

MEETING AGENDA

VIRTUAL:

Thursday, October 7, 2021

2:00 p.m. – 4:00 p.m.

- ◆ Call to Order
- ◆ Welcome/Introductions
- ◆ Approval of Agenda
- ◆ Approval of Minutes (*August 5, 2021*)
- ◆ Report of Co-Chairs
- ◆ Report of Staff
- ◆ Action Items
 - OHP Budget Review
 - Monitoring the Administrative Mechanism
 - Reallocation Request -- *AACO*
- ◆ Other Business
- ◆ Announcements
- ◆ Adjournment

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

The next Finance Committee meeting is

VIRTUAL: November 4, 2021 from 2:00 – 4:00 p.m.

Office of HIV Planning, 340 N. 12TH Street, Suite 320, Philadelphia, PA 19107
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Philadelphia HIV Integrated Planning Council

Finance Committee

Meeting Minutes of

Thursday, August 5, 2021

2:00-4:00 p.m.

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

Present: Michael Cappuccilli, Keith Carter, Lupe Diaz, Alan Edelstein (Co-Chair), Dave Gana (Co-Chair)

Guests: Ameenah McCann-Woods (AACO)

Excused: Marilyn Martinez

Staff: Beth Celeste, Debbie Law, Elijah Sumners, Julia Henrikson, Mari Ross-Russell, Sofia Moletteri

Call to Order: A. Edelstein called the meeting to order at 2:03 p.m.

Approval of Agenda: A. Edelstein presented the August 2021 Finance Committee agenda for approval. **Motion:** M. Cappuccilli motioned, A. Edelstein seconded to approve the August 2021 agenda. **Motion passed:** 100% in favor. The August 2021 agenda was approved.

Approval of Minutes: A. Edelstein presented the June 3, 2021 Finance Committee minutes for approval. **Motion:** M. Cappuccilli motioned, A. Edelstein seconded to approve the June 2021 minutes. **Motion passed:** 100% in favor. The June 2021 meeting minutes were approved.

Report of Co-Chair:

No report.

Report of Staff:

No report.

Action Items:

—FY2021 Budget and Directives—

A. Edelstein stated that in addition to the budgets, allocations attendees also crafted directives to the recipient. Additionally, the Finance Committee would have to review the EMA Systemwide budget. First, the committee would review the decisions made within the three regions. Then, they would vote on them individually. Assuming that they vote to approve the budgets, they would present them to the full council with their recommendation for approval of the budgets and directives. This would be next week. He asked if there were questions about the process. There were none.

—New Jersey Counties—

A. Edelstein read the level funding budget language, 5% increase budget, and the 5% decrease budget. The language for the New Jersey Counties' budget decisions is as follows:

- Level Funding Budget: All funded service categories are to be proportionally decreased based on the reduction of \$16,950 within the New Level Funding Budget.
- 5% Increase Budget: All funded service categories are to be proportionately increased based on the New Level Funding Budget increase of \$113,364.
- 5% Decrease Budget: All funded service categories are to be proportionally decreased by \$137,899 with the exception of EFA-Housing and Mental Health Therapy/Counseling which are to be held at their FY2021 Level Funding Budget amounts.

Next, he read the directives to the recipient for the New Jersey Counties. The language for New Jersey Counties' directives is as follows:

- AACO is to report back to the Comprehensive Planning Committee with progress and updates on the currently implemented EFA-Housing Model.
- In accordance with federal treatment guidelines, increase access to immediate ART initiation (within 96 hours) from diagnosis unless otherwise clinically indicated and recorded.
- Expand operating hours to include evening and weekend appointments for HIV medical care in community and hospital-based HIV treatment sites.

J. Henrikson asked if they wanted to review the spreadsheets as well to see how the language impacted the budgets. A. Edelstein and M. Cappuccilli agreed that the language would be sufficient. A. Edelstein asked if there was a motion to recommend to vote to approve the NJ Counties budget decisions and directives.

Motion: M. Cappuccilli made a motion to bring forward the NJ Allocations budget decisions and directives to the full council with their recommendation for approval, K. Carter seconded.

K. Carter asked if OHP could list the 4 counties next to NJ region header so new members knew which counties were included in the decisions. S. Moletteri said they would clarify this.

Vote:

D. Gana (Co-Chair): in favor
A. Edelstein (Co-Chair): abstaining
M. Cappuccilli: in favor
K. Carter: in favor
L. Diaz: in favor

Motion passed: 4 in favor, 1 abstaining.

—*Pennsylvania Counties*—

A. Edelstein said they would also add the county names, as K. Carter suggested for NJ, to the PA Counties header. The PA Counties received increased dollars because of the shared proportion of HIV epidemic. This meant that there was an increase share of PLWH within the PA counties.

A. Edelstein read the level funding budget language, 5% increase budget, and the 5% decrease budget. The language for the Pennsylvania Counties' budget decisions is as follows:

- Level Funding Budget: All funded service categories are to be proportionally increased based on the increase of \$299,524 within the New Level Funding Budget.
- 5% Increase Budget: Working from the New Level Funding Budget, the 5% increase of \$153,550 is to be split in half and distributed evenly between Mental Health Therapy/Counseling and Housing Assistance.
- 5% Decrease Budget: Working from the FY2021 Level Funding Budget, all funded service categories are to be proportionally increased by \$135,701.

M. Cappuccilli asked if the increase of funds was an error within the decrease budget. A. Edelstein responded that it was not—even in a decrease scenario, the PA Counties would still receive an increase because of the rise in PLWH within the PA Counties.

Next, A. Edelstein read the directives to the recipient for the Pennsylvania Counties. The language for Pennsylvania Counties' directives is as follows:

- In accordance with federal treatment guidelines, increase access to immediate ART initiation (within 96 hours) from diagnosis unless otherwise clinically indicated and recorded.
- Expand operating hours to include evening and weekend appointments for HIV medical care in community and hospital-based HIV treatment sites.
- Ascertain the need for increased mental health services in the PA counties, including surveying existing mental health providers and their accessibility.
- Evaluate the need for home healthcare services and various non-RW funding streams that may be available.

Motion: K. Carter made a motion to bring forward the PA Allocations budget decisions and directives to the full council with their recommendation for approval, L. Diaz seconded.

Vote:

D. Gana (Co-Chair): in favor
A. Edelstein (Co-Chair): abstaining
M. Cappuccilli: in favor
K. Carter: in favor
L. Diaz: in favor

Motion passed: 4 in favor, 1 abstaining.

—*Philadelphia County*—

A. Edelstein stated that Philadelphia County received a reduction of \$282,473 because of the change in share of the epidemic composition.

A. Edelstein read the level funding budget language, 5% increase budget, and the 5% decrease budget. The language for Philadelphia County’s budget decisions is as follows:

- Level Funding Budget: All funded service categories are to be proportionally decreased based on the reduction of \$282,573 within the New Level Funding Budget.
- 5% Increase Budget: Working from the FY2021 Level Funding Budget, all funded service categories are to be proportionally increased by \$323,692.
- 5% Decrease Budget: Working from the FY2021 Level Funding Budget, all funded service categories are to be proportionally decreased by \$929,400.

Next, he read the directives to the recipient for Philadelphia County. The language for Philadelphia County’s directives is as follows:

- Increase access to and awareness of transportation options to medical and social service care; Request more information on transportation services provided and their utilization to determine improved health outcomes.
- Ascertain the average wait time for people to be connected to Case Managers.

A. Edelstein noted that for all three regions, it read “recipients” instead of “recipient” for the directive portion. S. Moletteri said they would change this.

Motion: K. Carter made a motion to bring forward the Philadelphia Allocations budget decisions and directives to the Full Council with their recommendation for approval, L. Diaz seconded.

Vote:

D. Gana (Co-Chair): in favor
A. Edelstein (Co-Chair): abstaining
M. Cappuccilli: in favor
K. Carter: in favor
L. Diaz: in favor

Motion passed: 4 in favor, 1 abstaining.

—*MAI (Minority AIDS Initiative)*—

M. Ross-Russell said they would now need to approve MAI and Systemwide budgets. Historically, since MAI only funded two services, they were proportionally increased or decreased. A. Edelstein said they would need a motion to approve and recommend the budget to HIPC.

Motion: K. Carter made a motion to bring forward the MAI Allocations budget decisions of proportional changes to the full council with their recommendation for approval, M. Cappuccilli seconded.

Vote:

D. Gana (Co-Chair): in favor
A. Edelstein (Co-Chair): abstaining
M. Cappuccilli: in favor
K. Carter: in favor
L. Diaz: in favor

Motion passed: 4 in favor, 1 abstaining.

—Systemwide—

Next, M. Ross-Russell said that Systemwide included Referral for Information which included AACO's CSU (Client Service Unit). Quality Management (QM) Activities could be seen as the second category listed and was allowable up to 5% of the total award. Systemwide Coordination, Capacity Building, and PC Support were all part of the Grantee Administration Budget which could not exceed 10% of total award amount. They were combined and subtracted from the total award before considering service allocation dollars.

This year, the recipient asked that for the 5% decrease budget, Referral for Health Care and QM Activities be maintained at the current funding levels and not face a decrease. This altered the 5% decrease award amount for service dollars across the three regions. A. Edelstein asked if Systemwide budget also used proportional budget changes, M. Ross-Russell said yes, besides the decrease budget which kept Referral and QM at level in a decrease scenario, as previously mentioned.

Motion: D. Gana made a motion to bring forward the Systemwide Allocations level funding, 5% increase budget, and 5% decrease budgets to the full council with their recommendation for approval, M. Cappuccilli seconded.

Vote:

D. Gana (Co-Chair): in favor
A. Edelstein (Co-Chair): abstaining
M. Cappuccilli: in favor
K. Carter Carter: in favor
L. Diaz: in favor

Motion passed: 4 in favor, 1 abstaining.

A. Edelstein said they would now bring this to the full council with a recommendation for approval from Finance Committee.

Other Business:

None.

Announcements:

K. Carter thanked OHP staff and A. McCann-Woods for their work during Allocations.

Adjournment: A. Edelstein called for a motion to adjourn. **Motion:** K. Carter motioned, L. Diaz seconded to adjourn the August 5, 2021 Finance Committee meeting. **Motion passed:** All in favor. Meeting adjourned at 2:31 p.m.

Respectfully submitted,

Sofia M. Moletteri, staff

Handouts distributed:

- August 2021 Finance Committee Meeting Agenda
- June 2021 Finance Committee Meeting Minutes
- FY2022 DRAFT Regional Allocations Language
- FY2022 DRAFT Regional Budget Spreadsheets

Annual Checklist for
 Assessment of the Efficiency of
 The Administrative Mechanism (AEAM)
 Finance Committee October 7, 2021

From the RWHAP Part A Manual: *The purpose of Monitoring the Administrative Mechanism “is to assure that funds are being contracted for quickly and through an open process, and that providers are being paid in a timely manner” (p 101).*

Directions: *Please complete the following form by highlighting yes, no, or N/A and offering the group responsible and any notes. “Group responsible” represents who (Council or specific subcommittee) was responsible for monitoring each item. The “Notes” section captures comments/concerns and allows the group responsible to expand upon the item listed.*

The Procurement Process:

In the case of an RFP, HIPC received a presentation from and had a discussion with the recipient (AACO) around the RFP.		
Yes	No	N/A
Group Responsible:		
Notes:		

The recipient’s (AACO’s) contract procurement process was efficient and effective. <i>NOTE: HIPC is only to assess the process; the Council must not be involved in any way that might influence which agencies the recipient selects for funding.</i>		
Yes	No	N/A
Group Responsible:		
Notes:		

Contracting:

HIPC received information from the recipient (AACO) about the percent of contracts fully executed within 90 days after Notice of Grant Award.		
Yes	No	N/A
Group Responsible:		
Notes:		

Reimbursement of Subrecipients:

HIPC was informed of any obstacles to timely reimbursement. If there were obstacles, HIPC was informed of any adverse impact on clients or providers.		
Yes	No	N/A
Group Responsible:		
Notes:		

HIPC was notified of late invoicing.		
Yes	No	N/A
Group Responsible:		
Notes:		

Use of Funds:

The recipient (AACO) notified HIPC of a partial award/continuing resolution so HIPC could approve a budget scenario to ensure the rapid distribution of funds.		
Yes	No	N/A
Group Responsible:		
Notes:		

The recipient (AACO) distributed funding in accordance to the approved allocation decisions made by HIPC.		
Yes	No	N/A
Group Responsible:		
Notes:		

HIPC received regular reports on service utilization and expenditures by service category.		
Yes	No	N/A
Group Responsible:		
Notes:		

The recipient (AACO) informed HIPC of reallocations above the 10% threshold so HIPC could make and approve adjustments during the year.		
Yes	No	N/A
Group Responsible:		
Notes:		

Engagement with PC/B in the planning process:

The recipient (AACO) had a staff member at each committee meeting except when asked not to attend.		
Yes	No	N/A
Group Responsible:		
Notes:		

The recipient (AACO) implemented directives from HIPC and reported back on progress.		
Yes	No	N/A
Group Responsible:		
Notes:		

**Assessment of the Efficiency of the Administrative Mechanism
Minnesota Council for HIV/AIDS Care and Prevention Evaluation of Part A – FY 2020
July 2021**

The council is responsible for evaluating how rapidly Ryan White HIV/AIDS Program Part A funds are allocated and made available for care. The Needs Assessment and Evaluation Committee selected the following objectives to be evaluated by each council member. Review each objective and measurement and use the data in the subrecipient response and recipient response columns to determine if the objective was met. For any objective that you indicate strongly disagree or somewhat disagree, you should also include comments, addressing any strengths, weaknesses and specific recommendations for improvement. The Needs Assessment and Evaluation Committee encourages members to collaborate to fill out this assessment (i.e. mentors and mentees, subrecipient members and unaligned consumer members).

Glossary

Part A	A federal grant awarded under the Ryan White HIV/AIDS Program legislation to hard hit metro areas. Hennepin County Ryan White Program is the grant recipient for the 13-county metro area
Part A funds	Federal funds awarded to Hennepin County Ryan White Program to spend in the 13-county metro area ≈\$6 million
Subrecipient	An agency, provider, or nonprofit organization that receives financial assistance from Hennepin County Ryan White Program to carry out a program
Recipient	Hennepin County Ryan White Program
Request for Proposal (RFP)	An open and competitive process for selecting providers of services
HRSA/HAB	Health Resources and Services Administration/HIV-AIDS Bureau of the U.S. Department of Health and Human Services
FY (fiscal year)	A fiscal year (FY) is a 12-month period that an organization uses to report its finances. We are reviewing the Part A fiscal year from March 1, 2020 – February 28, 2021

	Objective	Measurement	Subrecipient Response	Recipient Response	This Objective was Met:	Council Member Comments								
1.	Part A funds are contracted quickly to subrecipients.	Hennepin County signs Part A contracts with subrecipients within 90 days of the start of the Part A fiscal year (by May 30, 2020).	Yes (), No ()		<table border="1" style="width: 100%; text-align: center;"> <tr> <td>Strongly Agree</td> <td>Somewhat Agree</td> <td>Somewhat Disagree</td> <td>Strongly Disagree</td> </tr> <tr> <td>(%)</td> <td>(%)</td> <td>(%)</td> <td>(%)</td> </tr> </table>	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree	(%)	(%)	(%)	(%)	
Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree											
(%)	(%)	(%)	(%)											

2.	Subrecipients of Part A funds are selected through an open process.	Hennepin County implements an open, public process to contract for services through a competitive RFP process.	Strongly Agree (), Somewhat agree ()		Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree	
					(%)	(%)	(%)	(%)	
3.	The recipient secured sufficient subrecipients for all service areas receiving allocations.	Per service area, sufficient number of subrecipients is based on: <ul style="list-style-type: none"> • Number of contracts that can be administered • Amount of funding allocated for each prioritized service area • Allocation requirements for populations with special needs • Availability of qualified subrecipients 	Strongly agree (), Somewhat agree ()		Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree	
					(%)	(%)	(%)	(%)	
4.	Subrecipients are paid in a timely manner by Hennepin County.	Invoices were paid by Hennepin County within the timetable indicated in contracts.	Yes (), No ()		Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree	
					(%)	(%)	(%)	(%)	

5.	Part A funds are used to pay only services that were identified as priorities by the council.	Award per service area matches the council's 2018 service area prioritization ranking for fiscal years 2019 and 2020 .	n/a		Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree		
					(%)	(%)	(%)	(%)		
6.	The amounts contracted for each service category are the same as the council's allocations.	Award per service area match the council's allocation plan completed in August 2019 and subsequent adjustments done through post award allocations, carryover plan, and reallocations plans.	n/a		Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree		
					(%)	(%)	(%)	(%)		



**ASSESSMENT OF THE
EFFICIENCY OF THE ADMINISTRATIVE MECHANISM
FOR GRANT YEAR 28 (March 1, 2018 – February 29, 2019)**

ADMINISTRATIVE AGENT SURVEY

Purpose: The Ryan White HIV/AIDS Treatment Extension Act of 2009 (Public Law 111-87) mandates the Washington, DC Regional Planning Commission on HIV and Health (COHAH) to conduct an annual assessment of the administrative mechanism. The purpose of this assessment is to provide insight and feedback about the processes used by the Ryan White HIV/AIDS Program Part A Recipient, the DC Department of Health HIV/AIDS Hepatitis, STD and TB Administration (HAHSTA) and the Administrative Agents, (the Northern Virginia Regional Consortium and the Prince George's County Health Department), in effectively and efficiently implementing the priorities and allocations of COHAH. Some of the areas being evaluated are the procurement process, monitoring and reimbursement.

Instructions: Please complete all sections and provide responses based on Grant Year (GY) 28 (March 1, 2018 – February 27, 2019). It should take 20-30 minutes to complete. If you have any questions, please contact Kaleef Morse, Government Co-Chair, Washington, DC Regional Planning Commission on Health and HIV (COHAH), via phone at 202.741.0893 or email at kaleef.morse@dc.gov.

We would like to receive your completed survey by March 29, 2019.

Execution of Inter-Governmental Agreement (IGA) from Recipient

1. On approximately what date did you receive a fully executed Inter-Governmental Agreement for GY28 from the Recipient (DC HAHSTA)?
2. Please describe issues and/or challenges, if any, with executing the Inter-Governmental Agreement or receiving funds from the Recipient (DC HAHSTA).
3. Did any of these challenges impact the execution of Notice of Grant Awards with Service Providers or the delivery of services to clients? If yes,
 - a. Please describe how these challenges were handled and whether these challenges impacted Service Providers and/or Clients?
 - b. How did you communicate these challenges with Service Providers and Clients?

Recipient Site Visits and Technical Assistance

4. What challenges, if any, were identified during **programmatic** site visits with the Recipient?
5. How helpful was the input received from the programmatic site visits from the Recipient?

- a. No input received from the Recipient
 - b. Not very helpful
 - c. Slightly helpful
 - d. Moderately helpful
 - e. Very helpful
6. What recommendations, if any, would improve **programmatic** site visits from the Recipient?
 7. What challenges, if any, were identified during **fiscal** site visits with the Recipient?
 8. How helpful was the input received from the fiscal site visits from the Recipient?
 - a. No input received from Recipient
 - b. Not very helpful
 - c. Slightly helpful
 - d. Moderately helpful
 - e. Very helpful
 9. What recommendations, if any, would improve **fiscal** site visits from the Recipient?

RFP Process and Selection of Service Providers

10. How many applications were received for GY28 Ryan White Part A funds?
 - a. Please upload a list of current Service Providers along with the funded services.
 - b. Of the proposals for GY28, how many were from New Service Providers*?
 - c. Of these proposals, how many Service Providers were awarded contracts for Ryan White Part A funds?

***A New Service Provider is defined as not having ever received Part A funds or not having received Part A funds in the past 3 years.**

11. Please describe the process used to review proposals requesting GY28 Ryan White Part A funds?
 - a. Please provide demographics of the external review panel (number of reviewers, demographics of reviewers – age, race/ethnicity, gender identity, geography, professional background, HIV status).
12. During GY28, what work was undertaken by the Administrative Agent to encourage new providers to apply for Ryan White Part A funds in your jurisdiction?
13. How did the selection/review process for GY28 Ryan White Part A funds address the unmet needs of the following communities:
 - a. Persons with mental/behavioral health concerns?

- b. Substance Users/Abusers?
- c. LGBT people?
- d. Youth?
- e. Older adults, ages 50 years and older?
- f. Latinos and other migrant populations?
- g. Women

Placement of Service Agreement with Service Providers

14. In the table/chart below, please indicate the number of service agreements adopted and executed in GY28.

- a. Please indicate the number of contracts adopted and executed for GY28 based on the following dates:
 - <30 days
 - 30-60 days
 - 60-90 days
 - 90-120 days
 - >120 days
- b. For service agreements executed >90 days, please describe factors that contributed to service agreements not being fully executed within 90 days.

Service Provider Reimbursement

15. What procedures, documents and policies are used to guide the payment of invoices/reimbursements?

- a. Did the Administrative Agent change reimbursement/payment systems?
 - i. If yes, how did these changes impact the reimbursement for services?
 - ii. If yes, did this impact the distribution of funds to Service Providers?
- b. Did the Administrative Agent process any carryover requests from Service Providers?

16. During GY28, what has been the average amount of time between receipt of a monthly report from a Service Provider and the issuance of a reimbursement payment?

- a. List/describe any factors contributing to the delay in reimbursements to Service Providers.

17. How did the implementation of the Unit-Based Cost Reimbursement on October 1, 2017, impact the contracting and reimbursement processes with the Service Providers?

Service Provider Site Visit and Technical Assistance

18. What challenges, if any, have been identified during **programmatic** site visits with Service Providers?
19. What recommendations, if any, would improve **programmatic** site visits with Service Providers?
20. What challenges, if any, have been identified during **fiscal** site visits with Service Providers?
21. What recommendations, if any, would improve **fiscal** site visits with Service Providers?

Priorities, Resource Allocations, Directives and Reprogramming

22. Please describe your experience in receiving timely and clear input from COHAH and/or the Recipient regarding priorities, resource allocations, and directives.
23. Please describe your experience in COHAH's and/or the Recipient's process for reviewing and approving reprogramming requests in a timely manner.

Additional Comments

24. Please provide any additional comments below.

Thank you for taking the time to complete this survey. Again, your responses will be kept private and confidential. All responses will be summarized in aggregate; no individual response will be reported individually nor will the name or contact information on the person(s) providing responses be reported to the Recipient or HRSA.