

Philadelphia EMA HIV Integrated Planning Council
VIRTUAL: Finance Committee
Meeting Minutes of
Thursday, January 7, 2021
2:00 p.m. – 3:30 p.m.

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

Present: Michael Cappuccilli, Keith Carter, Alan Edelstein, Dave Gana, Marilyn Martinez

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

Staff: Beth Celeste, Mari Ross-Russell, Sofia Moletteri, Julia Henrikson

Call to Order and Introductions: A. Edelstein called the meeting to order at 2:08 p.m.

Welcome/Introductions: A. Edelstein welcomed everyone and wished them a Happy New Year.

Approval of Agenda:

A. Edelstein called for an approval of the January 7, 2020 Finance Committee agenda via a Zoom poll. M. Ross-Russell amended the agenda to include the allocations action item after A. McCann-Woods's presentation. **Motion:** K. Carter motioned, M. Cappuccilli seconded to approve the agenda as amended. **Motion passed:** approved by majority rules.

Approval of Minutes (November 5, 2020):

A. Edelstein called for an approval of the November 5, 2020 Finance Committee meeting minutes via a Zoom poll. **Motion:** M. Cappuccilli motioned, K. Carter seconded to approve November 2020 meeting minutes. **Motion passed:** approved by majority rules.

Report of Co-Chairs:

No report.

Report of Staff:

No report.

Presentation:

—3Q Spending Report—

A. McCann-Woods said she would briefly review the under/overspending spreadsheet before the PowerPoint. She noted that this spreadsheet indicated RWHAP Part A spending through November 30, 2020, or the end of the 3rd Quarter. Throughout the entire EMA, there was a total of \$2,224,282 or 13% underspending.

The first spreadsheet, she explained, represented the underspending in Philadelphia. There was underspending for Substance Abuse (Outpatient), EFA-Pharma, EFA-Housing, Housing Assistance, and Transportation.

Within the PA counties, there was underspending within Outpatient Ambulatory Care, EFA-Pharma, EFA-Housing, and Transportation. There was overspending in Mental Health Care.

Within the NJ Counties, the third spreadsheet, there was underspending within Outpatient Ambulatory Care, Medical Case Management, Oral Health Services, Substance Abuse (Outpatient), Mental Health Services, Food Bank, Other Professional Services, and Transportation.

Regarding Systemwide spending, below the line, most underspending was due to vacancies at recipient level and OHP. For Minority AIDS Initiative (MAI), there was underspending in Outpatient Ambulatory Care.

M. Ross-Russell mentioned that for most regions, Ambulatory Outpatient Care is seriously underspent—she asked A. McCann-Woods if this was related to COVID-19 since people may not be visiting doctors or offices. A. McCann-Woods responded that there is more underspending within the 3rd quarter than 1st within clinical and medical settings due to a higher uptake in telehealth. Furthermore, though client-level services have standards, some people see their doctors as they see fit. For example, virally suppressed individuals may feel more comfortable avoiding the doctors, as they feel their health is stable enough to not have to risk a doctor's visit due to COVID-19. Telehealth, she added, has decreased expenditures and operating expenses since doctor's appointments are virtual.

A. McCann-Woods visited the PowerPoint for the 3Q Spending Report. She said that Reconciliation of total invoices forwarded to AACO for processing through November 30, 2020 indicated \$2,224,282 or 13% underspending of the total overall award (includes MAI funds). She noted that hospital and the two fiduciary entities (PHMC and UAC) inherently have cumbersome fiscal processes which results in delays submitting invoices and budgets. This has been exacerbated by COVID-19 and remote work.

She read Philadelphia underspending at or above the 10% threshold. There was underspending for Substance Abuse Treatment (Outpatient) for \$56,288 due to vacancies (hiring freezes), delayed spending on operating expenses, leveraging other funding, sluggish invoicing due to COVID-19. EFA-Pharma was underspent by \$74,997 due to decreased utilization with the underspent funds to be reallocated. EFA-Housing was underspent by \$35,816 due to late invoicing, delayed spending on operating expenses, and underutilization. She added that some underspending for EFA-Housing was related to COVID-19. The recipient had expanded access to the service by way of eligibility. Moreover, additional COVID HOPWA funding had been meeting housing need. For Housing Assistance (Shallow Rent Program), funds were underspent by \$117,425 due to late invoicing and underutilization also due in part to COVID-19. She said that for this as well, the recipient had expanded access to the service by way of eligibility. Lastly, there was also underspending within Transportation for \$9,031 due to delayed operating expenses, leveraging other funding, and COVID-19 related underutilization.

A. McCann-Woods explained that the underutilization for Transportation was reasonable since individuals are staying home and often staying away from transit, taxis, etc. M. Ross-Russell asked if Shallow Rent Program and Housing Assistance underutilization was partly due to the moratorium on evictions. A. McCann-Woods agreed that this may be the case and that because of the moratorium, there was less urgency for people to access the program. She suggested that more people may access the program now that the moratorium had finished a week ago. HOPWA money, she added, also was now available, so these programs would be competing. K. Carter noted that PA discontinued the moratorium in December 2020, but Philadelphia extended theirs to March 1, 2021. M. Ross-Russell said it was important to note that just because there was a moratorium on eviction, there was not

necessarily a moratorium on rent. This may become an issue with back rent once the moratorium is over, no matter when it is.

M. Ross-Russell mentioned that based on spending and uptake for Housing Assistance and EFA-Housing, there appears not to be a need, but based on data, this is not true. The council and committee would need to see how this would impact their allocations process by gathering more information around the underutilization. A. McCann-Woods noted that the recipient sent the application for the Shallow Rent Program to providers for distribution as well as a survey. She added that regardless of the moratorium, people still have to pay rent. The federal moratorium only applied to certain types of properties, so there were still renters getting evicted even before December. The Shallow Rent Program had been expanded for more people to use, so she worried about the lack of uptake.

A. McCann-Woods reported that there was no overspending above the 10% threshold within Philadelphia.

A. McCann-Woods read underspending for PA Counties. Outpatient Ambulatory Care was underspent by \$67,503 due to delayed operating expenses and leveraging other funding. EFA-Housing was underspent by \$9,540 due to late invoicing and underutilization with the slow in requests for assistance likely due to COVID-19. EFA-Pharma was underspent by \$48,965 underutilization of funds which had already been reallocated. Transportation was underspent by \$101,978 due to leveraging other funding and underutilization related to COVID-19.

As for PA Counties overspending, Mental Health Services was overspent by \$18,648 due to higher utilization. She said she would look further into the higher utilization and report back to the committee, since Mental Health Services was also overspent in the second quarter and even more so in the third quarter.

A. McCann-Woods read NJ Counties underspending. Outpatient Ambulatory Care was underspent by \$374,445 due to delayed operating expenses and leveraging other funding. Medical Case Management was underspent by \$139,762 due to vacancies, though the underspending was still under review since the underspending was unusually high. Mental Health Services were underspent by \$64,560 due to vacancies, late invoicing. She added that, despite filling the vacancy for Mental Health Services in the previous quarter, underspending persisted. Underspending would decrease for this service by the final quarter, and any unspent funds would be reallocated. Substance abuse outpatient treatment was underspent by \$46,941 due to late invoicing, delayed operating expenses, and leveraging other funding. Food Bank (\$6,836 underspending), Other Professional Legal Services (\$21,072 underspending), and Transportation (\$36,758 underspending) were underspent due to late invoicing, while Food Bank and Transportation were also underutilized due to COVID-19. Oral Health Services were underspent by 24% at \$46,941—this was likely due to delayed operating expenses and late invoicing.

For NJ Counties, there was no overspending above the 10% threshold.

A. McCann-Woods next reported on Systemwide underspending. I&R (\$427,692 underspending), QM Activities (\$76,642 underspending), Systemwide Coordination (\$18,972 underspending), Capacity Building (\$72,976 underspending), and PC Support (\$79,379 underspending) were all underspent due to vacancies, adding that PC Support was also underspent due to a decrease in overhead costs related to remote work/meetings. She explained that due to cumbersome hiring

practices at the recipient level and a hiring freeze, underspending is a result. Moreover, all underspending has been or would be reallocated to direct service categories.

As for MAI Systemwide Allocations, Outpatient Ambulatory Health Care was underspent by \$36,076 due to late invoicing, delayed operating expenses, and leveraging other funding. I&R (\$4,779 underspending) and Grantee Administration (\$99,641 underspending) were underspent due to vacancies. She reiterated that this was also due to the cumbersome hiring practices at the recipient level and a hiring freeze—all underspending has been or would be reallocated to direct service categories.

Action Item:

—Partial Award on Continuing Resolution—

M. Ross-Russell explained, for those unaware of the process, the federal government was in a continuing resolution phase, meaning the federal budget had not yet been approved for the RWHAP award. This meant that the final award for any of the services categories/final allocations had not yet been made. To ensure that services continue the HIV/AIDS Bureau of the Health Resources and Services Administration, sends out a partial award which is around one-third of the overall award from the previous year. For services to continue, the HIPC agreed to approve the level funding budget until the final award is received.

The recipient cannot do business until the Planning Council allocates funds for that contract year or period. M. Ross-Russell said that they are looking at full level funding budget as well as any changes that may have occurred. She noted that the level funding budgets are not actually level, and allocations change based on the percentage share of the HIV epidemic per region—percentage changes and therefore level funding changes. Philadelphia, she noted, for the FY2021 budget ending February 28th, had a 71.179% share of the epidemic. This percentage had since changed when reviewing the updated 2018 data which showed a decrease to 71.05%. The result of this, is Philadelphia lost approximately \$21,000 of its funding and was shifted to another region.

A. Edelstein noted that the numbers (representing funding amount for each service) in the black and blue column wear the same for each funded service category. Since the black column represented funding for 71.179% share of the epidemic, and the blue column represented 71.05%, he asked they had identical funding amounts. M. Ross-Russell explained that 30% of the \$96,000 of the EFA-Pharma funding in Philadelphia was used to offset the decrease due to change in percentage of epidemic share. The remaining, as was decided in the allocations decisions for level funding, was to go to EFA-Housing, and the remaining categories would stay the same. Therefore, all service categories had identical funding besides EFA-Pharma and EFA-Housing. This altered the percentage of funding for each service categories above and below lines.

A. Edelstein noted that this level funding budget reflected the movement of money from Philadelphia to New Jersey, since New Jersey had an increase in the share of the epidemic within the EMA. M. Cappuccilli asked about the 30% decrease for EFA-Pharma. M. Ross-Russell explained that EFA-Pharma was underspent every quarter. There were two drops in EFA-Pharma utilization due to a shift from 30-day to 14-day prescriptions and the increase of SPBP accessibility/efficiency. K. Carter noted that Philadelphia was SPBP and ADDP was NJ. This was approved in August, A. Edelstein noted.

M. Ross-Russell went through the PA Counties budget next, explained that there was a decrease for \$47,589 because of the share in epidemic decrease. Based on allocations, PA Counties decided to do a proportional decrease across all categories. This meant that dollar amounts slightly decrease for all categories, but percentages did not change.

M. Ross-Russell next went through the NJ Counties budget which had an increase of \$69,578. This increase, as decided by allocations, was moved to EFA-Housing while all other funding categories remained the same. Prior to that, there were no housing dollars in NJ. In this instance, she said service category percentages changed from one year to the next to represent the shift in newly funding EFA-Housing.

The EMA-Wide budget, she explained, represented funding from all regions. She noted that the percentages above the line changed, but the total dollar amount remained the same.

M. Ross-Russell explained that MAI was approved over all. The level funding budget remained level and changed proportionately for the 5% increase and decrease.

A. Edelstein called for a motion to recommend approval of the level funding budget on a continuing resolution based on the level funding decisions made in August to recommend to the Planning Council.

Motion: K. Carter motioned recommend the level funding budget on a continuing resolution to the Planning Council, M. Cappuccilli seconded.

Vote:

M. Cappuccilli—in favor

K. Carter—in favor

A. Edelstein—abstaining

D. Gana—in favor

M. Martinez—in favor

Motion passed: 4 in favor, 0 opposed, 1 abstaining.

Old Business:

M. Cappuccilli asked if they could discuss the directives from the allocations process. M. Ross-Russell recalled that topic was briefly mentioned during A. McCann-Woods's 3Q Spending Report. Directives for NJ, PA, and Philadelphia, she said, were directly related to the implementation of the EFA-Housing model from CPC, as the Shallow Rent Program was modeled after it.

M. Ross-Russell read the EFA-Housing directive: AACO is to implement the EFA-Housing model as expressed in the recommendations from the CPC and to report back to CPC on progress and updates. She said she believed the shallow rent was in part based on EFA-Housing model. A. McCann-Woods agreed. M. Ross-Russell said that they could request for a report back on the directive, especially since there is a lot of underspending in the category but not less of a need.

M. Cappuccilli asked for a report back on the telehealth directive as well. M. Ross-Russell said that she would follow up with AACO and ask for a report back in February or March. A. Edelstein reminded everyone that these directives are for the fiscal year beginning on March 1st, 2021. He was

happy that there was already progress on the directives even before the new fiscal year. Strictly speaking, however, he noted that the directives apply to March 1st, 2021. M. Ross-Russell said that because of the pandemic, telehealth is being utilized now as well as the Shallow Rent Housing Program with the assistance of the CPC directive. Since these directives were currently in progress, it may be beneficial to receive an advanced response to how they were working.

M. Ross-Russell explained that the housing directive report would go back to CPC, but the telehealth directive would be reported to the full Council.

New Business:

M. Ross-Russell said that OHP has discussed altering the OHP webpage so it would have more useful information. S. Moletteri shared her screen and reviewed changes to the website. First, there was new About HIPC page under the “About” dropdown menu. This had information on the process, why it exists, the requirements, demographic information, HIPC responsibilities, and the application process and more clarification on the tax clearance. The OHP Training tab was still up and running and could be found under the “Resources” dropdown menu. This had virtual trainings from OHP in both video and PowerPoint (PDF) format in chronological order.

S. Moletteri explained that they would further discuss the About HIPC Page within Nominations Committee. M. Ross-Russell agreed, noting that Nominations and the recipient suggested that information on the webpage for more understanding around HIPC/the processes HIPC is involved with, would offer itself to recruitment. Composition of HIPC and categories missing is included in the About Page to help onlookers identify who may be beneficial or needed within the Planning Council.

S. Moletteri added that OHP was also going add a “New Members Resources” tab under the “Resources” dropdown menu, but this had not yet been added. M. Ross-Russell asked that Finance Committee look the changes over and offer suggestions. The goal was to make the website as user friendly and informative as possible. M. Ross-Russell explained that working remotely requires new mechanisms to get information to people, especially since orientation was coming up.

K. Carter asked if someone were to call into the office, what the answering machine says or if it offers an approximate response time. M. Ross-Russell said that this is not currently the case, but they could do this.

S. Moletteri said that you could email anyone in the office with suggestions about the webpage.

Announcements:

None.

Adjournment:

A. Edelstein asked for a motion to adjourn. **Motion:** K. Carter motioned, M. Cappuccilli seconded. **Motion passed:** general consensus. Meeting adjourned at 3:06 p.m.

Respectfully submitted:

Sofia M. Moletteri, staff

Materials provided at meeting:

- January 2021 Finance Committee Meeting Agenda
- November 2020 Finance Committee Meeting Minutes
- 2021-2022 Draft Level Funding (PDF)