MEETING AGENDA

Thursday, July 13, 2017
2:00 p.m. – 4:00 p.m.

Call to Order

Welcome and Introductions

Approval of Agenda

Recap of Previous Meeting
- The Planning Council received presentations about counseling and testing and the new case management model from AACO representatives. They also heard standard subcommittee reports

Approval of Minutes (*June 8, 2017*)

Report of Co-Chairs
- Planning Overview

Report of Staff

Public Comment

Action Items
- Planning Council Bylaws
- Priority Setting
- FY 2017-2018 Allocations
- Reallocation Request

Discussion Items
- FY 2016-2017 End of Year Report
- FY 2017-2018 Quarterly Report

Report of Committees:
- Executive Committee
- Finance Committee—Alan Edelstein and David Gana, Co-Chairs
- Needs Assessment Committee— Gerry Keys, Chair
- Positive Committee—Keith Carter, Co-Chair
- Nominations Committee—Michael Cappuccilli and Kevin Burns, Co-Chairs
- Comprehensive Planning Committee—Adam Thompson, Chair
- Prevention Committee—Clint Steib and Lorett Matus, Co-Chairs

Old Business

New Business

Announcements

Adjournment

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

The next HIV Integrated Planning Council meeting is scheduled for
Thursday, August 10, 2017 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

HIV Integrated Planning Council
Meeting Minutes
Thursday, June 8, 2017
2:00-4:00p.m.
Office of HIV Planning, 340 N. 12th Street, Suite 320, Philadelphia, PA 19107

Present: Juan Baez, Katelyn Baron, Kevin Burns, Michael Cappuccilli, Keith Carter, Mark Coleman, Lupe Diaz, Tiffany Dominique, Alan Edelstein, Gus Grannan, Sharee Heaven, Gerry Keys, Lorett Matus, Nicole Miller, Jeanette Murdock, Christine Quimby, Joseph Roderick, Samuel Romero, Clint Steib, James Tarver, Adam Thompson, Leroy Way

Excused: Tre Alexander, Jen Chapman, Tessa Fox, David Gana, Peter Houle, Gail Thomas

Absent: Henry Bennett, Jonnie Bradley, Bikim Brown, Karen Coleman, Cheryl Dennis, Pamela Gorman, Sayuri Lio, Abraham Mejia, Carlos Sanchez, Nurit Shein, Lorrita Wellington

Guests: James Breinig, Coleman Terrell (AACO), Derrick Wilson (AACO), Chris Chu (AACO), Caitlin Conyngham (AACO), Ameenah McCann-Woods (AACO), Casey Johnson, Evelyn Torres (AACO), Nina Gurak, John Plotz, Brian Shim, Alex Grayson, Roberta Irvin, Maggie Schepiro, Dottie McBride-Wesley, La'Seana James, Lynette Trawick

Staff: Mari Ross-Russell, Nicole Johns, Briana Morgan, Antonio Boone, Jennifer Hayes

Call to Order: K. Baron called the meeting to order at 2:08p.m.

Welcome/Introductions/Icebreaker Activity K. Baron welcomed HIV Integrated Planning Council (HIPC) members and guests. Those present then introduced themselves.

Approval of Agenda: K. Baron presented the agenda for approval. **Motion**: L. Diaz moved, L. Way seconded to approve the agenda. **Motion passed**: All in favor.

Recap of Previous Meeting: K. Baron reported that at their last meeting the Planning Council received a treatment update from Dr. David Condoluci. They also voted to approve the priority setting process developed by the Comprehensive Planning Committee and received updates to the bylaws for review.

Approval of Planning Council Minutes (*May 11, 2017*): K. Baron presented the minutes for approval. **Motion:** G. Keys moved, L. Way seconded to approve the May 11, 2017 minutes. **Motion passed**: All in favor.

Report of Co-Chair: K. Baron stated that the co-chairs were going to talk about each committee of the HIPC in the coming months. She said that anyone with further questions following the presentations could talk to the co-chairs of the individual committees.

K. Baron said that she'd discuss the Comprehensive Planning Committee (CPC) at today's meeting. She said the committee would be meeting next Thursday, June 15 from 2-4pm. She explained that the CPC reviewed, investigated, deliberated, and monitored the Integrated HIV Prevention and Care Plan. She stated that the Plan was completed last summer and was written by OHP staff in collaboration with AACO, the HPG, and the RWPC, though the CPC participated in the process as well. She noted that priority setting had begun last month. She explained that the CPC had reviewed service category definitions and begun to discuss each service category. She noted that the CPC had recently done work around health insurance premium and cost-sharing assistance and developed a retention navigation model.

She said that anyone with questions could speak with Adam Thompson, chair of CPC. She noted that CPC meetings were open to the public. She encouraged all members and guests to attend.

Report of Staff: None.

Public Comment: None.

Special Presentation:

- **Counseling and Testing Presentation** – *Derrick Wilson and Caitlin Conyngham, AACO*

D. Wilson stated that he and C. Conyngham would be talking about the recent AACO counseling and testing survey, its findings, and the next steps they had in mind. He said that the CDC released updates on their expectations for HIV testing in 2012. He noted that this brought about a shift in HIV testing. He said they'd switched from the idea of behavior change to a test and link to care modality. He stated that the shift required redesigning trainings for new testers. He added that existing testing staff had also been retrained. He stated that, in the last year, AACO representatives had visited agencies to train them on the new model for testing. He said that the survey he'd be presenting on today was developed to identify gaps and needs in the training process.

D. Wilson noted that there had been changes in HIV prevention. He stated that PrEP was approved for use in 2012. He added that, as emphasized by the National Institutes of Health (NIH), viral suppression lowered the rate of HIV transmission to 0, which was known as treatment as prevention.

D. Wilson noted that HIV testing was the gateway to treatment and prevention. He said that someone who tested positive was directed to care services along the continuum, and those who tested negative were directed to services along the prevention continuum. He said that there was overlap between the two continuums.

D. Wilson stated that HIV testers were key frontline staff for ending the HIV epidemic, so investing in their training was very important. He said the survey was distributed to testers using SurveyMonkey.

C. Conyngham said she'd be talking about the survey and its findings. She said the survey was distributed to 100 frontline testers and their direct supervisors by email. She stated that the testers worked for funded programs in Philadelphia. She noted that 4 reminder emails were sent, and the survey was conducted over 3 weeks. She stated that it was administered to HIV testers across 17 agencies, with a 70% response rate.

C. Conyngham said the survey had 27 questions, with 11 multiple choice and 14 Likert scale responses (ranked from strongly disagree to strongly agree). She added that 2 questions regarded future capacity building opportunities. She reviewed survey findings. She stated that 51% of respondents were working in HIV services for 6 or more years. She noted that 55% of these individuals were working at their agency for fewer than 3 years. She added that 58% began their careers as HIV testers prior to FDA approval of PrEP. She noted that the findings suggested high staff turnover among HIV testers. She stated that 87% of respondents viewed HIV testing as a critical part of ending the HIV epidemic.

C. Conyngham noted that the survey contained questions about PrEP and nPEP. She said 93% of respondents could accurately identify PrEP and nPEP. She stated that 67% answered "neutral" to "strongly agree" that they believed PrEP increased HIV risk behaviors. She stated that 77% identified lack of insurance as a barrier to PrEP. She noted that 61% answered neutral to strongly agree that they needed more training to offer PrEP to their clients. She said that PrEP was the highest ranked topic for desired future training.

C. Conyngham moved on to HIV treatment questions. She said that 30% of testers thought HIV medications were toxic. She added that 16% believed that HIV-positive people needed insurance to access HIV services. She reported that 59% believed that treatment as prevention did not work. She noted that the findings suggested barriers to linkage to care for newly-diagnosed people.

C. Conyngham stated that 98% of respondents believed that outreach to priority populations was key to successful testing programs. She added that race and racial disparities in HIV prevention were ranked as high-priority for capacity building among testers. She said testers wished to build capacity in STIs and prevention, opioids, naloxone, syringe access, and transgender cultural competency.

D. Wilson said that AACO would be providing a series of capacity building trainings to the frontline HIV prevention workforce called "TALC 2.0." He said the goal was to invest in the Philadelphia HIV testing workforce through training. He noted that the trainings were designed to address knowledge gaps and attitudes and beliefs about effective HIV prevention and treatment options. He noted that trainings would be offered to all agencies funded for targeted HIV testing. He said that the trainings were offered at flexible times to accommodate participants. He added that they were mandatory for testers and supervisors.

D. Wilson added that four trainings had been scheduled so far, regarding PrEP, HIV transmission, status-neutral linkage to care, and cultural competence to expand outreach to priority populations. He stated that attendees at trainings so far had been very engaged. He said that, as assessment and feedback continued, more trainings would be offered.

D. Wilson said that AACO was evaluating the trainings with knowledge and training satisfaction evaluations. He stated that the testing survey would be repeated next spring to assess its effectiveness. He said there would be ongoing program monitoring of HIV testing and additional trainings as necessary, including for managers and other staff.

M. Cappuccilli asked if the 17 agencies surveyed were funded in Philadelphia. C. Conyngham replied that they were. M. Cappuccilli asked if the trainings were standardized for new hires. D. Wilson responded that new testers had to go through a testing and linkage to care (TALC) training program. He stated that training had changed so radically over the past several years that existing staff needed to be retrained. M. Cappuccilli asked if staff had been periodically retrained before this program began. D. Wilson said that testers had been required to do 10 hours of ongoing training per year. He stated that he'd personally received his first testing training in 1995 and hadn't received a standardized training since. Therefore, people in situations like his needed updated trainings. C. Conyngham said there was an expectation that ongoing training happened at an agency level. M. Cappuccilli stated that knowledge gaps cited in the survey were significant. D. Wilson said that the knowledge and trust gap had shown a need for updated trainings. He noted that some respondents did not trust PrEP.

A. McCann-Woods noted that testers had previously been trained in the Counseling, Testing, and Referral (CTR) model. She said that the model attempted to change behaviors to reduce risk. She noted that this was a different form of thinking than treatment as prevention. C. Conyngham stated that AACO hoped to encourage agencies to update their own trainings.

A. Thompson asked if the data would be shared outside Philadelphia. C. Conyngham said that one purpose of presenting the data to the Planning Council was to open a conversation with other areas of the EMA. A. Thompson recommended sharing the information outside Philadelphia in other contexts as well. A. Edelstein asked if there were formalized methods of communication with other areas of the EMA to share knowledge about testing. C. Terrell said he had monthly calls with other areas of the EMA.

T. Dominique asked if there would be a formalized relationship with STD control to address knowledge gaps around testing. C. Conyngham said that there were ongoing trainings with disease intervention specialists on PrEP and other topics. She noted the testing trainings were scheduled through 2018. She added that STIs were identified as a high priority training item. She said it was important to prioritize topics in order to get out the most important information without interrupting service delivery.

A participant asked if testers who were not with a funded agency were required to attend the trainings. D. Wilson said the trainings were not mandatory for non-funded agencies. He stated that there was limited space at the trainings. He noted that trainings with space were opened to testers who weren't working at funded agencies as well as the community. He stated that trainers from unfunded agencies and non-testers had been welcomed at a previous training. A participant asked how people could become testers if they weren't with a funded agency. D. Wilson suggested emailing health.aacotraining@phila.gov. He said testers underwent a regional training along with a testing and linkage to care training. He stated that testers had to pass exams. He noted that AACO-funded staff was prioritized to get into the trainings, but waitlists were not long for others who desired to participate.

M. Cappuccilli asked if AACO representatives were surprised by the results of the survey. D. Wilson stated that he was surprised that some testers believed ART was toxic and did not believe in treatment as prevention. He said he was not surprised that some testers felt PrEP increased risk behaviors. C. Conyngham said she had similar thoughts about the survey. She noted that, in the open response questions, many people said they wanted extra capacity building. M. Cappuccilli asked when the survey would be followed up. D. Wilson said that the survey would be repeated annually to assess future training needs and evaluate the effectiveness of ongoing trainings.

- **Case Management Model** – *Evelyn Torres, AACO*

E. Torres said she was the program administrator at AACO. She stated that she'd be sharing information about Ryan White case management services for people living with HIV/AIDS (PLWHA). She said that AACO was looking to set up a binary system for medical case management (MCM) in the Philadelphia EMA. She said she'd placed a fact sheet about the proposed model on the side table.

E. Torres said that staff members of AACO from various departments had begun meeting to address their MCM model. She noted that, currently, one model of MCM was supported by AACO. She said that the proposed binary system included short-term and long-term MCM. She noted that short-term MCM addressed clients' immediate needs and long-term MCM was more intense and ongoing intervention necessary to address retention in care, treatment adherence, and viral load suppression.

E. Torres said that AACO surveyed MCM providers in community-based organizations (CBOs) and medical sites. She stated that they'd examined models across the country in EMAs that had similar populations to Philadelphia. She said that these comparisons along with internal health department analyses supported the new MCM model. She noted that clients were often getting case management sporadically rather than continuously. She noted that case managers had larger caseloads at medical sites, which needed to be managed differently than CBOs.

E. Torres said that more flexibility was needed to reach groups like newly diagnosed PLWHA, people in care who were not yet virally suppressed, people in HIV care who were not adherent to treatment, and people in care who were not retained in care. She said that many new HIV infections were due to people who were unaware of their status or PLWHA who were out of care.

E. Torres said that many MCM requirements were changing. She stated that these included enrollment criteria, documentation, caseloads, monitoring standards, and performance measures. She added that implementation of the new model needed to be within the framework of the HRSA definition of MCM,

including treatment adherence services, service care plans, and improved health outcomes. She noted that medical and non-medical case management was fundable under Ryan White. She stated that Policy Clarification Notice (PCN) 16-02 explained that MCM had to focus on improving health outcomes across the continuum.

E. Torres stated that all MCM service providers in the Philadelphia EMA in all settings should be subject to the new requirements for implementation by March 1, 2018. She noted that AACO was currently holding informational sessions on the proposed changes with MCM providers, clients, and the Planning Council. She said several client sessions had already been held, and the model was being tweaked based on feedback. She stated that some consumers were anxious about the changes due to fear of unwanted discharge from case management. She said that many consumers were working, virally suppressed, and doing well, but were still getting medical case management. She stated that some of these individuals would be candidates for graduated disengagement from the MCM process. She noted that some stable clients wanted to continue seeing a case manager just in case, but there were currently waiting lists for case management.

A. Edelstein stated that the ability of clients to live independently of case management was not binary. E. Torres agreed. T. Dominique asked if there was a possibility of transitioning clients from MCM to non-medical case management as a way of slowly exiting case management. E. Torres said that AACO did not fund non-medical case management. M. Cappuccilli asked if the new model would be more expensive than the previous MCM model. E. Torres said that AACO funded programs rather than a fee-for-service model. She stated that providers were awarded a certain amount of money through the request for proposal (RFP) process.

G. Grannan said that the new MCM model presumed that patients did not always follow through the continuum in a straightforward and predictable way. E. Torres agreed that progress through the continuum was not always linear, which the model attempted to take into account. C. Terrell stated that data suggested that a majority of PLWHA accessed case management sporadically. Therefore, in order to provide the service efficiently, the new model attempted to provide case management to those who most needed it as opposed to those using it just in case.

A. Thompson asked about the distinction between short-term and long-term case management. E. Torres said that, for newly diagnosed PLWHA, short-term case management saw to their immediate needs. She stated that the model would follow up on clients who had been through short-term case management to see if they maintained their viral suppression and engagement in care. A. Thompson stated that people who were in stable treatment generally did not usually stop adhering to treatment without outside factors intervening. He asked if non-medical case management could be used to account for sporadic needs. C. Terrell said that there used to be an acuity system. He stated that everyone who entered case management had acute need. He said that it was important to ensure that people were not dropped from case management prematurely and that it was easy to reenter case management if necessary. A. Thompson noted that people who sporadically accessed case management would stop engaging if they had to undergo extensive evaluation whenever they wanted to re-engage with MCM.

E. Torres stated that she knew of a client who worked with a case manager in order to get job. However, she said the client was in poor health. She noted that MCMs wanted to respect client independence, but clients could not maintain their independence if they did not see to their medical needs. K. Burns said he felt moving clients away from MCM in order to accommodate the needs of those who were not in MCM was a good idea. He stated that people who were sporadically accessing case management often did so for economic reasons that also put them at risk at dropping out of care. He suggested there be an easy way to reenter case management for those who needed to, for as long as they needed it. E. Torres stated that the

AACO Client Services Unit (CSU) would need to examine the role it played in facilitating case management intake through the new binary model.

A. Thompson noted that retention in care was dropping across the country, though viral suppression was increasing. Therefore, he suggested using another measure to for engagement in care.

C. Johnson stated that she engaged with health plans, which were affiliated with case management services. She asked if AACO would be engaging with any of the health plans, and how they would be able to play a role particularly long-term. E. Torres noted that MCM was billable in PA, and they tracked billing to Medicaid. A. Edelstein noted that providers had to have contracts, and were able to decide who they contracted with.

Report of Committees

Executive Committee

K. Baron stated that the Executive Committee had reviewed the Planning Council bylaws, which would be presented to the Planning Council for a vote at their July meeting.

Finance Committee – *A. Edelstein and D. Gana, Co-Chairs*

No report.

Needs Assessment – *G. Keys, Chair*

K. Baron stated that the Needs Assessment Committee had met with the Comprehensive Planning Committee.

Positive Committee – *K. Carter, Co-Chair*

A. Boone said that the Positive Committee had heard a presentation from Siloam and reviewed allocations and priority setting. He noted that they'd be meeting on Monday and talking about the opioid epidemic.

Nominations Committee – *M. Cappuccilli and K. Burns, Co-Chairs*

M. Cappuccilli said that Nominations had met before the meeting and heard a social media report from A. Boone and J. Hayes. He said that the committee had debriefed on the prevention summit. He said they'd try to move the OHP table to a more central location next year. He added that Nominations was working on the Planning Council application to incorporate prevention language. He stated that they'd distribute questions to Planning Council members to use for social media posts in the July and August meetings.

Comprehensive Planning Committee – *A. Thompson, Chair*

A. Thompson said the CPC had completed the first half of the priority setting process. He said the second half would be completed at their next meeting on June 15th from 2-4pm. He stated that they would bring the priority setting list to July's HIPC meeting for a vote.

Prevention Committee – *L. Matus and C. Steib, Co-Chairs*

C. Steib stated that he and L. Matus were the new co-chairs of the Prevention Committee. He said next month would be their first official meeting as co-chairs. He stated that the committee met on the fourth Wednesday of every month at 2:30pm, though this month they'd meet on the 21st due to a conflict with the Prison Summit. He encouraged all to attend.

Old Business: None.

New Business: None.

Announcements: None.

Adjournment: **Motion**: M. Cappuccilli moved, L. Way seconded to adjourn the meeting at 3:18p.m.
Motion passed: All in favor.

Respectfully submitted by,

Jennifer Hayes, Staff

Handouts distributed at the meeting:

- Meeting Agenda
- May 11, 2017 Meeting Minutes
- Ryan White Medical Case Management Program (Handout)
- OHP Calendar

Philadelphia EMA HIV Integrated Planning Council

Bylaws

(updates proposed May 2017)

Article I: Name and Establishment

Section 1. The name shall be the Philadelphia Eligible Metropolitan Area (EMA) HIV Integrated Planning Council, hereafter referred to as the Philadelphia EMA HIV Integrated Planning Council or the "Planning Council".

Section 2. The Planning Council shall conduct its activities in accordance with the provisions, interpretations, and recommendations of the Health Resources and Services Administration (HRSA) and Centers for Disease Control and Prevention (CDC) of the U.S. Department of Health and Human Services, and with all applicable local, state, and federal laws and regulations.

Section 3. The Planning Council shall be established by the Mayor of the City of Philadelphia, acting as the Chief Elected Official (CEO) of the Philadelphia EMA. The CEO shall be the recipient of awards made available through the Public Health Service Act, Title XXVI and amendments, hereafter referred to as the "Ryan White HIV/AIDS Program".

Section 4. The CEO and the CEO's designees shall monitor, identify support for, and be apprised of the activities of the Planning Council through the elected and appointed Co-Chairs of the Planning Council and the staff of the Office of HIV Planning under the supervision of the Office of the Health Commissioner of the City of Philadelphia.

Section 5. The City of Philadelphia's AIDS Activities Coordinating Office (AACO) shall act as administrative agent of the Planning Council in administering Ryan White HIV/AIDS Program funds in accordance with Planning Council priorities and allocations, and shall be accountable to the Planning Council in rapidly allocating funds to the areas of greatest need. The Planning Council will also collaborate and coordinate with AACO on prevention activities, including participation in the concurrence process described in Article II, Section 6.

Article II: Purpose

Section 1. The Planning Council shall develop and implement needs assessment activities to document the healthcare, prevention, and social service needs of people living with and at risk for HIV and AIDS in the EMA.

Section 2. The Planning Council shall establish priorities, allocate Ryan White HIV/AIDS Program Part A funds, and provide instructions on how best to carry out service delivery, based on:

a. documented need;
b. cost and outcome effectiveness of proposed strategies and interventions;

c. input from the HIV-positive and at-risk communities; and
d. availability of other governmental and non-governmental resources.

Section 3. The Planning Council shall assess the efficiency of the administrative mechanism of the recipient in rapidly allocating Ryan White HIV/AIDS Program Part A funds to the areas of greatest need within the EMA consistent with established priorities, allocations, and instructions.

Section 4. The Planning Council shall assess the effectiveness of the services supported by Ryan White HIV/AIDS Program Part A funds in meeting the identified needs through methods as determined by the Planning Council.

Section 5. The Planning Council shall develop and adopt an integrated comprehensive plan for the organization and delivery of Ryan White HIV/AIDS Program Part A and CDC prevention services that is compatible with other local, regional, and state plans.

Section 6. The Planning Council shall review the integrated comprehensive plan to determine whether prevention resources are being allocated to the areas of greatest need. The Planning Council shall then submit a letter of concurrence, concurrence with reservations, or non-concurrence to the CDC.

Section 7. The Planning Council shall participate in the development of the Statewide Coordinated Statements of Need (SCSN) for Pennsylvania and New Jersey in their respective administrations of Ryan White HIV/AIDS Program Part B and prevention program funds.

Section 8. The Planning Council shall establish methods of obtaining input on community needs and priorities from the HIV-positive and at-risk communities that may include public meetings, focus groups, and *ad hoc* panels, among other methods.

Article III: Membership

Section 1. The Planning Council shall consist of no more than fifty-five (55) and no fewer than thirty-five (35) members and shall reflect in its composition the demographics of the epidemic in the EMA with particular consideration given to disproportionately affected and historically underserved subpopulations. The Planning Council shall strive to ensure parity, inclusion, and representation.

Section 2. The Planning Council membership shall be consistent with the Ryan White HIV/AIDS Program Part A and accompanying regulations and guidances including, but not limited to, at least one representative from each of the following legislatively mandated categories:

a. healthcare providers including Federally Qualified Health Centers (FQHCs)
b. community-based organizations (CBOs)/AIDS service organizations (ASOs)
c. social service providers (including homelessness service providers)

d. mental health providers
e. substance abuse providers
f. local public health agencies
g. members of a federally recognized Indian tribe as represented in the population
h. individuals co-infected with hepatitis B or C
i. hospital planning agencies or healthcare planning agencies
j. affected communities, including people with HIV and historically underserved subpopulations
k. non-elected community leaders
l. state Medicaid agencies
m. state Part B agencies
n. Part C
o. Part D
p. other federal HIV programs (including HIV prevention service providers)
q. representatives of formerly incarcerated federal, state, or local prisoners who were released during the preceding three (3) years

Section 3. The Planning Council will include one mandatory seat, which shall be filled by an appointed representative of the recipient. This appointee shall also serve as the governmental Co-Chair, and shall abstain from any votes related to priority setting and/or resource allocation. Since this is an appointed role, this individual will not have a term limit, is not subject to the attendance policy, and does not count toward the membership limit.

Section 4. It shall be the goal of the Planning Council that a minimum of fifty percent (50%) of the voting members are people with HIV and that, among members with HIV, at least thirty-three percent (33%) have no volunteer, employment, or fiduciary relationship with any provider agency that receives Part A funds.

Section 5. The CEO or the CEO's designee shall have responsibility for final appointment of all members to the Planning Council following a written open nominations process that includes:

a. publicized criteria for membership;
b. review of applications and subsequent recommendations of candidates by the Nominations Committee;
c. conflict of interest standards; and
d. a mechanism for filling vacancies.

Section 6. Any member may resign from membership by written or other form of notice to the Office of HIV Planning.

Section 7. Termination of Membership.

a. A Planning Council member will be removed for being absent without being excused from three consecutive, regularly scheduled meetings or five total absences from such meetings within a *planning* calendar year. Exception may be given to

individuals in violation of this policy that address their situation to the Nominations Committee in person.

b. If the CEO or the CEO's designee determines that a member has failed to perform his or her responsibilities as described in these bylaws (i.e., attending meetings, committee participation) or has engaged in conduct which has interfered with or would interfere with the work or reputation of the Planning Council or the City of Philadelphia or otherwise adversely affect its interests, then, the CEO or the CEO's designee may, by written notice to the member, terminate membership for cause.
c. The Planning Council may recommend to the CEO or the CEO's designee that any member be removed from membership for cause, requiring a two-thirds (2/3) vote at any regularly scheduled meeting of the Planning Council with no fewer than seven (7) days' prior notice.

Section 8. Members are appointed for terms of two years unless otherwise designated by the CEO or the CEO's designee.

a. Members are allowed to serve up to ***four*** consecutive two-year terms, with a one year break before reapplying.

Section 9. A Planning Council member will be considered excused for a regularly scheduled Planning Council meeting if:

a. He/she contacts the Office of HIV Planning (staff) sometime before the meeting, or contacts staff within three (3) business days following the Planning Council meeting if they have a health-related reason for not being able to attend. Exceptions to the above are to be determined at the discretion of the Nominations Committee; members must address the Nominations Committee in person or in writing for an exception to be considered.

b. Leaves of absence should be submitted in writing to the Office of HIV Planning regardless of reason. Leave of absence would not exceed 90 days with only one leave of absence per one term (term=2 years). Any absence over 90 days would remove the individual from the Planning Council, to which they could reapply.

Article IV: Officers

Section 1. The Planning Council shall be chaired by four Co-Chairs. At least one Co-Chair shall be HIV-positive, and at least one Co-Chair shall represent the HIV prevention service system. No Co-Chair shall be a fiscal agent through which the City of Philadelphia contracts for Part A services or administrative support, but may be an employee of an agency that is a recipient of Part A funds. Three of the Co-Chair positions shall be elected annually and shall serve terms of three years, which will be staggered. The fourth Co-Chair will be selected by the recipient, and will act as the governmental Co-Chair.

Section 2. The Co-Chairs shall facilitate regular and special meetings of the Planning Council. Co-Chairs shall serve as spokespersons for the Planning Council, with prior Council approval, set meeting agendas in collaboration with support staff and with input from Council members, and attend Executive Committee meetings.

a. Unless the Co-Chairs have acquired full Planning Council approval as expressly stated in this section, Co-Chairs shall not serve as spokespersons for the Planning Council and shall not publicly hold themselves out as speaking on behalf of the Planning Council.

Article V: Meetings

Section 1. The quorum of the Planning Council shall be more than one-third (1/3) of the membership of which at least twenty percent (20%) shall be members living with HIV. Absentee and proxy votes shall not be considered.

Section 2. The rules of parliamentary procedure as set forth in Robert's Rules of Order, shall govern all meetings of the Planning Council, its committees, and any additional working groups. The Planning Council shall strive for consensus in its deliberations.

Section 3. All voting members shall have one vote except for the presiding Co-Chair, who may only vote in the case of a tie vote.

Section 4. The Planning Council shall meet regularly at least six times annually and meetings shall be open to the public. Special meetings may be called by agreement of the Co-Chairs or by written endorsement of one-third (1/3) of the membership of the Planning Council with notice provided to the Office of HIV Planning. Notice of special meetings shall be made at least seventy-two hours in advance of the meeting, along with the meeting agenda, to the maximum extent possible.

Section 5. The Planning Council acknowledges that public participation at Planning Council meetings provides necessary input on matters of concern to the community and contributes to effective community planning.

a. To this end, the Planning Council shall establish a designated period at the beginning of regular Planning Council meetings to allow the general public to address the Planning Council with issues related to the Council's legislative mandate as stated in the Public Health Service Act, Title XXVI. Additional time for Public Comment may also be allowed after deliberations on any Action Item prior to a vote on the item, as called for by the Co-Chair/s.

b. Up to fifteen minutes shall be set aside for members of the public to speak. No speaker shall be allowed longer than five minutes, and depending on the number of speakers, the amount of time allocated to each speaker may be less than five minutes. The Co-

Chairs have the discretion to extend this period of Public Comment, or to suggest issues/items be considered under another agenda item, such as New Business or under an Action Item, if the issue requires further consideration by the Planning Council members. The Co-Chair/s may also permit Public Comment, at his/her discretion, at any other time during the meeting.

c. When the Co-Chair/s use/s his/her discretion in the matter of Public Comment, he/she shall clearly articulate his/her reasons for doing so. For example, if the Co-Chair would like to limit an individual's time to speak or to increase the amount of time allowed for Public Comment, then he/she must explain to those in attendance why such an action is being taken.

d. Persons wishing to provide comment may do so by signing up on the sheet labeled "Public Comment Sign-In", which will be available at the Office of HIV Planning at least 15 minutes before the meeting is called to order. The Co-Chair/s shall offer an explanation of the Public Comment Process at the beginning of every regular Planning Council meeting.

e. A member of the public must be acknowledged by the Co-Chairs in order to address the Planning Council. The Co-Chairs shall acknowledge the speakers in the order they appear on the Public Comment Sign-In sheet. Those persons wishing to speak, but whose names do not appear on the sign-in sheet, may have a chance to address the Planning Council, per the Co-Chair/s discretion, after all persons on the sign-in sheet have been given the chance to address the Planning Council.

f. During this period of Public Comment, the general public may address the Planning Council with comments and/or questions. However, the Co-Chair/s and Planning Council members are not obligated to address the concerns or questions raised at that time. The Chair/s may direct the person making the public comment to address the matter with the appropriate party at a later time, i.e. members of OHP staff, a Committee Co-Chair, etc.

g. All written comments submitted to the Planning Council shall be considered a part of the Public Comment section and entered into the record of the meeting.

h. At any meeting of the Planning Council, the Chair/s may give speaking priority to members of the Planning Council during the discussion and deliberation of all Action and Discussion Items before the Planning Council, considering the members of the public are afforded the opportunity to address the Planning Council during the Public Comment period/s at that meeting.

Article VI: Code of Conduct

Section 1. All persons attending any meeting of the Planning Council or one of its committees are entitled to participation as discussed in the bylaws. However, in the event that any person, regardless of Planning Council membership, is called out of order by the Planning Council or Committee Co-Chair/s during a meeting, the following actions shall be taken to restore order to the meeting:

a. First incident: The disruptive person/s is called out of order by the Co-Chair/s.
b. Second incident: The disruptive person/s is put on notice that he/she/they are out of order.
c. Third incident: The Co-Chair/s shall call a five minute recess of the meeting.
d. Fourth incident: The Co-Chair/s shall ask the disruptive person to leave the meeting.

Article VII: Committees

Section 1. The committees of the Planning Council shall be the Comprehensive Planning Committee, the Executive Committee, the Finance Committee, the Needs Assessment Committee, the Nominations Committee, the Positive Committee, and the Prevention Committee. These committees are responsible for the following:

a. the Comprehensive Planning Committee reviews, deliberates, investigates and makes recommendations on Planning Council-identified issues that are relevant to or may be incorporated into the Integrated HIV Prevention and Care Plan and its updates, and any other activities as assigned by the Planning Council.
b. the Executive Committee is comprised of the Co-Chairs of the Planning Council and the Chairs and/or Co-Chairs of each of the committees of the Planning Council; it shall oversee and coordinate the sharing of information between the Planning Council, the City of Philadelphia, and other entities as appropriate.
c. the Finance Committee reviews the budget for the Office of HIV Planning, assesses the efficiency of the recipient's administrative mechanism in rapidly allocating funds to the areas of greatest need, and other activities as assigned by the Planning Council. This committee also plans and oversees the process for the allocation and reallocations of Part A funds.
d. the Needs Assessment Committee reviews and recommends needs assessment, epidemiological data, research, and other informational activities and other activities as assigned by the Planning Council.
e. the Nominations Committee reviews and recommends candidates for membership on the Planning Council and other activities as assigned by the Planning Council.
f. the Positive Committee is comprised of people living with HIV only; it supports and enhances the role of people living with HIV in the Planning Council and other activities as assigned by the Planning Council.
g. the Prevention Committee reviews, deliberates, investigates and makes recommendations on prevention activities that are relevant to or may be incorporated

into the Integrated HIV Prevention and Care Plan and its updates, and any other activities as assigned by the Planning Council.

Section 2. Each committee shall establish its own quorum, of which at least twenty percent (20%) shall be people living with HIV.

Section 3. The rules of parliamentary procedure as set forth in Robert's Rules of Order shall govern all meetings of the committees. The committee shall strive for consensus in its deliberations.

Section 4. Each committee shall establish appropriate meeting schedules.

Section 5. A committee member will be removed from Planning Council membership for being absent without being excused prior to the meeting from three consecutive, regularly scheduled committee meetings or five total absences from such meetings within a planning calendar year. Exception may be given to individuals in violation of this policy that address their situation to the Nominations Committee in person.

Section 6. Each committee shall elect Chairs or Co-Chairs as appropriate.

Section 7. From time to time, working groups may be established by the Planning Council to address specific issues. Working groups shall operate under the rules established for committees.

Article VIII: Management and Operations

Section 1. The Planning Council shall be supported by the Office of HIV Planning under the supervision of the Office of the Health Commissioner of the City of Philadelphia.

Section 2. The Office of HIV Planning staff shall provide day-to-day management of activities of the Planning Council and its committees, administer the Planning Council support budget, and support the Planning Council, its committees, and its members with training, planning, and other administrative supports, and to ensure compliance with local, state, and federal laws and regulations.

Section 3. The Office of HIV Planning staff shall have no voting authority on the Planning Council or its committees and shall not serve as spokespersons for the Planning Council.

Article IX: Grievance Procedures

Section 1. It shall be the policy of the Planning Council to attempt to resolve grievances through informal dispute resolution.

Section 2. The Planning Council may only be grieved for either of the following:

a. deviations from an established, written priority-setting or resource allocation process; or
b. deviations from an established, written process for any subsequent changes to priorities or allocations.

Section 3. Only individuals or entities directly affected by the outcome of a decision related to funding as defined above are eligible to bring a grievance including providers eligible to receive Part A funds, consumer groups, and other affected entities and individuals.

Section 4. The Office of HIV Planning shall make available upon request a full description of the Planning Council's grievance procedures including procedures for submitting grievances.

Article X: Conflict of Interest

Section 1. The Planning Council shall have no role in determining the specific agencies or organizations with whom the recipient, its fiscal agents, or other designees may contract for the delivery of health services utilizing Ryan White HIV/AIDS Program Part A or CDC prevention funds.

Section 2. The rules contained in this section apply to all members, members of committees, working groups, task forces and technical advisory groups, staff members, contractors and consultants to the Planning Council, and all of whom shall be referred to as Planning Council for the purposes of this section.

a. No Planning Council member shall use his or her relationship with the Planning Council for private gain.

b. Whenever any matter arises with respect to which a Planning Council member either has a conflict of interest or has any question about the existence of a conflict, he or she shall make a full disclosure of such conflict or possible conflict before the matter is discussed.

c. Persons who have conflicts of interest as defined herein may participate in the discussion in question but shall not vote on that matter.

d. For the purposes of this paragraph, conflict of interest shall be defined as a direct financial or fiduciary interest, which shall include, without limitation, ownership, employment, contractual, creditor, or consultative relationship to, or Board membership in, an entity or individual, or in a substantial affiliate of such an entity including any such interest that existed at any time during 12 months preceding the vote, with respect to which a vote is to be taken. This shall not preclude such member from voting on matters affecting a large group of entities or individuals including the one in which he or she has an interest. Such a member shall not, however, vote on a matter affecting

only the particular entity or individual he or she has an interest or a small group of entities or individuals including such particular entity or individual.

Section 3. A member's receipt of Ryan White HIV/AIDS Program Part A or CDC prevention funded services is not to be construed, in and of itself, as a conflict of interest.

Article XI: Amendments

Section 1. These bylaws may be amended by the Planning Council at any regular meeting by a two-thirds (2/3) vote of those voting members present.

Section 2. Amendments to these bylaws shall be made only after members have been given thirty (30) days written notice of proposed amendments.

Philadelphia EMA Planning Council FY 2017 Priority Setting Tool

Service Category			Unmet Need	Consumer Survey	Continuum	Essential Health Benefit	Committee Conscience Individual Scores					Committee Conscience	Service Category Total Score	Service Category Total Percentage
	Rank 2015	Rank 2017	30%	25%	20%	10%	Members voting	8	5	1	score before %	15%	Calculations	
Oral Health Care	2	1	8	8	3	8	12		4	8	2.33	0.35	6.15	76.88%
Housing Assistance	5	2	8	5	3	8	11	1	6	4	3.82	0.57	5.62	70.28%
Ambulatory Care	4	3	5	8	8	1	14			14	1.00	0.15	5.35	66.88%
Transportation	8	4	5	5	5	8	11		11		5.00	0.75	5.30	66.25%
Medical Case Management	3	5	5	3	5	8	15	10	5		7.00	1.05	5.10	63.75%
Case Management (non-medical)	1	5	3	8	5	8	12			12	1.00	0.15	4.85	60.63%
Health Insurance Premium & Cost Sharing Assistance	6	7	3	5	5	5	15	15			8.00	1.20	4.85	60.63%
Health Education Risk Reduction	10	8	3	1	8	8	15	12	2	1	7.13	1.07	4.62	57.75%
Legal Services	15	9	5	3	5	8	12		7	5	3.33	0.50	4.55	56.88%
Food Bank/Home-Delivered Meals	16	10	5	5	3	8	14		4	10	2.14	0.32	4.47	55.89%
Care Outreach	11	11	1	3	8	8	15	5	10		6.00	0.90	4.35	54.38%
Mental Health Therapy/Counseling	14	12	5	5	5	1	12	1	4	7	2.92	0.44	4.29	53.59%
Psychosocial Support Services	18	13	3	5	5	8	12		1	11	1.33	0.20	4.15	51.88%
Emergency Financial Assistance/meds	15	14	3	3	5	8	14	1	11	2	4.64	0.70	4.15	51.83%
Local Pharmaceutical Assistance	12	15	5	5	3	5	12		2	10	1.67	0.25	4.10	51.25%
AIDS Drug Assistance Program (ADAP)	13	16	5	5	3	5	14			14	1.00	0.15	4.00	50.00%
Translation & Interpretation	9	17	1	3	8	8	12		2	10	1.67	0.25	3.70	46.25%
Child Care Services	21	18	3	1	5	8	14	5	5	4	4.93	0.74	3.69	46.12%
Nutritional Services	22	19	1	5	3	8	10		7	3	3.80	0.57	3.52	44.00%
Information & Referral	7	20	1	1	8	8	11		1	10	1.36	0.20	3.15	39.43%
Substance Abuse Treatment (Residential)	19	21	3	3	5	1	12			12	1.00	0.15	2.90	36.25%
Substance Abuse Treatment (Outpatient)	20	21	3	3	5	1	11			11	1.00	0.15	2.90	36.25%
Treatment Adherence	23	23	1	3	3	8	11		1	10	1.36	0.20	2.65	33.18%
Home Health Care	27	24	3	3	3	1	11			11	1.00	0.15	2.50	31.25%
Hospice Services	25	25	1	3	1	8	11		1	10	1.36	0.20	2.25	28.18%
Early Intervention Services	24	26	1	1	3	5	15	1	6	8	3.07	0.46	2.11	26.38%
Home & Community-based Health Services	26	27	1	3	3	1	11			11	1.00	0.15	1.90	23.75%
Rehabilitation Care	28	27	1	3	3	1	11			11	1.00	0.15	1.90	23.75%
Day or Respite Care	29	29	1	1	1	8	15		4	11	2.07	0.31	1.86	23.25%

Philadelphia EMA FY2017-2018 Allocation Examples with NJ Other Professional Reallocation

Philadelphia EMA Ryan White Part A Planning Council -EMA Wide

Core Service Categories	(Example) 2014 PLWHA % EMA FY 2017 Draft Level Allocations	2014 PLWHA% EMA% FY 2017 -1.77% Allocations%	MAI FY 2017 Level Allocation	MAI FY 2017 Draft +5% Allocation
AIDS Drug Assistance Program (ADAP)	$0	$0		
Ambulatory Care	$6,585,563	$6,497,840	$652,036	$644,407
Case Management	$5,969,646	$5,853,439	$1,163,954	$1,150,336
Drug Reimbursement Program	$513,452	$505,196		
Early Intervention Services	$0	$0		
Health Insurance Premium & Cost Sharing Assistance	$160,000	$157,427		
Home & Community-based Health Services	$0	$0		
Home Health Care	$0	$0		
Hospice Services	$0	$0		
Mental Health Therapy/Counseling	$561,074	$554,895		
Nutritional Services	$61,520	$60,531		
Oral Health Care	$796,909	$787,376		
Substance Abuse Treatment-Outpatient	$365,481	$359,604		
#REF!				
Support Service Categories				
Care Outreach	$0	$0		
Case Management (non-medical)	$0	$0		
Child Care Services	$0	$0		
Day or Respite Care	$0	$0		
Emergency Financial Assistance	$71,609	$70,458		
Emergency Financial Assistance/AIDS Pharma. Assist.	$1,120,415	$1,102,399		
Food Bank/Home-Delivered Meals	$311,255	$307,172		
Health Education Risk Reduction	$0	$0		
Housing Assistance	$582,570	$573,202		
Referral for Health Care & support Services(Systemwide)	$83,585	$82,241		
Other Professional Services/Legal Services	$416,056	$410,779		
Psychosocial Support Services	$0	$0		
Rehabilitation Care	$0	$0		
Substance Abuse (Residential)	$0	$0		
Translation & Interpretation	$0	$0		
Transportation	$442,696	$429,163		
Subtotal	$18,041,833	$17,751,722	$1,815,990	$1,794,743
		$17,751,722		$1,794,743
16.31%				
Difference from level funding		-$290,111		-$21,247
Referral for Health Care & support Services (2.83%)	$529,704	$520,329		
	$0			
QM Activities (Not to exceed 5% of total grant	$589,193	$524,638	$22,218	$21,958
Systemwide Coordination	$197,026	$193,538		
Capacity Building	$115,140	$113,102		
PC Support	$510,817	$501,776		
Grantee Administration	$1,277,877	$1,280,104	$179,558	$177,458
Administrative (Not to exceed 10% of grant award)		*$2,088,520*		
Subtotal Systemwide, QM & Administrative	$3,219,757	$3,133,486	$201,776	$199,415
Service Allocations	$18,041,833	$17,751,722	$1,815,990	$1,794,713
Award amount (formula & supplemental)	$21,261,590	$20,885,208	$2,017,766	$1,994,128
Difference from level funding		-376,382		-23,638

	2014 PLWHA	PLWHA %	Level
Philadelphia	19494	71.878%	$12,759,562
PA	4161	15.342%	$2,723,532
NJ	3466	12.780%	$2,268,628
EMA	27121	100.000%	$17,751,722

NJ Counties FY2017-2018 Allocation Examples with Other Professional Reallocation

Philadelphia EMA Ryan White Part A Planning Council

Core Service Categories		(example) 2014 PLWHA % 12.78% NJ Counties FY 2017 Draft Level Allocations	**(example) 2014 PLWHA % 12.78% NJ Counties FY 2017 -1.77% Allocations**
AIDS Drug Assistance Program (ADAP)		$0	$0
Ambulatory Care		$1,130,119	$1,130,119
Case Management		$472,059	$444,252
Drug Reimbursement Program		$0	$0
Early Intervention Services		$0	$0
Health Insurance Premium & Cost Sharing Assistance		$0	$0
Home & Community-based Health Services		$0	$0
Home Health Care		$0	$0
Hospice Services		$0	$0
Mental Health Therapy/Counseling		$176,815	$176,815
Nutritional Services		$0	$0
Oral Health Care		$203,999	$203,999
Substance Abuse Treatment-Outpatient		$0	$0
	86.18%		
Support Service Categories			
Care Outreach		$0	$0
Case Management (non-medical)		$0	$0
Child Care Services		$0	$0
Day or Respite Care		$0	$0
Emergency Financial Assistance		$0	$0
Emergency Financial Assistance/AIDS Pharma. Assis		$0	$0
Food Bank/Home-Delivered Meals		$57,326	$57,326
Health Education Risk Reduction		$0	$0
Housing Assistance		$0	$0
Referral for Health Care & support Services(System		$0	$0
Other Professional Services/Legal Services		$87,877	$87,877
Psychosocial Support Services		$0	$0
Rehabilitation Care		$0	$0
Substance Abuse (Residential)		$0	$0
Translation & Interpretation		$0	$0
Transportation		$177,509	$168,240
Subtotal		$2,305,704	$2,268,628
	13.82%	$2,305,704	$2,268,628
	Difference from level funding		-$37,076

	2014 PLWHA	PLWHA %	Level
Philadelphia	19494	71.878%	$12,759,562
PA	4161	15.342%	$2,723,532
NJ	3466	12.780%	$2,268,628
EMA	27121	100.000%	$17,751,722

Philadelphia FY2017-2018 Allocation Examples

Philadelphia EMA Ryan White Part A Planning Council

Core Service Categories	(example) 2014 PLWHA % 71.88% Philadelphia FY 2017 Draft Level Allocations	(example) 2014 PLWHA % 71.88% Philadelphia FY 2017 -1.770% Allocations
AIDS Drug Assistance Program (ADAP)	$0	$0
Ambulatory Care	$4,774,786	$4,698,008
Case Management	$4,383,283	$4,312,801
Drug Reimbursement Program	$513,452	$505,196
Early Intervention Services	$0	$0
Health Insurance Premium & Cost Sharing Assistance	$160,000	$157,427
Home & Community-based Health Services	$0	$0
Home Health Care	$0	$0
Hospice Services	$0	$0
Mental Health Therapy/Counseling	$335,129	$329,740
Nutritional Services	$0	$0
Oral Health Care	$437,940	$430,898
Substance Abuse Treatment-Outpatient	$241,458	$237,575
83.64%		
Care Outreach	$0	$0
Case Management (non-medical)	$0	$0
Child Care Services	$0	$0
Day or Respite Care	$0	$0
Emergency Financial Assistance	$49,457	$48,662
Emergency Financial Assistance/AIDS Pharma. Assist.	$897,592	$883,159
Food Bank/Home-Delivered Meals	$213,582	$210,147
Health Education Risk Reduction	$0	$0
Housing Assistance	$554,805	$545,884
Referral for Health Care & support Services(Systemwide)	$83,585	$82,241
Other Professional Services/Legal Services	$310,568	$305,574
Psychosocial Support Services	$0	$0
Rehabilitation Care	$0	$0
Substance Abuse (Residential)	$0	$0
Translation & Interpretation	$0	$0
Transportation	$12,449	$12,249
	$12,968,087	$12,759,562
16.36%	$12,968,087	$12,759,562
Difference from previous years level funding		-$208,525

	2014 PLWHA	PLWHA %	Level
Philadelphia	19494	71.878%	$12,759,562
PA	4161	15.342%	$2,723,532
NJ	3466	12.780%	$2,268,628
EMA	27121	100.000%	$17,751,722

PA Counties FY2017-2018 Allocation Examples

Philadelphia EMA Ryan White Part A Planning Council

Core Service Categories	(Example) 2014 PLWHA % 15.342% PA Counties FY 2017 Draft Level Allocations	(Example) 2014 PLWHA % 15.342% PA Counties FY 2017 Draft -1.77% Allocations
AIDS Drug Assistance Program (ADAP)	$0	$0
Ambulatory Care	$680,658	$669,713
Case Management	$1,114,304	$1,096,386
Drug Reimbursement Program	$0	$0
Early Intervention Services	$0	$0
Health Insurance Premium & Cost Sharing Assistance	$0	$0
Home & Community-based Health Services	$0	$0
Home Health Care	$0	$0
Hospice Services	$0	$0
Mental Health Therapy/Counseling	$49,130	$48,340
Nutritional Services	$61,520	$60,531
Oral Health Care	$154,970	$152,478
Substance Abuse Treatment-Outpatient	$124,023	$122,029
	78.92%	
Support Service Categories		
Care Outreach	$0	$0
Case Management (non-medical)	$0	$0
Child Care Services	$0	$0
Day or Respite Care	$0	$0
Emergency Financial Assistance	$22,152	$21,796
Emergency Financial Assistance/AIDS Pharma. Assist.	$222,822	$219,239
Food Bank/Home-Delivered Meals	$40,347	$39,698
Health Education Risk Reduction	$0	$0
Housing Assistance	$27,765	$27,319
Referral for Health Care & support Services(Systemwide)	$0	$0
Other Professional Services/Legal Services	$17,611	$17,328
Psychosocial Support Services	$0	$0
Rehabilitation Care	$0	$0
Substance Abuse (Residential)	$0	$0
Translation & Interpretation	$0	$0
Transportation	$252,738	$248,674
	$2,768,042	$2,723,532
21.08%	$2,768,042	$2,723,532
Difference from level funding		-$44,510

	2014 PLWHA	PLWHA %	Level
Philadelphia	19494	71.878%	$12,759,562
PA	4161	15.342%	$2,723,532
NJ	3466	12.780%	$2,268,628
EMA	27121	100.000%	$17,751,722

CITY OF PHILADELPHIA
DEPARTMENT OF
PUBLIC HEALTH

Office of HIV Planning

HIV Integrated Planning Council

Ryan White Part A

Recipient 2016-17 Philadelphia Region Reallocation Request

July 13, 2017

At the February 2, 2017 Finance Committee meeting the discussion item focused on Health Insurance Premium/Cost –Sharing Assistance. It was noted that the Recipient had presented a report that demonstrated that the program would require $1.8 million. The cost sharing-sharing assistance (HIPCSA) program would require tracking costs across providers because Ryan White capped the amount each client could pay out of pocket based on their income. The cost associated with HIPCSA is currently cost prohibitive as the $160,000.00 allocation is insufficient for the program.

Potential funding sources are Part B and ADAP rebate dollars. The PA DOH has acknowledged that HIPCSA is important and cannot be funded by a city or EMA alone and has agreed to work on potentially funding HIPCSA. This includes Planning Council and Recipient representation on the PA HPG.

Securing funding for the HIPCSA can take time and is uncertain. Furthermore it must be noted that the recipient may be unable to rapidly disperse funding allocated for the program. Due to shifts made in the course of past years (from OAHS to MCM) the recipient is requesting that the HIPCSA funding be allocated to Out Patient Ambulatory Health Services. This would bring the system into balance.

If the HIPCSA funding were to be reallocated proportionately the recipient would need to move funds between OAHS and MCM or

cut programs in OAHS. The amount of the moves would be less than 10%.

Philadelphia Region Reallocation Request - July 2017

Fiscal Year 2017

Philadelphia

Service Categories	Allocations	July 2017 Reallocation	Revised Allocation
Ambulatory Care	$ 4,774,786	$ 160,000	$ 4,934,786
Drug Reimbursement Program	$ 513,452	$ -	$ 513,452
Medical Case Management	$ 4,383,283	$ -	$ 4,383,283
Substance Abuse Services - Outpatient	$ 241,458	$ -	$ 241,458
Mental Health Services	$ 335,129	$ -	$ 335,129
Medical Nutrition Therapy	$ -	$ -	$ -
Oral Health Care	$ 437,940	$ -	$ 437,940
AIDS Drug Assistance Program (ADAP)	$ -	$ -	$ -
Health Insurance Premium & Costs Sharing Assistance	$ 160,000	$ (160,000)	$ -
Early Intervention Services	$ -	$ -	$ -
Medical Transportation Services	$ 12,449	$ -	$ 12,449
Food Bank/Home-Delivered Meals	$ 213,582	$ -	$ 213,582
Housing Services	$ 554,805	$ -	$ 554,805
Other Professional Services/Legal Services	$ 310,568	$ -	$ 310,568
Care Outreach Services	$ -	$ -	$ -
Emergency Financial Assistance	$ 49,457	$ -	$ 49,457
Emergency Financial Assistance/AIDS Pharma Asst.	$ 897,593	$ -	$ 897,593
Treatment Adherence (Case Management)	$ -	$ -	$ -
Linguistics Services	$ -	$ -	$ -
Psychosocial Support Services	$ -	$ -	$ -
Home Health Care	$ -	$ -	$ -
Respite Care	$ -	$ -	$ -
Child Care Services	$ -	$ -	$ -
Refferal for Health Care/Supportive Services	$ 83,585	$ -	$ 83,585
Total	**$ 12,968,087**	**$ -**	**$ 12,968,087**

Philadelphia Region Reallocation Request - July 2017
Fiscal Year 2017

TOTAL

Service Categories	Allocations	July 2017 Reallocation	Revised Allocation
Ambulatory Care	$ 6,585,563	$ 160,000	$ 6,745,563
Drug Reimbursement Program	$ 513,452	$ -	$ 513,452
Medical Case Management	$ 5,969,646	$ -	$ 5,969,646
Substance Abuse Services - Outpatient	$ 365,481	$ -	$ 365,481
Mental Health Services	$ 561,074	$ -	$ 561,074
Medical Nutrition Therapy	$ 61,520	$ -	$ 61,520
Oral Health Care	$ 796,909	$ -	$ 796,909
AIDS Drug Assistance Program (ADAP)	$ -	$ -	$ -
Health Insurance Premium & Costs Sharing Assistance	$ 160,000	$ (160,000)	$ -
Early Intervention Services	$ -	$ -	$ -
Medical Transportation Services	$ 442,696	$ -	$ 442,696
Food Bank/Home-Delivered Meals	$ 311,255	$ -	$ 311,255
Housing Services	$ 582,570	$ -	$ 582,570
Other Professional Services/Legal Services	$ 416,056	$ -	$ 416,056
Care Outreach Services	$ -	$ -	$ -
Emergency Financial Assistance	$ 71,609	$ -	$ 71,609
Emergency Financial Assistance/AIDS Pharma Asst.	$ 1,120,415	$ -	$ 1,120,415
Treatment Adherence (Case Management)	$ -	$ -	$ -
Linguistics Services	$ -	$ -	$ -
Psychosocial Support Services	$ -	$ -	$ -
Home Health Care	$ -	$ -	$ -
Respite Care	$ -	$ -	$ -
Child Care Services	$ -	$ -	$ -
Refferal for Health Care/Supportive Services	$ 83,585	$ -	$ 83,585
Total	**$ 18,041,831**	**$ -**	**$ 18,041,831**

SYSTEMWIDE ALLCOATIONS

	Allocations	July 2017 Reallocation	Revised Allocation
I & R	$ 529,704	$ -	$ 529,704
QM Activities	$ 589,193	$ -	$ 589,193
Systemwide Coordination	$ 197,026	$ -	$ 197,026
Capacity Building	$ 115,140	$ -	$ 115,140
PC Support	$ 510,817	$ -	$ 510,817
Grantee Administration	$ 1,277,877	$ -	$ 1,277,877
	$ 3,219,757	**$ -**	**$ 3,219,757**

PA Counties FY2017-2018 Allocation Examples

Philadelphia EMA Ryan White Part A Planning Council

Core Service Categories		(Example) 2014 PLWHA % 15.342% PA Counties FY 2017 Draft Level Allocations	(Example) 2014 PLWHA % 15.342% PA Counties FY 2017 Draft -1.77% Allocations
AIDS Drug Assistance Program (ADAP)		$0	$0
Ambulatory Care		$680,658	$669,713
Case Management		$1,114,304	$1,096,386
Drug Reimbursement Program		$0	$0
Early Intervention Services		$0	$0
Health Insurance Premium & Cost Sharing Assistance		$0	$0
Home & Community-based Health Services		$0	$0
Home Health Care		$0	$0
Hospice Services		$0	$0
Mental Health Therapy/Counseling		$49,130	$48,340
Nutritional Services		$61,520	$60,531
Oral Health Care		$154,970	$152,478
Substance Abuse Treatment-Outpatient		$124,023	$122,029
	78.92%		
Support Service Categories			
Care Outreach		$0	$0
Case Management (non-medical)		$0	$0
Child Care Services		$0	$0
Day or Respite Care		$0	$0
Emergency Financial Assistance		$22,152	$21,796
Emergency Financial Assistance/AIDS Pharma. Assist.		$222,822	$219,239
Food Bank/Home-Delivered Meals		$40,347	$39,698
Health Education Risk Reduction		$0	$0
Housing Assistance		$27,765	$27,319
Referral for Health Care & support Services(Systemwide)		$0	$0
Other Professional Services/Legal Services		$17,611	$17,328
Psychosocial Support Services		$0	$0
Rehabilitation Care		$0	$0
Substance Abuse (Residential)		$0	$0
Translation & Interpretation		$0	$0
Transportation		$252,738	$248,674
		$2,768,042	$2,723,532
	21.08%	$2,768,042	$2,723,532
	Difference from level funding		-$44,510

	2014 PLWHA	PLWHA %	Level
Philadelphia	19494	71.878%	$12,759,562
PA	4161	15.342%	$2,723,532
NJ	3466	12.780%	$2,268,628
EMA	27121	100.000%	$17,751,722

Philadelphia FY2017-2018 Allocation Examples

Philadelphia EMA Ryan White Part A Planning Council

Core Service Categories	(example) 2014 PLWHA % 71.88% Philadelphia FY 2017 Draft Level Allocations	(example) 2014 PLWHA % 71.88% Philadelphia FY 2017 -1.770% Allocations
AIDS Drug Assistance Program (ADAP)	$0	$0
Ambulatory Care	$4,774,786	$4,855,435.34
Case Management	$4,383,283	$4,312,801
Drug Reimbursement Program	$513,452	$505,196
Early Intervention Services	$0	$0
Health Insurance Premium & Cost Sharing Assistance	$160,000	$0
Home & Community-based Health Services	$0	$0
Home Health Care	$0	$0
Hospice Services	$0	$0
Mental Health Therapy/Counseling	$335,129	$329,740
Nutritional Services	$0	$0
Oral Health Care	$437,940	$430,898
Substance Abuse Treatment-Outpatient	$241,458	$237,575
83.64%		
Care Outreach	$0	$0
Case Management (non-medical)	$0	$0
Child Care Services	$0	$0
Day or Respite Care	$0	$0
Emergency Financial Assistance	$49,457	$48,662
Emergency Financial Assistance/AIDS Pharma. Assist.	$897,592	$883,159
Food Bank/Home-Delivered Meals	$213,582	$210,147
Health Education Risk Reduction	$0	$0
Housing Assistance	$554,805	$545,884
Referral for Health Care & support Services(Systemwide)	$83,585	$82,241
Other Professional Services/Legal Services	$310,568	$305,574
Psychosocial Support Services	$0	$0
Rehabilitation Care	$0	$0
Substance Abuse (Residential)	$0	$0
Translation & Interpretation	$0	$0
Transportation	$12,449	$12,249
	$12,968,087	$12,759,562
16.36%	$12,968,087	$12,759,562
Difference from previous years level funding		-$208,525

	2014 PLWHA	PLWHA %	Level
Philadelphia	19494	71.878%	$12,759,562
PA	4161	15.342%	$2,723,532
NJ	3466	12.780%	$2,268,628
EMA	27121	100.000%	$17,751,722

NJ Counties FY2017-2018 Allocation Examples with Other Professional Reallocation

Philadelphia EMA Ryan White Part A Planning Council

Core Service Categories		(example) 2014 PLWHA % 12.78% NJ Counties FY 2017 Draft Level Allocations	**(example) 2014 PLWHA % 12.78% NJ Counties FY 2017 -1.77% Allocations**
AIDS Drug Assistance Program (ADAP)		$0	$0
Ambulatory Care		$1,130,119	$1,130,119
Case Management		$472,059	$444,252
Drug Reimbursement Program		$0	$0
Early Intervention Services		$0	$0
Health Insurance Premium & Cost Sharing Assistance		$0	$0
Home & Community-based Health Services		$0	$0
Home Health Care		$0	$0
Hospice Services		$0	$0
Mental Health Therapy/Counseling		$176,815	$176,815
Nutritional Services		$0	$0
Oral Health Care		$203,999	$203,999
Substance Abuse Treatment-Outpatient		$0	$0
	86.18%		
Support Service Categories			
Care Outreach		$0	$0
Case Management (non-medical)		$0	$0
Child Care Services		$0	$0
Day or Respite Care		$0	$0
Emergency Financial Assistance		$0	$0
Emergency Financial Assistance/AIDS Pharma. Assis		$0	$0
Food Bank/Home-Delivered Meals		$57,326	$57,326
Health Education Risk Reduction		$0	$0
Housing Assistance		$0	$0
Referral for Health Care & support Services(System		$0	$0
Other Professional Services/Legal Services		$87,877	$87,877
Psychosocial Support Services		$0	$0
Rehabilitation Care		$0	$0
Substance Abuse (Residential)		$0	$0
Translation & Interpretation		$0	$0
Transportation		$177,509	$168,240
Subtotal		$2,305,704	$2,268,628
	13.82%	$2,305,704	$2,268,628
Difference from level funding			-$37,076

	2014 PLWHA	PLWHA %	Level
Philadelphia	19494	71.878%	$12,759,562
PA	4161	15.342%	$2,723,532
NJ	3466	12.780%	$2,268,628
EMA	27121	100.000%	$17,751,722

Philadelphia EMA FY2017-2018 Allocation Examples with NJ Other Professional Reallocation

Philadelphia EMA Ryan White Part A Planning Council -EMA Wide

Core Service Categories	(Example) 2014 PLWHA % EMA FY 2017 Draft Level Allocations	2014 PLWHA% EMA% FY 2017 -1.77% Allocations%	MAI FY 2017 Level Allocation	MAI FY 2017 Draft +5% Allocation
AIDS Drug Assistance Program (ADAP)	$0	$0		
Ambulatory Care	$6,585,563	$6,655,267	$652,036	$644,407
Case Management	$5,969,646	$5,853,439	$1,163,954	$1,150,336
Drug Reimbursement Program	$513,452	$505,196		
Early Intervention Services	$0	$0		
Health Insurance Premium & Cost Sharing Assistance	$160,000	$0		
Home & Community-based Health Services	$0	$0		
Home Health Care	$0	$0		
Hospice Services	$0	$0		
Mental Health Therapy/Counseling	$561,074	$554,895		
Nutritional Services	$61,520	$60,531		
Oral Health Care	$796,909	$787,376		
Substance Abuse Treatment-Outpatient	$365,481	$359,604		
#REF!				
Support Service Categories				
Care Outreach	$0	$0		
Case Management (non-medical)	$0	$0		
Child Care Services	$0	$0		
Day or Respite Care	$0	$0		
Emergency Financial Assistance	$71,609	$70,458		
Emergency Financial Assistance/AIDS Pharma. Assist.	$1,120,415	$1,102,399		
Food Bank/Home-Delivered Meals	$311,255	$307,172		
Health Education Risk Reduction	$0	$0		
Housing Assistance	$582,570	$573,202		
Referral for Health Care & support Services(Systemwide)	$83,585	$82,241		
Other Professional Services/Legal Services	$416,056	$410,779		
Psychosocial Support Services	$0	$0		
Rehabilitation Care	$0	$0		
Substance Abuse (Residential)	$0	$0		
Translation & Interpretation	$0	$0		
Transportation	$442,696	$429,163		
Subtotal	$18,041,833	$17,751,721	$1,815,990	$1,794,743
		$17,751,722		$1,794,743
16.31%				
Difference from level funding		-$290,111		-$21,247
Referral for Health Care & support Services (2.83%)	$529,704	$520,329		
	$0			
QM Activities (Not to exceed 5% of total grant	$589,193	$524,638	$22,218	$21,958
Systemwide Coordination	$197,026	$193,538		
Capacity Building	$115,140	$113,102		
PC Support	$510,817	$501,776		
Grantee Administration	$1,277,877	$1,280,104	$179,558	$177,458
Administrative (Not to exceed 10% of grant award)		*$2,088,520*		
Subtotal Systemwide, QM & Administrative	$3,219,757	$3,133,486	$201,776	$199,415
Service Allocations	$18,041,833	$17,751,722	$1,815,990	$1,794,713
Award amount (formula & supplemental)	$21,261,590	$20,885,208	$2,017,766	$1,994,128
Difference from level funding		-376,382		-23,638

	2014 PLWHA	PLWHA %	Level
Philadelphia	19494	71.878%	$12,759,562
PA	4161	15.342%	$2,723,532
NJ	3466	12.780%	$2,268,628
EMA	27121	100.000%	$17,751,722

CITY OF PHILADELPHIA
DEPARTMENT OF
PUBLIC HEALTH

Office of HIV Planning

HIV Integrated Planning Council

Ryan White Part A

Recipient 2016-17 End of Year Underspending Report

July 13, 2017

At the conclusion of the Ryan White 2016 contract period that ended February 28, 2017, the EMA was overspent by $303,212.00 across all funded service categories or 2%.

However, Systemwide Allocations was underspent by $482,135.00 or 15%.

This resulted in a net underspending of $178,923.00 overall.

A request has been submitted to HRSA to carryover underspent funds and to use them for Food Bank/Home Delivered Meals.

EMA-Wide FY2016 Spending

Philadelphia EMA Ryan White Part A Planning Council

February 28, 2017

TOTAL

Service Categories	Allocations	Spending	Balance	% (under)/over spending
Outpatient/Ambulatory Health Services	$ 6,500,392	$ 6,600,990	$ (100,598)	2%
Drug Reimbursement Program	$ 516,000	$ 573,286	$ (57,286)	11%
Medical Case Management	$ 6,117,032	$ 5,903,830	$ 213,202	-3%
Substance Abuse Services - Outpatient	$ 363,506	$ 356,949	$ 6,557	-2%
Mental Health Services	$ 518,789	$ 551,562	$ (32,773)	6%
Medical Nutrition Therapy	$ 59,946	$ 54,160	$ 5,786	-10%
Oral Health Care	$ 797,411	$ 818,021	$ (20,610)	3%
AIDS Drug Assistance Program (ADAP)	$ -	$ -	$ -	
Health Insurance Premium & Costs Sharing Assistance	$ -	$ -	$ -	
Early Intervention Services	$ -	$ -	$ -	
Medical Transportation Services	$ 438,288	$ 448,962	$ (10,674)	2%
Food Bank/Home-Delivered Meals	$ 311,927	$ 514,793	$ (202,866)	65%
Housing Services	$ 584,613	$ 638,609	$ (53,996)	9%
Other Professional Services/Legal Services	$ 398,678	$ 432,950	$ (34,272)	9%
Care Outreach Services	$ -	$ -	$ -	
Emergency Financial Assistance	$ 1,351,249	$ 1,366,931	$ (15,682)	1%
Treatment Adherence (Case Management)	$ -	$ -	$ -	
Linguistics Services	$ -	$ -	$ -	
Psychosocial Support Services	$ -	$ -	$ -	
Home Health Care	$ -	$ -	$ -	
Respite Care	$ -	$ -	$ -	
Child Care Services	$ -	$ -	$ -	
Refferal for Health Care/Supportive Services	$ 84,000	$ 84,000	$ -	0%
Total	**$ 18,041,831**	**$ 18,345,043**	**$ (303,212)**	2%

SYSTEMWIDE ALLOCATIONS

	Allocations	Spending	Balance	% (under)/over spending
I & R	$ 529,704	$ 405,209	$ 124,495	-24%
QM Activities	$ 589,193	$ 274,666	$ 314,527	-53%
Systemwide Coordination	$ 197,026	$ 185,210	$ 11,816	-6%
Capacity Building	$ 115,140	$ 63,514	$ 51,626	-45%
PC Support	$ 510,817	$ 465,451	$ 45,366	-9%
Grantee Administration	$ 1,277,877	$ 1,343,572	$ (65,695)	5%
Total	**$ 3,219,757**	**$ 2,737,622**	**$ 482,135**	-15%

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EMA-Wide FY2016 Spending

Philadelphia EMA Ryan White Part A Planning Council
February 28, 2017

PHILADELPHIA

Service Categories	Allocations	Spending	Balance	% (under)/over spending
Outpatient/Ambulatory Health Services	$ 4,798,478	$ 4,763,826	$ 34,652	-1%
Drug Reimbursement Program	$ 516,000	$ 573,286	$ (57,286)	11%
Medical Case Management	$ 4,405,033	$ 4,377,895	$ 27,138	-1%
Substance Abuse Services - Outpatient	$ 242,656	$ 242,656	$ -	0%
Mental Health Services	$ 336,792	$ 329,545	$ 7,247	-2%
Medical Nutrition Therapy	$ -	$ -	$ -	
Oral Health Care	$ 440,113	$ 446,470	$ (6,357)	1%
AIDS Drug Assistance Program (ADAP)	$ -	$ -	$ -	
Health Insurance Premium & Costs Sharing Assistance	$ -	$ -	$ -	
Early Intervention Services	$ -	$ -	$ -	
Medical Transportation Services	$ 12,511	$ 12,457	$ 54	0%
Food Bank/Home-Delivered Meals	$ 214,641	$ 436,161	$ (221,520)	103%
Housing Services	$ 557,558	$ 613,333	$ (55,775)	10%
Other Professional Services/Legal Services	$ 312,109	$ 326,109	$ (14,000)	4%
Care Outreach Services	$ -	$ -	$ -	
Emergency Financial Assistance	$ 1,112,543	$ 1,131,197	$ (18,654)	2%
Treatment Adherence (Case Management)	$ -	$ -	$ -	
Linguistics Services	$ -	$ -	$ -	
Psychosocial Support Services	$ -	$ -	$ -	
Home Health Care	$ -	$ -	$ -	
Respite Care	$ -	$ -	$ -	
Child Care Services	$ -	$ -	$ -	
Refferal for Health Care/Supportive Services	$ 84,000	$ 84,000	$ -	0%
Total	**$ 13,032,434**	**$ 13,336,935**	**$ (304,501)**	2%

EMA-Wide FY2016 Spending

Philadelphia EMA Ryan White Part A Planning Council

February 28, 2017

PENNSYLVANIA COUNTIES

Service Categories	Allocations	Spending	Balance	% (under)/over spending
Outpatient/Ambulatory Health Services	$ 663,242	$ 694,197	$ (30,955)	5%
Drug Reimbursement Program	$ -	$ -	$ -	
Medical Case Management	$ 1,085,792	$ 1,073,284	$ 12,508	-1%
Substance Abuse Services - Outpatient	$ 120,850	$ 114,293	$ 6,557	-5%
Mental Health Services	$ 47,873	$ 47,446	$ 427	-1%
Medical Nutrition Therapy	$ 59,946	$ 54,160	$ 5,786	-10%
Oral Health Care	$ 151,005	$ 149,782	$ 1,223	-1%
AIDS Drug Assistance Program (ADAP)	$ -	$ -	$ -	
Health Insurance Premium & Costs Sharing Assistance	$ -	$ -	$ -	
Early Intervention Services	$ -	$ -	$ -	
Medical Transportation Services	$ 246,271	$ 259,772	$ (13,501)	5%
Food Bank/Home-Delivered Meals	$ 39,315	$ 78,632	$ (39,317)	100%
Housing Services	$ 27,055	$ 25,276	$ 1,779	-7%
Other Professional Services/Legal Services	$ 17,160	$ 18,717	$ (1,557)	9%
Care Outreach Services	$ -	$ -	$ -	
Emergency Financial Assistance	$ 238,706	$ 235,734	$ 2,972	-1%
Treatment Adherence (Case Management)	$ -	$ -	$ -	
Linguistics Services	$ -	$ -	$ -	
Psychosocial Support Services	$ -	$ -	$ -	
Home Health Care	$ -	$ -	$ -	
Respite Care	$ -	$ -	$ -	
Child Care Services	$ -	$ -	$ -	
Refferal for Health Care/Supportive Services	$ -	$ -	$ -	
Total	**$ 2,697,215**	**$ 2,751,293**	**$ (54,078)**	2%

EMA-Wide FY2016 Spending

Philadelphia EMA Ryan White Part A Planning Council

February 28, 2017

NEW JERSEY

Service Categories	Allocations	Spending	Balance	% (under)/over spending
Outpatient/Ambulatory Health Services	$ 1,038,672	$ 1,142,967	$ (104,295)	10%
Drug Reimbursement Program	$ -	$ -	$ -	
Medical Case Management	$ 626,207	$ 452,651	$ 173,556	-28%
Substance Abuse Services - Outpatient	$ -	$ -	$ -	
Mental Health Services	$ 134,124	$ 174,571	$ (40,447)	30%
Medical Nutrition Therapy	$ -	$ -	$ -	
Oral Health Care	$ 206,293	$ 221,769	$ (15,476)	8%
AIDS Drug Assistance Program (ADAP)	$ -	$ -	$ -	
Health Insurance Premium & Costs Sharing Assistance	$ -	$ -	$ -	
Early Intervention Services	$ -	$ -	$ -	
Medical Transportation Services	$ 179,506	$ 176,733	$ 2,773	-2%
Food Bank/Home-Delivered Meals	$ 57,971	$ -	$ 57,971	-100%
Housing Services	$ -	$ -	$ -	
Other Professional Services/Legal Services	$ 69,409	$ 88,124	$ (18,715)	27%
Care Outreach Services	$ -	$ -	$ -	
Emergency Financial Assistance	$ -	$ -	$ -	
Treatment Adherence (Case Management)	$ -	$ -	$ -	
Linguistics Services	$ -	$ -	$ -	
Psychosocial Support Services	$ -	$ -	$ -	
Home Health Care	$ -	$ -	$ -	
Respite Care	$ -	$ -	$ -	
Child Care Services	$ -	$ -	$ -	
Refferal for Health Care/Supportive Services	$ -	$ -	$ -	
Total	$ 2,312,182	$ 2,256,815	$ 55,367	-2%

EMA-Wide FY2016 Spending

Philadelphia EMA Ryan White Part A Planning Council

February 28, 2017

MAI-Philadelphia

Service Categories	Allocations	Spending	Balance	% (under)/over spending
Outpatient/Ambulatory Health Services	$ 652,036	$ 625,807	$ 26,229	-4%
Drug Reimbursement Program	$ -	$ -	$ -	
Medical Case Management	$ 1,163,954	$ 1,190,183	$ (26,229)	2%
Substance Abuse Services - Outpatient	$ -	$ -	$ -	
Mental Health Services	$ -	$ -	$ -	
Medical Nutrition Therapy	$ -	$ -	$ -	
Oral Health Care	$ -	$ -	$ -	
AIDS Drug Assistance Program (ADAP)	$ -	$ -	$ -	
Health Insurance Premium & Costs Sharing Assistance	$ -	$ -	$ -	
Early Intervention Services	$ -	$ -	$ -	
Medical Transportation Services	$ -	$ -	$ -	
Food Bank/Home-Delivered Meals	$ -	$ -	$ -	
Housing Services	$ -	$ -	$ -	
Other Professional Services/Legal Services	$ -	$ -	$ -	
Care Outreach Services	$ -	$ -	$ -	
Emergency Financial Assistance	$ -	$ -	$ -	
Treatment Adherence (Case Management)	$ -	$ -	$ -	
Linguistics Services	$ -	$ -	$ -	
Psychosocial Support Services	$ -	$ -	$ -	
Home Health Care	$ -	$ -	$ -	
Respite Care	$ -	$ -	$ -	
Child Care Services	$ -	$ -	$ -	
Refferal for Health Care/Supportive Services	$ -	$ -	$ -	
Total	**$ 1,815,990**	**$ 1,815,990**	**$ -**	0%

SYSTEMWIDE ALLOCATIONS

	Allocations	Spending	Balance	% (under)/over spending
I & R		$ -	$ -	
QM Activities	$ 22,218	$ 9,017	$ 13,201	-59%
Systemwide Coordination		$ -	$ -	
Capacity Building		$ -	$ -	
PC Support		$ -	$ -	
Grantee Administration	$ 179,558	$ 192,759	$ (13,201)	7%
Total	**$ 201,776**	**$ 201,776**	**$ -**	

EMA-Wide FY2016 Spending
Philadelphia EMA Ryan White Part A Planning Council

Carry Forward

Service Categories	Allocations	Spending	Balance	% (under)/over spending
Outpatient/Ambulatory Health Services			$ -	
Drug Reimbursement Program	$ -		$ -	
Medical Case Management			$ -	
Substance Abuse Services - Outpatient	$ -		$ -	
Mental Health Services			$ -	
Medical Nutrition Therapy	$ -		$ -	
Oral Health Care			$ -	
AIDS Drug Assistance Program (ADAP)	$ -		$ -	
Health Insurance Premium & Costs Sharing Assistance	$ -		$ -	
Early Intervention Services	$ -		$ -	
Medical Transportation Services			$ -	
Food Bank/Home-Delivered Meals	$ 174,189	$ 174,189	$ -	0%
Housing Services	$ -		$ -	
Other Professional Services/Legal Services			$ -	
Care Outreach Services	$ -		$ -	
Emergency Financial Assistance	$ -		$ -	
Treatment Adherence (Case Management)	$ -		$ -	
Linguistics Services	$ -		$ -	
Psychosocial Support Services	$ -		$ -	
Home Health Care	$ -		$ -	
Respite Care	$ -		$ -	
Child Care Services	$ -		$ -	
Refferal for Health Care/Supportive Services	$ -		$ -	
Total	**$ 174,189**	**$ 174,189**	**$ -**	0%

EMA-Wide FY2016 Spending

Philadelphia EMA Ryan White Part A Planning Council
February 28, 2017

	Allocations	Spending	Balance	% (under)/over spending
Philadelphia	$ 13,032,434	$ 13,336,935	$ (304,501)	2%
PA Counties	$ 2,697,215	$ 2,751,293	$ (54,078)	2%
NJ Counties	$ 2,312,182	$ 2,256,815	$ 55,367	-2%
Systemwide	$ 3,219,757	$ 2,737,622	$ 482,135	-15%
MAI	$ 2,017,766	$ 2,017,766	$ -	0%
Carryforward	$ 174,189	$ 174,189	$ -	0%
Total	**$ 23,453,543**	**$ 23,274,620**	**$ 178,923**	-1%

CITY OF PHILADELPHIA
DEPARTMENT OF
PUBLIC HEALTH

Office of HIV Planning

HIV Integrated Planning Council

Ryan White Part A

Recipient 2017-18 First Quarter Underspending Report

July 13, 2017

At the conclusion of the first quarter of the Ryan White 2017-18 contract year that ended May 31, 2017, the EMA was underspent by 35% or $1,571,969.00 across all funded service categories.

These figures are determined after reconciliation on all awards of three months of invoices forwarded to AACO for processing in March through May 2017.

The expenditures accounted for during the first quarter cannot accurately indicate any spending trends as all contracts are not yet conformed. The first quarter underspending report is a test of the Planning Council's administrative mechanism to receive timely spending reports from the Recipient and reallocate funds across service categories if necessary.

EMA-Wide FY2016 Spending

Philadelphia EMA Ryan White Part A Planning Council
1st Qtr Spending as of May 31, 2017
TOTAL

Service Categories	Allocations	1st Qtr Alloc	Spending	Balance	%(under/(over) spending
Outpatient/Ambulatory Health Services	$ 6,585,563	$ 1,646,391	$ 722,884	$ 923,507	56%
Drug Reimbursement Program	$ 513,452	$ 128,363	$ 128,363	$ -	
Medical Case Management	$ 5,969,646	$ 1,492,412	$ 1,198,748	$ 293,664	20%
Substance Abuse Services - Outpatient	$ 365,481	$ 91,370	$ 80,022	$ 11,348	12%
Mental Health Services	$ 561,074	$ 140,269	$ 80,973	$ 59,296	42%
Medical Nutrition Therapy	$ 61,520	$ 15,380	$ 8,743	$ 6,637	43%
Oral Health Care	$ 796,909	$ 199,227	$ 75,850	$ 123,377	62%
AIDS Drug Assistance Program (ADAP)	$ -	$ -	$ -	$ -	
Health Insurance Premium & Costs Sharing Assistance	$ 160,000	$ 40,000	$ -	$ 40,000	100%
Early Intervention Services	$ -	$ -	$ -	$ -	
Medical Transportation Services	$ 442,696	$ 110,674	$ 50,114	$ 60,560	55%
Food Bank/Home-Delivered Meals	$ 311,255	$ 77,814	$ 128,735	$ (50,921)	-65%
Housing Services	$ 582,570	$ 145,643	$ 96,503	$ 49,140	34%
Other Professional Services/Legal Services	$ 416,056	$ 104,014	$ 101,597	$ 2,417	2%
Care Outreach Services	$ -	$ -	$ -	$ -	
Emergency Financial Assistance	$ 71,609	$ 17,902	$ 12,070	$ 5,832	33%
Emergency Financial Assistance	$ 1,120,415	$ 280,104	$ 225,774	$ 54,330	19%
Treatment Adherence (Case Management)	$ -	$ -	$ -	$ -	
Linguistics Services	$ -	$ -	$ -	$ -	
Psychosocial Support Services	$ -	$ -	$ -	$ -	
Home Health Care	$ -	$ -	$ -	$ -	
Respite Care	$ -	$ -	$ -	$ -	
Child Care Services	$ -	$ -	$ -	$ -	
Refferal for Health Care/Supportive Services	$ 83,585	$ 20,896	$ 28,113	$ (7,217)	-35%
Total	**$ 18,041,831**	**$ 4,510,458**	**$ 2,938,489**	**$ 1,571,969**	35%

SYSTEMWIDE ALLOCATIONS

	Allocations	1st Qtr Alloc	Spending	Balance	%(under/(over) spending
I & R	$ 529,704	$ 132,426	$ -	$ 132,426	100%
QM Activities	$ 589,193	$ 147,298	$ 75,822	$ 71,476	49%
Systemwide Coordination	$ 197,026	$ 49,257	$ 14,014	$ 35,243	72%
Capacity Building	$ 115,140	$ 28,785	$ 5,884	$ 22,901	80%
PC Support	$ 510,817	$ 127,704	$ 82,731	$ 44,973	35%
Grantee Administration	$ 1,277,877	$ 319,469	$ 306,250	$ 13,219	4%
Total	**$ 3,219,757**	**$ 804,939**	**$ 484,701**	**$ 320,238**	40%

EMA-Wide FY2016 Spending

Philadelphia EMA Ryan White Part A Planning Council
1st Qtr Spending as of May 31, 2017

	Allocations	1st Qtr Alloc	Spending	Balance	%(under/(over) spending
Philadelphia	$ 12,968,087	$ 3,242,022	$ 2,037,927	$ 1,204,095	37%
PA Counties	$ 2,768,040	$ 692,010	$ 501,265	$ 190,745	28%
NJ Counties	$ 2,305,704	$ 576,426	$ 270,934	$ 305,492	53%
Systemwide	$ 3,421,533	$ 855,383	$ 484,701	$ 370,682	43%
MAI	$ 1,815,990	$ 453,998	$ 308,601	$ 145,397	32%
Carryforward	$ -	$ -	$ -	$ -	
Total	**$ 23,279,354**	**$ 5,819,839**	**$ 3,603,428**	**$ 2,216,411**	38%

EMA-Wide FY2016 Spending

Philadelphia EMA Ryan White Part A Planning Council
1st Qtr Spending as of May 31, 2017
PHILADELPHIA

Service Categories	Allocations	1st Qtr Alloc	Spending	Balance	%(under/(over) spending
Ambulatory Care	$ 4,774,786	$ 1,193,697	$ 524,700	$ 668,997	56%
Drug Reimbursement Program	$ 513,452	$ 128,363	$ -	$ 128,363	100%
Medical Case Management	$ 4,383,283	$ 1,095,821	$ 919,050	$ 176,771	16%
Substance Abuse Services - Outpatient	$ 241,458	$ 60,365	$ 61,232	$ (868)	-1%
Mental Health Services	$ 335,129	$ 83,782	$ 53,812	$ 29,970	36%
Medical Nutrition Therapy	$ -	$ -	$ -	$ -	
Oral Health Care	$ 437,940	$ 109,485	$ 6,684	$ 102,801	94%
AIDS Drug Assistance Program (ADAP)	$ -	$ -	$ -	$ -	
Health Insurance Premium & Costs Sharing Assistance	$ 160,000	$ 40,000	$ -	$ 40,000	100%
Early Intervention Services	$ -	$ -	$ -	$ -	
Medical Transportation Services	$ 12,449	$ 3,112	$ -	$ 3,112	100%
Food Bank/Home-Delivered Meals	$ 213,582	$ 53,396	$ 83,171	$ (29,776)	-56%
Housing Services	$ 554,805	$ 138,701	$ 92,347	$ 46,354	33%
Other Professional Services/Legal Services	$ 310,568	$ 77,642	$ 77,383	$ 259	0%
Care Outreach Services	$ -	$ -	$ -	$ -	
Emergency Financial Assistance	$ 49,457	$ 12,364	$ 9,248	$ 3,116	25%
Emergency Financial Assistance/AIDS Pharma Asst.	$ 897,593	$ 224,398	$ 182,187	$ 42,211	19%
Treatment Adherence (Case Management)	$ -	$ -	$ -	$ -	
Linguistics Services	$ -	$ -	$ -	$ -	
Psychosocial Support Services	$ -	$ -	$ -	$ -	
Home Health Care	$ -	$ -	$ -	$ -	
Respite Care	$ -	$ -	$ -	$ -	
Child Care Services	$ -	$ -	$ -	$ -	
Refferal for Health Care/Supportive Services	$ 83,585	$ 20,896	$ 28,113	$ (7,217)	-35%
Total	**$ 12,968,087**	**$ 3,242,022**	**$ 2,037,927**	**$ 1,204,095**	37%

EMA-Wide FY2016 Spending

Philadelphia EMA Ryan White Part A Planning Council

1st Qtr Spending as of May 31, 2017

PENNSYLVANIA COUNTIES

Service Categories	Allocations	1st Qtr Alloc	Spending	Balance	%(under/(over) spending
Outpatient/Ambulatory Health Services	$ 680,658	$ 170,165	$ 105,186	$ 64,979	38%
Drug Reimbursement Program	$ -	$ -	$ -	$ -	
Medical Case Management	$ 1,114,304	$ 278,576	$ 235,711	$ 42,865	15%
Substance Abuse Services - Outpatient	$ 124,023	$ 31,006	$ 18,790	$ 12,216	39%
Mental Health Services	$ 49,130	$ 12,283	$ 11,060	$ 1,223	10%
Medical Nutrition Therapy	$ 61,520	$ 15,380	$ 8,743	$ 6,637	43%
Oral Health Care	$ 154,970	$ 38,743	$ 18,725	$ 20,018	52%
AIDS Drug Assistance Program (ADAP)	$ -	$ -	$ -	$ -	
Health Insurance Premium & Costs Sharing Assistance	$ -	$ -	$ -	$ -	
Early Intervention Services	$ -	$ -	$ -	$ -	
Medical Transportation Services	$ 252,738	$ 63,185	$ 27,670	$ 35,515	56%
Food Bank/Home-Delivered Meals	$ 40,347	$ 10,087	$ 20,564	$ (10,477)	-104%
Housing Services	$ 27,765	$ 6,941	$ 4,156	$ 2,785	40%
Other Professional Services/Legal Services	$ 17,611	$ 4,403	$ 4,251	$ 152	3%
Care Outreach Services	$ -	$ -	$ -	$ -	
Emergency Financial Assistance	$ 22,152	$ 5,538	$ 2,822	$ 2,716	49%
Emergency Financial Assistance	$ 222,822	$ 55,706	$ 43,587	$ 12,119	22%
Treatment Adherence (Case Management)	$ -	$ -	$ -	$ -	
Linguistics Services	$ -	$ -	$ -	$ -	
Psychosocial Support Services	$ -	$ -	$ -	$ -	
Home Health Care	$ -	$ -	$ -	$ -	
Respite Care	$ -	$ -	$ -	$ -	
Child Care Services	$ -	$ -	$ -	$ -	
Refferal for Health Care/Supportive Services	$ -	$ -	$ -	$ -	
Total	**$ 2,768,040**	**$ 692,010**	**$ 501,265**	**$ 190,745**	28%

EMA-Wide FY2016 Spending

Philadelphia EMA Ryan White Part A Planning Council
1st Qtr Spending as of May 31, 2017
NEW JERSEY COUNTIES

Service Categories	Allocations	1st Qtr Alloc	Spending	Balance	%(under/(over) spending
Outpatient/Ambulatory Health Services	$ 1,130,119	$ 282,530	$ 92,998	$ 189,532	67%
Drug Reimbursement Program	$ -	$ -	$ -	$ -	
Medical Case Management	$ 472,059	$ 118,015	$ 43,987	$ 74,028	63%
Substance Abuse Services - Outpatient	$ -	$ -	$ -	$ -	
Mental Health Services	$ 176,815	$ 44,204	$ 16,101	$ 28,103	64%
Medical Nutrition Therapy	$ -	$ -	$ -	$ -	
Oral Health Care	$ 203,999	$ 51,000	$ 50,441	$ 559	1%
AIDS Drug Assistance Program (ADAP)	$ -	$ -	$ -	$ -	
Health Insurance Premium & Costs Sharing Assistance	$ -	$ -	$ -	$ -	
Early Intervention Services	$ -	$ -	$ -	$ -	
Medical Transportation Services	$ 177,509	$ 44,377	$ 22,444	$ 21,933	49%
Food Bank/Home-Delivered Meals	$ 57,326	$ 14,332	$ 25,000	$ (10,669)	-74%
Housing Services	$ -	$ -	$ -	$ -	
Other Professional Services/Legal Services	$ 87,877	$ 21,969	$ 19,963	$ 2,006	9%
Care Outreach Services	$ -	$ -	$ -	$ -	
Emergency Financial Assistance	$ -	$ -	$ -	$ -	
Emergency Financial Assistance	$ -	$ -	$ -	$ -	
Treatment Adherence (Case Management)	$ -	$ -	$ -	$ -	
Linguistics Services	$ -	$ -	$ -	$ -	
Psychosocial Support Services	$ -	$ -	$ -	$ -	
Home Health Care	$ -	$ -	$ -	$ -	
Respite Care	$ -	$ -	$ -	$ -	
Child Care Services	$ -	$ -	$ -	$ -	
Refferal for Health Care/Supportive Services	$ -	$ -	$ -	$ -	
Total	**$ 2,305,704**	**$ 576,426**	**$ 270,934**	**$ 305,492**	53%

EMA-Wide FY2016 Spending

Philadelphia EMA Ryan White Part A Planning Council
1st Qtr Spending as of May 31, 2017
MAI-Philadelphia

Service Categories	Allocations	1st Qtr Alloc	Spending	Balance	%(under/(over) spending
Outpatient/Ambulatory Health Services	$ 652,036	$ 163,009	$ 51,397	$ 111,612	68%
Drug Reimbursement Program	$ -	$ -	$ -	$ -	
Medical Case Management	$ 1,163,954	$ 290,989	$ 257,204	$ 33,785	12%
Substance Abuse Services - Outpatient	$ -	$ -	$ -	$ -	
Mental Health Services	$ -	$ -	$ -	$ -	
Medical Nutrition Therapy	$ -	$ -	$ -	$ -	
Oral Health Care	$ -	$ -	$ -	$ -	
AIDS Drug Assistance Program (ADAP)	$ -	$ -	$ -	$ -	
Health Insurance Premium & Costs Sharing Assistance	$ -	$ -	$ -	$ -	
Early Intervention Services	$ -	$ -	$ -	$ -	
Medical Transportation Services	$ -	$ -	$ -	$ -	
Food Bank/Home-Delivered Meals	$ -	$ -	$ -	$ -	
Housing Services	$ -	$ -	$ -	$ -	
Other Professional Services/Legal Services	$ -	$ -	$ -	$ -	
Care Outreach Services	$ -	$ -	$ -	$ -	
Emergency Financial Assistance	$ -	$ -	$ -	$ -	
Treatment Adherence (Case Management)	$ -	$ -	$ -	$ -	
Linguistics Services	$ -	$ -	$ -	$ -	
Psychosocial Support Services	$ -	$ -	$ -	$ -	
Home Health Care	$ -	$ -	$ -	$ -	
Respite Care	$ -	$ -	$ -	$ -	
Child Care Services	$ -	$ -	$ -	$ -	
Refferal for Health Care/Supportive Services	$ -	$ -	$ -	$ -	
Total	**$ 1,815,990**	**$ 453,998**	**$ 308,601**	**$ 145,397**	32%

SYSTEMWIDE ALLOCATIONS

	Allocations	1st Qtr Alloc	Spending	Balance	%(under/(over) spending
I & R			$ -	$ -	
QM Activities	$ -		$ -	$ -	
Systemwide Coordination			$ -	$ -	
Capacity Building			$ -	$ -	
PC Support			$ -	$ -	
Grantee Administration	$ 201,776	$ 50,444	$ 59,630	$ (9,186)	-18%
Total	**$ 201,776**	**$ 50,444**	**$ 59,630**	**$ (9,186)**	