

MEETING AGENDA

Thursday, August 10, 2017

2:00 p.m.-4:00p.m.

Call to Order

Welcome/Introductions

Approval of Agenda

Approval of Minutes (July 13,2017)

Report of Chair

Report of Staff

Action Items:

- Reallocation Request for FY 2017-2018
- Review Regional Allocation for FY 2018

Discussion Items

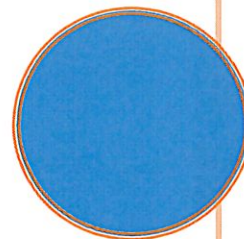
- Review Planning Council Applications

Old Business

New Business

Announcements

Adjournment



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

The next Comprehensive Planning Committee meeting is

Thursday, September 14, 2017 from 2:00 to 4:00p.m. at the

Office of HIV Planning, 340 N. 12th Street, Suite 329, Philadelphia, PA 19107

(215)574-6760 • FAX (215)574-6761 • www.hivphilly.org



Office of HIV Planning

HIV Integrated Planning Council

Ryan White Part A

Recipient Philadelphia Region MAI Reallocation Request and
Notification of Funding Shift within Ten Percent

August 10, 2017

The Minority AIDS Initiative (MAI) is a special discrete program which provides funding to improve HIV-related health outcomes and reduce HIV related disparities for racial and ethnic minority groups. The adolescent population of color has been identified as a population with emergent need. In order to align with a HRSA directive that the needs of this population are addressed, the Recipient is requesting approval to shift \$269,885.00 or 42% from Outpatient Ambulatory Health Services (MAI/OAHS) to Medical Case Management (MAI/MCM). This would increase the MAI/MCM service category funding by 23%.

The Recipient is also administratively shifting \$159,769.00 or 4% of MCM funding to the OAHS which would increase this service category by 3%. This shift is below 10% and does not require HIPC approval.

EMA-Wide FY2017

Philadelphia EMA Ryan White Part A Planning Council

August 3, 2017

MAI-Philadelphia

Service Categories	FY 2017 Allocations	Adjustment	Revised FY 2017 Allocations
Outpatient/Ambulatory Health Services	\$ 644,396	\$ (269,885)	\$ 374,511
Drug Reimbursement Program	\$ -	\$ -	\$ -
Medical Case Management	\$ 1,150,317	\$ 269,885	\$ 1,420,202
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	\$ -	\$ -	\$ -
Referral for Health Care/Supportive Services	\$ -	\$ -	\$ -
Total	\$ 1,794,713	\$ -	\$ 1,794,713

SYSTEMWIDE ALLOCATIONS

	FY 2017 Allocations	Adjustment	Revised FY 2017 Allocations
I & R	\$ -		\$ -
QM Activities	\$ 21,958		\$ 21,958
Systemwide Coordination	\$ -		\$ -
Capacity Building	\$ -		\$ -
PC Support	\$ -		\$ -
Grantee Administration	\$ 177,458	\$ -	\$ 177,458
Total	\$ 199,416	\$ -	\$ 199,416

EMA-Wide FY2017

Philadelphia EMA Ryan White Part A

August 3, 2017

PHILADELPHIA

Service Categories	FY 2017 Allocations	Adjustment	Revised FY 2017 Allocations
Outpatient/Ambulatory Health Services	\$ 4,855,436	\$ 159,769	\$ 5,015,205
Drug Reimbursement Program	\$ 505,196	\$ -	\$ 505,196
Medical Case Management	\$ 4,312,801	\$ (159,769)	\$ 4,153,032
Substance Abuse Services - Outpatient	\$ 237,575	\$ -	\$ 237,575
Mental Health Services	\$ 329,740	\$ -	\$ 329,740
Medical Nutrition Therapy	\$ -	\$ -	\$ -
Oral Health Care	\$ 430,898	\$ -	\$ 430,898
AIDS Drug Assistance Program (ADAP)	\$ -	\$ -	\$ -
Health Insurance Premium & Costs Sharing Assistance	\$ -	\$ -	\$ -
Early Intervention Services	\$ -	\$ -	\$ -
Medical Transportation Services	\$ 12,249	\$ -	\$ 12,249
Food Bank/Home-Delivered Meals	\$ 210,147	\$ -	\$ 210,147
Housing Services	\$ 545,884	\$ -	\$ 545,884
Other Professional Services/Legal Services	\$ 305,574	\$ -	\$ 305,574
Care Outreach Services	\$ -	\$ -	\$ -
Emergency Financial Assistance	\$ 48,662	\$ -	\$ 48,662
Emergency Financial Assistance/AIDS Pharma Asst.	\$ 883,159	\$ -	\$ 883,159
Treatment Adherence (Case Management)	\$ -	\$ -	\$ -
Linguistics Services	\$ -	\$ -	\$ -
Psychosocial Support Services	\$ -	\$ -	\$ -
Home Health Care	\$ -	\$ -	\$ -
Respite Care	\$ -	\$ -	\$ -
Child Care Services	\$ -	\$ -	\$ -
Referral for Health Care/Supportive Services	\$ 82,241	\$ -	\$ 82,241
Total	\$ 12,759,562	\$ -	\$ 12,759,562

EMA-Wide FY2017
Philadelphia EMA Ryan White Part A
August 3, 2017

TOTAL

Service Categories	FY 2017 Allocations	Adjustment	Revised FY 2017 Allocations
Outpatient/Ambulatory Health Services	\$ 6,655,268	\$ 159,769	\$ 6,815,037
Drug Reimbursement Program	\$ 505,196	\$ -	\$ 505,196
Medical Case Management	\$ 5,853,440	\$ (159,769)	\$ 5,693,671
Substance Abuse Services - Outpatient	\$ 359,604	\$ -	\$ 359,604
Mental Health Services	\$ 554,895	\$ -	\$ 554,895
Medical Nutrition Therapy	\$ 60,531	\$ -	\$ 60,531
Oral Health Care	\$ 787,375	\$ -	\$ 787,375
AIDS Drug Assistance Program (ADAP)	\$ -	\$ -	\$ -
Health Insurance Premium & Costs Sharing Assistance	\$ -	\$ -	\$ -
Early Intervention Services	\$ -	\$ -	\$ -
Medical Transportation Services	\$ 429,163	\$ -	\$ 429,163
Food Bank/Home-Delivered Meals	\$ 307,171	\$ -	\$ 307,171
Housing Services	\$ 573,203	\$ -	\$ 573,203
Other Professional Services/Legal Services	\$ 410,779	\$ -	\$ 410,779
Care Outreach Services	\$ -	\$ -	\$ -
Emergency Financial Assistance	\$ 70,458	\$ -	\$ 70,458
Emergency Financial Assistance	\$ 1,102,398	\$ -	\$ 1,102,398
Treatment Adherence (Case Management)	\$ -	\$ -	\$ -
Linguistics Services	\$ -	\$ -	\$ -
Psychosocial Support Services	\$ -	\$ -	\$ -
Home Health Care	\$ -	\$ -	\$ -
Respite Care	\$ -	\$ -	\$ -
Child Care Services	\$ -	\$ -	\$ -
Referral for Health Care/Supportive Services	\$ 82,241	\$ -	\$ 82,241
Total	\$ 17,751,722	\$ -	\$ 17,751,722

SYSTEMWIDE ALLOCATIONS

	FY 2017 Allocations	Adjustment	Revised FY 2017 Allocations
I & R	\$ 520,329	\$ -	\$ 520,329
QM Activities	\$ 524,638	\$ -	\$ 524,638
Systemwide Coordination	\$ 193,538	\$ -	\$ 193,538
Capacity Building	\$ 113,102	\$ -	\$ 113,102
PC Support	\$ 501,776	\$ -	\$ 501,776
Grantee Administration	\$ 1,280,104	\$ -	\$ 1,280,104
Total	\$ 3,133,487	\$ -	\$ 3,133,487

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EMA-Wide FY2017
Philadelphia EMA Ryan White Part A
August 3, 2017
PENNSYLVANIA COUNTIES

Service Categories	FY 2017 Allocations	Adjustment	Revised FY 2017 Allocations
Outpatient/Ambulatory Health Services	\$ 669,713	\$ -	\$ 669,713
Drug Reimbursement Program	\$ -	\$ -	\$ -
Medical Case Management	\$ 1,096,387	\$ -	\$ 1,096,387
Substance Abuse Services - Outpatient	\$ 122,029	\$ -	\$ 122,029
Mental Health Services	\$ 48,340	\$ -	\$ 48,340
Medical Nutrition Therapy	\$ 60,531	\$ -	\$ 60,531
Oral Health Care	\$ 152,478	\$ -	\$ 152,478
AIDS Drug Assistance Program (ADAP)	\$ -	\$ -	\$ -
Health Insurance Premium & Costs Sharing Assistance	\$ -	\$ -	\$ -
Early Intervention Services	\$ -	\$ -	\$ -
Medical Transportation Services	\$ 248,674	\$ -	\$ 248,674
Food Bank/Home-Delivered Meals	\$ 39,698	\$ -	\$ 39,698
Housing Services	\$ 27,319	\$ -	\$ 27,319
Other Professional Services/Legal Services	\$ 17,328	\$ -	\$ 17,328
Care Outreach Services	\$ -	\$ -	\$ -
Emergency Financial Assistance	\$ 21,796	\$ -	\$ 21,796
Emergency Financial Assistance	\$ 219,239	\$ -	\$ 219,239
Treatment Adherence (Case Management)	\$ -	\$ -	\$ -
Linguistics Services	\$ -	\$ -	\$ -
Psychosocial Support Services	\$ -	\$ -	\$ -
Home Health Care	\$ -	\$ -	\$ -
Respite Care	\$ -	\$ -	\$ -
Child Care Services	\$ -	\$ -	\$ -
Referral for Health Care/Supportive Services	\$ -	\$ -	\$ -
Total	\$ 2,723,532	\$ -	\$ 2,723,532

EMA-Wide FY2017

Philadelphia EMA Ryan White Part A

August 3, 2017

NEW JERSEY COUNTIES

Service Categories	FY 2017 Allocations	Adjustment	Revised FY 2017 Allocations
Outpatient/Ambulatory Health Services	\$ 1,130,119	\$ -	\$ 1,130,119
Drug Reimbursement Program	\$ -	\$ -	\$ -
Medical Case Management	\$ 444,252	\$ -	\$ 444,252
Substance Abuse Services - Outpatient	\$ -	\$ -	\$ -
Mental Health Services	\$ 176,815	\$ -	\$ 176,815
Medical Nutrition Therapy	\$ -	\$ -	\$ -
Oral Health Care	\$ 203,999	\$ -	\$ 203,999
AIDS Drug Assistance Program (ADAP)	\$ -	\$ -	\$ -
Health Insurance Premium & Costs Sharing Assistance	\$ -	\$ -	\$ -
Early Intervention Services	\$ -	\$ -	\$ -
Medical Transportation Services	\$ 168,240	\$ -	\$ 168,240
Food Bank/Home-Delivered Meals	\$ 57,326	\$ -	\$ 57,326
Housing Services	\$ -	\$ -	\$ -
Other Professional Services/Legal Services	\$ 87,877	\$ -	\$ 87,877
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	\$ -	\$ -	\$ -
Referral for Health Care/Supportive Services	\$ -	\$ -	\$ -
Total	\$ 2,268,628	\$ -	\$ 2,268,628

Application for Membership
HIV Integrated Planning Council (HIPC)
The Philadelphia Eligible Metropolitan Area
Revised July 2017 draft

Please read the entire application BEFORE answering questions

What is the Planning Council?

The HIV Integrated Planning Council is composed of members representing both prevention and care service providers and service recipients. Currently, the prevention representation is made up of the group formerly known as; the Philadelphia HIV Prevention Planning Group (HPG). The care representation consists of the group formerly known as; the Philadelphia EMA (Eligible Metropolitan Area) Part A Ryan White Planning Council. The HIPC is responsible for decisions about funding for HIV care services in Philadelphia, Bucks, Delaware, Chester, Montgomery, Camden, Salem, Burlington, and Gloucester Counties. The HIPC makes decisions about Part A HIV care services and reviews proposed prevention activities. Part A funds come from the Federal government (Health Resources and Services Administration) to provide care for eligible people with HIV/AIDS. Federal Funding for prevention comes from the Centers for Disease Control (CDC).

The council does a lot of work to understand the needs of HIV-positive people. The council reviews information on how Part A money is spent and how services are provided, and is federally mandated to prioritize services and allocate funds to service categories. The council does not decide what organizations receive funding.

Who is on the Planning Council?

The people who make up the Planning Council are from Philadelphia, four PA Counties, and four NJ Counties. They are all volunteer positions appointed by the Mayor of the City of Philadelphia. To satisfy the federal requirements the council must also be made up of people with different backgrounds and skills. It is important that the council is made up of people who represent different communities, cultures, and experiences. *At least 33% of the members must be people living with HIV based on the Public Health Services Act, HIV Services Program legislation.*

How can I apply for membership?

Applications are accepted throughout the year. Reviews and recommendations are made twice a year (or by special appointment). If you are interested in applying for membership, fill out the entire application. The Nominations Committee will review the application and make recommendations about who should be appointed to the Council. Your information will be kept confidential. A description of the Nominations Process is available at www.hivphilly.org and from the Office of HIV Planning.

Return the completed application to:

Office of HIV Planning
340 N. 12th Street, Suite 320
Philadelphia, PA 19107
Phone: 215.574.6760
Fax: 215.574.6761

If you need any help filling out the application or have a question about the Planning Council, please call 215.574.6760.

FOR OFFICE USE ONLY

Date Received: _____ By: _____ Via: _____
Date Reviewed: _____ Recommended : Y N
Appointed: _____

I am applying for membership on the Planning Council because: (check all that apply)

- ☐ I use Ryan White Part A HIV services
- ☐ I provide Ryan White Part A HIV services
- ☐ I want to give back to my community
- ☐ I have a problem/complaint with a service and I want to change things
- ☐ I want to have a say in where the funding goes
- ☐ Someone asked me to apply
- ☐ I want to share my experience and skills with the council to make things better
- ☐ I want to learn more about the council and the services offered
- ☐ I want to be able to vote at meetings
- ☐ I come to meetings all the time and now I want the benefits of membership
- ☐ I am directly affected by the HIV epidemic. Someone I know/love is HIV positive
- ☐ I can represent an underserved community/population: _____

Affiliation/Representation and Expertise

Please fill in each column below, checking all that apply to you and indicate your primary and secondary group. You can represent groups either by identifying as a part of a group OR by having experience providing a service or working with a group/community. In the space below please give any details about your expertise or representation.

Experience/Expertise:

- ☐ Children's /Youth's HIV health needs
- ☐ Health needs of Transgender individuals
- ☐ Health needs of people who inject drugs(PWID)
- ☐ Health needs of Men who have sex with men (MSM)
- ☐ Immigrants and refugee services
- ☐ Women's HIV health needs
- ☐ Homelessness/housing
- ☐ Mental Health
- ☐ Primary medical care
- ☐ Substance use/abuse services and needs
- ☐ Behavioral/Social Science
- ☐ Community organizing
- ☐ Education or training
- ☐ Evaluation
- ☐ Epidemiology
- ☐ Health planning
- ☐ Provider perspective
- ☐ Public health
- ☐ Non-medical support services

From above choices, indicate your PRIMARY area of expertise:

Indicate a SECONDARY expertise:

Representation/Affiliation:

- ☐ Individuals with HIV/AIDS
- ☐ A community hard hit by HIV/AIDS
- ☐ Health care provider
- ☐ Community-based organizations or AIDS service organizations
- ☐ Social service providers, including housing
- ☐ Mental health and Substance abuse providers
- ☐ Local public health agency
- ☐ Hospital planning agencies or health care planning agencies
- ☐ HIV+ former prisoners or their representatives
- ☐ State government (Medicaid agency and agency administering the program under Part B)
- ☐ Part C agencies
- ☐ Part D grantee or organizations serving youth, children and/or families
- ☐ Grantee of other federal HIV programs such as HIV prevention service providers ,AETC, Dental, SPNS, and HOPWA
- ☐ Members of Federally Recognized Indian Tribe as represented in the population or individual co-infected with Hepatitis B/C or their representatives
- ☐ Non-elected community leader (please explain): _____

From above choices, indicate your PRIMARY representation:

Indicate a SECONDARY representation:

HIV Integrated Planning Council (HIPC)
Application for Membership
Additional Information (updated January 2017)

In order to comply with the legislative language all recommended applicants would need to receive an official appointment letter from the Office of Mayor of Philadelphia. The City requires that appointed individuals complete the tax and water clearance process. We ask applicants to include the clearance certificate along with their HIPC membership application.

Instruction on obtaining the tax and water clearance certificate:

Step 1 - Go to www.phila.gov/revenue

Step 2 - Click on to a link titled 'Get Tax Clearance' on following screen click 'City of Philadelphia tax clearance system.'

Step 3 - click 'Accept.'

Step 4 - click on the drop down menu titled 'Select Compliance Type,' please choose 'Executive Board.'

Step 5 - Leave the BRT/OPA# entry box empty. Enter your address and Zip Code. For Entity Ownership drop down menu, select if you are an owner or tenant.

For Entity Name, please enter your full Name and for Entity ID you need to enter your Social Security Number (ignore Entity Type). Click on 'Search.'

You can screen shot your certificate or print- please retain a copy.

Please check off the follow that apply to you:

☐ I was able to obtain the tax and water clearance certificate and it is attached.

☐ I was NOT able to obtain the tax and water clearance certificate.

☐ I will need assistance in completing the tax and water clearance process.

☐ I prefer to be recommended for the RWPC membership before completing the tax and water clearance certificate

Name

Date

2017 Allocation Decisions

The RWPC has an allocations process that creates four budgets: (1) level funding; (2) 5% increase; (3) 5% decrease; and (4) 10% increase, which is submitted to HRSA with the Part A funding application. Upon receipt of the final award from HRSA, the closest budget scenario is used to base the draft allocations. This draft is provided to the Finance Committee and then the HIPC for approval. Each year the allocations process starts with the assumption that funding will not increase or decrease. For this reason the process starts with a level funding scenario.

The regional allocations percentages shift annually based on the proportion of the epidemic within each region and the availability of funding. This year's (2017 -2018) award was based on the 2014 prevalence numbers and the regional percentages. The 2018 – 2019 percentages are based on the 2015 prevalence numbers.

Area	2014 PLWHA	PLWHA %	2015 PLWHA	PLWHA %
Philadelphia	19494	71.878%	19280	71.922%
PA	4161	15.342%	4193	15.641%
NJ	3466	12.780%	3334	12.437%
EMA	27121	100.000%	26807	100.000%

July 18, 2017 - Pennsylvania Counties

The Pennsylvania counties saw an increase to their level funding due to an increase in the number of people living with HIV/AIDS in the four-county area. This resulted in a \$53,092 increase to the level funding budget for 2017-2018.

Level-funding budget

Service categories were held at their FY2017 funding levels, and the \$53,092 increase was split evenly between food bank/home-delivered meals and medical transportation.

5% decrease budget

Based on the FY2017 allocations, all services were reduced proportionally.

5% increase budget

Based on the FY2018 level-funding budget, all services were increased proportionally.

10% increase budget

Starting with the FY2018 level-funding budget, \$260,000 was added to medical case management, and all other services were increased proportionally.

Instructions to the recipient

None.

July 20, 2017 – Philadelphia

Philadelphia saw an increase in the level funding budget for 2018-2019 due to a shift in the percentage of people living with HIV/AIDS in the county. The increase was in the amount of \$7,745.

HIV Integrated Planning Council

Meeting Minutes

Thursday, July 13, 2017

2:00-4:00p.m.

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

Present: Tre Alexander, Katelyn Baron, Michael Cappuccilli, Jen Chapman, Mark Coleman, Cheryl Dennis, Tiffany Dominique, David Gana, Pamela Gorman, Gus Grannan, Peter Houle, Gerry Keys, Loretta Matus, Nicole Miller, Samuel Romero, Adam Thompson, Leroy Way, Lorrita Wellington

Excused: Juan Baez, Kevin Burns, Keith Carter, Lupe Diaz, Alan Edelstein, Tessa Fox, Sharee Heaven, Ann Ricksecker, Clint Steib

Absent: Henry Bennett, Johnnie Bradley, Bikim Brown, Karen Coleman, Sayuri Lio, Abraham Mejia, Jeanette Murdock, Christine Quimby, Joseph Roderick, Carlos Sanchez, Nurit Shein, James Tarver, Gail Thomas

Guests: Ameenah McCann-Woods (AACO), Coleman Terrell (AACO), Chris Chu (AACO), La'Seana Jones, Mariel Watts-Newman, Rachel Nahan

Staff: Mari Ross-Russell, Briana Morgan, Debbie Law, Antonio Boone, Jennifer Hayes

Call to Order: J. Chapman called the meeting to order at 2:12p.m.

Welcome/Introductions/Icebreaker Activity J. Chapman welcomed HIV Integrated Planning Council members and guests. Those present then introduced themselves.

Approval of Agenda: J. Chapman presented the agenda for approval. M. Ross-Russell stated that the Reallocation Request and FY2017-2018 agenda items would be switched. **Motion:** M. Cappuccilli moved, D. Gana seconded to approve the agenda as amended. **Motion passed:** All in favor.

Recap of Previous Meeting: J. Chapman reported that at their last 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): J. Chapman presented the minutes for approval. **Motion:** G. Keys moved, G. Grannan seconded to approve the June 8, 2017 minutes. **Motion passed:** All in favor.

Report of Co-Chairs: C. Terrell stated that the CDC was integrating Prevention and Surveillance Funding Opportunity Announcements (FOAs). He said a grant opportunity for health departments was released at the end of June, and Philadelphia was told to expect a 17-25% cut in funding. He noted that the CDC was moving funding toward the Southern states, which had a growing HIV epidemic. He said that Philadelphia had previously received money for testing as part of a program that had now been discontinued. He noted that the formula grant was based on the 2014 numbers of people living with HIV/AIDS (PLWHA) in Philadelphia. He stated that other major jurisdictions in the US were also receiving large cuts.

C. Terrell also stated that the new FOA provided opportunities to do work around surveillance, prevention, and care together. He said that the Planning Council would receive more information about the program moving forward.

appropriately reflect the fiscal relationships of consumers. She said that this wording kept with the Ryan White Part A Manual and the Public Health Service Act.

Motion: The Executive Committee moved to update the definition of unaligned consumer by eliminating “volunteer” and replacing it with “consulting relationship.” **Motion passed:** 13 in favor, 0 opposed, 5 abstained.

K. Baron said that the group would now vote on the bylaws as a whole.

Motion: T. Dominique moved, P. Houle seconded to approve the bylaws as amended. **Motion passed:** 14 in favor, 0 opposed, 4 abstained.

- **Priority Setting**

A. Thompson said that the Comprehensive Planning and Needs Assessment Committees had used 5 factors for priority setting, including unmet need, the consumer survey, the care continuum developed by the CPC, Affordable Care Act (ACA) Essential Health Benefits, and a new factor called Community Conscience. He stated that all participants in priority setting looked at objective data, and voted a 1, 5, or 8 on the Community Conscience factor depending on whether they felt the 4 previous factors captured the real need for the service. He said that 1 reflected no concern, 5 reflected some concern, and 8 reflected great concern that the service was not adequately captured by the other factors.

A. Thompson stated that the scores for each category were tallied and the services were ranked accordingly. He noted that the CPC had to justify large moves of the service category in the priority order (3 spaces or more) on the Ryan White application. T. Dominique asked why there was variation in the number of members voting on each service. A. Thompson explained that there were sometimes abstentions. K. Baron added that there had been 2 separate priority setting meetings, with different numbers of attendees. B. Morgan said that some abstentions were deliberate, and some occurred when members stepped out of the room.

M. Cappuccilli asked if there had been positive feedback from the committee as the process proceeded. A. Thompson said that there had. K. Baron stated that the group had felt the Community Conscience factor provided valuable input.

M. Cappuccilli asked the co-chairs to explain to new members why priority setting was done and how it connected to allocations, if at all. M. Ross-Russell explained that the Planning Council was legislatively mandated to prioritize the service categories and allocate funds to those service categories. She stated that priority setting was based on documented need of everyone living with HIV in the EMA. She said the priority setting process was voted on by the Planning Council and was based on agreed upon weights and factors. She noted that the process was open to the community and all Planning Council members. She stated that the participants in the meetings discussed each service and voted on them for the Community Conscience factor. She explained that the Planning Council was legislatively mandated to have a process for ranking services based on community needs, but the process varied by jurisdiction. She added that allocations were based on documented need along with service utilization data and other funding available from federal and state sources. She noted that allocations did not necessarily match service priorities. She said that allocations could be based on cost of a service, need for a service, or number of clients served. She stated that the Planning Council had chosen to prioritize all services funded by HRSA, but not each of those services were currently funded in the Philadelphia EMA. M. Ross-Russell noted that priority setting and allocations took into account some of the same data and issues facing the community, even though they were not directly linked.

Motion: The Finance Committee moved to approve the allocations for FY 2017-2018 as laid out in the spreadsheet. **Motion passed:** 15 in favor, 0 opposed, 4 abstained.

- **Reallocation Request**

A. McCann-Woods stated that she represented the recipient (AIDS Activities Coordinating Office). She pointed the group to the handout that had just been distributed. She noted that it was a reallocation request for the Philadelphia region in 2017-2018. She stated that, at the February 2, 2017 Finance Committee meeting, there was a discussion about health insurance premium/cost-sharing assistance (HIPCSA). She stated that, based on research from the recipient, the cost of the program would be \$1.8 million, which was prohibitive. She stated that the current allocation for the category was insufficient to support a HIPCSA program.

A. McCann-Woods said that Ryan White Part B and AIDS Drug Assistance Program (ADAP) rebate dollars were potential sources of funding for the program. She said that the PA Department of Health (DOH) had said they'd work with the EMA to potentially fund a HIPCSA program in the future. She explained that the Planning Council and recipient would be represented on the Pennsylvania HIV Planning Group (HPG) moving forward.

A. McCann-Woods stated that the recipient requested that HIPCSA funding be reallocated to outpatient/ambulatory health services to bring the system into balance. She noted that shifts had been made in outpatient/ambulatory care and medical case management in recent years. She explained that the amount of any other moves would be less than 10%.

Motion: The Finance Committee moved to approve the reallocation request as outlined in the handout. **Motion passed:** 14 in favor, 0 opposed, 4 abstained.

M. Ross-Russell stated that a spreadsheet had been distributed reflecting the current allocations budget, as was just approved, with the reallocation applied.

Discussion Items:

- **FY 2016-2017 End-of-Year Report**

A. McCann-Woods pointed the group to the recipient 2016-2017 end of year underspending report, which had just been distributed. She said that, at the conclusion of the Ryan White 2016 contract period that ended February 28, 2017, the EMA was overspent by \$303,212 across all funded service categories, or 2%. She added that systemwide categories were underspent by \$482,135, or 15%. She noted that this represented a net underspending of \$178,923 overall. She stated that the recipient had submitted a request to HRSA to carry over underspent funds to use for food bank/home-delivered meals.

A. McCann-Woods asked participants to review the spreadsheets included in the handout, which broke out the spending totals for the year by region of the EMA. T. Dominique asked if systemwide categories covered any programming. A. McCann-Woods stated that many systemwide costs were administrative. She added that information and referral, which was included in systemwide, was a service. She added that the AACO Client Services Unit (CSU) was also included in systemwide expenditures.

M. Cappuccilli stated that the Finance Committee had pointed out a discrepancy in the use of parenthesis to denote under- and overspending. C. Chu stated that this error was noted, and the report would be corrected.

A. Thompson asked why there was underspending in systemwide allocations. C. Terrell stated that there had been shifts of personnel in quality management and administration, which caused vacancies. A.

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

M. Cappuccilli stated that the Nominations Committee had met earlier today and was working on revising the Planning Council application. He said that applications would be reviewed soon, and encouraged all who were interested to apply.

Comprehensive Planning Committee – *A. Thompson, Chair*

A. Thompson reported that the CPC had carried out priority setting at their last meeting. He said that they'd meet next in August, and their July meeting was cancelled to accommodate allocations.

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

J. Chapman stated that the Prevention Committee had met last month. She said the group was reviewing the Integrated Plan objectives step by step. She stated that they had discussed objective 1.2, which concerned condom distribution, syringe access programs, and other prevention-related topics. She said the committee had also discussed bringing in presenters on syringe access and overdose prevention. She noted that the next Prevention Committee meeting would be held on July 26.

Old Business: None.

New Business: None.

Announcements: None.

Adjournment: **Motion:** D. Gana moved, L. Way seconded to adjourn the meeting at 3:26p.m. **Motion passed:** All in favor.

Respectfully submitted by,

Jennifer Hayes, Staff

Handouts distributed at the meeting:

- Meeting Agenda
- June 8, 2017 Meeting Minutes
- Philadelphia EMA HIV Integrated Planning Council Bylaws (updates proposed May 2017)
- Philadelphia EMA Planning Council FY 2017 Priority Setting Tool
- Philadelphia EMA FY2017-2018 Allocation Examples by Region
- Recipient 2016-2017 Reallocation Request
- Philadelphia EMA FY2017-2018 Allocation Examples with Reallocation Request
- Recipient 2016-2017 End-of-Year Underspending Report
- Recipient 2017-2018 First Quarter Underspending Report
- OHP Calendar

PA Counties FY2018-2019 Allocation Examples

Philadelphia EMA Ryan White Part A Planning Council

	(Example) 2014 PLWHA % 15.342% PA Counties FY 2017 Level Allocations	(Example) 2015 PLWHA % 15.641% PA Counties FY 2018 Level Allocations	(Example) 2015 PLWHA % 15.641% PA Counties FY 2018 5% Allocations	(Example) 2015 PLWHA % 15.641% PA Counties FY 2018 -5% Allocations	(Example) 2015 PLWHA % 15.641% PA Counties FY 2018 10% Allocations
Core Service Categories					
AIDS Drug Assistance Program (ADAP)	\$0	\$0	\$0	\$0	\$0
Ambulatory Care	\$669,713	\$669,713	\$703,199	\$636,227	\$676,753
Case Management	\$1,096,386	\$1,096,386	\$1,151,206	\$1,041,567	\$1,356,386
Drug Reimbursement Program	\$0	\$0	\$0	\$0	\$0
Early Intervention Services	\$0	\$0	\$0	\$0	\$0
Health Insurance Premium & Cost Sharing Assistance	\$0	\$0	\$0	\$0	\$0
Home & Community-based Health Services	\$0	\$0	\$0	\$0	\$0
Home Health Care	\$0	\$0	\$0	\$0	\$0
Hospice Services	\$0	\$0	\$0	\$0	\$0
Mental Health Therapy/Counseling	\$48,340	\$48,340	\$50,757	\$45,923	\$48,848
Nutritional Services	\$60,531	\$60,531	\$63,557	\$57,504	\$61,167
Oral Health Care	\$152,478	\$152,478	\$160,102	\$144,855	\$154,081
Substance Abuse Treatment-Outpatient	\$122,029	\$122,029	\$128,131	\$115,928	\$123,312
	78.92%				
Support Service Categories					
Care Outreach	\$0	\$0	\$0	\$0	\$0
Case Management (non-medical)	\$0	\$0	\$0	\$0	\$0
Child Care Services	\$0	\$0	\$0	\$0	\$0
Day or Respite Care	\$0	\$0	\$0	\$0	\$0
Emergency Financial Assistance	\$21,796	\$21,796	\$22,885	\$20,706	\$22,025
Emergency Financial Assistance/AIDS Pharma. Assist.	\$219,239	\$219,239	\$230,202	\$208,278	\$221,544
Food Bank/Home-Delivered Meals	\$39,698	\$66,244.36	\$69,557	\$62,932	\$66,940
Health Education Risk Reduction	\$0	\$0	\$0	\$0	\$0
Housing Assistance	\$27,319	\$27,319	\$28,685	\$25,953	\$27,606
Referral for Health Care & support Services(Systemwide	\$0	\$0	\$0	\$0	\$0
Other Professional Services/Legal Services	\$17,328	\$17,328	\$18,194	\$16,461	\$17,510
Psychosocial Support Services	\$0	\$0	\$0	\$0	\$0
Rehabilitation Care	\$0	\$0	\$0	\$0	\$0
Substance Abuse (Residential)	\$0	\$0	\$0	\$0	\$0
Translation & Interpretation	\$0	\$0	\$0	\$0	\$0
Transportation	\$248,674	\$275,220	\$288,981	\$261,459	\$278,113
	\$2,723,532	\$2,776,624	\$2,915,456	\$2,637,793	\$3,054,286
	21.08%	\$2,723,532	\$2,915,456	\$2,637,793	\$3,054,287
Difference from CURRENT level funding		\$53,092	\$191,924	-\$85,739	\$330,755
Difference from NEW level funding		\$0	\$138,832	-\$138,831	\$277,663

	2014 PLWHA	PLWHA %	Level	2015 PLWHA	PLWHA %	2018 Level	2018 +5%	2018 -5%	2018 +10%
Philadelphia	19494	71.878%	\$12,759,562	19280	71.922%	\$12,767,307	\$13,405,672	\$12,128,941	\$14,044,037
PA	4161	15.342%	\$2,723,532	4193	15.641%	\$2,776,624	\$2,915,456	\$2,637,793	\$3,054,287
NJ	3466	12.780%	\$2,268,628	3334	12.437%	\$2,207,791	\$2,318,180	\$2,097,401	\$2,428,569
EMA	27121	100.000%	\$17,751,722	26807	100.000%	\$17,751,722	\$18,639,308	\$16,864,135	\$19,526,893

NJ Counties FY2018-2019 Allocation Examples with Other Professional Reallocation

Philadelphia EMA Ryan White Part A Planning Council

	(example) 2014 PLWHA % 12.78% NJ Counties FY 2017 Level Allocations	(example) 2015 PLWHA % 12.437% NJ Counties FY 2018 Level Allocations	(Example) 2015 PLWHA % 12.437% NJ Counties FY 2018 5% Allocations	(Example) 2015 PLWHA % 12.437% NJ Counties FY 2018 -5% Allocations	(Example) 2015 PLWHA % 12.437% NJ Counties FY 2018 10% Allocations
Core Service Categories					
AIDS Drug Assistance Program (ADAP)	\$0	\$0	\$0	\$0	\$0
Ambulatory Care	\$1,130,119	\$1,099,813	\$1,154,803	\$1,044,822	\$1,209,794
Case Management	\$444,252	\$432,339	\$453,955	\$410,722	\$475,572
Drug Reimbursement Program	\$0	\$0	\$0	\$0	\$0
Early Intervention Services	\$0	\$0	\$0	\$0	\$0
Health Insurance Premium & Cost Sharing Assistance	\$0	\$0	\$0	\$0	\$0
Home & Community-based Health Services	\$0	\$0	\$0	\$0	\$0
Home Health Care	\$0	\$0	\$0	\$0	\$0
Hospice Services	\$0	\$0	\$0	\$0	\$0
Mental Health Therapy/Counseling	\$176,815	\$172,073	\$180,677	\$163,470	\$189,281
Nutritional Services	\$0	\$0	\$0	\$0	\$0
Oral Health Care	\$203,999	\$198,528	\$208,455	\$188,602	\$218,381
Substance Abuse Treatment-Outpatient	\$0	\$0	\$0	\$0	\$0
	86.18%				

Support Service Categories

Care Outreach	\$0	\$0	\$0	\$0	\$0
Case Management (non-medical)	\$0	\$0	\$0	\$0	\$0
Child Care Services	\$0	\$0	\$0	\$0	\$0
Day or Respite Care	\$0	\$0	\$0	\$0	\$0
Emergency Financial Assistance	\$0	\$0	\$0	\$0	\$0
Emergency Financial Assistance/AIDS Pharma. Assis	\$0	\$0	\$0	\$0	\$0
Food Bank/Home-Delivered Meals	\$57,326	\$55,789	\$58,578	\$52,999	\$61,368
Health Education Risk Reduction	\$0	\$0	\$0	\$0	\$0
Housing Assistance	\$0	\$0	\$0	\$0	\$0
Referral for Health Care & support Services(System	\$0	\$0	\$0	\$0	\$0
Other Professional Services/Legal Services	\$87,877	\$85,520	\$89,796	\$81,244	\$94,072
Psychosocial Support Services	\$0	\$0	\$0	\$0	\$0
Rehabilitation Care	\$0	\$0	\$0	\$0	\$0
Substance Abuse (Residential)	\$0	\$0	\$0	\$0	\$0
Translation & Interpretation	\$0	\$0	\$0	\$0	\$0
Transportation	\$168,240	\$163,729	\$171,915	\$155,542	\$180,101
Subtotal	\$2,268,628	\$2,207,791	\$2,318,180	\$2,097,401	\$2,428,569
	13.82%	\$2,268,628	\$2,318,180	\$2,097,401	\$2,428,569
<i>Difference from CURRENT level funding</i>		-\$60,837	\$49,552	-\$171,227	\$159,941
<i>Difference from NEW level funding</i>		\$0	\$110,389	-\$110,390	\$220,778

	2014 PLWHA	PLWHA %	Level	2015 PLWHA	PLWHA %	2018 Level	2018 +5%	2018 -5%	2018 +10%
Philadelphia	19494	71.878%	\$12,759,562	19,280	71.922%	\$12,767,307	\$13,405,672	\$12,128,941	\$14,044,037
PA	4161	15.342%	\$2,723,532	4,193	15.641%	\$2,776,624	\$2,915,456	\$2,637,793	\$3,054,287
NJ	3466	12.780%	\$2,268,628	3,334	12.437%	\$2,207,791	\$2,318,180	\$2,097,401	\$2,428,569
EMA	27121	100.000%	\$17,751,722	26,807	100.000%	\$17,751,722	\$18,639,308	\$16,864,135	\$19,526,893