



Planning Council Meeting
Thursday, May 8, 2025
Non-Profit Center, 89 South St.
4:00 PM – 6:00 PM

Highlighted in yellow = action items for PCS to follow up on

Summary of Attendance

Members Present

Alyssa Collaro
Amanda Hart
Barry Callis
Bryan Thomas
Curtis Santos
Daniel Amato
Darren Sack
Shambi Mwandembo
Zeke Russell
Gerry James
Alison Kirchgasser
Henry Cabrera
Joey Carlesimo
Kim Wilson
Liz Koelnich
Regina Grier
Catherine Weerts
Rick Boyd
Serena Rajabiun
Stephen Batchelder
Steven Spinale
Yvette Perron

Members Excused

Hemi Park
Margaret Lombe

Members Absent

Justin Alves
Christopher McNally
Karen White
Luis Rosa
Romini Smith
Damon Gaines
Rudy Wise
Melissa Hector
Milaun Casimir

Staff

Clare Killian
Julia Kirsch
Melanie Lopez
Rebecca Ritterman
Rachel Phillips
Taylor Parent
Roxy Dai
Alexandria Whittied
Tzuria Falkenberg
Jacqueline Huynh
Esete Fenta

Guests**Topic A: Welcome, Moment of Silence & Group Agreements**

The Chair of the Planning Council opens the meeting, calls the meeting to order, leads a moment of silence, and reminds members of the group agreements.

PCS takes attendance as reflected above and reviews the agenda and objectives for the meeting:

Attendance	Learn who is in attendance for our 3 rd to last Council meeting!
April 10, 2025 Minutes Review & Vote	Review and vote to approve the minutes from April 20 th .
Agency Updates & Committee Reports	Hear any updates from our agency representatives and learn about how each committee is wrapping up the term.
FY24 Year End Part A Spending & Utilization Report	Listen to Ryan White Services Year End Report on the spending and utilization of Part A funds during FY24.
Funding Streams Summary & Presentation of ARC Scenarios	Review the current funding streams available for HIV service categories in the Boston EMA and review the list of scenarios that ARC will develop for FY26 Part A Allocations
AAM Results & Corrective Action Plan Discussion & Vote	Hear the results from the FY24 Assessment of Administrative Mechanism and SPEC's Corrective Action Plan; vote to approve the plan
Announcements, Evaluation & Adjourn	Listen to any announcements, take the meeting evaluation, and adjourn the meeting!

Topic B: April 10th Meeting Minutes Review & Vote

The Chair makes a motion to approve the April 10th, 2025 minutes.

Motion to Approve: Rick Boyd

Second: Byran Thomas

Result: Minutes are approved.

Topic C: Agency Updates and Committee Reports

Agency Updates:

- **Alison Kirchgasser | MassHealth:** No Updates. We continue to monitor the Budget Reconciliation discussions in Congress so we can be informed of any potential cuts to Medicaid.
- **Barry Callis | MDPH:** Listening session yesterday afternoon at college of Holy Cross. **Slides from that listening session will be forwarded to PCS for anyone interested.** The purpose of that listening session was to understand the current policy landscape that's been changing around HIV, what local actions are happening legislatively and programmatically, and the impact that these decisions are having or could have on consumers of prevention in HIV care. Some planning council members were there. Other than that, we're closely monitoring changes to the state budget, our resources, and what's happening federally. There's nothing new to report around changes in funding in either.
- **Yvette Perron | NH DHHS:** We are about to hire a new enrollment coordinator – we are super excited to be fully staffed again. Another big thing that we are working on is that we were informed that if clients do not do their taxes and report their ACA or their tax premium credit, they will no longer get their tax premium credit, which means that the Ryan White programs will be paying full price for their ACA plans. We're not hearing the full picture about what this will look like, so more to come on that.
- **Melissa Hector | Mayoral Liaison:** The Mayor's Neighborhood Coffee Hours schedule was released: <https://www.boston.gov/departments/parks-and-recreation/neighborhood-coffee-hours>
 - PCS is attending some of them to do recruitment
- **Melanie Lopez | BPHC RW Part A:** We are monitoring the federal landscape and reviewing any changes/news that come out and formulating plans. Our funds are currently still intact. Aside from that, we are hiring for a new coordinator.

Henry brings up the White House's press release about the FY26 "Skinny Budget" and asks if anyone has any information regarding this. He says that he and his clients are worried about the housing cuts. He's had a lot of questions from clients and he's not sure how to best answer them. HOPWA and the COCs are going to be combining and will no longer be a permanent housing service.

- **Yvette says that she has an email that she can forward to PCS and Henry about the proposals.**

Committee Reports:

Daniel Amato for SPEC:

- Reviewed discussion questions for ARC
- Discussed and prepared the AAM Corrective Action Plan (presentation today!)
- Finalized Year End Report

Kim Wilson for MNC:

- Discussed recruitment progress: Reminder that all members must play a role in recruitment in order for us to have enough new members! Here is the recruitment material folder on Basecamp: <https://3.basecamp.com/4260210/buckets/13124190/vaults/5722194466>
- Planned for the end of the year activities
- Finalized Year End Report and discussed recommendation for membership tasks in the next term
- Discussed this year's nominations committee

Liz Koelnich for ARC:

- Reviewed the final funding streams report components
- Developed scenarios for FY24 Carry Over and FY25 Potential Carry Over
- Reviewed the FY26 Allocations meeting agenda
- Worked on the year end report
- All Day Allocations Meeting on May 15th!! Thank you to all of Council for your contributions this year to make this meeting successful!

Amanda Hart for NAC:

- Participated in an Introduction to Qualitative Interviewing Training – shout out to Julia for leading this training!!
- Worked on the year end report
- Reviewed outreach and logistics updates for the data collection process
- Reviewed discussion questions from ARC

Rick Boyd for Consumer:

- Participated in a feedback session with the Case Management Training Program for their Stigma Reduction Training
- Discussed next year's priorities for the Consumer Committee including the recommendation for membership tasks in the next term

Topic D: FY24 Year End Spending & Utilization Report

Melanie presents the year end spending and utilization report for FY24 Ryan White Part A services. The presentation and recording is available on Basecamp. Questions will be listed below.

Q: This isn't really a question, but more of a comment. It doesn't seem like there's much carry-over.

A: it has been about 6 years since we requested Carryover. There were a couple of years that we definitely should have [requested carry-over] like in the 2019-2020 timeline, but because of capacity, and also just the current state, we didn't. But we will be pursuing all avenues this year if we have that flexibility to request carry-over.

Q: Some services have a lower utilization - # of clients served – how do we get people to know about the other services Ryan White offers?

A: So we've definitely seen higher utilization in our support services over the last 3 years. The needs assessment revealed that there was a gap of understanding. To fix this, we created a client services handbook and health coverage guidebook that we distributed to agencies. We posted these resources on our website and printed them out as well. We've also updated our E2 questionnaire to include the question, "Do you know about all the services at your agency?" We will continue to work on outreach and community engagement to get new clients – this will be better since we have a full staff now.

Q: There's like 2,200 people get medical case management and 700 Food Bank. I'm assuming there's overlap right?

A: So, there is overlap with case management and the other 4 services. And you know the providers here in the room can attest to that as well. It is the role of the case management service category to refer and make sure that the clients are connected to the services that they need. But yes, it is a 3rd of the clients are engaging some of these higher supports.

- Comment: It seems like it is non-medical case management that has the most overlap.

Context: there is a slide on viral suppression demographics.

Q: Do we have the demographics here about males vs females?

A: We have that breakdown on our website.

Context: slide on demographics by age.

Q: Are you going to try to see if you can get back in the schools and start talking to the young people again. So they have facts instead of nonfiction, foolishness.

A: We are working with our education and community engagement division as well to do that, because, as we've seen, you know, we have to be aware that of online presence. And we have to make sure that we are streamlining, correct, accurate, and reliable information to our population.

Q: You said that there's more folks in the 20 to 44 range this year compared to last 2 years. Do you have data that is showing that they're newly infected? Because I have people in that category, but they just moved here, you know, so like that to me, is not scary, because it's like, we're already living with HIV for years. Right? Do you have data to show that in that specific category are people are being newly diagnosed?

A: We can certainly pull that data. The more common situation is that people have recently moved or recently joined part A and they've been living with HIV for a while.

Q: Would we be able to look at this from a geographic standpoint?

A: We can break it down by agency and location. We are currently working with Epi to create a dashboard on our website to reflect this. It will look sort of like the Covid dashboard.

Q: What's the restructuring of this category?

A: Health, education, and linguistics are now divided up between case management and psychosocial support.

Q: What are the restrictions on inviting younger people to join some of the committees?

A: We've seen some interactions with youth in Consumer, and it will continue to be a priority for next year. We'd love to collaborate again with organizations like BAGLY.

- Another member adds that they've been collaborating with Dartmouth college to engage with youth.

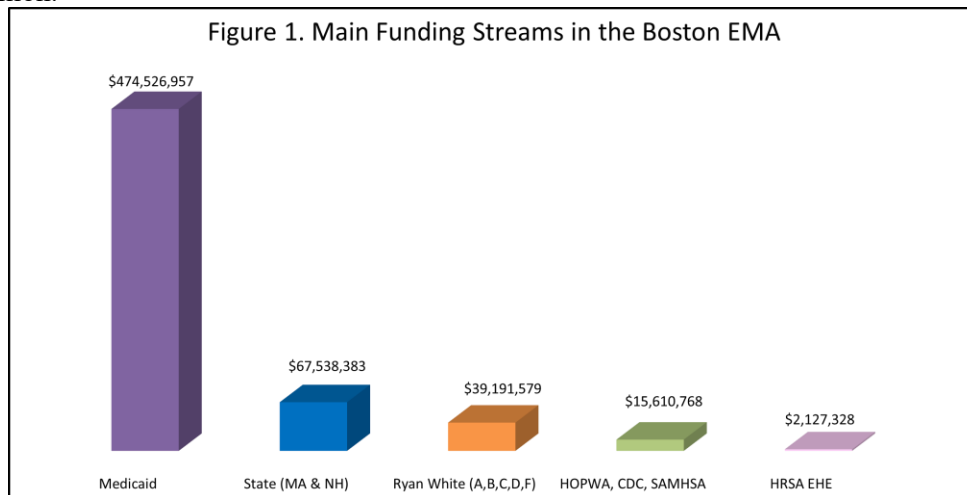
Topic E: Funding Streams Summary & Presentation of ARC Scenarios

Clare and Liz (ARC Chair) review the current funding environment and how this has factored into their decisions for the Allocation of Resources Committee scenarios. Clare reminds everyone that for this funding streams summary report, PCS reaches out to all agencies that receive public funding for HIV services and asks them to report on how much money they spent on each service category. The objective is to collect information on all available HIV funding in the Boston EMA so the Planning Council may make informed decisions related to Part A funding. The full funding streams report is available to Planning Council members on Basecamp.

There are a few notes for this year's report:

- 93.3% response rate – most accurate funding streams report of the last 3 years
- Information for Part A only collected from RWS – not duplicated by agencies
- Medicaid separated as its own category – but it is typically funded around 50% from state contribution and 50% from federal contribution for most states.
- Varying fiscal years
- Potentially missing the full scope of CDC and EHE awards, other awards for individual programs and private funding that agencies use
- Large federal funders (Veteran's Affairs, Transitional Assistance, NH Medicaid – tracks, but for the entire state, not just EMA) do not track specifically for PLWH or did not respond

This bar graph with 5 bars is showing the main funding streams in the Boston EMA. The biggest purple bar is Medicaid at over \$474 million. The next bar is the blue one at over \$67 million for State funding. The orange bar is the Ryan White funding at a little over \$39 million, the green bar is HOPWA, CDC, or SAMHSA funding at \$15 million and finally, Ending the HIV Epidemic funding from HRSA is at a little over \$2 million.



Then, they review a table with the same information:

Table 1: 2024-2025 Main Funding Sources in the Boston EMA	
Medicaid (MA & NH)	\$ 474,526,957
State (MA & NH)	\$ 67,538,383
Ryan White (A,B,C,D,F)	\$ 39,191,579
HOPWA, CDC, SAMHSA	\$ 15,610,768
HRSA EHE	\$ 2,127,328
TOTAL	\$ 598,995,015

Table 1.1: 2024-2025 Proportion Main Funding Streams	
Medicaid (MA & NH)	79%
State (MA & NH)	11%
Ryan White (A,B,C,D,F)	7%
HOPWA, CDC, SAMHSA	3%
HRSA EHE	0%
TOTAL	100%

Additional Funding Streams

Private Funding Reported (only 2 agencies)	\$ 165,000.00
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79% of HIV services are covered by Medicaid, 11% by state funding, 7% is funded by Ryan White, and 3% other federal funds such as HOPWA, CDC, SAMHSA, and HRSA EHE at less than 1%.

The next slide demonstrates the 7% that is Ryan White funding in a pie chart. Part B covers the most at 47% of the Part A is about 30%, Part C is at 14%, Part D is at 5%, and Part F is at 4%.

Figure 1.1. Proportion of Main Funding Streams

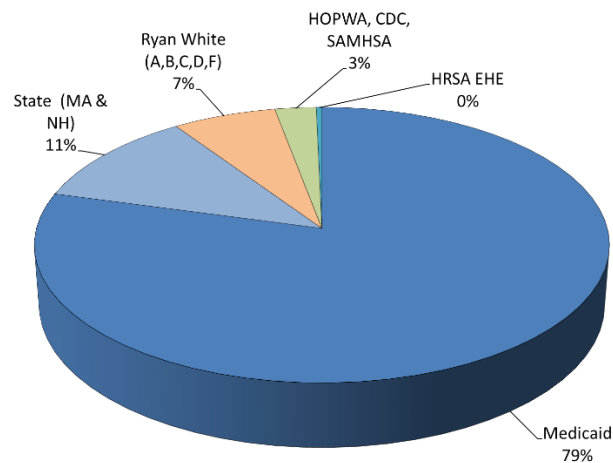
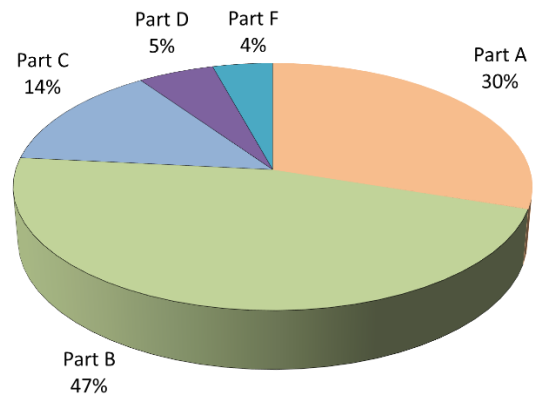
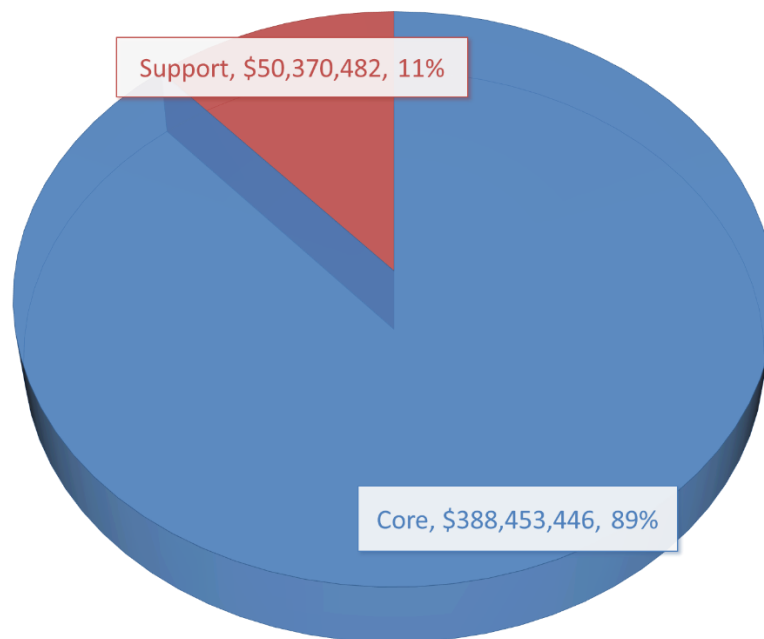


Figure 2. Proportion of Ryan White Funding Streams



The next figure shows a pie chart with 89% of funding across all funding streams going towards Core Medical Services and 11% of funding going towards Support Services.

Figure 3. Total Funding in the Boston EMA by Core and Support



The next slide shows two tables, one with the total funding towards each Core Medical Service and one with funding towards Support Services. There is a total of \$388,453,466 towards Core Medical Services, with the most expensive service being ADAP and \$50,370,482 towards Support Services.

Core Medical Service Category	Total
ADAP	\$227,006,357
Medical Case Management	\$11,892,739
Oral Health Care	\$4,777,921
Mental Health	\$30,599,909
Health Insurance Premium & Cost-Sharing	\$470,503
AIDS Pharmaceutical Assistance	Not Funded
Medical Nutrition Therapy	\$1,332,954
Early Intervention Services	\$1,453,225
Home/Community Based Health Care	\$9,647,009
Outpatient Ambulatory Medical Care	\$73,861,518
Home Health Care	\$24,486,934
Substance Use Services - Outpatient	\$2,330,149
Hospice Services	\$594,228
CORE Total	\$388,453,466

Support Service Category	Total
Housing Services	\$6,875,861
Non-Medical Case Management	\$8,207,493
Food Bank/Home Delivered Meals	\$970,359
Emergency Financial Assistance	\$465,135
Medical Transportation Services	\$9,880,094
Psychosocial Support	\$7,546,131
Health Education & Risk Reduction	\$302,108
Linguistic Services	\$24,801
Child Care Services	Not Funded
Other Professional Services	\$1,089,345
Substance Use Services - Residential	\$14,217,854
Outreach Services	\$154,997
Referral for Health Care/Support Services	\$6,105
Rehabilitation Services	\$630,199
Respite Care	Not Funded
SUPPORT Total	\$50,370,482

PCS then goes in depth into each service category, starting with Core Medical Services that do receive some Part A funding. Clare describes that the rest of these slides will have pie charts and she explains the color key for each funding stream that is reported.

Part A Funded Core Medical Services

- ADAP – Medicaid 91%, State 2.86%, Part B 5.98%, and **Part A 0.04%**
- **A member comments, Medicaid covers medication, not ADAP.**
- Medical Case Management – State 31.52%, **Part A 31.49%**, Part B 21.47%, Part C 5.09%, Part D 5.67%, Medicaid 0.21%, and other federal funds 4.54%
- Oral Health Care – Medicaid 52.42%, Part F 7.89%, Part C 4.84%, Part B 4.53%, **Part A 29.43%**, State 1.05%
- Medical Nutrition Therapy – **Part A 74.44%**, Part B 7.94%, Part C 2.61%, State 15.00%

Non-Part A Funded Core Medical Services

- Health Insurance Premium & Cost Sharing – Part B 99.85%, 0.15% Part C
- Mental Health Services – Medicaid 98.57%, Other Federal 0.01%, Part B 0.01%, Part C 0.91%, Part D 0.51%
- Outpatient/Ambulatory Health – Medicaid 97.68%, Part B 0.04%, Part C 1.66%, Part D 0.63%
- Substance Use (Outpatient) – State 68.01%, Other Federal 10.81%, Medicaid 19.26%, Part C 1.92%
- Home Health Care – 100% Medicaid
- Hospice – 100% Medicaid
- Early Intervention Services – 100% Part C
- Home & Community Based Health Services – 100% Medicaid

Part A Funded Support Services

- Housing – Other Federal 79.11%, State 2.67%, **Part A 14.53%**, Part B 3.69%
- Non-Medical Case Management – State 67.08%, Other Federal 19.29%, **Part A 11.18%**, Part C 1.20%, Part D 1.24%
- Emergency Financial Assistance – Other Federal 61.60%, **Part A 31.78%**, Part C 4.94%, Part D 1.68%

- Food Bank/Home-Delivered Meals – Part A 76.91%, Other Federal 21.15%, Part D 1.55%, Part C 0.34%, Part B 0.05%
- Psychosocial Support Services – State 87.97%, Part A 9.28%, Part C 0.09%, Part D 2.66%
- Other Professional Services (Legal) – State 46.41%, Other Federal 26.24%, Part B 23.63%, Part A 3.73%
- Medical Transportation Services – Medicaid 97.26%, Other Federal 0.14%, Part A 1.76%, Part B 0.38%, Part C 0.25%, Part D 0.22%

Non-Part A Funded Support Services

- Health Education/Risk Reduction* – Part D 92.65%, Part C 6.35%
- Substance Use Services (Residential)* – State 79.35%, Other Federal 12.79%, Medicaid 7.85%
- Outreach Services – Other Federal 59.59%, Part C 10.12%, Part D 30.29%
- Rehabilitation Services – 100% Medicaid
- Referral for Health Care Support Services – 100% Part C
- Linguistics* – 100% Part C

Liz mentions that the services with asterisks next to them are *approved* in the Boston EMA, but they are not funded in FY25. Health Education/Risk Reduction just ended funding this year, and funding was put towards Psychosocial Support and Medical Case Management. Linguistics is also no longer funded as it did not receive any proposals.

Comment from a member: “Notice the trend or situation where Part A covers a sizable if not the majority of funding for certain support services in the EMA. This is a vastly different scenario than other geographic areas within the US. It's something we (Boston EMA Ryan White Planning Council) should be proud of, but also lucky that core services are fairly well covered in this area compared to other areas. A testament to everyone who works on HIV services in our area, and those who helped ensure core medical services are available and better covered than in many areas in the United States.”

Review of the Allocation of Resources Committee’s Scenarios

ARC will be using the funding streams summary report, along with a lot of additional information related to spending and utilization of funds for these services, and our personal and professional knowledge, to determine the best course of action for the various scenarios they plan to develop for FY26 which will not start until March 1, 2026. After a lot of work, these are the scenarios ARC has decided to work on, including additional discussion on protocol for next year’s ARC to more frequently review the scenarios as needed:

- Level Part A Funding Scenario
- 75% Core/25% Support Part A Scenario
- \$500k Part A Decrease Scenario
- \$1 million Part A Decrease Scenario
- 25% Reduction to Part A Scenario (~\$3 million)
- MAI Scenarios –FY26 Level
- 100% MAI Reduction Scenario – retaining service categories in Part A
- Protocol for next year’s ARC to more frequently review the scenarios against the federal environment
- Additional Guidance to BPHC

They remind everyone that the All Day Allocations Meeting takes place on May 15th. There will not be a carryover scenario for MAI since we are not anticipating having carryover for MAI.

Questions:

- I'm concerned about not being able to get my medication. How can the all day allocations help me get my meds?
- A: we've talked about this already in ARC, but the gist is that we will increase allocations to ADAP in a situation where other things are cut.
- We did a practice scenario in our April meeting – we have decided to increase fundings to ADAP, which will be helpful. We're looking at a possible situation in 2026 where ADAP funding (which is mostly provided by other orgs) may decrease. This means that we would undertake a bigger role.
- We're trying to create a system where we can make decisions quickly.

Topic F: Assessment of Administrative Mechanism Results & Corrective Action Plan

Daniel, the Chair of SPEC, introduces the AAM. Daniel, Clare and another member of SPEC review the 2025 Assessment of Administrative Mechanism Provider Survey and BPHC Fiscal Data as well as the Committee's recommendation of a corrective action plan. Daniel reminds the Council that the AAM is the annual assessment that evaluates the efficiency of the procurement and disbursement of Part A fund processes, and it is one of SPEC's responsibilities. Refer to the presentation or the FY24 Assessment of Administrative Mechanism Report for the full data analysis.

A member asks why the response rate was so low this year

- SPEC Chair responds that it was probably due to a couple of factors:
- The survey was sent around the time that our President was inaugurated, which may of effected the

After reviewing all of this data, SPEC has determined that it seems the recurring issues are always on the fiscal/grants processes side of things at BPHC. SPEC would like to have more frequent conversations with people in these positions, as well as have them respond to the fiscal data request quarterly rather than only at the end of the year. SPEC thinks this will allow them to better understand the day-to-day processes of these things and be able to mitigate delays more proactively.

The Corrective Action Plan is as follows:

- SPEC requests quarterly updates from BPHC RWS Fiscal, Grants, Legal, or Finance/Admin staff on the metrics from the Fiscal Data Request:
 - Contract execution
 - Invoice reimbursement
 - Budget revisions
- These metrics include the sample size, mean, median, mode, and standard deviation as well as the minimum and maximum number of days.
- BPHC staff and SPEC will determine expectations for when any improvements will be made as needed in these conversations.
- Finally, SPEC also requests that PC leadership sit in on SPEC when BPHC presents these updates as they are able.

Q: Why was the response rate so low?

- A: there are a couple of factors why this may of happened, including the fact that it was an RFP year and there have been many things going on federally. SPEC has brainstormed new ways to engage our providers by sending out emails earlier and being sterner in our email requests. We will also mention it in the provider meeting this year to have better communications.

Regina calls for a motion to table this vote until June 5th so that everyone can reflect on this data more.

Motion: Regina Grier

Second: Liz Koelynych

Vote: 14 approvals, 1 abstain, 1 oppose. The motion is passed.

Topic G: Announcements, Evaluations, and Adjourn

Planning Council Chair leads the announcements and adjourns the meeting, thanking everyone for attending.

Council Announcements:

- Most Committees are wrapping up this month – finish the year strong with attendance!
 - ARC – May 15, 10 AM – 4 PM, BPHC
 - NAC – May 22, 4 – 6 PM, Nonprofit Center
 - Exec – May 29, 4 – 6 PM, Virtual
 - Consumer – June 5, 2 – 3:30 PM, Nonprofit Center
 - Council – June 5, 4 – 6 PM, Nonprofit Center
 - **LAST COUNCIL & END OF YEAR PARTY – June 26, 4 – 6 PM, BPHC**
- **IT'S RECRUITMENT SEASON!** Help PCS and MNC recruit for the 2025-2027 Planning Council term. They cannot do it alone. Let PCS know about upcoming events as soon as possible so they can organize their calendar and ensure there is PC presence at necessary community meetings. **Click here for: [Recruitment info on Basecamp!!!](#)**

Motion to Adjourn

Motion: Henry Cabrera

Second: Byran Thomas

The meeting was adjourned at 6:00 pm.

PLANNING COUNCIL

May 8, 2025

Chair – Margaret Lombe

Chair-Elect – Henry Cabrera



Moment of Silence

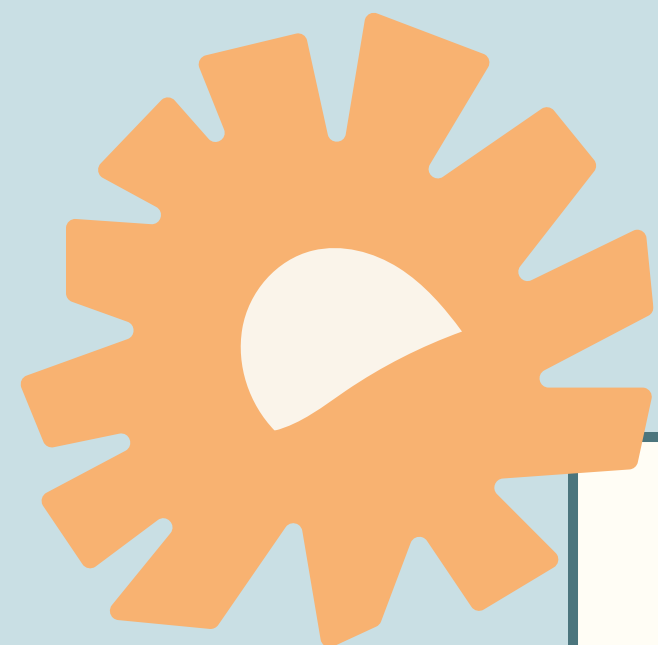
At this time, let's take a moment of
silence in remembrance of those who
came before us, those who are present,
and those who will come after us.

Boston EMA Ryan White Planning Council

Group Agreements

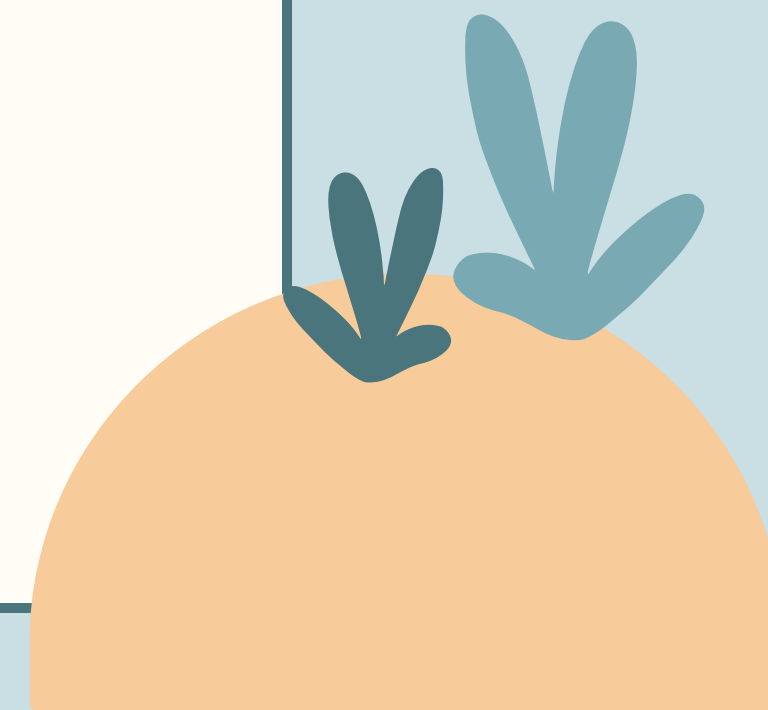
Respect the mission, Respect the space, Respect each other and Respect people living with HIV

- I will use “I” statements rather than “you” statements.
- I will share my thoughts with care, be aware of my own possible biases and remember that there’s a difference between intention and impact. As Council members sharing a common goal, we will assume good intentions of each other.
- I will listen to understand, not to respond. I will be reflective rather than reactive.
- I will provide space so everyone in the group can participate.
- I will remember my role as a participant and raise my hand to talk, say the facilitator’s name out loud, or put my thoughts in the chat (if on Zoom). The facilitators are responsible for calling on us and monitoring the conversations.
- I will maintain confidentiality of all Council members’ stories and situations.
- I will respect and empower other participants’ identities – including consumer status, race, gender, sexuality, class, religion, ethnicity, physical or mental abilities.
- If I am called in on unintentional harmful comments/behavior, I will listen and learn from the experience.



ATTENDANCE

Please state here or present when
your name is called!



AGENDA & OBJECTIVES

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Minutes Review & Vote

Step One

Are there any edits to the 4/10 minutes?

Step Two

First and Second motion to approve

Step Three

Vote via show of hands or Zoom poll

Agency Updates

Alison Kirchgasser -
MassHealth

Melissa Hector – Mayoral
Liaison

Barry Callis – MA DPH

Melanie Lopez – BPHC RW
Part A

Yvette Perron – NH DHHS

Committee Reports

SPEC – Daniel Amato

- Reviewed discussion questions for ARC
- Discussed and prepared the AAM Corrective Action Plan (presentation today!)
- Finalized Year End Report

MNC – Kim Wilson

- Discussed recruitment progress
- Planned for the end-of-year activities
- Finalized Year End Report and discussed recommendations for membership tasks in the next term
- Discussed this year's nominations committee

ARC – Liz Koelnich

- Reviewed the final funding streams report components
- Developed scenarios for FY24 Carry Over and FY25 Potential Carry Over
- Reviewed the FY26 Allocations meeting agenda
- Worked on the year end report
- All Day Allocations Meeting on May 15th!! Thank you to all of Council for your contributions this year to make this meeting successful!

NAC – Amanda Hart

- Participated in an Introduction to Qualitative Interviewing Training – shout out to Julia for leading this training!!
- Worked on the year end report
- Reviewed outreach and logistics updates for the data collection process
- Reviewed discussion questions from ARC

Consumer – Rick Boyd

- Participated in a feedback session with the Case Management Training Program for their Stigma Reduction Training
- Worked on the year-end report and next year's priorities for the Consumer Committee including the recommendation for membership tasks in the next term

**NOTE: switch to
RWS slides**

Funding Streams Summary

Last updated 4/29/25

Notes for this year:

- 93.3% response rate – most accurate funding streams report of the last 3 years
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Current Funding Environment

Figure 1. Main Funding Streams in the Boston EMA

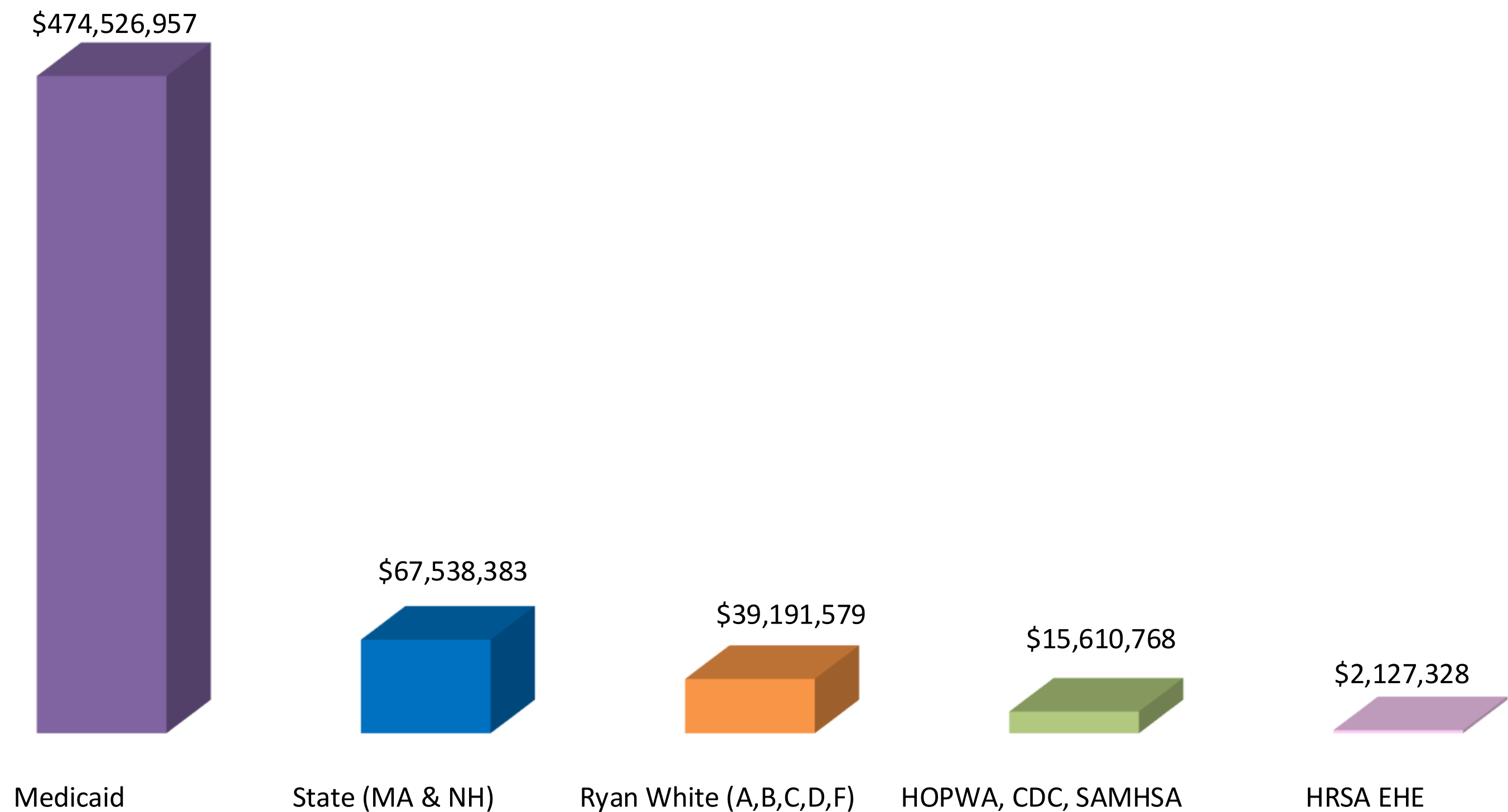


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HRSA EHE	0%
TOTAL	100%

Additional Funding Streams

Private Funding Reported (only 2 agencies)	\$	165,000.00
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Figure 1.1. Proportion of Main Funding Streams

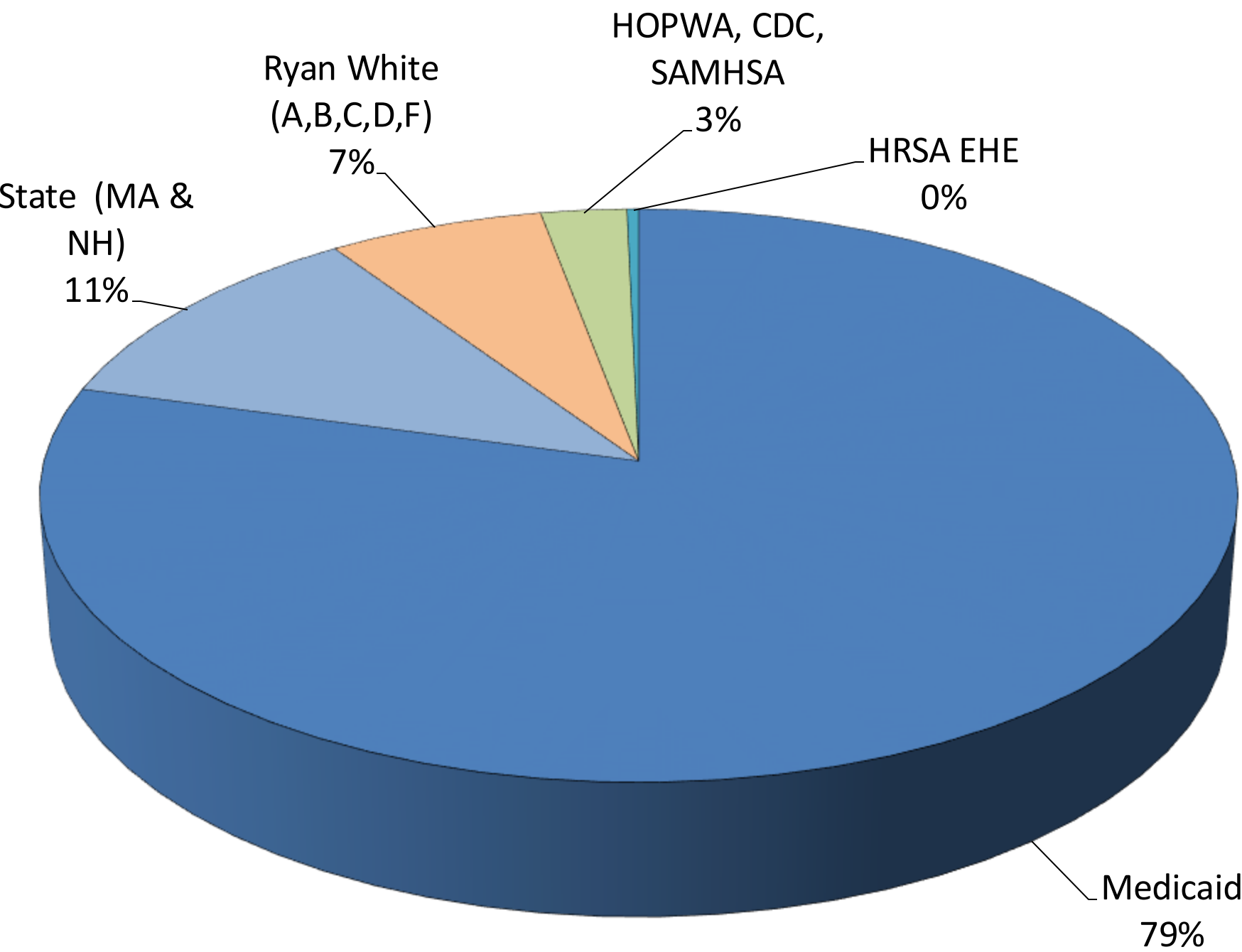


Figure 2. Proportion of Ryan White Funding Streams

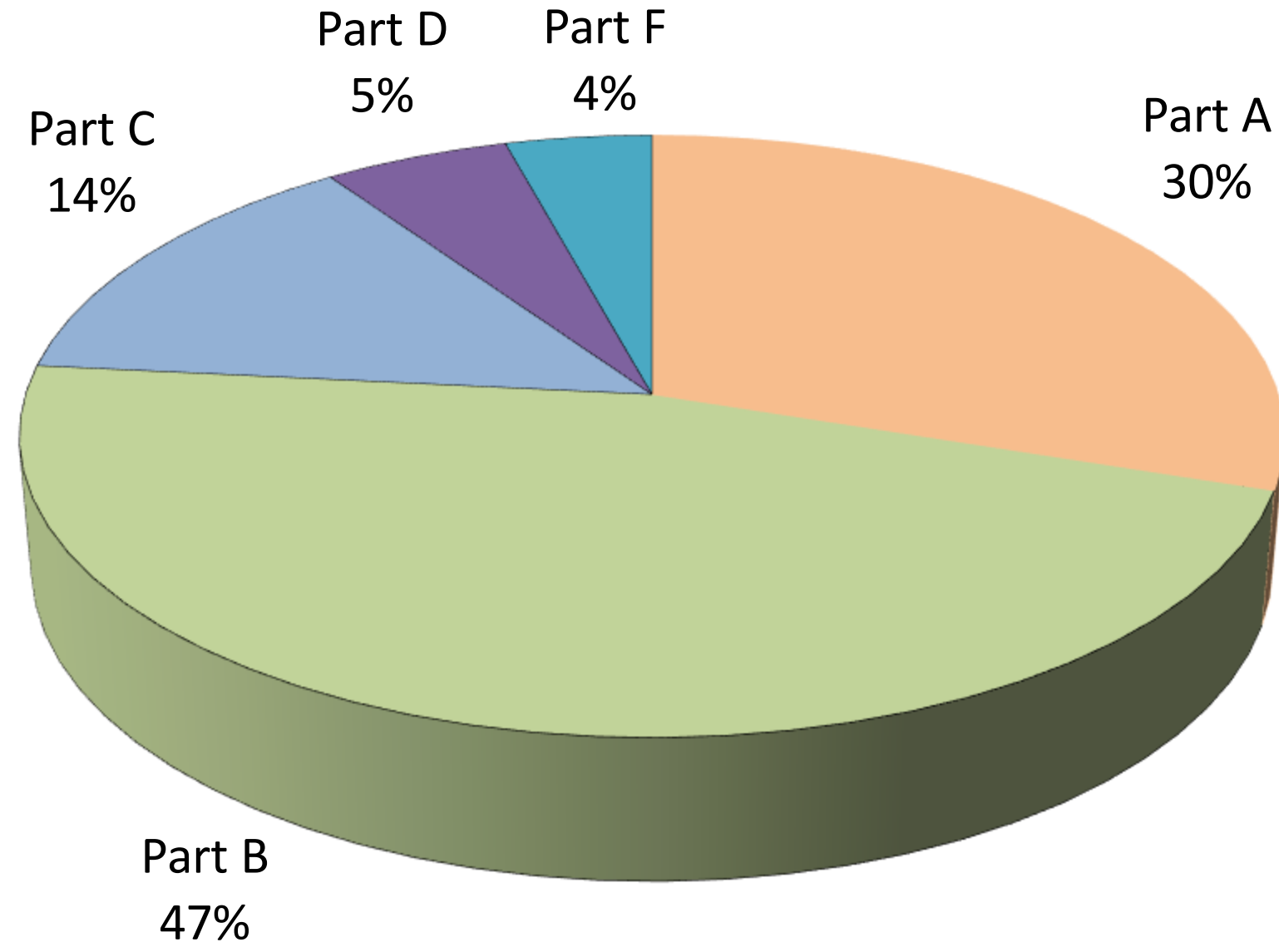


Figure 3. Total Funding in the Boston EMA by Core and Support

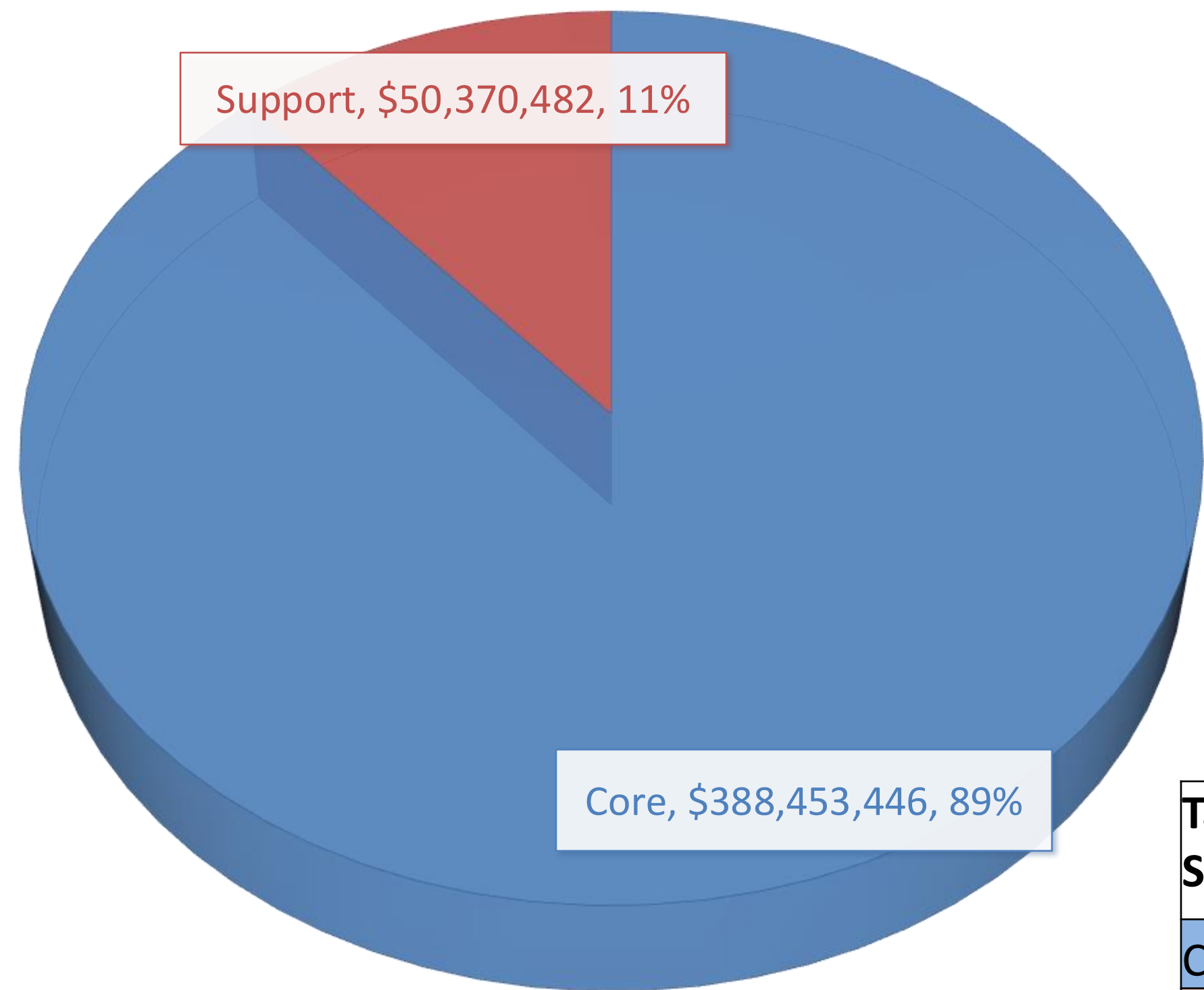


Table 3: Breakdown of Public Funds for all HRSA Service Categories in the EMA	
Core	\$388,453,446
Support	\$50,370,482
Administrative/Support/Misc	\$160,171,087
Total	\$598,995,015

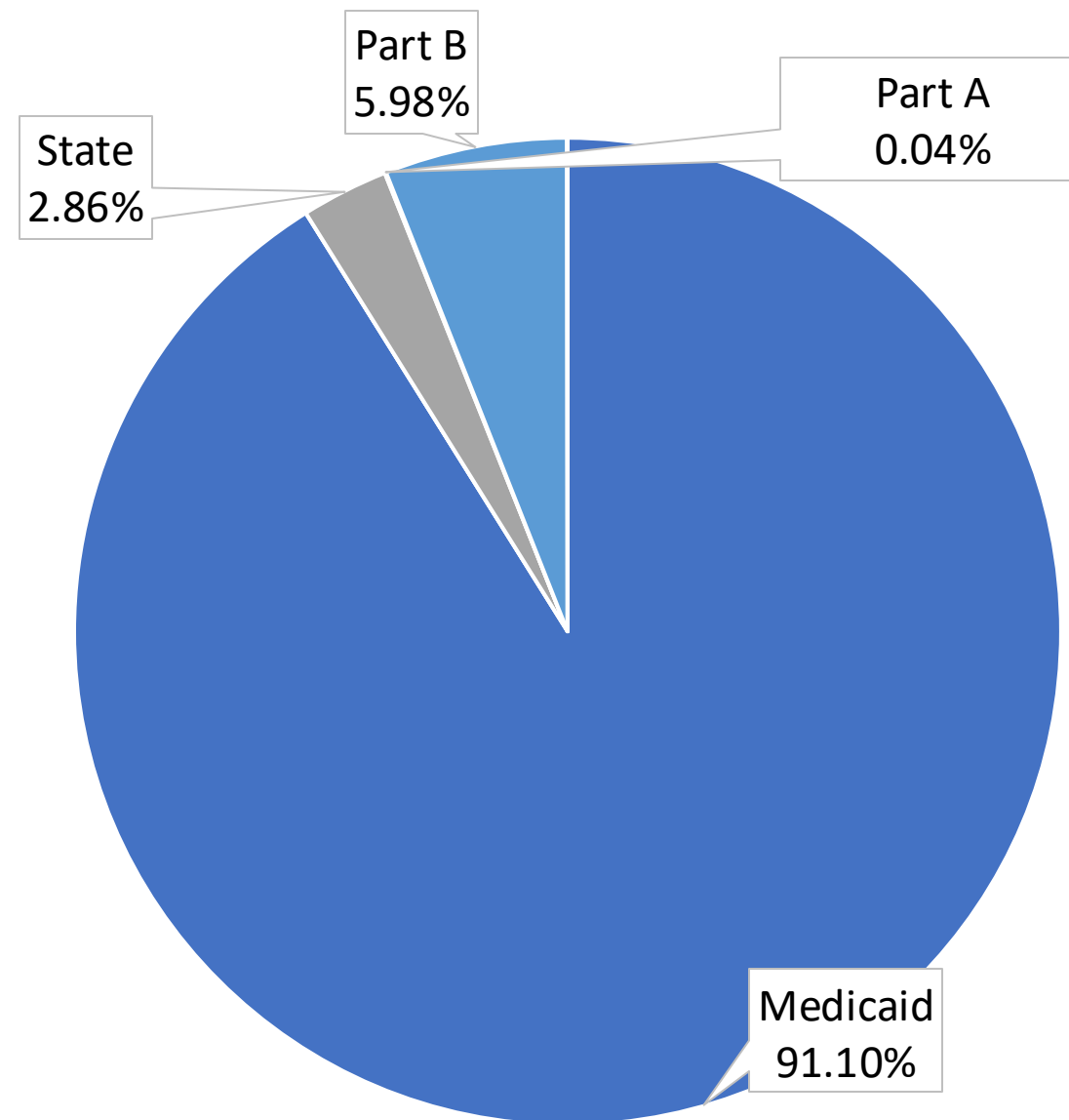
Total Funding Available by Service Category

Core Medical Service Category	Total
ADAP	\$227,006,357
Medical Case Management	\$11,892,739
Oral Health Care	\$4,777,921
Mental Health	\$30,599,909
Health Insurance Premium & Cost-Sharing	\$470,503
AIDS Pharmaceutical Assistance	Not Funded
Medical Nutrition Therapy	\$1,332,954
Early Intervention Services	\$1,453,225
Home/Community Based Health Care	\$9,647,009
Outpatient Ambulatory Medical Care	\$73,861,518
Home Health Care	\$24,486,934
Substance Use Services - Outpatient	\$2,330,149
Hospice Services	\$594,228
CORE Total	\$388,453,466

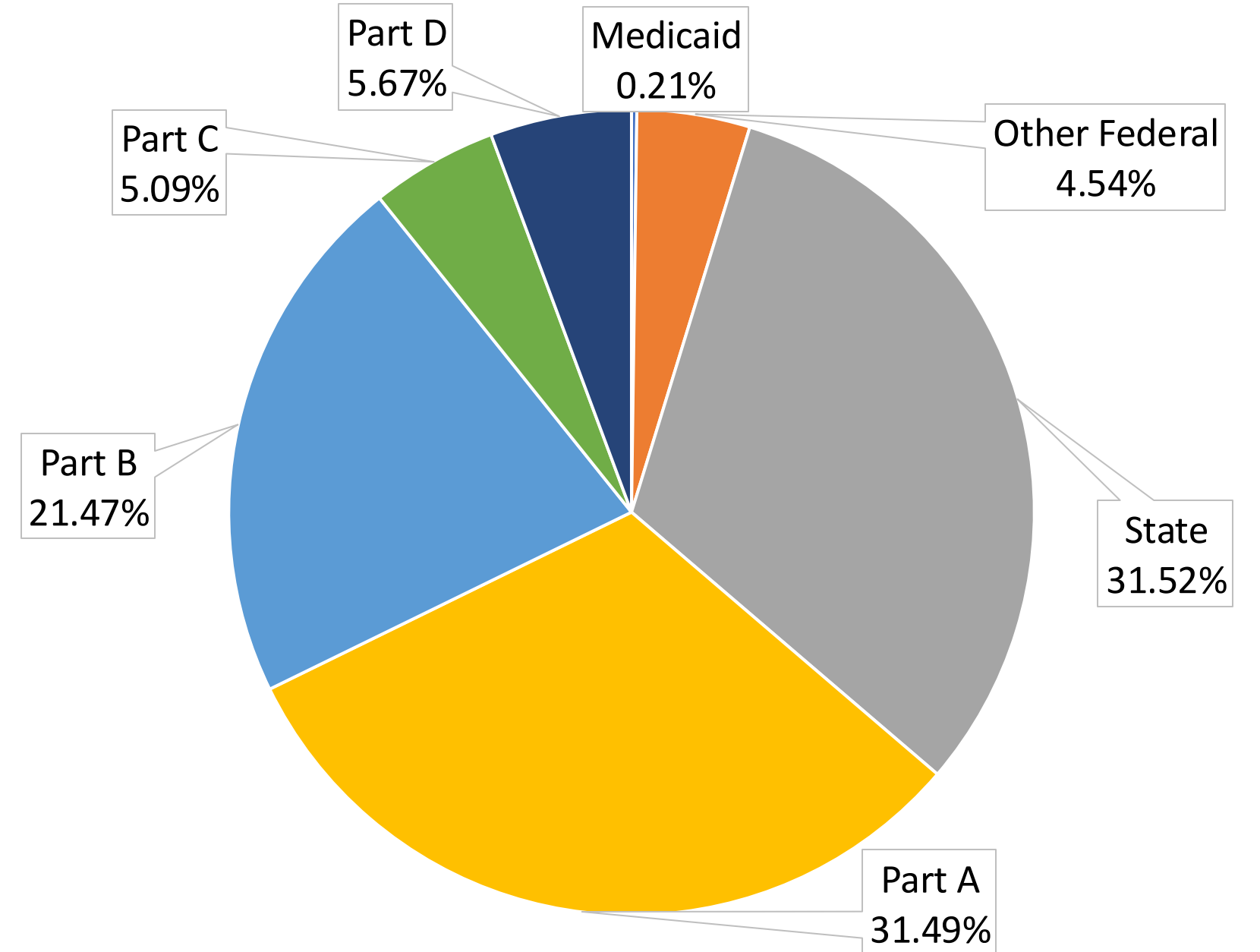
Support Service Category	Total
Housing Services	\$6,875,861
Non-Medical Case Management	\$8,207,493
Food Bank/Home Delivered Meals	\$970,359
Emergency Financial Assistance	\$465,135
Medical Transportation Services	\$9,880,094
Psychosocial Support	\$7,546,131
Health Education & Risk Reduction	\$302,108
Linguistic Services	\$24,801
Child Care Services	Not Funded
Other Professional Services	\$1,089,345
Substance Use Services - Residential	\$14,217,854
Outreach Services	\$154,997
Referral for Health Care/Support Services	\$6,105
Rehabilitation Services	\$630,199
Respite Care	Not Funded
SUPPORT Total	\$50,370,482

Core Medical Services that receive some Part A funding

AIDS Drug Assistance Program



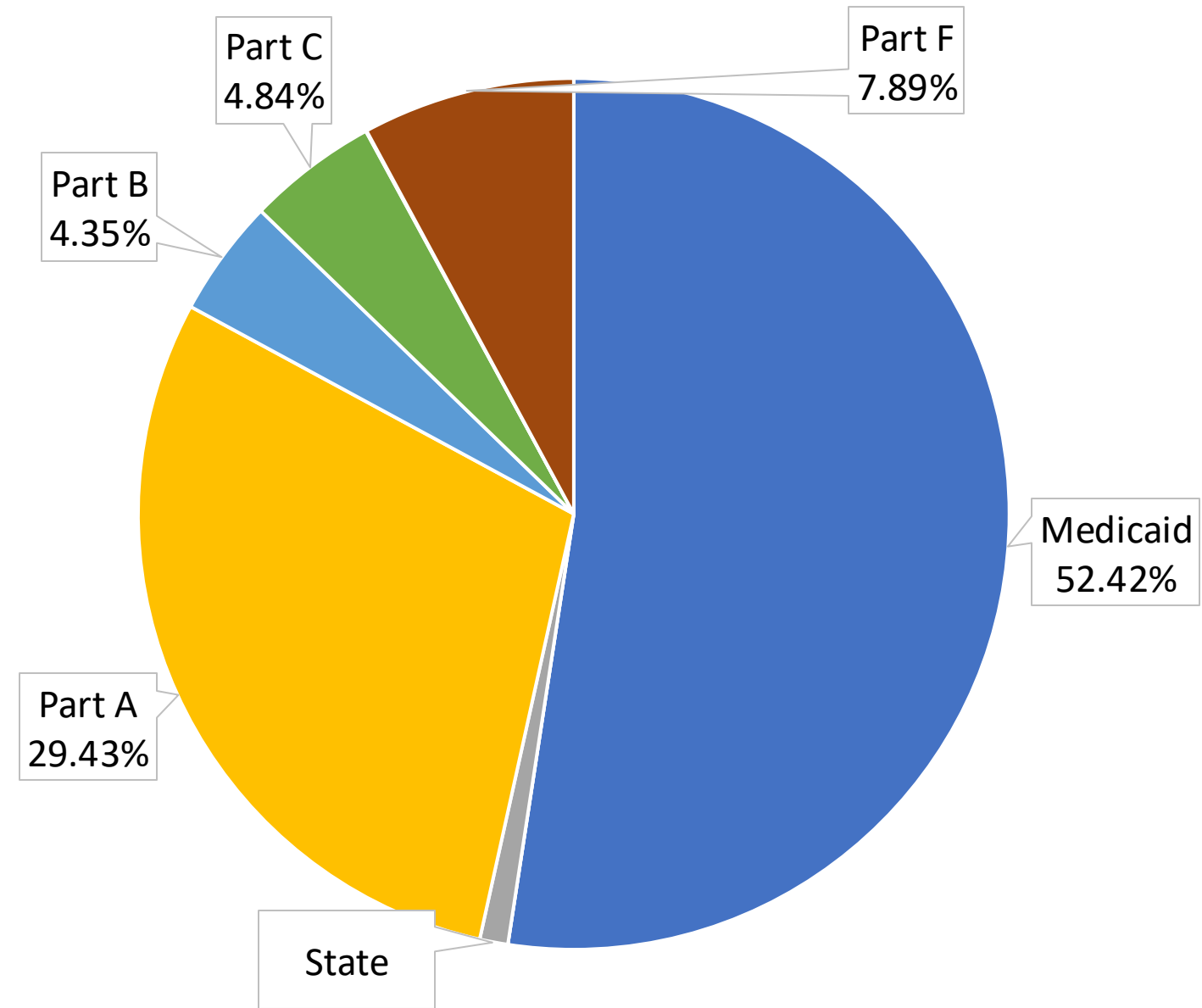
Medical Case Management



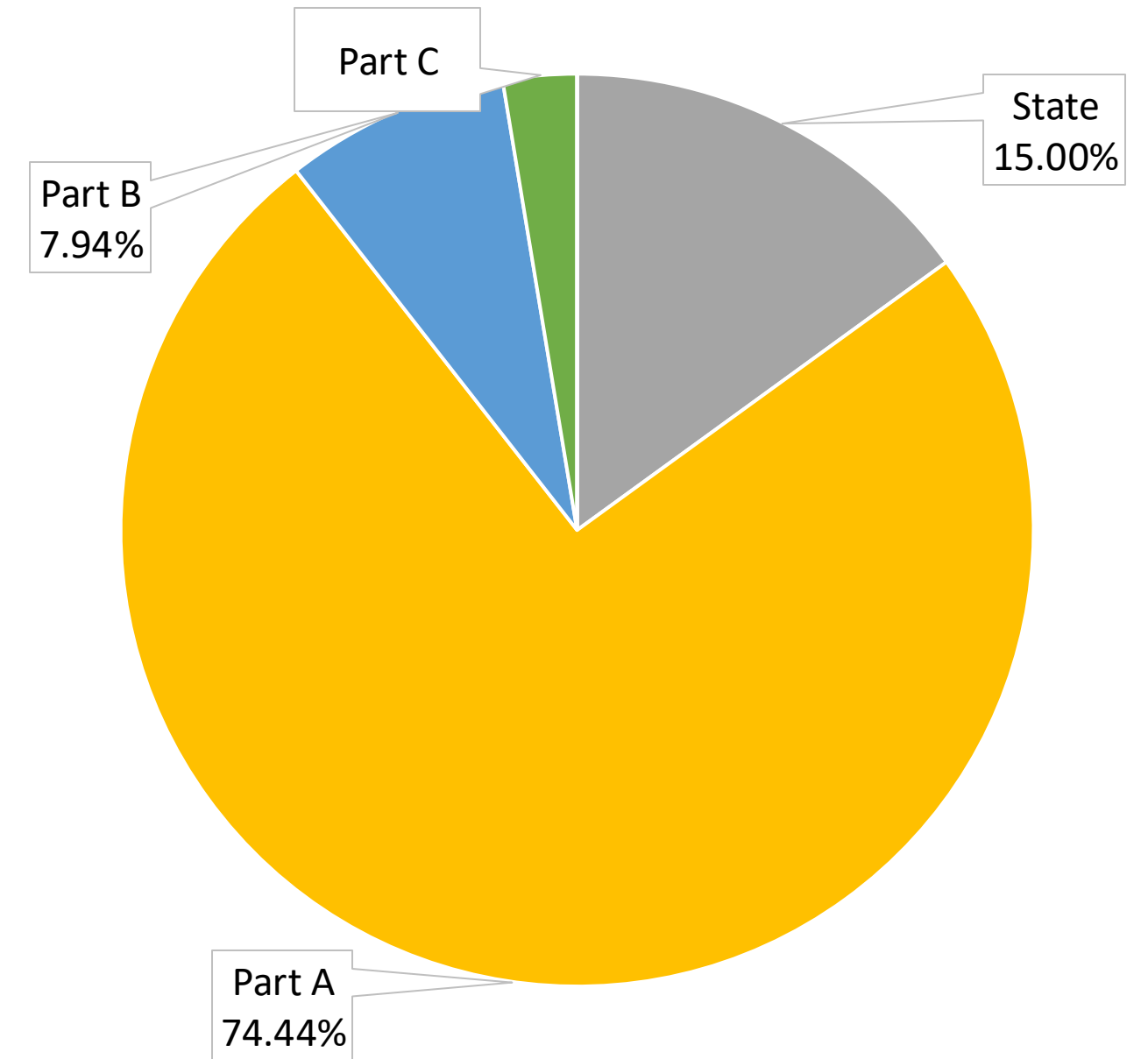
■	Medicaid
■	State
■	Other Federal
■	Part A
■	Part B
■	Part C
■	Part D
■	Part F

Core Medical Services that receive some Part A funding

Oral Health Care



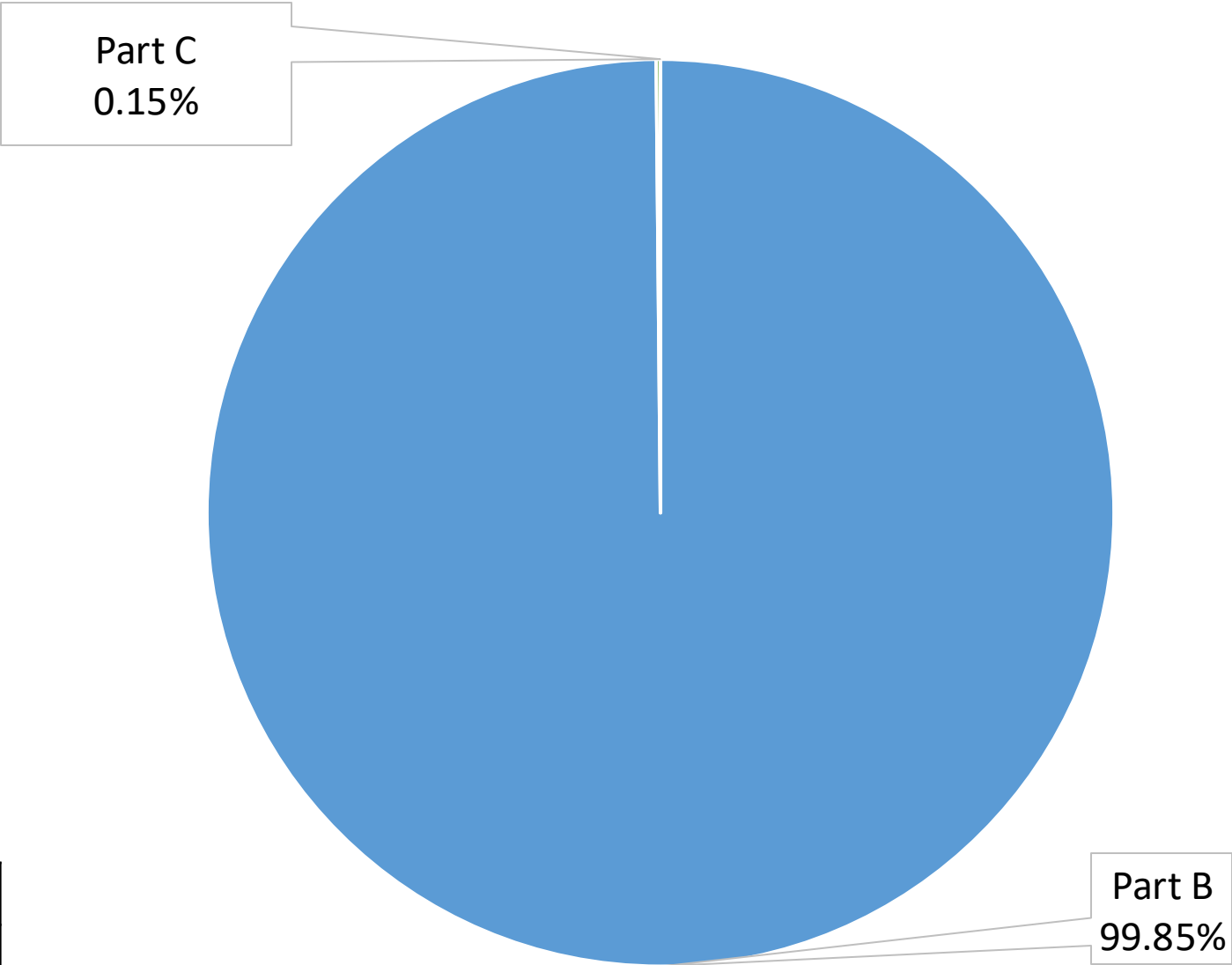
Medical Nutrition Therapy



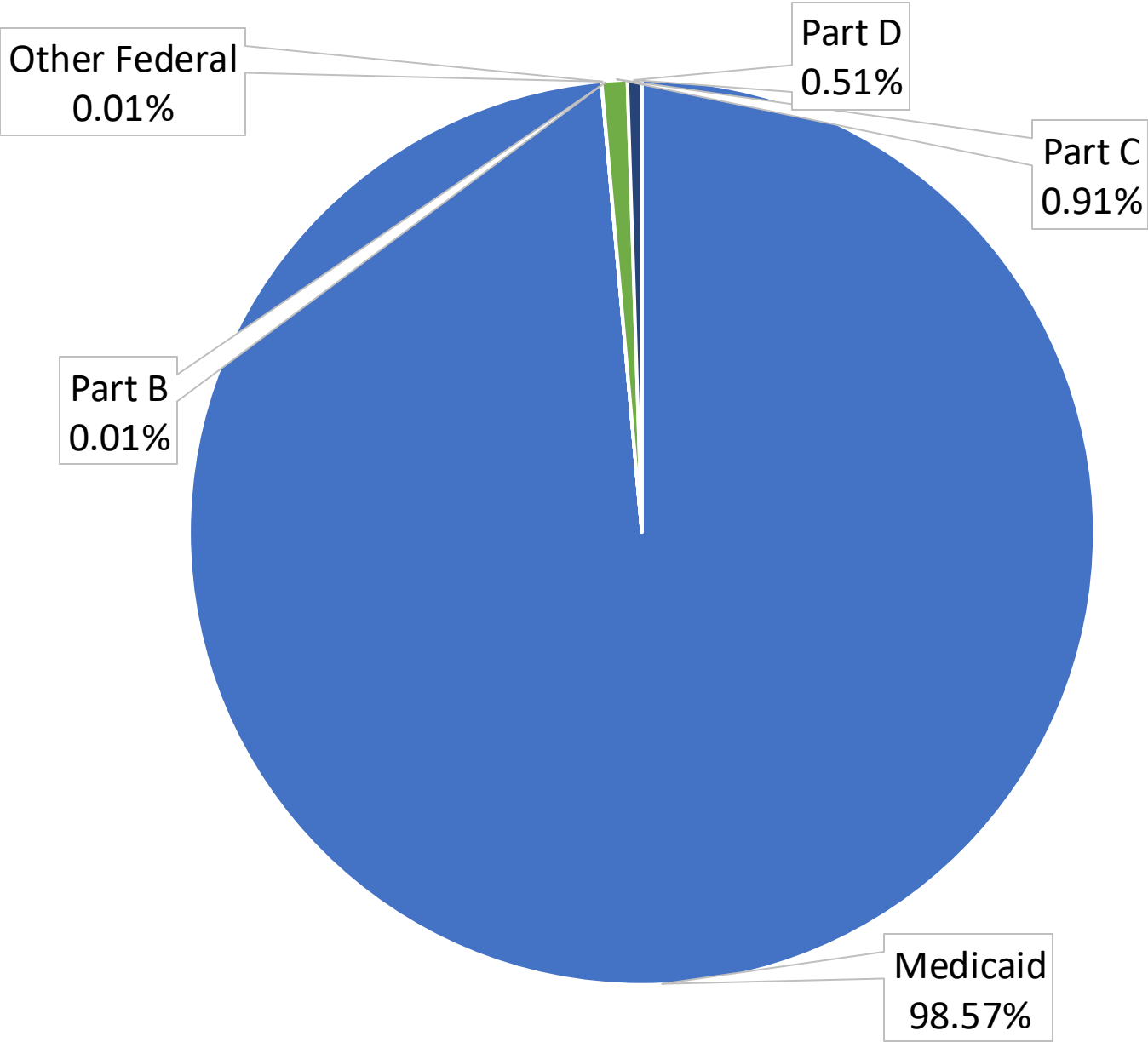
<div></div>	Medicaid
<div></div>	State
<div></div>	Other Federal
<div></div>	Part A
<div></div>	Part B
<div></div>	Part C
<div></div>	Part D
<div></div>	Part F

Core Medical Services that DO NOT receive Part A funding

**Health Insurance
Premium & Cost Sharing**



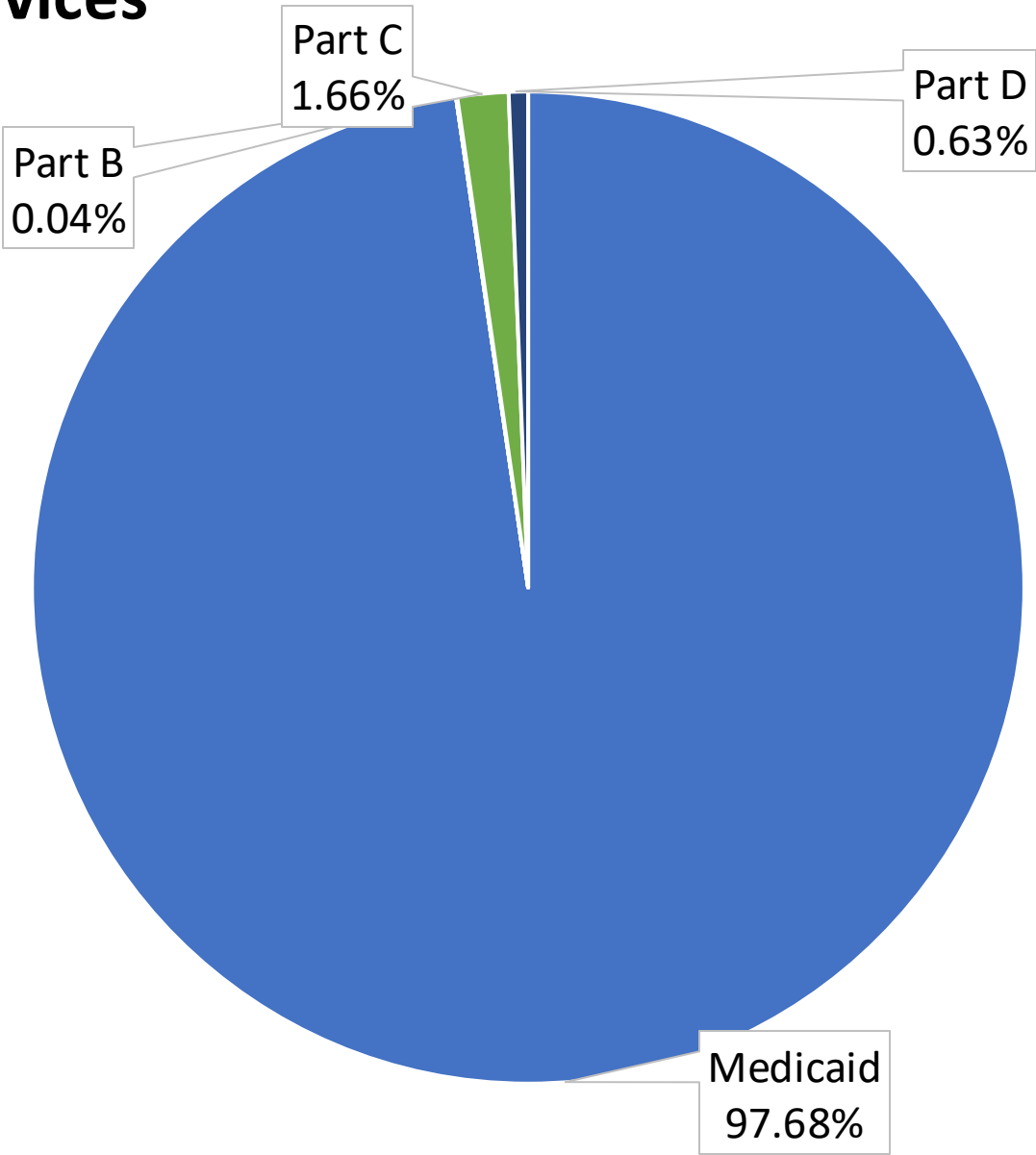
Mental Health Services



<div></div>	Medicaid
<div></div>	State
<div></div>	Other Federal
<div></div>	Part A
<div></div>	Part B
<div></div>	Part C
<div></div>	Part D
<div></div>	Part F

Core Medical Services that DO NOT receive Part A funding

**Outpatient/Ambulatory
Health Services**

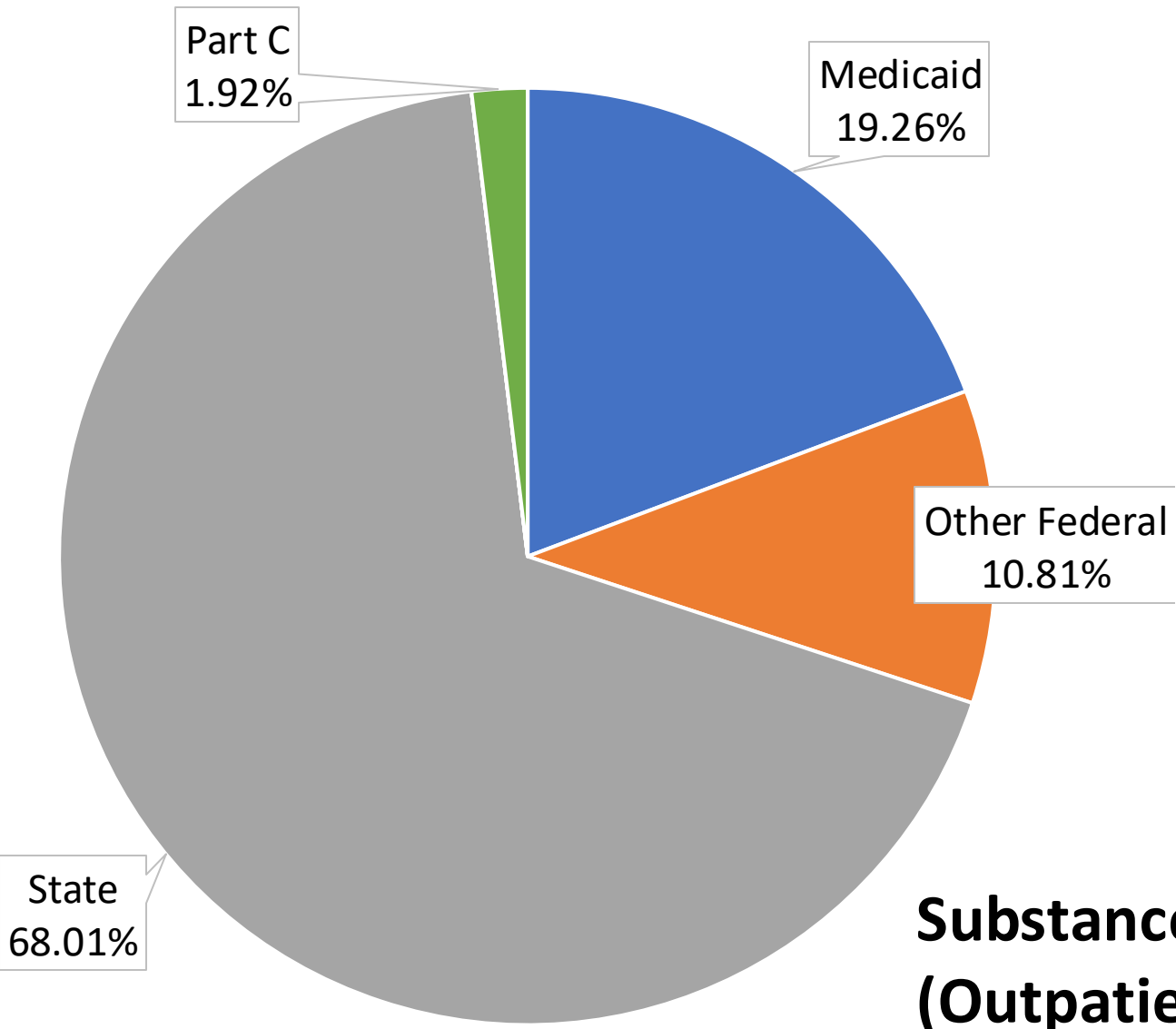


**Home Health Care –
100% Medicaid**









**Early Intervention
Services – 100% Part C**

Hospice – 100% Medicaid

**Home & Community
Based Health Services –
100% Medicaid**

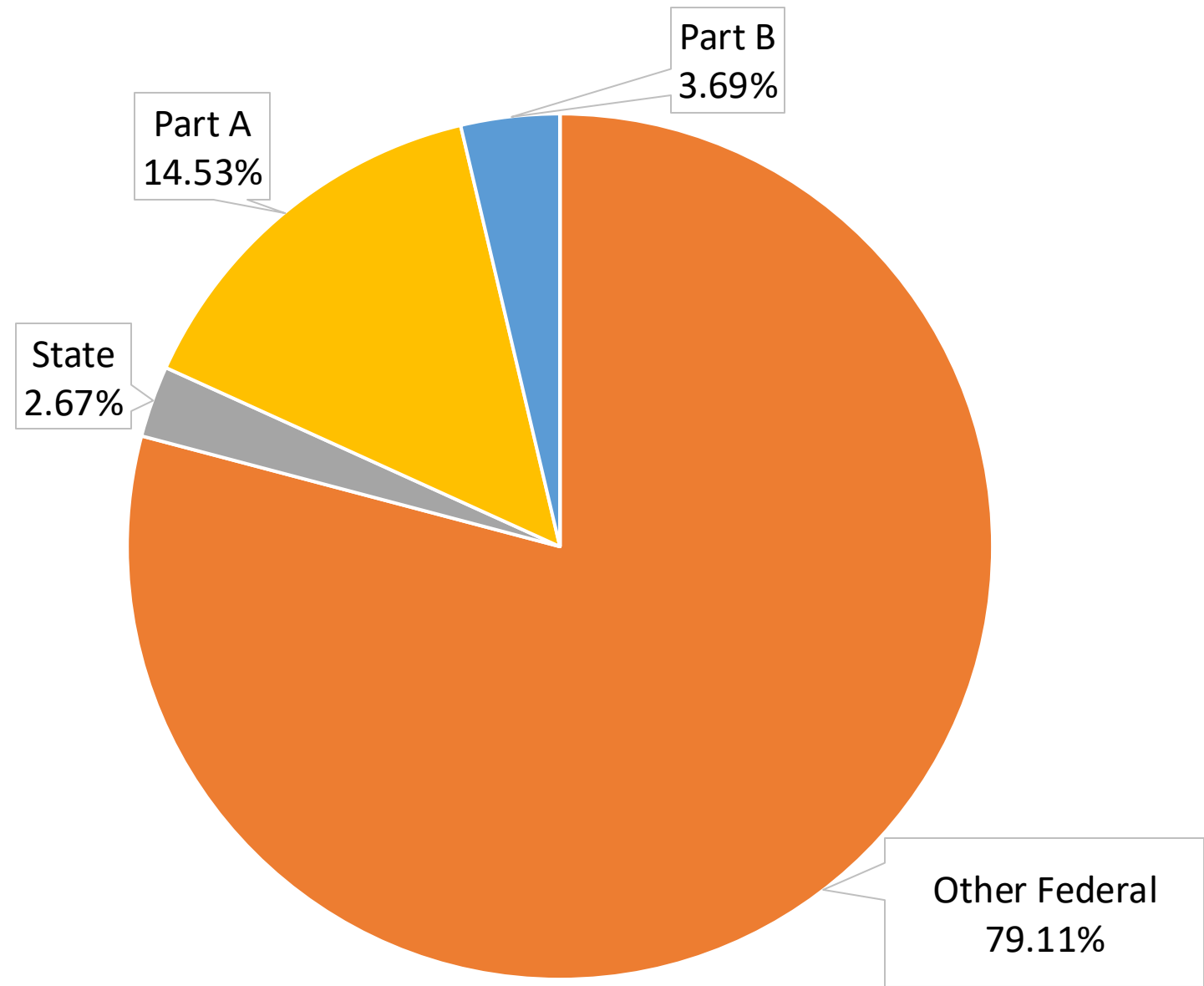


**Substance Use Services
(Outpatient)**

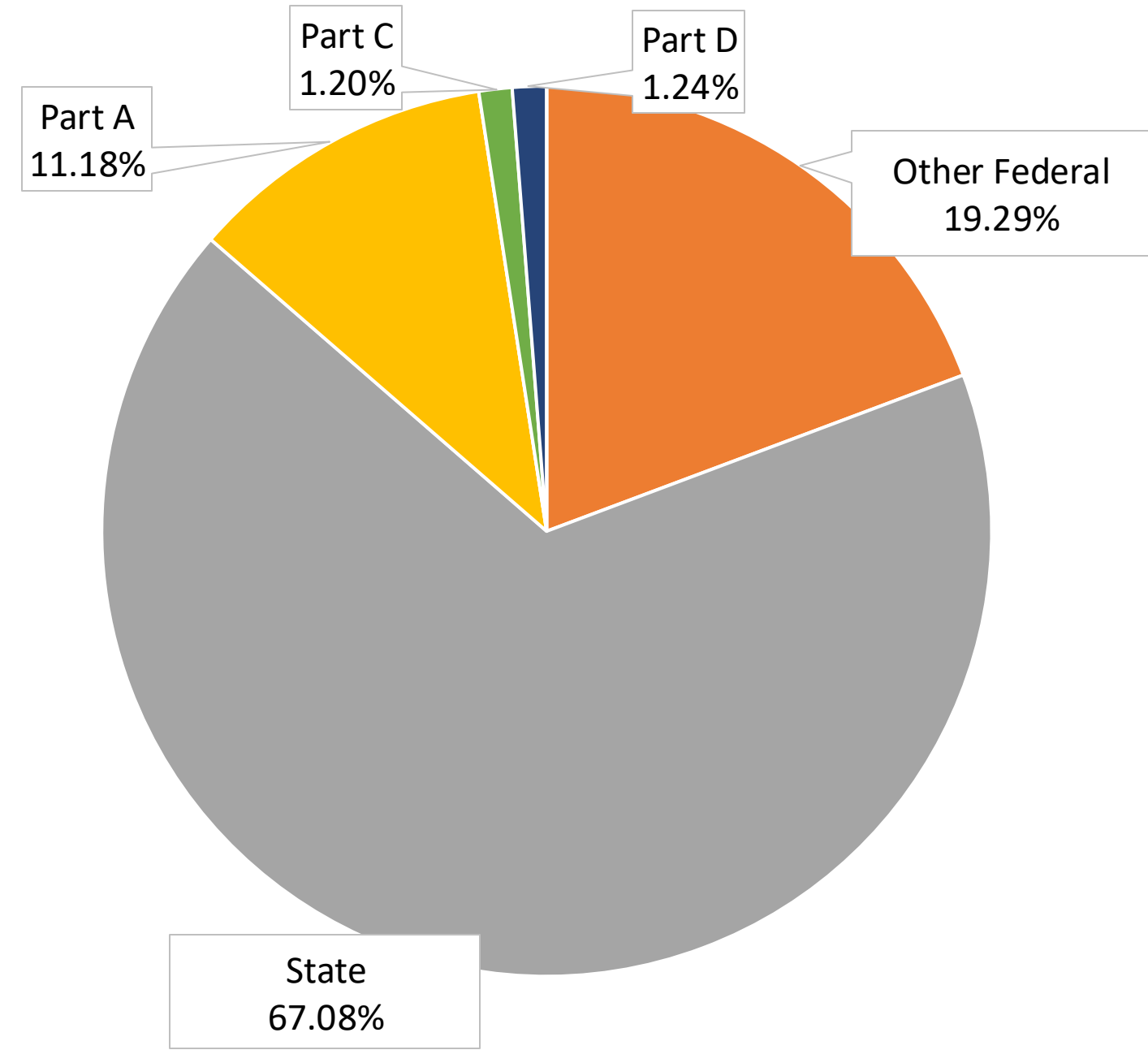
	Medicaid
	State
	Other Federal
	Part A
	Part B
	Part C
	Part D
	Part F

Support Services that receive some Part A funding

Housing



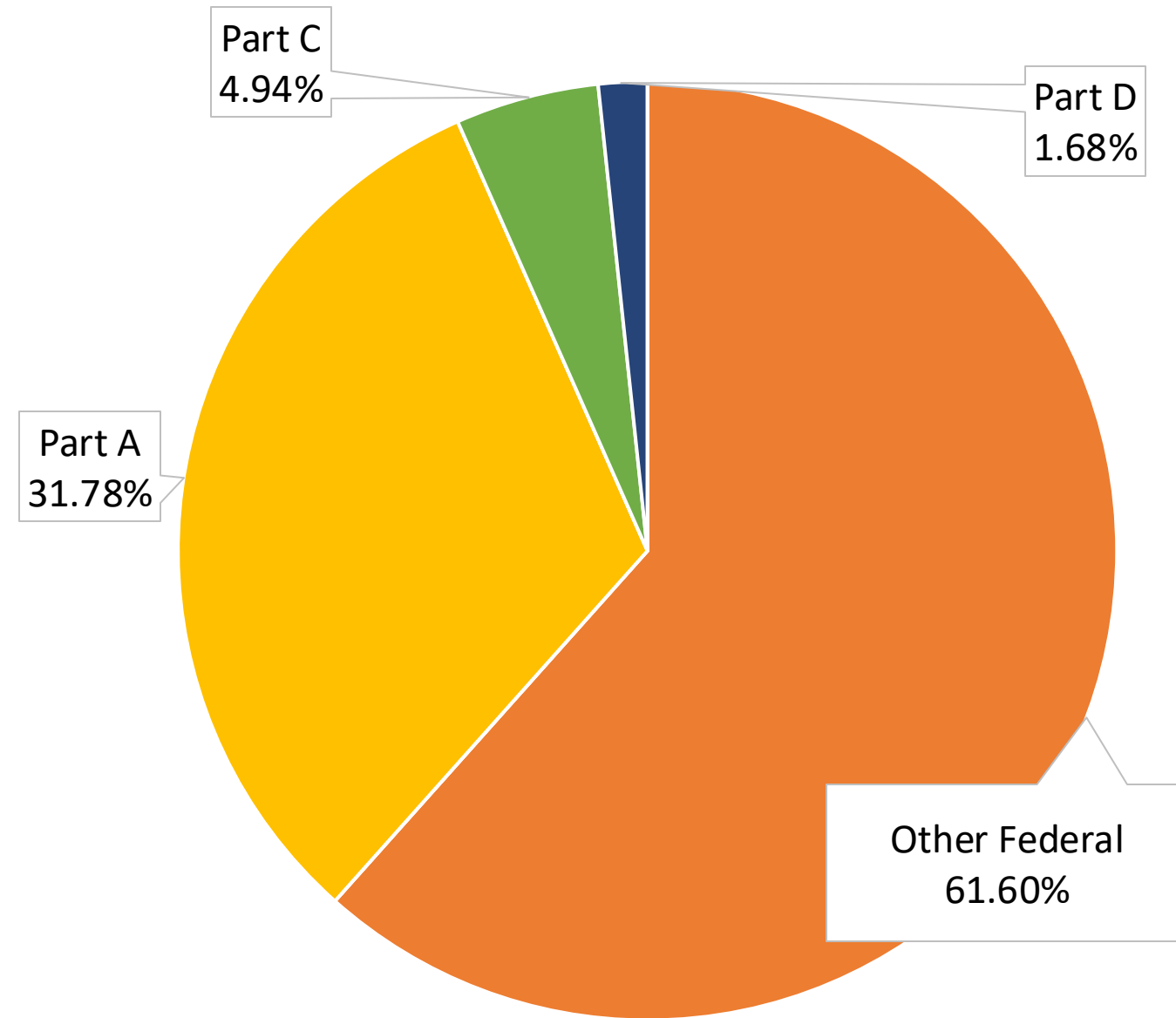
Non-Medical Case Management



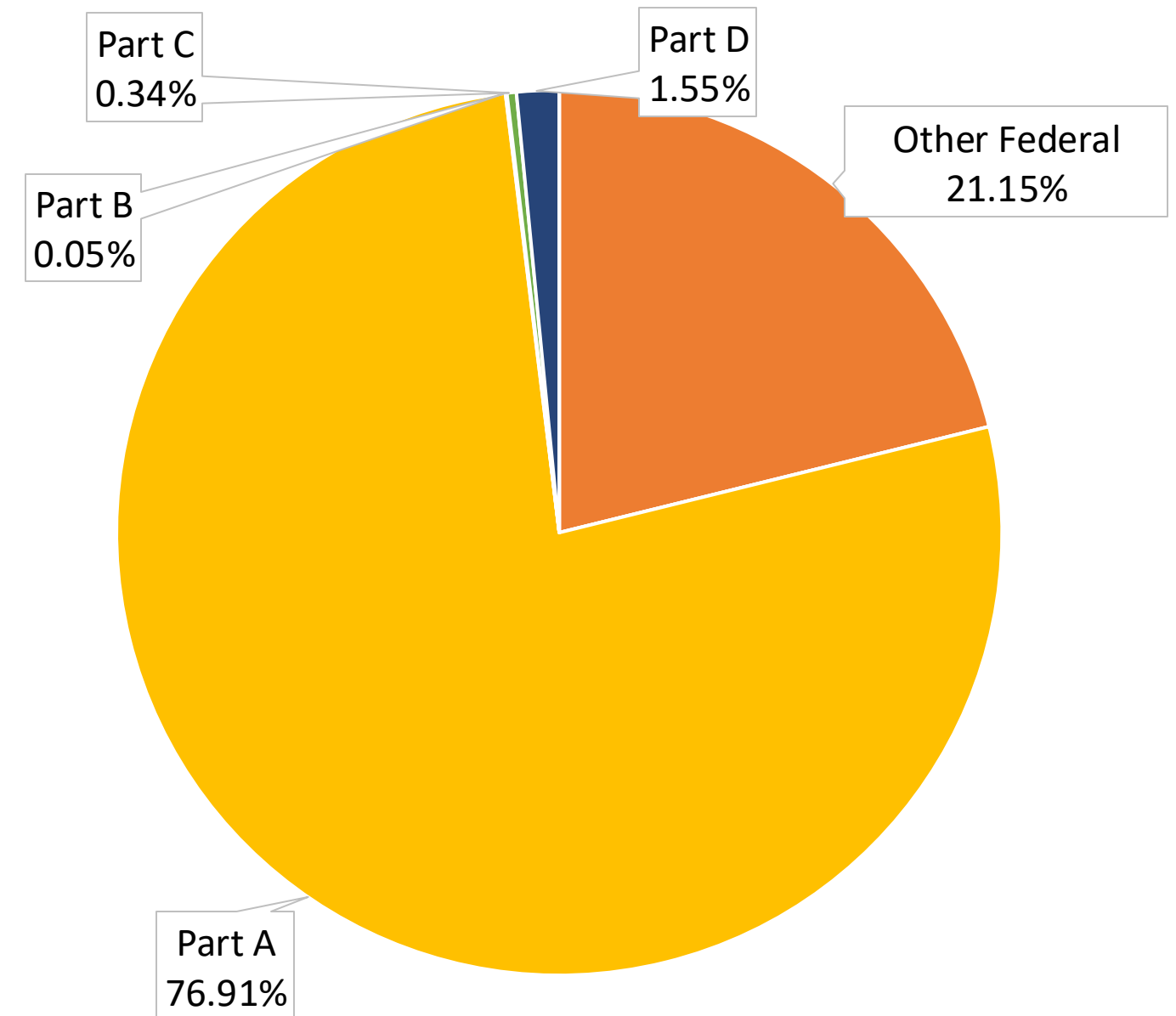
Medicaid
State
Other Federal
Part A
Part B
Part C
Part D
Part F

Support Services that receive some Part A funding

Emergency Financial Assistance



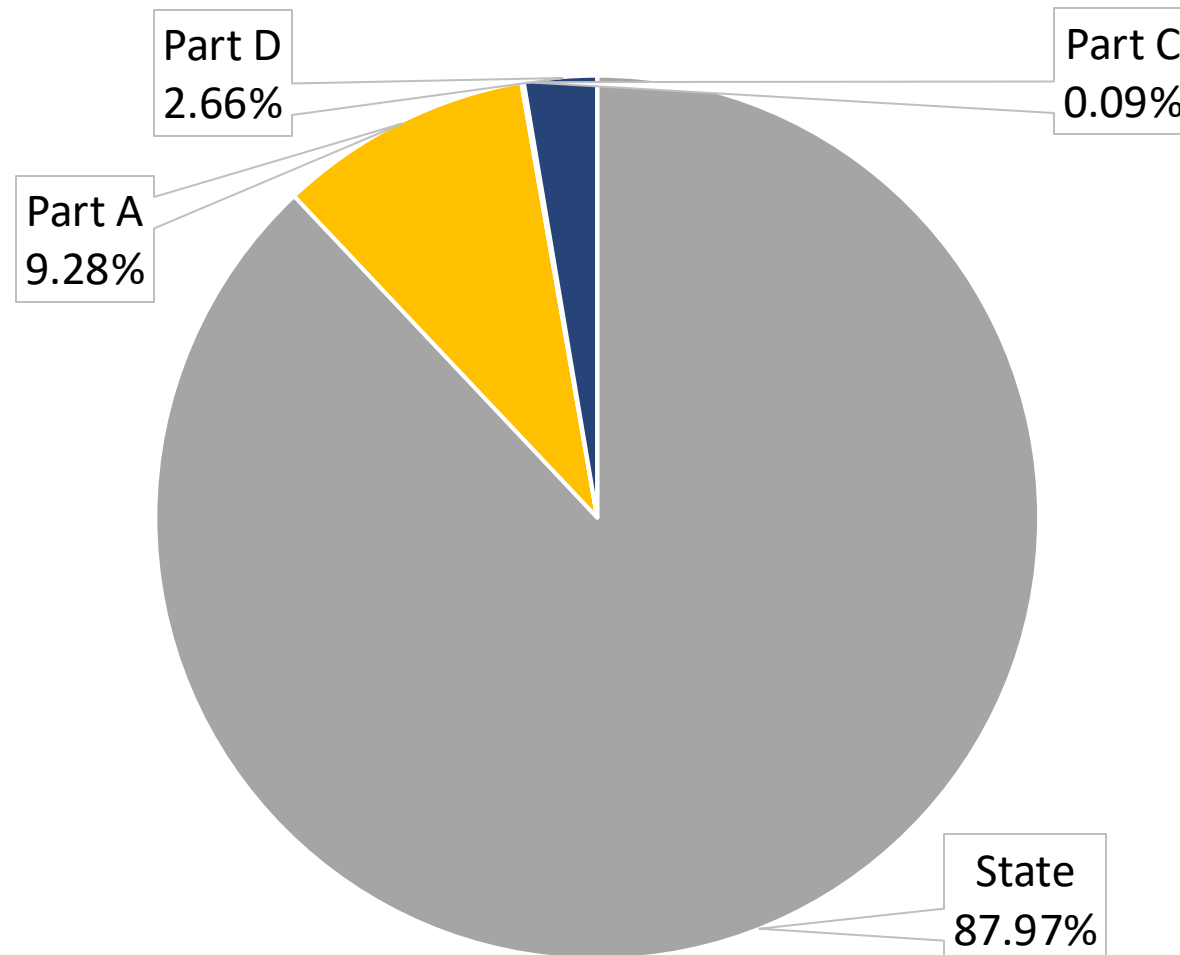
Food Bank/Home-Delivered Meals



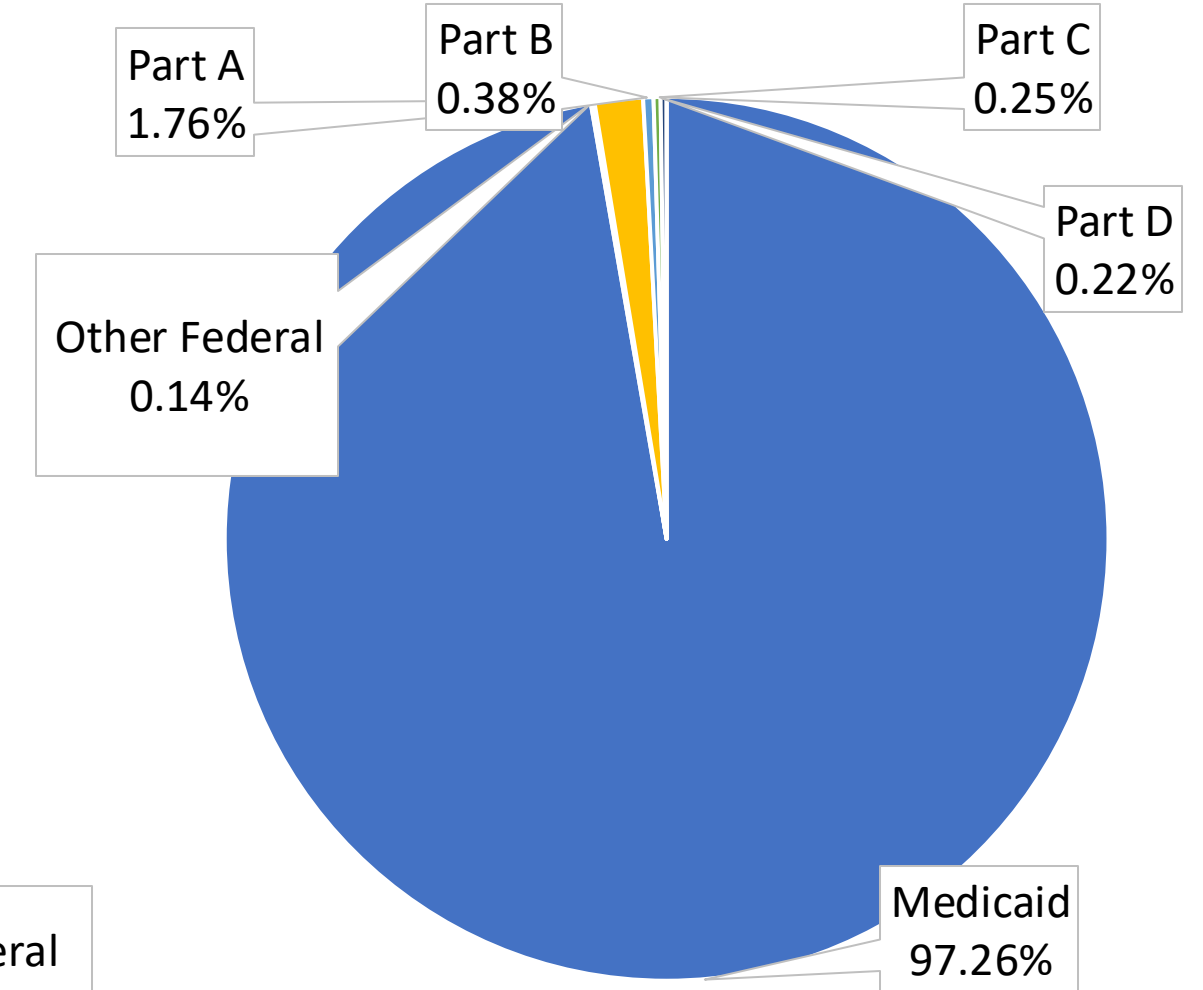
Medicaid	
State	
Other Federal	
Part A	
Part B	
Part C	
Part D	
Part F	

Support Services that receive some Part A funding

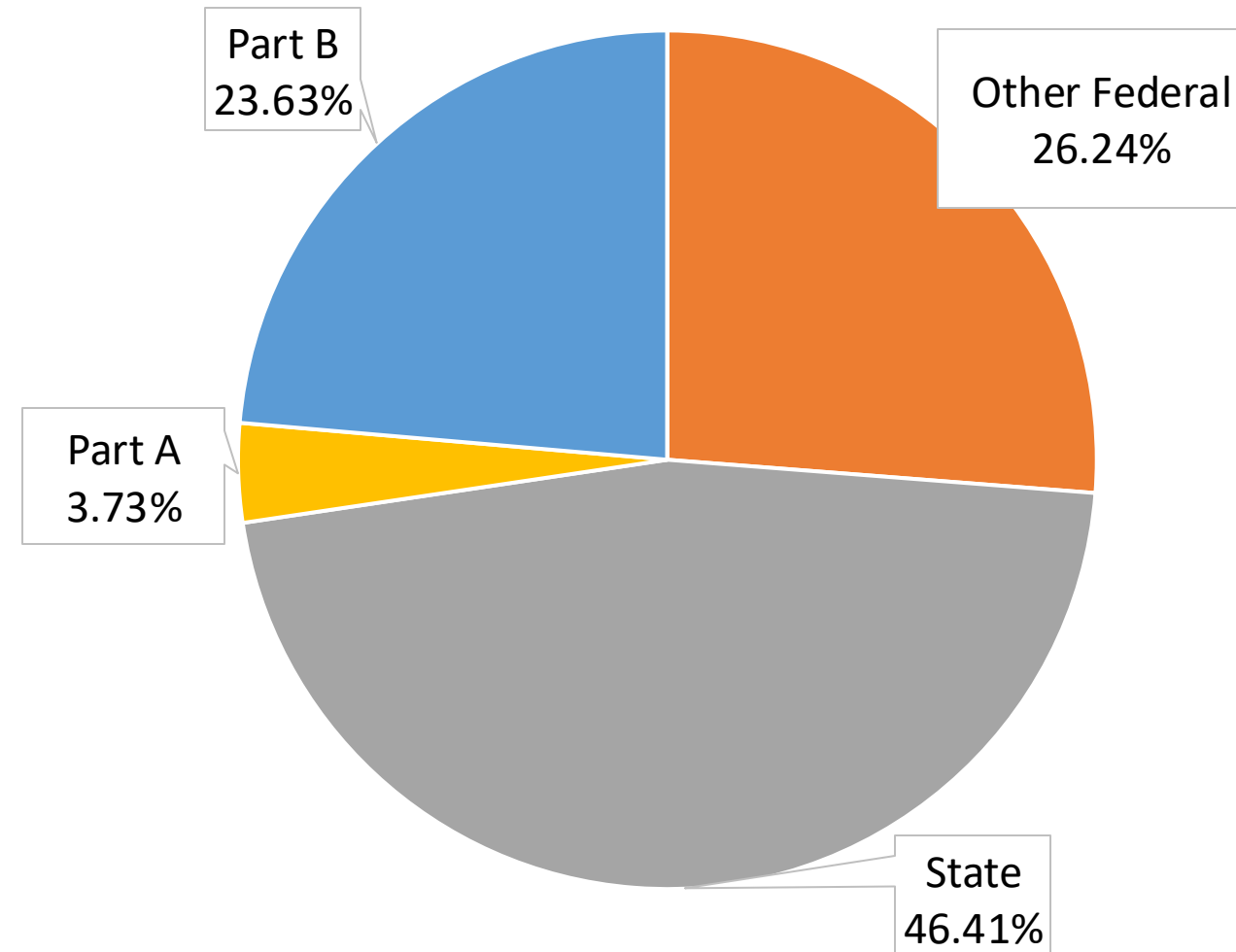
Psychosocial Support Services



Medical Transportation Services



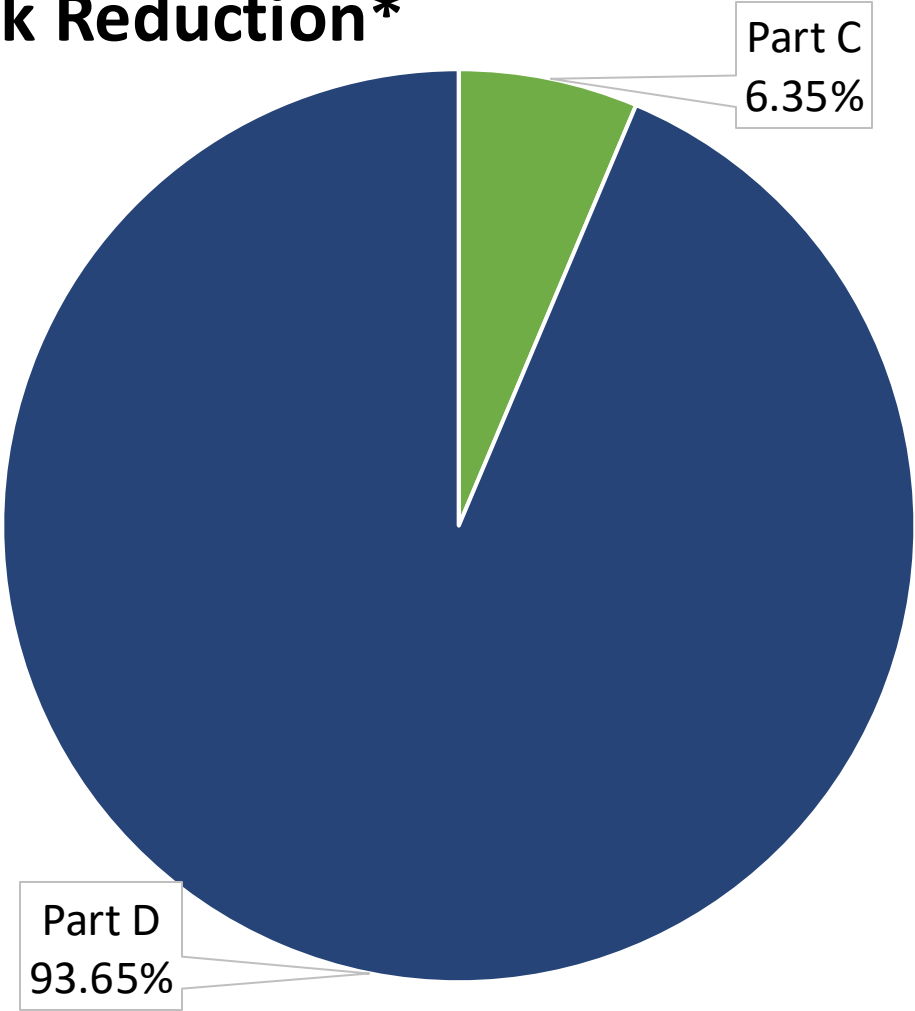
Other Professional Services (Legal)



■	Medicaid
■	State
■	Other Federal
■	Part A
■	Part B
■	Part C
■	Part D
■	Part F

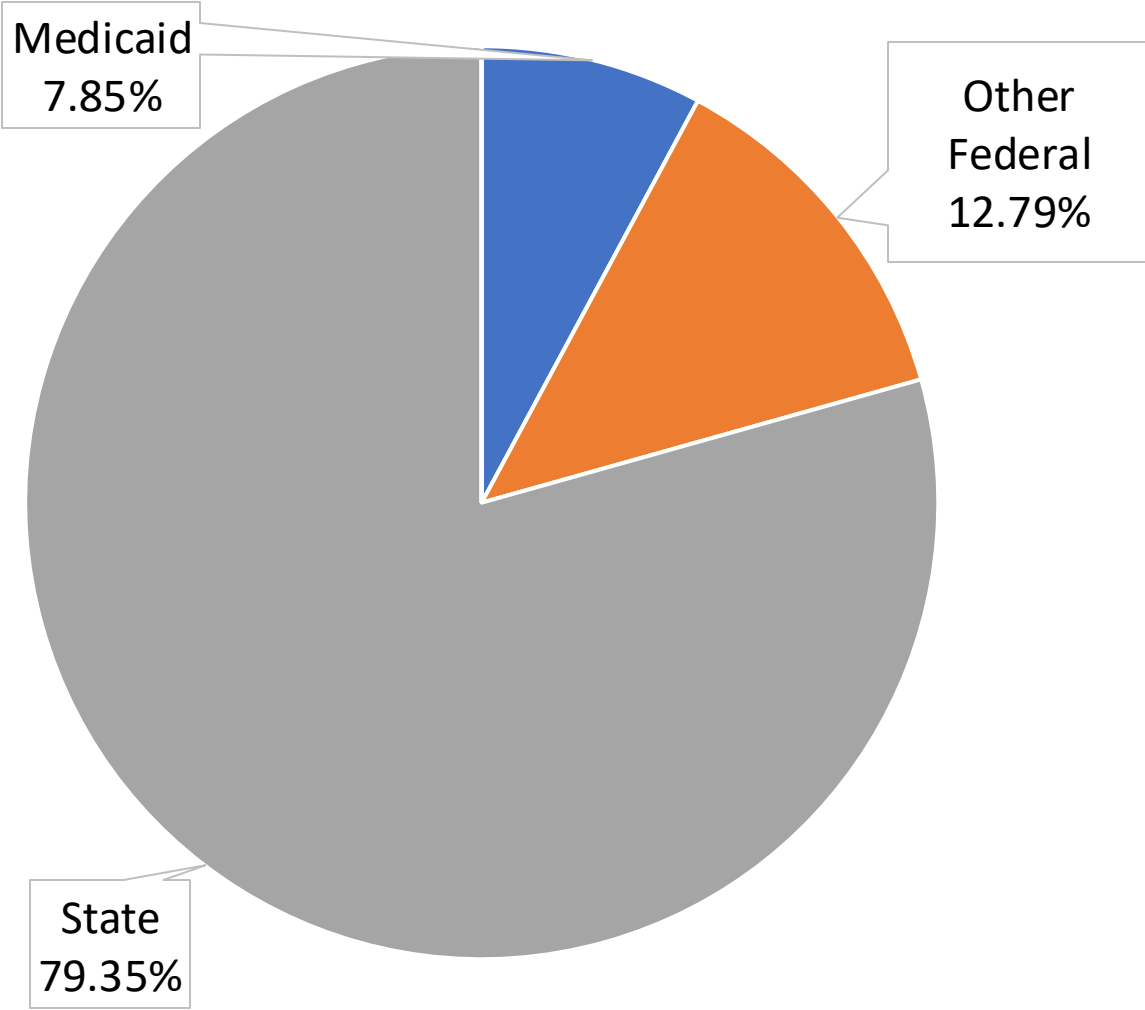
Support Services that DO NOT receive Part A funding

**Health Education/
Risk Reduction***



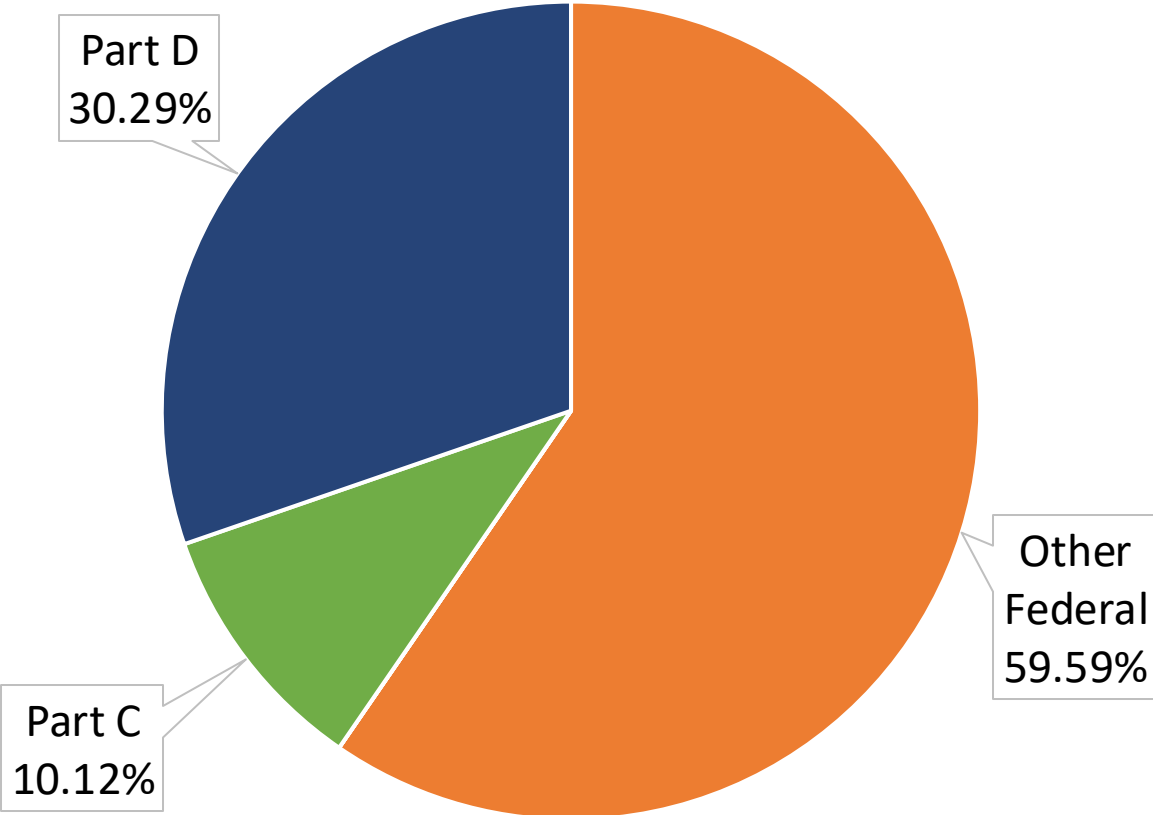
**Rehabilitation Services –
100% Medicaid**

**Substance Use Services
(Residential)***



**Referral for Health Care
Support Services – 100% Part C**

Outreach Services



Linguistics* – 100% Part C

*Services that are approved in the Boston EMA, but not currently funded (FY25)

Review of Allocation of Resources Committee's Scenarios

All Day Allocations
Meeting – May 15!

1. Level Part A Funding Scenario
2. 75% Core/25% Support Part A Scenario
3. \$500k Part A Decrease Scenario
4. \$1 million Part A Decrease Scenario
5. 25% Reduction to Part A Scenario (~\$3 million)
6. MAI Scenarios –FY26 Level
7. 100% MAI Reduction Scenario – retaining service categories in Part A
8. Protocol for next year's ARC to more frequently review the scenarios against the federal environment
9. Additional Guidance to BPHC



AAM Results & Corrective Action Plan Discussion

Services, Priorities, and Evaluations Committee

Respondent Demographics and General Information

Total Response Rate: 15/32 Part A Funded Agencies = 46.8%

Number of employees working in HIV services or with clients living with HIV	Number of HIV Clients in the last year					
	Less than 100	101-250	251-500	Over 500	I am not sure.	Total
1 – 10 Employees	1	2	3	1	1	8
11 – 20 Employees		2	2		1	5
21 – 30 Employees						
Over 31 Employees		1				1
I am not sure	1					1
Total	2	5	5	1	2	15

Majority of respondents are at an agency with 1-10 employees working in HIV services

Majority of respondents served between 101-500 clients with HIV in the last year

There are no respondents with between 21 and 30 employees so that line will not be reflected in the remainder of the tables.

About 50%/50% people who have been there less than 10 years or over 10 years!

How long have you worked at your agency?

Years	Number of Respondents	Percent of Respondents
1 - 5 years	4	26.7%
5 - 10 years	4	26.7%
Over 10 years	7	46.7%
Total	15	100%

How many service categories were you funding for in FY24?

Number of Categories	Number of Respondents	Percent of Respondents
1 - 2 Categories	8	53.3%
3 - 4 Categories	5	33.3%
5 - 6 Categories	2	13.3%
Total	15	100.0%

Table 4. Are you the person at your agency that is responsible for contracts, budgets, both, or neither?

Both	10
Budgets only	2
Contracts only	1
Neither	2
Total	15

2 respondents are responsible for neither, 1 respondent is responsible for contracts but not budgets, 2 respondents are responsible for budgets but not contracts, and 10 respondents are responsible for both.

BPHC provides potential agencies with adequate information on applying for funding.

53% of respondents strongly agree that BPHC provides potential agencies with adequate information on applying for funding.

Number of employees	Adequate funding information					
	Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Total
1 – 10 employees				3	5	8
11 – 20 employees		1*	1	1	2	5
Over 31 employees		1				1
I am not sure					1	1
Total		2	1	4	8	15

***11 – 20 Employees, Disagree, Budgets only:**
There was little information regarding whether they would entertain new program services to existing providers

In your experience, how long does it take BPHC to finalize contracts with your agency?

53% of respondents said that their contracts were finalized within 90 days or less and 40% said more than 90 days. One respondent was unsure.

Number of employees	Number of days					
	30 days or less	31-60 days	61-90 days	I am not sure	More than 90 days	Total
1 – 10 Employees	1	2	2	1	2	8
11 – 20 Employees		1	2		2	5
Over 31 Employees					1	1
I am not sure					1	1
Total	1	3	4	1	6	15

Overall, more respondents said that **invoices** are reimbursed within 30 days or less (46.7%), whereas only 6.7% said that **contracts** were finalized within 30 days or less.

Invoices are more likely to be reimbursed faster than contracts are finalized.

Upon submission of all your required documents, how long does it typically take BPHC to reimburse invoices?

47% of respondents said that it typically takes BPHC 30 days or less to reimburse invoices, 33% said more than 30 days, and 20% were unsure.

Number of employees	Number of days			
	30 days or less	I am not sure	More than 30 days	Total
1 – 10 Employees	4	2	2*	8
11 – 20 Employees	2	1	2*	5
Over 31 Employees			1*	1
I am not sure	1			1
Total	7	3	5	15

Less than 30 days	489	65%
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If more than 30 days for invoice submissions, in general, how long does it typically take?

If more than 30 days: average is 36 days; from submission of invoice with all backup to the check date, range from 7 days to 71 days with about half of invoices being paid within 30 days.

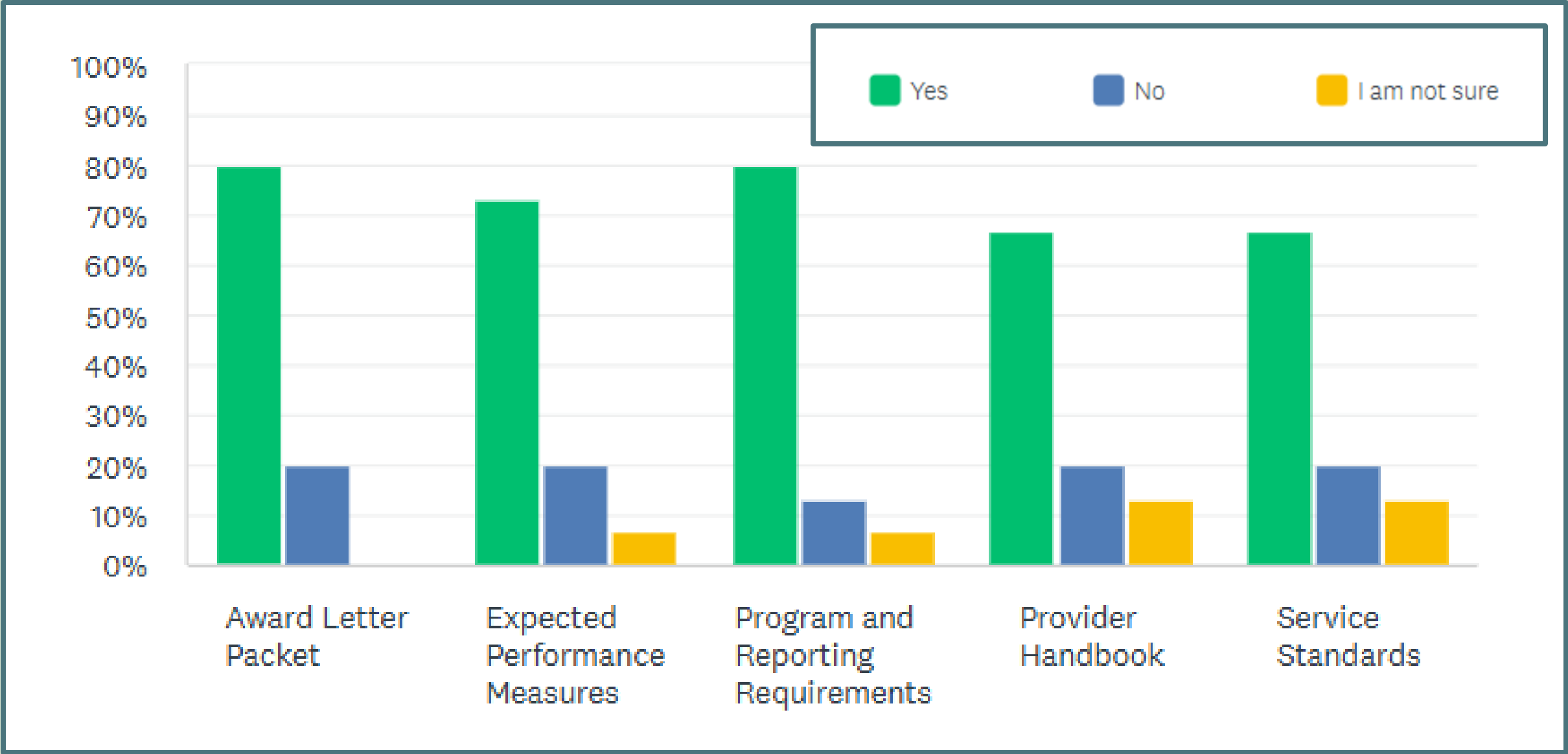
45-90 days, depending on the time of the grant year. At the beginning of the grant cycle, it can take several months to get paid. They take an inordinately long time to issue purchase order numbers, which slows up the billing and therefore the payment of the invoices.

Can vary from 30-60 but I have seen as long as 4 months

Varies

No significant difference in responses depending on number of employees or position of the respondent

At the start of FY24, did you receive each of the following documents?



Comments:

1 – 10 Employees:

- *No, to all documents except Program and Reporting Requirements, responsible for both contracts and budgets: *Supplied in April*

1 – 10 Employees:

- *Yes, to all documents, responsible for both contracts and budgets: *Provider Handbook available on website.*

100% of respondents said that they felt all these documents were adequate for managing this grant. One person commented *yes, when received.*

Are you satisfied with the accessibility and availability of the above documents and others related to your contract with BPHC?

Number of Employees	No	Yes	Total
1 - 10 Employees		8	8
11 - 20 Employees	1	4	5
Over 31 Employees		1	1
I am not sure		1	1
Total	1	14	15

The only person who responded that they were not satisfied is responsible for both contracts and budgets and did not leave a comment.

1 – 10 Employees, Yes: Yes. We get emails and can access them on the website. I would say the RFP this year especially made us more familiar with them.

This question asked respondents to rate the Ryan White Services Team in providing their agency with three different types of Technical Assistance (TA) during FY24.

There was an option to say “I did not require TA” and is in purple in the graph:



No significant difference in responses depending on number of employees or position of the respondent

Comments on the previous question about TA:

What do you recommend to improve the technical assistance?

1 – 10 Employees:

- Responsible for both contracts and budgets: *As a fiscal person, I cannot respond regarding Programmatic & QM TA*

11 – 20 Employees:

- Responsible for budgets only: *The fiscal team needs to better understand federal funding cost guidelines, especially as it relates to indirect costs.*

Over 31 Employees:

- Responsible for both contracts and budgets: *Availability*

Who typically trains your agency on contracting and budgeting?

Number of Employees	BPHC	My own agency	Another agency	Total
1 - 10 Employees	3	5		8
11 - 20 Employees	1	4		5
Over 31 Employees		1		1
I am not sure		1		1
Total	4	11		15

BPHC: 75% of those who responded BPHC are responsible for both contracts and budgets. 25% of those are not responsible for either.

My own agency: 64% of those who responded their own agency are responsible for both contracts and budgets. 18% are responsible for budgets only, 9% are responsible for contracts only, and 9% are not responsible for either.

No one responded that another agency typically trains their agency on contracting and budgeting.

When were you or someone from your agency last trained on contracting and budget revision?

How long have you worked at your agency?	Last trained on contracting and budget revision				
	Within the last fiscal year (FY24)	1-2 years prior to FY24	3+ years prior to FY24	I am not sure.	Total
1 - 5 years	1	1		2	4
5 - 10 years	2		2		4
Over 10 years	3	1	2	1	7
Total	6	2	4	3	15

This question asked respondents to list their agency’s top three gaps in funding regarding Ryan White Part A services.

Many respondents did not list any gaps in their funding regarding the Ryan White Part A services, and only two respondents filled out all three gaps, one with 1 – 10 Employees, and one with Over 31 Employees. The data reflected below are only the respondents who left comments.

Gap 1: 6 responses

Number of employees	Contracts or budgets?	Gap 1
1 – 10 Employees	Responsible for contracts only	<i>Medical Case Management for 40 new HIV + patients</i>
	Responsible for both contracts and budgets	<i>Indirect amount allowed</i>
	Not responsible for either	<i>Budget for QI projects</i>
	Responsible for both contracts and budgets	<i>Medical Transportation</i>
11 – 20 Employees	Responsible for both contracts and budgets	<i>Need more EFA</i>
Over 31 Employees	Responsible for both contracts and budgets	<i>Consistent funding</i>

Gap 2: 3 responses

Number of employees	Contracts or budgets?	Gap 2
1 – 10 Employees	Responsible for contracts only	<i>Not enough EFA funds</i>
	Responsible for both contracts and budgets	<i>Funding for fiscal/administrative staff in salary line</i>
Over 31 Employees	Responsible for both contracts and budgets	<i>Agreed upon funding is changed mid-stream despite no change in the grant allotment</i> ★

Gap 3: 2 responses

Number of employees	Contracts or budgets?	Gap 3
1 – 10 Employees	Responsible for contracts only	<i>Transportation</i>
Over 31 Employees	Responsible for both contracts and budgets	<i>monies are found at the last minute when they could have been used throughout the year</i> ★

Additional comment: *Level of funding is not adequate to fully fund program*

★ These are the same respondents

How would you rate the communication between your agency and the Ryan White Services Team?

Number of Employees	Excellent	Good	Average	Fair	Poor	Total
1 - 10 Employees	5**		3			8
11 - 20 Employees	1	2*		2**		5
Over 31 Employees				1		1
I am not sure	1					1
Total	7	2	3	3		15

All respondents who left comments are responsible for both contracts and budgets.

1 – 10 Employees:

- *Excellent: *BPHC Fiscal Team responds very well to our questions, concerns, etc.*
- *Excellent: *Communication between us and RWSD is great, especially now that they are fully staffed.*

11 – 20 Employees:

- *Good: *Current grant manager seems to be pretty good.*
- *Fair: *Disconnect between BPHC program and fiscal staff.*

Over 31 Employees:

- *Fair: *Very hard to reach*

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

73.3% of respondents are satisfied overall with BPHC's administration of Part A funds.

Number of Employees	No	Yes	Total
1 - 10 Employees		8**	8
11 - 20 Employees	3***	2	5
Over 31 Employees	1*		1
I am not sure		1	1
Total	4	11	15

Comments on the overall satisfaction with BPHC's administration of the Part A funds:

Comments:

1 – 10 Employees:

- *Responsible for both contracts and budgets, Yes: *Excellent work!*
- *Responsible for both contracts and budgets, Yes: *I am satisfied with the admin of these funds to our agency.*

11 – 20 Employees:

- *Responsible for budgets only, No: *The delay in getting the new award letters for the most recent RFP was unacceptable*
- *Responsible for both contracts and budgets, No: *I often feel they have no accounting knowledge. I have tried to explain basic accounting to them on more than one occasion and they do not understand.*
- *Responsible for both contracts and budgets, No: *Contract processes are ridiculously slow. Revision process is unnecessarily slow, complicated and inaccurate.*

Over 31 Employees:

- *Responsible for both contracts and budgets, No: *Monies are found at the end of the year, fiscal continually issues budgets with serious errors, fiscal team changes their requirements without notice and that are different from HRSA*

Is there any other feedback you'd like to share about your experience working with BPHC's Ryan White Services Division?

Number of Employees	Contracts or Budgets?	Comments
1 – 10 Employees	Responsible for both contracts and budgets	<i>I appreciate everything you do in support of our clients and organization. Thank You!</i>
	Responsible for both contracts and budgets	<i>Staff showed grace, professionalism, and commitment to the community served during the year, particularly related to all the work that went into the RFP. Shout out to Lopez, Balthazar-Toussaint, and Ritterman.</i>
	Responsible for both contracts and budgets	<i>I feel as though there is less interaction with the programmatic staff compared to previous years.</i>
	Responsible for both contracts and budgets	<i>Things have only improved. Short staffing/staff turnover made it challenging at times, but I would say I felt very supported in FY24 from the RWSD Team.</i>
	Not responsible for either	<i>Enforce the deadlines at your end.</i>
11 – 20 Employees	Responsible for both contracts and budgets	<i>BPHC has the slowest and most onerous budget revision process among all of our grants, from private to public, from local to state to federal. Their process needs a serious overhaul and is currently a hindrance to efficient use of funds.</i>
Over 31 Employees	N/A	No comments
I am not sure	N/A	No comments

AAM Continued:

BPHC Fiscal Data Request

Contracting, Disbursement of Funds, Trainings

Section 1: Contracting

How long did it take to finalize Part A contracts in FY24 once the full award was received?

!! Reminder of the process:

Based on the Initial Award Date (Notice of Award):

- RWS emails subrecipient
- Subrecipient reviews contract, returns to RWS
- RWS sends to Procurement at BPHC
- Procurement returns to RWS
- RWS sends to the subrecipient

Full Award Date	5/23/24
Average	152 days
Standard Deviation	2.83
Min/Max	131 days/173 days
Sample Size	30 contracts

Section 1: Contracting

How long did it take to finalize the most recent round of budget revisions?

Sample Size	22 revisions
Average	36.32 days
Standard Deviation	31.20
Min/Max	0 days/120 days
Median	35.5

Number of Days for Finalization		
Less than 30 days	10	45%
More than 30 days	12	55%

Section 2: Disbursement of Funds

On average, how quickly were invoices paid in FY24?

Sample Size	754 invoices received for payment
Min/Max	2 days/248 days
Median	23 days
Standard Deviation	24.28
Average	27.95 days

Number of Days for Payment		
Less than 30 days	489	65%
More than 30 days	237	31%
20 days exact	27	4%

Section 3: Trainings

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

- Yes. The annual provider meeting was conducted over two days, May 1, 2024, and May 2, 2024. 32 subrecipient agencies and 127 subrecipient staff participated, with 39 being fiscal-specific staff.
- In addition to this required grants management training, Fiscal Coordinators and Contract Managers work with providers as needed for technical assistance for invoice and revision submission according to established guidelines throughout the fiscal year.

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

- Yes. Subrecipient fiscal and appropriate program staff attended the required budget revision-specific session during the annual provider training (May 1, 2024 - May 2, 2024). 127 subrecipient staff from 32 subrecipient agencies participated, with 39 being fiscal-specific staff.
- In addition to this required grant management training, Fiscal Coordinators and Contract Managers work with subrecipients as needed to provide technical assistance for invoice and budget revision submission according to established guidelines throughout the fiscal year.

SPEC's Recommended Corrective Action Plan

- SPEC requests quarterly updates from BPHC on the metrics from the Fiscal Data Request, rather than only at the end of the year:
 - Contract execution (beginning of the year only)
 - Invoice reimbursement
 - Budget revisions
- BPHC staff and SPEC will determine expectations for when any improvements will be made as needed
- Invite Planning Council leadership to sit in on SPEC when BPHC presents these updates

Vote on SPEC's Recommendation

- First and second motion to approve the recommended Corrective Action Plan as determined by SPEC from the FY24 Assessment of Administrative Mechanism results and discussed in today's meeting
- Vote via Zoom poll or show of hands

Announcements, Evaluation & Adjourn



Today's Evaluation!!

- Most Committees are wrapping up this month – finish the year strong with attendance!
 - ARC – May 15, 10 AM – 4 PM, BPHC
 - NAC – May 22, 4 – 6 PM, Nonprofit Center
 - Exec – May 29, 4 – 6 PM, Virtual
 - Consumer – June 5, 2 – 3:30 PM, Nonprofit Center
 - Council – June 5, 4 – 6 PM, Nonprofit Center
 - **LAST COUNCIL & END OF YEAR PARTY – June 26, 4 – 6 PM, BPHC**
- **IT'S RECRUITMENT SEASON!** Help us recruit for the 2025-2027 Planning Council term. We cannot do it alone. Let us know about upcoming events.

[Recruitment info on Basecamp!!!](#)

