

Boston Part A EMA HIV Health Services

**Resource & Allocations Committee
2008-2009 Year-End Report**

June 2009



Planning Council Support
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Table of Contents

I. Introduction	2
A. Committee Charge	2
B. Committee Membership	2
C. Committee Group Rules	3
D. Committee Meetings	3
II. Work of the Committee	3
A. Summary of Decisions and Votes, as of June 11, 2009	4
1. Allocation of FY 2008 Unexpended Funds	4
2. Review of FY 2009 Funding Principles	5
3. Executing FY 2010 Priority Settings Exercise	6
4. Allocation of FY 2009 Under-expended (“Sweeps”) funds	7
B. Summary of Decisions and Votes, to take place by June 25, 2009	8
1. Final Allocation of FY 2008 Unexpended Funds	8
2. Allocation Scenarios for FY 2010 Award	9
- Methodology Used to Develop Scenarios	9
- FY 2010 Funding Allocation Recommendations	9
- FY 2010 Funding Allocation Scenarios Summary Table	11
- Scenario A: Level-Funding	12
- Scenario B: \$500,000 Decreased Funding	13
- Scenario C: \$1 Million Decreased Funding	14
- Scenario D: \$500,000 Increased Funding	15
- Scenario E: \$1 Million Increased Funding	16
- Scenario F: \$1.5 Million Increased Funding	17
3. Fifteen Percent Leeway in Allocating Funds	18
III. Recommendations to the 2009-2010 Resources & Allocations Cte	18
IV. Appendices	20
A. Boston EMA Part A Ryan White Care Act Awards (Year 14-18)	20
B. Service Category Definitions	24

*The Resource & Allocations Committee of the Boston EMA HIV Health Services
Planning Council presents its 2008-2009 Year-End Report*

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."*
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Committee Membership

The Resource & Allocations Committee has nine members. The Resource & Allocations membership must demographically reflect the HIV prevalence within the Boston EMA. Within the 2008-2009 Resource & Allocations Committee, 40% are people living with HIV (10% non-conflicted), 40% are people of color (20% Hispanic and 20% percent Black), and 40% are women.

Members

Donna Rivera (Chair)
Brian Quigley (Vice-Chair)
Kevin Cranston
Alfredo Hernandez
Julialene Johnson
Paul Keating
Denise Rondeau
Gary Sandison
Ana Torres

Support Staff

Laura Kozek, PCS
Sharon Asonganyi, PCS
Apryl Pagliaro, PCS
Andrew Shawhan, PCS
Michael Goldrosen, BPHC
Jessica Kraft, BPHC

Resources and Allocations Committee Group Rules (as adopted)

Resource & Allocations Committee operates using group rules that it reviews and adopts each year. On November 3, 2008 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 2 unjustified absences.
- The composition of the Committee shall be reflective of the demographics of the epidemic within the EMA.

Committee Meetings

- | | | |
|----------------------------|----------------|--------------------------------|
| • Monday, November 3, 2008 | 2:00pm-4:00pm | Boston Public Library |
| • Monday, February 2, 2009 | 2:00pm-4:00pm | Boston Public Library |
| • Monday, March 9, 2009 | 2:00pm-4:00pm | Boston Public Library |
| • Monday, April 6, 2009 | 2:00pm-4:00pm | Boston Public Library |
| • Monday, May 18, 2009 | 10:00am-4:00pm | John Hancock Conference Center |

Work of the Committee

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

- Unexpended Funds “Carry-over” (FY 2008)
 - Under-expended Funds “Sweeps” (FY 2009)
 - Funding Scenarios (FY 2010)
-

Summary of Decisions and Votes Cast, as of June 11, 2009

1. FY 2008 Unexpended Funds (Carry-over)

Due to changes in the Ryan White Treatment Modernization Act legislation Part A is able to request carryover for *only* 2% of its formula award (\$9,242,683); 2% of which equals \$184,854. The FY 2007 Unexpended formula was \$181,831 meanwhile the final unexpended formula dollars for FY 2008 was \$135,535. According to HRSA's unobligated policy, unexpended Formula funds in excess of 2% will result in a corresponding reduction in funds the following fiscal year and the Grantee will be ineligible for any Supplemental funds.

On November 13, 2008, the Resources and Allocations Committee gave a presentation on FY 2008 Unexpended Funds to the Planning Council and recommended allocating all unexpended funds to the Drug Reimbursement funds.

On December 11, 2008, the Planning Council approved the Resources and Allocations Committee's recommendations for the FY2008 unexpended funds to be carried over into FY 2009's Drug Reimbursement funds.

FY 2008 Unexpended Funds Recommendation

** In FY 2009 Priority Order*

Rank	Service Category	FY 2008 Base	Expended FY07 Carryover	Expended FY08 Formula	Unspent Formula
1	Primary Care	\$216,787	\$0	\$151,976	\$0
2	Drug Reimbursement	\$1,402,639	\$181,831	\$798,452	\$135,535
3	Housing	\$2,039,043	\$0	\$1,429,451	\$0
4	Case Management	\$2,281,285	\$0	\$1,599,273	\$0
5	Substance Abuse	\$1,099,338	\$0	\$770,680	\$0
6	Mental Health	\$427,196	\$0	\$299,482	\$0
7	Food Services	\$1,769,927	\$0	\$460,905	\$0
8	Dental	\$657,458	\$0	\$1,240,790	\$0
9	Transportation	\$374,140	\$0	\$262,287	\$0
10	Peer Support	\$735,521	\$0	\$515,630	\$0
11	Client Advocacy	\$445,332	\$0	\$312,196	\$0
12	Complementary Therapies	\$0	\$0	\$0	\$0
13	Day Care	\$0	\$0	\$0	\$0
14	Respite Care	\$0	\$0	\$0	\$0
Direct Service Total		\$11,448,666	\$181,831	\$7,841,122	\$135,535
15	Quality Management	\$250,000	\$0	\$175,260	\$0
16	Evaluation	\$167,160	\$0	\$117,186	\$0
Amount Towards 5% Cap		\$417,160	\$0	\$292,446	\$0
17	PCS	\$378,731	\$0	\$265,506	\$0
18	Administration	\$939,683	\$0	\$658,756	\$0
Amount Towards 10% Cap		\$1,318,414	\$0	\$924,261	\$0
Total Planned Allocation		\$13,184,240	\$181,831	\$9,057,829	\$135,535

2. FY 2009 Funding Principles

On February 12, 2009, the R&A Committee presented at the Planning Council and recommended the following Funding Principles for approval.

On March 12, 2009, the Planning Council voted and approved the FY 2009 Funding Principles.

FY 2009 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;
- Services 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. FY 2010 Priority Setting

The priority setting process occurred prior to and independently of the allocation of funds to service categories. At the March 12, 2009 Council meeting, members reviewed a 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 a Priority Settings exercise, and developed its priorities for FY 2010.

On April 23, 2009, the Planning Council voted and approved the priorities listed below for FY 2010, which reflect the changing needs of PLWH in the Boston EMA. The definitions of these service categories are listed in Appendix B.

Rank	FY 2010 Service Categories
1	Primary Care
2	Drug Reimbursement
3	Housing
4	Case Management
5	Mental Health
6	Substance Abuse
7	Dental
8	Food Services
9	Transportation
10	Client Advocacy
11	Peer Support
12	Complementary Therapies

4. Allocation of FY 2009 Under-expended Funds (Sweeps)

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.

On April 23, 2009, the Resources and Allocations Committee presented to the Planning Council the recommendations for FY 2009 Under-expended Funds.

On May 14, 2009, the Planning Council voted and approved the Resources and Allocations Committee’s recommendations for FY 2009 Under-expended Funds, which state the following:

- 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, then to feed the dollars through the remaining categories in accordance with the priorities established for the current year (FY 2009) and based upon need within the categories.

Summary of Decisions and Votes Cast By June 25, 2009

1. Final Allocation of FY 2008 Unexpended Funds

The final unexpended formula dollars for FY 2008 was \$135,535.

On June 11, 2009, the Resources and Allocations Committee gave a presentation on the final FY 2008 Unexpended Funds to the Planning Council and recommended allocating all unexpended funds (\$135,535) to the Drug Reimbursement funds in FY 2009.

On June 25, 2009, the Planning Council will vote again on the Resources and Allocations Committee's recommendations for the FY2008 unexpended funds (\$135,535) to be carried over into FY 2009's Drug Reimbursement funds.

FY 2008 Unexpended Funds Recommendation

** In FY 2009 Priority Order*

Service Category	FY09 Base	Unexpended FY08 Carryover	FY 2009 Revised
Primary Care	\$176,855	\$0	\$176,855
Drug Reimbursement	\$1,473,495	\$135,535	\$1,609,030
Housing	\$1,930,983	\$0	\$1,930,983
Case Management	\$2,179,611	\$0	\$2,179,611
Substance Abuse	\$1,027,905	\$0	\$1,027,905
Mental Health	\$296,340	\$0	\$296,340
Food Services	\$1,691,043	\$0	\$1,691,043
Dental	\$628,156	\$0	\$628,156
Transportation	\$357,465	\$0	\$357,465
Peer Support	\$702,740	\$0	\$702,740
Client Advocacy	\$382,172	\$0	\$382,172
Complementary Therapies	\$0	\$0	\$0
Direct Service Total	\$10,846,765	\$135,535	\$10,982,300
Quality Management	\$272,713	\$0	\$272,713
Evaluation	\$86,590	\$0	\$86,590
Amount Towards 5% Cap	\$359,303	\$0	\$359,303
Planning Council Support	\$361,084	\$0	\$361,084
Administration	\$884,034	\$0	\$884,034
Amount Towards 10% Cap	\$1,245,118	\$0	\$1,245,118
Total Plan Allocation	\$12,451,186	\$135,535	\$12,586,721

2. FY 2010 Funding Scenarios

One decision remains to be determined at the time of this report's publishing. On June 11, 2009, the FY 2010 Funding Scenario Recommendations were presented to the Planning Council, and votes on the Scenarios will be cast on June 25, 2009.

Methodology

The R&A Committee considered the following to develop the Funding Scenarios for FY2010:

- The needs of people living with HIV
- Availability of other funding sources in the EMA
- FY 2009 Funding Principles
- Past service category performance
- System capacity of a service category to absorb funding increases or decreases
- The Council's service priorities for FY2009 and FY2010
- Epidemiologic and Qualitative/Needs Assessment Data
- Part A and other service utilization data
- Planning Committee report highlighting current needs
- Other Funding Streams in the Boston EMA

Rationale for Scenarios

There was extensive discussion on the current funding environment and significant cuts that had already been made to HIV funding budgets both at the National and State levels. The Boston EMA's Part A Grant Award for FY09 was reduced by approximately \$733,000. Meanwhile, the Massachusetts Senate budget proposed mid-year cuts of approximately \$1.1 million overall as a cut between state fiscal years 2009 and 2010. In New Hampshire, the Division of Public Health Services in NH was cut \$1 million in the AIDS line.

Historically, the Boston EMA has allocated 10% toward administration and 3% to quality management. However, this year the Grantee is planning on increasing quality management to 4% to fund the creation of a database for the new HRSA Client Data Reporting requirement. R&A Committee agreed that if the entire 4% was not needed in quality management, it would be returned back into services. As a result, the FY 2010 Level Funding scenario needed to be decreased by \$138,744.

Level Funding

The R&A Committee therefore decided to hold harmless three service categories for the Level Funding Scenario (Scenario A):

- *Drug Reimbursement*: This service category has consistently expended all funds allocated by the Grantee.
- *Dental*: Based on discussion on potential cut to the Medicaid adult dental program, R&A Committee decided to hold Dental.
- *Case Management*: The R&A Committee members agreed that this is a core service for PLWH and ensures access to other services.

Furthermore, based on past state budgets and in light of the current fiscal environment, the R&A Committee decided to hold Drug Reimbursement harmless in all future reduction scenarios. The rationale was that cutting from drug reimbursement would limit how many people could access treatment, which is a high priority for PLWH.

Decrease Scenarios

The R&A Committee therefore decided to hold harmless only one service category for both Scenarios B and C, (\$500,000 and \$1,000,000 decreased funding, respectively):

- *Drug Reimbursement*: This service category has consistently expended all funds allocated by the Grantee. In addition, there is uncertainty about the state budget and funding levels for HDAP.

Increase Scenarios

Finally, the R&A Committee discussed extensively the increased cost of operating businesses that target PLWH while reviewing the funding streams data. After discussing the increasing demands of the service system, R&A Committee agreed that half of the increase scenario dollars be put into drug reimbursement and the remaining money spread proportionally across the other service categories. Additionally, a new funding scenario was developed (\$1,500,000).

In FY 2008, \$13.4 million was spent by the Grantee. A \$1 million increase places the FY 2010 budget at approximately \$12.4 million, which is less than what was spent in FY 2008.

The R&A Committee therefore decided to allocate funds according to the following for all increase Scenarios D, E, and F, (\$500,000, \$1,000,000, and \$1,500,000 increased funding, respectively):

- *Drug Reimbursement*: Allocated half of increase.
- *Remaining Service Categories*: Proportionally allocated half of increase.

Table 1. FY 2010 Funding Allocation Scenarios Summary

Rank	Service Category	FY 2009 Base	FY 2010 \$1 Mil ↓	FY 2010 \$500k ↓	FY 2010 Level Funding	FY 2010 \$500k ↑	FY 2010 \$1 Mil ↑	FY 2010 \$1.5 Mil ↑
1	Primary Care	\$176,855	\$135,841	\$142,816	\$149,791	\$153,278	\$156,766	\$160,253
2	Drug Reimbursement	\$1,473,495	\$1,473,495	\$1,473,495	\$1,473,495	\$1,688,495	\$1,903,495	\$2,118,495
3	Housing	\$1,930,983	\$1,725,714	\$1,814,322	\$1,902,931	\$1,947,236	\$1,991,540	\$2,035,844
4	Case Management	\$2,179,611	\$1,976,627	\$2,078,119	\$2,179,611	\$2,230,357	\$2,281,103	\$2,331,849
5	Mental Health	\$296,340	\$247,725	\$260,444	\$273,164	\$279,524	\$285,884	\$292,244
6	Substance Abuse	\$1,027,905	\$918,636	\$965,804	\$1,012,972	\$1,036,557	\$1,060,141	\$1,083,725
7	Dental	\$628,156	\$569,657	\$598,906	\$628,156	\$642,781	\$657,406	\$672,031
8	Food Services	\$1,691,043	\$1,511,280	\$1,588,878	\$1,666,477	\$1,705,276	\$1,744,075	\$1,782,875
11	Transportation	\$357,465	\$319,465	\$335,869	\$352,272	\$360,474	\$368,675	\$376,877
9	Client Advocacy	\$382,172	\$341,546	\$359,083	\$376,620	\$385,389	\$394,157	\$402,926
10	Peer Support	\$702,740	\$628,037	\$660,284	\$692,531	\$708,655	\$724,778	\$740,902
12	Complementary Therapies	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Direct Service Total		\$10,846,765	\$9,848,021	\$10,278,021	\$10,708,021	\$11,138,021	\$11,568,021	\$11,998,021
15	<i>Quality Management</i>	\$272,713	\$458,047	\$478,047	\$498,047	\$518,047	\$538,047	\$558,047
16	<i>Evaluation</i>	\$86,590	\$0	\$0	\$0	\$0	\$0	\$0
Amount Towards 5% Cap		\$359,303	\$458,047	\$478,047	\$498,047	\$518,047	\$538,047	\$558,047
17	<i>PCS</i>	\$361,084	\$343,536	\$358,536	\$373,536	\$388,536	\$403,536	\$418,536
18	<i>Administration</i>	\$884,034	\$801,583	\$836,583	\$871,583	\$906,583	\$941,583	\$976,583
Amount Towards 10% Cap		\$1,245,118	\$1,145,119	\$1,195,119	\$1,245,119	\$1,295,119	\$1,345,119	\$1,395,119
Total Planned Allocation		\$12,451,186	\$11,451,187	\$11,951,187	\$12,451,187	\$12,951,187	\$13,451,187	\$13,951,187
FY 2010 Funding Scenarios		\$12,451,187	\$11,451,187	\$11,951,187	\$12,451,187	\$12,951,187	\$13,451,187	\$13,951,187

Table 2. FY 2010 Level Funding Allocation (Scenario A)

Rank	Service Category	FY 2009 Base	% of FY 2009 Base	\$ Δ FY 2010 Level / FY 2009 Base	FY 2010 Level Funding	% of FY 2010 Level Funding	% Δ FY 2010 Level / FY 2009 Base
1	Primary Care	\$176,855	1%	(\$27,064)	\$149,791	1%	85%
2	Drug Reimbursement	\$1,473,495	12%	\$0	\$1,473,495	12%	100%
3	Housing	\$1,930,983	16%	(\$28,052)	\$1,902,931	15%	99%
4	Case Management	\$2,179,611	18%	\$0	\$2,179,611	18%	100%
5	Mental Health	\$296,340	2%	(\$23,176)	\$273,164	2%	92%
6	Substance Abuse	\$1,027,905	8%	(\$14,933)	\$1,012,972	8%	99%
7	Dental	\$628,156	5%	\$0	\$628,156	5%	100%
8	Food Services	\$1,691,043	14%	(\$24,566)	\$1,666,477	13%	99%
9	Transportation	\$357,465	3%	(\$5,193)	\$352,272	3%	99%
10	Client Advocacy	\$382,172	3%	(\$5,552)	\$376,620	3%	99%
11	Peer Support	\$702,740	6%	(\$10,209)	\$692,531	6%	99%
12	Complementary Therapies	\$0	0%	\$0	\$0	0%	0%
Direct Service Total		\$10,846,765	87%	(\$138,744)	\$10,708,021	86%	99%
15	<i>Quality Management</i>	\$272,713	2%	\$225,334	\$498,047	4%	183%
16	<i>Evaluation</i>	\$86,590	1%	(\$86,590)	\$0	0%	0%
Amount Towards 5% Cap		\$359,303	3%	\$138,744	\$498,047	4%	139%
17	<i>Planning Council Support</i>	\$361,084	3%	\$0	\$373,536	3%	103%
18	<i>Administration</i>	\$884,034	7%	\$0	\$871,583	7%	99%
Amount Towards 10% Cap		\$1,245,118	10%	\$0	\$1,245,119	10%	100%
Total Planned Allocation		\$12,451,186	100%	\$0	\$12,451,187	100%	100%
Total FY 2009 Award (Level)		\$12,451,187		Left to Distribute	\$0		

Table 3. FY 2010 \$500,000 Decreased Funding Allocation (Scenario B)

Rank	Service Category	FY 2010 Level Funding	% of FY 2010 Level Funding	\$ Δ FY 2010 \$500k ↓ / FY 2010 Level	FY 2010 \$500k ↓ Funding	% of FY 2010 \$500k ↓	% FY 2010 \$500k ↓ / FY 2009 Base
1	Primary Care	\$149,791	1%	(\$6,975)	\$142,816	1%	81%
2	Drug Reimbursement	\$1,473,495	12%	\$0	\$1,473,495	12%	100%
3	Housing	\$1,902,931	15%	(\$88,609)	\$1,814,322	15%	94%
4	Case Management	\$2,179,611	18%	(\$101,492)	\$2,078,119	17%	95%
5	Mental Health	\$273,164	2%	(\$12,720)	\$260,444	2%	88%
6	Substance Abuse	\$1,012,972	8%	(\$47,168)	\$965,804	8%	94%
7	Dental	\$628,156	5%	(\$29,250)	\$598,906	5%	95%
8	Food Services	\$1,666,477	13%	(\$77,598)	\$1,588,878	13%	94%
9	Transportation	\$352,272	3%	(\$16,403)	\$335,869	3%	94%
10	Client Advocacy	\$376,620	3%	(\$17,537)	\$359,083	3%	94%
11	Peer Support	\$692,531	6%	(\$32,247)	\$660,284	6%	94%
12	Complementary Therapies	\$0	0%	\$0	\$0	0%	0%
Direct Service Total		\$10,708,021	86%	(\$430,000)	\$10,278,021	86%	95%
15	<i>Quality Management</i>	\$498,047	4%	(\$20,000)	\$478,047	4%	175%
16	<i>Evaluation</i>	\$0	0%	\$0	\$0	0%	0%
Amount Towards 5% Cap		\$498,047	4%	(\$20,000)	\$478,047	4%	133%
17	<i>Planning Council Support</i>	\$373,536	3%	(\$15,000)	\$358,536	3%	99%
18	<i>Administration</i>	\$871,583	7%	(\$35,000)	\$836,583	7%	95%
Amount Towards 10% Cap		\$1,245,119	10%	(\$50,000)	\$1,195,119	10%	96%
Total Planned Allocation		\$12,451,187	100%	(\$499,999)	\$11,951,187	100%	96%
Total FY 2009 Award (\$500k ↓)		\$11,951,187		Left to Distribute	(\$0)		

Table 4. FY 2010 \$1,000,000 Decreased Funding Allocation (Scenario C)

Rank	Service Category	FY 2010 Level Funding	% of FY 2010 Level Funding	FY 2010 \$500k ↓ Funding	% of FY 2010 \$500k ↓	\$ Δ FY 2010 \$1Mil ↓ / FY 2010 \$500k ↓	FY 2010 \$1 Mil ↓ Funding	% of FY 2010 \$1 Mil ↓	% FY 2010 \$1 Mil ↓ / FY 2009 Base
1	Primary Care	\$149,791	1%	\$142,816	1%	(\$6,975)	\$135,841	1%	77%
2	Drug Reimbursement	\$1,473,495	12%	\$1,473,495	12%	\$0	\$1,473,495	13%	100%
3	Housing	\$1,902,931	15%	\$1,814,322	15%	(\$88,609)	\$1,725,714	15%	89%
4	Case Management	\$2,179,611	18%	\$2,078,119	17%	(\$101,492)	\$1,976,627	17%	91%
5	Mental Health	\$273,164	2%	\$260,444	2%	(\$12,720)	\$247,725	2%	84%
6	Substance Abuse	\$1,012,972	8%	\$965,804	8%	(\$47,168)	\$918,636	8%	89%
7	Dental	\$628,156	5%	\$598,906	5%	(\$29,250)	\$569,657	5%	91%
8	Food Services	\$1,666,477	13%	\$1,588,878	13%	(\$77,598)	\$1,511,280	13%	89%
9	Transportation	\$352,272	3%	\$335,869	3%	(\$16,403)	\$319,465	3%	89%
10	Client Advocacy	\$376,620	3%	\$359,083	3%	(\$17,537)	\$341,546	3%	89%
11	Peer Support	\$692,531	6%	\$660,284	6%	(\$32,247)	\$628,037	5%	89%
12	Complementary Therapies	\$0	0%	\$0	0%	\$0	\$0	0%	0%
Direct Service Total		\$10,708,021	86%	\$10,278,021	86%	(\$430,000)	\$9,848,021	86%	91%
15	<i>Quality Management</i>	\$498,047	4%	\$478,047	4%	(\$20,000)	\$458,047	4%	168%
16	<i>Evaluation*</i>	\$0	0%	\$0	0%	\$0	\$0	0%	0%
Amount Towards 5% Cap		\$498,047	4%	\$478,047	4%	(\$20,000)	\$458,047	4%	127%
17	<i>Planning Council Support</i>	\$373,536	3%	\$358,536	3%	(\$15,000)	\$343,536	3%	95%
18	<i>Administration</i>	\$871,583	7%	\$836,583	7%	(\$35,000)	\$801,583	7%	91%
Amount Towards 10% Cap		\$1,245,119	10%	\$1,195,119	10%	(\$50,000)	\$1,145,119	10%	92%
Total Planned Allocation		\$12,451,187	100%	\$11,951,187	100%	(\$500,000)	\$11,451,187	100%	92%
Total FY 2009 Award (\$1 Mil ↓)		\$11,451,187				Left to Distribute	(\$0)		

Table 5. FY 2010 \$500,000 Increased Funding Allocation (Scenario D)

Rank	Service Category	FY 2010 Level Funding	% of FY 2010 Level Funding	\$ Δ FY 2010 \$500k ↑ / FY 2010 Level	FY 2010 \$500k ↑ Funding	% of FY 2010 \$500k ↑	% FY 2010 \$500k ↑ / FY 2009 Base
1	Primary Care	\$149,791	1%	\$3,487	\$153,278	1%	87%
2	Drug Reimbursement	\$1,473,495	12%	\$215,000	\$1,688,495	13%	115%
3	Housing	\$1,902,931	15%	\$44,304	\$1,947,236	15%	101%
4	Case Management	\$2,179,611	18%	\$50,746	\$2,230,357	17%	102%
5	Mental Health	\$273,164	2%	\$6,360	\$279,524	2%	94%
6	Substance Abuse	\$1,012,972	8%	\$23,584	\$1,036,557	8%	101%
7	Dental	\$628,156	5%	\$14,625	\$642,781	5%	102%
8	Food Services	\$1,666,477	13%	\$38,799	\$1,705,276	13%	101%
9	Transportation	\$352,272	3%	\$8,202	\$360,474	3%	101%
10	Client Advocacy	\$376,620	3%	\$8,769	\$385,389	3%	101%
11	Peer Support	\$692,531	6%	\$16,124	\$708,655	5%	101%
12	Complementary Therapies	\$0	0%	\$0	\$0	0%	0%
Direct Service Total		\$10,708,021	86%	\$430,000	\$11,138,021	86%	103%
15	<i>Quality Management</i>	\$498,047	4%	\$20,000	\$518,047	4%	190%
16	<i>Evaluation</i>	\$0	0%	\$0	\$0	0%	0%
Amount Towards 5% Cap		\$498,047	4%	\$20,000	\$518,047	4%	144%
17	<i>PCS</i>	\$373,536	3%	\$15,000	\$388,536	3%	108%
18	<i>Administration</i>	\$871,583	7%	\$35,000	\$906,583	7%	103%
Amount Towards 10% Cap		\$1,245,119	10%	\$50,000	\$1,295,119	10%	104%
Total Planned Allocation		\$12,451,187	100%	\$500,001	\$12,951,187	100%	104%
Total FY 2009 Award (\$500k ↑)		\$12,951,187		Left to Distribute	(\$0)		

Table 6. FY 2010 \$1,000,000 Increased Funding Allocation (Scenario E)

Rank	Service Category	FY 2010 Level Funding	% of FY 2010 Level Funding	FY 2010 \$500k Funding ↑	% of FY 2010 \$500k ↑	\$ Δ FY 2010 \$1Mil ↑ / FY 2010 \$500k ↑	FY 2010 \$1 Mil ↑ Funding	% of FY 2010 \$1 Mil ↑	% FY 2010 \$1 Mil ↑ / FY 2009 Base
1	Primary Care	\$149,791	1%	\$153,278	1%	\$3,487	\$156,766	1%	89%
2	Drug Reimbursement	\$1,473,495	12%	\$1,688,495	13%	\$215,000	\$1,903,495	14%	129%
3	Housing	\$1,902,931	15%	\$1,947,236	15%	\$44,304	\$1,991,540	15%	103%
4	Case Management	\$2,179,611	18%	\$2,230,357	17%	\$50,746	\$2,281,103	17%	105%
5	Mental Health	\$273,164	2%	\$279,524	2%	\$6,360	\$285,884	2%	96%
6	Substance Abuse	\$1,012,972	8%	\$1,036,557	8%	\$23,584	\$1,060,141	8%	103%
7	Dental	\$628,156	5%	\$642,781	5%	\$14,625	\$657,406	5%	105%
8	Food Services	\$1,666,477	13%	\$1,705,276	13%	\$38,799	\$1,744,075	13%	103%
9	Transportation	\$352,272	3%	\$360,474	3%	\$8,202	\$368,675	3%	103%
10	Client Advocacy	\$376,620	3%	\$385,389	3%	\$8,769	\$394,157	3%	103%
11	Peer Support	\$692,531	6%	\$708,655	5%	\$16,124	\$724,778	5%	103%
12	Complementary Therapies	\$0	0%	\$0	0%	\$0	\$0	0%	0%
Direct Service Total		\$10,708,021	86%	\$11,138,021	86%	\$430,000	\$11,568,021	86%	107%
17	<i>Quality Management</i>	\$498,047	4%	\$518,047	4%	\$20,000	\$538,047	4%	197%
18	<i>Evaluation</i>	\$0	0%	\$0	0%	\$0	\$0	0%	0%
Amount Towards 5% Cap		\$498,047	4%	\$518,047	4%	\$20,000	\$538,047	4%	150%
19	<i>PCS</i>	\$373,536	3%	\$388,536	3%	\$15,000	\$403,536	3%	112%
20	<i>Administration</i>	\$871,583	7%	\$906,583	7%	\$35,000	\$941,583	7%	107%
Amount Towards 10% Cap		\$1,245,119	10%	\$1,295,119	10%	\$50,000	\$1,345,119	10%	108%
Total Planned Allocation		\$12,451,187	100%	\$12,951,187	100%	\$500,000	\$13,451,187	100%	108%
Total FY 2009 Award (\$1 Mil ↑)		\$13,451,187				Left to Distribute	(\$0)		

Table 7. FY 2010 \$1,500,000 Increased Funding Allocation (Scenario F)

Rank	Service Category	FY 2010 Level Funding	% of FY 2010 Level Funding	FY 2010 \$500k ↑ Funding	% of FY 2010 \$500k ↑	\$ Δ FY 2010 \$1Mil ↑ / FY 2010 \$500k ↑	% of FY 2010 \$1Mil ↑	\$ Δ FY 2010 \$1.5Mil ↑ / FY 2010 \$1Mil ↑	FY 2010 \$1.5 Mil ↑ Funding	% of FY 2010 \$1.5 Mil ↑	% FY 2010 \$1.5 Mil ↑ / FY 2009 Base
1	Primary Care	\$149,791	1%	\$153,278	1%	\$156,766	1%	\$3,487	\$160,253	1%	91%
2	Drug Reimbursement	\$1,473,495	12%	\$1,688,495	13%	\$1,903,495	14%	\$215,000	\$2,118,495	15%	144%
3	Housing	\$1,902,931	15%	\$1,947,236	15%	\$1,991,540	15%	\$44,304	\$2,035,844	15%	105%
4	Case Management	\$2,179,611	18%	\$2,230,357	17%	\$2,281,103	17%	\$50,746	\$2,331,849	17%	107%
5	Mental Health	\$273,164	2%	\$279,524	2%	\$285,884	2%	\$6,360	\$292,244	2%	99%
6	Substance Abuse	\$1,012,972	8%	\$1,036,557	8%	\$1,060,141	8%	\$23,584	\$1,083,725	8%	105%
7	Dental	\$628,156	5%	\$642,781	5%	\$657,406	5%	\$14,625	\$672,031	5%	107%
8	Food Services	\$1,666,477	13%	\$1,705,276	13%	\$1,744,075	13%	\$38,799	\$1,782,875	13%	105%
9	Transportation	\$352,272	3%	\$360,474	3%	\$368,675	3%	\$8,202	\$376,877	3%	105%
10	Client Advocacy	\$376,620	3%	\$385,389	3%	\$394,157	3%	\$8,769	\$402,926	3%	105%
11	Peer Support	\$692,531	6%	\$708,655	5%	\$724,778	5%	\$16,124	\$740,902	5%	105%
12	Complementary Therapies	\$0	0%	\$0	0%	\$0	0%	\$0	\$0	0%	0%
Direct Service Total		\$10,708,021	86%	\$11,138,021	86%	\$11,568,021	86%	\$430,000	\$11,998,021	86%	111%
17	<i>Quality Management</i>	\$498,047	4%	\$518,047	4%	\$538,047	4%	\$20,000	\$558,047	4%	205%
18	<i>Evaluation</i>	\$0	0%	\$0	0%	\$0	0%	\$0	\$0	0%	0%
Amount Towards 5% Cap		\$498,047	4%	\$518,047	4%	\$538,047	4%	\$20,000	\$558,047	4%	155%
19	<i>PCS</i>	\$373,536	3%	\$388,536	3%	\$403,536	3%	\$15,000	\$418,536	3%	116%
20	<i>Administration</i>	\$871,583	7%	\$906,583	7%	\$941,583	7%	\$35,000	\$976,583	7%	110%
Amount Towards 10% Cap		\$1,245,119	10%	\$1,295,119	10%	\$1,345,119	10%	\$50,000	\$1,395,119	10%	112%
Total Planned Allocation		\$12,451,187	100%	\$12,951,187	100%	\$13,451,187	100%	\$500,000	\$13,951,187	100%	112%
Total FY 2009 Award (\$1 Mil ↑)		\$13,951,187							(\$0)		

3. 15% Grantee Leeway in Allocating Funds

The R&A Committee also discussed and approved a recommendation that allows the Grantee a 15% Grantee 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 without unnecessary and time-consuming delays in returning to the Planning Council for additional guidance. The 15% Grantee Leeway applies to the FY 2010 Funding Scenarios.

On June 11 2009, the Resources and Allocations Committee presented to the Planning Council the recommendation for a 15% Grantee Leeway in Allocating Funds.

On June 25, 2009, the Planning Council will vote on the Resources and Allocations Committee's recommendations for a 15% Grantee Leeway in Allocating Funds to the FY 2010 scenarios.

Recommendations for 2009-2010 Resources & Allocations Committee

1. Undertake a thorough review of the funding principles as a principal item of its business in the new term.
2. Undertake a review regarding the issue of equity in the geographical allocation and utilization of funds based upon the current Epidemiologic Profile of the EMA.
3. Maintain the current Service Categories as listed in Appendix B, as zero funding of the category does not reflect the need or value of these services, but rather under-funding of Part A in the EMA.

**Appendix A:
Boston EMA Part A Ryan White Awards
(Years 14-18)**

Appendix A: Boston EMA Part A Ryan White Awards (Years 14-18)

Service Category By 2008 Priority Ranking	FY04 YR14 Award 2004-2005	FY05 YR15 Award 2005-2006	FY06 YR16 Award 2006-2007	FY07 YR17 Award 2007-2008	FY08 YR18 Award 2008-2009	Total RYAN WHITE Funding Per Category 1991-2008
Primary Medical Care	\$385,559	\$333,559	\$308,559	\$308,559	\$216,787	\$1,553,023
Drug Reimbursement	\$1,511,828	\$1,610,754	\$1,719,327	\$1,710,815	\$1,402,639	\$7,955,363
Housing	\$2,054,000	\$2,000,447	\$2,000,447	\$2,000,447	\$2,039,043	\$10,094,384
Case Management	\$2,412,881	\$2,234,146	\$2,382,360	\$2,382,360	\$2,281,285	\$11,693,032
Substance Abuse	\$1,130,160	\$1,086,374	\$977,737	\$977,737	\$1,099,338	\$5,271,346
Mental Health	\$488,406	\$452,706	\$449,199	\$449,199	\$427,196	\$2,266,706
Dental	\$556,619	\$566,355	\$566,355	\$566,355	\$657,458	\$2,913,142
Food Services	\$1,670,283	\$1,626,735	\$1,626,735	\$1,626,735	\$1,769,927	\$8,320,415
Peer Support	\$722,463	\$669,655	\$669,655	\$669,655	\$374,140	\$3,105,568
Transportation	\$442,372	\$430,838	\$419,723	\$419,723	\$735,521	\$2,448,177
Client Advocacy	\$541,892	\$527,764	\$437,764	\$437,764	\$445,332	\$2,390,516
Complementary Therapies	\$374,903	\$60,855	\$0	\$0	\$0	\$435,758
Day Care	\$277,712	\$32,464	\$0	\$0	\$0	\$310,176
Respite Care	\$193,060	\$29,398	\$0	\$0	\$0	\$222,458
Adoption/Foster Care	\$0	\$0	\$0	\$0	\$0	\$0
OB/GYN	\$0	\$0	\$0	\$0	\$0	\$0
Education Risk Reduction	\$0	\$0	\$0	\$0	\$0	\$0
Case Finding	\$0	\$0	\$0	\$0	\$0	\$0
Minority AIDS Initiative	\$783,761	\$710,521	\$544,492	\$0	\$0	\$2,038,774
Evaluation	\$0	\$43,825	\$27,560	\$102,560	\$167,160	\$341,105
Planning Council Support	\$310,363	\$302,271	\$292,271	\$292,271	\$378,731	\$1,575,907
Quality Management	\$250,000	\$250,000	\$250,000	\$250,000	\$250,000	\$1,250,000
Administration	\$742,435	\$682,562	\$666,957	\$666,957	\$939,683	\$3,698,594
Total	\$14,848,697	\$13,651,229	\$13,339,141	\$12,861,137	\$13,184,240	\$67,884,444

Appendix B: Service Category Definitions

Appendix B: Service Category Definitions

As approved by the Boston EMA Ryan White Part A HIV Health Services Planning Council, May 2008.

Service category <i>(In alphabetical order)</i>	Definition
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.
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.
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).
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.
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 provide taxi vouchers, public transportation, coordination of volunteer transportation, and agency-sponsored vans to transport clients to vital medical and social service appointments.