

# MEETING AGENDA

*VIRTUAL:*

*Thursday, January 4th, 2024*

- ◆ Call to Order
  
- ◆ Welcome/Introductions
  
- ◆ Approval of Agenda
  
- ◆ Approval of Minutes (November 2nd, 2023)
  
- ◆ Report of Co-Chairs
  
- ◆ Report of Staff
  
- ◆ Presentation
  - Third Quarter Spending Report
  
- ◆ Action Item
  - Reallocation Request
  
- ◆ Other Business
  
- ◆ Announcements
  
- ◆ Adjournment

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The next Finance Committee meeting is

VIRTUAL: February 2nd from 2:00 p.m. – 4:00 p.m.

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

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**VIRTUAL: Finance Committee  
Meeting Minutes of  
Thursday, November 2nd, 2023  
2:00 p.m. – 4:00 p.m.**

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

**Present:** Michael Cappuccilli, Keith Carter, Alan Edelstein (Co-chair)

**Guests:** Ameenah McCann-Woods (DHH)

**Excused:** Adam Williams

**Staff:** Beth Celeste, Tiffany Dominique, Sofia Moletteri, Mari Ross-Russell, Kevin Trinh

**Call to Order:** A. Edelstein called the meeting to order at 2:04 p.m.

**Introductions:** A. Edelstein skipped introductions.

**Approval of Agenda:**

A. Edelstein referred to the November 2023 Finance Committee agenda and asked for a motion to approve the November 2023 agenda. **Motion:** K. Carter motioned; M. Cappuccilli seconded to approve the November 2023 Finance Committee agenda via Zoom poll. Motion passed: 2 in favor, 1 abstaining. The November 2023 agenda was approved.

**Approval of Minutes (October 5th, 2023):**

A. Edelstein referred to the October 2023 Finance Committee minutes. **Motion:** K. Carter motioned; M. Cappuccilli seconded to approve the October 2023 meeting minutes via Zoom Poll. Motion passed: 2 in favor, 1 abstaining. The October 2023 minutes were approved.

**Report of Co-chairs:**

None.

**Report of Staff:**

M. Ross-Russell said there were questions and concerns regarding the HIV Integrated Planning Council (HIPC) presentation last month and from the Comprehensive Planning Committee (CPC). She assured the committee that Dr. Brady would be addressing the questions with a formal response in the future.

**Presentation:**

***-Directives Update-***

A. McCann-Woods, a representative from the Division of HIV Health (DHH), introduced herself and stated that she would be presenting DHH's response to the directives from the July Allocations meetings and recent requests for more information from the Comprehensive Planning Committee (CPC). She addressed the directives by region, starting with the New Jersey Counties.

The first directive from the New Jersey Counties was to encourage outreach to aging populations, ensuring they were informed about funded services. She said the recipient (DHH) responded that they would communicate to Subrecipients, emphasizing the necessity for outreach to aging populations to ensure their awareness of funding services in the eligible metropolitan areas (EMA). She mentioned that priority services to receive this message would begin with Medical Case Management (MCM) and Outpatient/Ambulatory Health Services (O/AHS) funded sites. She explained that during Ryan White eligibility assessments, these two services were the core service categories through which people were certified. M. Cappuccilli asked if communications with those within the service categories had occurred. A. McCann-Woods replies that communication was ongoing and would continue..

K. Carter asked if seniors had to be certified to use Ryan White services. A. McCann-Woods said that everyone engaging with Ryan White services had to be certified, regardless of age. She added that most RW certifications happened through MCM and O/AHS. M. Cappuccilli asked if subrecipients would receive quarterly reviews by their recipient analyst, thus ensuring communication between DHH and the subrecipient. He then asked if there were follow-ups to ensure case managers were making their clients aware of all the available funded services. A. McCann-Woods answered that there were several processes to ensure this would happen. One of them was called Health Resources and Services Administration Monitoring where an analyst would review the subrecipient's materials to ensure they were making clients aware of all funded services. However, it was still difficult to know how much case managers were conveying to clients since DHH could not access a case manager's notes.

A. Edelstein asked if this was a requirement in the contract. A. McCann-Woods said agencies were not required to conduct outreach to their aging populations or youth. However, there was legislation in place to monitor how agencies were reaching out and offering services to populations with other indicators. A. Edelstein suggested adding language to the contract that encouraged going beyond the legislative requirements. A. McCann-Woods said she would keep this idea in mind. A. Edelstein believed that if it was noted in the contract, it strengthened compliance for the agencies.

The committee moved to the New Jersey Counties' second directive. The directive stated:

Increase access to and awareness of telehealth options to medical and social service care;  
Request more information on telehealth services provided and the circumstances of its use.

As DHH's response, A. McCann-Woods stated that telehealth options were available at multiple Ryan White outpatient/ambulatory sites and have been integrated into HIV primary care since the beginning of the COVID-19 pandemic. As of now, all sites provide telehealth, either secure video or telephonic services. Further research was needed to learn how providers made their patients aware of telehealth options.

Regarding social services, she emphasized that the bulk of Ryan White services must be conducted in person, with some exceptions for MCM and substance abuse services. Telehealth

services were provided to those clients on an as-needed basis. She reminded the committee that they needed to learn how people received information, considering that not everyone had access to information online. They needed to adapt their messaging to reach all target populations.

A. Edelstein stated that increasing access to telehealth options could also mean ensuring clients have the technology to use the services. A. McCann-Woods acknowledged that DHH was aware of the digital divide and suggested telehealth visits via phone were helpful for this reason. She explained that some visits and individuals needed to be in-person, depending on the circumstance.

A. McCann-Woods mentioned some third-party programs that were trying to increase access to telehealth through cell phone and pager programs. She clarified that these efforts were not supported through Ryan White funding. A. Edelstein said the conversation had reminded him of their previous discussions regarding transportation, noting that the service was not worthwhile if patients were unable to travel to use the service. A. Edelstein asked if most people had phones. A. McCann-Woods replied that some people did not have phones, and they found that these individuals were generally not in care.

The third directive from the New Jersey counties stated:

Ensure subrecipients are disseminating information on the availability and coverage of Emergency Financial Assistance (EFA) funding so clients can access this service.

A. McCann-Woods said the primary mechanism by which EFA services were shared was through MCM services. She stated that all medical case managers must complete a vigorous training process with the recipient's medical case management coordination project. More specifically, each MCM program must designate an individual(s) who completes further training with Public Health Management Corporation (PHMC) to carry out the services properly. The client's needs were considered during their comprehensive assessment with their assigned medical case manager.

Furthermore, the recipient would be adding a service search tool on the Philly Keep On Loving website ([PhillyKeepOnLoving.com](http://PhillyKeepOnLoving.com)). This tool would describe services, and people with HIV would be able to contact the recipient's Client Services Unit (CSU) staff via chat, email, or by phone to ask questions about services. Anyone in need of the services would be referred to MCM services, and CSU would provide short-term case MCM until the client has been assigned an MCM. She said the CSU could be contacted at 215-985-2437, and the number was given to subrecipients and the community on business and palm cards.

If a client who was using case management services completes a comprehensive assessment, the case manager would be notified that they need assistance with the EFA program. A. McCann-Woods reminded the committee that EFA was an emergency program rather than an entitlement program. She said the person has to meet the need to receive assistance.

The fourth directive from the New Jersey Counties stated:

DHH was to report back to the Comprehensive Planning Committee with progress and updates on the currently implemented EFA-Housing Model.

In response to the directive, A. McCann-Woods explained that the intention of EFA-Housing is for emergency financial assistance for limited one-time or short-term payments to assist the Ryan White HIV/AIDS Program (RWHAP) clients with an emergent need for paying for essential utilities, housing, food (including groceries and food vouchers), transportation, and medication. EFA can occur as a direct payment to an agency or through a voucher program.

A. McCann-Woods stated that through FY22, \$107,446 was allocated, and the subrecipient has exceeded program goals. In total, 235 clients received 235 monthly payments for EFA-Housing. EFA-Housing has not encountered significant challenges. However, different situations were not written in guidance or service provisions that must be handled uniquely on a case-by-case basis. The recipient was excited to report that the processing of applications continues to be completed in 1-2 business days.

A. McCann-Woods recalled a situation where a person was responsible for half of the rent, and their roommate was responsible for the rest. The roommate was on the lease but had not paid their part of the rent. In this situation, A. McCann-Woods expressed disappointment that they could not help the person. A. Edelstein asked if a person could be evicted in that situation. A. McCann-Woods said they could be evicted, and the landlord would need to go through the eviction process and notify the recipient. A. McCann-Woods mentioned that PHMC may have resources that could help clients if the recipient was unable to.

The fifth directive from the New Jersey Counties stated:

In accordance with federal treatment guidelines, increase access to immediate antiretroviral therapy (ART) (within 96 hours) from diagnosis unless otherwise clinically indicated and recorded.

A. McCann-Woods mentioned that increasing iART had been part of the HRSA End the Epidemic (EHE) Initiative for Philadelphia. The recipient has organized the following: an HIV Learning Collaborative as part of the EHE initiative, provided capacity-building assistance to all EHE-funded providers to develop and implement iART policies that included processes on access and expansion. In September 2023, the recipient awarded all Status Neutral HIV testing providers to develop and implement iART policies to be completed by January 2024. Implementation of said iART policies across all EHE-funded subrecipient sites was now in full force.

Alan Edelstein asked if A. McCann-Woods could provide more information on the meaning behind status neutral. A. McCann-Woods said status-neutral HIV testing was formerly known as “testing and linkage to care” and “counseling, testing, and referral.” She mentioned it was their community testing program, using data-driven processes to target populations at higher risk for HIV transmission, such as people who use drugs, Black/brown individuals, especially Black women, transgender populations, and men who have sex with men (MSM). A. McCann-Woods

said everyone in those populations was offered sexually transmitted infection (STI) tests, HIV tests, and Pre-Exposure Prophylaxis (PrEP) services if they had a PrEP indication.

M. Cappuccilli asked if the directives were from the last two funding cycles. A. McCann-Woods confirmed that they were. A. Edelstein asked if status neutral referred to a person's HIV status. A. McCann-Woods said that was correct, and they would assume the person does not know their HIV status. She mentioned they had previously awarded credit to providers who found newly diagnosed individuals with HIV. She said they found that people who had fallen out of care would often return to care through community-based testing. She added that they now credited providers who linked persons out of care to services.

The sixth directive from the New Jersey Counties stated:

Expand operating hours to include evening and weekend appointments for HIV medical care in the community and hospital-based HIV treatment sites.

A. McCann-Woods mentioned they were expanding operating hours as part of EHE efforts. Additional funds were only available to Philadelphia-based providers through HRSA EHE funding. Ryan White Part A Providers in New Jersey were encouraged to expand operating hours with their current Part A funds. She said DHH understood the challenges of expanding hours since they would also need to hire more health practitioners.

K. Carter asked if DHH knew which providers were offering weekend and evening hours. A. McCann-Woods said DHH knew who the providers were but she did not have access to that list at the time. She believed there were 52 or 56 providers in total and would look into how many expanded their hours.

A. Edelstein asked if they could track the number of clients who made use of the expanded hours, specifically evening hours. She said obtaining data from FY21 to FY22 and utilization data would take some time. A. Edelstein suggested that rather than gathering data for the whole year, she could give them data from random months of the year. A. McCann-Woods agreed. K. Carter suggested that they should expand hours during the week as opposed to during the weekend. A. McCann-Wood would look further into this, but it was unlikely to be completed before the next week due to the holidays.

A. McCann-Woods then moved to the PA Counties' directives. She skipped the first two directives, which were the same as the first two directives in the New Jersey counties. The third directive requested DHH ascertain the need for increased mental health services in the PA counties.

A. McCann-Woods said the recipient would reach out to all mental health-funded subrecipients and identify gaps in services and waiting lists. However, there does not appear to be an increased need reported directly to the recipient by way of additional funds requests or technical assistance. A. McCann-Woods said she contacted subrecipients in the PA counties, but she had not heard from anyone regarding gaps in services. She assured the committee that they would be researching to fully answer the directive.

A. McCann-Woods moved to review the Philadelphia County directive and DHH's response. The first directive from Philadelphia County read:

Review which services are most utilized and needed by People Living With HIV (PLWH) 50+ Years old; encourage outreach to said population to ensure they are informed about funded services.

A. McCann-Woods mentioned that services most used by PLWH 50+ years old would require further research via a study of the recipient's databases and direct inquiry with the subrecipients. She said the process would take time, but DHH was aiming to provide accurate information before the close of this fiscal year, which ends on 2/29/24.

She said much work on the topic had taken place. The recipient had convened a community-led symposium called Aging and Thriving, which took place on May 24, 2023. The symposium facilitated a day of discussions and resource-sharing for adults with HIV over 50 and their service providers. It was attended by 83 in-person attendees and about 20 online participants throughout the day. A. McCann-Woods then reviewed the goals of the symposium. The first goal was to foster dialogue between community members and providers of health and social services about the resilience, challenges, and wisdom of people aging with HIV. The second goal was to provide education to providers and community members about accessing services to meet the intersecting nature of health, economic, and service needs of people aging with HIV. The third goal was to provide insight to DHH on how to design services that best serve the diverse local community of individuals aging with HIV and align services for aging populations with the local EHE plan. She then listed the topics that were discussed. The topics included: resources available through the local Area Agency on Aging, Managing HIV in Older Adults: Understanding Your Labs & Common Co-Morbidities, Benefits and Employment Issues for Over 50, Death and Dying, End of Life Issues: Healing From Trauma as Long Term Survivors, Needs and Experiences of Trans and Gender Non-conforming Older Adults with HIV, Elder Housing Resources, and Criminalization of HIV.

K. Carter mentioned that a new doctor's office had recently opened to treat older people in the LGBTQ+ community at Jefferson Hospital. A. McCann-Woods explained that DHH was planning another symposium that was tentatively planned for the third week of May 2024. She also mentioned that the University of Pennsylvania was to perform a focus group for adults with HIV.

The second directive from Philadelphia County stated:

Increase access to and awareness of Food Bank services, especially those that are culturally relevant; request more information on Food Bank services provided and their utilization to determine improved health outcomes.

A. McCann-Woods said 5 subrecipients in Philadelphia receive Ryan White Part funding for food bank services. The range of food bank services was diverse. The services include traditional food banks and food vouchers to various merchants. After reviewing these services, Subrecipients were implementing culturally relevant and appropriate food bank services. A.

McCann-Woods said some of these examples included choice; this meant giving clients the option to choose which food items they would like to take home. The food bank looks like “supermarket” style food bank access, or clients can submit a food bank shopping list while the worker packs their food bags. These same providers may source food items from Philabundance, Amazon, BJ's, and other places. During the holiday season, many Subrecipients would make available food baskets. Clients were also given additional resources for food banks in and around the area, and agency brochures to make them aware of in-house services. Moreover, clients were assessed to ensure access to entitlements such as SNAP benefits and WIC.

A. McCann-Woods said food voucher selection had taken into consideration the cultural needs and access limitations among clients. This includes getting vouchers from local supermarkets and supermarket chains. Alongside cultural relevance, other accommodations were made such as language access, allergy considerations, food delivery, dietary considerations, supplements, and water filtration. At least two subrecipients have disclosed they have events or acknowledge cultural needs by having monthly Hispanic heritage pantry days. Additionally, one Subrecipient shared they have annual surveys specifically about their food bank services to ensure their needs were met. However, one subrecipient reported they need additional support to competently offer and address diverse diets (such as religious considerations, vegan, and vegetarian diets).

A. McCann-Woods mentioned she had visited one of the food banks and was impressed with the selection of culturally diverse foods available. A. Edelstein asked how they prevented certain clients from getting more than their allocated amount while also ensuring that the foods were balanced nutritionally and met the needs of every diet. A. McCann-Woods said the food bank clients had to fill out a form before accessing the service. There were restrictions at each food bank depending on the client and their household. A. McCann-Woods said 1 in 5 subrecipients requested more help in providing food. She said there were multiple internal processes for them to obtain more funding.

K. Carter asked if a person could sell their food voucher to another person. A. Edelstein said they could, and it was the reality of the situation that existed for decades. K. Carter then asked if they could prevent persons from taking too much food or too much of a highly desired item. A. McCann-Woods said there were restrictions in place on what the client can get. These were restricted by the forms that she mentioned. She added that the workers also conducted inventory checks to ensure that food items were accounted for and in stock.

A. McCann-Woods skipped the third and last directive from Philadelphia since they had already discussed disseminating information on the availability and coverage of EFA funding.

She next looked at the requests for more information from the Comprehensive Planning Committee (CPC).

The first request for information from the CPC requested a breakdown of spending for activities within Substance Use Services (Outpatient), specifically looking at drug testing. The CPC wanted to know how the money was allocated within this service and how much information could be provided without identifying the organizations.



A. McCann-Woods replied that Ryan White funds do not pay for drug testing in the jurisdiction. All Ryan White Part A Substance Use Services funding in the Philadelphia EMA was used to onboard/retain licensed and certified counselors to provide individual and group counseling to eligible Ryan White consumers.

The second request for information from HIPC asked about how transportation was utilized. It asked if there was any way to receive a breakdown of SEPTA/public transportation versus ride shares and personal provider vehicles. A. McCann-Woods reported that the recipient currently funds 5 subrecipients to provide Medical Transportation Services for Ryan White eligible services, chiefly medical care, oral health, and MCM. There were several modes of transportation utilized: agency vehicles, one-way SEPTA key cards, shared rides (Uber/Lyft), taxi services, and mileage reimbursement.

A. McCann-Woods said a further breakdown of how funds were utilized demonstrated approximately 49% of funding was utilized to pay for SEPTA key cards, shared rides, taxis, mileage reimbursement, and monthly county transportation service fees. The balance of funds was utilized for county transportation coordinating and supervising staff, agency drivers, and operational expenses (communications, rent, insurance, etc.). A. Edelstein asked about the monthly county service fee. A. McCann-Woods replied that PHMC had coordinated medical transportation and had a monthly fee for their services. M. Cappuccilli said this meant 51% of the funding was administrative. T. Dominique asked if the monthly transportation fee applied to the entire EMA. A. McCann-Woods said the fee only included Philadelphia and PA Counties. She would look into the NJ Counties.

A. McCann-Woods said they had expanded the number of services they used for transportation, such as ride shares. T. Dominique asked if the Uber Health drivers knew the rides were healthcare-related. A. McCann-Woods referred to the Uber Health website's section on HIPAA support and how the driver dashboard had HIPAA protections for the client. Additionally, she believed the cost of Uber Health was cheaper than using a regular Uber ride but would do further research.

The next request for information focused on mental health. The CPC wanted more details on mental health utilization within Philadelphia since there was recently increased spending and clients. They wanted more information on personal insurance versus Ryan White insurance coverage, an average number of visits per client, and telehealth vs in-person visits. The CPC said they were also looking for another recommendation or other information that may be beneficial due to increased utilization.

A. McCann-Woods replied that Philadelphia County currently had 6 subrecipients who receive Ryan White Part A funding for mental health services. She said this included 2 hospital sites, 3 federally qualified health centers, and 1 co-located wellness center. There was also a combination of traditional mental health services which included one-to-one counseling sessions and Behavioral Health Counseling (BHC). BHCs provide brief, short-term behavioral health counseling services to Ryan White eligible persons with HIV in the Philadelphia EMA. BHC services were typically provided by a psychologist, licensed clinical social worker, or other behavioral health professional as part of the healthcare team. BHC services positively contribute

to improved health outcomes such as durable viral suppression and retention in care. A. McCann-Woods said that coverage for all PWLH who received mental services was varied. Most Ryan White eligible clients were eligible for and utilized Medicaid. However, some clients also have personal/private (HMO) insurance and may also utilize the Special Pharmaceutical Benefits Program (SPBP). After reviewing the data for FY22, the breakdown revealed that 51.3% of all Ryan White clients have Medicaid and 22.3% have Medicare.

In terms of service delivery, A. McCann-Woods reported that the FY22 data demonstrated that the average number of visits per client was approximately 3. Fifty-nine percent (59%) had at least one visit. 37% of clients had at least 2 visits and 5% had 12 or more visits. She said further research was required to learn the proportion of clients who were receiving in-person and telehealth services. However, telehealth services were available at all Ryan White service sites.

One subrecipient has requested over the past 2 funding cycles to offer mental health services instead of their typically funded substance abuse services. At their site, substance abuse services were under-utilized. The recipient agreed to this plan. Therefore, the recipient made the recommendation to reallocate funds to ensure this service was rendered at this site permanently. Additionally, increased utilization indicates an increased need. Despite this, A. McCann-Woods reported that subrecipients have not requested additional funding. A. McCann-Woods said she would report this information next week with the comments and revisions included from the committee.

**Other Business:**

None.

**Announcements:**

None.

**Adjournment:**

A. Edelstein called for a motion to adjourn. **Motion:** K. Carter motioned; M. Cappuccilli seconded to adjourn the November 2023 Finance Committee meeting. Motion passed: All in favor. Meeting adjourned at 3:16 p.m.

Respectfully submitted,

Kevin Trinh, staff

Handouts distributed at the meeting:

- November 2023 Finance Committee agenda
- October 2023 Finance Committee Meeting Meeting Minutes