Planning Council Meeting
Thursday, October 10, 2024
89 South St., Boston, MA 02111 and Zoom
4:00 PM – 6:00 PM

Summary of Attendance

Members Present
Justin Alves
Alison Kirchgasser
Alyssa Collaro
Barry Callis
Curtis Santos
Damon Gaines
Darren Sack
Zeke Russell
Henry Cabrera
Joey Carlesimo
Karen White
Kim Wilson
Larry Day
Liz Koelnych
Luis Rosa
Margaret Lombe
Regina Grier
Rick Boyd
Romini Smith
Rudy Wise
Serena Rajabiun
Shara Lowe
Shirley Royster
Stephen Batchelder
Steven Spinale

Amanda Hart
Bryan Thomas
Carlton Martin
Shambi Mwandembo
Hemi Park
Yvette Perron
Melissa Hector

Members Excused
Gerry James
Daniel Amato
Christopher McNally

Members Absent

Staff
Clare Killian
Melanie Lopez
Zan Whittied
Glenda Morrabal
Roxy Dai
Rebecca Ritterman

Guests
Blaise Conway

Topic A: Welcome, Moment of Silence & Group Agreements

The Chair of the Planning Council, Margaret Lombe, calls the meeting to order, leads a moment of silence, and reminds members of the group agreements. The agenda is shared. The meeting starts at 4:03 pm.

The Chair calls on PCS to take attendance as reflected above.

Topic B: September 12, 2024, Meeting Minutes Review & Vote

Motion to Approve: Kim Wilson
Second: Bryan Thomas
Result: 9.12.2024 meeting minutes were approved unanimously online and in person.

Topic C: Agency Updates

Melissa Hector | Mayoral Liaison – No updates

Barry Callis | MA Department of Public Health
- Competitive contract amendment opportunity for about $275,000 Ending the HIV Epidemic (EHE) funding to develop novel models for HIV self-testing
    - o Eligible organizations are only those that are currently funded via DPH
    - o Specific attention being paid to race/ethnicity
- $3 million reduction from the state budget and DPH is making reductions to come up with that loss, in the process of communicating state-wide with affected organizations

Yvette Perron | NH Department of Health & Human Services – Not present/No updates

Alison Kirchgasser | MassHealth
- Three new web pages available**:**
    - o Sexual & Reproductive Health Services: https://www.mass.gov/info-details/masshealth-sexual-and-reproductive-health-services-for-members
    - o Information/Services for Pregnant Members: https://www.mass.gov/info-details/information-for-pregnant-masshealth-members
    - o Information about Doula Services: https://www.mass.gov/info-details/masshealth-doula-services-program-information-for-masshealth-members

Melanie Lopez | Boston Public Health Commission
- NOFO was submitted on Oct. 1 (Notice of Funding Opportunity - BPHC must bid every 3 years for the Part A grant itself)
- Request for Proposals (RFP) is in progress and PCS will send out a recruitment flyer to Council members to participate in the RFP review
- Currently in the process of trying to find two program management positions – Senior Program Manager for Client Services and Senior Program Manager for Clinical Quality Management)
- Hired a new PCII so contract management is now fully staffed

Topic D: Meet the Council Committees

PCS introduces the next segment of the meeting – introducing the Council Committees. Since there was not enough time in the first meeting to review the charge of each committee, PCS and the Committee Chairs will review them now. Typically, in every Council meeting, the Chairs will provide a report or update on their most recent Committee meeting. They are introduced in the order of when their meetings occur.

Membership & Nominations Committee (MNC)
Summary of Committee Charge: Kim Wilson is the Chair, Stephen Batchelder is the Vice Chair
- Outreach, recruitment, and nominations procedure
- Member training, satisfaction, and retention
- Mentorship Program

- o Pair newer members with longer-standing members
- Conflict of interest policies and grievance proceedings as needed
- MNC meets virtually on the first Monday of the month from 4-5:30 PM
  - o October 23rd Halloween mentorship mixer!

Vivian is the PCS liaison.

Services, Priorities, and Evaluations Committee (SPEC)
Summary of Committee Charge: Daniel Amato is the Chair; Vice Chair has not been elected yet
- Make service category recommendations to guide the Priority Setting activity
  - o Important because determines priority setting on where funding and resources go towards
- Guide the Assessment of the Administrative Mechanism (AAM)
- Review and revise Service Standards
- SPEC meets on the 1st Thursday of the month from 4-6 PM.

Vivian is the PCS liaison.
Roxy is the RWS liaison.

Consumer Committee
Summary of Committee Charge: Rick Boyd is the Chair, Vice Chair is Chris McNally
- Recommend and help organize educational presentations and events
- Education on Planning Council topics
- Lead in the continuation of Someone You Know and Love - our anti-stigma campaign
  - o Someone You Know and Love gala is coming up to bring to light the work members of the community have put towards the social media campaign
- Ensure consumer input and participation in PC activities
- Consumer will be from 2-3:30 PM every 2nd Thursday before Planning Council

Vivian Dang is the PCS liaison.

Allocation of Resources Committee (ARC)
Summary of Committee Charge: Liz Koelnych is the Chair, the Vice Chair has not been elected yet
- Make recommendations on the current funding environment i.e., review Funding Streams
  - o Go through that as a full council in December
- Recommend resource allocation through the development of funding scenarios
- Review and revise Funding Principles
- ARC meetings every 3rd Thursday, 3–5 PM – as of this Council meeting (10/10/24), ARC has not had their first meeting yet.

Clare Killian is the PCS liaison.
Rebecca Ritterman is the RWS liaison

Needs Assessment Committee (NAC)
Summary of Committee Charge: Amanda Hart, Vice Chair is Regina Grier
- This is a NEW committee starting 2024-2025 Council year!
- Develop and implement a needs assessment to identify the needs of people living with HIV both receiving care and those out of care representative of the entire EMA.
- Communicate process, findings, and recommendations to the Planning Council, BPHC, and external partners as needed

- NAC meets on the last Thursday of the month from 4-6 PM

Clare Killian is the PCS liaison.
Zan Whittied is the RWS liaison.

Executive Committee (Exec)
Summary of Committee Charge: Margaret Lombe is the Chair, Henry Cabrera is the Chair-Elect
- Leadership Team
- Assess needs and review meeting feedback (evaluations)
- Develop PC workplan with PCS and review presentations
- Policy and procedural tasks – Bylaws amendments, MOU, code of conduct, and attendance policies
- Exec meets on the last Tuesday of each month, 4-6 PM

Clare Killian is the PCS liaison.

Topic E: Introduction to Service Categories

PCS and Daniel Amato, SPEC Chair, review the service categories and their importance to the Planning Council's work.

Clare asks how people are feeling about Service Categories on a scale of 1 to 5 with 1 being that they are feeling overwhelmed or not confident and 5 being that they are feeling great about them. Council members raise their hands with the number of how they are feeling. There are some mixed feelings but generally, everyone is feeling okay about the service categories.

Core medical and support service categories are important to assist in the diagnosis of HIV infection, linkage to and entry into care for PLWH, retention in care, and the provision of HIV care and treatment. To be an allowable cost under the Health Resources and Services Administration (HRSA) Ryan White HIV/AIDS Program (RWHAP), all services must:

Relate to HIV diagnosis, care, and support
- Adhere to established HIV clinical practice standards consistent with the U.S. Department of Health and Human Services Clinical Guidelines for the Treatment of HIV and other related or pertinent clinical guidelines
- Comply with state and local regulations, and provided by licensed or authorized providers, as applicable.

There are two types of services – Core and Support.
- Core services are typically all medical treatment-related services such as Medical Case Management or Medical Nutrition Therapy.
- Support services are social, financial, and other support services that help achieve and maintain positive medical outcomes. These include housing, emergency financial assistance, and food bank/home-delivered meals.

Funded vs. Not Funded Services
- Whether a core or a support service, any category can be funded by Part A or not funded by Part A. Those services that are "funded", receive some amount of Ryan White Part A or Minority AIDS Initiative funding allocated by the Planning Council. "Not funded" services are service categories that are not funded by Ryan White Part A or Minority AIDS Initiative through the

Planning Council but often are funded through other funding streams such as other Ryan White parts and federal or state government.
- Organizations bid to provide these services – whether through the Part A Request for Proposal Process or through a different funding stream's process.

PCS reviews each Core Medical service category funded by Ryan White Part A funds allocated by the Planning Council. PCS reminded members to refer to their Service Categories Cheat Sheet provided at Orientation for those that attended and on Basecamp for all members for more details about the allowable activities under each service.
- AIDS Drug Assistance Program
- Medical Case Management
- Oral Health Care
- Medical Nutrition Therapy

PCS then reviews the Support service categories funded by Ryan White Part A funds allocated by the Planning Council.
- Housing
- Non-Medical Case Management
- Emergency Financial Assistance
- Food Bank/Home-Delivered Meals
- Psychosocial Support
- Medical Transportation Services
- Health Education/Risk Reduction
- Other Professional Services (Legal)
- Linguistic Services

Services that are not funded by Ryan White Part A funds allocated by the Planning Council:
Core Medical
- Health Insurance Premium/Cost Sharing
- AIDS Pharmaceutical Assistance
- Mental Health Services
- Substance Use Services (Outpatient)
- Early Intervention Services
- Home Health Care
- Outpatient/Ambulatory Health Services
- Home & Community-Based Health Services
- Hospice

Support
- Substance Use Services (Residential)
- Childcare Services
- Referral for Health Care Support Services
  Outreach Services
- Rehabilitation Services
- Respite Care

These are not funded by Part A but almost all are funded by other programs like Mass Health, Part B, etc.

Questions: Have the core services always been the same?
Answer: The core services that we have established have always been labeled as core services and have been pretty standard for the Boston EMA.

Question: Peer support seems to be diminished or non-existent, is that true?
Answer: Peers are paid through Psychosocial Support and are still available, but funding for peer support services was cut in 2017. There were department changes at that time and one member commented they remember people getting laid off from peer support services. These changes reflect decisions from DPH not from Part A

Question for Alison: Will MassHealth eventually have more services added?
Answer: Massachusetts has a lot to offer, and there are consistent and constant conversations on how to use money and where to allocate it.

Comments: Money was allocated away from peer support services and to case management instead. ADAP used to be done at the agencies and now it's all in hospitals instead. Members agree that peer support is crucial to people's mental well-being and ability to get connected to other much-needed services.

Question: If your agency can build up Medicaid versus an agency that cannot build up Medicaid shouldn't there be language on agencies that cannot get money...?
Answer: This will be discussed more later when we go over service standards.

Topic F: Ryan White Services Division (RWSD) Clinical Quality Management (CQM) Introduction & E2Boston Overview

Tzuria Falkenberg and Zan Whittied (Program Coordinators with Clinical Quality Management) introduce their team and their work and review their data management system, e2boston.

E2Boston
- E2boston is a cloud-based/data system used to understand where our funding goes, who is being served, what services are being used most, etc.
- Agencies enter and import data into e2boston to run reports, look at timelines and programmatic side of service utilization
    o Service is tracked in two different ways:
        ▪ Time-based units for meetings: i.e.; 1 hour = 1 unit. Half an hour is half a unit
        ▪ Service-based units are counted by service provided: i.e.; one voucher = one unit.
    o Visual analytics (demographics), performance measurement, Report, and Outcomes Measure report based on outcomes forms
    o The e2boston Data Guide written for the Planning Council is on Basecamp as an overview of what e2boston is. E2boston only contains the Boston EMA Part A and MAI data and only for the services that we fund. The guide also has information on what data we have on the people that we serve and information on incomes and insurance and services we provide and how we measure them.

What comes to mind when you think of Quality of Care?
- CQM is about quality of care
- CQM is for consumer care, health outcomes, and consumer satisfaction
- Improvement is done through infrastructure, performance measurement, and quality improvement
- Members share what they think of when they think of "quality of care" in the Zoom chat:
    o Care that results in good outcomes, yes, finding providers with good results and following up on their recommendations
    o Being humanized rather than being treated like another number

- o Services that are tailored with my well-being in mind
- o Client-centered services and access to information
- o Efficient and effective interventions that improve health outcomes and holistic well-being for people
- o Providers that listen to the people they serve, and believe what they say about their experiences, shared decision-making, open communication
- o Being listened to and repeated back so they understand
- o Offering best practice in services; follow-through; client centered and open communication
- o I would add speaking to my in a way that helps me make the best choice for myself.
- o Considering the social determinants of health
- Quality Goal One: Promote and sustain a culture of quality improvement throughout Ryan White HIV/AIDS program in Boston EMA
- Quality Goal Two: Increase suppression rates in PLWH/A in the Boston EMA by improving data quality starting with the submission rate, continuing linkage to care project, and revamping outcomes

CQM is responsible for keeping Ryan White Planning Council informed on quality and improvements for funded services during presentations such as new member orientation, demographic presentations opening space for feedback, supporting needs assessment committee, and client engagement through a QI workshop

Topic G: Part A Services Demographics Report – ADAP, Medical Case Management and Housing

The Program Coordinators with Clinical Quality Management review the demographics of clients that utilize ADAP, Medical Case Management (MCM) and Housing.

These demographics reports aim to provide the Planning Council with demographic data about funded service categories so that they may make data-informed decisions about Ryan White Part A services, offer feedback to the CQM team, and share their insights as co-producers of knowledge.

They clarify that this report is from FY24 up until August 31st and excludes dental clients. Each slide will have the demographic in review (Gender, Race/Ethnicity, or relevant demographic to service category).

ADAP:
- Under the Ryan White HIV/AIDS Program (RWHAP), Part B/ADAP, provides FDA-approved medications to income-eligible people with HIV. These people have limited or no health insurance. Grant recipients can also use ADAP funds to:
    - o Buy health insurance for eligible clients, and
    - o Provide services that improve access to, adherence to, and monitoring of drug treatments.
- On the slide, there is a graphic demonstrating that the majority of ADAP is funded by Part B and additional state resources, with only 0.05% coming from Part A dollars.
- Part A is a payer of last resort when other resources are not an option for clients.
- In FY23, Part A provided ADAP to 25 people, and FY22, Part A ADAP covered 22 people.

Medical Case Management:
- Cisgender men use MCM services the most followed by cisgender women followed by transgender clients which aligns with the overall gender identity breakdown of demographics across all services.
- 1568 people total for MCM Race Overview:
    - o 41.1% white,

- o 42.7% Black or African American,
- o 2.7% were multiracial,
- o 2% Asian,
- o 11.4% unknown
- o 0.3% American Indian/Hawaiian Native
- o They present a slide demonstrating the ethnicity cascade of MCM clients, showing that majority of clients overall are not Hispanic, but that a significant number of white men are Hispanic (n=175) and white women are also Hispanic (107). 149 clients are both Hispanic/Latinx and unknown race across all gender identities.
- 53.8% were exposed through heterosexual contact, 30.7% were from MSM, and 11% for injection of drugs, and 7.4% did not report an exposure category
    - o Hemophilia/coagulation disorder and through blood/blood products, and tissue, were combined for the visualization on this slide.

Housing:
- 284 total housing clients
- 36.3% female, 62% male, 1.8% transgender clients
    - o All transgender clients fall within the 20-44 age group
    - o Men with ages that fall in between 45-64 make up 41.2% of all housing clients
- No clients under 19 years, 26.10% between 20-44 years old, 60.2% between 45-64 years old, and 13.7% over the age of 65
- 26.4% of housing clients identify as Hispanic or Latinx
- 76.7% of clients have permanent housing, 10% in transitional housing, 3% in emergency shelter, 1.5% in substance use treatment facility, 6.7% temporarily with family/friends, 2.2% place that is not meant for human habitation

CQM reminds Council members that there is a handout on Basecamp with data comparing Boston EMA Part A client demographics with state, regional, and national data.

Questions:

What are some examples of places that are not meant for human habitation?
Answer: Sleeping outside, sleeping in a car, or sleeping in a building without utilities (water, heat, etc.), sleeping in a train station, etc. is included in the definition of homelessness

How do you gather data from people experiencing homelessness?
Answer: Clients don't self-report in e2boston. The info comes from medical case managers who are the providers so they will be the people who report if they have had contact with the client.

How long can people receive Part A services f they are incarcerated?
Answer: Forever. Theoretically, they would always get services. But most likely if someone has been experiencing homelessness for some time, they would be moved to inactive. Surveys collect data at the time that data is collected so it isn't a right here right now collection and don't accurately represent people's RIGHT now information. People typically fill out surveys when they can.

Any data that can be collected for those who are incarcerated and are susceptible to getting HIV or housed in prisons throughout MA and need medical care?
Answer: The state collects data on where people are when they are DX with HIV. They have the numbers on the HIV surveillance data. The state of MA does not collect data on who of the people who are incarcerated are living with HIV. People would have to self-disclose. The idea/hope is that people will

continue getting medical care, but we don't have good data on that and is an unfortunate gap in understanding what's going on.

What happens when someone is released?
Answer: You have to re-engage with a provider and there are release coordinators to set this kind of thing up

Comments: Before someone is released from prison, they are **supposed to be** connected to case management so all the services that are needed are met before they walk out the door

Topic H: RWSD Overview of Service Standards

Program Coordinator with Client Services and SPEC Liaison provides an overview of the Service Standards.
- Boston EMA Part A service standards are important for assuring consistent service deliveries
- Service Standards are considered to be a governing document in the EMA and are required by the Ryan White Part A grant
- The purpose is to ensure all services provide the same components of care so that no matter where people go, they can expect the same kind of care
- Establishes a minimum level of service/care and reliable high-quality standard of care
- Consistency with guidelines is crucial to licensure requirements
- While standards are guided by national monitoring standards, NMS, each jurisdiction develops its own standards for flexibility on overarching guidelines

National Monitoring Standards (NMS)
- Collection of federal requirements designed to provide structure to all services
- Developed by a national team of fiscal and program experts, Part A and Part B recipients and other stakeholders

PCN 16-02
- Addresses who are eligible for services and what is allowable use of Part A Funds
- Ensures funds are used appropriately and provides detailed program guidance for each core and medical services made in legislation

Service Standards: Universal
- Ensure agencies know what documents they are working with
  - Table of contents helps agencies navigate where they have to go
  - Universal Standards apply to all agencies delivering all types of services under Ryan White Part A to set the foundation for all agencies like hiring and staffing requirements to ensure qualified personnel are in place, safety protocols, training protocols, grievance procedures, rights and responsibilities, confidentiality and of course income, insurance, residency, diagnosis letter
  - Service-specific standards are also provided with HRSA description, goals, objectives, standards, and measures.
  - HRSA tells what exactly is allowable
  - goals set the broad purpose of the service
  - objectives outline specific ways goals will be achieved
  - Standard provides the standards of the service provided. For example: what kind of food is provided
  - The measure is how clients are monitored, and food safety standards must be documented

Question: Why might service standards be changed?
- EMA can add new services and needs to develop standards for it
- Sometimes HRSA may update guidelines and then we must update our standards

Topic I: Announcements, Evaluations and Adjourn

Mentorship Mixer – October 23rd, 2024
- Being a new member can be spooky – but it doesn't have to be! Join PCS and MNC on Oct. 23rd from 6- 8 PM for our first mentorship mixer!
- 1010 Massachusetts Ave, Boston, MA 02118 (BPHC!)

Remaining October Meetings:
- October 17 – Allocation of Resources Committee (ARC)
- October 24 - Needs Assessment Committee (NAC)
- October 29 – Executive Committee (Exec)

PCS reminds all members to fill out the meeting evaluation for today's meeting.

Motion to Adjourn
Motion: Rick Boyd
Second: Bryan Thomas
The meeting was adjourned at 6:00 pm.

Boston EMA Ryan White Planning Council

October 10, 2024 | 4 – 6 PM | Nonprofit Center

Margaret Lombe, Chair
Henry Cabrera, Chair-Elect

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

State "here" or "present" when you hear your name called.

We will call for members and BPHC staff then call for guests!

Today's Agenda & Objectives

Welcome, Moment of Silence & Group Agreements	Intro & Housekeeping items
Attendance	
Sept. 12 Minutes Review & Vote	
Agency Updates	Hear updates from our Agency Representatives.
Meet the Council Committees!	Understand more about what each committee does and how their first meeting went if they've had it.
Introduction to Service Categories	Review all 28 Ryan White Program Service Categories.
RWSD Clinical Quality Management Intro & E2Boston Overview	Learn about the Clinical Quality Management team, what E2Boston is and what it is used for.
Part A Services Demographics Report – ADAP, Medical Case Management & Housing	Learn about the demographics of people in our EMA who use ADAP, Medical Case Management and Housing as well as how that data is collected and evolves throughout the program year.
RWSD Overview of Service Standards	Learn about the Boston EMA Part A Service Standards and understand the process to make changes to the Service Standards, including role of Planning Council and RWSD.
Announcements, Evaluation & Adjourn	Hear about any announcements, fill out the meeting evaluation and adjourn!

Review & Approve Minutes

September 12, 2024 Minutes

- State your name to make a 1st or 2nd Motion to approve minutes
- Show of hands for approval/opposed/abstain in the room
- Poll on Zoom for those who are online

Agency Updates

Melissa Hector | Mayoral Liaison
Barry Callis | MA Department of Public Health
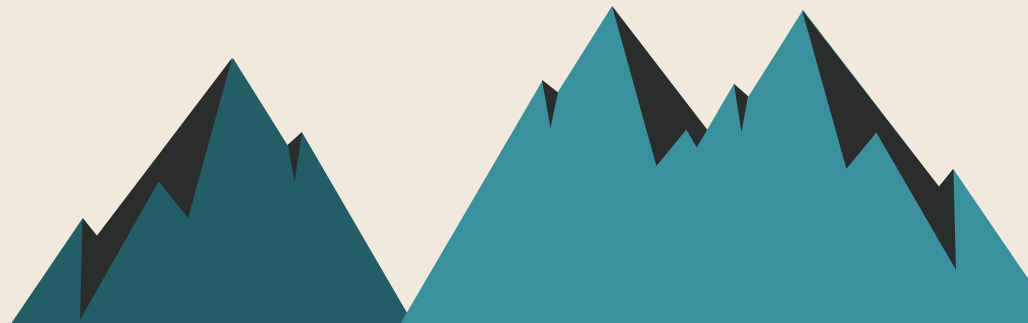**Yvette Perron** | NH Department of Health & Human Services
Alison Kirchgasser | MassHealth
Melanie Lopez | Boston Public Health Commission

Meet the Committees!

Summary of Committee Charge:

- Outreach, recruitment and nominations procedure

- Member training, satisfaction, and retention

- Mentorship Program

- Conflict of interest policies and grievance proceedings as needed

- MNC meets virtually on the first Monday of the month from 4-5:30 PM

Membership & Nominations Committee (MNC)

Chair: Kim Wilson

Services, Priorities, and Evaluations Committee (SPEC)

Chair: Daniel Amato

Summary of Committee Charge:

- Make service category recommendations to guide the Priority Setting activity

- Guide the Assessment of the Administrative Mechanism (AAM)

- Review and revise Service Standards

- SPEC meets on the 1st Thursday of the month from 4-6 PM.

Consumer Committee

Chair: Rick Boyd

Summary of Committee Charge:

- Recommend and help organize educational presentations and events

- Education on Planning Council topics

- Lead in the continuation of Someone You Know and Love, our anti-stigma campaign

- Ensure consumer input and participation in PC activities

- Consumer will be from 2-3:30 PM every 2nd Thursday before Planning Council

Allocation of Resources Committee (ARC)

Chair: Liz Koelnych

Summary of Committee Charge:

- Make recommendations on current funding environment i.e., review Funding Streams

- Recommend resource allocation through the development of funding scenarios

- Review and revise Funding Principles

- ARC meetings every 3rd Thursday, 3–5 PM

First meeting will be on October 17th!

Summary of Committee Charge:

- This is a NEW committee starting 2024-2025 Council year!

- Develop and implement a needs assessment to identify needs of people living with HIV both receiving care and those out of care representative of the entire EMA.

- Communicate process, findings and recommendations to the Planning Council, BPHC and external partners as needed

- NAC meets on the last Thursday of the month from 4-6 PM

Needs Assessment Committee (NAC)

Chair: Amanda Hart

Executive Committee

Summary of Committee Charge:

- Leadership Team

- Assess needs and review meeting feedback (evaluations)

- Develop PC workplan with PCS and review presentations

- Policy and procedural tasks – Bylaws amendments, MOU, code of conduct, and attendance policies

- Exec meets on the last Tuesday of each month, 4-6 PM

Introduction to Service Categories!

Planning Council Support

How are you feeling about service categories?

1 =
Wait, what are we talking about???

2

3

4

5 =
I've got this!

What are Service Categories???

Core medical and **support service** categories are important to assist in the diagnosis of HIV infection, linkage to and entry into care for PLWH, retention in care, and the provision of HIV care and treatment. To be an allowable cost under the HRSA RWHAP, all services must:

- Relate to HIV diagnosis, care and support
- Adhere to established HIV clinical practice standards consistent with U.S. Department of Health and Human Services' Clinical Guidelines for the Treatment of HIV and other related or pertinent clinical guidelines
- Comply with state and local regulations, and provided by licensed or authorized providers, as applicable.

Core vs. Support

Core services are typically all medical treatment related services

Support services help to achieve medical outcomes

Funded vs. Not Funded

Funded services =
These services receive some amount of Ryan White Part A or Minority AIDS Initiative funding allocated by the Planning Council.

In our EMA, there are currently 13 Part A funded services (4 core, 9 support).

Not Funded Services =
Services that do *not* receive funding from Ryan White Part A allocated by the Planning Council, but often still receive funding from either other parts of Ryan White or from State, Federal or private funding.

Core Medical Funded Services

AIDS Drug Assistance Program (ADAP/HDAP)

Medical Case Management

Medical Nutrition Therapy

Oral Health Care

Support Funded Services

Housing Services

Non-Medical Case Management

Emergency Financial Assistance

Food Bank/Home-Delivered Meals

Psychosocial Support Services

Support Funded Services

Medical Transportation

Linguistic Services

Health Education/ Risk Reduction

Other Professional Services - Legal

Services NOT funded by Part A

CORE	SUPPORT
Health Insurance Premium/Cost Sharing	Substance Use Services (Residential)
AIDS Pharmaceutical Assistance	Childcare Services
Mental Health Services	Referral for Health Care Support Services
Substance Use Services (Outpatient)	Outreach Services
Early Intervention Services	Rehabilitation Services
Home Health Care	Respite Care
Outpatient/Ambulatory Health Services	
Home and Community Based Health Services	
Hospice	

Refer to your Service Category Cheat Sheet!

Presentation Agenda

- Introduce the Team

- E2Boston Basics & Follow up from Orientation

- Anchor the Planning Council in the basics of Ryan White Clinical Quality Management Program (CQM)

- Share FY 24 - 25 CQM Plans with the Planning Council

- Highlight the relevance of CQM to the Planning Council

CQM Team
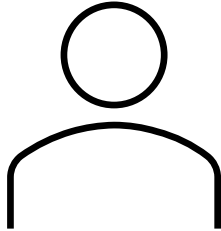
Senior Program Manager

We are hiring!

Alexandria Whitted

Sr. Program Coordinator
Performance Measurement

Tzuria Falkenberg

Sr. Program Coordinator
Quality Improvement

Melanie Lopez

Client Services Director

New Member Orientation Summary

In NMO, Melanie reviewed:

- Completed activities in the CQM plan

- Client demographics by majorities

- Respective projects the QI and PM Coordinators are working on

- As a reminder, FY 24 is the last year of the following subpopulations of focus:

1. PWID

2. MSM of Color

3. Heterosexual Women

E2Boston Basics

Reports most utilized:

- Visual Analytics (Demographics)
- HAB Measures Report
- Outcome Measure Distribution

Unit Descriptions
- Time based
  - 30 minutes = .25 unit
  - 1 hour = 1 unit
- Service based
  - 1 voucher = 1 unit
  - 1 ride = 1 unit

E2 Visual Analytics
- This feature allows staff to create custom reports that may not exist. This can help expand the way we look at data, plan projects, and collaborations .

E2Boston & Planning Council

- E2Boston Data Guide for Planning Council (on Basecamp)
  - Overview + what's in scope
  - What kinds of data do we have:
    - About the people we serve?
    - About the services we provide?
  - What kinds of reports can we run?
    - Demographic breakdown (by services, by outcomes, by agency)
    - HIV Care Continuum data (by demographics, by agency, by service)
    - Health & Quality of Life Outcomes (by demographics, by agency, by service)

- Ask questions! Tell us what data would help you make informed decisions!

What is CQM?

Pair Share: Reflect on the phrase, "quality of care", by considering the following questions:

- What comes to mind when you think quality of care?

- Do you think about quality of care when making health and health care decisions?

- How do you think your quality of care could be improved?

What is CQM?

The coordination of activities aimed at improving consumer care, health outcomes, and consumer satisfaction.

We do this through:

Infrastructure
Performance Measurement
Quality Improvement

CQM Plans for FY 2024

Catching the Planning Council up on what CQM has been up to this year, and what's ahead.

BOSTON
PUBLIC
HEALTH
COMMISSION

Quality Goal 1:

To promote and sustain a culture of continuous Quality Improvement throughout the Ryan White HIV/AIDS Program in the Boston EMA.

FY 2024 Action Plan

Standard guidance on setting quality goals

QI goal setting workshops

Strengthen CQM Committee processes, recruitment, and application process

Discussions about QI and Performance Measurement into the monthly contract management

Improve data displays

FY 2024 Action Plan

Incorporate CQM into Ryan White Case Manager training

BOSTON PUBLIC HEALTH COMMISSION

Improve e2Boston data quality, starting with outcomes submission rate

- Improve relevance and applicability of Performance Measures for most utilized services
- Train EMA in e2Boston use
- Improve e2Boston data entry processes and policies and reports
- Improve providers' understanding of

Quality Goal 2:

To increase the viral suppression rate among People Living with HIV/AIDS in the Boston EMA.

Continue the Linkage to Care project that began in FY 23 using a QI approach

Revamp our outcomes questions to have better data quality

BOSTON PUBLIC HEALTH COMMISSION

CQM & Planning Council

- Keep the Ryan White Planning Council informed of efforts to ensure quality and continuous improvement of funded services
    - Planning Council New Member Orientation
    - October CQM Demographics Presentation (ADAP, MCM, Housing)
    - November CQM Demographics Presentation (NMCM, FHDM, Oral Health)
- Opening space for the Planning Council to provide feedback about quality programming
- Supporting the Needs Assessment Committee (NAC)
- Client engagement through a QI workshop

Thank you

Questions?

cqm@bphc.org

Office Hours: The Ryan White Clinical Quality Management (CQM) program now offers CQM technical assistance appointments for Ryan White Part A providers and other stakeholders!

Please click the link in the chat to schedule a meeting with a CQM staff member.

Demographics Report for ADAP, Medical Case Management, and Housing

Clinical Quality Management Team

Alexandria Whitted
Sr. Program Coordinator – Performance Measurement

Tzuria Falkenburg
Sr. Program Coordinator – Quality Improvement

Agenda

Objectives of demographics

Review E2Boston Report Metrics

ADAP Demographics

Medical Case Management Demographics

Housing Demographics

Objective

This report aims to provide the BPHC HIV Planning Council body with demographic data about planned service categories so that they may make data-informed decisions about Ryan What Part A services, offer feedback to the CQM team, and share their insights as co-producers of knowledge.

Demographics Slides Overview

- The next couple of slides will have the following:
  - Demographic in review
    - Gender
    - Race/Ethnicity
    - Relevant demographics to service category.
      - For example, Exposure Category, Housing Status etc.
- We will also provide additional context for the data per demographic!

AIDS Drug Assistance Program (ADAP)

Defining AIDS Drug Assistance Program (ADAP)

- Under the Ryan White HIV/AIDS Program (RWHAP) Part B, the AIDS Drug Assistance Program (ADAP) provides FDA-approved medications to Income-eligible people with HIV. These people have limited or no health insurance. Grant recipients can also use ADAP funds to:
  - Buy health insurance for eligible clients, and
  - Provide services that improve access to, adherence to, and monitoring of, drug treatments.

ADAP

ADAP Funding Sources

- Federal
- State
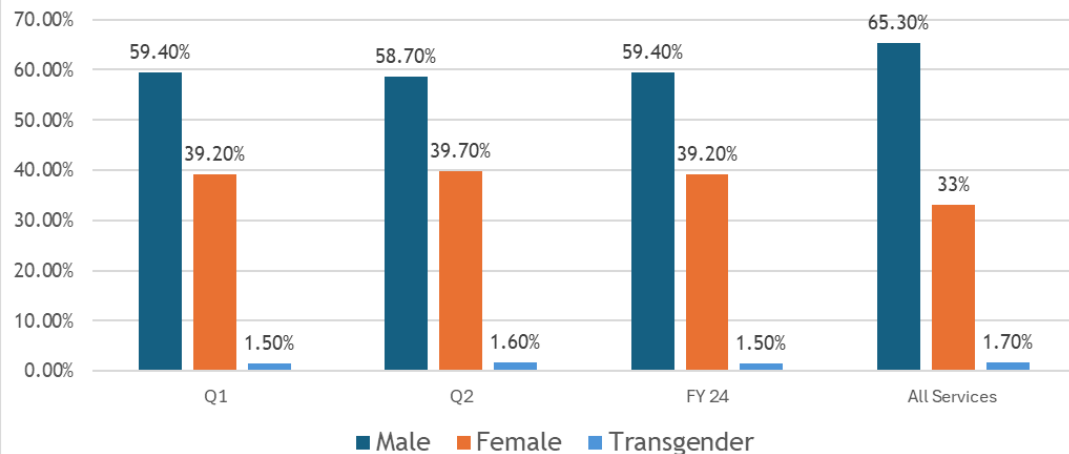- RW Parts B,C,D,F
- RW Part A = 0.05%

0% | 0.05%
47.85%
52.10%
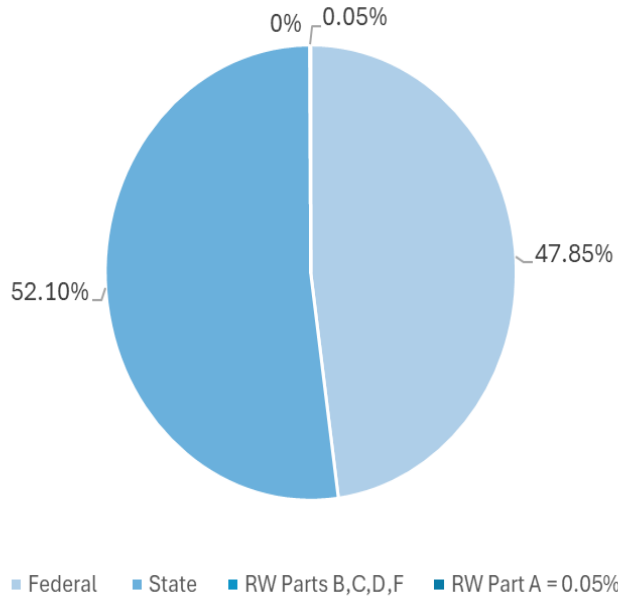
▶ From the graphic, majority of ADAP is funded by Ryan White Part B and from additional state resources.

▶ This service category is the highest priority in the 2023 – 2024 funding stream.

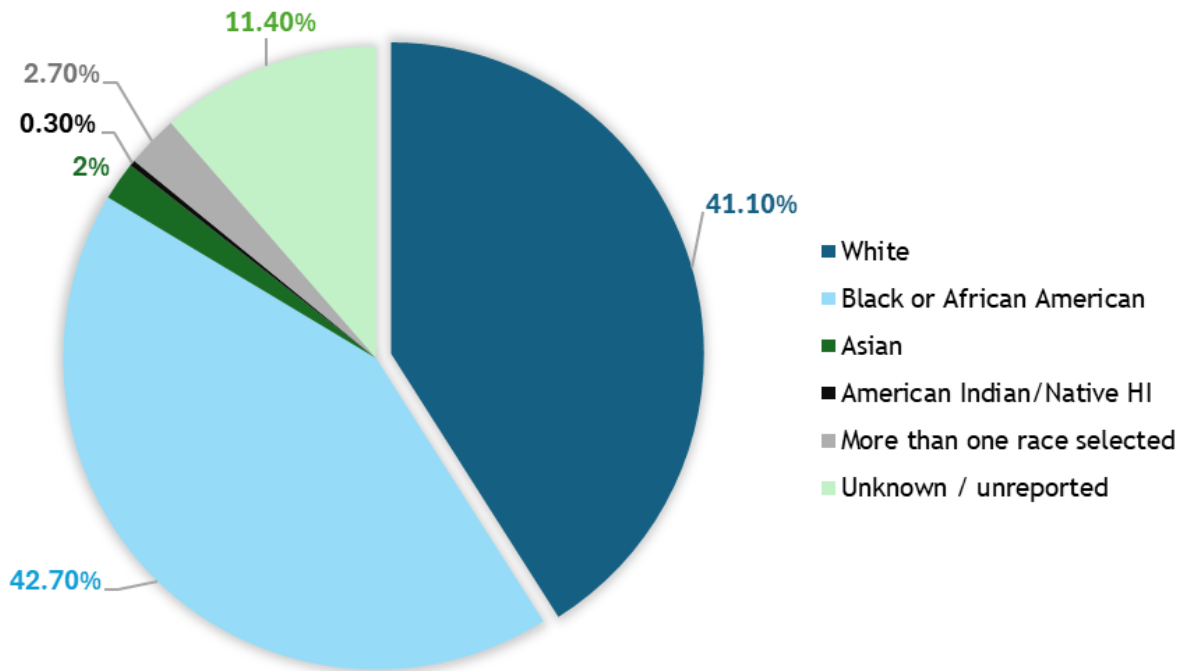▶ Ryan White Part A is a payer of last resort when other resources are not optional for clients.

BOSTON
BOSTON
PUBLIC
HEALTH
COMMISSION

Medical Case Management (MCM)

Additional demographic:

Exposure category

Data was pulled on 10/7/2024, from Visual Analytics (Demographics) Report for the reporting period 3/1/24 – 8/31/24, filtered by Part A MCM Services.

Gender Identities of Part A MCM Clients

FY 24 MCM RACE OVERVIEW

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

41.10%
42.70%
2%
0.30%
2.70%
11.40%

Race Breakdown of Part A MCM Clients
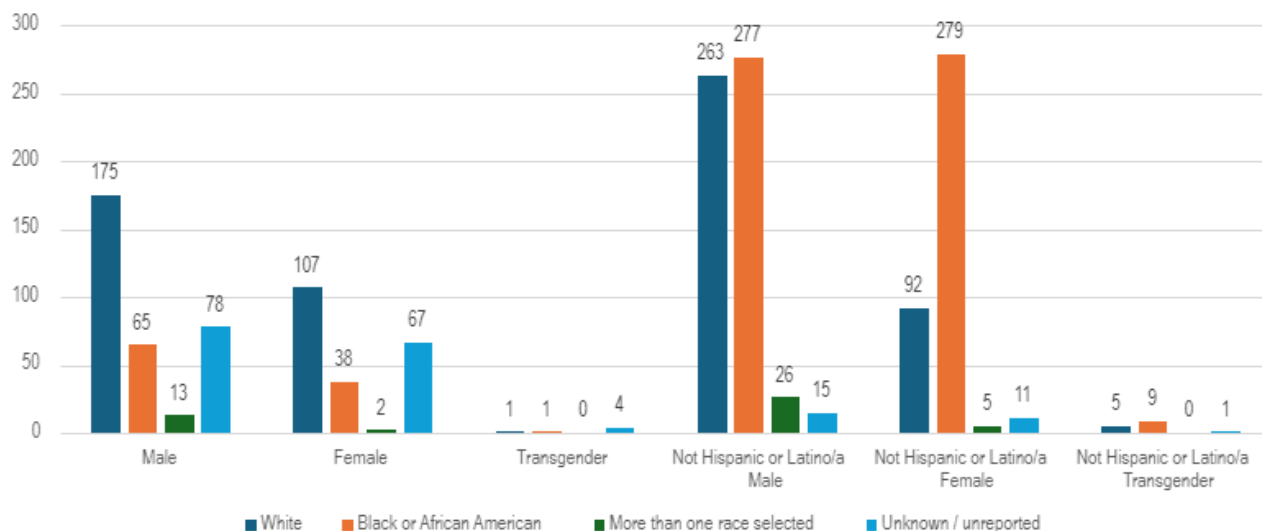
Ethnicity of Part A MCM Clients
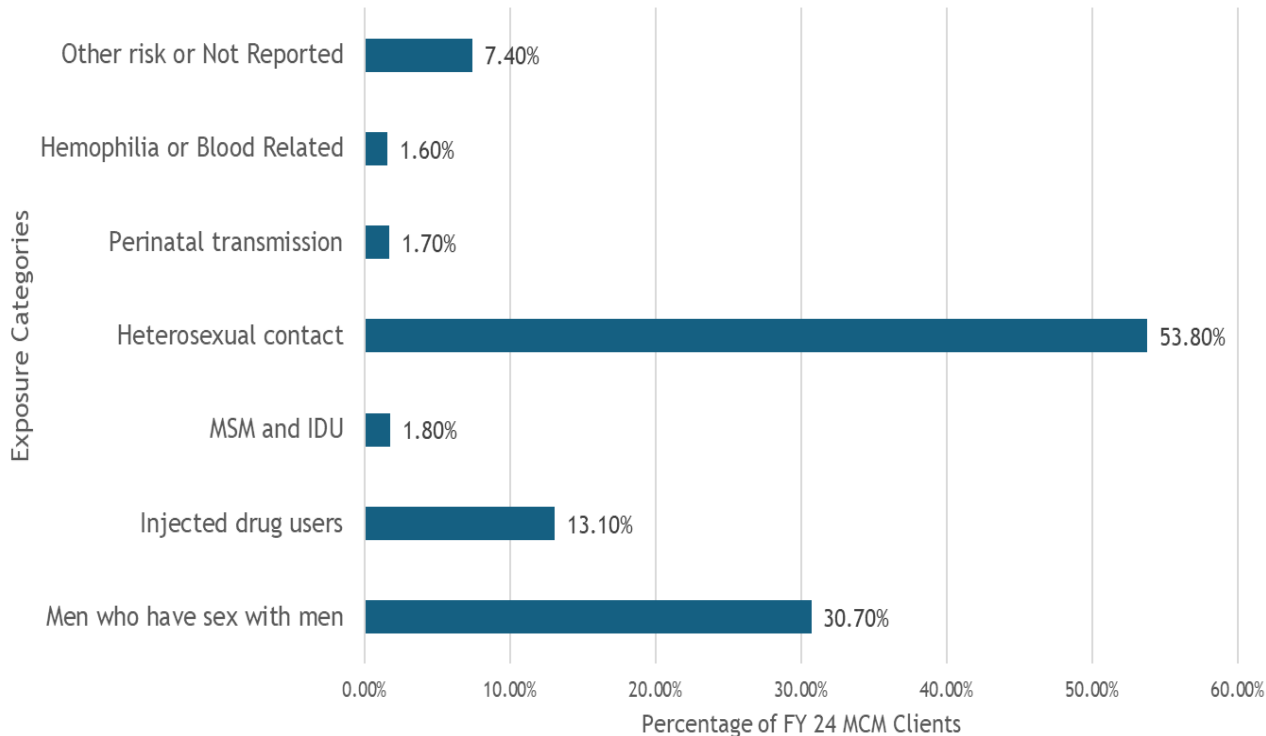
Exposure Categories

Analysis notes:
- Hemophilia / Coagulation disorder and Through blood, blood products, and tissue were combined for this visualization.
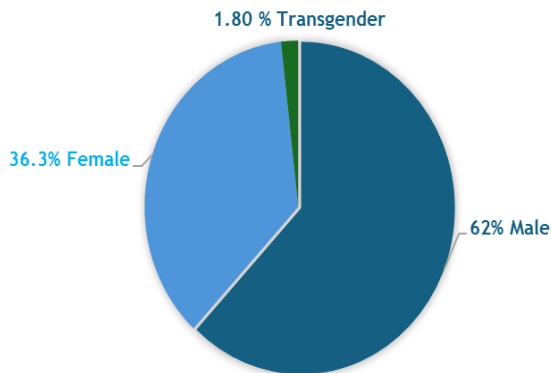
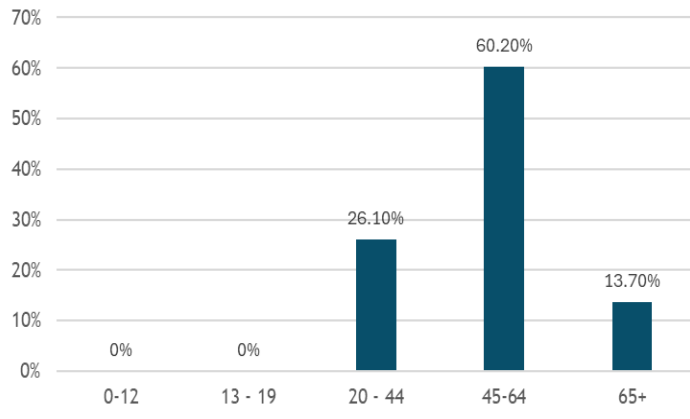# Housing (HOUS)

Additional demographics:

Age

Living Arrangement

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Gender and Age of Housing Clients Served

GENDER OF FY 24 HOUSING CLIENTS

1.80 % Transgender
36.3% Female
62% Male

AGES OF FY 24 HOUSING CLIENTS

- 0-12: 0%
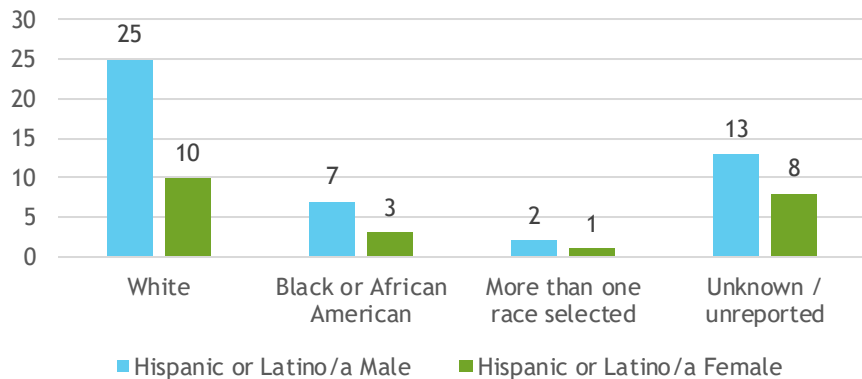- 13 - 19: 0%
- 20 - 44: 26.10%
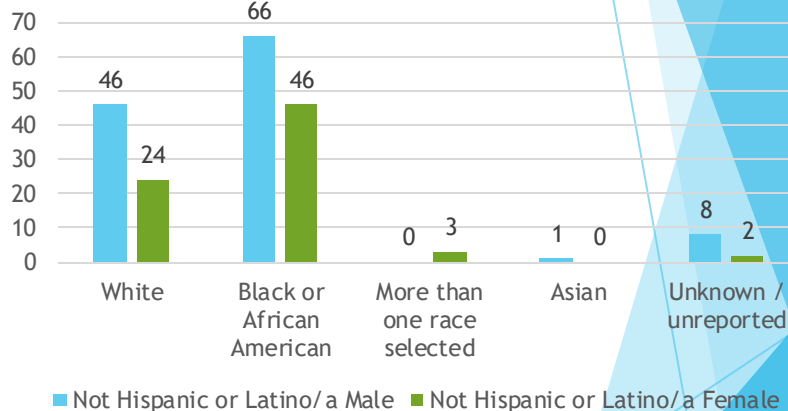- 45-64: 60.20%
- 65+: 13.70%

Analysis Notes
- All Transgender clients fall in the 20 – 44 age group
- Men with ages that fall in between 45 – 64 makes up 41.2% of all housing clients.

Race and Ethnicities of Housing Clients Served

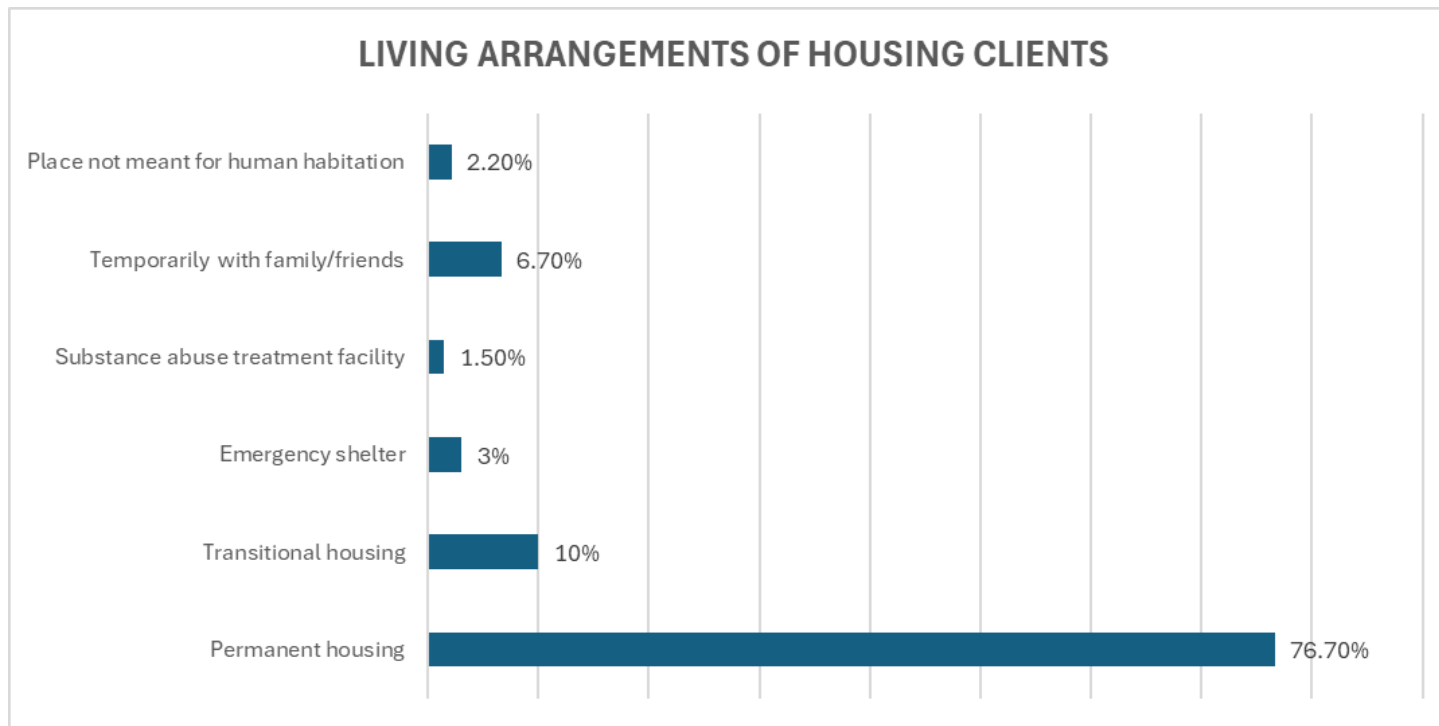## HISPANIC AND/OR LATINX HOUSING CLIENTS

Legend: ■ Hispanic or Latino/a Male ■ Hispanic or Latino/a Female

	White	Black or African American	More than one race selected	Unknown / unreported
Hispanic or Latino/a Male	25	7	2	13
Hispanic or Latino/a Female	10	3	1	8

NOT HISPANIC/ LATINX HOUSING CLIENTS

Legend: ■ Not Hispanic or Latino/a Male ■ Not Hispanic or Latino/a Female

	White	Black or African American	More than one race selected	Asian	Unknown / unreported
Not Hispanic or Latino/a Male	46	66	0	1	8
Not Hispanic or Latino/a Female	24	46	3	0	2

Analysis Notes
- N=284 housing clients for FY 24
- 26.4% of housing clients identify as Hispanic of Latino
- 69% of housing clients identify as not Hispanic or Latino

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Living Arrangements of Housing Clients Served

LIVING ARRANGEMENTS OF HOUSING CLIENTS

- Place not meant for human habitation: 2.20%
- Temporarily with family/friends: 6.70%
- Substance abuse treatment facility: 1.50%
- Emergency shelter: 3%
- Transitional housing: 10%
- Permanent housing: 76.70%

RYAN WHITE PART A
SERVICE STANDARDS

ROXY DAI – SPEC LIAISON

OBJECTIVES

- Provide a general overview of the Boston EMA Part A Service Standards

- Understand the process to make changes to the Service Standards, including the role of the Planning Council and RWS

- Provide additional context to one of the votes conducted during the planning Council year.

SERVICE STANDARDS OVERVIEW

One of the main deliverables between Planning Council and RWS

Main governing documents for the EMA

Requirement for the Part A grant

SERVICE STANDARDS OVERVIEW

- Purpose ensures that all RWHAP service providers in Boston EMA offer the same fundamental components of the given service in a funded jurisdiction

- Establish the minimum level of service/care that an RWHAP funded agency is expected to offer within a funded jurisdiction

- Must be consistent with applicable clinical and/or professional guidelines, state and local regulations, and licensure requirements

- Each funded jurisdiction (EMA/TGA) develops its own Service Standards based on National Monitoring Standards, Policy Clarification Notice (PCN) 16-02, and local conditions/needs/requirements.

NATIONAL MONITORING STANDARDS

- Collection of federal requirements designed to help provide structure to Part A and B Ryan White HIV/AIDS services

- Developed by a national team of fiscal and program experts, Part A and Part B recipients, and other stakeholders

- Recipients and subrecipients must meet these federal requirements for program and fiscal management, monitoring, and reporting

  https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/grants/2023-rwhap-nms-part-a.pdf

PCN 16-02

- Federal requirements on eligible individuals and allowable uses of Part A funds.

- This PCN defines and provides program guidance for each of the Core Medical and Support Services named in statute and defines individuals who are eligible to receive these HRSA RWHAP services.

- Recipients and subrecipients must meet these federal requirements and compliance is subject to review during site visits and audits.

https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/grants/service-category-pcn-16-02-final.pdf

SERVICE STANDARDS FORMAT: UNIVERSAL

1.0 Eligibility, Insurance & Recertification

RWSD Description:

Ryan White legislation requires that individuals receiving services through Ryan White Part A funding must have a diagnosis of HIV, reside in the Boston EMA and be low-income. Subrecipients must demonstrate that all other funding sources available are fully exhausted before Ryan White funds are utilized. Funded subrecipients are responsible for screening clients for eligibility for Medicaid (MassHealth and NH Medicaid), other third-party insurance, and other funding sources as appropriate. Ryan White Part A funds may not be used for any item or service "for which payment has been made or can reasonably be expected to be made" by another payment source[1].

Clarifications on Ryan White Program Client Eligibility Determinations and Recertifications Requirements:
PCN 16-02 https://hab.hrsa.gov/sites/default/files/hab/Global/pcn1302clienteligibility.pdf

Standard	Measure
1.1 Eligibility Agencies must establish eligibility of clients at intake and recertify clients for eligibility every 6 months. Activities include: • Complete an intake (See Standard 2.1 -Intake) • Screen patients for eligibility • Maintain intake and eligibility documentation in client file and e2Boston	Record of eligibility in the client file and e2Boston, including: • Client name, home address and mailing address • Documentation of HIV Status • Proof of Boston EMA residency • Verification of income eligibility • Documentation of health insurance
1.2 HIV Status Documentation required for the initial eligibility determination includes: • Diagnosis letter signed by a licensed physician on MD Stationary • Lab Test Results • Positive test result from ELISA and/or Western Blot HIV test (not anonymous)	Record of HIV status evident in client's file and e2Boston Providers only need to collect this documentation one time at the initial determination of eligibility and do not need to update after initial submission.
1.3 Income Must have an income of 500% or less of the most current FPL. Documentation includes at least one of the following: • State/Federal Tax Return • Current pay stub • Bank statement indicating direct deposited income • Disability award letter • Self-employment affidavit • Support affidavit • MassHealth Verification (i.e. screen shot of EHR face sheet or Virtual Gateway verification) • NH Medicaid Verification • HDAP approval letter	Client files and e2Boston must include: 1) Updated documentation to verify income eligibility once a year And 2) Self-attestation of no change in income, signed by client, for 6-month recertification of eligibility
1.4 Boston EMA Residency	Client files and e2Boston must include:

[1] Sections 2605(a)(6), 2617(b)(7)(F), 2664(f)(1) and 2671(i) of the Public Health Service (PHS) Act

Standard	Measure
The client must reside within the 10 counties of the Boston EMA. Documentation includes at least one: • Utility Bill • Lease/Mortgage Statement • Support affidavit • Letter from Shelter • MassHealth Verification (i.e. screen shot of HER face sheet or Virtual Gateway verification)	1) Updated documentation to verify Boston EMA residency for eligibility once a year And 2) Self-attestation of no change in Boston EMA residency, signed by client, for 6-month recertification of eligibility
1.5 Health Insurance The client must be enrolled, or in the process of enrolling into health insurance. Documentation includes at least one of the following: • Insurance Verification document • Recent Explanation of Benefits • Recent Explanation of Payment • Recent Premium Bill • MassHealth letter • Patient Medical Information (PMI) Form • HDAP approval letter	Client files and e2Boston must include: 1) Updated documentation to verify insurance coverage for eligibility once a year And 2) Self-attestation of no change in insurance coverage, signed by client, for 6-month recertification of eligibility
1.6 Recertification Providers must recertify Ryan White Part A eligibility every 12 months. A self-attestation of no change in EMA residency, insurance coverage, and income, signed by the client, can be submitted at the annual recertification. If the attestation is provided verbally by the client, the provider must document this but require the client to sign next time they are in. A client may also text or email a self-attestation which does not need to be signed by the client.	Self-attestation documents, signed by client, attesting to Boston EMA residency, insurance, and income completed 6 months from the collection of all eligibility documents. A text or email from a client with all information can also serve as a self-attestation and is not required to be signed. NOTE: All eligibility documentation must be collected at least once annually. A self-attestation document can only be used for the 6-month recertification.
1.7 Electronic Tracking of Eligibility Status Providers must enter client eligibility status and upload the required back-up documentation, as listed above in Standards 1.1-1.6, for all clients into e2Boston.	Record of agency tracking client eligibility status and back-up documentation in e2Boston
1.8 Eligibility Data Sharing When agencies refer a client to another Part A agency in the Boston EMA, they must: 1. Ensure eligibility status is current and that eligibility documentation is uploaded into e2Boston (either full documentation or self-attestation, whichever is most recent);	Records in e2Boston of agency uploading consent forms and sharing eligibility data with Part A agencies/services

Standard	Measure
2. Upload completed client Consent to Receive Services Form, which is agency specific and collected at intake (see Standard 2.1-Intake); and 3. Complete and upload the Consent and Authorization to Share Information Form developed for the Data Sharing and Eligibility Module. Please note that if the client declines to authorize sharing, the information cannot be shared, and each agency will have to verify eligibility through a separate process or through another method of information sharing. 4. The purpose of this Consent and Authorization to Share Information Form is to allow the sharing of individual data when seeking services at two or more agencies; or to revoke sharing of data if the client no longer wishes to share eligibility data with those agencies. This consent will remain valid for one year or until revoked by the client. If the client wishes to revoke their consent form, they must do so in writing and must resubmit the consent form indicating their revocation to an agency within the system.	

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SERVICE STANDARDS FORMAT: SERVICE SPECIFIC

HRSA Description → Goal → Objective → Standard → Measure

12.0 Food Bank/Home Delivered Meals

HRSA Description:

Food Bank/Home Delivered Meals refers to the provision of actual food items, hot meals, or a voucher program to purchase food. This also includes the provision of essential non-food items that are limited to the following:

- Personal hygiene products
- Household cleaning supplies
- Water filtration/purification systems in communities where issues of water safety exist

Program Guidance:

- Unallowable costs include household appliances, pet foods, and other non-essential products.
- See Medical Nutrition Therapy. Nutritional services and nutritional supplements provided by a registered dietitian are considered a core medical service under the HRSA RWHAP.

Source: https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/ServiceCategoryPCN_16-02Final.pdf

Goal: Prevent hunger and malnutrition among people with HIV.

Objective: Improve access to food sources and to improve nutrition for people with HIV with identified food security needs.

Standard	Measure
12.1 Documenting Service Delivery The agency must document the provision of food items, hot meals, food vouchers and/or allowable non-food items. Documentation must include: - Service provided - Amount of food, vouchers, and/or non-food items distributed - Number of clients served - Date of services	Record of service delivery in the client file
12.2 Food Safety The agency must meet all requirements of the local and state health department for food handling and storage.	Record of certifications and licenses on file
12.3 Agency Drivers All drivers delivering meals must hold a valid Massachusetts driver's license and automobile insurance consistent with state minimum requirements.	Personnel files of paid and volunteer drivers contain documents indicating valid driver's licenses

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SCENARIOS REQUIRED TO UPDATE THE STANDARDS

The EMA adds a new service we need to develop standards for the service

HRSA guidance changes: For example-they recently removed the requirement for the 6 month-eligibility verification for Part A clients, so we need to update the universal standard re eligibility.

HRSA Project Officer requests that we update Standards based on site visit review

Local conditions change: For example, state licensure requirements for certain provider types.

We determine a need to clarify or change a standard based on subrecipient feedback, performance or significant changes needed for service delivery etc.

UPDATING THE SERVICE STANDARDS

November
- SPEC reviews standards and identifies proposed changes

December
- Submit proposed changes to RWS for review and approval or discussion
- RWS reviews and collaborates with SPEC to finalize changes
- RWS submits the final draft for approval by SPEC
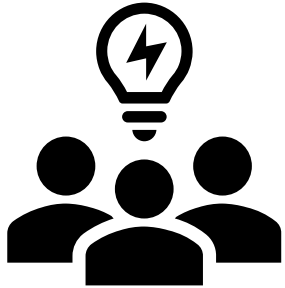- SPEC approves standards for presentation to PC for a vote

January
- PC votes on standards

March
- RWS updates and distributes updated standards

PCS X RWSD ROLE

- SPEC Committee
  - Initiate revisions
  - Explains revision rationales with the general council
- SPEC Liaison
  - Provide any program updates in SPEC meetings (from subrecipients)
- RWS
  - Revise Service Standards as needed and distribute to EMA

Announcements

Mentorship Mixer – October 23rd, 2024
- Being a new member can be spooky – but it doesn't have to be! Join us on Oct. 23rd from 6- 8 PM for our first mentorship mixer!
- At 1010 Massachusetts Ave, Boston, MA 02118 (BPHC!), all are welcome. Please RSVP!

Remaining October Meetings:
- October 17 – Allocation of Resources Cte
- October 24 - Needs Assessment Cte
- October 29 – Executive Cte