

Philadelphia EMA HIV Integrated Planning Council
Finance Committee
Meeting Minutes of
Thursday, December 1, 2022
2:00 p.m. – 4:00 p.m.

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

Present: Mike Cappuccilli, Keith Carter, Lupe Diaz, Alan Edelstein (Co-Chair)

Guests: Ameenah McCann-Woods (AACO), Zachary Howell

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

Call to Order and Introductions:

A. Edelstein called the meeting to order at 2:10 p.m. He dispensed with introductions since everyone knew each other.

Approval of Agenda:

A. Edelstein called for an approval of the December 1, 2022 Finance Committee Agenda. **Motion:** **K. Carter motioned, L. Diaz seconded to approve the agenda as presented. Motion passed: all in favor.**

Approval of Minutes (September 1, 2022):

A. Edelstein called for an approval of the September 1, 2022 Finance Committee meeting minutes. **Motion:** **K. Carter motioned, M. Cappuccilli seconded to approve September 1, 2022 minutes. Motion passed: 3 in favor, 1 abstention.**

Report of Co-Chairs:

No report.

Report of Staff:

M. Ross-Russell reported that OHP completed the data entry for the Consumer Survey. The survey had since been forwarded to an AACO data analyst for an in-depth analysis of the total 236 results. About 57% were from Philadelphia, about 31% were from New Jersey, and about 11.5% came from PA Counties.

M. Ross-Russell also reported that she had talked to Dr. Brady about the response letter to Dr. Obiri. They would touch on this further down in the agenda.

Presentation:

—2Q Spending Report—

A. McCann-Woods explained that the report included all spending within the entire EMA through 2022. There was 13% underspending through August 31st which amounted to about \$1.5 million. There were a few entities that were late in submitting invoices, so these numbers were a bit

premature. As of now, she was presenting a spreadsheet—she would present the full PowerPoint to the full HIPC at their next meeting.

A few of the services that exceeded 10% underspending within the Philadelphia County were the following: Outpatient Ambulatory Care (13% underspending), Medical Case Management or MCM (25% underspending), and Drug Reimbursement (88% underspending). For Outpatient Ambulatory Care, she said underspending was likely due to late invoicing or operating expenses. For MCM, underspending was likely due to vacancies since turnover continued to be higher than usual. In the last meeting they discussed turnover and there was no sure explanation. However, she knew that turnover was happening in many places of work. Additionally, people may be returning to school or seeking higher salary. Turnover was already somewhat higher for MCM. As for Drug Reimbursement underspending, this was due to individuals not accessing the service as much as before. It was typical to see underspending in this service category due to quick turnaround time for SPBP. They recaptured the funding to reallocate underspending.

K. Carter asked if increased turnover was due to remote work and individuals feeling disconnected from their jobs/coworkers. A. McCann-Woods responded that this could possibly be part of this, and some people may find it difficult to build connections and train virtually. However, this was probably not one of the main reasons for turnover.

A. McCann-Woods continued with Philadelphia expenditure information. As for Mental Health Counseling in Philadelphia, there was 22% underspending which was likely due to vacancies and difficulties hiring because of licensures and credentialing. She would find out more information and report back. Outpatient Substance Abuse Services was underspent by 17% and faced the same issues as Mental Health. An additional reason for underspending in Outpatient Substance Abuse might also be late invoicing.

A. McCann-Woods reported that EFA had an increase in utilization and was overspent by 100%. She was unsure what exact services/coverage people were asking for to contribute to this overspending. AACO was working hard to identify underspending elsewhere to move into EFA since there was a clear need for this service.

EFA-Pharma was underspent at 50% and she believed they were about to reallocate this underspending. Underspending was common within this service category. EFA-Housing had some overspending at 43,372 or 17% which indicated higher utilization.

For clarification, A. Edelstein noted that underspending on the spreadsheet was indicated by a positive number of dollars and a negative percentage. Overspending was the opposite case. A. McCann-Woods said she would present this as a PowerPoint at HIPC so the information was clearer.

For Transportation services in Philadelphia, there was underspending by 50%. There were more people using Septa now, so they should see an increase in spending. There was late invoicing for this service category which would contribute to the underspending.

A. McCann-Woods moved on to the spending report for the PA Counties. A. McCann-Woods noted that within the support services, there was overspending by 60% in EFA. She could not speak on the specific driver for the higher utilization. For EFA-Pharma there was underspending for the same reason as Philadelphia.

A. McCann-Woods reported some overspending in Food Bank for the PA Counties. A. Edelstein noted that the PA Counties had already spent their entire allocation for the year under the Food Bank service category. He asked if the expectation was a reallocation request for more money in this service. A. McCann-Woods said yes, as it was already identified as a need. M. Ross-Russell asked if the overspending was due to the increase in cost of food. L. Diaz said the price of food was going up at food banks, and that at her organization, they had seen the number of people coming to the food bank double – they served upward of 2,000 people this month. Therefore, food bank prices were increasing but there were also more people accessing the service. A. Edelstein said that utilities, rent, and other things had also increased, so people might be accessing Food Bank to cut down on their overall spending. A. McCann-Woods added that food banks were also changing policy to accommodate people’s needs more easily. There would certainly be a reallocation to meet the need.

M. Ross-Russell said that within Philadelphia, there was also overspending in Food Bank. A. McCann-Woods said NJ also had overspending in Food Bank, so this phenomenon was all throughout the EMA. K. Carter said the line on Broad and Morris was becoming notably longer and more people seemed to be searching for food assistance.

A. McCann-Woods said that there was overspending in Housing Assistance within the PA Counties by \$15,431. A. Edelstein noted that Transportation had a small amount of underspending (7%). A. McCann-Woods noted that back in the summer, they changed policy for types of allowable transportation. Transportation services were specifically for medical transportation, so this implied support around medical services. There was an assessment done last year where AACO saw increase in transportation—mostly used for support services such as support groups. While support services were important, right now they were prioritizing medical services. K. Carter asked if they could move support groups and such to working hours, because this would likely alter the price of transportation. A. McCann-Woods said this was based on people’s need and organizations’ individual capacities. There were limitations with how to use transportation, because it could be expensive with rideshares. A. Edelstein said that Uber and Lyft were operating at big losses, so they decided to raise their rates. Gas and insurance were also more expensive.

A. McCann-Woods moved on to spending within the NJ Counties. A. McCann-Woods said there was underspending in MCM at 21%. This was due to turnover. M. Cappuccilli said this was interesting that the percentage was a lot smaller than Philadelphia. A. McCann-Woods said it was comparable to Philadelphia, adding that most of the allocation went to personnel. She continued to report that Mental Health was underspent at 17%, likely due to staffing and some operational cost. Oral Health Care was underspent at 15% likely due to operational expenses.

For EFA-Housing, there was 100% underspending—same as Food Bank. This meant that there was no spending recorded yet. She further explained that AACO had not yet received invoices as of August. M. Cappuccilli asked why. A. McCann-Woods responded that, from what she knew, the awards themselves went out slightly late which caused further delays in the budget approval process. The ideal turnaround to get a budget approved was 30 days – usually this did not happen from the organizational or recipient side. There was typically some back and forth which held up the process. Additionally, providers might simply be behind on invoicing. She would find out more about this. K. Carter asked if there were providers habitually late with invoicing. A. McCann-Woods said large hospitals and fiduciaries were typically late. There was turnover everywhere, even in fiscal departments, so CFOs and accountants might leave and the new person in the position would have to learn the job. This, in turn, caused even more delays with invoicing. In this case, M. Cappuccilli noted that they had no idea about Food Bank services and demand within NJ Counties. A. McCann-

Woods said the clients were being served within NJ Counties and that there was no disruption in service—AACO simply did not know how much Food Bank was spending at the given moment. They had not received any notice that there was a need for more money.

A. Edelstein asked about carryover dollars and if these were being spent first before the actual award amount. A. McCann-Woods said this could be happening. There were also sources of funding that organizations may receive so this was spent down first.

A. McCann-Woods reported that the Systemwide allocation also saw underspending. This was normally because of staff turnover at AACO of OHP. She reminded everyone that any underspending below the line would be moved above the line for reallocation to direct service categories. This summed up all underspending over the line. She explained that she was currently under of the reason behind the 56% overspending in Systemwide Coordination. Systemwide Coordination accounted for the MCM Coordination Project. She elaborated on the project, explaining that it consisted of a small AACO team that facilitated training for MCMs. New or established MCMs were expected to complete a certain amount of training hours. The MCM Coordination Project could also facilitate additional trainings around special topics as needed. M. Cappuccilli said it was interesting that staffing had gone down for MCM yet training had increased. A. McCann-Woods said turnover was high, so they were having to train more people than usual. If memory served, A. McCann-Woods said the trainer for this program had trained more than double the amount of MCMs than usual.

Lastly, A. McCann-Woods reported 46% overspending in MCM under the Minority AIDS Initiative (MAI). She could not say why at this moment.

Discussion Items:

—PA Counties Response Letter—

M. Ross-Russell reported that she had talked to Dr. Brady earlier who was currently focused on finalizing the Integrated Plan. She would try to get a response letter to Dr. Obiri by Friday of this week. There were still some lingering concerns with the letter that might require more back and forth. There were some questions around conducting surveillance and Philadelphia's part in PA County surveillance/county-specific data.

From Dr. Obiri's letter, K. Carter recalled that PA Counties changed their system for data calculations. M. Ross-Russell agreed that data could change as a result of an altered data analysis process. However, if the process changed for the math, it should be accompanied by an explanation for the new data interpretation. A. Edelstein said that in accounting, there was often an explanation for any changes in data interpretation or principles—this would require those in charge of the process to explain why or how the new process was being used and why it was more efficient or accurate.

K. Carter asked if they could run the old numbers through the new process to see if there was a close match. M. Ross-Russell said there would always be checks and bA. Edelsteines with calculations and data to figure out why numbers were completely different. Any disparate data would prompt people to look back and investigate the more specific reason for disparity in numbers. Therefore, a more detailed explanation was required from the State of PA.

M. Cappuccilli asked if they could assume that the new program for analysis would be used throughout the EMA, since the new process came as a push from the CDC. M. Ross-Russell expected

this to be true, yes. All surveillance data went to the state, and the state provided the data to the CDC. The EMA also provided the data to the CDC. There were certain calculations that happened at the CDC level—therefore they could go back to the CDC and get access to data sets. If the CDC changed their expectation about how data was analyzed, it would be across the board.

M. Cappuccilli said through the new data analysis process, it appeared as though PA ran their numbers twice and received two different results. The end of the letter seems to insinuate that they would run their numbers a third time. He asked if the state would provide the results from the third run. He also questioned the purpose of running the numbers a third time.

A. Edelstein suggested that the PLWH prevalence data was like the census data in that they were simply counting people. He asked if this difference was how they classified individuals, e.g. counting people where they were currently living versus where people were initially diagnosed. M. Cappuccilli agreed that this seemed to be the change. M. Ross-Russell said that this was not necessarily new, however, and that states typically worked with other states/health departments and the CDC to ensure their data was more up to date and people were not counted who were no longer in-state.

A. Edelstein asked if there was a generally accepted methodology or if each state had their own process. M. Ross-Russell responded that some states and counties might have different funding issues or other barriers to data collection. For example, some states might have full departments while others simply have one person to work with the data.

M. Ross-Russell noted how the information provided to the HIPC and the data on the PA State website were different. HIPC still needed an explanation on how this occurred. There could be a good reason, but they had no way to know without an explanation from the state.

M. Cappuccilli asked about next steps. A. Edelstein said they would have to wait for Dr. Brady to send out her response letter. Currently, M. Ross-Russell explained that she was having issues completing the EPI profile since she was unsure about using the PA Counties numbers. She could use EMA-wide numbers from the CDC, but this meant no regionalized data. For process clarification, they reported numbers as a jurisdiction. CDC received the information from Dr. Brady, and if they had questions about the data, they worked with the health departments for clarity.

M. Ross-Russell continued to explain that case counts may have gone down because people were not getting tested during the pandemic. However, such changes required an explanation that pointed to a certain event. M. Cappuccilli asked if they could use an educated guess to allocate service dollars throughout three regions instead of using epidemic percentages. A. Edelstein said it was written into their bylaws that they allocate based on percentages of epidemic between the city/PA Counties/NJ Counties. Therefore, it would require an official process to change this.

A. Edelstein suggested it was important that they defer to Dr. Brady and let her write her response letter. M. Ross-Russell noted that Dr. Brady was previously the City of Philadelphia's epidemiologist, so her response to Dr. Obiri could focus on specific issues. If Dr. Brady was not in the picture, he could see the Finance Committee responding to Dr. Obiri to explain how they felt the letter lacked a full explanation. L. Diaz agreed, noting that Dr. Brady should be the first individual to make contact – if she received a response that she found it satisfactory, she could explain present the response to the Finance Committee/HIPC.

L. Diaz disclosed that she received RW dollars within the PA Counties and noted that she was worried that all the “yo-yoing” of money could make or break agencies. M. Ross-Russell agreed and assured everyone that Dr. Brady was aware of this concern. They had approximately 6 months to resolve the issue leading up to the next allocations process. M. Ross-Russell noted that there was a time where HIPC did not follow the prevalence numbers and had set percentages for each of the three regions. They could use this sort of breakdown again if they were continuing to question PA numbers by the time allocations rolled around. This was not ideal, but they could look further into this if needed.

A. Edelstein referred to the prevalence number data rule for regional allocations – if they did not find the data to be reliable, they would have to come up with some alternative approach accompanied by their rationale. They had time to make these decisions, so he felt that they should wait and see. A. Edelstein suggested K. Brady participate in future meetings to talk more about the issue. K. Carter asked if they needed to place a deadline. For example, if they did not receive a response from Dr. Obiri by a certain date, they could move forward with an alternative plan of action. A. Edelstein suggested they wait and see what happened between this meeting and next. M. Ross-Russell noted that the next allocation process would be for the planning period starting March 2024. The council had already finalized their proposed allocations for 2023. If they needed to go back and alter allocations, it would be around the time they received the final award.

M. Ross-Russell suggested that between now and February 2023, they could try to have some backup plan in place. They would need strong and definitive language for their rationale behind their backup plan. Altered language for process would also need to go through the Executive Committee before the HIPC. They could talk about it in the next couple of HIPC meetings, but she suggested they wait to hear back from Dr. Brady first.

A. Edelstein asked if it was likely they would hear back before the next Finance Committee meeting. M. Ross-Russell said that they would hear back from Dr. Brady before the next Finance Committee meeting but even possibly next week. M. Ross-Russell was unsure about the timeframe for Dr. Obiri’s response. A. Edelstein said they could wait a month. After that, they could pick it up and start to work on solutions and backup plans. Everyone agreed.

L. Diaz agreed as well, adding that they may not want to make any big changes to anything until they had a bigger picture of what was happening from Dr. Brady.

Other Business:

None.

Announcements:

K. Carter announced that Jeanette would be speaking at the UNAIDS event and would be the first Black female to speak.

Adjournment:

A. Edelstein asked for a motion to adjourn. **Motion:** K. Carter motioned, M. Cappuccilli seconded. **Motion passed:** general consensus. Meeting adjourned at 3:48 p.m.

Respectfully submitted:

Sofia M. Moletteri, staff

Handouts distributed:

- December 2022 Finance Committee Agenda
- September 2022 Finance Committee Minutes
- PA Counties Response Letter from Dr. Obiri