

Resource & Allocations Committee 2009-2010 Year-End Report

June 2010

Drafted for the
Boston Part A EMA
HIV Health Services
Planning Council

Produced by



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*The Resource & Allocations Committee of the Boston EMA HIV Health Services
Planning Council presents its 2009-2010 Year-End Report*

I. Introduction

A. Committee Charge

The Resource & Allocations Committee is one of the Planning Council's standing committees. The Planning Council's bylaws state the charge to the committee at Section 6.4.3:

“The Resources and Allocations Committee shall make recommendations to the Planning Council regarding:

- A) Potential federal, state, local and private resources available to meet unmet service needs and recommend action to the Planning Council as appropriate;
- B) The distribution of funds among priority goals using all available information regarding community service needs, current funding for HIV/AIDS services from all identifiable sources, and trend data.”

B. Committee Membership

The Resource & Allocations Committee has 14 members. The Resource & Allocations membership must demographically reflect the HIV prevalence within the Boston EMA. Within the 2009-2010 Resource & Allocations Committee, 29% are people living with HIV (all non-conflicted), 36% are people of color (21% percent Black, 7% Hispanic, and 7% Asian Pacific Islander), and 50% are women.

Members

Jim Christopher, Chair
Brian Quigley, Vice-Chair
Saliha Abdal-Khabir
Jib Bowers
Michael Goldrosen
Alison Kirchgasser
Wendy LeBlanc
Jose Mandes
Chip Mazhandu
Donna Rivera
Annette Rockwell
Denise Rondeau
Gary Sandison
Fred Verro

PCS Staff

Sharon Asonganyi
Laura Kozek
Apryl Pagliaro
Andrew Shawhan

BPHC Staff

Jessica Kraft, BPHC
Eric Thai, BPHC

C. Committee Meetings

- **Monday, November 16, 2009 – Lower Level B, Boston Public Library**
Reviewed and adopted group rules; Identified conflicts of interest; Reviewed work plan; Discussed the FY09 Carry-Over Waiver.
- **Monday, February 8, 2010 – Lower Level B, Boston Public Library**
Reviewed and made recommendations for the FY11 Funding Principles.
- **Monday, April 12, 2010 – Lower Level B, Boston Public Library**
Developed recommendations for FY10 under-expended dollars; Grantee report on FY10 allocations; Update on service categories; Prepared for all-day meeting.
- **Monday, May 17, 2010 – Library, John Hancock Conference Center**
Developed recommendations for FY11 Funding Scenarios, FY09 actual unexpended funds, FY10 potential unexpended funds, and Grantee leeways.

D. Resources and Allocations Committee Group Rules (as adopted)

Resource & Allocations Committee operates using group rules that it reviews and adopts each year. On November 16, 2009 the Resource & Allocations 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 unjustified absences.
- The composition of the Committee shall be reflective of the demographics of the epidemic within the EMA.

II. Work of the Committee

The Resource & Allocations Committee structures its work around three ‘pots’ of money:

- FY09 Potential and Actual Unexpended Funds (“Carry-over”)
 - FY10 Potential Unexpended Funds (“Carry-over”)
 - FY10 Under-expended Funds (“Sweeps”)
 - FY11 Funding Scenarios (“Requested”)
-

A. Summary of Decisions and Votes Cast, as of June 10, 2010

1. FY09 Potential Unexpended Funds (“Carry-over”)

As part of the changes in the newly reauthorized Ryan White Act, Part A is able to request carryover for *up to* 5% of its formula award (\$9,091,551); 5% of which equals \$454,578.

According to HRSA’s unobligated policy, unexpended formula funds in excess of 5% will result in a corresponding reduction in funds the following fiscal year, and the Grantee will be ineligible for any supplemental funds.

On December 10, 2009, the Resources and Allocations Committee recommended the Planning Council allocate all FY09 potential unexpended funds, \$181,831 (2% of formula funds) to the Drug Reimbursement category.

Also on December 10, 2009, the Planning Council approved the Resources and Allocations Committee’s recommendation. This recommendation and vote was made prior to Ryan White reauthorization, and based off of a 2% carryover maximum. Since the recommendation was only for an anticipated amount, and required an additional Council vote once the final dollar amount was determined, the Grantee adjusted the request to 5% of the formula award.

FY09 Unexpended Funds Recommendation

** In FY10 Priority Order*

Rank	Service Category	FY10 Base	FY09 Unexpended Formula	FY10 Revised
1	Outpatient/Ambulatory Medical Care	\$153,681		\$153,681
2	AIDS Drug Assistance Program	\$1,888,389	\$454,781	\$1,343,170
3	Housing Services	\$1,964,981		\$1,964,981
4	Medical Case Management	\$2,139,300		\$2,139,300
	MAI: Medical Case Management	\$496,644		\$496,644
5	Mental Health	\$283,278		\$283,278
6	Substance Abuse Residential	\$968,279		\$968,279
	Substance Abuse Outpatient	\$80,033		\$80,033
7	Oral Health Care	\$685,684		\$685,684
8	Food Services	\$1,760,789		\$1,760,789
9	Medical Transportation	\$367,237		\$367,237
10	Case Management Non-medical	\$398,856		\$398,856
11	Psychosocial Support	\$700,470		\$700,470
	MAI: Psychosocial Support	\$195,124		\$195,124
12	Complementary Therapies	\$0		\$0
Direct Service Total		\$12,082,745	\$454,781	\$12,537,526
15	Quality Management	\$650,827		\$650,827
Amount Towards 5% Cap		\$650,827	\$0	\$650,827
17	PCS	\$380,000		\$380,000
18	Administration	\$1,034,841		\$1,034,841
Amount Towards 10% Cap		\$1,414,841	\$0	\$1,414,841
Total Planned Allocation		\$14,148,413	\$454,781	\$14,603,194

2. FY11 Funding Principles

On April 8, 2010, the R&A Committee recommended the following Funding Principles to the Planning Council for approval. For clarity purposes, the R&A Committee recommended changing the verbiage in the third listed principle from “*Services* funded by Part A...” to “*Providers* funded by Part A...”.

On May 13, 2010, the Planning Council voted and approved the FY11 Funding Principles.

FY11 Funding Principles

Each Principle has equal importance.

- Services funded by Part A 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;
- Providers funded by Part A 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 Part A;
- 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. FY11 Priority Setting

The priority setting process occurred prior to and independently of the allocation of funds to service categories. At the March 11, 2010 Council meeting, members reviewed a *2010 Needs Assessment* report prepared by the Boston EMA Planning Council Support. This report included the following:

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

Based on this data and other HIV-related reports concerning the Boston EMA presented at the Planning Council throughout the year, as well as the experiences and expertise of members, the Planning Council conducted the Priority Settings exercise, and developed its priorities for FY11.

On April 8, 2010, the Planning Council voted and approved the priorities listed below for FY11, which reflect the changing needs of PLWH in the Boston EMA. The definitions of these service categories are listed in Appendix B.

Rank	FY11 Service Categories
1	ADAP (<i>Drug Reimbursement</i>)
2	Outpatient/Ambulatory Medical Care (<i>Primary Care</i>)
3	Medical Case Management (<i>Case Management</i>)
4	Housing Services (<i>Housing</i>)
5	Mental Health (<i>Mental Health</i>)
6	Case Management Non-medical (<i>Client Advocacy</i>)
7	Oral Health Care (<i>Dental</i>)
8	Food Bank/Home-Delivered Meals (<i>Food Services</i>)
9	Substance Abuse Services – Outpatient (<i>Substance Abuse</i>)
10	Psychosocial Support (<i>Peer Support</i>)
11	Substance Abuse – Residential (<i>Substance Abuse</i>)
12	Early Intervention Services
13	Medical Transportation (<i>Transportation</i>)
14	Medical Nutrition Therapy

4. Allocation of FY10 Under-expended Funds (“Sweeps”)

During the course of the fiscal year, dollars become available for a number of reasons, including agencies not billing the Boston Public Health Commission for reimbursement at the expected rate for services provided. These dollars are classified as “sweeps” dollars.

The Grantee collects the under-expended service dollars remaining in the service categories so that they may be reapportioned throughout the fiscal year.

The Council votes on how under-expended dollars should be reapportioned, even before the actual dollar amount is known. The Council’s action allows the Grantee flexibility in reallocating these funds in order to maximize the expenditure of the award.

On May 13, 2010, the R&A Committee recommended the Planning Council vote to allow the Grantee to allocate FY10 under-expended dollars in the following way:

- That under-expended dollars first be allocated within the category from which they came if that category can absorb them;
- And if the category cannot absorb those dollars, and based upon need within and among categories, feed the dollars through the remaining categories in accordance with the priorities established by the Planning Council for the current year, FY10.

B. Summary of Decisions and Votes, To Take Place By June 24, 2010

1. Final Allocation of FY09 Actual Unexpended Funds

The final and actual unexpended formula dollar amount for FY09 was \$169,233.

On June 10, 2010, the R&A Committee recommended that the Council direct the Grantee to request unexpended dollars (\$169,233) from HRSA and allocate them to the AIDS Drug Assistance Program in FY10.

On June 24, 2010, the Planning Council will vote again on the R&A Committee's recommendation.

FY09 Unexpended Funds Recommendation

** In FY10 Priority Order*

Rank	Service Category	FY10 Base	FY09 Unexpended Formula	FY10 Revised
1	Outpatient/Ambulatory Medical Care	\$153,681		\$153,681
2	AIDS Drug Assistance Program	\$1,888,389	\$169,233	\$2,057,622
3	Housing Services	\$1,964,981		\$1,964,981
4	Medical Case Management	\$2,139,300		\$2,139,300
	MAI: Medical Case Management	\$496,644		\$496,644
5	Mental Health	\$283,278		\$283,278
6	Substance Abuse Residential	\$968,279		\$968,279
	Substance Abuse Outpatient	\$80,033		\$80,033
7	Oral Health Care	\$685,684		\$685,684
8	Food Services	\$1,760,789		\$1,760,789
9	Medical Transportation	\$367,237		\$367,237
10	Case Management Non-medical	\$398,856		\$398,856
11	Psychosocial Support	\$700,470		\$700,470
	MAI: Psychosocial Support	\$195,124		\$195,124
12	Complementary Therapies	\$0		\$0
Direct Service Total		\$12,082,745	\$169,233	\$12,251,978
15	Quality Management	\$650,827		\$650,827
Amount Towards 5% Cap		\$650,827	\$0	\$650,827
17	PCS	\$380,000		\$380,000
18	Administration	\$1,034,841		\$1,034,841
Amount Towards 10% Cap		\$1,414,841	\$0	\$1,414,841
Total Planned Allocation		\$14,148,413	\$169,233	\$14,317,646

2. Allocation of FY10 Potential Unexpended Funds

As part of the changes in the newly reauthorized Ryan White Act, Part A is able to request carryover for *up to* 5% of its formula award (\$9,212,901); 5% of which equals \$460,645. According to HRSA's unobligated policy, unexpended formula funds in excess of 5% will result in a corresponding reduction in funds the following fiscal year and the Grantee will be ineligible for any supplemental funds. Historically, the Boston EMA has had less than 2% of the formula award unexpended at the end of each fiscal year.

On June 10, 2010, the R&A Committee recommended the following to the Planning Council, regarding FY10 potential unexpended fund. The Committee recommended allocating \$336,271 to the AIDS Drug Assistance Program (ADAP) category, and \$124,374 to Oral Health Care. The recommendation was based on impending funding reductions in those categories, the categories ability to absorb additional money, the Council priority ranking, and the fact that these services are billed as unit-rate. Dental services are potentially facing a major cut in the state budget, leaving a gap in care for services for people living with HIV. The Part A Oral Health Care money would alleviate some of the need for these types of services. ADAP is a category that can efficiently and effectively utilize additional one-time funding within a short period of time. In addition, both Oral Health Care and ADAP are considered core medical services which have been historically approved by HRSA, increasing the likelihood of the approval of the FY10 unexpended request.

On June 24, 2010, the Planning Council will vote on the Committee's recommendation.

FY10 Potential Unexpended Funds Recommendation
** In FY11 Priority Order*

Rank	Service Category	FY11 Base	Δ in FY11 Using FY10 Unexpended Formula	FY11 Revised
1	AIDS Drug Assistance Program	\$1,888,389	\$336,271	\$2,224,660
2	Outpatient/Ambulatory Medical Care	\$151,986		\$151,986
3	Medical Case Management	\$2,139,300		\$2,139,300
	MAI: Medical Case Management	\$496,644		\$496,644
4	Housing Services	\$1,943,308		\$1,943,308
5	Mental Health	\$280,153		\$280,153
6	Case Management Non-medical	\$398,856		\$398,856
7	Oral Health Care	\$685,684	\$124,374	\$810,058
8	Food Bank/Home Delivered Meals	\$901,124		\$901,124
9	Substance Abuse Services - Outpatient	\$80,033		\$80,033
10	Psychosocial Support	\$700,470		\$700,470
	MAI: Psychosocial Support	\$195,124		\$195,124
11	Substance Abuse Services - Residential	\$957,599		\$957,599
12	Early Intervention Services	\$0		\$0
13	Medical Transportation	\$367,237		\$367,237
14	Medical Nutrition Therapy	\$840,244		\$840,244
Direct Service Total		\$12,026,151	\$460,645	\$12,486,796
15	<i>Quality Management</i>	\$707,421		\$707,421
16	<i>Evaluation</i>	\$0		\$0
Amount Towards 5% Cap		\$707,421	\$0	\$707,421
17	<i>PCS</i>	\$380,000		\$380,000
18	<i>Administration</i>	\$1,034,841		\$1,034,841
Amount Towards 10% Cap		\$1,414,841	\$0	\$1,414,841
Total Planned Allocation		\$14,148,413	\$460,645	\$14,609,058

3. FY11 Funding Scenarios

The Resources and Allocations Committee recommended the FY11 Funding Scenarios to the Planning Council on June 10, 2010 and votes will be cast on June 24, 2010.

Methodology

The R&A Committee considered the following to develop the Funding Scenarios for FY11:

- The needs of people living with HIV
- Availability of other funding sources in the EMA (*Funding Streams*)
- FY11 Funding Principles
- Past service category performance
- System capacity of a service category to absorb funding increases and decreases
- The Council's service priorities for FY10 and FY11
- Epidemiologic and Qualitative/Needs Assessment Data
- Part A and other service utilization data (FY09)
- The redefinition of service categories for FY11

Rationale for Scenarios

The R&A Committee extensively discussed the current funding environment, including cuts that have already been made to HIV funding budgets at the State level. Both Massachusetts and New Hampshire reported a need for increased funding for the AIDS Drug Assistance Program, due to increased costs and a rising number of clients enrolling in the program. The need for services funded under Oral Health Care is anticipated to increase due to impending reductions to MassHealth's coverage of adult dental services.

Under legislation, 10% of the grant is to be used for administration, including Planning Council Support and Grantee administration. Up to 5% of the grant is to be used for Quality Management. Historically, the Grantee has taken less than allowed. The Grantee plans to invoke the full amount for FY11 in order to pay for a database, which will reduce administrative burdens to providers and the Grantee in the future.

Due to changes in the Ryan White legislation, Minority AIDS Initiative (MAI) funding is now included in the Part A award. In the Boston EMA, MAI dollars are formula based, and allocated towards medical case management and psychosocial support. The level of funding for each of these categories was kept constant across the FY11 funding scenarios. Changes to the category allocation for MAI dollars will be evaluated when MAI contracts are re-procured.

Level Funding

In order to adjust Direct Care to 85% of the total award (a decrease of \$56,594), the R&A Committee recommended to proportionally reduce funding to six service categories for the Level Funding Scenario:

- *Outpatient/Ambulatory Medical Care* – Reducing this service category would have a minimal effect because it consistently under-spends, due to availability of other payers.
- *Housing Services* – Reducing this service category would have a minimal effect because of the availability of other payers.
- *Mental Health* – The reduction in this category was in line with its expenditure history.
- *Food Bank/Home-Delivered Meals* - The reduction in this category was in line with its expenditure history, and the availability of other payers.
- *Substance Abuse Services – Residential* – The Bureau of Substance Abuse Services has high levels of funding available for residential treatment.
- *Medical Nutrition Therapy* – The reduction in this category was based on the expenditure history of “Food Bank/Home-Delivered Meals”, and the availability of other payers.

The impact of these reductions are expected to be minimal.

Furthermore, the Committee recommended maintaining funding for the remaining categories at the FY10 base levels. This decision was made after an evaluation of available payers, and the total impact a decrease in funding would have on these services, and the service system.

Decrease Scenario (\$500k)

In the \$500,000 Reduction scenario, the R&A Committee recommends to hold harmless three categories in the case of future funding reductions:

- *AIDS Drug Assistance Program* – There is an increased need for this service category due to state funding cuts and an increased demand for this service.
- *Medical Case Management* – The burden on Case Management programs increases in tight funding situations.
- *Oral Health Care* – Part A dental services need to be preserved in light of impending Medicaid adult dental service cuts.

The remaining categories were proportionally reduced by \$425,000. The remaining \$75,000 was formula driven and reduced the allocation to Planning Council Support, Grantee Administration, and Quality Management.

Decrease Scenario (\$1M)

In the \$1 Million Reduction scenario, the \$500,000 Reduction scenario was reduced by an additional \$500,000. It was recommended to proportionally reduce all direct service categories, holding no category harmless, by \$425,000. Not reducing funding across some categories, would mean larger cuts in others, which could be detrimental to the service system.

Increase Scenario (\$500k)

In the \$500,000 Increase scenario, the R&A Committee recommended to distribute half of the increase (\$212,500) proportionally between two categories:

- *AIDS Drug Assistance Program* - There is an increased need for this service category due to state funding cuts in both Massachusetts and New Hampshire, as well as an increased demand for this service.
- *Oral Health Care* - Part A dental services need to be preserved in light of impending Medicaid adult dental service cuts.

The remaining half of the increase (\$212,500) was distributed proportionally among the remaining direct service categories. The remaining \$75,000 was formula driven and increased the allocation to Planning Council Support, Grantee Administration, and Quality Management.

Increase Scenario (\$1M)

In the \$1 Million Increase scenario, the \$500,000 increase scenario was carried forward, and the remaining \$500,000 was distributed proportionally across all service categories (\$425,000), and to administrative costs (\$75,000).

Table 1. FY11 Funding Allocation Scenarios Summary

Rank	Service Category	FY10 Base	FY11 \$1 Mil ↓	FY11 \$500k ↓	FY11 Level Funding	FY11 \$500k ↑	FY11 \$1 Mil ↑
1	AIDS Drug Assistance Program	\$1,888,389	\$1,814,822	\$1,888,389	\$1,888,389	\$2,043,514	\$2,117,369
2	Outpatient/Ambulatory Medical Care	\$153,681	\$136,689	\$142,230	\$151,986	\$155,673	\$161,299
3	Medical Case Management	\$2,139,300	\$2,055,959	\$2,139,300	\$2,139,300	\$2,191,193	\$2,270,386
	MAI: Medical Case Management	\$496,644	\$496,644	\$496,644	\$496,644	\$496,644	\$496,644
4	Housing Services	\$1,964,981	\$1,747,721	\$1,818,568	\$1,943,308	\$1,990,447	\$2,062,384
5	Mental Health	\$283,278	\$251,957	\$262,170	\$280,153	\$286,949	\$297,320
6	Case Management Non-medical	\$398,856	\$358,713	\$373,254	\$398,856	\$408,531	\$423,296
7	Oral Health Care	\$685,684	\$658,972	\$685,684	\$685,684	\$743,059	\$769,914
8	Food Bank/Home Delivered Meals	\$911,174	\$810,429	\$843,281	\$901,124	\$922,983	\$956,340
9	Substance Abuse Services - Outpatient	\$80,033	\$71,978	\$74,896	\$80,033	\$81,974	\$84,937
10	Psychosocial Support	\$700,470	\$629,970	\$655,507	\$700,470	\$717,461	\$743,391
	MAI: Psychosocial Support	\$195,124	\$195,124	\$195,124	\$195,124	\$195,124	\$195,124
11	Substance Abuse Services - Residential	\$968,279	\$861,220	\$896,131	\$957,599	\$980,828	\$1,016,276
12	Early Intervention Services	\$0	\$0	\$0	\$0	\$0	\$0
13	Medical Transportation	\$367,237	\$330,276	\$343,664	\$367,237	\$376,145	\$389,740
14	Medical Nutrition Therapy	\$849,615	\$755,677	\$786,309	\$840,244	\$860,626	\$891,730
Direct Service Total		\$12,082,745	\$11,176,151	\$11,601,151	\$12,026,151	\$12,451,151	\$12,876,151
15	<i>Quality Management</i>	\$650,827	\$657,421	\$682,421	\$707,421	\$732,421	\$757,421
16	<i>Evaluation</i>	\$0	\$0	\$0	\$0	\$0	\$0
Amount Towards 5% Cap		\$650,827	\$657,421	\$682,421	\$707,421	\$732,421	\$757,421
17	<i>PCS</i>	\$380,000	\$353,142	\$366,571	\$380,000	\$393,429	\$406,858
18	<i>Administration</i>	\$1,034,841	\$961,699	\$998,270	\$1,034,841	\$1,071,412	\$1,107,983
Amount Towards 10% Cap		\$1,414,841	\$1,314,841	\$1,364,841	\$1,414,841	\$1,464,841	\$1,514,841
Total Planned Allocation		\$14,148,413	\$13,148,413	\$13,648,413	\$14,148,413	\$14,648,413	\$15,148,413

Table 2. FY11 Level Funding Allocation

Rank	Service Category	FY10 Base	% of Direct Care	\$ Δ FY11 Level / FY10 Base	FY11 Level Funding	% Direct Care	% Δ FY11 Level / FY10 Base
1	AIDS Drug Assistance Program	\$1,888,389	16%	\$0	\$1,888,389	16%	100%
2	Outpatient/Ambulatory Medical Care	\$153,681	1%	(\$1,695)	\$151,986	1%	99%
3	Medical Case Management	\$2,139,300	18%	\$0	\$2,139,300	18%	100%
	MAI: Medical Case Management	\$496,644	4%	\$0	\$496,644	4%	100%
4	Housing Services	\$1,964,981	16%	(\$21,673)	\$1,943,308	16%	99%
5	Mental Health	\$283,278	2%	(\$3,125)	\$280,153	2%	99%
6	Case Management Non-medical	\$398,856	3%	\$0	\$398,856	3%	100%
7	Oral Health Care	\$685,684	6%	\$0	\$685,684	6%	100%
8	Food Bank/Home Delivered Meals	\$911,174	8%	(\$10,050)	\$901,124	7%	99%
9	Substance Abuse Services - Outpatient	\$80,033	1%	\$0	\$80,033	1%	100%
10	Psychosocial Support	\$700,470	6%	\$0	\$700,470	6%	100%
	MAI: Psychosocial Support	\$195,124	2%	\$0	\$195,124	2%	100%
11	Substance Abuse Services - Residential	\$968,279	8%	(\$10,680)	\$957,599	8%	99%
12	Early Intervention Services	\$0	0%	\$0	\$0	0%	0%
13	Medical Transportation	\$367,237	3%	\$0	\$367,237	3%	100%
14	Medical Nutrition Therapy	\$849,615	7%	(\$9,371)	\$840,244	7%	0%
Direct Service Total		\$12,082,745	85%	(\$56,594)	\$12,026,151	85%	100%
15	Quality Management	\$650,827	5%	\$56,594	\$707,421	5%	109%
16	Evaluation	\$0	0%	\$0	\$0	0%	0%
Amount Towards 5% Cap		\$650,827	5%		\$707,421	5%	109%
17	Planning Council Support	\$380,000	3%	\$0	\$380,000	3%	100%
18	Administration	\$1,034,841	7%	\$0	\$1,034,841	7%	100%
Amount Towards 10% Cap		\$1,414,841	10%		\$1,414,841	10%	100%
Total Planned Allocation		\$14,148,413	100%		\$14,148,413	100%	100%

Table 3. FY11 \$500,000 Decreased Funding Allocation

Rank	Service Category	FY11 Level Funding	% of Direct Care	\$ Δ FY11 \$500k ↓ / FY11 Level	FY11 \$500k ↓ Funding	% of Direct Care	% FY11 \$500k ↓ / FY10 Base
1	AIDS Drug Assistance Program	\$1,888,389	16%	\$0	\$1,888,389	16%	100%
2	Outpatient/Ambulatory Medical Care	\$151,986	1%	(\$9,756)	\$142,230	1%	93%
3	Medical Case Management	\$2,139,300	18%	\$0	\$2,139,300	18%	100%
	MAI: Medical Case Management	\$496,644	4%	\$0	\$496,644	4%	100%
4	Housing Services	\$1,943,308	16%	(\$124,740)	\$1,818,568	16%	93%
5	Mental Health	\$280,153	2%	(\$17,983)	\$262,170	2%	93%
6	Case Management Non-medical	\$398,856	3%	(\$25,602)	\$373,254	3%	94%
7	Oral Health Care	\$685,684	6%	\$0	\$685,684	6%	100%
8	Food Bank/Home Delivered Meals	\$901,124	7%	(\$57,843)	\$843,281	7%	93%
9	Substance Abuse Services - Outpatient	\$80,033	1%	(\$5,137)	\$74,896	1%	94%
10	Psychosocial Support	\$700,470	6%	(\$44,963)	\$655,507	6%	94%
	MAI: Psychosocial Support	\$195,124	2%	\$0	\$195,124	2%	100%
11	Substance Abuse Services - Residential	\$957,599	8%	(\$61,468)	\$896,131	8%	93%
12	Early Intervention Services	\$0	0%	\$0	\$0	0%	0%
13	Medical Transportation	\$367,237	3%	(\$23,573)	\$343,664	3%	94%
14	Medical Nutrition Therapy	\$840,244	7%	(\$53,935)	\$786,309	7%	93%
Direct Service Total		\$12,026,151	88%	(\$425,000)	\$11,601,151	85%	96%
15	<i>Quality Management</i>	\$707,421	5%	(\$25,000)	\$682,421	5%	105%
16	<i>Evaluation</i>	\$0	0%	\$0	\$0	0%	0%
Amount Towards 5% Cap		\$707,421	5%	(\$25,000)	\$682,421	5%	105%
17	<i>Planning Council Support</i>	\$380,000	3%	(\$13,429)	\$366,571	3%	96%
18	<i>Administration</i>	\$1,034,841	7%	(\$36,571)	\$998,270	7%	96%
Amount Towards 10% Cap		\$1,414,841	10%	(\$50,000)	\$1,364,841	10%	96%
Total Planned Allocation		\$14,148,413	103%	(\$500,000)	\$13,648,413	100%	96%

Table 4. FY11 \$1,000,000 Decreased Funding Allocation

Rank	Service Category	FY11 Level Funding	% of Direct Care	FY11 \$500k ↓ Funding	% of Direct Care	\$ Δ FY11 \$1Mil ↓ / FY11 \$500k ↓	FY11 \$1 Mil ↓ Funding	% of Direct Care	% FY11 \$1 Mil ↓ / FY10 Base
1	AIDS Drug Assistance Program	\$1,888,389	16%	\$1,888,389	16%	(\$73,567)	\$1,814,822	16%	96%
2	Outpatient/Ambulatory Medical Care	\$151,986	1%	\$142,230	1%	(\$5,541)	\$136,689	1%	89%
3	Medical Case Management	\$2,139,300	18%	\$2,139,300	18%	(\$83,341)	\$2,055,959	18%	96%
	MAI: Medical Case Management	\$496,644	4%	\$496,644	4%	\$0	\$496,644	4%	100%
4	Housing Services	\$1,943,308	16%	\$1,818,568	16%	(\$70,846)	\$1,747,721	16%	89%
5	Mental Health	\$280,153	2%	\$262,170	2%	(\$10,213)	\$251,957	2%	89%
6	Case Management Non-medical	\$398,856	3%	\$373,254	3%	(\$14,541)	\$358,713	3%	90%
7	Oral Health Care	\$685,684	6%	\$685,684	6%	(\$26,712)	\$658,972	6%	96%
8	Food Bank/Home Delivered Meals	\$901,124	7%	\$843,281	7%	(\$32,852)	\$810,429	7%	89%
9	Substance Abuse Services - Outpatient	\$80,033	1%	\$74,896	1%	(\$2,918)	\$71,978	1%	90%
10	Psychosocial Support	\$700,470	6%	\$655,507	6%	(\$25,537)	\$629,970	6%	90%
	MAI: Psychosocial Support	\$195,124	2%	\$195,124	2%	\$0	\$195,124	2%	100%
11	Substance Abuse Services - Residential	\$957,599	8%	\$896,131	8%	(\$34,911)	\$861,220	8%	89%
12	Early Intervention Services	\$0	0%	\$0	0%	\$0	\$0	0%	0%
13	Medical Transportation	\$367,237	3%	\$343,664	3%	(\$13,388)	\$330,276	3%	90%
14	Medical Nutrition Therapy	\$840,244	7%	\$786,309	7%	(\$30,632)	\$755,677	7%	0%
Direct Service Total		\$12,026,151	88%	\$11,601,151	85%	(\$425,000)	\$11,176,151	85%	92%
15	<i>Quality Management</i>	\$707,421	5%	\$682,421	5%	(\$25,000)	\$657,421	5%	101%
16	<i>Evaluation*</i>	\$0	0%	\$0	0%	\$0	\$0	0%	0%
Amount Towards 5% Cap		\$707,421	5%	\$682,421	5%	(\$25,000)	\$657,421	5%	101%
17	<i>Planning Council Support</i>	\$380,000	3%	\$366,571	3%	(\$13,429)	\$353,142	3%	93%
18	<i>Administration</i>	\$1,034,841	7%	\$998,270	7%	(\$36,571)	\$961,699	7%	93%
Amount Towards 10% Cap		\$1,414,841	10%	\$1,364,841	10%	(\$50,000)	\$1,314,841	10%	93%
Total Planned Allocation		\$14,148,413	103%	\$13,648,413	100%	(\$500,000)	\$13,148,413	100%	93%

Table 5. FY11 \$500,000 Increased Funding Allocation

Rank	Service Category	FY11 Level Funding	% of Direct Care	\$ Δ FY11 \$500k ↑ / FY11 Level	FY11 \$500k ↑ Funding	% of Direct Funding	% FY11 \$500k ↑ / FY10 Base
1	AIDS Drug Assistance Program	\$1,888,389	16%	\$155,125	\$2,043,514	16%	108%
2	Outpatient/Ambulatory Medical Care	\$151,986	1%	\$3,687	\$155,673	1%	101%
3	Medical Case Management	\$2,139,300	18%	\$51,893	\$2,191,193	18%	102%
	MAI: Medical Case Management	\$496,644	4%	\$0	\$496,644	4%	100%
4	Housing Services	\$1,943,308	16%	\$47,139	\$1,990,447	16%	101%
5	Mental Health	\$280,153	2%	\$6,796	\$286,949	2%	101%
6	Case Management Non-medical	\$398,856	3%	\$9,675	\$408,531	3%	102%
7	Oral Health Care	\$685,684	6%	\$57,375	\$743,059	6%	108%
8	Food Bank/Home Delivered Meals	\$901,124	7%	\$21,859	\$922,983	7%	101%
9	Substance Abuse Services - Outpatient	\$80,033	1%	\$1,941	\$81,974	1%	102%
10	Psychosocial Support	\$700,470	6%	\$16,991	\$717,461	6%	102%
	MAI: Psychosocial Support	\$195,124	2%	\$0	\$195,124	2%	100%
11	Substance Abuse Services - Residential	\$957,599	8%	\$23,229	\$980,828	8%	101%
12	Early Intervention Services	\$0	0%	\$0	\$0	0%	0%
13	Medical Transportation	\$367,237	3%	\$8,908	\$376,145	3%	102%
14	Medical Nutrition Therapy	\$840,244	7%	\$20,382	\$860,626	7%	0%
Direct Service Total		\$12,026,151	85%	\$425,000	\$12,451,151	85%	103%
15	<i>Quality Management</i>	\$707,421	5%	\$25,000	\$732,421	5%	113%
16	<i>Evaluation</i>	\$0	0%	\$0	\$0	0%	0%
Amount Towards 5% Cap		\$707,421	5%	\$25,000	\$732,421	5%	113%
17	<i>PCS</i>	\$380,000	3%	\$13,429	\$393,429	3%	104%
18	<i>Administration</i>	\$1,034,841	7%	\$36,571	\$1,071,412	7%	104%
Amount Towards 10% Cap		\$1,414,841	10%	\$50,000	\$1,464,841	10%	104%
Total Planned Allocation		\$14,148,413	100%	\$500,000	\$14,648,413	100%	104%

Table 6. FY11 \$1,000,000 Increased Funding Allocation

Rank	Service Category	FY11 Level Funding	% of Direct Care	FY11 \$500k ↑ Funding	% of Direct Care	\$ Δ FY11 \$1Mil ↑ / FY11 \$500k ↑	FY11 \$1 Mil ↑ Funding	% of Direct Care	% FY11 \$1 Mil ↑ / FY10 Base
1	AIDS Drug Assistance Program	\$1,888,389	16%	\$2,043,514	16%	\$73,855	\$2,117,369	16%	112%
2	Outpatient/Ambulatory Medical Care	\$151,986	1%	\$155,673	1%	\$5,626	\$161,299	1%	105%
3	Medical Case Management	\$2,139,300	18%	\$2,191,193	18%	\$79,193	\$2,270,386	18%	106%
	MAI: Medical Case Management	\$496,644	4%	\$496,644	4%	\$0	\$496,644	4%	100%
4	Housing Services	\$1,943,308	16%	\$1,990,447	16%	\$71,937	\$2,062,384	16%	105%
5	Mental Health	\$280,153	2%	\$286,949	2%	\$10,371	\$297,320	2%	105%
6	Case Management Non-medical	\$398,856	3%	\$408,531	3%	\$14,765	\$423,296	3%	106%
7	Oral Health Care	\$685,684	6%	\$743,059	6%	\$26,855	\$769,914	6%	112%
8	Food Bank/Home Delivered Meals	\$901,124	7%	\$922,983	7%	\$33,358	\$956,340	7%	105%
9	Substance Abuse Services - Outpatient	\$80,033	1%	\$81,974	1%	\$2,963	\$84,937	1%	106%
10	Psychosocial Support	\$700,470	6%	\$717,461	6%	\$25,930	\$743,391	6%	106%
	MAI: Psychosocial Support	\$195,124	2%	\$195,124	2%	\$0	\$195,124	2%	100%
11	Substance Abuse Services - Residential	\$957,599	8%	\$980,828	8%	\$35,448	\$1,016,276	8%	105%
12	Early Intervention Services	\$0	0%	\$0	0%	\$0	\$0	0%	0%
13	Medical Transportation	\$367,237	3%	\$376,145	3%	\$13,594	\$389,740	3%	106%
14	Medical Nutrition Therapy	\$840,244	7%	\$860,626	7%	\$31,104	\$891,730	7%	105%
Direct Service Total		\$12,026,151	85%	\$12,451,151	85%	\$425,000	\$12,876,151	85%	107%
17	<i>Quality Management</i>	\$707,421	5%	\$732,421	5%	\$25,000	\$757,421	5%	116%
18	<i>Evaluation</i>	\$0	0%	\$0	0%	\$0	\$0	0%	0%
Amount Towards 5% Cap		\$707,421	5%	\$732,421	5%	\$25,000	\$757,421	5%	116%
19	<i>PCS</i>	\$380,000	3%	\$393,429	3%	\$13,429	\$406,858	3%	107%
20	<i>Administration</i>	\$1,034,841	7%	\$1,071,412	7%	\$36,571	\$1,107,983	7%	107%
Amount Towards 10% Cap		\$1,414,841	10%	\$1,464,841	10%	\$50,000	\$1,514,841	10%	107%
Total Planned Allocation		\$14,148,413	100%	\$14,648,413	100%	\$500,000	\$15,148,413	100%	107%

4. 15% Grantee Leeway in Allocating Funds

Historically, the Grantee Leeway has been set between 10-20% to allow the Grantee flexibility in adjusting category allocations up to 10-20% 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 without unnecessary and time-consuming delays in returning to the Planning Council for additional guidance. The leeway also allows the Grantee to adjust for unanticipated changes in the EMA that occur from the time of the recommendation and the time of the award.

During the 2008-2009 term, the Planning Council approved a 15% Grantee Leeway in order for the Grantee to adapt to changes and emerging trends in the EMA, as well as fully allocating the award in a timely manner.

On June 10, 2010, the R&A Committee recommended the Planning Council authorize the Grantee to adjust category funding allocations up to 15% above or below the levels for each service category established in the FY11 Funding Scenario recommendations..

On June 24, 2010, the Planning Council will vote on the R&A Committee recommendation.

5. Grantee Proposal: FY11 System Re-Procurement Leeway

The Grantee proposed to the R&A Committee that if during the procurement process and the designing of an optimal service system, a subcategory is moved from one service category to another, the Grantee would have the authority to move the subcategory's funds with it.

On June 10, 2010, the R&A Committee recommended that the Planning Council authorize the Grantee to, for one time only, re-categorize dollars from one service category to another while continuing to fund the same type of service with said dollars and preserving the intent of the Planning Council.

On June 24, 2010, the Planning Council will vote on the R&A Committee's recommendation.

III. Recommendations for 2010-2011 Resources & Allocations Committee:

1. Utilize the meeting prior to the all-day meeting to discuss the funding environment in the Boston EMA.
2. Provide the Committee with a matrix sheet that includes information on other funding streams and utilization.
3. Review the Year-End Report from the previous year at the start of the term, emphasizing the funding scenario rationale.
4. Direct the Grantee to report back to the Planning Council on any changes made to service categories, as a result of the FY11 System Re-Procurement Leeway.

**Appendix A:
FY11 Service Category
Definitions**

Appendix A

SERVICE CATEGORY DEFINITIONS FOR FY11

Recommendations to the Boston EMA Ryan White Part A HIV Health Services Planning Council, February 2010.

SERVICE CATEGORY <i>(In alphabetical order)</i>	DEFINITION
AIDS Drug Assistance Program (ADAP/HDAP) <i>(Drug Reimbursement)</i>	A State-administered program authorized under Part B of the Ryan White Program that provides FDA-approved medications to low-income individuals with HIV disease who have limited or no coverage from private insurance, Medicaid, or Medicare.
Case Management, Non-Medical <i>(Client Advocacy)</i>	Include advice and assistance in obtaining medical, social, community, legal, financial, and other needed services. Non-medical case management does not involve coordination and follow-up of medical treatments. Boston EMA Addendum: <i>Services offered under this category may include client advocacy, legal services, specialized assistance with benefits, and interpretation or other linguistic services.</i>
Early Intervention Services	Include counseling individuals with respect to HIV/AIDS; testing (including tests to confirm the presence of the disease, to diagnose the extent of immune deficiency, and to provide information on appropriate therapeutic measures); referrals; other clinical and diagnostic services regarding HIV/AIDS; periodic medical evaluations for individuals with HIV/AIDS; and provision of therapeutic measures.
Food Bank/ Home-Delivered Meals <i>(Food Services)</i>	The provision of actual food or meals. It does not include finances to purchase food or meals, but may include vouchers to purchase food. The provision of essential household supplies, such as hygiene items and household cleaning supplies, also should be included in this item. The provision of food and/or nutritional supplements by a non-registered dietician should be included in this item as well.
Housing Services <i>(Housing)</i>	Short-term assistance to support emergency, temporary, or transitional housing to enable an individual or family to gain or maintain medical care. Housing-related referral services include assessment, search, placement, advocacy, and the fees associated with them. Eligible housing can include both housing that does not provide direct medical or supportive services and housing that provides some type of medical or supportive services, such as residential mental health services, foster care, or assisted living residential services.
Medical Case Management <i>(Case Management)</i>	A range of client-centered services that link clients with health care, psychosocial, and other services. The coordination and follow-up of medical treatments are a component of medical case management. These services ensure timely and coordinated access to medically appropriate levels of health and support services and continuity of care through ongoing assessment of the client and other key family members' needs and personal support systems. Medical case management includes the provision of treatment adherence counseling to ensure readiness for, and adherence to, complex HIV/AIDS treatments. Key activities include: (1) initial assessment of service needs; (2) development of a comprehensive, individualized service plan; (3) coordination of services required to implement the plan; (4) client monitoring to assess the efficacy of the plan; and (5) periodic reevaluation and adaptation of the plan as necessary over the life of the client. It includes client-specific advocacy and review of utilization of services. This includes all types of case management, including face-to-face, telephone, and any other forms of communication. Boston EMA Addendum: <i>Services are to be offered in a variety of locations which may include one or more of the following venues: the agency or office setting, home visits, or other community-based settings.</i>

Medical Nutrition Therapy	<p>Is provided by a licensed registered dietitian outside of a primary care visit. The provision of food may be provided pursuant to a physician's recommendation and a nutritional plan developed by a licensed, registered dietitian. Nutritional services and nutritional supplements not provided by a licensed, registered dietitian shall be considered a support service. Food not provided pursuant to a physician's recommendation and a nutritional plan developed by a licensed, registered dietitian also shall be considered a support service.</p>
Medical Transportation Services <i>(Transportation)</i>	<p>Conveyance services provided, directly or through a voucher, to a client to enable him or her to access health care services.</p>
Mental Health <i>(Mental Health)</i>	<p>Psychological and psychiatric treatment and counseling services for individuals with a diagnosed mental illness. They are conducted in a group or individual setting, and provided by a mental health professional licensed or authorized within the State to render such services. Such professionals typically include psychiatrists, psychologists, and licensed clinical social workers.</p>
Oral Health Care <i>(Dental)</i>	<p>Diagnostic, preventive, and therapeutic services provided by a dental health care professional licensed to provide health care in the State or jurisdiction, including general dental practitioners, dental specialists, and dental hygienists, as well as licensed and trained and dental assistants. Boston EMA Addendum: <i>Services funded by this category include education for, outreach to, and recruitment of dental providers.</i></p>
Outpatient/Ambulatory Medical Care <i>(Primary Care)</i>	<p>The provision of professional diagnostic and therapeutic services rendered by a physician, physician's assistant, clinical nurse specialist, nurse practitioner, or other health care professional who is certified in his or her jurisdiction to prescribe antiretroviral (ARV) therapy in an outpatient setting. These settings include clinics, medical offices, and mobile vans where clients generally do not stay overnight. Emergency room services are not considered outpatient settings. Services include diagnostic testing, early intervention and risk assessment, preventive care and screening, practitioner examination, medical history taking, diagnosis and treatment of common physical and mental conditions, prescribing and managing medication therapy, education and counseling on health issues, well-baby care, continuing care and management of chronic conditions, and referral to and provision of specialty care (includes all medical subspecialties). Primary medical care for the treatment of HIV infection includes the provision of care that is consistent with the PHS's guidelines. Such care must include access to ARV and other drug therapies, including prophylaxis and treatment of opportunistic infections and combination ARV therapies.</p>
Psychosocial Support <i>(Peer Support)</i>	<p>Support and counseling activities, child abuse and neglect counseling, HIV support groups, pastoral care, caregiver support, and bereavement counseling. They include nutrition counseling provided by a non-registered dietitian, but exclude the provision of nutritional supplements. Boston EMA Addendum: <i>Services funded under this category include peer support, where the person providing the psychosocial support is a person infected with HIV and of the client's self-identified community.</i></p>
Substance Abuse Services --Outpatient <i>(Substance Abuse -Outpatient)</i>	<p>Medical or other treatment and/or counseling to address substance abuse problems (i.e., alcohol and/or legal and illegal drugs) in an outpatient setting by a physician or under the supervision of a physician, or by other qualified personnel.</p>
Substance Abuse Services --Residential <i>(Substance Abuse-Residential)</i>	<p>Treatment to address substance abuse problems (including alcohol and/or legal and illegal drugs) in a residential health service setting (short-term).</p>

**Appendix B:
FY11 Funding Principles**

Appendix B: FY11 Funding Principles

As approved by the Boston EMA Ryan White Part A HIV Health Services Planning Council, May 13, 2010.

The Planning Council approved the FY11 Funding Principles at the May 13, 2010 meeting. Each Principle has equal importance.

- Services funded by Part A 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;
- Providers funded by Part A 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 Part A;
- 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.