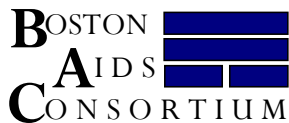


Resources & Allocations Committee Report June 2006

Presented to the
Ryan White Title I Boston
EMA
HIV Health Services
Planning Council

June 22, 2006

Produced by the



142 Berkeley Street Boston, MA 02116

Table of Contents

Introduction	2
2005-2006 R&A Committee Membership and Reflectiveness	2
Resources and Allocations Committee Group Rules	3
Summary of Meetings Related to Priority Setting and Resources and Allocations Processes	3
Review of Data Sources	6
Summary of Decisions and Votes, as of June 8, 2006	8
1. Priority Setting	8
2. Funding Principles of the Boston EMA Planning Council	9
3. Allocation of FY 2005 under-expended (“sweeps”) funds	10
Summary of Decisions and Votes, to Take Place By June 22, 2006	11
1. Allocation of FY 2005 Unexpended Funds	11
2. Allocation Scenarios for FY 2007 Award	12
Methodology Used to Develop FY 2006 Funding Allocation Recommendations	12
Scenario A: Level-Funding	15
Scenario B: \$500,000 Decreased Funding	16
Scenario C: \$1 Million Decreased Funding	17
Scenario D: \$500,000 Increased Funding	18
Scenario E: \$1 Million Increased Funding	19
3. 10 Percent Leeway in Allocating Funds	20
4. Recommendations for 2006-2007 R&A Committee	20
FY 2006 Funding Allocation Scenarios Summary Table	21
Appendix A: Ryan White Care Act Awards (Year 12-16) Boston EMA	23
Appendix B: Service Category Definitions	25

Introduction

The purpose of the R&A Committee is to develop recommendations for the Planning Council on allocating Title I funds among the service categories approved by the Planning Council. This document provides a summary of the Priority Setting and Resource and Allocation processes to date and presents the Resources and Allocations (R&A) Committee's recommendations to be voted on by the Planning Council on (or before) June 22, 2006.

Activities Completed to Date (as of this report)

1. Priority setting process
2. Funding Principles
3. Recommendation for allocation of FY 2006 under-expended ("Sweeps") funds

Activities Remaining

4. Allocation of FY 2005 unexpended dollars; and,
5. Allocation of FY 2007 dollars.

2005-2006 R&A Committee Membership and Reflectiveness

The R&A Committee is composed of fourteen members. Of these, 64% are people living with HIV/AIDS, 57% are people of color (21% Latino/a and/or Hispanic 7% Asian, and 29% Black or African American), and 43% are women. The Chair of the Planning Council appoints both the Committee Chair and membership. In selecting the R&A Committee membership, the Chair of the Council reviewed the Committee's membership slate to ensure its reflectiveness of the demographics of the epidemic within the Boston EMA. The members of the Committee are:

Alfredo Hernandez – Chair
Jim Christopher – Vice Chair
Kevin Cranston
Amit Dixit
Diana Ide
Sandra Newton
Iris Rivera

Donna Rivera
Denise Rondeau
Gary Sandison, Office of the Mayor
Constance Santiago
Richard Stevens
Van S. Thomas, Sr.
Arthur Weeks

Staff representative from the Boston Public Health Commission – Michael Goldrosen; and support staff from the Boston AIDS Consortium – Edward Rewolinski, Kyla Raynor, Charlotte Kang and Andra Hibbert.

Resources and Allocations Committee Group Rules (as adopted)

Each year, at the beginning of the Resources and Allocations process, the Committee establishes group rules to ensure fairness, accountability, and representation by affected communities. On November 17, 2005 the Committee adopted the following rules:

- Conflict of interest for the Resources and Allocations Committee is as written in the Planning Council By-Laws.
- A quorum for voting is defined as 50% + 1 of the Committee members.
- Meetings will start on time.
- People who are not Committee members or staff to the Committee may attend but are not to participate.
- All information regarding activities of the Committee will be released as a report or by minutes and by no other means.
- It is at the discretion of the Chair on how to handle members with more than two absences.
- The composition of the Committee shall be reflective of the demographics of the epidemic within the EMA.

Summary of Meetings

Related to Priority Setting and Resources and Allocations Processes

October 13, 2005 – Planning Council Meeting

The Council heard a presentation on the HIV/AIDS epidemic in the Boston EMA by the Grantee.

November 10, 2005 – Planning Council Meeting

The Planning Council received a presentation by Alison Kirchgasser, Office of Medicaid, on *MassHealth and PLWH/A*. The Planning Committee presented the third Comprehensive Plan for the Planning Council's review.

November 17, 2005 – Resources and Allocations Committee Meeting

The Resources and Allocations Committee began its calendar of work with an organizational meeting. At this first meeting, the Committee reviewed its charge; reviewed what conflict of interest meant for member of the Committee; discussed the Committee's group rules; reviewed the previous session's Final Report along with its recommendations; and, the Committee reviewed the Funding Principles as they had been approved in May of 2005. The

Committee focused on one of the recommendations from the 2004-2005 session having to do with a thorough review of the Funding Principles in light of resource reductions and the prospect of further reductions in award coming to the Boston EMA.

December 8, 2005 – Planning Council Meeting

The Planning Council heard a presentation by Sandi Matava, Suffolk University School of Public Administration on Health Outcomes of PLWH/A in Title I services. The Planning Committee presented the Comprehensive Plan for a second discussion and vote.

January 12, 2006 – Planning Council Meeting

The Planning Council heard presentation about the HIV/AIDS Drug Assistance Program (HDAP) in Massachusetts by Kevin Cranston, AIDS Bureau, MA Dept. Public Health and a presentation on New Hampshire's ADAP program made by Heather Hauck of the STD\HIV Prevention Unit, DHHS.

January 19, 2006 – Resources and Allocations Committee Meeting

The Committee continued its discussion on the 2005-2006 Funding Principles to be used for the 2007 scenario construction. The Committee amended one principle to add the word “innovative” to the sixth Funding Principle in order to highlight that in the current funding environment, the ability to be innovative in planning and delivering services was a characteristic to be fostered.

February 9, 2006 – Planning Council Meeting

The Planning Council heard a report by Laureen Kunches, JSI, on *Evaluating HIV Clinical Care Quality in the Boston EMA*. The Planning Committee presented a review of Service Category Definitions. Kyla Raynor, BAC, gave a presentation on *Needs Assessment of PLWH/A in the Boston EMA*.

March 9, 2006 – Planning Council Meeting

At the March 9th Council meeting, the Grantee presented a report on Ryan White Fiscal Year 2006 award. At this meeting, the *Year 16 Service Plan Implementation* was presented by M. Goldrosen, Client Services Manager.

March 16, 2006 Resources and Allocations Committee Meeting

The R&A Committee received and discussed two recommendations from other committees concerning the Funding Principles. The Policy Committee recommended that R&A consider as a Funding Principle the issue of equal distribution of resources to all parts of the EMA. The recommendation arose with reference to the imbalance of AIDS cases in the NH portion of the EMA to the amount of resources flowing to the three NH counties (~4% of the cases, but ~16%-17% of service dollars). The Planning Committee requested R&A to consider adding a new funding principle with new language to convey that *all support services are intended to bring and keep people in care*. R&A discussed these recommendations and voted to request guidance from the Executive Committee. R&A also reviewed the process of redistributing funds that may become available during the course of FY06 due to under

spending by agencies. The Committee voted to recommend to the Planning Council the recent practice of attempting to reallocate the swept dollars within their category, if other agencies can effectively and efficiently absorb them, or, if not that the funds be applied to the next category of services following FY 2006's priorities.

April 6, 2006 Planning Council Meeting

At the first Planning Council meeting in April, R&A presented the Revised Funding Principles to the Council. The Committee also presented its recommendation on dealing with FY 2006 "sweeps" dollars. Kevin Cranston of MDPH's AIDS Bureau gave a presentation on MA HIV/AIDS services funding. The NH representative, Denise Rondeau also presented a report on NH's HIV/AIDS service funding.

April 27, 2006 Planning Council Meeting

The second Planning Council meeting of April heard a presentation given by Joe Carleo of AIDS Housing Corp. on HOPWA in Massachusetts, New Hampshire and Providence's program in Bristol County, MA. Bonnie Wrisley of NH's Bureau of Substance Abuse gave a presentation on NH's substance abuse treatment programs. Charlotte Kang and Edward Rewolinski, BAC, presented an *Overview of Funding for HIV/AIDS Services in the EMA*.

May 4, 2006 Resources and Allocations Committee Meeting

R&A met in preparation for its annual day-long meeting scheduled for May 17, 2006. To prepare, the Committee reviewed conflict of interest and how it applied to the work of constructing the funding scenarios for FY 2007. Michael Goldrosen presented a summary of his Review of Changes in the EMA Funding Environment. The Committee then reviewed the process and work expectations for the all day meeting.

May 11, 2006 Planning Council Meeting

At the May 11th meeting of the Planning Council, Michael Botticelli of MA Bureau of Substance Abuse gave a presentation on funding and services for PLWH/A in the Massachusetts portion of the EMA.

The Grantee gave a presentation the Boston EMA Ryan White Year 15 Service Utilization Report laying out what services cost by demographic characteristics and services used.

May 17, 2006 Resources and Allocations Committee Meeting

May 17, 2006 was the date of the all day meeting of R&A at which five scenarios for five different levels of FY 2007 funding were constructed, informed by all of the committee work, presentations and reports accomplished during the course of the Planning Council term. The Committee completed its tasks on schedule by constructing five scenarios of service category funding informed by service utilization, needs of the community, funding from other sources and other pertinent information.

Review of Data Sources

The Council and its Committees used the following data sources to support its planning, priority setting and resource allocation decisions.

Epidemiologic Data

- **Boston Title I EMA Profile Presentation (October 2005)**

<http://www.bacboston.org/pdfs/EMAProfileYear15.pdf>

The Epidemiological Profile provided trends/changes in HIV/AIDS Incidence and/or Prevalence. The profile also provided information regarding changes in the demographics of the EMA's HIV/AIDS cases in relation to total population as a measure of disproportionate impact on specific populations. It also provided qualitative data regarding persons living in the EMA who know they have HIV but are not in HIV/AIDS primary medical care.

Service Data

- **Title I Client Services Handbook, FY 2006 (May 2006)**

BPHC AIDS Program

Ryan White Care Act Title I Background; FY 2006 Planning Council Priority and Allocation Table; service category definitions; Title I funded programs by service category; Title I funded provider service descriptions and list.

- **Title I FY 2005 Services Profile (May 2006)**

<http://www.bacboston.org/pdfs/Service-Util-RWY15.pdf>

- **Title I FY 2006 Client Services Program Allocations and Implementation (May 2006)**

<http://www.bacboston.org/pdfs/Year16-Services-Implementation.pdf>

Title I funded programs for FY 2006 by service category; expected numbers of unduplicated clients to be served, number of units of service expected to be provided.

Qualitative and Needs Assessment Data

- **Needs Assessment of People Living with HIV/AIDS in the Boston EMA (February 2006)**

http://www.bacboston.org/pdfs/2-09-06_Needs_Assessmentv3.pdf

Provided information on the HIV/AIDS epidemic in the Boston EMA, HIV+ individuals who are not in care, co-morbidities (such as hepatitis B and C, STDs, mental illness, and substance use/abuse) and socio-demographic factors (such as homelessness, poverty, and insurance status).

- **Voices of Experience: Findings (October 2003)**

http://www.bphc.org/reports/pdfs/report_165.pdf

Provided the results of peer surveys of persons living with HIV/AIDS in the Boston EMA; a study of consumer experiences in accessing and using Ryan White and other HIV/AIDS services.

- **Health Outcomes (December 2005)**

<http://www.bacboston.org/pdfs/PlanningCouncilmatava.pdf>

Suffolk University's report on analysis of consumer survey data on health outcomes measuring both objective standards (CD4 count and viral load) and subjective (self-reports or staff assessments of psychosocial wellbeing).

Funding for HIV Services

- **Funding for HIV/AIDS Care and Services in the Boston EMA (April 2006)**

<http://www.bacboston.org/pdfs/FundingStreams2006PresentationCK+ER.pdf>

Description of all other funding streams for services for PLWH, including Ryan White CARE Act Title II, III, IV and Part F, Special Projects of National Significance (SPNS), Medicaid (MassHealth), the Commonwealth of Massachusetts, and the State of New Hampshire.

Summary of Decisions and Votes as of June 8, 2006

1. Priority Setting

The priority setting process occurred prior to and independently of the allocation of funds to service categories. At the February 9, 2006 Council meeting, members reviewed and heard a presentation about a report developed by the Boston AIDS Consortium and the Planning Committee entitled *Needs of People Living with HIV/AIDS in the Boston EMA*. This report included the following:

- The current epidemiological profile of the Boston EMA,
- The needs of HIV-positive people who are not currently in a system of care,
- Data and information on common co-morbidities that can impact the ability of HIV-positive people to seek or remain in care, and
- Socio-demographic factors that may also impact the service needs of HIV-positive people.

Based on these data sources and others received throughout the year, as well as the experiences/expertise of members, the Council developed its priorities for FY 2007. On March 9, 2006, the Planning Council voted and approved the priorities listed below for FY 2007; they reflect the changing needs of people living with HIV/AIDS in the Boston EMA as identified by the data listed above and the revised service categories.

Priorities for FY 2007

- | | |
|-------------------------|------------------------------|
| 1. Primary Medical Care | 11. Client Advocacy |
| 2. Drug Reimbursement | 12. Complementary Therapies |
| 3. Housing | 13. Day Care |
| 4. Case Management | 14. Respite Care |
| 5. Substance Abuse | 15. Adoption/Foster Care |
| 6. Mental Health | 16. Minority AIDS Initiative |
| 7. Dental | 17. Evaluation |
| 8. Food Services | 18. Planning Council Support |
| 9. Peer Support | 19. Quality Management |
| 10. Transportation | |

2. Funding Principles of the Boston EMA Planning Council

On January 19, 2006, the R&A Committee voted to recommend that the following Funding Principles be submitted to the Planning Council for approval. The Principles were approved by the Council on April 27, 2006.

- Services funded by Title I should provide for equitable access for all persons with HIV/AIDS throughout the EMA;
- Services should meet essential needs of consumers as defined by credible and timely data/needs assessments;
- Services funded by Title I should seek input from and/or participation by consumers as critical in reaching their decisions;
- Programs should be required to demonstrate optimal collaborations;
- Programs should be encouraged to seek out and maximize the use of all funding sources, rather than solely relying on Title I;
- Decisions should be made in such a way as to encourage the development/maintenance of high quality, user-friendly innovative services;
- Applicants must be able to demonstrate relevant, established ties to the affected populations they serve. Such ties may be shown through staffing, language/cultural competency, community involvement, and site of services;
- Applicants must demonstrate a willingness to provide services to all affected populations and an ability to provide appropriate services to the populations they target;
- Program design should be tailored to the needs of the population served; to this end, staffing qualifications should not be needlessly inflated to exclude persons from affected populations, who have the requisite skills, from being employed in service delivery;
- Providers should encourage and support self-advocacy among consumers; and
- To ensure continuity of services, there should be a preference for organizations that provide services within the priority areas and demonstrate linguistic/cultural competency and appropriateness.

3. Allocation of FY 2006 Under-Expended (Sweeps) Funds

During the course of the fiscal year, “sweeps” dollars will become available as a result of two situations:

1. Agencies do not bill the Boston Public Health Commission for reimbursement at the expected rate for services provided, and/or
2. Contracts are terminated due to lack of fiscal or programmatic compliance or closing of agencies.

The Grantee must collect or “sweep” out under-expended service dollars remaining in the service categories so that they may be reapportioned.

The Council votes on how “sweeps” dollars should be reapportioned, even before the amount of the dollars is known. The Council’s action allows the Grantee to reallocate these funds swiftly, as soon as they become available, in accordance with the priorities of the Council.

The R&A Committee recommended to the Planning Council on April 6th that the following procedure be used by the Grantee to allocate FY 2006 under-expended funds:

1. Expend the sweeps dollars first within the category from which they came if the category can absorb them.
2. Feed the dollars through the remaining categories in priority order in accordance with the priorities established by the Planning Council for the current year, FY 2006, as the dollars become available, and based upon need within and among the categories.

The council approved these recommendations at its April 27, 2006 meeting.

Summary of Decisions and Votes, to take place by June 22, 2006

1. Allocation of FY 2005 Unexpended Funds

At the close of Ryan White Fiscal Year 2005 (February 28, 2006), after a final tally \$763,173 remained unexpended. Of this amount \$314,000 represented a recapture of funds from an agency as the result of an audit finding. The recapture almost doubled the usual range of unexpended dollars. Of the unexpended dollars, \$38,971 come from and must remain within the MAI carve out.

The Council's recommendations for allocating FY 2005 unexpended funds must be approved by HRSA. Typically, HRSA approval does not occur until at least September. Once approved, the FY 2005 unexpended dollars can be used for one-time expenditures and must be spent before the beginning of FY 2007 (March 1, 2007).

In determining the recommendations for allocating FY 2005 unexpended dollars, the R&A Committee considered FY 2005 spending patterns and FY 2006 funding allocations. Additionally, preference was given to direct service categories with service-based needs, rather than staff-based needs, and to those categories on unit rate billing or with pooled dollars, as they have the capacity to expend rapidly the additional dollars. The Funding Principle requiring "...equitable access throughout the EMA..." played a significant role in this recommendation.

A critical issue discussed prior to the development of the scenarios was the continuing geographic disproportionate funding for Drug Reimbursement Services. In FY 2005, 80% of the funding within the service category is dedicated to the NH portion of the EMA, which accounts for 4.9% of the EMA's cases. In FY 2006, the imbalance decreased, with the amount dedicated to NH now accounting for 54% of the category total. The disproportionate funding is due to the lack of New Hampshire state funding in support of drug reimbursement services beyond a token \$180,000 per annum only recently added to the state budget. With Title I funding decreasing, the continued contribution of dollars to maintain equitable access to drugs across the EMA will result in continued reductions in other services within the EMA.

Recommendations for the reallocation of carryover FY 2005 dollars are based on Planning Council priorities, the ability of the service category to absorb one-time dollars, and the ability of the categories to use the funds in a narrow timeframe.

Service Category	FY05 Recommended Unexpended
Housing	\$150,000
Drug Reimbursement	\$400,000
Food Services	\$124,202

Service Category	FY05 Recommended Unexpended
Dental	\$50,000
Minority AIDS Initiative	\$38,971
Total FY 05 Unexpended	\$763,173

2. Allocation Scenarios for FY 2007 Award

Since the amount of the FY 2007 award is not known at this time, the R&A Committee traditionally develops allocation scenarios for a range of potential award levels. For the FY 2007 allocation, the Committee developed recommendations for anticipated awards of \$13,339,141 million (level funding based on the amount of the FY 2006 award), \$12.84 million (\$500,000 decrease from FY 2006 award), \$12.34 million (\$1 million decrease from FY 2006 award), \$13.84 million (\$500,000 increase above FY 2006 award), and \$14.34 million (\$1 million increase above FY 2006 award). Given potential funding constraints at the local and federal levels, the Committee agreed to develop several scenarios to provide greater flexibility and guidance for the Grantee to ensure rapid allocation of funds to the EMA. The allocation recommendations for each level are presented on the following pages will be presented as a package to the Planning Council for its first discussion on June 8, 2006 and for discussion and vote on June 22, 2006.

The R&A Committee considered the following in the development of these recommendations:

- Needs of all people living with HIV, including the emerging needs of disproportionately affected communities;
- Availability of other funding sources for each service category;
- Past service category performance;
- System capacity of service categories to absorb funding increases or decreases;
- Changes in Planning Council priorities; and
- Data Sources listed on pages 6 and 7 of this report.

Methodology Used to Develop FY 2007 Funding Allocation Recommendations

The Resources and Allocations Committee used the following methodology to develop recommendations for the FY 2007 Title I award.

FY 2007 Level Funding Scenario ~

The approach taken in setting the base for FY 2007's Level Funding scenario was different from that of the previous year. In determining the FY 2006 base last year, the Committee reviewed each service category and the Planning Committee's report on categories that potential could be zero-funded. The base on which FY 2006's Level Funding scenario was built had been modified as a result of the Committee's deliberations. This year the Executive Committee recommended that R&A use the FY 2006 award as base and as the Level Funding scenario. The recommendation reflected the judgment that FY 2006 represented a level of allocations that permitted the maintenance of the current service delivery system. The R&A Committee adopted this recommendation.

The Minority AIDS Initiative category remained unchanged in all of the funding scenarios, as the funding for this category is determined by HRSA. Quality Management remained at the FY06 funding amount for all of the funding scenarios. The Grantee is authorized to use up to 5% of the total grant award for quality management activities, but has determined that \$250,000 is sufficient at this time. Administration is capped at 5 percent of the total award.

FY 2007 Decreased Funding Scenarios ~

- Both of the Decreased Funding Scenarios presented build upon the Level Funding Scenario.
- Committee members looked at the possibilities of a \$500,000 and a \$1 million reduction of the FY 2007 Title I award and the possible impact on services for HIV-positive individuals and to the system of care in the Boston EMA especially in light of three successive years of reductions in award. Input from the Grantee was an important source of information used by the members in conducting this assessment.
- The Committee developed a scenario for a \$500,000 decrease in the total award for FY 2007. Members proceeded by reviewing each category to determine where decreases could be absorbed in the service system, although all categories would be harmed by any reduction. The Committee identified categories that could be held harmless in reduced funding scenarios. The Committee determined that level funding was necessary for Drug Reimbursement and Case Management would be held harmless from among the direct service categories. Quality Management as a required Title I component would be held harmless from among the non-direct service categories. All other direct service categories would be reduced by their proportion of the direct services total. Each of the affected categories in this scenario lose approximately 6% from its FY 2007 Level Funding amount.
- Considering another \$500,000 reduction in award presented a more profound challenge. After three years of award reduction, the ability of programs to sustain across the board reductions would lead to system destabilization. The Committee reviewed the previous year's discussion about zero-funding categories depending on award reductions. Last year, Client Advocacy was identified as a category where certain sub-categories of service might be defunded without defunding the entire category. After considerable discussion, the Committee determined that the Grantee should be directed to coordinate with agencies providing Peer Support and Case Management to take up the functions currently covered under Client Advocacy and that Client Advocacy would be zero-funded. With the zero-funding of Client Advocacy, \$64,072 remained to be cut from the scenario's total. After reviewing once again all the service categories, the Committee voted to reduce Substance Abuse services by that amount. It was felt that with an overall increase in funding for substance abuse services from state and federal sources, this was the only category that could absorb the cut.

FY 2007 Increased Funding Scenarios ~

- Both of the Increase Funding Scenarios presented build upon the Level Funding Scenario.
- For FY 2007 funding scenarios involving an increase in the Title I award, the Committee reviewed each service category to consider increasing funding or maintaining it at the FY 2007 Level Funding recommendation. The Committee discussed how to allocate the additional funds and decided to only increase funding for Drug Reimbursement and Evaluation under the \$500,000 increased funding scenario. The Committee voted to keep funding at the FY 2007 Level Funding recommendation for all other service categories since at this level the service system remains stable. The increase in funding for Evaluation would permit the planning of a new consumer-based survey study.
- For the \$1,000,000 funding scenario, the Committee reviewed and agreed to a proportional increase across all eligible direct service categories.

The allocation tables for each scenario are provided on the following pages. A table on page 22 summarizes the various allocation scenarios.

Scenario A: Level Funding (\$13,339,141) ~

Recommendation:

- Adopt FY 2006 final award as Level Funding for FY 2007.

Service Category	FY06 Base	% of FY06 Base	FY07 Level Funding
Primary Care	\$308,559	2.3%	\$308,559
Drug Reimbursement	\$1,719,327	12.9%	\$1,719,327
Housing	\$2,000,447	15.0%	\$2,000,447
Case Management	\$2,382,360	17.9%	\$2,382,360
Substance Abuse	\$977,737	7.3%	\$977,737
Mental Health	\$449,199	3.4%	\$449,199
Dental	\$566,355	4.2%	\$566,355
Food Services	\$1,626,735	12.2%	\$1,626,735
Peer Support	\$669,655	5.0%	\$669,655
Transportation	\$419,723	3.1%	\$419,723
Client Advocacy	\$437,764	3.3%	\$437,764
Complementary Therapies	\$0	0.0%	\$0
Day Care	\$0	0.0%	\$0
Respite Care	\$0	0.0%	\$0
Adoption/Foster Care	\$0	0.0%	\$0
Minority AIDS Initiative	\$544,492	4.1%	\$544,492
Evaluation	\$27,560	0.2%	\$27,560
Planning Council Support	\$292,271	2.2%	\$292,271
Quality Management	\$250,000	1.9%	\$250,000
Administration	\$666,957	5.0%	\$666,957
Total	\$13,339,141	100.0%	\$13,339,141

Scenario B: \$500,000 Decreased Funding (\$13,289,141) ~

Recommendations:

- Maintain Drug Reimbursement at the FY 2007 Level Funding scenario to ensure equitable access across the EMA.
- Hold harmless Case Management keeping it at its FY 2007 Level Funding scenario to preserve stability of Case Management services.
- Reduce Direct Service Categories and Planning Council Support by their proportion of total service dollars.

Service Category	FY07 Level	Proportional Cuts	\$500 K Decrease Award	% of FY07 Award after cut
Primary Care	\$308,559	(\$18,915)	\$289,644	2.3%
Drug Reimbursement	\$1,719,327	\$0	\$1,719,327	13.4%
Housing	\$2,000,447	(\$122,633)	\$1,877,814	14.6%
Case Management	\$2,382,360	\$0	\$2,382,360	18.6%
Substance Abuse	\$977,737	(\$59,938)	\$917,799	7.1%
Mental Health	\$449,199	(\$27,537)	\$421,662	3.3%
Dental	\$566,355	(\$34,719)	\$531,636	4.1%
Food Services	\$1,626,735	(\$99,723)	\$1,527,012	11.9%
Peer Support	\$669,655	(\$41,052)	\$628,603	4.9%
Transportation	\$419,723	(\$25,730)	\$393,993	3.1%
Client Advocacy	\$437,764	(\$26,836)	\$410,928	3.2%
Complementary Therapies	\$0	\$0	\$0	0.0%
Day Care	\$0	\$0	\$0	0.0%
Respite Care	\$0	\$0	\$0	0.0%
Adoption/Foster Care	\$0	\$0	\$0	0.0%
Minority AIDS Initiative¹	\$544,492	\$0	\$544,492	4.2%
Evaluation	\$27,560	\$0	\$27,560	0.2%
Planning Council Support	\$292,271	(\$17,917)	\$274,354	2.1%
Quality Management²	\$250,000	\$0	\$250,000	1.9%
Administration³	\$666,957	(\$25,000)	\$641,957	5.0%
Total	\$13,339,141	\$ (500,000)	\$12,839,141	100.0%

¹ Carve out.

² Amount set by Grantee.

³ 5% for total award.

Scenario C: \$1 Million Decreased Funding (\$12,339,141) ~

Recommendations:

- Maintain Drug Reimbursement at the FY 2007 Level Funding scenario to ensure equitable access across the EMA.
- Zero fund Client Advocacy thereby absorbing \$410,928 of the cut.
- Reduce Substance Abuse services to absorb the remainder of the funding cut (\$64,072) based upon the availability of other funding within the EMA to provide the service.
- Maintain Primary Care, Housing, Case Management, Mental Health, Food Services, Dental, Transportation, Peer Support, and Planning Council Support at the FY 2007 \$500,000 decrease scenario to maintain system of care stability for these categories.

Service Category	FY07 \$500,000 Decrease	\$500,000 Reduction	FY07 \$1,000,000 Decrease	% of FY07 Award after cut
Primary Care	\$289,644		\$289,644	2.3%
Drug Reimbursement	\$1,719,327		\$1,719,327	13.9%
Housing	\$1,877,814		\$1,877,814	15.2%
Case Management	\$2,382,360		\$2,382,360	19.3%
Substance Abuse	\$917,799	(\$64,072)	\$853,727	6.9%
Mental Health	\$421,662		\$421,662	3.4%
Dental	\$531,636		\$531,636	4.3%
Food Services	\$1,527,012		\$1,527,012	12.4%
Peer Support	\$628,603		\$628,603	5.1%
Transportation	\$393,993		\$393,993	3.2%
Client Advocacy	\$410,928	(\$410,928)	(\$0)	0.0%
Complementary Therapies	\$0		\$0	0.0%
Day Care	\$0		\$0	0.0%
Respite Care	\$0		\$0	0.0%
Adoption/Foster Care	\$0		\$0	0.0%
Minority AIDS Initiative¹	\$544,492		\$544,492	4.4%
Evaluation	\$27,560		\$27,560	0.2%
Planning Council Support	\$274,354		\$274,354	2.2%
Quality Management²	\$250,000		\$250,000	2.0%
Administration³	\$641,957	(\$25,000)	\$616,957	5.0%
Total	\$12,839,141	(\$500,000)	\$12,339,141	100.0%

¹ Carve out.

² Amount set by Grantee.

³ 5% for total award.

Scenario D: \$500,000 Increased Funding (\$13,839,141) ~

Recommendations:

- Increase Drug Reimbursement by \$400,000 based upon historic spending patterns in this category.
- Increase Evaluation by \$75,000 to fund the first phase of a new consumer-based survey.
- Maintain all other Service Categories at the FY 2007 Level funding scenario.

Service Category	FY07 Level	Increase	FY07 \$500K increase	% FY07 Award + \$500,000
Primary Care	\$308,559	\$0	\$308,559	2.2%
Drug Reimbursement	\$1,719,327	\$400,000	\$2,119,327	15.3%
Housing	\$2,000,447	\$0	\$2,000,447	14.5%
Case Management	\$2,382,360	\$0	\$2,382,360	17.2%
Substance Abuse	\$977,737	\$0	\$977,737	7.1%
Mental Health	\$449,199	\$0	\$449,199	3.2%
Dental	\$566,355	\$0	\$566,355	4.1%
Food Services	\$1,626,735	\$0	\$1,626,735	11.8%
Peer Support	\$669,655	\$0	\$669,655	4.8%
Transportation	\$419,723	\$0	\$419,723	3.0%
Client Advocacy	\$437,764	\$0	\$437,764	3.2%
Complementary Therapies	\$0	\$0	\$0	0.0%
Day Care	\$0	\$0	\$0	0.0%
Respite Care	\$0	\$0	\$0	0.0%
Adoption/Foster Care	\$0	\$0	\$0	0.0%
Minority AIDS Initiative¹	\$544,492	\$0	\$544,492	3.9%
Evaluation	\$27,560	\$75,000	\$102,560	0.7%
Planning Council Support	\$292,271	\$0	\$292,271	2.1%
Quality Management²	\$250,000	\$0	\$250,000	1.8%
Administration³	\$666,957	\$25,000	\$691,957	5.0%
Total	\$13,339,141	\$500,000	\$13,839,141	100.0%

¹ Carve out.

² Amount set by Grantee.

³ 5% for total award.

Scenario E: \$1 Million Increased Funding (\$14,339,141) ~

Recommendations:

- Increase all Direct Service categories by allocating the \$500,000 increase proportionally* to each service category.

** The proportional increase is based upon each service category's proportional contribution to the sum of the FY06 \$500,000 increase funding allocations for the categories involved in the proportional increase.*

Service Category	FY07 \$500K increase	Increase \$	FY07 \$1 Mil increase	% FY07+ \$1 mil
Primary Care	\$308,559	\$12,153	\$320,712	2.2%
Drug Reimbursement	\$2,119,327	\$83,470	\$2,202,797	15.4%
Housing	\$2,000,447	\$78,788	\$2,079,235	14.5%
Case Management	\$2,382,360	\$93,829	\$2,476,189	17.3%
Substance Abuse	\$977,737	\$38,508	\$1,016,245	7.1%
Mental Health	\$449,199	\$17,692	\$466,891	3.3%
Dental	\$566,355	\$22,306	\$588,661	4.1%
Food Services	\$1,626,735	\$64,069	\$1,690,804	11.8%
Peer Support	\$669,655	\$26,374	\$696,029	4.9%
Transportation	\$419,723	\$16,531	\$436,254	3.0%
Client Advocacy	\$437,764	\$17,241	\$455,005	3.2%
Complementary Therapies	\$0	\$0	\$0	0.0%
Day Care	\$0	\$0	\$0	0.0%
Respite Care	\$0	\$0	\$0	0.0%
Adoption/Foster Care	\$0	\$0	\$0	0.0%
Minority AIDS Initiative¹	\$544,492	\$0	\$544,492	3.8%
Evaluation	\$102,560	\$4,039	\$106,599	0.7%
Planning Council Support	\$292,271	\$0	\$292,271	2.0%
Quality Management²	\$250,000	\$0	\$250,000	1.7%
Administration³	\$691,957	\$25,000	\$716,957	5.0%
Total	\$13,839,141	\$500,000	\$14,339,141	100.0%

¹ Carve out.

² Amount set by Grantee.

³ 5% for total award.

3. 10 Percent Leeway in Allocating Funds.

The R&A Committee also discussed and approved a recommendation that allows the Grantee a ten percent leeway above or below the funding allocation levels for each service category established in the Funding Scenario recommendations. This leeway maintains the intent of the recommendations while providing greater flexibility to the Grantee to rapidly allocate funds to the Boston EMA efficiently and effectively. The 10 percent leeway applies to the FY 2007 Funding Scenarios.

4. Recommendations for the 2006-2007 Session Resources and Allocations Committee.

The Committee recommends that next year's R&A work closely with the Grantee in maintaining the strengths of the EMA's current system of care after the passage of the Ryan White HIV/AIDS Treatment Modernization Act of 2006.

Summary of FY 2007 Allocation Scenarios

Service Category	FY06 Base	\$1,000,000 decrease	\$500,000 decrease	Level Funding	\$500,000 Increase	\$1,000,000 Increase
Primary Care	\$308,559	\$289,644	\$289,644	\$308,559	\$308,559	\$320,712
Drug Reimbursement	\$1,719,327	\$1,719,327	\$1,719,327	\$1,719,327	\$2,119,327	\$2,202,797
Housing	\$2,000,447	\$1,877,814	\$1,877,814	\$2,000,447	\$2,000,447	\$2,079,235
Case Management	\$2,382,360	\$2,382,360	\$2,382,360	\$2,382,360	\$2,382,360	\$2,476,189
Substance Abuse	\$977,737	\$853,727	\$917,799	\$977,737	\$977,737	\$1,016,245
Mental Health	\$449,199	\$421,662	\$421,662	\$449,199	\$449,199	\$466,891
Dental	\$566,355	\$531,636	\$531,636	\$566,355	\$566,355	\$588,661
Food Services	\$1,626,735	\$1,527,012	\$1,527,012	\$1,626,735	\$1,626,735	\$1,690,804
Peer Support	\$669,655	\$628,603	\$628,603	\$669,655	\$669,655	\$696,029
Transportation	\$419,723	\$393,993	\$393,993	\$419,723	\$419,723	\$436,254
Client Advocacy	\$437,764	(\$0)	\$410,928	\$437,764	\$437,764	\$455,005
Complementary Therapies	\$0	\$0	\$0	\$0	\$0	\$0
Day Care	\$0	\$0	\$0	\$0	\$0	\$0
Respite Care	\$0	\$0	\$0	\$0	\$0	\$0
Adoption/Foster Care	\$0	\$0	\$0	\$0	\$0	\$0
Minority AIDS Initiative¹	\$544,492	\$544,492	\$544,492	\$544,492	\$544,492	\$544,492
Evaluation	\$27,560	\$27,560	\$27,560	\$27,560	\$102,560	\$106,599
Planning Council Support	\$292,271	\$274,354	\$274,354	\$292,271	\$292,271	\$292,271
Quality Management²	\$250,000	\$250,000	\$250,000	\$250,000	\$250,000	\$250,000
Administration³	\$666,957	\$616,957	\$641,957	\$666,957	\$691,957	\$716,957
Total	\$13,339,141	\$12,339,141	\$12,839,141	\$13,339,141	\$13,839,141	\$14,339,141

Appendix A

Ryan White Care Act Awards Years 12-16 for the Boston EMA

Service Category By 2007 Priority Ranking	FY02 YR12 Award 2002-2003	FY03 YR13 Award 2003-2004	FY04 YR14 Award 2004-2005	FY05 YR15 Award 2005-2006	FY06 YR16 Award 2006-2007	Total RYAN WHITE Funding Per Category 1991-2007
Primary Medical Care	\$363,438	\$405,589	\$385,559	\$333,559	\$308,559	\$6,471,578
Drug Reimbursement	\$1,053,387	\$1,158,387	\$1,511,828	\$1,610,754	\$1,719,327	\$12,740,418
Housing	\$1,741,451	\$1,778,662	\$2,054,000	\$2,000,447	\$2,000,447	\$24,117,141
Case Management	\$2,436,613	\$2,464,677	\$2,412,881	\$2,234,146	\$2,382,360	\$21,985,334
Substance Abuse	\$1,057,552	\$1,080,150	\$1,130,160	\$1,086,374	\$977,737	\$10,924,889
Mental Health	\$510,664	\$510,664	\$488,406	\$452,706	\$449,199	\$6,577,605
Dental	\$489,840	\$582,002	\$556,619	\$566,355	\$566,355	\$6,914,891
Food Services	\$1,630,378	\$1,722,808	\$1,670,283	\$1,626,735	\$1,626,735	\$17,340,998
Peer Support	\$739,908	\$755,718	\$722,463	\$669,655	\$669,655	\$7,911,655
Transportation	\$483,294	\$473,294	\$442,372	\$430,838	\$419,723	\$4,325,112
Client Advocacy	\$1,019,981	\$923,424	\$541,892	\$527,764	\$437,764	\$7,292,108
Complementary Therapies	\$383,761	\$391,961	\$374,903	\$60,855	\$0	\$3,210,303
Day Care	\$261,344	\$290,319	\$277,712	\$32,464	\$0	\$2,668,395
Respite Care	\$398,949	\$404,659	\$193,060	\$29,398	\$0	\$4,080,088
Adoption/Foster Care	\$213,341	\$217,899	\$0	\$0	\$0	\$1,839,866
Minority AIDS Initiative	\$842,299	\$787,681	\$783,761	\$710,521	\$544,492	\$4,958,297
Evaluation	\$146,952	\$100,389	\$0	\$43,825	\$27,560	\$1,707,514
Planning Council Support	\$323,294	\$330,202	\$310,363	\$302,271	\$292,271	\$3,683,444
Quality Management	\$250,000	\$250,000	\$250,000	\$250,000	\$250,000	\$1,500,000
Administration	\$759,912	\$769,920	\$742,435	\$682,562	\$666,957	\$8,043,000
OB/GYN	\$92,151	\$0	\$0	\$0	\$0	\$1,546,460
Education Risk Reduction	\$0	\$0	\$0	\$0	\$0	\$47,665
Case Finding	\$0	\$0	\$0	\$0	\$0	\$796,845
Total	\$15,198,509	\$15,398,405	\$14,848,697	\$13,651,229	\$13,339,141	\$160,683,606

Appendix B

SERVICE CATEGORY DEFINITIONS

SERVICE CATEGORY DEFINITIONS

Service Category	Definition
Adoption/Foster Care	Services funded under this category include, but are not limited to: temporary (foster) care; permanent (adoption) homes; early planning; permanency planning; and other legal services that assist children under the age of 20 whose parents or guardians are unable to care for them because of HIV related illness or death.
Case Management	Services funded under this category are client centered services that link with primary medical care and health related support services in a manner that ensures timely, coordinated access to appropriate levels of care. Client centered services support a clients ability in maximizing their self-sufficiency and independence. Key activities include: information and referral; assessment of the client’s needs and personal support systems; development of a comprehensive individualized service care plan; coordination of the services required to implement the plan; client monitoring to assess the efficacy of the plan; periodic reevaluation and adoption of the plan.
Client Advocacy	Services funded under this category provide short-term “specialized” assistance to clients throughout the process of accessing and obtaining financial and legal services that include, but which are not limited to: healthcare benefits, immigration, social security and disability benefits.
Complementary Therapies	Services funded under this category include, but are not limited to: acupuncture; chiropractic treatment; and, other holistic modalities. The purpose of this category is to provide services that enhance adherence to care, such as symptom management.
Day Care	Services funded under this category are those designed to provide day care for children with HIV/AIDS, the siblings of children with HIV/AIDS, children of a parent or caregiver with HIV/AIDS and adults with HIV/AIDS.
Dental	Services funded under this category are recruitment of dentists and preventive diagnostic and therapeutic services rendered by dentists, dental hygienists and other dental practitioners
Drug Reimbursement	The service funded under this category is the provision of medically prescribed pharmaceuticals used in the prevention, management and treatment of HIV disease.
Evaluation	Services funded under this category include formal evaluation projects as a comprehensive mechanism for evaluating the impact of Title I funds on HIV/AIDS care in the Boston EMA.
Food Services	The service funded under this category is the provision of calorically and nutritionally appropriate prepared food, which may include, but is not limited to: prepared meals; congregate meals; home-delivered food; food banks; nutritional

	supplements; and, the provision of nutritional counseling under the supervision of a registered dietician.
Housing	Services funded under this category include the provision of short-term and/or emergency rental assistance, the provision of housing support in a group home or scattered-site setting, and emergency housing-related expenses such as utilities. These services also include assessment, search, placement, and advocacy services provided by those who possess an extensive knowledge of local, State, and Federal housing programs and how they can be accessed.
Mental Health	Services funded under this category are psychological and psychiatric treatment, counseling and case consultation services provided by professional therapists (licensed or authorized within the state).
Minority AIDS Initiative	Services funded under this category include Peer Support and Case Management. The purpose of this category is to provide services that are culturally and linguistically appropriate to African Americans, individuals of African descent, Latinos, Native Americans, Asian Americans, Native Hawaiians, Pacific Islanders, and individuals of Asian descent who are living with HIV/AIDS.
Peer Support	Services funded under this category provide assistance to clients where the person(s) providing the service is a person infected with HIV and of the client's self-identified community and provide services to a full spectrum of individuals infected by HIV. Such services include the provision of culturally competent psychosocial support; assistance in obtaining a range of services and entitlement that will meet the needs of the client and are provided by licensed or non-licensed, para-professional individuals.
Primary Care	Services funded under this category provide routine, non-emergency, non-inpatient medical care, case consultation, patient education, and OB/GYN services.
Respite Care	Services funded under this category are residential and/or home-based non-medical assistance programs designed to relieve the primary caregiver(s) responsible for providing day-to-day care. This care encompasses that of adults and/or children as clients with HIV/AIDS or HIV negative parents or caregivers with HIV positive children.
Substance Abuse	Services funded under this category may include: pretreatment program of recovery readiness; harm reduction; mental health counseling to reduce depression, anxiety and other disorders associated with substance abuse; drug-free treatment and counseling; neuro-psychiatric pharmaceuticals; relapse prevention in an outpatient or residential health service setting; and activities targeting persons with HIV disease so that they can be enrolled or retained in care/treatment services.
Transportation	Services funded under this category include, but are not limited to taxi vouchers, and public and private transport services that enable clients and their caregivers to access HIV primary medical care and health related support services.

Not Listed: Planning Council Support
Quality Management

Approved: March 9, 2006