HIV Integrated Planning Council
Meeting Minutes of
Thursday, June 11, 2020
2:00 p.m. – 4:00 p.m.
Office of HIV Planning, 340 N. 12th St., Suite 320, Philadelphia PA 19107

Present: Lupe Diaz, Michael Cappuccilli, Nhakia Outland, Pamela Gorman, Roberta Gallaway, Erica Rand, Gus Grannan, Kailah King, Keith Carter, Alan Edelstein, Allison Byrd, Dave Gana

Guests: Debra Rubin, Chris Chu (AACO), Ameenah McCann-Woods (AACO), Debra Dalessandro, Tahira Tyler, Tonya Cooper, Viviann Schorle, Jerry Coleman, Rob McKenna

Staff: Beth Celeste, Debbie Law, N. Johns Johns, M. Ross-Russell Ross-Russell, S. Moletteri Moletteri

Call to Order: S. Heaven called the meeting to order at 2:04 p.m.

Approval of Agenda:
S. Heaven referred to the July 11, 2020 HIPC agenda S. Moletteri distributed via email. **Motion:** D. Gana motioned, P. Gorman seconded to approve the July 2020 Planning Council agenda via a Zoom poll for approval. **Motion passed:** The agenda was approved by majority rules: 11 approve, 2 abstentions.

Approval of Minutes (*April 23, 2020*)
S. Heaven referred to the April 23, 2020 HIPC minutes S. Moletteri distributed via email. **Motion:** Alan motioned, Keith seconded to approve the April 2020 meeting minutes via a Zoom poll for approval. **Motion passed:** The April 2020 minutes were approved by general consensus: 11 approve, 2 abstentions.

Report of Co-Chairs:
No report.

Report of Staff:
None.

Public Comment:
None.

Presentation:

—HRSA Programs—
R. McKenna introduced himself. On behalf of HRSA and the depart of health and human services, thank you for participation in the meeting and for other services. For 20 years before HRSA, he worked on grantee and other HIV programs—during crisis, he said that HRSA and other agencies are grateful.

As HIPC, he explained, members may know about HRSA but not the other services that HRSA supports that could be available to their program. R. McKenna offered the Regional Office of Operations as a resource to HIPC and explained that he would now give a comprehensive look into what HRSA offers.

R. McKenna directed attention to the slide labeled "who/where are the programs?" He noted that HRSA's largest program was the Health Center Program. Health centers and community based health-care providers must meet a stringent set of requirements, including the use of sliding fees and including at least 51% patients on the governing board. The centers include places which have HRSA grants and are FQHCs (federally qualified health centers) as well as look-alike FQHCs which may receive the same awards from Medicaid/Medicare.

R. McKenna explained that the HRSA warehouse has many components and is a public facing website (https://data.hrsa.gov). The warehouse also allows anyone to find information about grant programs in the area and contact project directors.

HRSA provides the majority of direct behavioral health resources within health centers. The reason for this is that the combination of behavioral health and primary health care increase access to health care. Most health centers offer behavioral health, he explained, but this ultimately differs center to center.

R. McKenna looked at the "Title V Maternal and Child Health Services Block Grant Program." Through the link provided on the slide, anyone can view state-by-state snapshots about performance measures, get in direct contact with state leaders of MCH programs, and find states' subcontractors. Reviewing such lists, he explained, is a good way to look for potential partner opportunities.

Regarding the National Health Service Corps, scholarships offer a full year of support for at least 2 years of service. HRSA also offers up to $50,000 per year on top of regular salary for school loan payments. He noted that there were sites that offered HIV services and to go to the website for more information. There was also the National Health Service Corps Substance Use Disorder Workforce which included more eligible disciplines and offered up to $75,000 per year in loan repayment.

Next, R. McKenna introduced the Mid-Atlantic Training Collaborative for Health and Human Services (MATCHHS) which promotes HIV services and assists programs, helping them work together to help each other. Please refer to the slide to see the available trainings. He noted that the office does not cover New Jersey, but the programs still exist within New Jersey. The workforce development plan of each training all integrate HIV services in some way.

Another HRSA-funded program is Area Health Education Centers, or AHECs. AHECs provide medical and other healthcare students with community-based experiences. The programs hosts the students and recently developed interdisciplinary scholars program for medical and healthcare students. AHECs may or may not integrate HIV services. AHECs receives one grant and it is split up to serve on the local levels.

R. McKenna noted HRSA funded telehealth as another resource, especially since telehealth during the COVID-19 crisis is in high demand. This resource provides 19 hours of free technical assistance to advance the adoption and utilization of telehealth. He also noted that there is telehealth for behavioral health which is also covered within New Jersey. He explained that such information is available through the links on the slide "Mid-Atlantic Telehealth Resource Center." There is also a COVID-19 toolkit on the website.

On the "Primary Care Associations" (PCA) slide, R. McKenna noted that there is a program for training and technical assistance to safety-net providers to help health centers improve programmatic, clinical, and financial performance and operations. He explained that this is a great partner for outreach and also helps centers apply to be look-alike FQHCs. Within Philadelphia, there is also a mini-care association and they work collaboratively with PA's PCA.
On the next slide, he explained that the Regional Public Health Training Centers provide training for any public health center and are good partners with academia and other public health centers for students and workers for technical, scientific, and leadership skills. The training includes topics such as grant writing and community partnerships, and he noted that the center's websites are shown on slide.

For the Clinician Consultation Center slide, he noted that this is a resource where any clinician can get consultations about managing HIV/AIDS

On the last slides, R. McKenna noted that HRSA was working hard to respond to COVID-19 and had information on their website. They had also created a COVID-19 Uninsured Program Portal, where they reimburse recently uninsured people contracting COVID-19.

He asked everyone to follow HRSA on social media @HRSAgov. He also noted that anyone was free to contact him for more information on programs and partnerships.

Discussion Item:

—Review of Service Categories—
M. Ross-Russell explained that HIPC had already received service category information from S. Moletteri via email. M. Ross-Russell clarified that the allocations information and packet is now called the service categories booklet. M. Ross-Russell said they would now review the allocations materials on the OHP website including Client Services Unit (CSU) and MMP data. She would be reviewing the most recent data available, explained that because of COVID-19, some information is not yet accessible. Funding expenditure, CSU data, and available funding is also up to date. Medicaid coverage for PA is also updated for 2020, but NJ counties are outdated for Medicaid data.

When reviewing the table of contents, M. Ross-Russell noted that everything is color coded – the currently funded core services are blue, and the currently funded supportive services are yellow. There are currently about 27,000 PLWH within the EMA, and about 19,000 have received services with some sort of insurance. Given the COVID-19 crisis, the amount of those with insurance may change. She explained that the allocation for service categories has to be at least 75% for core services and 25% supportive services. Service category definitions came from Policy and Clarification Notice 16-02 which is the most recently updated. They would be reviewing the services and allocations materials so HIPC could be as prepared as possible for the allocations process.

M. Ross-Russell said they would first review currently funded services and then other services and A. McCann-Woods would review over/underspending for currently funded service categories.

M. Ross-Russell noted that each service category has information on the last 5 years for spending clients, units, allocation specifics, and trends for over/underspending. Overspending was represented in red. This also included MAI money.

OHP also included EMAwide funding by specific funding types for the different Ryan White parts. M. Ross-Russell reminded the group that R. McKenna had mentioned the HRSA data house where this information can also be retrieved. She noted that the total funding for all parts is shown on the chart, MAI is shown separately, and Part B for PA and NJ counties is up to date in these charts with the allocation for 2019-2020.

M. Ross-Russell review the service category Outpatient/Ambulatory Health Services (page 5). For the 2017 consumer survey information, 93.8% of people said they used the service within the last 12 months and 6% needed it (in the last 12 months) but did not receive. For 2018 CSU data, approximately 33% said that they needed some kind of medical care at intake, and MMP only listed the need at intake as 4.2%. M. Ross-Russell explained that the need was so low for MMP, because people who participate in MMP are those who are currently receiving medical care of some sort.

M. Ross-Russell moved onto Medical Case Management (MCM). She explained that the primary goal of MCM is to improve healthcare outcomes which explains its place as a core medical service. She explained that MCM is also currently funded using MAI funds. From 2015-2019, the expenditures for MCM were consistently less than the allocated amount. In 2019, however, MCM was overspent for the first time. Regarding the overspending, a combination of MAI and Part A funds were used for this

overspent amount. She explained that the number of clients and service units fluctuated in 2019 though 2017 had the highest utilization.

For MCM, funding decreased in NJ counties and increased in PA counties. Regarding the consumer survey, 89% individuals used the service in the last 12 months, and 11% said they needed it (within the last 12 months) and did not receive it. For MMP data, close to 16% of people needed MCM. There is no data for CSU, because receiving MCM requires a referral. Therefore, almost 100% of clients receive MCM by calling in for referral.

M. Ross-Russell moved onto Oral Health Care. Within the last five years, dental services were consistently overspent by an average of $20,000-30,000. She added that the number of clients has consistently increased almost every year. For the funding by parts, EMA-wide funding was increased as well as NJ counties. PA county funding remained the same as well as Part A allocation and Part F allocation for Philadelphia. She explained that she retrieved funding information from the HRSA Data Warehouse, and there may be other Part F funds for NJ or PA that are not currently accessible.

She noted that 30% of PLWH interviewed said they did not have dental insurance, though Oral Health Care is identified as one of the top 3 needed services. Close to 85% of people in the Consumer Survey used this service within the last 12 months, and 15% needed the service and did not receive it within the last 12 months. For MMP data, there was a large percentage of individuals currently in care who needed dental and did not receive it. For CSU data, approximately 11% participants needed the service at intake.

M. Ross-Russell moved to the service category Local AIDS Pharmaceutical. This category is used for emergency needs and differs from state-specific programs such as ADDP for NJ and SPBP for PA. Funding in this category changed because SPBP dropped from 30 days refills to 14 day refills. This change in days did not affect the number of people who were able to receive medications, and A. McCann-Woods added that even amidst COVID-19, needs were still being met with the SPBP changes.

M. Ross-Russell said that for 2019, some money was moved to EFA-Pharma and most of it was spent out. There are no other Ryan White parts supporting the service—it is all Part A funded. In the Consumer Survey, about 89% used the service within the last 12 months and about 11% needed the service but did not receive it within the last 12 months. N. Johns clarified that all service categories related to medications were combined within the Consumer Survey. M. Ross-Russell added that 28% of respondents used ADDP and SPBP for medications, 7% used Patient Assistance, and 5% paid for medications out of pocket. For MMP data, 1.5% of participants identified a need with about 23% at intake for CSU.

For Mental Health, M. Ross-Russell said that there are approximately 13,000 PLWH within the EMA who may have some form of mental health disorder. Regarding expenditures, she explained that this category is consistently underspent. This is due to a provider shortage in the area for licensed mental health providers. Additionally, there are other funding streams such as SAMSA for this service category. A. McCann-Woods short staffing is was creates underspending, especially finding workers with the right credentials. M. Ross-Russell said that for funding by parts, this category is supported by Part A and Part B in the EMA's NJ and PA counties. M. Ross-Russell said that 75.3% of Consumer Survey respondents used the service within the last 12 months, and 24.7% needed the service in the last 12 months but could not access it. Other information from this survey identified that 64% of respondents reported having been diagnosed with mental health disorders, 34% used mental health services, and 11% did not need the service. For MMP, 10% of participants needed the service, and 19% needed the service at initial intake.

M. Ross-Russell moved onto Nutritional Services, explaining that such services must be provided by a licensed provider. There is consistently little to no underspending. The category is funded by Part A in PA Counties and Part B NJ counties. Within the Consumer Survey, 75% used the service in the last 12 months, and 25% needed the service but did not receive it in the last 12 months. A little over 1% identified this service as a need from intake. OHP included questions about nutrition within the Consumer

Survey due to the fact that PLWH within the EMA are part of an aging population. Approximately 48% individuals had high blood pressure, 30% had high cholesterol, and 19% were diabetic. HIPC took this into consideration within the PA counties, and that is why this was funded under Part A for those counties.

For Substance Abuse Outpatient Care, M. Ross-Russell explained that this category changed in 2016 and disallowed Part A funding to support syringe access. In other words, Part A money could not be used to purchase injection equipment, but it could still support such services and programs. In previous years, expenditures for this service were less than the amount of money allocated (underspent). Similar to Mental Health services, this service category receives money from other funding streams to support it. Recently, HIPC has increased and almost doubled Part A funding to tackle the opioid epidemic. After this doubling, there was approximately $100,000 underspending in 2019. This service is supported by Part A as well as Part B. According to the Consumer Survey, 60% of individuals used the service within the last 12 months, and 40% reported needing it but being unable to receive it within the last 12 months. For MMP data, 3% of participants needed services with according to CSU data, 6% needed the service at intake. M. Ross-Russell reported that Philadelphia had seen the number of PWID increase by over 94%. According to MMP data, 24.2% of participants identified using illicit substance in the previous 12 months, and according to CSU data, 11% of PLWH had used illicit substances in the previous 12 months.

M. Ross-Russell moved onto the service category, Emergency Financial Assistance. She noted that this service category operates through language and criteria crafted by the recipient (and HIPC). However, EFA use is limited to one-time or short-term payments for essential utilities, housing, food (including groceries, and food vouchers), transportation, and medication. She noted that in 2019, requirements changed so reports on housing and utilities were combined. For 2019, M. Ross-Russell explained underspending was around $250,000 for medications while housing was overspent by about $12,000. Information captured by needs assessment indicated that housing is a burden on PLWH and 71% of PLWH within the EMA are at or below 180% of the poverty line ($17,236). For the Consumer Survey, 39.5% used the service in the last 12 months, and 60.5% needed but could not access the service in the last 12 months. For MMP, this service was not asked about, and CSU documented 11.2% individuals needing this service at intake.

M. Ross-Russell moved to service category Medical Transportation, noting that this often came up as an identified need. She added that part of the issue around transportation is that if someone is under Medicaid/Medicare, they have use the insurance's provider first. Transportation is always overspent, and amount has increased over time. In 2019, the amount of money allocated was close to $500,000 while expenditure was approximately $580,000. This service category is supported by Part A and Part B in both PA and NJ counties. For the Consumer Survey, 69.7% of people used this service in the past 12 months, and 30.3% needed but could not access the service in the last 12 month. According to MMP, 12.5% of people needed the service and 25.4% needed the service at intake for CSU.

M. Ross-Russell next addressed Housing Assistance, clarifying that RWHAP only allows for transitional or temporary housing (defined as a 24 month period, differing from how HOPWA is overseen). For 2018 and 2019, the allocation for Housing was overspent, and the amount of money expended and allocated in 2019 increased from the previous year. This was due to the fact that HIPC was attempting to support EFA through HOPWA because of HOPWA changes. HIPC agreed to increase money available in HOPWA to offset some of the costs, which was an increase of about $200,000 from HIPC. The current allocation for Housing Assistance was about $563,000 and $566,00 in 2019. D. Gana asked about Housing Assistance clients decrease from 848 (2018) to 542 (2019). M. Ross-Russell said that this was not a typo and may have something to do with the increase of cost associated with the provision of that service.

N. Johns asked about the difference between unit for housing and clients served. A. McCann-Woods said that each housing unit accounts for a day, or the number of days a client spends in transitional housing. This means that there was a collective of 18,999 days spent in transitional housing among 542 clients. S. Heaven noted that people can receive the service for up to 21 weeks, but not this time frame can be

flexible (less or more) depending on the case. M. Ross-Russell said that for the Consumer Survey, 63.1% of individuals used the service in the last 12 months while 36.9% needed but could not access the service in the last 12 months. For MMP data, 16% needed the service, and 51.7% needed the service at intake for CSU. M. Ross-Russell added that this money cannot pay for mortgages.

R. McKenna said that limit of 24 months for HUD is not a requirement, just a recommendation. In other words, HRSA is not defining this, and HIPC can work with their program to change it if needed. M. Ross-Russell said that HIPC could obtain more information for further discussion.

M. Ross-Russell explained that the next service category, Food Bank and Home Delivered Meals, had expanded a bit because of COVID-19. At the end of the year, any significant underspending is usually redirected to this category, so this category has been consistently overspent the past 5 years. The allocation from 2020 was $326,000 and the previous year had an allocation of 328,000. Part B for NJ is about the same as the previous year, but Part B allocation for PA decrease. Regarding utilization from the Consumer Survey, 75% of participants used the service in the last 12 months, and 24% needed but could not access the service in the last 12 months. According to MMP data, 6.5% needed the service, and 18.9% needed the service at intake for CSU.

Next, M. Ross-Russell addressed the service category, Legal Services/Other Professional Services. This category was expanded slightly due to the changes under the Affordable Care Act. The changes allowed for these legal services to participate in income tax preparation services for income tax returns required under ACA for all individuals receiving premium tax credits. This service category was overspent for last 4 years, and was overspent in 2019 by approximately $176,000 and the number of clients served decreased. She noted that funding for Part B went up in PA counties. According to the Consumer Survey, 58.5% of individuals used the service in the last 12 months, while 41.5% need it and could not access it in the last 12 months. MMP data was not collected, but for CSU, 3.6% of respondents needed the service at intake.

M. Ross-Russell next addressed service category Referral for Health Care and Supportive Services, noting that this was a System-wide service. She explained that there was some underspending within this service category in 2019 and that Philadelphia had a separate allocation which was moved into System-wide expenditures for this year. She added that Part A is the Ryan White part supporting this service category.

D. Rubin noted that 10% wanting the service could not receive it, and she asked why. She asked if clients were not pursuing the service or if Case Managers were not engaging their clients with the service. D. Rubin asked if the Consumer Survey collected information on "why" services were underutilized or not obtained as well. M. Ross-Russell responded that they asked close to 60 different questions within the Consumer Survey, and they used other measures to gauge why people were not utilizing certain services, regardless of funding streams. For this specific question, OHP just asked who obtained and who was unable to obtain the service, though there were also open ended or other options to explain why clients did not access a service. N. Johns said that the survey used plain language to describe services, and respondents skipped certain questions. N. Johns said the full Consumer Survey report was on the OHP website. She added that many clients also do not know RWHAP provides a service and that a lot of people who do not have MCMs have trouble connecting to services.

M. Ross-Russell explained that they did not have time to review unfunded services. HIPC could find the rest of the unfunded services under the Allocations tab on the OHP website (http://hivphilly.org) and direct questions to her at mari@hivphilly.org

—Over/Underspending Report—

A. McCann-Woods said that spending reports are conducted by the recipient quarterly. She stated the Annual Reconciliation Process:

> Annually, the Recipient reconciles total invoices and calculates spending trends which highlights over and underspending. Historically, hospitals, universities, and our two fiduciaries (PHMC & UAC) experience delays in submitting invoices to the Recipient. Their fiscal processes are inherently cumbersome and prevent timely processing of budgets and getting contracts conformed. On the following slides we will explore the reasons service categories may be overspent or underspent and the factors may contribute to these trends. Please note, the Recipient only expounds on expenditures at or above a 10% threshold during regular HIPC meetings.

A. McCann-Woods added that red represented underspending trends, blue was overspending, and green meant the service category was on target.
A. McCann-Woods reviewed Philadelphia. Outpatient/Ambulatory is typically is underspent (because of late invoicing, delayed spending in operating expenses, and leveraging other funding sources). Leveraging other funding sources is common for this service category, she explained, because of the other funding streams for Outpatient/Ambulatory. Other underspent categories were: Oral Health Services (late invoicing, delayed spending, leveraging other funding), Substance Abuse Services – Outpatient (vacancies, leveraging other funding sources), MCM (vacancies), EFA-Pharma (demand), Food Bank/Home Delivered Meals (leveraging other funding sources). Overspending consisted of: EFA (demand), EFA-Housing (demand), and Medical Transportation Services (higher utilization).
A. McCann-Woods read the following Philadelphia Region Considerations:

> Regional reallocations are made annually to allow the Recipient to allocate underspending dollars to the following categories: Emergency Financial Assistance, Food Bank/Home Delivered Meals, Medications, Oral Health Care and Medical Transportation Services. These service categories are selected because funds can be used for supplies and other "Operational" expenditures used to assist clients. Internally, the Recipient works diligently to recapture and reallocate funds throughout the contract period to mitigate underspending.

A. McCann-Woods listed the underspent service categories for PA Counties: Outpatient/Ambulatory Health Services (late invoicing, delayed spending, leveraging other funding sources), Oral Health Services (late invoicing, delayed spending, leveraging other funding sources), Substance Abuse Services – Outpatient (vacancies, leveraging other funding sources), and Medical Transportation (delayed spending, leveraging other funding sources). She explained that Outpatient Ambuatory and Oral Health Services typically level out. Substance Abuse – Outpatient also tends to level out or the funds are reallocated. Food Bank and Housing Services were both overspent due to high utilization.
A. McCann-Woods read the following PA Counties Considerations:

> Regional reallocations are made annually to allow the Recipient to allocate underspending dollars to the following categories: Emergency Financial Assistance, Food Bank/Home Delivered Meals, Medications, Oral Health Care and Medical Transportation Services. These service categories are selected because funds can be used for supplies and other "Operational" expenditures used to assist clients. Internally, the Recipient works diligently to recapture and reallocate funds throughout the contract period to mitigate underspending.

A. McCann-Woods listed the underspent service categories for NJ Counties: Mental Health Services (vacancies, leveraging other funding sources), Medical Case Management (vacancies, delayed spending), and Food Bank/Home Delivered Meals (delayed spending, demand). Medical Transportation Services was overspent due to utilization. She explained that considerations were a bit different for NJ.
She read the New Jersey Counties Considerations:

> Regional reallocations are made annually to allow the Recipient to allocate underspending dollars to the following categories: Emergency Financial Assistance, Food Bank/Home Delivered Meals, Medications, Oral Health Care and Medical Transportation Services. These service categories are selected because funds can be used for supplies and other "Operational" expenditures used to

assist clients. Internally, the Recipient works diligently to recapture and reallocate funds throughout the contract period to mitigate underspending. The Food Bank/Home Delivered Meals service category continually trends toward underspending due to lower utilization. While HIPC members believe a need exists more than the spending trend demonstrates; no known barriers to accessing this service category has been reported to the Recipient's grievance line. Moreover, there are only two(2) Subrecipients in the NJ region funded who has the capacity to support this service category.

A. McCann-Woods emphasized the fact that Food Bank is consistently underspent, but there is unknown reasons why. Therefore, people must call the AACO hotline to report any issues with the service so AACO can have more documentation.
A. McCann-Woods said that this report was a summation of two quarters that have been discussed directly and not in complete unison with M. Ross-Russell's presentation. However, both are accurate and representative of service categories year to year.

Committee Reports:

—Executive Committee—
S. Heaven said that they recently had a meeting. M. Ross-Russell added that the Executive Committee reviewed how HIPC would carry out the allocations process this year virtually. This is different from how they had done business in the past. The subcommittee provided input and feedback on how to best continue along the process. The results of that meeting have already started to circulate. For example, the regional meetings would be broken up with the first part being discussion heavy and the second part being budget-focused.

—Finance Committee—
No report.

—Nominations Committee—
No report.

—Positive Committee—
No report.

—Comprehensive Planning Committee—
G. Grannan reported that they were planning to meet to discuss the allocations process and that anyone who wanted to participate should come. S. Heaven said that the date would be sent out via email to all of HIPC.

—Prevention Committee—
M. Ross-Russell reported that at the end of May 2020, they discussed that the EHE Workgroup would trade off between Prevention and CPC as the hosts of the workgroup. Currently, OHP was working on the EHE survey tool and putting information on the website.

Old Business:
None.

New Business:
None.

Announcements:

N. Johns announced that the EHE plan and the survey are on the OHP website. They could be found on the cover page of HIVPhilly.org. Clicking on the banner would take you to the EHE subdomain on the website. Feedback is appreciated. N. Johns added that allocations office hours would be set up on the Wednesday between each Tuesday and Thursday of the regional allocations. Attendees of Tuesday, Part 1 of allocations would receive the office hours link for the next day. S. Heaven clarified that the OHP Newsletter about allocations had been distributed, but HIPC was not yet personally emailed.

Adjournment:
S. Heaven called for a motion to adjourn. **Motion:** A. Edelstein motioned, D. Gana seconded to adjourn the June 2020 HIPC meeting. **Motion passed:** Meeting adjourned at 4:16 PM.

Respectfully submitted,

Sofia Moletteri, staff

Handouts distributed at the meeting:

- June 2020 HIPC Meeting Agenda
- April 2020 HIPC Meeting Minutes