at the time of HIV/AIDS diagnosis was used to estimate the number of PLWH in Pennsylvania. This methodology was changed for 2022 at which time the CDC provided Point in Time Address (PITA) SAS program, which was used to determine the number of PLWH. This program differs from what was historically used as it estimates where PLWH are living at the end of each year using their current residence address.

In April 2022, our team conducted analysis using this new method of analysis and produced a result of 4,248 PLWH in the four counties near Philadelphia (Bucks, Chester, Montgomery, Delaware). The difference between this estimate and the estimate of 4,761 that was released for 2019 was initially thought to be as a result of the change in the SAS program. The previous method used residence of individuals at the time of HIV/AIDS diagnosis to estimate the number of PLWH. The new CDC SAS program was implemented as it allows us to use current address of individuals to assign their location more accurately.

When the initial analysis in April of 2022 produced smaller than expected totals, a meeting was scheduled with Mr. Antonios Mashas and Ms. Melissa Miller of the AIDS Coordinating Office to offer explanation on June 13, 2022. Ms. Miller was unable to attend this meeting but asked for it to continue in her absence. During this meeting, our team further explained the use of the new SAS program used for estimating PLWH in Pennsylvania and the likely impact this had on the estimates. We believed Mr. Mashas left the meeting satisfied with the explanation and he agreed to take the information back to the AIDS Activities Coordinating Office.

In August 2022, another staff member conducted a subsequent analysis of the same data using the new method after extensive data cleaning had occurred. This analysis produced an estimate of 5,440 PLWH for these four counties. In reviewing what may have caused the difference in the two estimates, we discovered that some PLWH were not properly assigned to a county due to missing values in the first analysis that was conducted and thus assignment was made using the available information. This resulted in the reduced number of cases identified in the first analysis. This was not something we explored after the first analysis but likely should have.

Subsequent to the identification of discrepancies in these two analyses, we have reviewed the data analysis steps in the August 2022 estimates and we can provide an updated estimate. We know the importance of this data to your group and want to apologize for the issues this error may have caused. We also want to ensure data integrity and have decided to initiate a process where two different staff will perform analysis of your data request to make sure we are providing accurate estimates to you. I hope this has answered your questions. I am available for further discussion if you consider it is necessary.

Sincerely,



Godwin Obiri, MS, DrPH.  
Director, HIV Surveillance & Epidemiology Program

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