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**Comprehensive Planning Committee  
Meeting Minutes of  
Thursday, February 15th, 2024  
2:00 p.m. – 4:00 p.m.**

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

**Present:** Keith Carter, Debra D’Alessandro (Co-chair), Pamela Gorman, Gus Grannan (Co-Chair), Gerry Keys, Clint Steib

**Guest:** Ameenah McCann-Woods (DHH), Laura Silverman (DHH), Ahmea Pacheco-Branch (DHH), Melanie Mercado-Miller

**Staff:** Sofia Moletteri, Mari Ross-Russell, Kevin Trinh

**Call to Order:** G. Grannan called the meeting to order at 2:03 p.m.

**Introductions:** G. Grannan asked everyone to introduce themselves.

**Approval of Agenda:**

G. Grannan referred to the February 2024 Comprehensive Planning Committee agenda and asked for a motion to approve. **Motion: D. D’Alessandro motioned; G. Keys seconded to approve the February 2024 Comprehensive Planning Committee agenda via a Zoom poll. Motion passed: 4 in favor.** The February 2024 Comprehensive Planning Committee agenda was approved.

**Approval of Minutes (January 18th, 2024):**

G. Grannan referred to the combined January 2024 Comprehensive Planning Committee minutes. **Motion: G. Keys motioned; G. Grannan seconded to approve the January 2024 CPC meeting minutes via a Zoom poll. Motion passed: 2 in favor, 1 abstaining.** The January 2024 CPC minutes were approved.

**Report of Co-chairs:**

D. D’Alessandro said she was still feeling the effects of COVID-19 and would be supporting G. Grannan in a supportive role during the meeting.

**Report of Staff:**

None.

**Discussion Item:**

***-Review of Service Standards-***

A. McCann-Woods gave a recap that they were reviewing the service standards for the eligible metropolitan area (EMA). They reviewed the standards in the previous CPC meeting and would resume where they had left off on page 19 of the HIV Care Services Manual 2023. In the last meeting, A. McCann-Woods was asked a question in the Outpatient/Ambulatory Health Services

section about whether clients were asked to sign a document stating that they understood the services they were receiving and whether this could be added to the service provisions. The question was not answered. G. Grannan asked if any mention of testing in the Outpatient/Ambulatory Health Services section was referencing HIV testing exclusively. A. McCann-Woods confirmed.

A. McCann-Woods continued with the review of the Emergency Financial Assistance (EFA): Pharmacy Service standards. EFA was to have services in Philadelphia, New Jersey, and the PA Counties for people with HIV who were in urgent need of the service. She said a pharmacy manager should supervise coordinating staff and medication should be on hand for those who need it. In addition, A. McCann-Woods emphasized that the funds were to be a last resort since it was designated for emergency use. She stated the agency must have proper documentation and an appeals process for those not given services. Funds were to be maintained in a separate account and were managed by a pharmacy's accounting staff and subject to review by DHH. She said these funds would not be given to consumers as cash and would be given in the form of medication enough not to disrupt adherence. The agency was required to have consumers understand the services they were receiving and it must ensure the program analyst was made aware of the written process for approving or disapproving an applicant's request for EFA. D. D'Alessandro asked if this was a single source grantee dispersing EFA. A. McCann-Woods confirms that it was. D. D'Alessandro asked if the city facilitated longer hours for EFA since patients' adherence was an important topic. A. McCann-Woods said the city attempted to provide medication when needed but there was no guarantee.

A. McCann-Woods then spoke about Food Bank and Home Delivered Meal services. The sub-recipient was required to provide the consumer with food and personal hygiene products. The sub-recipient was to provide culturally relevant, safe nutritious food to those who needed it, especially PLWH. The sub-recipient was required to publicize the program and ensure PLWH understood and were provided with food that would meet their dietary requirements. The sub-recipient must have a process to gather consumer feedback, including a consumer advisory committee of at least ten (10) PLWH. Furthermore, A. McCann-Woods provided additional details about Food Bank, Delivered Meals, and Congregate Meals.

The sub-recipient was to create a food bank where they would provide food for PLWH. The sub-recipient was to have a nutritionist evaluate the diet of the consumers. The consumers could refuse the evaluation and not have their food bank privileges affected. If the consumer was homeless, they would be given can openers, resealable bags, and other incidentals required for food preparation. Food was to be bought in bulk and stocked for the consumer. The consumer was not allowed to "self-serve" under any circumstances.

A. McCann-Woods provided more details about home-delivered meals. The sub-recipient was to recruit volunteers, drivers, and others to deliver meals to those who needed them. The sub-recipient was required to record demographics in the Ryan White database system called CareWare. This information was made available for review upon request. The sub-recipient was to have appropriate documentation with the referring agency such as initiating and discontinuing

services. The sub-recipient was required to have a protocol when the consumer was absent during deliveries.

Congregate Meals were another service that the sub-recipients provided to PLWH. The service standards required that a nutritionist was involved in the preparation of the meals and that a staff member was in attendance to oversee the meals. Consumers were allowed to have one guest. The sub-recipient was required to forward the DHH program analyst information about meal schedules, physical sites, and sign-up sheets. The site was to have provisions for speakers who would keep the community updated on HIV/AIDS information such as treatment and services.

A. McCann-Woods provided details about natural supplement services. She said the sub-recipient must document and maintain records of each client regarding the number of nutritional supplements distributed. A nutritionist was to oversee the process and consumers could be referred to the nutritionist after an evaluation. If the consumer refuses, their access to nutritional supplements may be affected. D. D'Alessandro asked if these supplements had included high-calorie beverages. A. McCann-Woods confirmed that they did. S. Moletteri asked if the high-quality food assurance and cultural appropriateness was measured through the aforementioned client survey. A. McCann-Woods confirmed that it was and was monitored closely by the DHH analyst.

A. McCann-Woods continued with her presentation. She said they would be skipping the Health Education section since it was not funded by Ryan White Part A. They skipped the section on Housing Services. This service would provide limited short-term housing to enable a family or client. The sub-recipient was to aid the clients based on need and provide support services. A medical case manager was to be made available for consultation and documentation of time spent with the client was required. K. Carter wondered what was the waitlist duration for transitional to permanent housing. A. McCann-Woods said she did not know and would find more information to answer K. Carter's question. A. McCann-Woods continued with her presentation. She said the sub-recipient was required to ensure that each client signed and dated a "Consent to Service" form during the first face-to-face contact. Each client must also have progress notes completed in connection to the Data Assessment Plan (DAP).

A. McCann-Woods moved to the review of other professional services such as Legal, Reunification, and Tax Preparation Services. The sub-recipient was to provide PLWH in the EMA services without charge. These services could include assistance with Social Security Disability, interventions necessary to ensure access to eligible benefits, permanency planning, and preparation of important documents such as income tax preparation. The sub-recipient would accept any inquiry from the consumer and decide whether they would accept a case within 72 hours. The sub-recipient agrees to exclude services in criminal defense and class-action lawsuits unless related to access to services eligible for RWHAP. S. Moletteri asked if the Service Standards Manual would be updated to have more modern language and practices such as using digital documentation. A. McCann-Woods said they would be updating the manual.

The next section involved Medical Case Management (MCM). MCM was a two-tiered model that provided services based on clientele needs. A. McCann-Woods listed the key activities. She said MCM services had improving healthcare outcomes as their objective. Non-MCM has provided guidance and assistance in improving access to needed services as their main objective. She said the two-tier model differentiates between high (comprehensive) and low acuity (standard) to respond to the spectrum of client needs. The sub-recipient was to provide DHH with statistics and communicate with other agencies to avoid duplication. The sub-recipient was required to participate in all DHH-led initiatives such as the Case Management Coordination Project. The medical case manager was required to speak to all clients whether in person or by phone. The sub-recipient was required to respond to all client emergencies. A. McCann-Woods said that the sub-recipient was required to store all client information securely and would be penalized if the information was breached. The sub-recipient would also agree to enroll clients in Client Services before enrollment into services. The sub-recipient agrees that all clients would be Ryan White certified within 30 days after initial contact. D. D'Alessandro asked if they would receive case management if they refused the medication. A. McCann-Woods said they could. A. McCann-Woods said that if a person was not Ryan White certified, they would not be able to receive Ryan White services. She said the process of certification could not be a barrier to care for an individual in need of services and that person can receive care unless they are deemed ineligible. A. McCann-Woods said Ryan White services may be renewed at any point after the client has satisfied certification requirements. A client can be ineligible for Ryan White funded services and the client may still receive service but the sub-recipient cannot use Ryan White funding. A. McCann-Woods stated that the client must be presented with an overview of the roles and responsibilities of both the case manager and the client. The client must sign a form stating that they were given this overview and the form must be included in the client's files within 30 days of service. Each client was given a "Bill of Client Rights and Responsibilities."

If the sub-recipient deemed it appropriate based on certain criteria, they were required to place the client in Comprehensive Medical Case Management. The sub-recipient was to ensure that clients enrolled in Comprehensive Medical Case Management Services received the standardized DHH Comprehensive Assessment and Plan (CAP) within 30 days. A. McCann then listed the types of services provided under CAP. The sub-recipient was required to document that the procedures had been completed and that clients received adherence counseling. The sub-recipient was required confidentiality was protected. The sub-recipient was also required to make the client aware of the confidentiality agreement and sign a document stating that they understood. Case Management Services were to be terminated for various reasons such as if the client no longer needed service if they presented a danger to the case manager or if the client elected to decline further service. The sub-recipient was to have a bachelor's degree or greater and the degree would need to be documented. Case Managers were to have at least 20 hours of annual training during the contract year.

A. McCann-Woods said they would be covering Transportation Services, Mental Health, Oral Health, and Substance Abuse Service standards in the next month's meeting.

**Other Business:**

G. Grannan said that the City of Philadelphia was coordinating more sting operations in Kensington with the police task forces to force people who use drugs into treatment. He cautioned that the operation may be increased under the new city administration. He said the city was forcing the people into treatment but he did not have confirmation. He said this information was from a third-hand source. D. D'Alessandro said she would share an article from the Philadelphia Inquirer that the new mayoral administration would have a zero-tolerance policy for open drug use.

**Announcements:**

D. D'Alessandro announced the Health Federation was hosting two training sessions for providers on the topic of pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP). She said the other event she was announcing was a sexual wellness event that DHH had called Sex Med.

K. Carter announced that the DoubleTree Hotel would be hosting the Aging with HIV Symposium.

**Adjournment:**

G. Grannan called for a motion to adjourn. **Motion:** K. Carter motioned, D. D'Alessandro seconded to adjourn the Comprehensive Planning Committee meeting. **Motion passed:** Meeting adjourned at 4:03 p.m.

Respectfully submitted,

Kevin Trinh, staff

Handouts distributed at the meeting:

- February 2024 CPC Meeting Agenda
- January 2024 CPC Committee Meeting Minutes
- Ryan White HIV/AIDS Program (RWHAP) National Monitoring Standards for RWHAP Part A Recipients
- Division of HIV Health Ryan White Care Services Manual