

MEETING AGENDA

Tuesday, June 16th, 2026

12:00 p.m. – 2:00 p.m.

- ◆ Call to Order
- ◆ Welcome/Introductions
- ◆ Approval of Agenda
- ◆ Approval of Minutes (*May 19, 2026*)
- ◆ Report of Co-Chairs
- ◆ Report of Staff
- ◆ Discussion Items
 - Housing & Resources *with the Commission on Aging*
 - Activities Report Back *with Positive Women's Network*
- ◆ Other Business
- ◆ Announcements
- ◆ Adjournment

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

The next Poz Committee meeting will be held on
Tuesday, July 21st, 2026 from 12:00 – 2:00 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

**Hybrid: Poz Committee
Meeting Minutes of
Tuesday, May 19th, 2026
12:00 p.m. – 2:00 p.m.**

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

Present: K.C. (Chair), J.L., K.M., R.N., G.R., J.S.

Staff: T. Dominique, E. Fischer, S. Moletteri, D. Law, K. Trinh, K. Wilson

Call to Order/Introductions: K.M. called the meeting to order at 12:18 p.m. S. Moletteri asked for introductions.

Approval of Agenda:

S. Moletteri referred to the May 2026 Poz Committee agenda and asked for a motion to approve. S. Moletteri called for an amendment on the agenda to include Approval of Minutes. **Motion:** K.M. motioned, R.N. seconded to approve the amended April 2026 agenda. Motion passed: All in favor. The amended May 2026 Poz Committee agenda was approved.

Approval of Minutes:

S. Moletteri referred to the April 2026 Poz Committee minutes and asked for a motion to approve. **Motion:** K.M. motioned, J.L. seconded to approve the April 2026 minutes. Motion passed: All in favor. The April 2026 Poz Committee minutes were approved.

Report of Chair:

K.M. reported that she was traveling to D.C. to lobby for housing, transportation, and allocations. She emphasized the importance of communicating needs to legislators and stated that she would report back with updates from the event at the next committee meeting. Members who participated in the Aging and Thriving Symposium reported that the symposium went well. S. Moletteri highlighted the Poz Committee's focus on building leadership and equipping people with knowledge to perform informed leadership.

R.N. expressed concerns that allocations were being set back. Other members agreed and were concerned about the stigma that people with HIV would face. S. Moletteri said they had seen some changes to prevention-related funding, but the office was hoping funding would not be drastically reduced on the care-side and would remain fairly flat-funded. S. Moletteri reminded the group that the income requirements for Ryan White had changed. K.M. asked how Ryan White (RW) was funded. D. Law explained that RW was the payor of last resort, meaning every other funding stream had to be used before RW funds. K.M. asked if it was funded by population or by cases. D. Law responded that it was a calculated formula based on the population demographics and the history of the spending record. The Philadelphia EMA received approximately \$17.5 million for care services, which was distributed throughout the nine counties within the Eligible Metropolitan Area (EMA) based on each county's need. Since the majority of cases were located in Philadelphia, a higher ratio of money was allocated to Philadelphia. R.N. asked if the funding was based on where the participants lived or where they received care. D. Law explained that location was determined by a patient's most recent address

rather than their location at the time of initial HIV diagnosis. S. Moletteri explained that there could be duplicates in the process if individuals moved between the three EMA's regions, so each region did their best to remove duplicated data. D. Law explained that the fiscal year started on March 1st and runs one year. R.N. asked about Delaware residents who received HIV services within the Philadelphia EMA despite Delaware not being included in the jurisdiction. D. Law explained that these individuals may be using private insurance or other funding sources rather than RW Part A funds.

J.L. explained how despite not qualifying for RW Part A, there were still ways to use RW services. S. Moletteri added that the eligibility criteria has changed, and less people qualified for RW. Everyone who made 350-500%+ of the federal poverty level was no longer eligible for RW. D. Law explained how there were other funding streams outside of RW Part A funds, so it can be complicated. S. Moletteri noted that clients were not responsible for understanding which funding streams would be able to provide coverage first, especially between the different Ryan White Parts; it is the responsibility of the provider. This prompted a discussion about the importance of ensuring clients were well-informed, enabling them to make full use of available services. G.R. stated that the opportunity to learn more was a key factor in the decision to participate in the Planning Council and similar groups. S. Moletteri explained the providers pull from different funding sources for clients, but the HIV Integrated Planning Council (HIPC) looks at each service and finds what other funding is available. She added that HIPC uses those findings to help make informed decisions about funding for services. She concluded that while it was up to the provider to understand the specific funding streams and their limitations, it may be helpful for clients to know what programs work for their individual needs. The members expressed frustration with stigma and preconceived notions that providers push onto clients. S. Moletteri highlighted that the frustration with stigma was a theme present in the townhall.

Report of Staff:

S. Moletteri asked the Poz Committee members if they were interested in receiving a presentation from the Commission on Aging around housing services. S. Moletteri connected with the commission when they were tabling at the Aging and Thriving Symposium. The members expressed interest.

K.M. emphasized the importance of communication and transparency between council members in regard to funding decisions. K.C. discussed aging among people living with HIV, including age eligibility for HIV-related aging services and the overlap between HIV services and aging-support services. S. Moletteri noted that a goal is to look into programs and find lists that include all services that would be available to people based on their needs. She asked if it would be helpful to have that information from the Aging and Thriving Symposium. The members agreed it would be helpful. S. Moletteri reported that OHP would be tabling at the HIV Education Summit at Philadelphia FIGHT on June 12th. S. Moletteri stated that she would send the registration information to members. K. Trinh informed the group that May 19th was election day in Pennsylvania.

Discussion item:

-Town Hall Recommendations-

S. Moletteri said the planning council members distributed funds to various services and created directives during the allocations process. S. Moletteri described directives as a way to shape services, including how services are delivered, how providers are trained, and what providers need to focus on population-wise. Directives may focus on specific subpopulations, geographic areas, service categories, or changes that were needed within a service. S. Moletteri explained that directives were subject to certain limitations and that the staff would help determine what is actionable. She encouraged members to be as fanciful as they wished when discussing ideas and recommendations, with the understanding that the group would later identify what could be implemented. The directives would go to the Division of HIV Health (DHH/Recipient). D. Law handed out a list of services currently funded in the Philadelphia EMA to the committee. S. Moletteri added that directives can focus on any of the services provided. G.R. asked for clarification on Emergency Financial Assistance (EFA). S. Moletteri explained that EFA may help cover housing-related emergency expenses such as security deposits or past-due utility bills, after all other available funding sources have been used. S. Moletteri added that EFA-Pharma and EFA-Housing were underspent because people were leveraging other funding sources. J.L. added that case managers look for what funding is available outside of RW services to ensure it is the payor of last resort.

The committee began discussing Housing Opportunities for Persons with AIDS (HOPWA), where J.L. described emergency housing services, including temporary hotel or shelter placement while individuals waited for permanent housing. The group discussed the reasons for the emergency hotel placements that focused on populations that may not be safe in shelters. G.R. highlighted the barriers people with mental health conditions face in the shelter system. S. Moletteri added that housing placement was a complicated process due to restrictions on qualifications. In order to qualify, you have to be experiencing street-homelessness and you may be in the shelter for an undetermined amount of time before finding other housing. J.L. added that people who couch surf were considered unhoused and need those services, which calls for advocacy for legislation change. S. Moletteri highlighted that individuals could feel free to advocate for changes outside of councilwork, but the current space was for sharing information and policies that were in place. She also shared that HOPWA had a 7-8 year waiting period for placement, which could be frustrating for people. S. Moletteri mentioned the “With Open Arms” program that housed everyone on their list when it was first created, but due to the influx of people, they were currently working on their 2024 waiting list. Multiple committee members discussed their frustration. J.L. specifically highlighted waitlists, rising costs of mortgage and rent, and the importance of case managers helping clients navigate the process of using resources.

K. Wilson introduced the Philadelphia EMA Town Halls Recommendations and first discussed the key themes identified from the town halls. S. Moletteri emphasized the goal was to look at the recommendations and see if the group could identify directives or future steps for the council. The first key theme focused on client understanding around a medical case manager (MCM) responsibilities. K. Wilson suggested that DHH look into its case management training program to see if they were aligned with the clients’ needs. K. Wilson asked the committee members what they hoped to see. G.R. wanted information in real time. K. Wilson asked if anyone had received a list of what their case manager was required to do. Committee members confirmed they did not have a list of what they can talk to their case managers about. K. Wilson listed questions about

what clients would want to know such as training protocols, client expectations, and resources available to clients. K. Wilson mentioned the self-advocacy key theme which discussed how clients can advocate for themselves for the services they need. The other key theme was housing assistance barriers, which the group discussed prior.

K. Wilson said the first recommendation called for HIPC and the Recipient (DHH) to jointly review and assess the Recipient Medical Case Management Coordination Project training for Medical Case Managers, as outlined in the 2023-2024 Directives.

S. Moletteri explained that every case manager has ongoing training for the rest of their careers, and it's up to their providers to choose what training they receive. Training needs differed from provider to provider. She asked for the committee's opinion on the following conversation that took place in the Comprehensive Planning Committee: thorough training for case managers appeared to be occurring, but there was not a definitive list of responsibilities for both the client and case manager. Instead of standardized training, MCMs should provide clients with a comprehensive list of responsibilities. K.C. said they could create a mock training between MCMs to gain experience. K. Wilson reemphasized why the recommendation was to oversee the training protocol to differentiate whether an MCM was not being attentive, or if they were not being trained effectively. She explained that this was why she wanted the group to consider the language of the directive. G.R. said that his communication with his case manager is effective and his case manager responds timely and effectively. He recounted his first-time experience with the program, where his case manager gave him resources to advocate for himself. He called for transparent program processes and requirements outlined in case management training and patient centered case management. K. Wilson explained that everyone's experiences were different and had different needs, which could highlight the importance of outlining MCM/client responsibilities. J.L. discussed the idea that case managers can explain the minimum responsibilities and trainings to the client. K. Wilson and S. Moletteri explained that it could be beneficial for the council to look into those base trainings to identify gaps.

R.N. asked if case managers were required to go with the client to an appointment. K.C. said MCMs were required to attend an in-person appointment with their clients. S. Moletteri asked how many committee members had an MCM sit in on an appointment with them. Only one member experienced an MCM going with them to an appointment. J.L. said MCMs were required to go to appointments depending on the classification of the client. J.L. added that the requirement is assessed every six months or depending on how often they go to the doctor. K.M. highlighted the emotional and financial challenges of family responsibilities, emphasizing the need for support and access to resources. K. Wilson thanked them for their input on that recommendation and encouraged them to share the services provided by RW. She highlighted the page on Philly Keep on Living for provider locations in all the counties so clients can easily find providers.

K. Wilson continued with the second recommendation for HIPC and the Recipient to develop a clear, user-friendly housing resource guide for people living with HIV.

K. Wilson explained that the town hall showed that navigating housing resources was confusing for clients, so a resource guide would serve well. The Philadelphia EMA can be confusing due to

having counties within two different states, which have different guidelines. In the NJ town hall, St. Clair's gave a presentation on housing, and in the PA town hall, the Philadelphia Department of Planning and Development gave a presentation on housing. K. Wilson offered to plan a more in-depth conversation about housing services. She continued that this recommendation asked DHH to develop a clear guide to help clients navigate housing services. She discussed that for Philadelphia, if you were a PWH, you can include that on your housing application which could help you access housing sooner. She emphasized that being knowledgeable about the healthcare process on applications can be beneficial to their health outcomes. K. Wilson would check New Jersey and Pennsylvania policies to find if it is the same for all counties. She asked if they would like more resources and information about housing services. The group affirmed they would.

K. Wilson continued with the third recommendation for HIPC and Recipient to develop and support initiatives that strengthen self-advocacy skills among PWH. She said this would equip clients with the skills to navigate their own health. She listed different ways to approach this recommendation such as a workshop or resource guide for clients to use in their care.

Other Business:

K.C. reminded the group of the HIV Education Summit at Philadelphia FIGHT on June 12th. S. Moletteri stated that she would send the information to members.

Announcements:

None.

Adjournment:

S. Moletteri called for a motion to adjourn. **Motion:** K.M. motioned and J.L. seconded to adjourn the May 2026 Poz Committee meeting. **Motion passed:** All in favor. Meeting adjourned at 2:02 p.m.

Respectfully submitted,

Elizabeth Fischer, staff

Handouts distributed at the meeting:

- May 2026 Poz Committee Agenda
- April 2026 Poz Committee Meeting Minutes
- *What is the Allocations Process?* Handout
- Philadelphia EMA Town Halls Recommendations 2025 - 2026