

MEETING AGENDA

VIRTUAL:

Thursday, March 11, 2021

12:30 p.m. – 1:30 p.m.

- ◆ Call to Order

- ◆ Welcome/Introductions

- ◆ Approval of Agenda

- ◆ Approval of Minutes (*February 11, 2020*)

- ◆ Report of Co-Chairs

- ◆ Report of Staff
 - HIPC Contact Survey

- ◆ Discussion Items
 - Orientation for New Members

- ◆ Other Business

- ◆ Announcements

- ◆ Adjournment

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

The next Nominations Committee meeting is

VIRTUAL: April 8, 2021 from 12:30 – 1:30 p.m.

Office of HIV Planning, 340 N. 12TH Street, Suite 320, Philadelphia, PA 19107
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Philadelphia HIV Integrated Planning Council
Nominations Committee
Meeting Minutes of
Thursday, February 11, 2021
12:00-1:00 p.m.

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

Present: Juan Baez, Michael Cappuccilli, Lupe Diaz, Sharee Heaven, Samuel Romero

Staff: Beth Celeste, Debbie Law, Julia Henrikson, Nicole Johns, Mari Ross-Russell, Sofia Moletteri

Call to Order: S. Romero called the meeting to order at 12:13 p.m. He welcomed everyone and asked them to introduce themselves.

Approval of Agenda: S. Romero presented the February 2021 Nominations Committee agenda for approval. **Motion:** M. Cappuccilli motioned, L. Diaz seconded to approve the January 2021 agenda. **Motion passed:** All in favor.

Approval of Minutes (January 14, 2020): S. Romero presented the previous meeting's minutes for approval. **Motion:** J. Baez motioned, M. Cappuccilli seconded to approve the January 2020 meeting minutes. **Motion passed:** All in favor.

Report of Chair:

M. Cappuccilli reported that he, S. Moletteri, and K. Carter met on Monday to discuss the National Retention and Recruitment LC. This meeting was in preparation for the national meeting on February 25, 2021. He would continue to make reports within the Nominations Committee. If HIPC voted to assemble the Ad-Hoc Recruitment Workgroup, they would also report to them.

Report of Staff:

M. Ross-Russell reported that voting on the Ad-Hoc Recruitment Workgroup would help separate the retention and recruitment roles Nominations had previously discussed. Nominations could focus on retention within the Planning Body, while the ad-hoc workgroup could build recruitment efforts.

M. Ross-Russell mentioned the LEAP training from Houston as a possible asset for recruitment efforts. The Positive Committee could help to review and update the trainings. She asked Nominations for their opinions on the ad-hoc workgroup. Would Nominations like the workgroup to focus on targeted population recruitment, a specific timeline, etc.? Additionally, she asked the committee when they would like to start their next open nominations process. Under normal circumstances, the committee would begin accepting applications in the spring. She noted that the appointment letter process was backed up.

D. Law mentioned that the Recruitment and Retention LC and the ad-hoc workgroup might affect the Nominations Committee's workflow. For example, if HIPC approved the ad-hoc workgroup, Nominations may choose to work with them occasionally. M. Ross-Russell said that the CDC Project Officer wanted HIPC better to reflect the HIV epidemic and those at risk. Additionally, the council should also reflect jurisdiction demographics. To better reflect the epidemic, the council needed to have more young AA MSM on the body.

M. Cappuccilli asked if there was still a HIPC or OHP representative within the quarterly AACO meetings. M. Ross-Russell said there were HIPC representatives who were also executive directors attending the meetings. She said she would need to request that her name be permanently added to the listserv since her notifications were sporadic.

M. Ross-Russell reported a temporary staffing change within AACO. C. Terrell was now the Acting Director of Disease Control, and K. Brady was Acting Director of AACO. The new governmental HIPC co-chair would be able to speak on this at greater lengths. The staffing change was temporary for up to 6 months while they looked for a formal director.

D. Law reported that anyone from Nominations Committee who wanted to sign up for the ad-hoc workgroup should do so during the upcoming HIPC meeting.

Discussion Items:

—Conversations with Members in Attendance Violation—

D. Law reminded everyone that during their last meeting, each person volunteered to contact a HIPC member who had fallen out of contact/in attendance violation with HIPC. D. Law reviewed the group's questions when contacting each member: Are you receiving email reminders? Do you prefer a phone call or text reminders over email? Do you have the technology available for virtual meetings? What other barriers do you experience for attending meetings? Are you still interested in HIPC membership? After the group asked these questions, they also noted the successful communication method when reaching out.

D. Law noted that she already received the emails from each Nominations member's report. However, they could also choose to share their experiences with the group.

L. Diaz said she reached out to three people. One member she contact had been attending the meetings but was not getting all of the notifications. She requested that she receive text notifications for the meetings. The second person was working and hoped to use PTO to attend meetings. D. Law asked if this member needed reminders via text, and L. Diaz said she could send the text reminders to this member. The third individual requested meeting reminders via text message. This person was also in the middle of moving, so they were busy. S. Moletteri requested that Nominations Committee members send this information to her to text those who asked for meeting reminders via text.

M. Cappuccilli said that his contact had two emails and a phone number. He tried to reach this person through each medium, but he had not heard back from them. D. Law explained that this person might have changed jobs. M. Cappuccilli agreed, noting that the work email bounced back and was out of service. M. Ross-Russell said she would look into this. Previously, she pointed out that this person worked with adolescent populations. M. Cappuccilli continued, noting that he had a couple of phone conversations with the second contact. This individual was unable to use Zoom with their current phone and was having technological issues. He told this contact that he would call them after meetings to update them on the content. M. Cappuccilli asked if the absences should be counted as excused for this individual. D. Law said they could count as excused.

S. Moletteri asked if M. Cappuccilli offered the number to call in for Zoom meetings. She noted that the Zoom app was not required for participation, and people could still participate by calling in. N. Johns agreed, saying that people could talk and listen to presentations when calling in, though they could not see the screen. She added that they could make a note of the local numbers available when sending out Zoom links. S. Moletteri said that when she sends mass texts, she could include the number. N. Johns noted that sometimes when an individual calls in, their name may not appear in Zoom. However, this person could still note who they were via voice. M. Cappuccilli asked if calling in counted for attendance. N. Johns said yes.

J. Baez said that the person he contacted expressed interest in the council and was receiving emails. This person said it was difficult to rearrange their work schedule around the meetings. J. Baez suggested that they remind attendees that the meetings had set times. He said that he spoke to the contact over the phone, but they did not need text or phone reminders. They suggested more advanced notice for meetings.

N. Johns said that her contact came to the last HIPC meeting, and she felt this person's lack of attendance was a timing issue. She said she would be happy to reach out personally. Her other contact wanted to come to HIPC meetings. This person was coming to Poz check-ins regularly and did not have technological difficulties. N. Johns said she would reach out to these two contacts with a personal reminder.

S. Romero said he could not reach his first contact, and the person who answered the phone said he had the wrong number. His second contact said he was not receiving meeting reminders. This person requested reminders via text and also recently bought a computer and could now access email.

S. Heaven said that her contact got a new job and was receiving emails. This contact felt overwhelmed and found it challenging to make meetings. This person requested meeting reminders via text. For her second contact, S. Heaven noticed that the person's email address was incorrect. This person requested meeting reminders via text.

—Orientation for New Members—

M. Ross-Russell noted that the information on the hivphilly.org website would be useful for training and orientation. She suggested that orientation could be held with the assistance of a Q&A to review the website materials. All topics covered in orientation were already available on the website. She felt that this would be more beneficial than a formal orientation process given the virtual circumstances.

M. Cappuccilli asked if new members should read the website materials or offer a quiz on the website. M. Ross-Russell said that Nominations could choose whichever approach they felt best. She also asked Nominations members to review the information on the website. There were three pages on the website that contained information about the Planning Council. The committee could choose which part of the website/what information to focus on. She noted that there was also a live quiz on the website about HIPC. This quiz was available on the "Apply" page and covered HIPC's roles and responsibilities.

M. Cappuccilli asked if orientation would be a separate Zoom meeting. M. Ross-Russell said this seemed most reasonable, but it was up to the committee. S. Romero asked if orientation would occur

before or after the city's formal appointment letter. M. Ross-Russell said it would happen after formal appointment.

M. Cappuccilli asked if Nominations should participate in the orientation process. D. Law said they could decide whether to participate. Regardless, she could include them in the orientation email. S. Romero asked about next steps. D. Law said that this discussion was an informal way to explore the orientation process.

D. Law said she would reach out to new members to offer clarification on the onboarding process. S. Romero suggested they should table the orientation discussion. D. Law agreed and noted that they could also brainstorm questions for new members.

Any Other Business:

None.

Announcements:

None.

Adjournment: S. Romero called for a motion to adjourn. **Motion:** M. Cappuccilli motioned, J. Baez seconded to adjourn the February 11, 2021 Nominations Committee meeting. Motion passed: All in favor. Meeting adjourned at 1:00 p.m.

Respectfully submitted:

Sofia M. Moletteri, staff

Handouts distributed:

- February 2021 Nominations Meeting Agenda
- January 2021 Nominations Meeting Minutes

Quiz: What's My "Part"?

Work individually. Indicate which "Part" of the Ryan White legislation fits each of the following, choosing from the response categories below. You may use some responses more than once, and some not at all.

Response categories:

A = Part A

B = Part B

C = Part C

D = Part D

E = All Parts

F = Part F

G = Parts A and B

H = Parts C and D

I = None of the Parts

- ___ 1. Provides Funds to Eligible Metropolitan Areas (EMAs) and Transitional Grant Areas (TGAs)
- ___ 2. Special Projects of National Significance
- ___ 3. Early Intervention Services including comprehensive medical care and support services, funded through competitive grants, mostly to health centers and other clinics
- ___ 4. Dental Reimbursement Programs, Community Based Dental Partnerships, and AIDS Education and Training Centers (AETCs)
- ___ 5. Competitive grants designed to improve Access to Care for Women, Infants, Children and Youth
- ___ 6. Funding for Minority AIDS Initiative (MAI)
- ___ 7. Part Administered by the Division of State HIV/AIDS Programs (DSHAP)
- ___ 8. Improve Access to Quality HIV Care and Treatment
- ___ 9. Entitlements that are the Right of all HIV Infected and Affected Individuals
- ___ 10. Includes the AIDS Drug Assistance Program

Quiz: Test Your Knowledge of the Ryan White Legislation and the Work of the Planning Council

Indicate whether each of the following is TRUE or FALSE.

True or False:

- _____ 1. The Ryan White legislation provides the single largest source of federal funding for HIV/AIDS care.
- _____ 2. The Ryan White program is based on a “medical model,” and at least 75% of Ryan White HIV/AIDS Program (RWHAP) Part A funds must be spent on core medical-related services.
- _____ 3. The Planning Council is the decision maker about what types of services (“service categories”) an Eligible Metropolitan Area (EMA) or Transitional Grant Area (TGA) will fund with RWHAP Part A dollars, and how much money will be allocated to each service category.
- _____ 4. The recipient has the lead role and the Planning Council has a supportive role in procurement – choosing specific agencies to be funded with RWHAP Part A funds.
- _____ 5. Only the Chief Elected Official (the Mayor) can appoint people to the RWHAP Part A Planning Council.
- _____ 6. Collaboration with RWHAP Part B is important, so the RWHAP Part A recipient may approve cost-sharing arrangements or agreements with the State about who pays for what services even if they don’t quite fit the established RWHAP Part A priorities and allocations.
- _____ 7. Planning Council members should not receive quality management or contract monitoring results for individual, identified provider agencies – they should get information only at the service category level.
- _____ 8. The Planning Council and recipient work together on Needs Assessment, but the Planning Council plays a lead role in determining what data are needed for its decision making and overseeing the process.
- _____ 9. An EMA or TGA that has a lot of RWHAP Part A formula grant funds left over and unspent at the end of the year will get less funding in a future year.
- _____ 10. A person with HIV/AIDS who is eligible for Medicaid must choose whether to get primary care services through Medicaid or through Ryan White funding.

Answer Sheet for Orientation Quiz: What's My "Part"?

Response categories:

A = Part A

B = Part B

C = Part C

D = Part D

E = All Parts

F = Part F

G = Parts A and B

H = Parts C and D

I = None of the Parts

1. Provides Funds to Eligible Metropolitan Areas (EMAs) and Transitional Grant Areas (TGAs) - **A**
2. Special Projects of National Significance - **F**
3. Early Intervention Services including comprehensive medical care and support services, funded through competitive grants, mostly to health centers and other clinics - **C**
4. Dental Reimbursement Programs, Community Based Dental Partnerships, and AIDS Education and Training Centers (AETCs) - **F**
5. Competitive grants designed to improve Access to Care for Women, Infants, Children and Youth - **D**
6. Funding for Minority AIDS Initiative (MAI) - **F**
7. Part Administered by the Division of State HIV/AIDS Programs (DSHAP) - **B**
8. Improve Access to Quality HIV Care and Treatment - **E**
9. Entitlements that are the Right of all HIV Infected and Affected Individuals - **I**
10. Includes the AIDS Drug Assistance Program - **B**

Answer Sheet: Test Your Knowledge of the Ryan White Legislation and the Work of the Planning Council

Indicate whether each of the following is TRUE or FALSE.

True or False:

1. The Ryan White legislation provides the single largest source of federal funding for HIV/AIDS care. – **FALSE:** Medicaid and Medicare both provide more funding for HIV/AIDS care. Ryan White is the largest federal program developed specifically to provide HIV/AIDS care.
2. The Ryan White program is based on a “medical model,” and at least 75% of Ryan White HIV/AIDS Program (RWHAP) Part A funds must be spent on core medical-related services. - **TRUE**
3. The Planning Council is the decision maker about what types of services (“service categories”) an Eligible Metropolitan Area (EMA) or Transitional Grant Area (TGA) will fund with RWHAP Part A dollars, and how much money will be allocated to each service category. - **TRUE**
4. The recipient has the lead role and the Planning Council has a supportive role in procurement – choosing specific agencies to be funded with RWHAP Part A funds. – **FALSE:** The Planning Council should have no role in the selection of service providers; this is stated in the legislation.
5. Only the Chief Elected Official (the Mayor) can appoint people to the RWHAP Part A Planning Council. **TRUE**
6. Collaboration with RWHAP Part B is important, so the RWHAP Part A recipient may approve cost-sharing arrangements or agreements with the State about who pays for what services even if they don’t fit the established RWHAP Part A priorities and allocations. – **FALSE:** The Planning Council allocates funds based on the identified service needs and gaps in the jurisdiction, and the recipient is required to use those allocations in contracting for services. Collaboration is important, but any changes in priorities or allocations must be approved by the Planning Council; such decisions cannot be made by the recipient.
7. Planning Council members should not receive quality management or contract monitoring results for individual, identified provider agencies – they should get information only at the service category level. - **TRUE**
8. The Planning Council and grantee work together on Needs Assessment, but the Planning Council plays a lead role in determining what data are needed for its decision making and overseeing the process. - **TRUE**
9. An EMA or TGA that has a lot of RWHAP Part A formula grant funds left over and unspent at the end of the year will get less funding in a future year. - **TRUE**
10. A person with HIV/AIDS who is eligible for Medicaid must choose whether to get primary care services through Medicaid or through Ryan White funding. –

FALSE: Billing Medicaid is a provider responsibility, once the client indicates having Medicaid coverage. Ryan White is the payer of last resort, so the service provider must bill Medicaid for any eligible services provided to a client with Medicaid coverage. The legislation requires Ryan White providers that deliver Medicaid-eligible services to take steps to become eligible to receive Medicaid reimbursement.