

Boston Part A EMA HIV Health Services

RESOURCES & ALLOCATIONS COMMITTEE
2010-2011 Year-End Report

June 2011



Planning Council Support
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*The Resource & Allocations Committee of the Boston EMA HIV Health Services
Planning Council presents its 2010-2011 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 & Reflectiveness

The Resource & Allocations Committee has 12 members. The Resource & Allocations membership must demographically reflect the HIV prevalence within the Boston EMA. Within the 2010-2011 Resource & Allocations Committee, 25% are people living with HIV (all non-conflicted), 42% are people of color (17% percent Black, 17% Hispanic, and 8% Asian Pacific Islander), and 50% are women.

Members

Jib Bowers, Chair
Fred Verro, Vice-Chair
Timothy Comeaux
Michael Goldrosen
Alison Kirchgasser
Wendy LeBlanc
Jose Mandes
Chip Mazhandu
Annette Rockwell
Denise Rondeau
Elizabeth Sanchez
Gary Sandison
Fred Verro

PCS Staff

Laura Kozek
Cara Mathews
Apryl Pagliaro*

BPHC Staff

Frantzou Balthazar
Vanessa Sasso

Guests

Christopher Cullinan, NHDDHS
Chris Adamski, NHDHHS

C. Committee Meetings

- **Monday, February 14, 2011 – Lower Level B, Boston Public Library**
Reviewed and adopted group rules; Identified conflicts of interest; Reviewed work plan; Reviewed and made recommendations for the FY12 Funding Principles.
 - **Monday, March 21, 2011 – Lower Level B, Boston Public Library**
Developed recommendations for FY11 under-expended dollars; Grantee report on FY11 allocations.
 - **Monday, April 11, 2011 – Lower Level B, Boston Public Library**
Update on service categories; Prepared for all-day meeting.
 - **Monday, May 16, 2011 – Library, John Hancock Conference Center**
Developed recommendations for FY12 Funding Scenarios, FY10 actual unexpended funds, FY11 potential unexpended funds, and Grantee leeway.
-

D. Committee Group Rules (as adopted)

Resource & Allocations Committee operates using group rules that it reviews and adopts each year. On February 14, 2011, 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.
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II. WORK OF THE COMMITTEE

The Resource & Allocations Committee structures its work around three types of money:

- FY10 Potential and Actual Unexpended Funds (“Carry-over”)
 - FY11 Potential Unexpended Funds (“Carry-over”)
 - FY11 Under-expended Funds (“Sweeps”)
 - FY12 Funding Scenarios (“Requested”)
-

A. Summary of Decisions and Votes Cast, as of June 9, 2011

1. FY11 Funding Principles

On March 10, 2011, 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 of several of the principles for clarity purposes. The changes are bolded below.

On April 21, 2011, the Planning Council voted and approved the FY12 Funding Principles.

FY12 Funding Principles

Each Principle has equal importance, and in the context of Ryan White funding, a “provider” is defined as “a non-profit agency or public entity that is funded for one or more HIV service programs”.

- 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;
- **Providers** should be required to demonstrate optimal collaborations;
- **Providers** should be encouraged to seek out and maximize the use of all funding sources, rather than solely relying on Part A;
- **Providers** 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;
- **Providers** must demonstrate a willingness to provide services to all affected populations and an ability to provide appropriate services to the populations they target;
- Providers should encourage and support self-advocacy among consumers;
- Decisions should be made in such a way as to encourage the development/maintenance of high quality, user-friendly, innovative services;
- 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; 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.

2. FY12 Priority Setting

The priority setting process occurred prior to and independently of the allocation of funds to service categories. At the February 10, 2011 Council meeting, members reviewed a *2011 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 Setting exercise on March 10, 2011, and developed its priorities for FY12.

On April 21, 2011, the Planning Council voted and approved the priorities listed below for FY12, which reflect the changing needs of PLWH in the Boston EMA. The definitions of these service categories are listed in Appendix B.

Rank	FY12 Service Categories
1	AIDS Drug Assistance Program (ADAP/HDAP)
2	Medical Case Management
3	Outpatient/Ambulatory Medical Care
4	Housing Services
5	Mental Health
6	Oral Health Care
7	Case Management, Non-medical
8	Early Intervention Services
9	Substance Abuse Services – Outpatient
10	Substance Abuse – Residential
11	Food Bank/Home-Delivered Meals
12	Psychosocial Support
13	Medical Transportation
14	Medical Nutrition Therapy

3. Allocation of FY11 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 April 21, 2011, the R&A Committee recommended the Planning Council vote to allow the Grantee to allocate FY11 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, FY11.

On May 12, 2011, the Planning Council voted and approved the FY11 reallocation (“sweeps”) process.

B. Summary of Decisions and Votes, To Take Place By June 23, 2011

1. Final Allocation of FY10 *Actual* Unexpended Funds

The final and actual unexpended formula dollar amount for FY10 was \$419,093.

On June 9, 2011, the R&A Committee recommended that the Council direct BPHC (the Part A Grantee) to request unexpended dollars (\$419,093) from HRSA and allocate 50% to the AIDS Drug Assistance Program (\$209,547) and 50% to Oral Health Care (\$209,547).

On June 23, 2011, the Planning Council will vote again on the R&A Committee's recommendation.

2. Allocation of FY11 *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 (estimated to be \$8,920,377); 5% of which equals \$446,019. 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 Part A Grantee (BPHC) 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 9, 2011, the R&A Committee recommended that the Council direct BPHC to allocate 50% to the AIDS Drug Assistance Program (\$223,010) and 50% to Oral Health Care (\$223,010).

On June 23, 2011, the Planning Council will vote on the Committee's recommendation.

Table 1. Combined FY10 Actual & FY11 Potential Unexpended Funds Recommendation (In FY12 Priority Order)

Rank	Service Category	FY11 Base	FY10 ACTUAL Unexpended Formula	FY11 Revised	FY11 POTENTIAL Unexpended Formula
1	AIDS Drug Assistance Program (ADAP/HDAP)	\$1,887,771	\$209,547	\$2,110,781	\$223,010
2	Case Management, Medical	\$4,088,769		\$4,088,769	
	MAI: Case Management, Medical	\$683,275		\$683,275	
3	Outpatient/Ambulatory Medical Care	\$135,012		\$135,012	
4	Housing Services	\$743,358		\$743,358	
5	Mental Health	\$262,234		\$262,234	
6	Oral Health Care	\$685,684	\$209,547	\$908,694	\$223,010
7	Case Management, Non-medical	\$0		\$0	
8	Early Intervention Services (EIS)	\$0		\$0	
9	Substance Abuse Services - Outpatient	\$74,304		\$74,304	
10	Substance Abuse Services - Residential	\$896,730		\$896,730	
11	Food Bank/Home-Delivered Meals	\$521,102		\$521,102	
12	Psychosocial Support	\$572,083		\$572,083	
	MAI: Psychosocial Support	\$171,615		\$171,615	
13	Medical Transportation	\$143,671		\$143,671	
14	Medical Nutrition Therapy	\$786,309		\$786,309	
Direct Service Total		\$11,651,917	\$419,093	\$12,097,936	\$446,019
15	<i>Quality Management (QM)</i>	\$682,421		\$682,421	
16	<i>Evaluation</i>	\$0		\$0	
Amount Towards 5% Cap		\$682,421	\$0	\$682,421	\$0
17	<i>Planning Council Support (PCS)</i>	\$366,571		\$366,571	
18	<i>Administration</i>	\$998,270		\$998,270	
Amount Towards 10% Cap		\$1,364,841	\$0	\$1,364,841	\$0
Total Planned Allocation		\$13,699,179	\$419,093	\$14,145,198	\$446,019

3. FY12 Funding Scenarios

The Resources and Allocations Committee recommended the FY12 Funding Scenarios to the Planning Council on June 9, 2011 and votes will be cast on June 23, 2011.

Methodology

The R&A Committee considered the following to develop the Funding Scenarios for FY12:

- The needs of people living with HIV
- Availability of other funding sources in the EMA (*Funding Streams*)
- FY12 Funding Principles
- Past service category performance
- System capacity of a service category to absorb funding increases and decreases
- The Council's service priorities for FY11 and FY12
- Epidemiologic and Qualitative/Needs Assessment Data
- Part A and other service utilization data (FY10)
- The definitions of service categories for FY12

Rationale for Scenarios

The R&A Committee extensively discussed the current funding environment, including potential cuts that could be made to HIV funding in both state and federal budgets. Unfortunately, it is unknown what the actual FY12 state and federal budgets will include. Massachusetts reported that HDAP continues to need support, due to increases in the number of enrollees, increases in drug costs, and a slow recovery from the economic recession. The need for services funded under Oral Health Care increased in the last fiscal year, and is anticipated to increase due to reductions made in State FY11 to MassHealth's coverage of adult dental services.

Under legislation, under 15% of the grant is to be used for administration, including Planning Council Support (PCS) and BPHC (Grantee) administration, and Quality Management (QM).

Due to changes made in the last reauthorization of the Ryan White Act, 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.

Level Funding

In order to adjust the level funding scenario to coincide with the estimated budgeted award amount (based off of the FY11 \$500,000 reduction scenario), the R&A Committee reduced the FY11 base scenario by \$50,766. This decrease was taken proportionally across all services.

Furthermore, the Committee recommended increasing funding for two service categories to their FY10 expenditure amount:

- *AIDS Drug Assistance Program* – There is an increased need for this service category due to state funding cuts and increased demand for this service.
- *Oral Health Care* – Part A dental services need to be preserved in light of MassHealth adult dental service cuts made in State FY11.

To compensate for this increase, the remaining categories were decreased proportionally. The impact of these reductions is expected to be minimal.

Decrease Scenario (\$500k↓)

In the \$500,000 reduction scenario, the R&A Committee recommends to hold harmless two categories in response to current and impending funding reductions:

- *AIDS Drug Assistance Program* – There is an increased need for this service category due to state funding cuts and increased demand for this service.
- *Oral Health Care* – Part A dental services need to be preserved in light of MassHealth adult dental service cuts made in State FY11.

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 and increased demand for this service.
- *Oral Health Care* – Part A dental services need to be preserved in light of MassHealth adult dental service cuts made in State FY11.

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).

Grantee Adjustment

The R&A Committee voted to allow the Grantee to adjust each scenario in accordance with the real award when the award is received.

Table 2. FY12 Funding Allocation Scenarios Summary

Rank	Service Category	FY 2011 Base	FY 2012 \$1 Mil ↓	FY 2012 \$500k ↓	FY 2012 Level Funding	FY 2012 \$500k ↑	FY 2012 \$1 Mil ↑
1	AIDS Drug Assistance Program (ADAP)	\$1,887,771	\$1,834,601	\$1,913,389	\$1,913,389	\$2,068,514	\$2,147,209
2	Case Management, Medical	\$4,088,769	\$3,647,865	\$3,804,525	\$4,015,835	\$4,121,490	\$4,278,288
	MAI: Case Management, Medical	\$683,275	\$683,275	\$683,275	\$683,275	\$683,275	\$683,275
3	Outpatient/Ambulatory Medical Care	\$135,012	\$120,453	\$125,626	\$132,604	\$136,092	\$141,270
4	Housing Services	\$743,358	\$663,200	\$691,681	\$730,098	\$749,307	\$777,814
5	Mental Health	\$262,234	\$233,957	\$244,004	\$257,556	\$264,333	\$274,389
6	Oral Health Care	\$685,684	\$724,860	\$755,989	\$755,989	\$813,364	\$844,308
7	Case Management, Non-medical	\$0	\$0	\$0	\$0	\$0	\$0
8	Early Intervention Services (EIS)	\$0	\$0	\$0	\$0	\$0	\$0
9	Substance Abuse Services - Outpatient	\$74,304	\$66,292	\$69,139	\$72,979	\$74,899	\$77,748
10	Substance Abuse Services - Residential	\$896,730	\$800,033	\$834,391	\$880,734	\$903,906	\$938,295
11	Food Bank/Home-Delivered Meals	\$521,102	\$464,910	\$484,876	\$511,807	\$525,272	\$545,256
12	Psychosocial Support	\$572,083	\$510,394	\$532,313	\$561,878	\$576,661	\$598,600
	MAI: Psychosocial Support	\$171,615	\$171,615	\$171,615	\$171,615	\$171,615	\$171,615
13	Medical Transportation	\$143,671	\$128,179	\$133,683	\$141,108	\$144,821	\$150,330
14	Medical Nutrition Therapy	\$786,309	\$701,519	\$731,646	\$772,283	\$792,602	\$822,755
Direct Service Total		\$11,651,917	\$10,751,151	\$11,176,151	\$11,601,151	\$12,026,151	\$12,451,151
15	<i>Quality Management (QM)</i>	\$682,421	\$632,421	\$657,421	\$682,421	\$707,421	\$732,421
16	<i>Evaluation</i>	\$0	\$0	\$0	\$0	\$0	\$0
Amount Towards 5% Cap		\$682,421	\$632,421	\$657,421	\$682,421	\$707,421	\$732,421
17	<i>Planning Council Support (PCS)</i>	\$366,571	\$339,713	\$353,142	\$366,571	\$380,000	\$393,429
18	<i>Administration</i>	\$998,270	\$925,128	\$961,699	\$998,270	\$1,034,841	\$1,071,412
Amount Towards 10% Cap		\$1,364,841	\$1,264,841	\$1,314,841	\$1,364,841	\$1,414,841	\$1,464,841
Total Planned Allocation		\$13,699,179	\$12,648,413	\$13,148,413	\$13,648,413	\$14,148,413	\$14,648,413

Table 3. FY12 Level Funding Allocation

Rank	Service Category	FY 2011 Base	% of Direct Care	\$ Δ FY 2012 Level / FY 2011 Base	FY 2012 Level Funding	% Direct Care
1	AIDS Drug Assistance Program (ADAP/HDAP)	\$1,887,771	16%	\$25,618	\$1,913,389	16%
2	Case Management, Medical	\$4,088,769	35%	(\$72,934)	\$4,015,835	34%
	MAI: Case Management, Medical	\$683,275	6%		\$683,275	6%
3	Outpatient/Ambulatory Medical Care	\$135,012	1%	(\$2,408)	\$132,604	1%
4	Housing Services	\$743,358	6%	(\$13,260)	\$730,098	6%
5	Mental Health	\$262,234	2%	(\$4,678)	\$257,556	2%
6	Oral Health Care	\$685,684	6%	\$70,305	\$755,989	6%
7	Case Management, Non-medical	\$0	0%	\$0	\$0	0%
8	Early Intervention Services (EIS)	\$0	0%	\$0	\$0	0%
9	Substance Abuse Services - Outpatient	\$74,304	1%	(\$1,325)	\$72,979	1%
10	Substance Abuse Services - Residential	\$896,730	8%	(\$15,996)	\$880,734	8%
11	Food Bank/Home-Delivered Meals	\$521,102	4%	(\$9,295)	\$511,807	4%
12	Psychosocial Support	\$572,083	5%	(\$10,205)	\$561,878	5%
	MAI: Psychosocial Support	\$171,615	1%		\$171,615	1%
13	Medical Transportation	\$143,671	1%	(\$2,563)	\$141,108	1%
14	Medical Nutrition Therapy	\$786,309	7%	(\$14,026)	\$772,283	7%
Direct Service Total		\$11,651,917	100%	(\$50,766)	\$11,601,151	100%
15	<i>Quality Management (QM)</i>	\$682,421	5%		\$682,421	5%
16	<i>Evaluation</i>	\$0	0%			0%
Amount Towards 5% Cap		\$682,421	5%		\$682,421	5%
17	<i>Planning Council Support (PCS)</i>	\$366,571	3%		\$366,571	3%
18	<i>Administration</i>	\$998,270	7%		\$998,270	7%
Amount Towards 10% Cap		\$1,364,841	10%		\$1,364,841	10%
Total Planned Allocation		\$13,699,179	115%		\$13,648,413	100%

Table 4. FY12 \$500,000 Decreased Funding Allocation

Rank	Service Category	FY 2012 Level Funding	% of Direct Care	\$ Δ FY 2012 \$500k ↓ / FY 2012 Level	FY 2012 \$500k ↓ Funding	% of Direct Care	% FY 2012 \$500k ↓ / FY 2011 Base
1	AIDS Drug Assistance Program (ADAP)	\$1,913,389	16%	\$0	\$1,913,389	17%	101%
2	Case Management, Medical	\$4,015,835	35%	(\$211,310)	\$3,804,525	34%	93%
	MAI: Case Management, Medical	\$683,275	6%		\$683,275	6%	100%
3	Outpatient/Ambulatory Medical Care	\$132,604	1%	(\$6,978)	\$125,626	1%	93%
4	Housing Services	\$730,098	6%	(\$38,417)	\$691,681	6%	93%
5	Mental Health	\$257,556	2%	(\$13,552)	\$244,004	2%	93%
6	Oral Health Care	\$755,989	7%	\$0	\$755,989	7%	110%
7	Case Management, Non-medical	\$0	0%	\$0	\$0	0%	0%
8	Early Intervention Services (EIS)	\$0	0%	\$0	\$0	0%	0%
9	Substance Abuse Services - Outpatient	\$72,979	1%	(\$3,840)	\$69,139	1%	93%
10	Substance Abuse Services - Residential	\$880,734	8%	(\$46,344)	\$834,391	7%	93%
11	Food Bank/Home-Delivered Meals	\$511,807	4%	(\$26,931)	\$484,876	4%	93%
12	Psychosocial Support	\$561,878	5%	(\$29,566)	\$532,313	5%	93%
	MAI: Psychosocial Support	\$171,615	1%		\$171,615	2%	100%
13	Medical Transportation	\$141,108	1%	(\$7,425)	\$133,683	1%	93%
14	Medical Nutrition Therapy	\$772,283	7%	(\$40,637)	\$731,646	7%	93%
Direct Service Total		\$11,601,151	100%	(\$425,000)	\$11,176,151	100%	96%
15	Quality Management (QM)	\$682,421	5%	(\$25,000)	\$657,421	5%	96%
16	Evaluation	\$0	0%	\$0	\$0	0%	0%
Amount Towards 5% Cap		\$682,421	5%	(\$25,000)	\$657,421	5%	96%
17	Planning Council Support (PCS)	\$366,571	3%	(\$13,429)	\$353,142	3%	96%
18	Administration	\$998,270	7%	(\$36,571)	\$961,699	7%	96%
Amount Towards 10% Cap		\$1,364,841	10%	(\$50,000)	\$1,314,841	10%	96%
Total Planned Allocation		\$13,648,413	115%	(\$500,000)	\$13,148,413	100%	96%

Table 5. FY12 \$1,000,000 Decreased Funding Allocation

Rank	Service Category	FY 2012 Level Funding	% of Direct Care	FY 2012 \$500k ↓	\$ Δ FY 2012 \$1Mil ↓ / FY 2012 \$500k ↓	FY 2012 \$1 Mil ↓	% of Direct Care	% FY 2012 \$1 Mil ↓ / FY 2011 Base
1	AIDS Drug Assistance Program (ADAP)	\$1,913,389	16%	\$1,913,389	(\$78,788)	\$1,834,601	17%	97%
2	Case Management, Medical	\$4,015,835	35%	\$3,804,525	(\$156,659)	\$3,647,865	34%	89%
	MAI: Case Management, Medical	\$683,275	6%	\$683,275		\$683,275	6%	100%
3	Outpatient/Ambulatory Medical Care	\$132,604	1%	\$125,626	(\$5,173)	\$120,453	1%	89%
4	Housing Services	\$730,098	6%	\$691,681	(\$28,481)	\$663,200	6%	89%
5	Mental Health	\$257,556	2%	\$244,004	(\$10,047)	\$233,957	2%	89%
6	Oral Health Care	\$755,989	7%	\$755,989	(\$31,129)	\$724,860	7%	106%
7	Case Management, Non-medical	\$0	0%	\$0	\$0	\$0	0%	0%
8	Early Intervention Services (EIS)	\$0	0%	\$0	\$0	\$0	0%	0%
9	Substance Abuse Services - Outpatient	\$72,979	1%	\$69,139	(\$2,847)	\$66,292	1%	89%
10	Substance Abuse Services - Residential	\$880,734	8%	\$834,391	(\$34,358)	\$800,033	7%	89%
11	Food Bank/Home-Delivered Meals	\$511,807	4%	\$484,876	(\$19,966)	\$464,910	4%	89%
12	Psychosocial Support	\$561,878	5%	\$532,313	(\$21,919)	\$510,394	5%	89%
	MAI: Psychosocial Support	\$171,615	1%	\$171,615		\$171,615	2%	100%
13	Medical Transportation	\$141,108	1%	\$133,683	(\$5,505)	\$128,179	1%	89%
14	Medical Nutrition Therapy	\$772,283	7%	\$731,646	(\$30,127)	\$701,519	7%	89%
Direct Service Total		\$11,601,151	100%	\$11,176,151	(\$425,000)	\$10,751,151	100%	92%
15	Quality Management (QM)	\$682,421	5%	\$657,421	(\$25,000)	\$632,421	5%	93%
16	Evaluation*	\$0	0%	\$0	\$0	\$0	0%	0%
Amount Towards 5% Cap		\$682,421	5%	\$657,421	(\$25,000)	\$632,421	5%	93%
17	Planning Council Support (PCS)	\$366,571	3%	\$353,142	(\$13,429)	\$339,713	3%	93%
18	Administration	\$998,270	7%	\$961,699	(\$36,571)	\$925,128	7%	93%
Amount Towards 10% Cap		\$1,364,841	10%	\$1,314,841	(\$50,000)	\$1,264,841	10%	93%
Total Planned Allocation		\$13,648,413	115%	\$13,148,413	(\$500,000)	\$12,648,413	115%	92%

Table 6. FY12 \$500,000 Increased Funding Allocation

Rank	Service Category	FY 2012 Level Funding	% of Direct Care	\$ Δ FY 2012 \$500k ↑ / FY 2012 Level	FY 2012 \$500k ↑ Funding	% of Direct Funding	% FY 2012 \$500k ↑ / FY 2011 Base
1	AIDS Drug Assistance Program (ADAP)	\$1,913,389	16%	\$155,125	\$2,068,514	17%	110%
2	Case Management, Medical	\$4,015,835	35%	\$105,655	\$4,121,490	34%	101%
	MAI: Case Management, Medical	\$683,275	6%		\$683,275	6%	100%
3	Outpatient/Ambulatory Medical Care	\$132,604	1%	\$3,489	\$136,092	1%	101%
4	Housing Services	\$730,098	6%	\$19,209	\$749,307	6%	101%
5	Mental Health	\$257,556	2%	\$6,776	\$264,333	2%	101%
6	Oral Health Care	\$755,989	6%	\$57,375	\$813,364	7%	119%
7	Case Management, Non-medical	\$0	0%	\$0	\$0	0%	0%
8	Early Intervention Services (EIS)	\$0	0%	\$0	\$0	0%	0%
9	Substance Abuse Services - Outpatient	\$72,979	1%	\$1,920	\$74,899	1%	101%
10	Substance Abuse Services - Residential	\$880,734	8%	\$23,172	\$903,906	8%	101%
11	Food Bank/Home-Delivered Meals	\$511,807	4%	\$13,465	\$525,272	4%	101%
12	Psychosocial Support	\$561,878	5%	\$14,783	\$576,661	5%	101%
	MAI: Psychosocial Support	\$171,615	1%		\$171,615	1%	100%
13	Medical Transportation	\$141,108	1%	\$3,713	\$144,821	1%	101%
14	Medical Nutrition Therapy	\$772,283	7%	\$20,319	\$792,602	7%	101%
Direct Service Total		\$11,601,151	100%	\$425,000	\$12,026,151	100%	103%
15	<i>Quality Management (QM)</i>	\$682,421	5%	\$25,000	\$707,421	5%	104%
16	<i>Evaluation</i>	\$0	0%	\$0	\$0	0%	0%
Amount Towards 5% Cap		\$682,421	5%	\$25,000	\$707,421	5%	104%
17	<i>Planning Council Support (PCS)</i>	\$366,571	3%	\$13,429	\$380,000	3%	104%
18	<i>Administration</i>	\$998,270	7%	\$36,571	\$1,034,841	7%	104%
Amount Towards 10% Cap		\$1,364,841	10%	\$50,000	\$1,414,841	10%	104%
Total Planned Allocation		\$13,648,413	100%	\$500,000	\$14,148,413	100%	103%

Table 7. FY12 \$1,000,000 Increased Funding Allocation

Rank	Service Category	FY 2012 Level Funding	% of Direct Care	FY 2012 \$500k ↑ Funding	% of Direct Care	\$ Δ FY 2012 \$1Mil ↑ / FY 2012 \$500k ↑	FY 2012 \$1 Mil ↑ Funding	% of Direct Care	% FY 2012 \$1 Mil ↑ / FY 2011 Base
1	AIDS Drug Assistance Program (ADAP)	\$1,913,389	16%	\$2,068,514	17%	\$78,695	\$2,147,209	17%	114%
2	Case Management, Medical	\$4,015,835	35%	\$4,121,490	34%	\$156,798	\$4,278,288	34%	105%
	MAI: Case Management, Medical	\$683,275	6%	\$683,275	6%		\$683,275	5%	100%
3	Outpatient/Ambulatory Medical Care	\$132,604	1%	\$136,092	1%	\$5,178	\$141,270	1%	105%
4	Housing Services	\$730,098	6%	\$749,307	6%	\$28,507	\$777,814	6%	105%
5	Mental Health	\$257,556	2%	\$264,333	2%	\$10,056	\$274,389	2%	105%
6	Oral Health Care	\$755,989	6%	\$813,364	7%	\$30,944	\$844,308	7%	123%
7	Case Management, Non-medical	\$0	0%	\$0	0%	\$0	\$0	0%	0%
8	Early Intervention Services (EIS)	\$0	0%	\$0	0%	\$0	\$0	0%	0%
9	Substance Abuse Services - Outpatient	\$72,979	1%	\$74,899	1%	\$2,849	\$77,748	1%	105%
10	Substance Abuse Services - Residential	\$880,734	8%	\$903,906	8%	\$34,388	\$938,295	8%	105%
11	Food Bank/Home-Delivered Meals	\$511,807	4%	\$525,272	4%	\$19,983	\$545,256	4%	105%
12	Psychosocial Support	\$561,878	5%	\$576,661	5%	\$21,939	\$598,600	5%	105%
	MAI: Psychosocial Support	\$171,615	1%	\$171,615	1%		\$171,615	1%	100%
13	Medical Transportation	\$141,108	1%	\$144,821	1%	\$5,510	\$150,330	1%	105%
14	Medical Nutrition Therapy	\$772,283	7%	\$792,602	7%	\$30,154	\$822,755	7%	105%
	Direct Service Total	\$11,601,151	100%	\$12,026,151	100%	\$425,000	\$12,451,151	100%	107%
17	<i>Quality Management (QM)</i>	\$682,421	5%	\$707,421	5%	\$25,000	\$732,421	5%	107%
18	<i>Evaluation</i>	\$0	0%	\$0	0%	\$0	\$0	0%	0%
	Amount Towards 5% Cap	\$682,421	5%	\$707,421	5%	\$25,000	\$732,421	5%	107%
19	<i>Planning Council Support (PCS)</i>	\$366,571	3%	\$380,000	3%	\$13,429	\$393,429	3%	107%
20	<i>Administration</i>	\$998,270	7%	\$1,034,841	7%	\$36,571	\$1,071,412	7%	107%
	Amount Towards 10% Cap	\$1,364,841	10%	\$1,414,841	10%	\$50,000	\$1,464,841	10%	107%
	Total Planned Allocation	\$13,648,413	100%	\$14,148,413	100%	\$500,000	\$14,648,413	100%	107%

4. Grantee Leeway in Allocating Funds

Historically, the Grantee Leeway has been set between 10-20% to allow BPHC (Boston Part A 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.

On June 9, 2011, the R&A Committee recommended the Planning Council authorize BPHC (Part A Grantee) to adjust category funding allocations up to 15% above or below the levels for each service category established in the FY12 Funding Scenario recommendations.

On June 23, 2011, the Planning Council will vote on the R&A Committee recommendation.

III. RECOMMENDATIONS

1. Recommendations for 2011-2012 Resources & Allocations Committee:

- Provide members with a copy of the spending sheet for the previous fiscal year at the all-day meeting.
- Provide the Committee with a matrix sheet that includes information on other funding streams and utilization.

**APPENDIX A:
FY12 Funding Principles**

Appendix A: FY12 Funding Principles

This document shows the FY12 Funding Principles as approved by the Planning Council on April 21, 2011. *Please note that these principles are not in any particular order.*

- 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;
- **Providers** should be required to demonstrate optimal collaborations;
- **Providers** should be encouraged to seek out and maximize the use of all funding sources, rather than solely relying on Part A;
- **Providers** 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;
- **Providers** must demonstrate a willingness to provide services to all affected populations and an ability to provide appropriate services to the populations they target;
- Providers should encourage and support self-advocacy among consumers;
- Decisions should be made in such a way as to encourage the development/maintenance of high quality, user-friendly, innovative services;
- 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; 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.

*In the context of Ryan White funding, a “provider” is defined as “a non-profit agency or public entity that is funded for one or more HIV service programs”.