



MEETING AGENDA – Thursday, May 12, 2022

Agenda Topic	Time Frame
1. Welcome and Introductions <i>Kathy Lituri, Chair</i>	4:00pm – 4:05pm
2. Review and Approve March 10, 2022 Meeting Minutes <i>Kathy Lituri, Chair</i>	4:05pm – 4:10pm
3. Committees Reports <i>NRAC, SPEC, MNC, Consumer, Executive Committee Chairs</i>	4:10pm – 4:15pm
4. Agency Reports <i>Office of Medicaid; NHDHHS; MDPH; Mayor’s Office; BPHC</i>	4:15pm – 4:25pm
5. AAM Results and Discussion <i>Patrick Baum, Keith Nolen, Tim Mercier</i>	4:25pm – 4:55pm
6. Funding Streams Summary (Portion of Funders) <i>Claudia Cavanaugh, PCS</i>	4:55pm – 5:10pm
7. Q4 Utilization and Spending Presentation <i>Eileen Merisola, RWSD</i>	5:10pm – 5:30pm
8. Update to FY22 Priority Setting <i>PCS</i>	5:30pm – 5:40pm
9. FY23 Allocations Meeting Update <i>Darren Sack and Wendy LeBlanc, NRAC</i>	5:40pm – 5:55pm
10. Announcements and Adjourn <i>Kathy Lituri, Chair</i>	5:55pm – 6:00pm



Planning Council Meeting
Thursday, May 12, 2022
Zoom
4:00 - 6:00pm

Summary of Attendance

Members Present

Justin Alves
Tad Bailey
Ayla Baraka
Stephen Batchelder
Patrick Baum
Cindi Bell
Lamar Brown-Noguera
Joey Carlesimo
Stephen Corbett
Robert Giannasca
Amanda Hart
Melissa Hector
Darian Hendricks
Brian Holliday
Lorraine Jones
Alison Kirchgasser
Wendy LeBlanc
Kathy Lituri
Margaret Lombe
Tim Mercier
Eileen Merisola
Keith Nolen
Ericka Olivera
Manuel Pires
Darren Sack
Michael Swaney
Richard Swanson
Catherine Weerts

Tim Young

Members Excused

Adam Barrett
Lea Nelligan

Members Absent

Damon Gaines
Mahara Pinheiro
Serena Rajabiun
Bryan Thomas

PCS

Claudia Cavanaugh
Lianne Hope

BPHC Staff

Melanie Lopez
Fabiola Catulle
Austin Hanna
Sarah Kuruvilla
Paola Rivas

Guests:

Travis Barnhart
Celicia Boykin
Stewart Landers
Vicki Lee

Topic A: Welcome and Introductions

Meeting called to order by Kathy Lituri, Chair at 4:03pm. A moment of silence was observed to honor those infected with and affected by HIV/AIDS. Kathy reviewed the Council's ground rules & the agenda.

Topic B: Review Meeting Minutes

April 14, 2022 minutes were reviewed.

Motion to Approve: Darren Sack

Second: Stephen Batchelder

85% approved

15% abstentions

Result: The minutes were approved.

Topic C: Agency Updates and Committee Reports

Exec Committee (Patrick Baum)- Reviewed evaluations, attendance, and the May Planning Council agenda, discussed subcommittee charges, and the FY22 Priority Setting

Consumer Committee (Lorraine Jones)- Received a presentation on the new HIV injectables, and discussed the Anti-Stigma Campaign activities.

SPEC (Margaret Lombe)- Had a presentation on the AAM results and made recommendations to the RWSD, and finalized the year-end report and recommendations.

NRAC (Darren Sack)- Received a spotlight from Cindi Bell, prepared for all day May 19 meeting, and discussed the current funding environment, meeting structure, and started year-end report.

MNC (Michael Swaney)- Received mentor liaison reports from Richard and Justin. Lost a lot of new members. Heard from evaluations that people are looking forward to in-person meetings and we are working to offer a hybrid meeting model for next year. Incumbent applications are available on Basecamp and due May 20. For recruitment, we will have an open house coming up at Old South Church. Please bring folks that you think would be a good fit and send out the application. Application deadline is June 15 available on Basecamp and BPHC website. Also discussed our year-end report, June 28 nominations meeting to review new applications, and new member orientation.

MA Medicaid Office (Alison Kirchgasser)- Attended the Consumer Committee and heard the presentation. I checked with our pharmacy team and Masshealth does cover the long-lasting injectable treatment called Cabenuva. The long-lasting PrEP injectable called Apretude is currently being reviewed by our clinical team. Should have an update about coverage in the next few months.

BPHC Ryan White Services Division (Eileen Merisola)- We have a new contract manager on board. We have not yet received a full award yet. No HRSA updates. We have our annual provider meeting next Wednesday.

Questions/Comments:

Loved the injectable treatment presentation

Topic D: Funding Streams Summary

Claudia discussed the funding streams as a continued discussion from the expo in December. She described the data collection process and highlighted limitations. Fourteen payers were identified and a total of \$687K was identified to pay for services in the Boston EMA. State and federal funding make up the majority the funding, and Ryan White makes up 5%. Within Ryan White, Parts A and B make up the majority of the funding. For core services, ADAP makes up over half of the total allocation among all payers. Within Support Services, Substance Abuse Residential services makes up almost half of the total allocation from all payers. Key takeaways include:

- This is a broad overview of a large data set – State and Federal sources continue to be the largest funding source
- ADAP, Outpatient/Ambulatory Health Services, Home Health Care, Mental Health Services and Substance Abuse Services Residential are the highest supported service categories among all funding streams.
- Ryan White Part A appears to be the top payer for HIV support services such as Housing, Food Bank/Home Delivered Meals and Non-Medical Case Management

Questions/Comments:

- What does Part F cover? AIDS Education Training Centers (AETC), Dental Programs, Minority AIDS Initiative, Special Projects of National Significance (SPNS)
- MassHealth doesn't have a perfect method to determine spending on individuals living with HIV/AIDS. There is small group of people who are eligible for MassHealth by virtue of their HIV status and everyone else we have this complicated algorithm where we look at diagnosis and service codes and do our best guess but its an overestimate. We have a large contribution for PLWH but probably not as high as the figure in the presentation.
- Are there any NH SAMHSA money? Yes but other than Cindi Bell, there's no one from the state who is represented on the Planning Council so its difficult to get that information. Regarding NH Medicaid, there is no way to break out by disease type what dollar amounts are being spent on PLWH. Embarrassing that state of NH doesn't contribute anything towards HIV services.
- Is MAI included in the Part A figure? Yes
- Is NEAETC funding represented in the Part F part of the chart? No its not represented in the chart since it is not allocated to direct care service categories
- Define Home Health Care- Home Health Care is the provision of services in the home that are appropriate to an eligible client's needs and are performed by licensed professionals. Activities include: Administration of prescribed therapeutics, preventive and specialty care, wound care, etc.
- The 9% is mostly MassHealth. In that bucket we put home health agency spending, but also Personal Care Attendants for people with disabilities that need help with moving around, bathing, etc.
- Housing Assistance is not considered a core service? No
- Why is non-medical case management not in the chart? Because its not a core medical service
- Frustrated that Ryan White cannot cover mental health services since we are the payer of last resort. Instead, we put money into Psychosocial Support to provide support groups for folks.
- What other payers fund psychosocial support? Part C and D get funding for peer support located in the health centers.
- If MassHealth reported 0 funding towards Psychosocial Support, where did that figure come from? Funding from Psychosocial Support comes from HOPWA, BSAS, MA Substance Abuse Line, MA general funds, and Ryan White Parts A, C and D.

Topic E: Q4 Utilization and Spending

Eileen provided an overview of Part A performance, spending, service delivery, and health outcomes for FY21. Total award was \$14.9M and 4846 clients were served. Fabiola showed that viral suppression, medication adherence, and care retention outcomes have declined from the previous year. This could be due to pending data that hasn't been accounted for, medication adherence fatigue, stigma, and other client challenges with unstable housing, substance use, and mental health. They are in the process of revising their 3-year plan including increasing viral suppression. Melanie explained the client demographics by

gender, age, race, and exposure. Eileen highlighted spending and clients served per category. Key takeaways include:

- ❖ Many agencies faced staffing shortages but still provided quality services to clients
- ❖ Psychosocial Services had lower utilizations in FY 21 due to clients not having the technology to utilize telehealth, not wanting to attend in person groups, and privacy & safety concerns around their HIV status as reported by providers.
- ❖ Rising food costs has led to increased food insecurity across the EMA and agencies were creative with existing resources including emergency financial assistance to try and meet the needs of clients
- ❖ Despite many challenges due to COVID and staffing, providers still served thousands of PLWH in the EMA with over 90% viral suppression rate.

Questions/Comments:

Seeing a decline in viral suppression, care retention, and medication adherence may also be an indication of increased new infections.

For Medical Case Management and Non-medical Case Management, is the majority of the funds used for paying staff? Yes

Can we post the handout on race and ethnicity on Basecamp? Yes

Topic F: FY22 Priority Setting

Claudia explained that HRSA is recommending we prioritize the remaining service categories that were not prioritized for FY22. Will send a link to submit your ranking due May 18?

Questions/Comments:

- The problem with outpatient ambulatory health services in NH has nothing to do with resources. It has to do with capacity. There are not enough providers taking new patients. This is being worked on but money is not going to solve that.

Topic G: Resource Allocation Preparation

A video was played to explain the Resource Allocation process featuring Ayla and Joey. Wendy explained that this year, NRAC will create funding scenarios and allocate funds for FY23. All day meeting takes place on May 19 and the Planning Council will vote to approve the recommendations on June 23.

Topic H: Assessment of Administrative Mechanism

Patrick, Keith, and Tim M. presented the AAM. They discussed what the AAM is, the methodology used, and results. Recommendations were discussed and edited as follows:

- Send out the notice of award letters before the beginning of the fiscal year so that subrecipients are aware that resources will be available to them.
- Adopt benchmarks for reasonable turnaround times for contracts, invoices, and budget revisions.
- Implement a tracking system that is utilized by RWSD and sub-recipients, that provides information about the status of invoice reimbursements, contract execution, and budget revision response. This system should also have an alert system to keep all parties accountable for timely submissions in order to meet the turnaround benchmarks.

- Ensure that documents such as the Service Standards, Provider Handbook, allowable costs, RWSD contacts list, are available on e2boston prior to the start of the fiscal year, and explain to subrecipients where on the site to find them.
- Identify steps in reducing RWSD staff turnover and develop onboarding materials for new RWSD staff that covers both RWHAP information and specific information about the sub-recipients that will be assigned to them.
- Use an electronic invoicing system
- Create a one pager describing the congressional process of appropriating Ryan White funds as a way to explain why the partial award cannot be eliminated. Put the document on the resources page within e2boston.
- Conduct the provider training before contracts begin so that subrecipients are adequately trained prior to managing their programs.

Questions/Comments:

- Providers already have access to the documents discussed on e2boston. They just need to be made aware.
- Can't do away with partial award because has to do with congress and their budget cycle
- Providers always have to front the money since it's a reimbursement system so get rid of that part
- Want to let the group know that the annual provider training was on April 29 last year. This year its on May 18, which is over two months after the beginning of the fiscal year. This means new providers are going 3 months without any training.
- Is e2boston a good system? Yes, it's the easiest data system I've ever used. Subrecipients can't communicate with each other on it, but those resources are under a "resources" tab.

Meeting to Adjourn

Motion to approve recommendations with edits: Margaret Lombe

Second: Kathy Lituri

95% approved

5% abstain

Result: Motion was approved

Topic I: Integrated Plan

Barry explained that the state's integrated care plan is due in December to the CDC and HRSA. The state and city will submit a joint plan for the next 5 years. JSI will assist with the development and writing of the plan. Travis mentioned they met with MPCC, developed a work plan, and have a draft to the Planning Council by September for review. We want the Planning Council's feedback throughout the writing process and will return to your June and September meetings. Celicia and Stewart introduced themselves and their professional experiences.

Questions/Comments:

- The plan is not an isolated act, it's a roadmap for the future procurement for direct prevention and care services. Its our opportunity to propose policies and interventions that will end HIV in MA.
- Does this include NH? Yes, since it includes part A, it will include the three counties in NH.

- Since you have created an integrated plan for other areas, do you believe there is an ability to end HIV anywhere? Yes, from my years of experience, we are on track to end HIV. Integrated plan has more actionable steps and revisiting regularly. Must have a plan to address and reduce structural racism if we are going to end HIV.
- Would like to get updates on viral load in the communities we serve.

Topic J: Announcements, Evaluation & Adjourn

PCS made the following announcements:

- New Member applications are on Basecamp. If you need to renew your term, complete your incumbent applications
- Trying to plan a Planning Council end of the year social. You can vote on two different dates: June 25 and July 9.
- New Director for Education and Community Engagement: Teakia Brown

Questions/Comments:

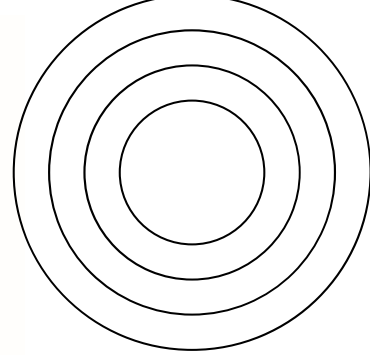
June 25 is the Trans Resistance March on June 25 so Franklin Park may not be available.

Meeting to Adjourn

Motion: Keith Nolen

Second: Stephen Batchelder

Result: The meeting was adjourned at 6:00pm



Planning Council Meeting

Kathy Lituri, Chair
Patrick Baum, Chair-Elect

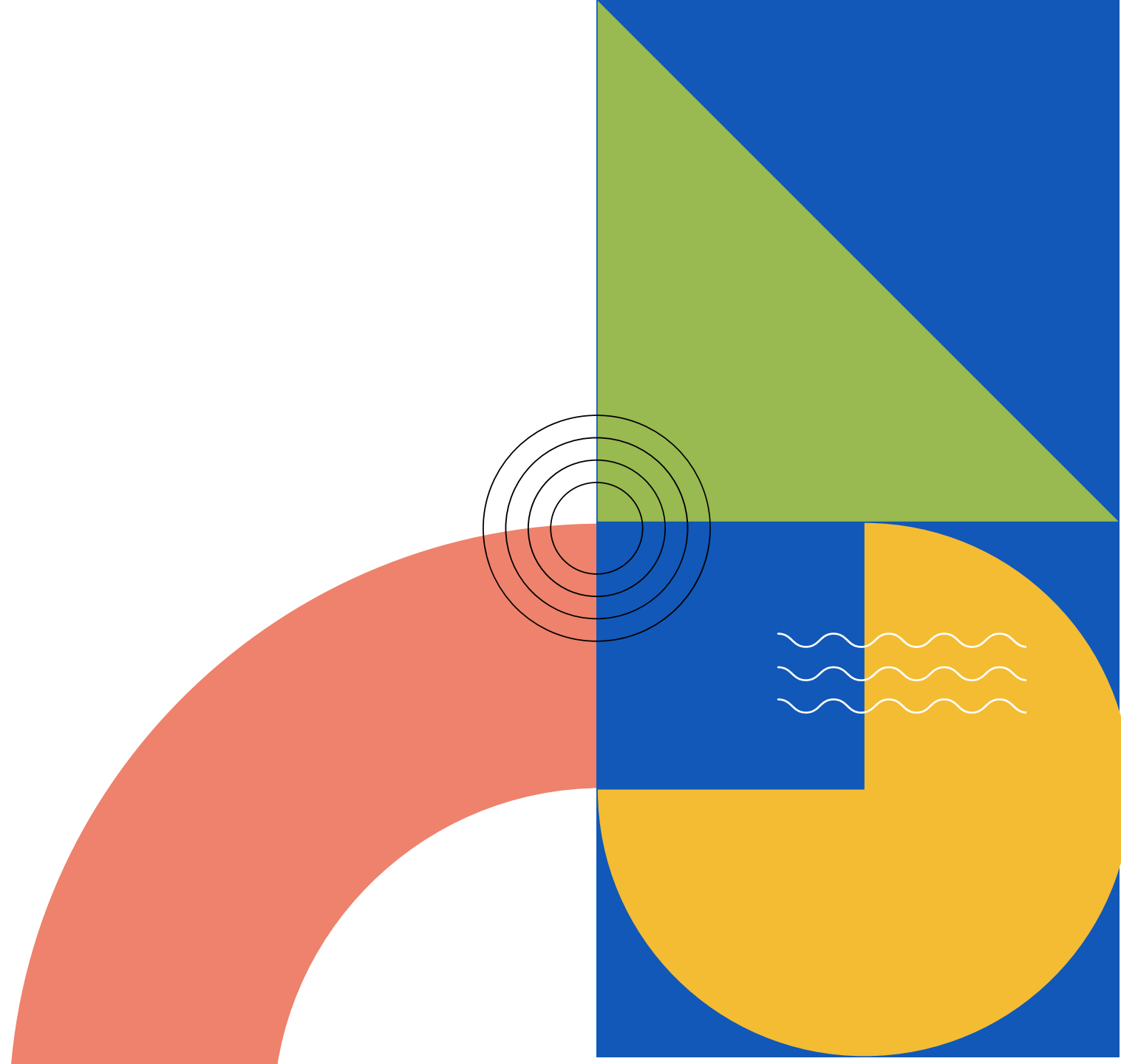
May 12th, 2022



Moment of silence



At this moment, let's take a moment of silence in remembrance of those who came before us, those who are present, and those who will come after us.



Attendance



ROLL CALL

State “present” when
you hear your name
called for the record

Overview

TODAY'S AGENDA DISCUSSION TOPICS

- Approve April meeting minutes
- Subcommittee and Agency updates
- Funding Streams Summary
- Q4 Utilization and Spending
- Update to FY22 Priority Setting
- FY23 Allocations Meeting Update
- AAM Results and Discussion
- Integrated Plan Overview



Approving Meeting Minutes

April 14th, 2022

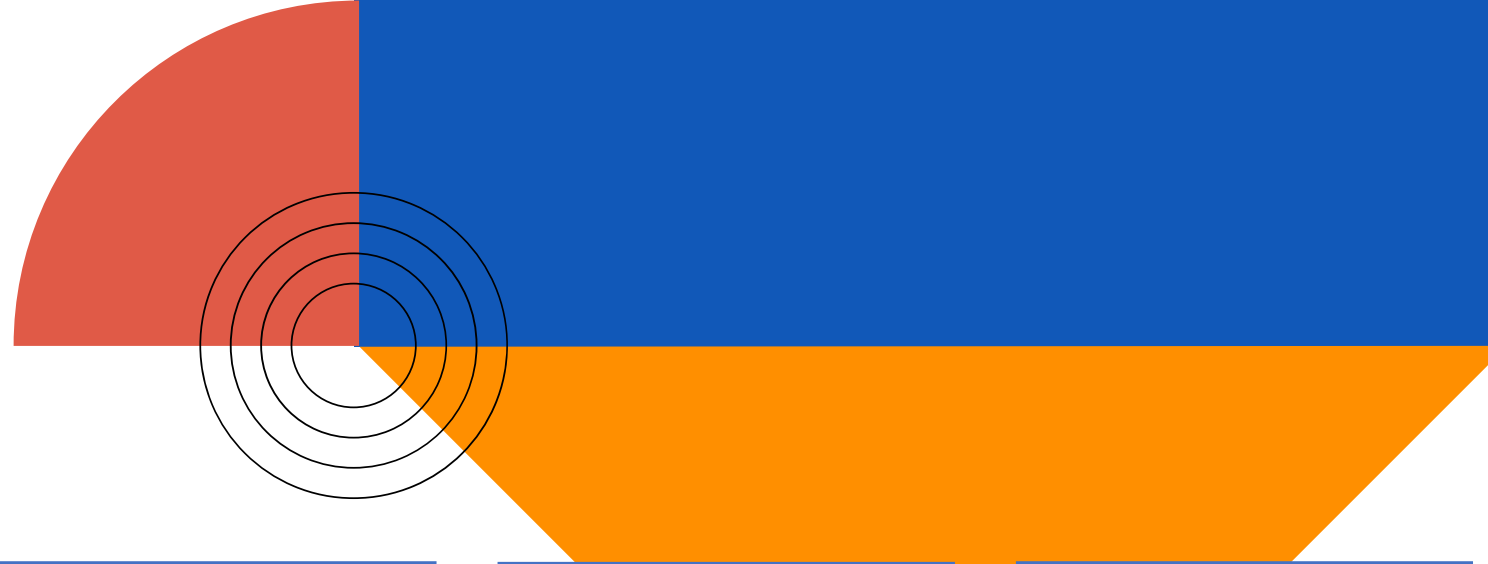
Steps in approving minutes:

- Review minutes
- Make a first and second motion to approve minutes
- Vote (Zoom poll)

- All in Favor: Yes, I approve the minutes
- Opposed: No, I do not approve the minutes
- Abstention: Decline to vote



Subcommittee Updates



Executive

(Patrick Baum)

- Reviewed evaluations and attendance
- Reviewed May PC agenda
- Ongoing discussions: committee charges, CMS waiver, FY22 Priority Setting

Consumer

(Lorraine Jones)

- Reviewed committee workplan
- Presentation – HIV Injectable Treatments
- Anti-Stigma Campaign Updates
- Year End Report

SPEC

(Margaret Lombe)

- AAM Results Presentation
- Finalized presentation for YER Recommendations

NRAC

(Darren Sack)

- Member spotlight – Cindi Bell
- Discussed current funding environment
- Reviewed Allocations meeting process
- Year End Report Recommendations

MNC

(Michael Swaney)

- Member Update
- Recruitment and outreach update
- Discussed recommendations for YER
- Nominations committee overview

Planning Council Member Recruitment



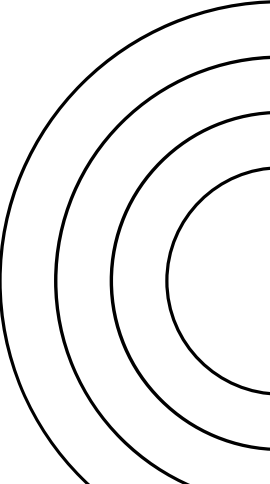
Help needed for targeted recruitment

- Female Consumer Representation
- Minority Groups
- Younger Adults

Application Deadline – June 15th, 2022

Incumbent Member Reapplication Due – May 20th, 2022

Special Prize for Member(s) with most referrals 😊



Agency Updates

MAYOR'S OFFICE OF HEALTH AND HUMAN
SERVICES

Melissa Hector

MA DEPARTMENT OF PUBLIC HEALTH,
OFFICE OF HIV/AIDS

Barry Callis

NH DEPARTMENT OF HEALTH AND HUMAN
SERVICES, NH CARE PROGRAM

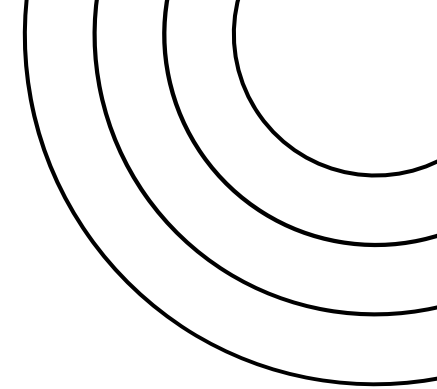
Cindi Bell

MA OFFICE OF MEDICAID

Alison Kirchgasser

BOSTON PUBLIC HEALTH COMMISSION

Eileen Merisola



FY21 HIV Funding Streams Summary

Claudia Cavanaugh, PCS

Remember the Funding Streams Expo?

- This data collection is an extension of the same activity
- PC members met funding reps in breakout rooms on Zoom in December
- This data is a broad view of the funding landscape for programs that support PLWH in MA and NH



Data Collection Process

Data collection process

- Summary tools sent to 65+ providers in MA and NH
- Providers summarize all HIV funding (each source) and itemize where funds are invested (what type of service category)
- Providers submit utilization summaries of clients served

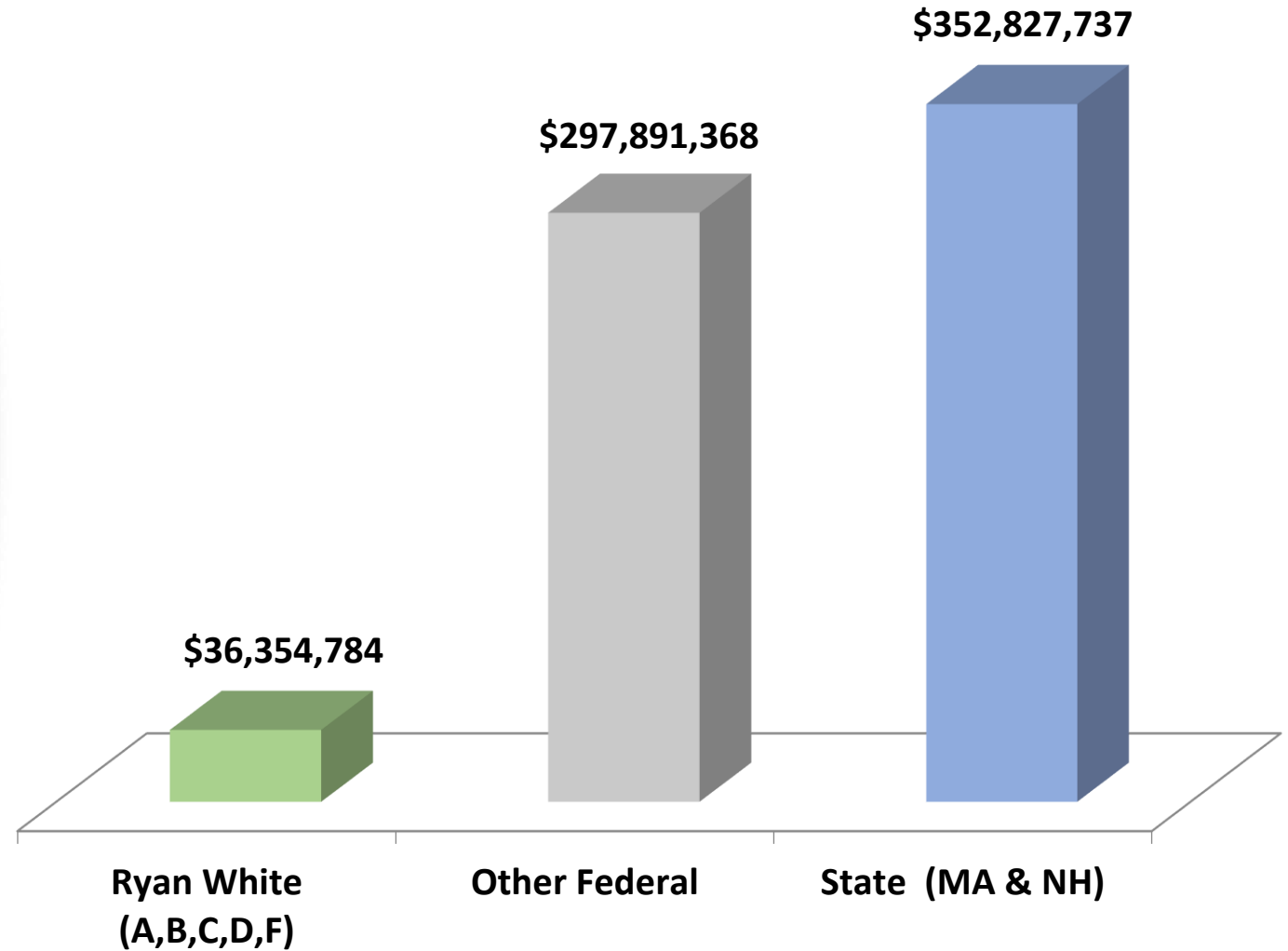
Limitations to Data Collection

- Capacity of agencies to respond to request/Low response rate
- Agency staff turnover
- Varying fiscal years
- Potential duplication of reporting – utilization and funds
- Matching types of services to HRSA defined services
- Large federal funders (Veteran's Affairs, Transitional Assistance) do not track or respond

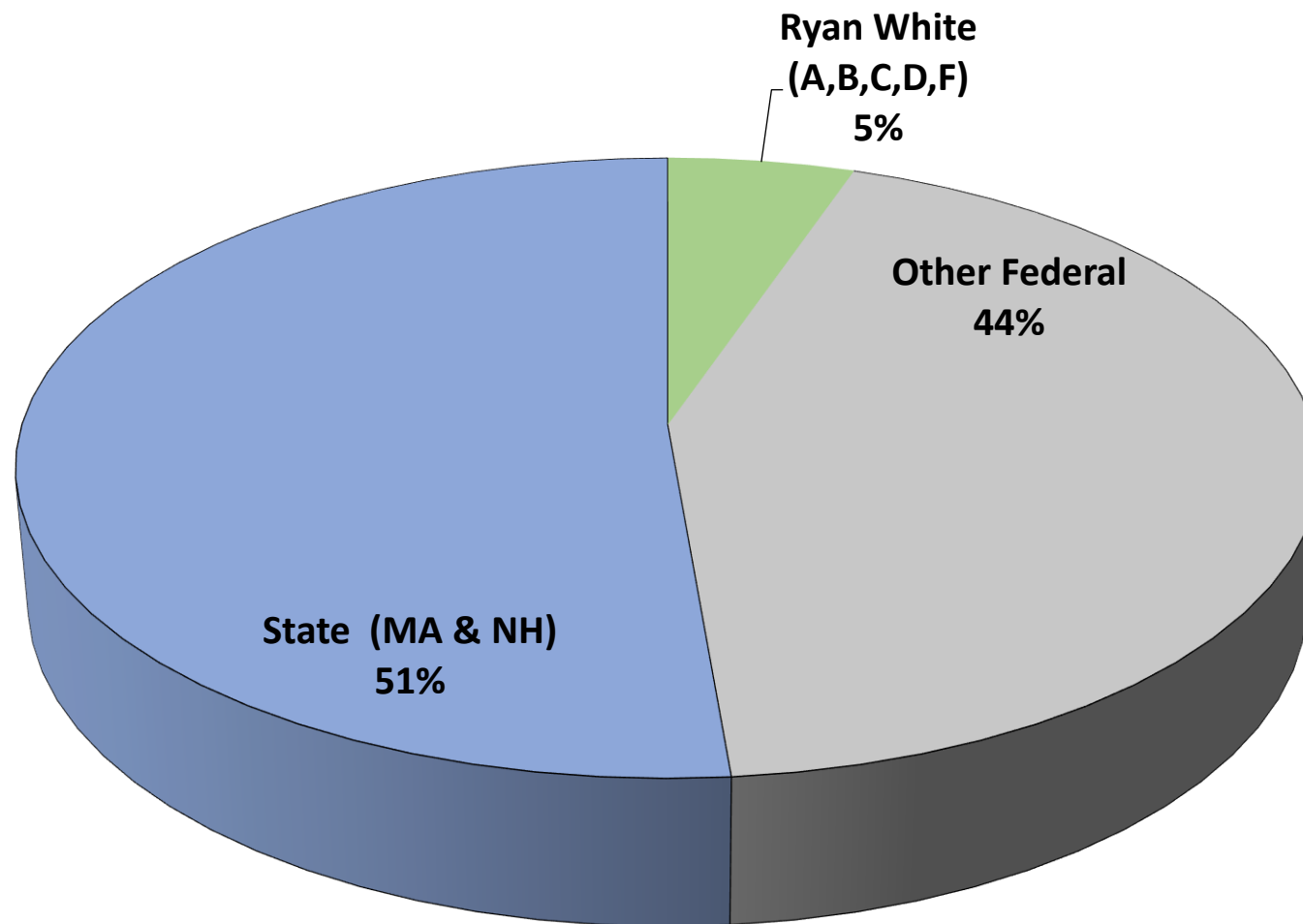
- Approximately 14 Main funding streams operating in the Boston EMA , 60+ providers.
- A total of \$687,073,889 was contributed to fund HIV/AIDS services in the Boston EMA during the most recent fiscal year available.*

*direct service only

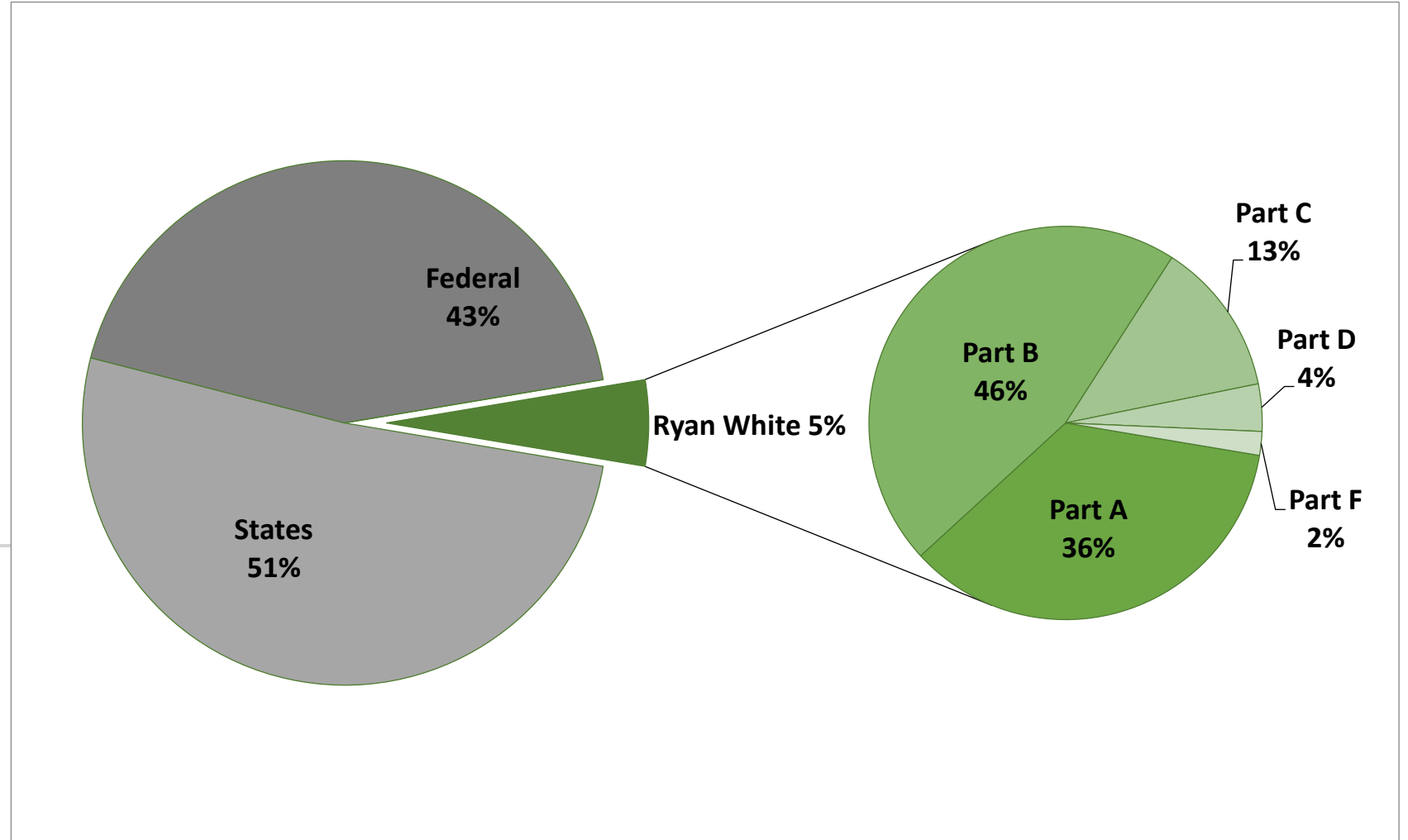
Main Funding Streams in the Boston EMA – FY21



Proportion of
HIV/AIDS
Funding in the
Boston EMA –
FY21



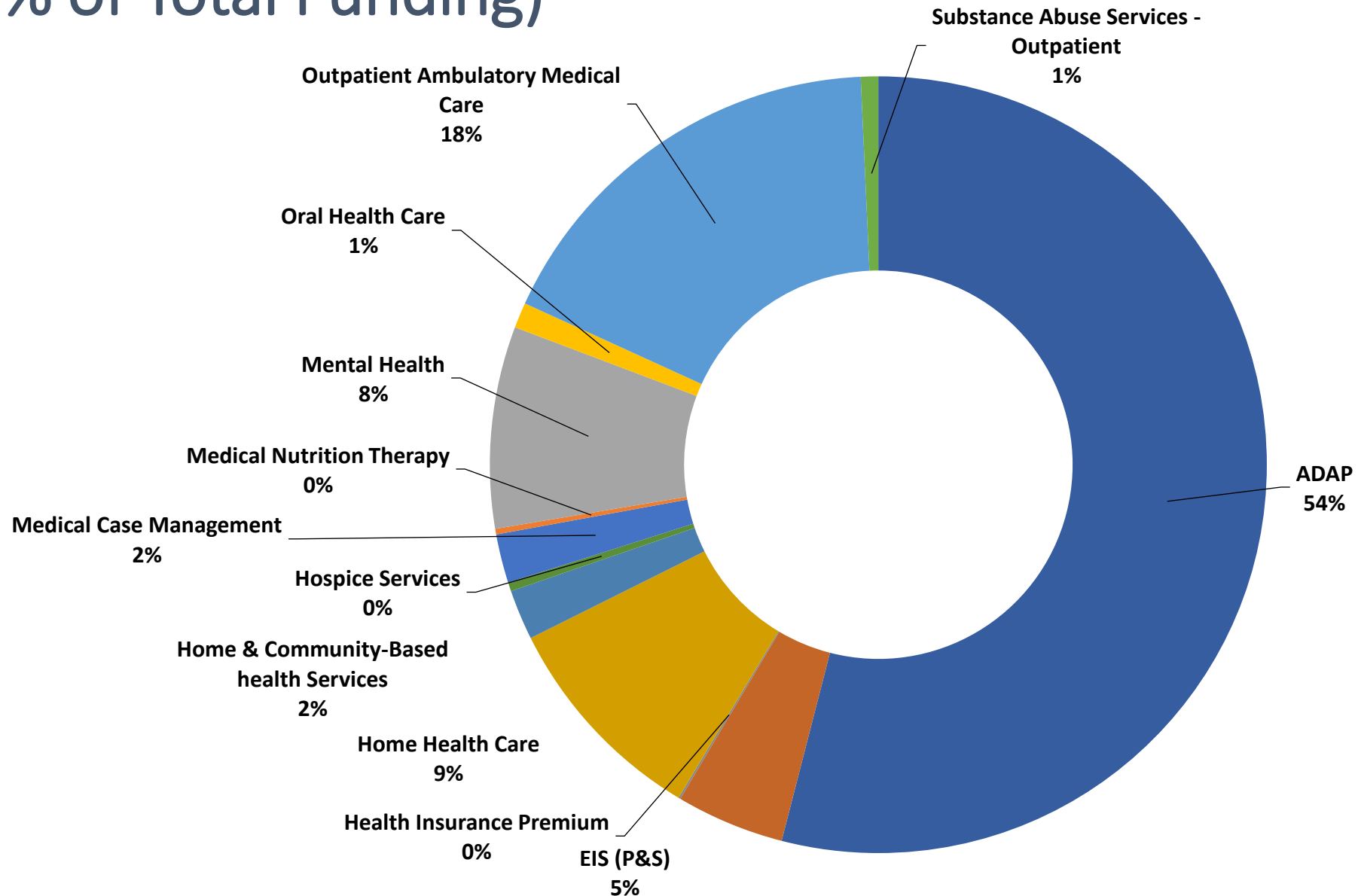
**Ryan White
Funds (Parts A-F)
Portions of the
5%**



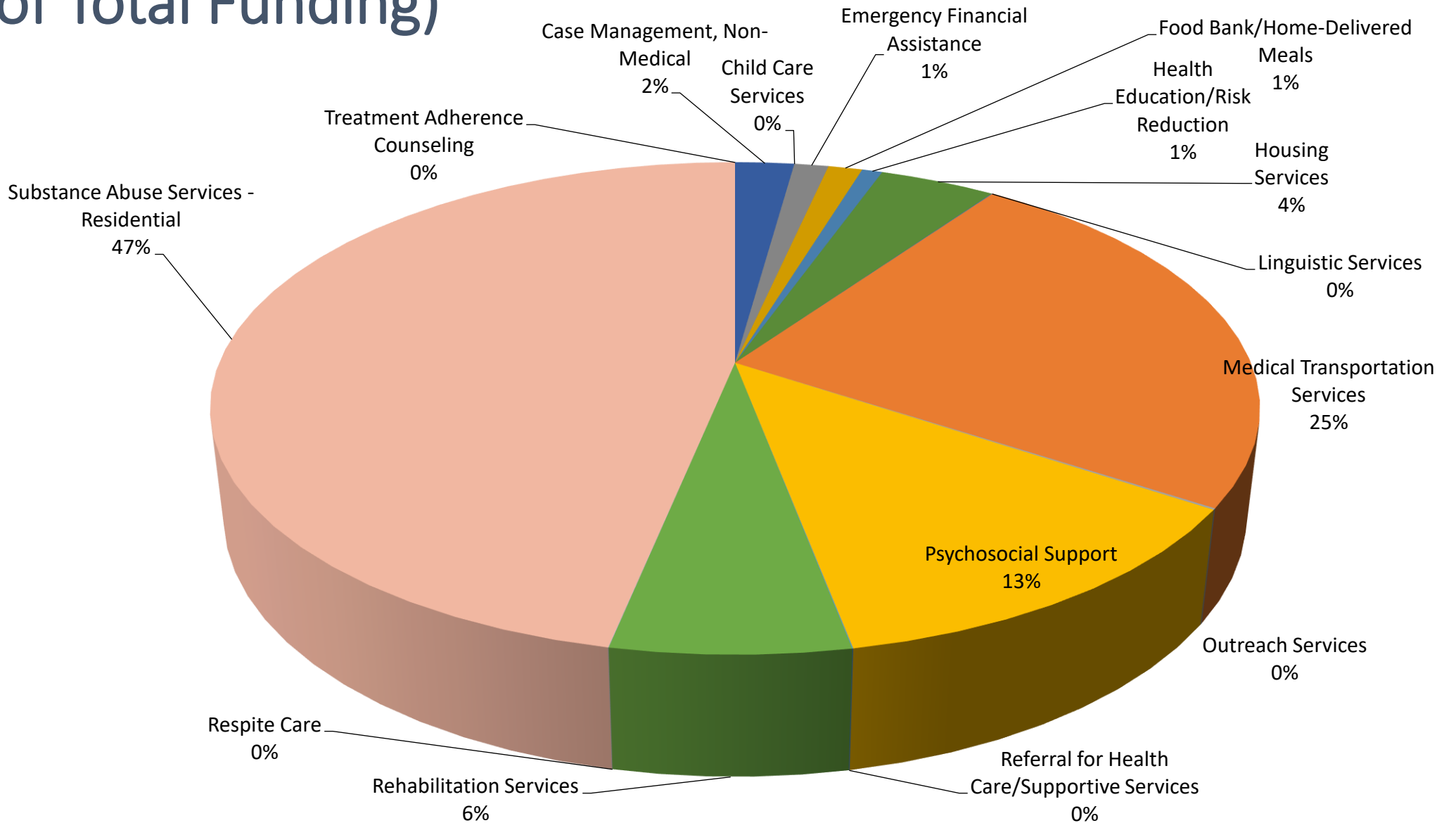
Funding Stream Direct Service Totals in the Boston EMA – FY21

Funding Stream	Total Allocation	Percentage
Part A	\$ 12,923,522	1.9%
Part B	\$ 16,686,549	2.4%
Part C	\$ 4,620,717	0.7%
Part D	\$ 1,413,364	0.2%
Part F	\$ 710,632	0.1%
HOPWA	\$ 2,194,241	0.3%
Medicaid (MA & NH*)	\$ 289,498,684	42.1%
SAMHSA (MA)	\$ 3,264,919	0.5%
CDC	\$ 2,933,524	0.4%
MA Substance Abuse Line	\$ 36,380,198	5.3%
MA Medicaid	\$ 280,072,902	40.8%
MA State General Funds	\$ 32,095,967	4.7%
MA Other	\$ 4,278,670	0.6%
NH State General Funds	-	0.0%
TOTAL	\$ 687,073,889	100.0%

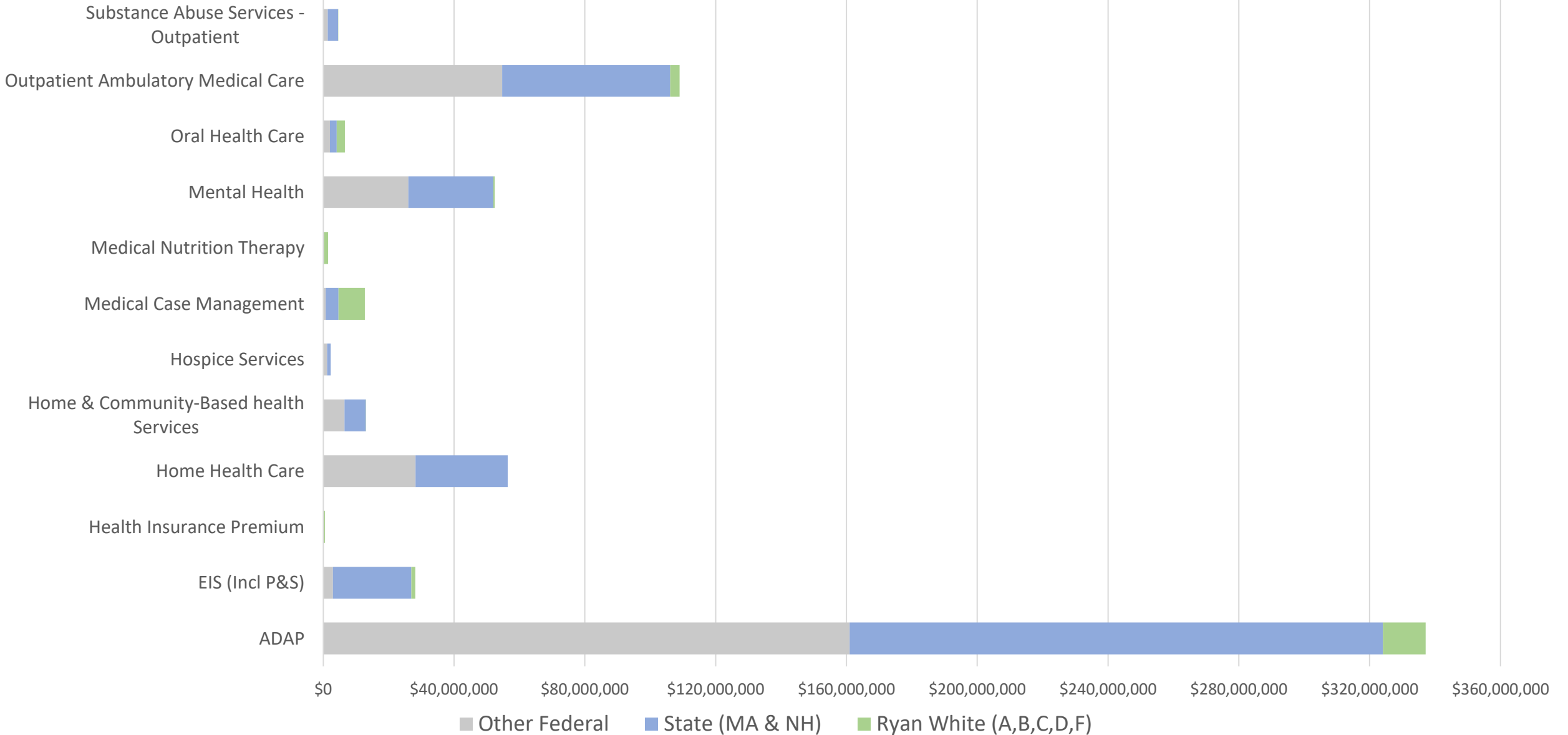
Breakdown of Core Services Funded in the EMA (% of Total Funding)



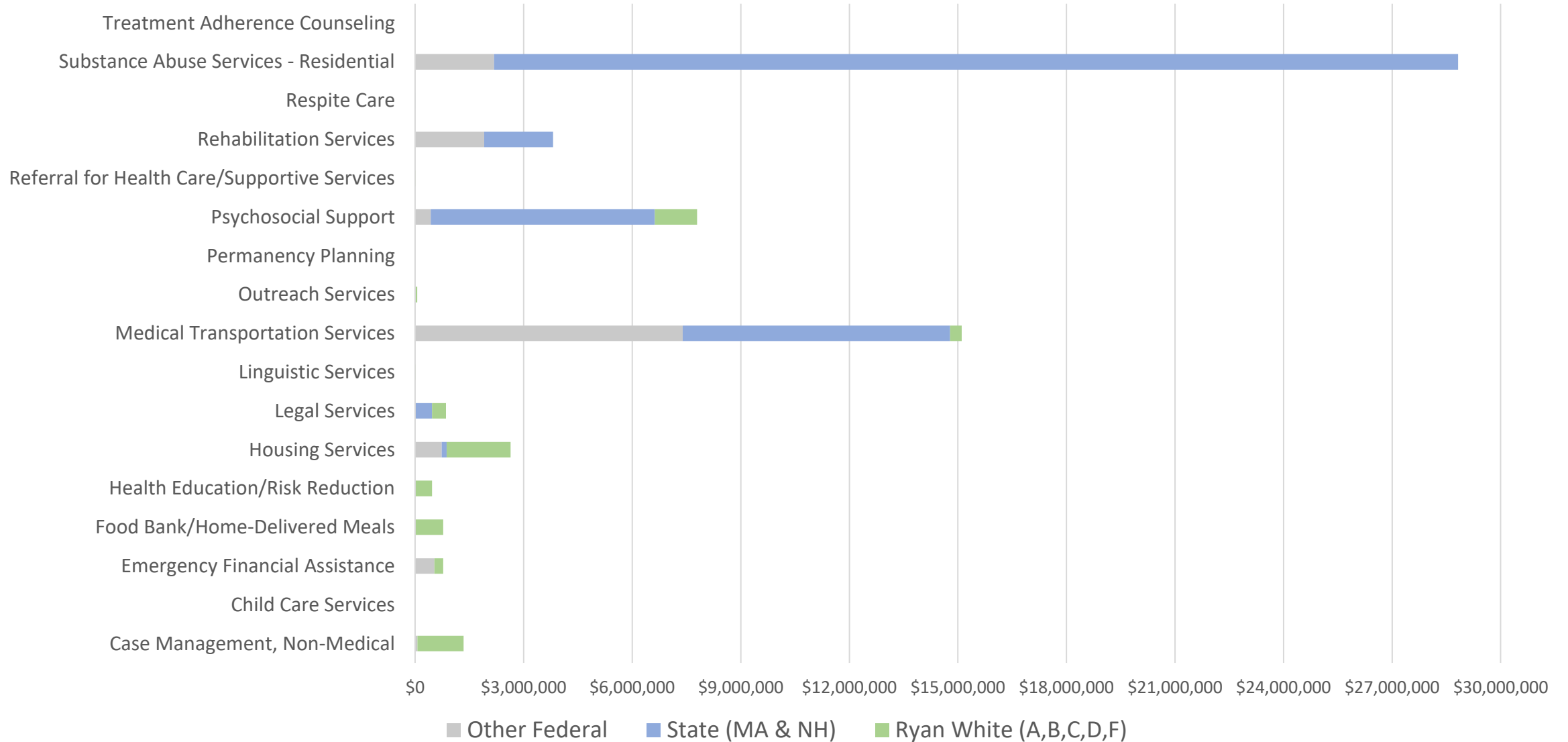
Breakdown of Support Services Funded in the EMA (% of Total Funding)



Core Services by Major Funding Stream



Support Services by Major Funding Stream



Key Takeaways

- **This is a broad overview of a large data set – State and Federal sources continue to be the largest funding source**
- ADAP, Outpatient/Ambulatory Health Services, Home Health Care, Mental Health Services and Substance Abuse Services Residential are the highest supported service categories among all funding streams.
- Ryan White Part A appears to be the top payer for HIV support services such as Housing, Food Bank/Home Delivered Meals and Non-Medical Case Management

Fiscal Year 2021 Year-End Report

March 1, 2021 – February 28, 2022

RYAN WHITE SERVICES DIVISION, INFECTIOUS DISEASE BUREAU

BOSTON PUBLIC HEALTH COMMISSION

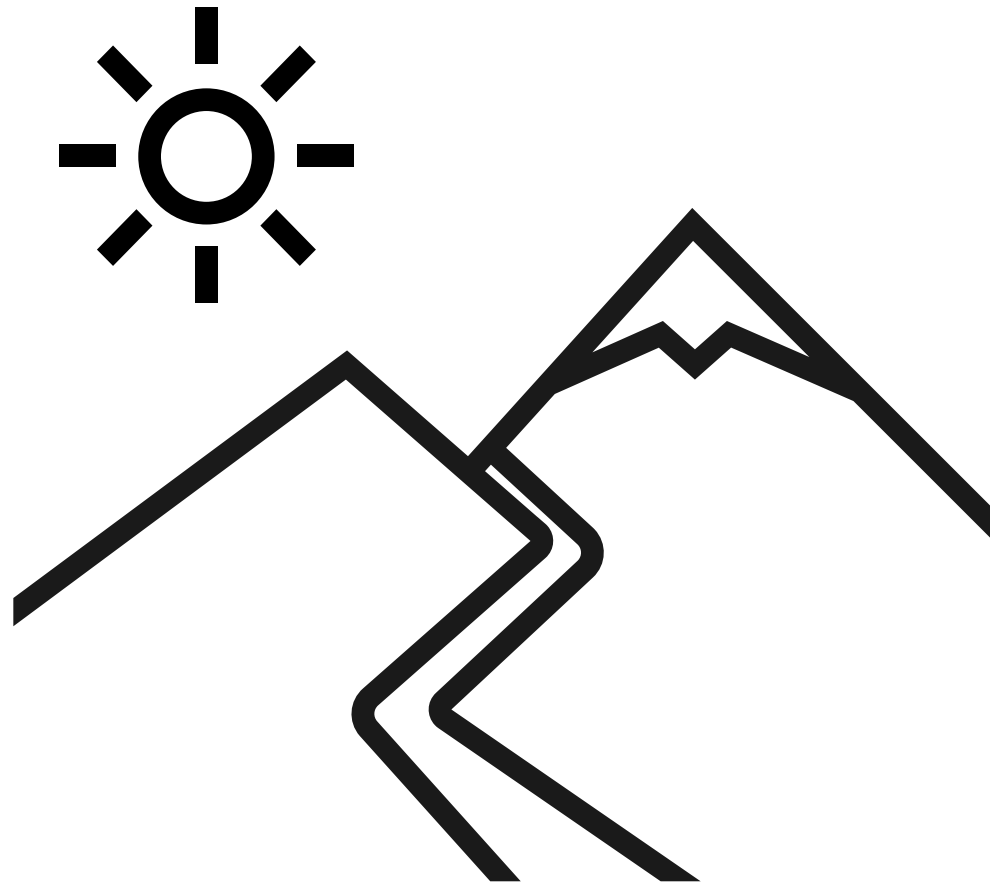
MAY 12, 2022



Purpose & Objectives

Provide an overview and narrative explaining Ryan White Part A program performance in the Boston EMA during FY 2021.

- Share FY 2021 spending, service delivery, client health outcomes, and client demographics.
- Highlight the performance of five service categories that were central to overall program performance in FY 2021.



Roadmap of Today's Presentation

- Background & Overview:
 - FY21 Program Performance
 - Demographics of clients served in FY21
- Service category spotlights:
 - Medical & Non-Medical Case Management
 - Housing
 - Psychosocial Support
 - Emergency Financial Assistance
- Key Takeaways
- Questions & Answers

Background & Overview

FY 2021 PROGRAM PERFORMANCE; FY 2021 PROGRAM CONTEXT; FY 2021 SERVICE POPULATION DEMOGRAPHICS

Funding Overview and Clients Served

	FY 2021 (3/1/21-2/28/22)		
	General	MAI	Total
Award Amount (\$) ¹	13,930,414	1,023,734	14,954,148
# of Subrecipients	32	10	32
# of Service Categories	12	6	12
# of Clients Served ²	4846	717	4846

¹ These are the initial award amounts, as of the start of FY 2021.

² Source: Visual Analytics (Demographics) report in e2Boston ran on 05/03/22 “General” indicates clients served under General funds ONLY. “MAI” indicates clients served under MAI funds ONLY.

³ Source: Outcome Measures Distribution report in e2Boston ran on 05/09/22.

Note: As of 2/26/21, viral suppression is defined as a HIV viral load of 200 copies or less within the measurement period.

Health Outcomes

	FY 2020 (3/1/20-2/28/21)	FY 2021 (3/1/21-2/28/22)
Viral Suppression*	92.40%	90.09%
“Excellent” Adherence to Prescribed HIV-Related Medication	81.69%	80.6%
Care Retention	76.88%	75.24%

A Note About Viral Suppression Rates

Boston EMA Definition of Viral Suppression = an individual having a **HIV viral load of 200 copies or less** and is a Ryan White Part A client.

GOAL 2: To increase the viral suppression rate among People Living with HIV/AIDS in the Boston EMA from 92.5% to 94.5% by FY 2025.

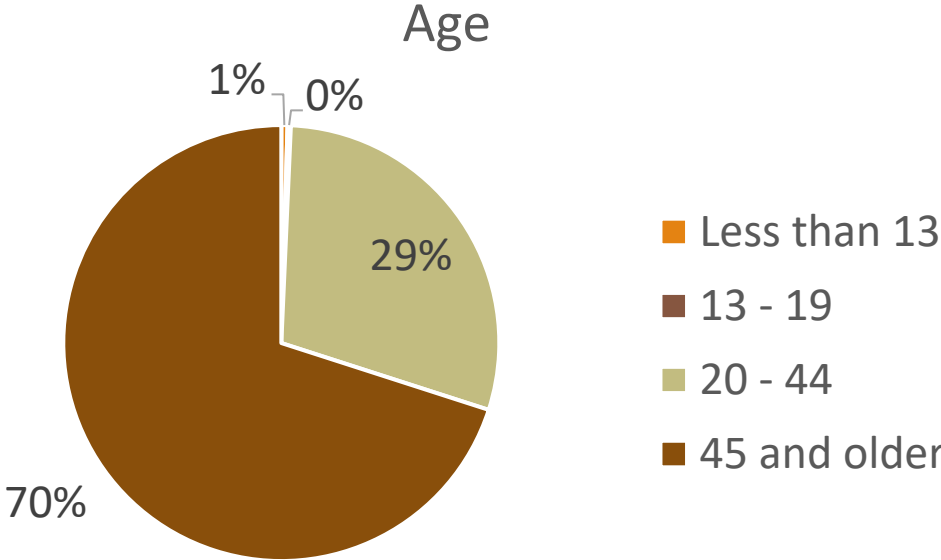
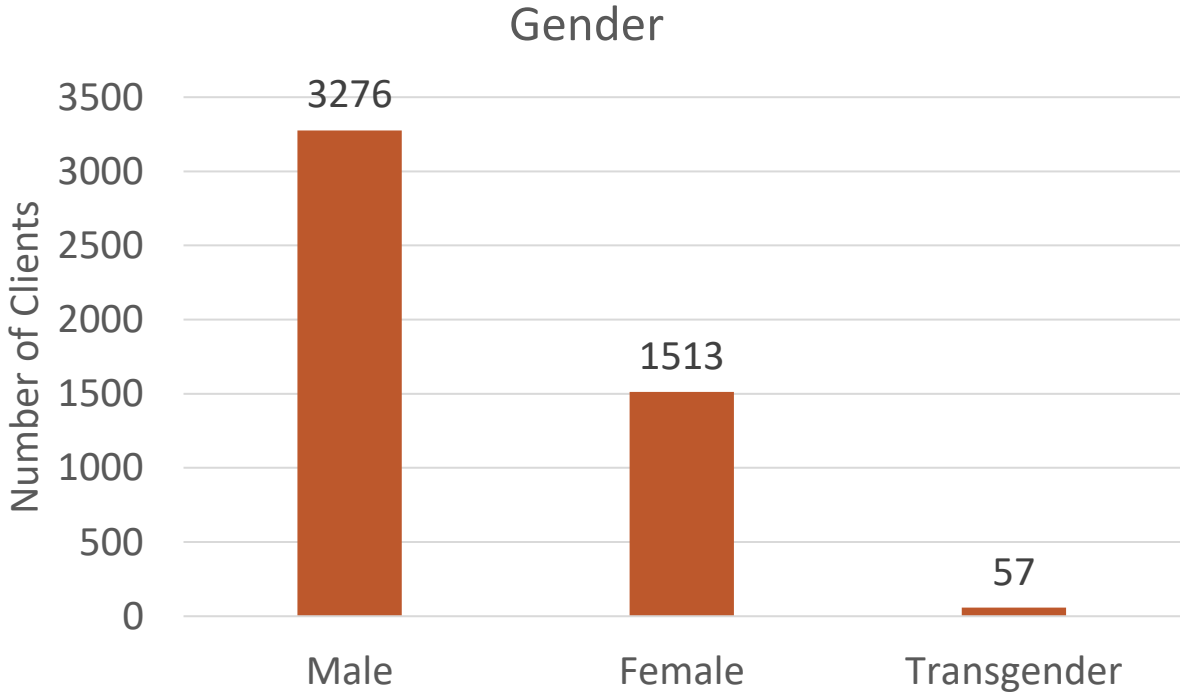
Objective 1: To increase the percentage of clients who report “Excellent” adherence to ART from 81% to 90% by FY 2025.

ACTION STEPS	RESPONSIBLE PARTY	DEADLINE
Identify key contributors to Boston EMA ART adherence rate, including barriers to adherence.	CQM Team; CQM Committee	End of FY 2022
Identify meaningful way to measure and report adherence to HIV-related medication in E2 Boston.	CQM Team; CQM Committee	End of FY 2022
Improve outcomes submission rate in e2Boston.	CQM Team; Part A Subrecipients	End of FY 2022
Maintain schedule of quarterly QM check-ins with subrecipients to discuss challenges and successes in service delivery.	CQM Team	Quarterly in FY 2022
Launch improvement collaboratives around Ryan White improvement priorities.	CQM Team	September 2022

Objective 2: To work collaboratively with People Living with HIV/AIDS and other HIV care stakeholders to reduce the stigma against HIV and its syndemics on an ongoing basis.

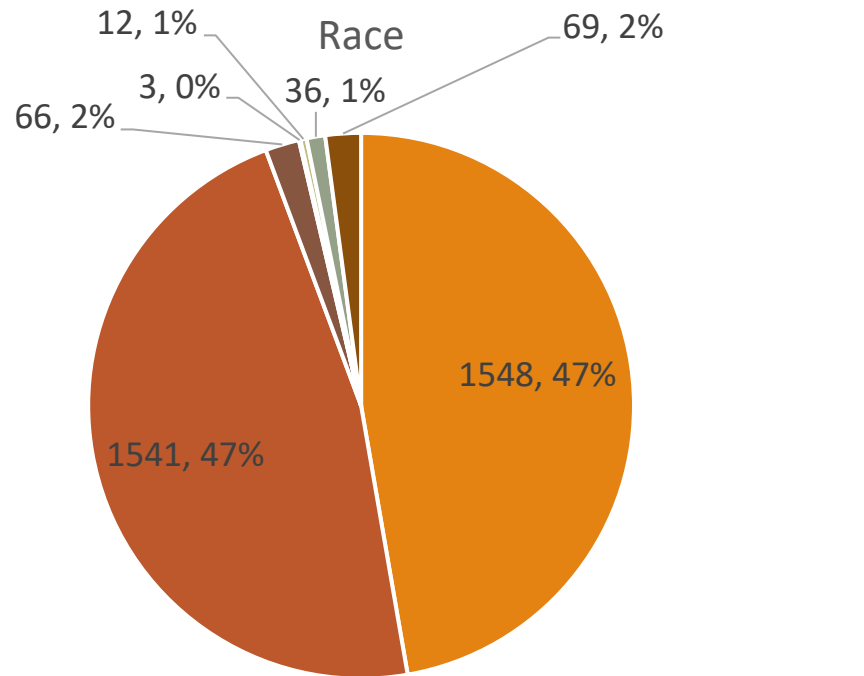
ACTION STEPS	RESPONSIBLE PARTY	DEADLINE
TBD	---	---

FY21 Demographics: Age and Gender

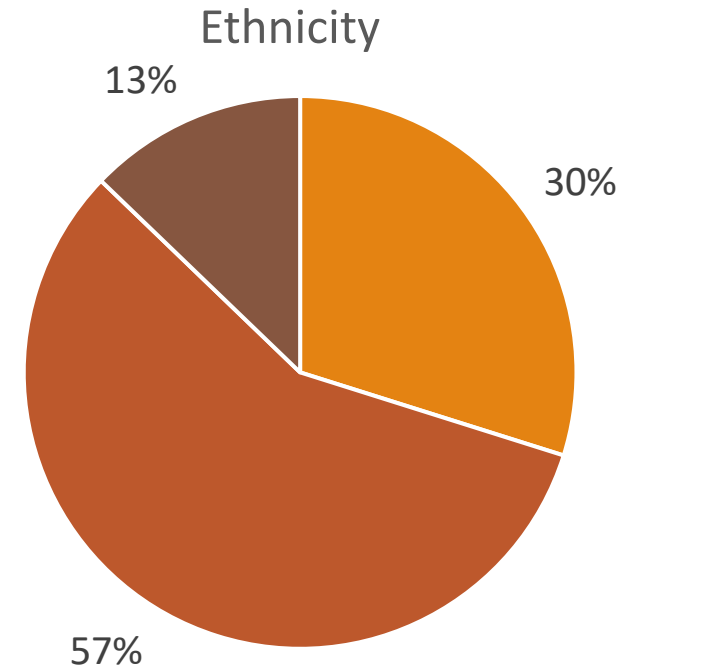


Source: Visual Analytics (Demographics) report in e2Boston ran on May 3, 2022.

FY21 Demographics: Race and Ethnicity

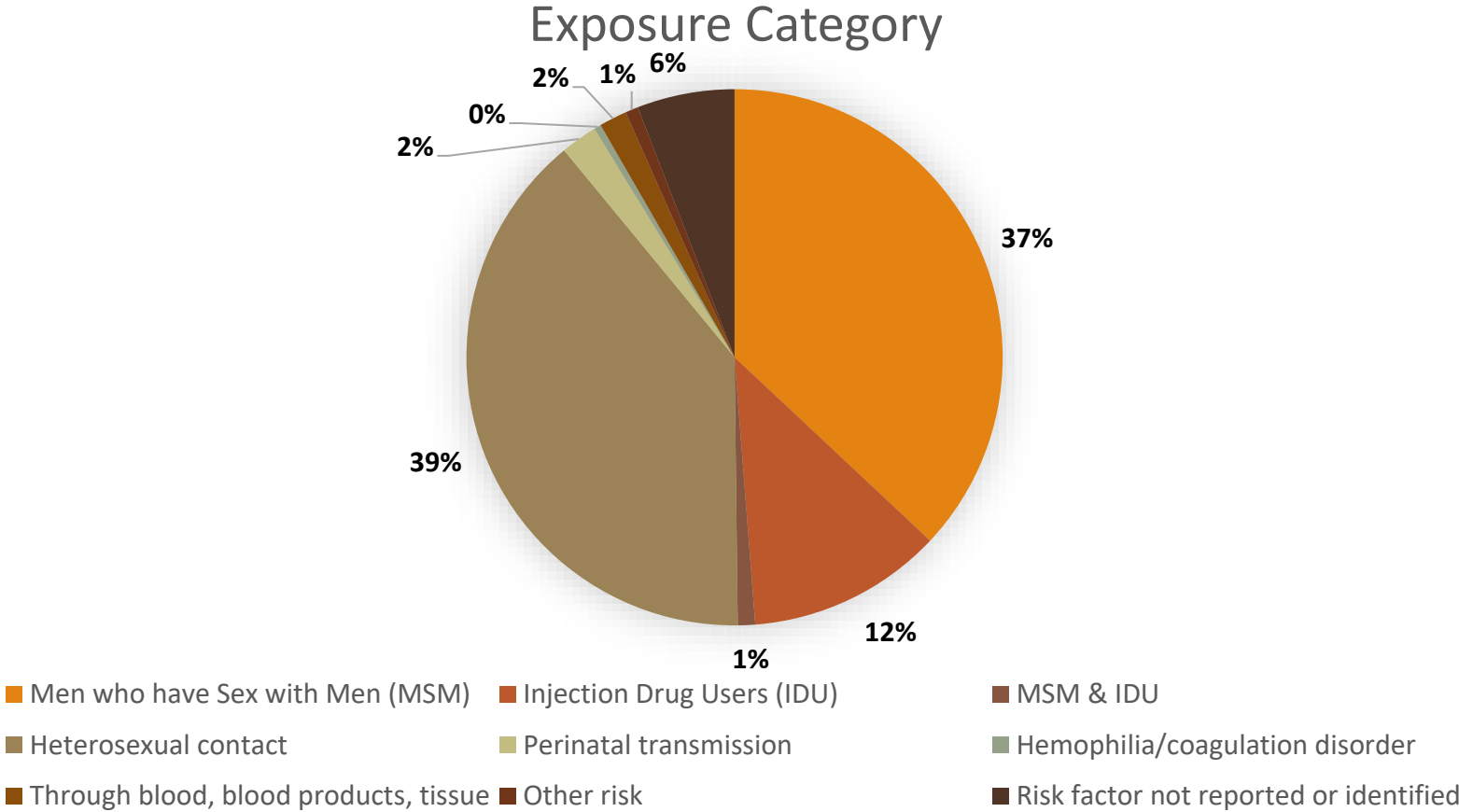


- White
- Black or African American
- Asian
- American Indian
- Unknown/Unreported
- Native Hawaiian
- More than one race selected



- Hispanic or Latinx
- Not Hispanic or Latinx
- Unknown/Unreported

FY21 Demographics: Exposure Category



Service Category Spotlights

MEDICAL AND NON-MEDICAL CASE MANAGEMENT, HOUSING,
PSYCHOSOCIAL SUPPORT, EMERGENCY FINANCIAL ASSISTANCE

Medical Case Management (MCM)



18 funded agencies

3 of 18
funded under
Minority AIDS
Initiative
(MAI)



Provides services that link clients
with primary medical care and all
health-related support services

MCM: Spending and Clients Served

FY21 Q4 Spending			
	Allocated	Spent	% Spent
General	\$4,489,219	\$4,097,314	91.27%
MAI	\$450,981	\$387,182	85.85%

FY21 Q4 Clients Served			
	# Clients Served	FY21 Projection	%
General	2,214	2,146	103.17%
MAI	321	350	91.7%

Non-Medical Case Management (NMCM)



8 funded agencies

1 of 8 funded
under
Minority AIDS
Initiative
(MAI)



Provides services that improve
access to and retention in essential
medical and support services for
PLWH

NMCM: Spending and Clients Served

FY21 Q4 Spending			
	Allocated	Spent	% Spent
General	\$958,523	\$859,400	89.66%
MAI	\$171,620	\$171,620	100%

FY21 Q4 Clients Served			
	# Clients Served	FY21 Projection	%
General	630	585	107.6%
MAI	103	93	110.7%

Housing



5 funded agencies



Provides short-term, emergency or transitional housing assistance



Provides housing search support and advocacy



Goal is to improve access, medical adherence and health outcomes

HOU: Spending and Clients Served

FY21 Q4 Spending			
	Allocated	Spent	% Spent
General	\$1,405,851	\$1,240,142	88.21%

FY21 Q4 Clients Served			
	# Clients Served	FY21 Projection	%
General	316	507	62.32%

Psychosocial Support (PS)



10 funded agencies

3 agencies funded under Minority AIDS Initiative



Provides counseling and emotional support to PLWH

Support for people who experience stigma, isolation, and behavioral health issues



Individual and group sessions

PS: Spending and Clients Served

FY21 Q4 Spending			
	Allocated	Spent	% Spent
General	\$875,901	\$831,207	94.90%
MAI	\$153,554	\$145,009	94.44%

FY21 Q4 Clients Served			
	# Clients Served	FY21 Projection	%
General	476	600	79.33%
MAI	148	216	68.51%

Emergency Financial Assistance (EFA)



11 funded agencies

1 agency
funded under
Minority AIDS
Initiative



Limited one-time or short-term
payments to assist the client with an
emergency need directly related to
health status



Services include essential utilities,
housing, food (including groceries and
food vouchers), transportation and
medication

EFA: Spending and Clients Served

FY21 Q4 Spending			
	Allocated	Spent	% Spent
General	\$266,921	\$236,675	88.67%
MAI	\$29,810	\$29,810	100%

FY21 Q4 Clients Served			
	# Clients Served	FY21 Projection	%
General	308	340	90.59%
MAI	61	17	358.82%

Conclusions

- ❖ Many agencies faced staffing shortages but still provided quality services to clients
- ❖ Psychosocial Services had lower utilizations in FY 21 due to clients not having the technology to utilize telehealth, not wanting to attend in person groups, and privacy & safety concerns around their HIV status as reported by providers.
- ❖ Rising food costs has led to increased food insecurity across the EMA and agencies were creative with existing resources including emergency financial assistance to try and meet the needs of clients
- ❖ Despite many challenges due to COVID and staffing, providers still served thousands of PLWH in the EMA with over 90% viral suppression rate.



QUESTIONS & ANSWERS

Please unmute yourself to ask a question or enter your question in the chat.

Thank you!



Update to FY22 Priority Setting

PCS

FY22 Priority Setting Update

HRSA Guidance – Prioritize all service categories to be able to allocate money to any service category should the need arise

- Reports of a wait list for Outpatient/Ambulatory Medical Care in NH
- If wait list exists, Boston EMA may not meet requirements for Core Medical Services waiver and would have to reallocate funds for FY22

Proposed Solution – Prioritize and add the remaining service categories (17-28) under the previously approved list for FY22.

Next Steps : PCS will share the link to complete the ballot.

Deadline to Submit – May 18th

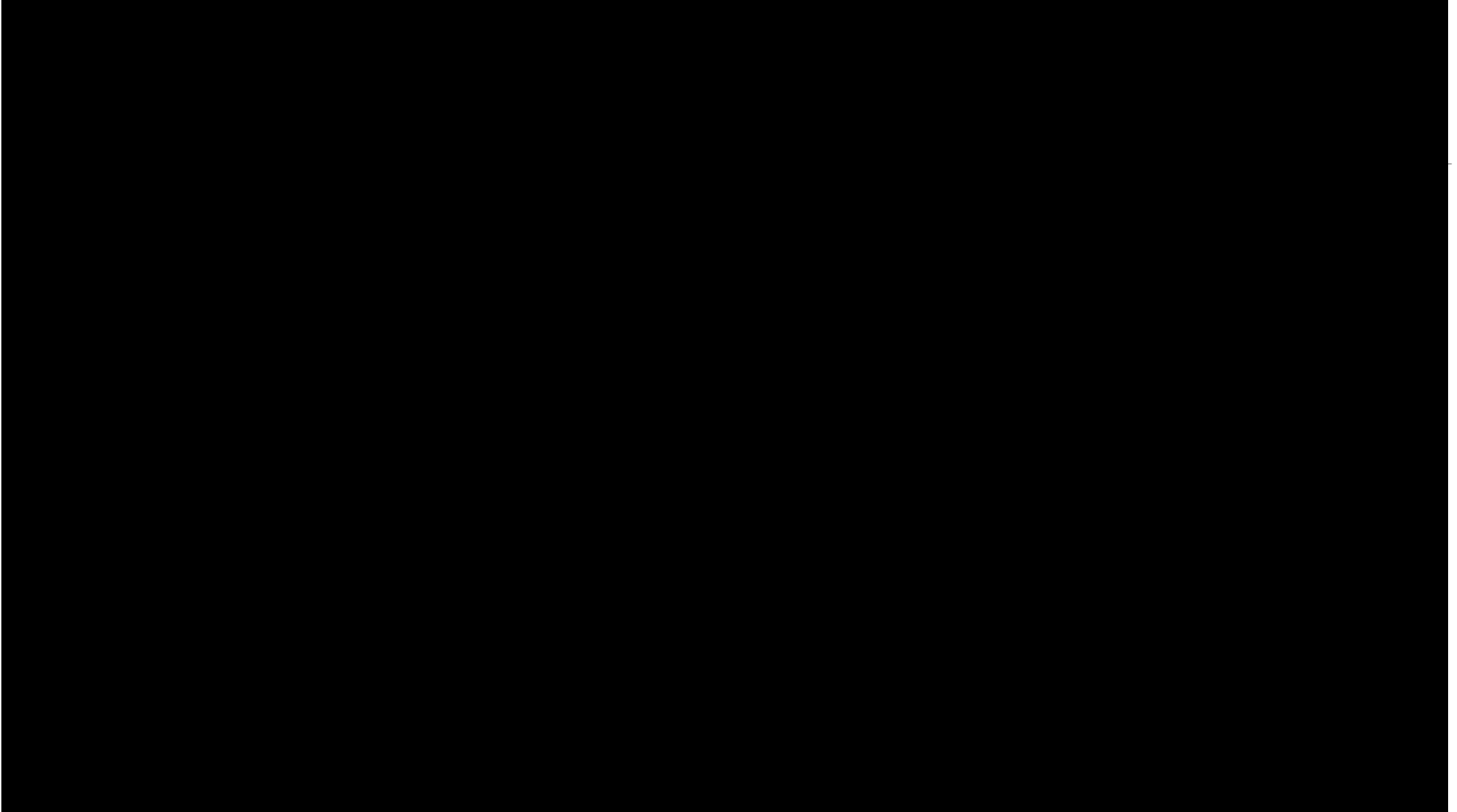
FY22 RANK	SERVICE CATEGORY
1	AIDS Drug Assistance Program (ADAP)
2	Medical Case Management
3	Housing Services
4	Non-Medical Case Management
5	Emergency Financial Assistance
6	Oral Health
7	Food Bank/Home-Delivered Meals
8	Psychosocial Support
9	Medical Transportation
10	Health Insurance Premium & Cost-Sharing
11	Health Education / Risk Reduction
12	Medical Nutrition Therapy
13	Substance Abuse, Residential
14	Referral for Healthcare & Support Services
15	Linguistic Services
16	Other Professional Services (including Legal services)

FY23 Resource Allocation Meeting Update

Ayla Baraka, Joey Carlesimo & Darren Sack
NRAC



Resource Allocation Process



What is Resource Allocation?

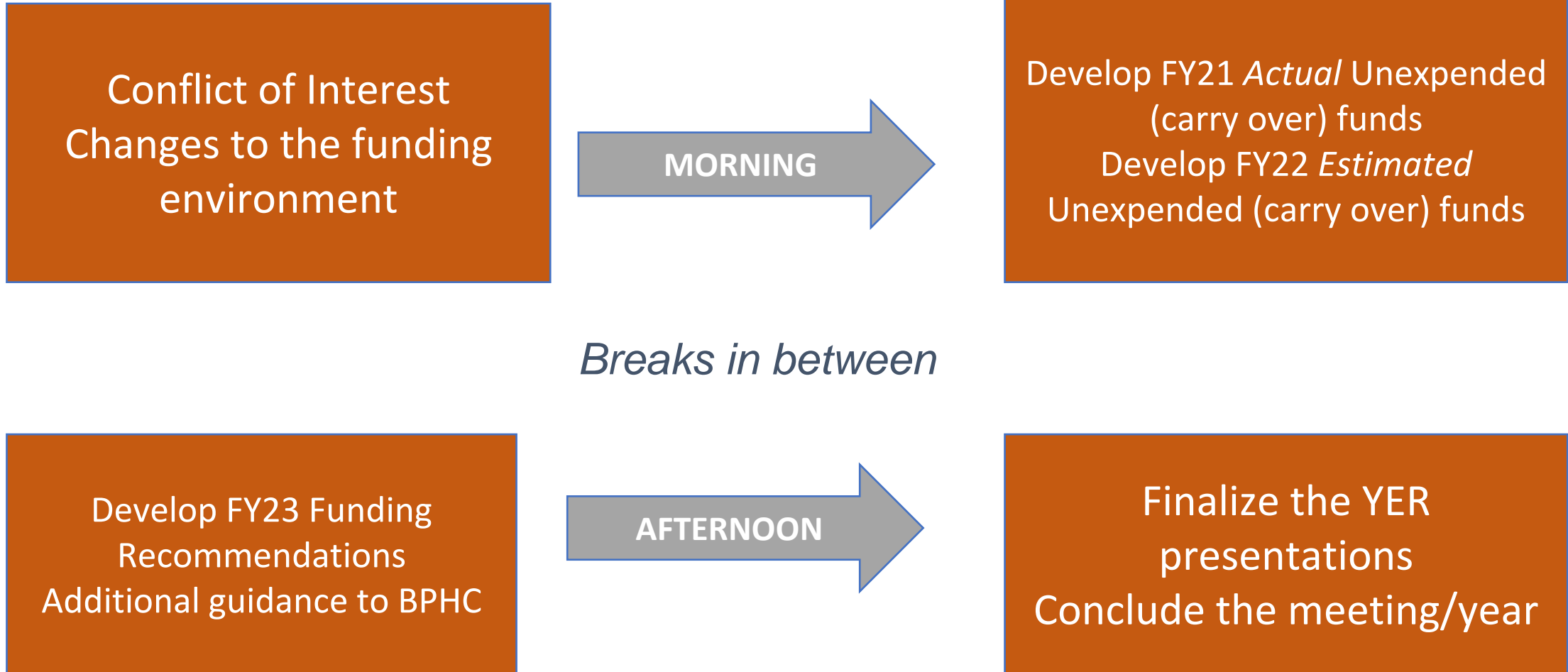
The process of deciding how much funding to allocate to each service category

Which fiscal year are we considering?

Fiscal Year March 1- February 28



NRAC All-Day Allocations Meeting Agenda



What Data Is Considered?

Spending and Utilization Trend Data

Epidemiology Presentations

Funding Streams

Needs of PLWH

Next Steps

NRAC Allocations Meeting

Thursday, May 19th, 2021

10AM-4PM

Office of Public Health Preparedness

785 Albany Street, Boston, MA 02118

MIC Room

Presentation of Resource Allocation Recommendations

June 9th Planning Council Meeting

Vote on Resource Allocation Recommendations

June 23rd Planning Council Meeting



FY22 Assessment of Administrative Mechanism

Presented by: Patrick Baum, Keith Nolen, and Tim
Mercier



Presentation Goals

- ▶ Describe the purpose of the Assessment of Administrative Mechanism (AAM)
- ▶ Describe how the SPEC conducted the evaluation
- ▶ Highlight results
- ▶ Share SPEC's recommendations with the Planning Council



What is the AAM?

An evaluation that assesses how quickly and well the Recipient contracts with and pays HIV providers

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Why Conduct the AAM?

- To fulfill a HRSA requirement
- To help RWSD improve their administrative process



Background: What is the Administrative Process?

Procurement

- Outreach
- RFP
- Review Panel

Contracting

- Notice of Award
- Completion of executed contract

Reimbursing

- Invoicing Process
- Issuance of check



Methodology

Provider Survey

- Sent out 3/15/22
- 3 week deadline
- Received 32 responses (94%)

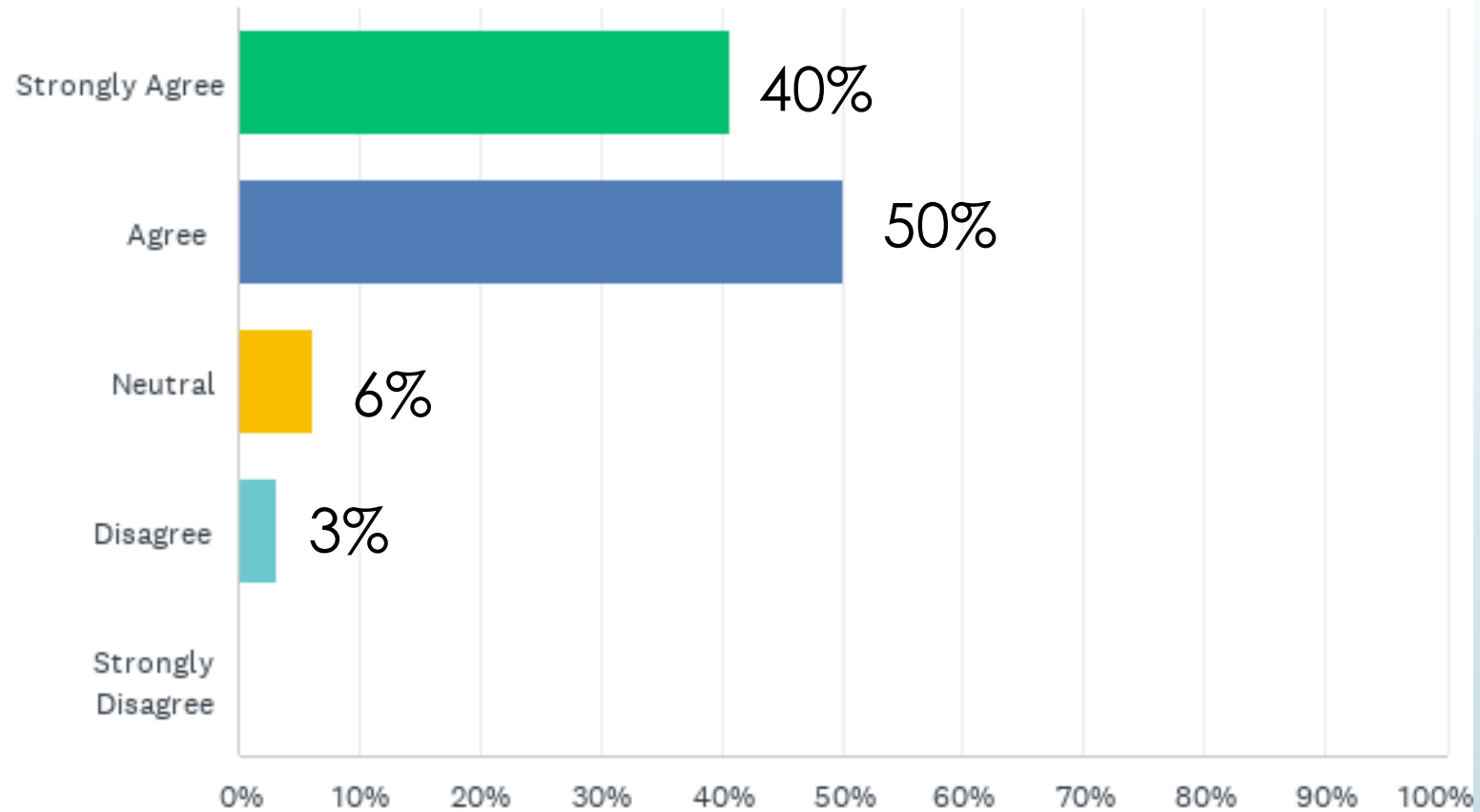
RWSD Questionnaire

- Sent out 3/15/22
- 2 month deadline
- Obtained response for 3 of 5 questions

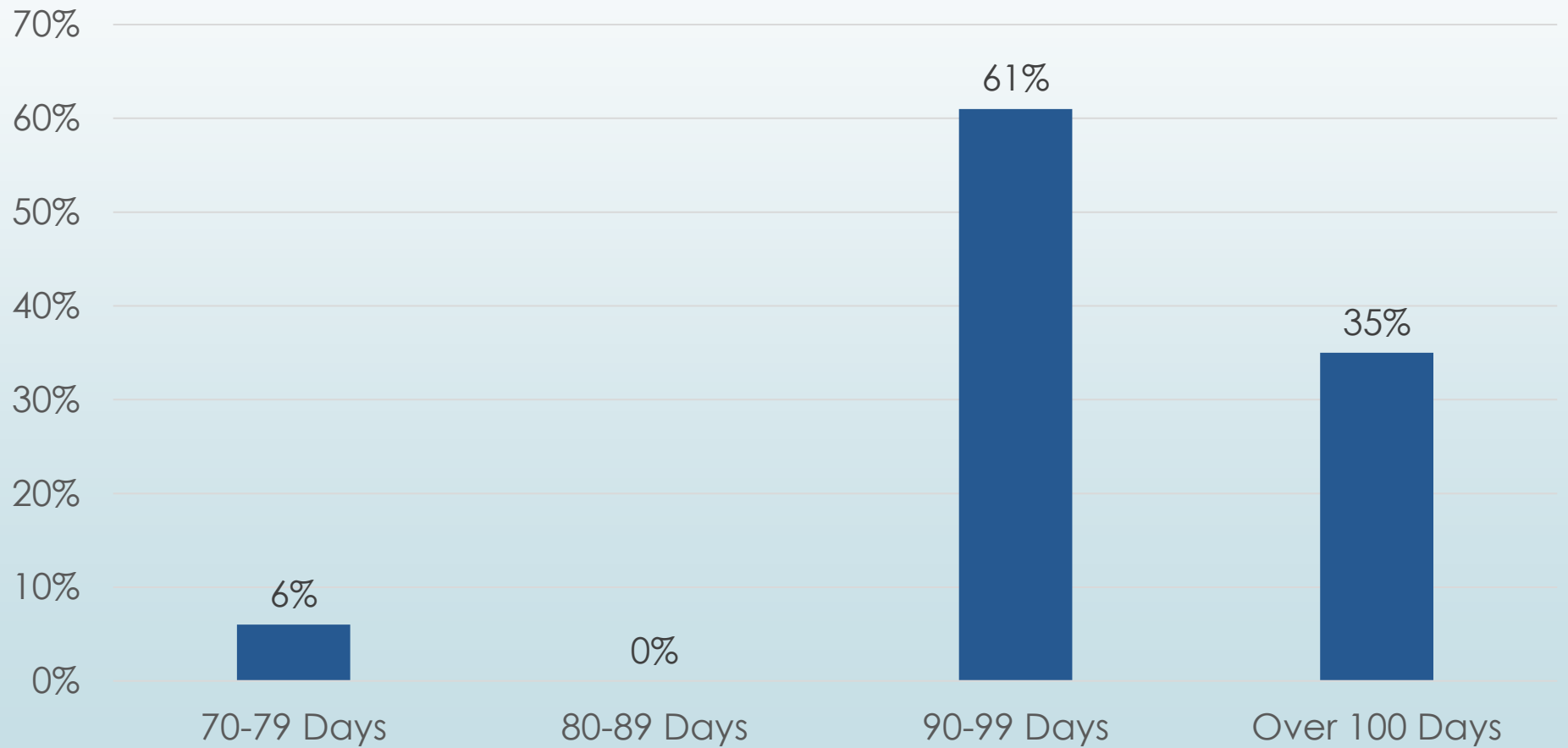


Results

Multiple Choice: RWSD provides a clear scope of service for each contract



Length of time to finalize contracts





Length of time for contract signatures

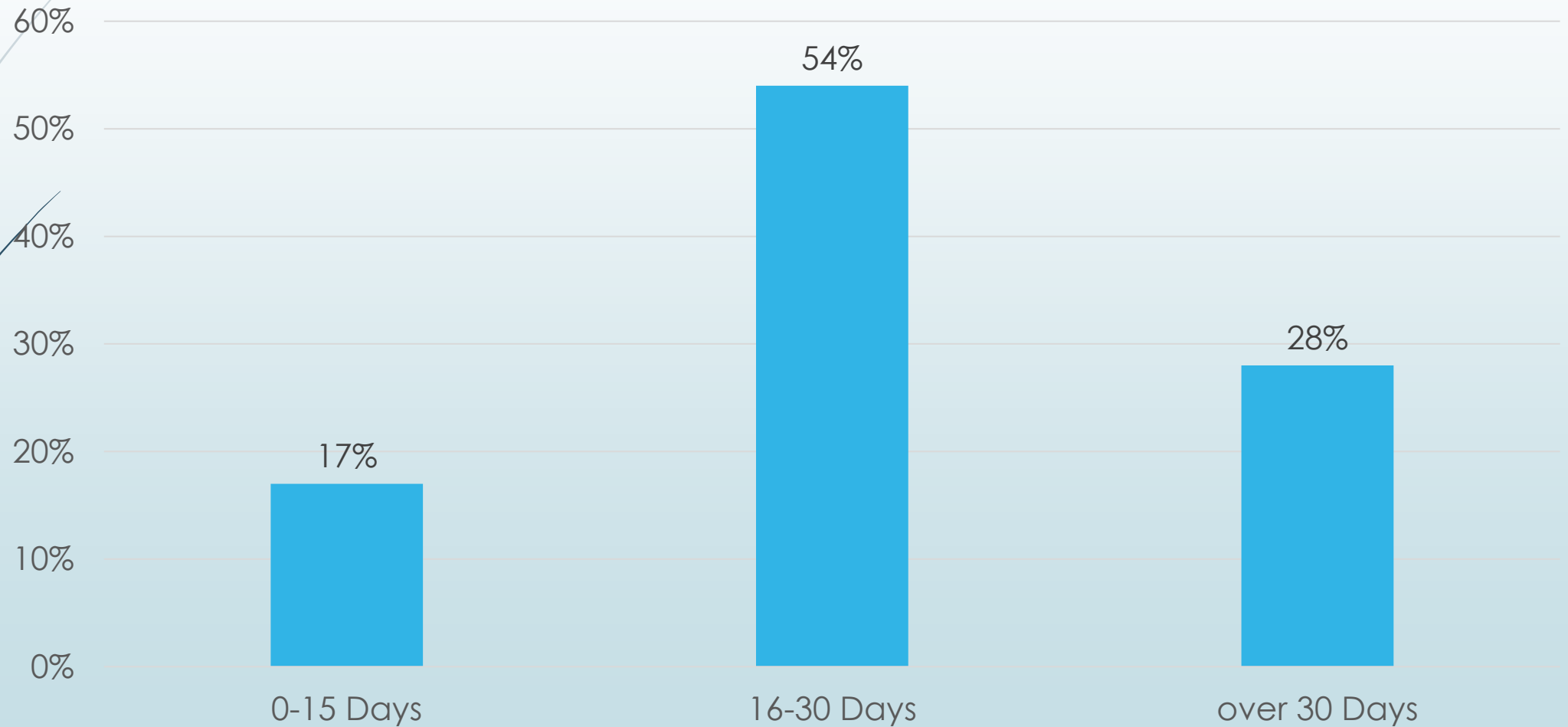
- ▶ Turnaround for agencies to obtain signatures: 5-43 days
Average: 22 days
- ▶ Turnaround for RWSD to obtain signatures and execute contracts: 53-135 days
Average: 79 days



Contract Related Comments

- “Quicker turnaround on contract execution process”
- “disbursing a full award instead of the partial award. Working on partial award has not been helpful.”
- “faster issue of awards at the beginning of the year, even if it is just the partial. It would be good to know PRIOR to March 1 that we have funds to spend.”

Turnaround time for invoices to be paid





Invoice Related Comments

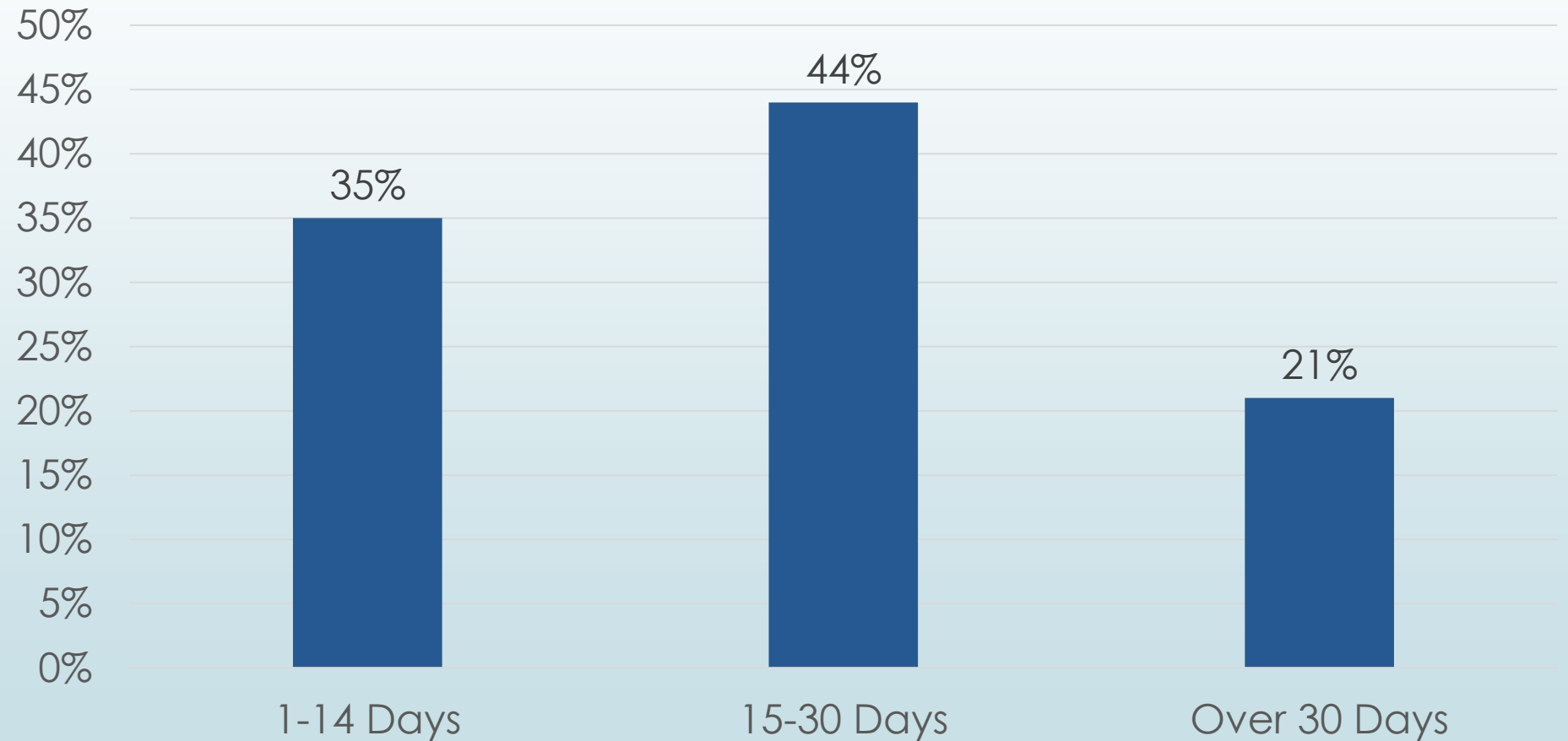
- ▶ “Would be great if invoices were paid within 15 days of receipt.”
- ▶ “Electronic rather than manual invoicing.”
- ▶ “The need to provide both invoice and canceled check is redundant and burdensome”



Did RWSD provide training to agencies on how to correctly fill out an invoice?

► Provider Orientation 4/29/21

Turnaround time to finalize budget revisions

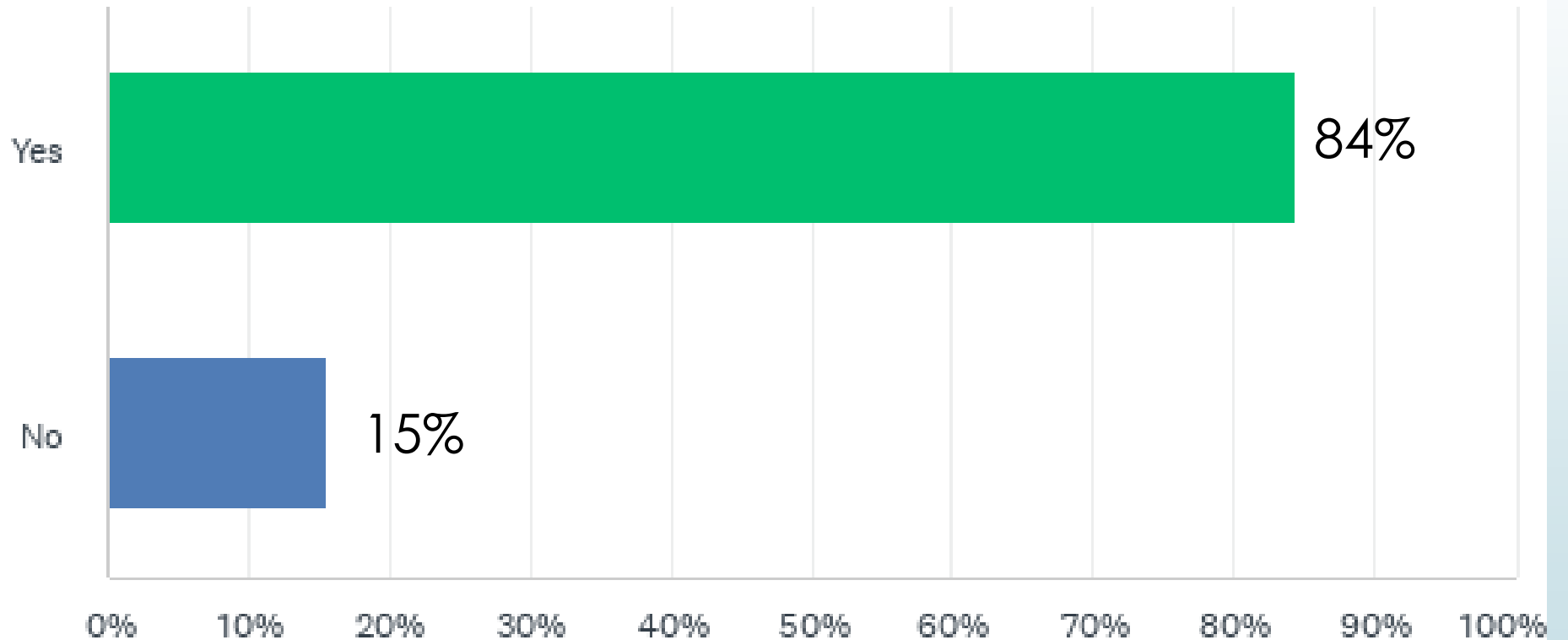




Did RWSD provide training to agencies on how to do a budget revision?

- ▶ Provider Orientation 4/29/21
- ▶ Budget Revision Training 5/27/21

Do you feel properly trained to do a budget revision?

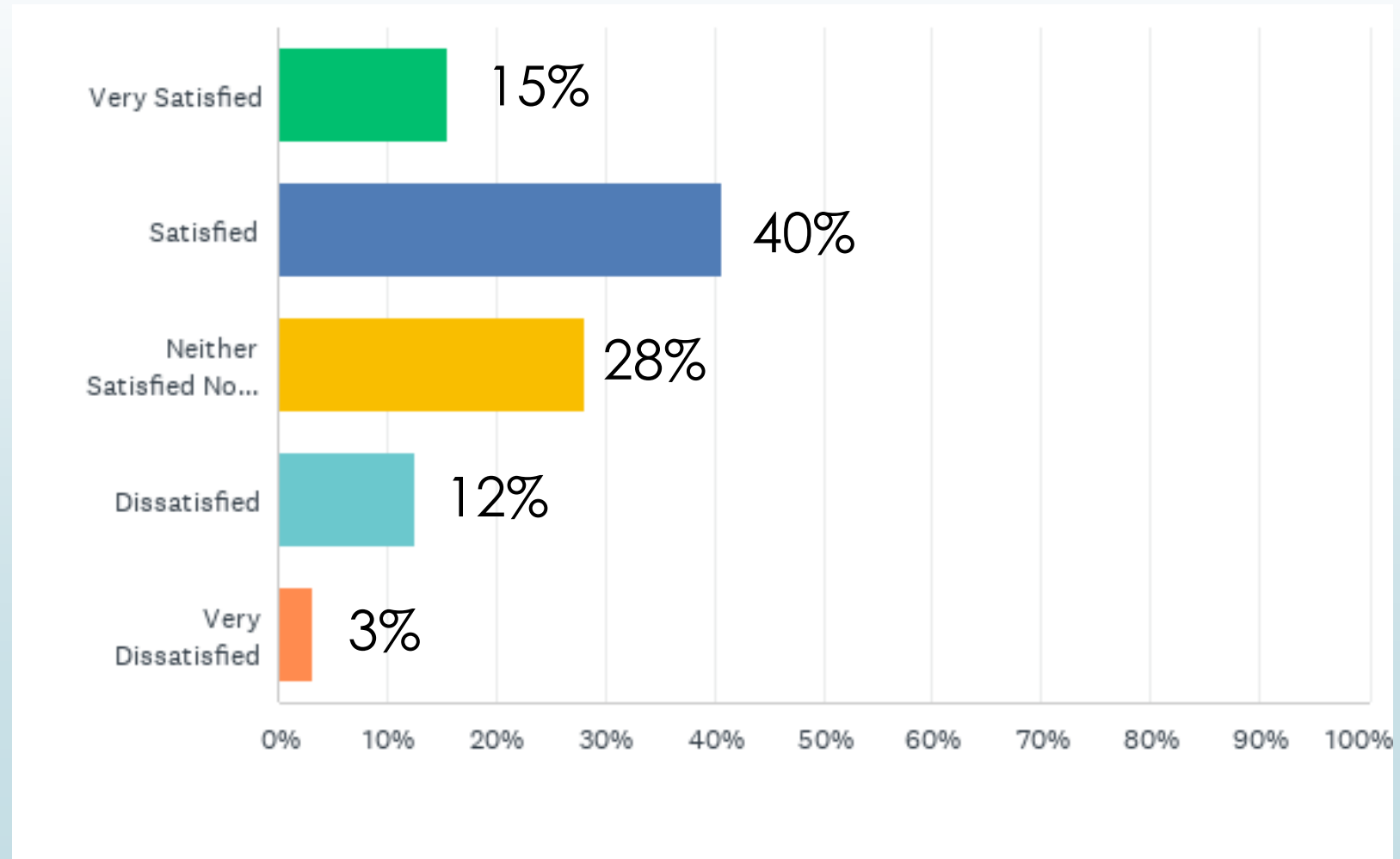




Budget Revision Comments

- ▶ “The budget revision review and approval process is slow, burdensome, and inefficient. We've waited months for a response to our submission to the point where our request becomes outdated due to changes in the interim.”
- ▶ “There has been a lot of staff changes in a very short amount of time; which at time can impede how fast budget revisions are processed.”

Overall, how satisfied are you with BPHC's administration of Part A funds?



Other Provider Comments

- “There is a lot of turnover, which makes continuity of care and working relationships challenging to maintain.”
- “Retention and better training of project officers would go a long way to limit disruption of communication and mixed messages.”
- “the level of staff turnover at BPHC is concerning. This can significantly impact how funded programs are supported and hinder ability to develop relationship with contract managers.”



Recommendations



Review Recommendations

- Send out the notice of award letters before the beginning of the fiscal year to avoid agencies from having to front the money to pay for staff and program costs.
- Adopt benchmarks for reasonable turnaround times for contracts, invoices, and budget revisions.
- Implement a tracking system that is utilized by RWSD and sub-recipients, that provides information about the status of invoice reimbursements, contract execution, and budget revision response. This system should also have an alert system to keep all parties accountable for timely submissions in order to meet the turnaround benchmarks.



Review Recommendations

- Create a central location (e.g. Basecamp) for sub-recipients to easily access documents such as the Service Standards, Provider Handbook, allowable costs, RWSD contacts list, and a one pager describing the congressional process of appropriating Ryan White funds. This platform could also allow for sub-recipients to communicate with each other and share resources.
- Identify steps in reducing RWSD staff turnover and develop onboarding materials for new RWSD staff that covers both RWHAP information and specific information about the sub-recipients that will be assigned to them.
- Use an electronic invoicing system

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Motion to Approve the FY22 AAM Recommendations

Poll (Select one response):

- ▶ Approve
- ▶ Oppose
- ▶ Abstain



Integrated Plan Overview

JSI Staff

Announcements

SHARE WITH THE COUNCIL

- Planning Council Recruitment
 - Member Applications on Basecamp
 - Incumbent reapplication due : May 20th
 - New member application deadline: June 15th
- End of the Year Social : June 25th or July 9th
- New BPHC Education and Community Engagement Director : Teakia Brown



Thank you!

DO NOT FORGET TO SUBMIT YOUR EVALUATION!

