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## Acknowledgements

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## Acronyms

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AIDS - Acquired Immune Deficiency Syndrome  
AETC – AIDS Education Training Center  
ASO – AIDS Service Organization  
BPHC – Boston Public Health Commission  
BSAS – Bureau of Substance Abuse Services (Massachusetts)  
CDC – Centers for Disease Control & Prevention  
CMS – Centers for Medicare and Medicaid  
EMA – Eligible Metropolitan Area  
FY – Fiscal Year  
HDAP/ADAP – HIV/AIDS Drug Assistance Program  
HIV - Human Immunodeficiency Virus  
HOPWA – Housing Opportunities for People With AIDS  
HRSA – Health Resources and Services Administration  
HUD – Housing and Urban Development  
IDU – Injection Drug User  
PLWH – People Living with HIV  
MAI – Minority AIDS Initiative  
MA - Massachusetts  
MDPH – Massachusetts Department of Public Health  
MSM – Men who have sex with men  
NH – New Hampshire  
NHDHHS – New Hampshire Department of Health & Human Services  
PCS – Planning Council Support  
SAMHSA – Substance Abuse and Mental Health Services Administration

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## Terms

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### **Payer of Last Resort**

Requirement that a source of funding is used after all other possible payers have contributed their share

### **Continuum of Care**

The full array of available services that cover both Core Medical and Health-Related Support Services

### **Core Medical Services**

Services that address medical issues (e.g., Primary Medical Care)

### **Health-Related Support Services**

Services that address non-medical issues (e.g., Housing)

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## Executive Summary

Every two years, an assessment of HIV/AIDS-related funding is conducted within the Boston EMA. The Funding Streams analysis provides perspective on the 'big picture' of HIV/AIDS funding available in the region. This report describes the types and amounts of public Federal, State and Local funds available for HIV-related services in the Boston EMA.

Data for this assessment was collected using a survey of HIV/AIDS funders and providers in the Boston EMA. Surveys include: a description of available services and funding information on their most recent full fiscal year between July 1, 2006 and June 30, 2008.

Section I of this report provides an overview of all HIV/AIDS funding streams available in the Boston EMA. In FY 2007, there was \$268,792,536 in the region.

Section II of this report looks more closely at Ryan White funding, including Parts A, B, C, D and F. For the period of time reviewed in this report, \$45,762,328 in Ryan White funding was available within the Boston EMA.

Section III of this report reviews other Federal HIV-related funding sources, including the Centers for Medicare and Medicaid, the US Department of Housing and Urban Development, the Substance Abuse and Mental Health Services Administration, and the Centers for Disease Control and Prevention. In the most recent fiscal year, there was \$101,058,135 in total funding available from these resources.

Section IV of this report reviews State funding sources for Massachusetts and New Hampshire. In this time period, there was \$121,972,073 in State funding available in the Boston EMA portions of Massachusetts and New Hampshire.

The information in the 2008 Funding Streams Report is used by members of the Ryan White Part A Planning Council to make funding decisions. This report identifies other resources available throughout the EMA and helps Planning Council members identify geographic and consumer service needs, while helping to maintain Part A service dollars as the payer of last resort (i.e., after all other available funding sources have been exhausted).

## Introduction

*The 2008 Funding Streams Report is intended to present an overview of the funding available to finance HIV/AIDS services within the Boston Eligible Metropolitan Area (EMA).*

### Background and Objectives

The objective of the Funding Streams Report is to:

- Provide basic information on HIV/AIDS service funding and the continuum of care;
- Ensure that Part A services remain the payer of last resort;
- Maintain a healthcare service system for PLWH in the Boston EMA;
- Provide a summary of HIV services so the Boston EMA HIV Health Services Planning Council may make informed decisions related to Part A funding levels.

### Methods

The Funding Streams Report was conducted using a survey tool to assess the total amount of HIV/AIDS related funding provided by each payer/provider. Since fiscal years vary, funding data was requested for the most recent full fiscal year between July 1, 2006 and June 30, 2008. An online review of available funding streams for HIV/AIDS services in the Boston EMA identified 13 streams that fund 36 payers/providers. The data collection rate was 100% from all payers/providers that were approached.

### Limitations

There are limitations to conducting this type of broad funding analysis. The first is determining comparable fiscal years; there are several fiscal years funding services within the Boston EMA at one time.

A second limitation is that survey data was self-reported by the payer/provider thereby introducing some inconsistency to the funding streams analysis. Further, payers/providers have different data needs and techniques that may affect reporting.

Finally, information was collected only on public funding available for HIV services; private funding sources and insurance information are not included.

## Section I: Overview of the EMA

*This section provides information on all public funding available to finance HIV/AIDS services within the Boston Eligible Metropolitan Area (EMA).*

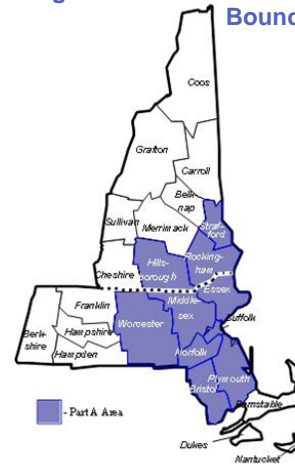
The Boston EMA consists of a ten county region of Eastern Massachusetts and Southern New Hampshire and is the service area for Ryan White Part A funding. Figure 1 shows the boundaries of this region.

### Funding in the Boston EMA

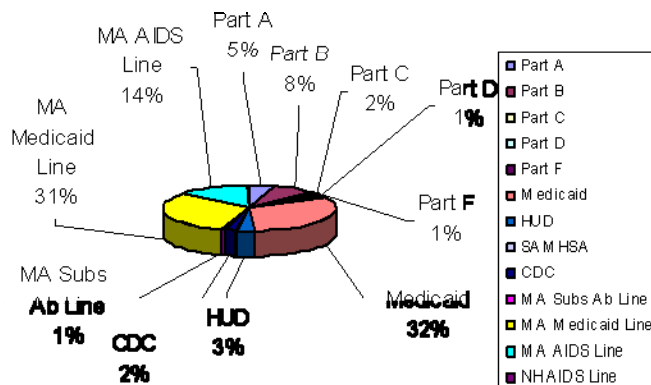
There are 13 sources of funding in the Boston EMA. Figure 2, below, shows these funding streams and their contribution to the \$268,792,536 available to fund HIV/AIDS services in the Boston EMA.

This report breaks down the sources of funding for HIV/AIDS services in the Boston EMA into three groups: Ryan White Funds, Other Federal Funds (non-Ryan White) and State Funds. Figure 3 on the next page, shows an overview of each of the funding streams. Forty-five percent of available HIV/AIDS service funding comes from State sources, 38% from Other Federal streams (non-Ryan White) and 17% from Ryan White streams.

**Figure 1: Boston Part A EMA Boundaries**

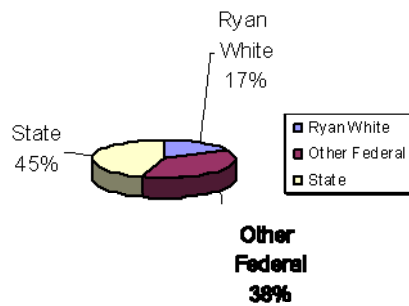


**Figure 2: Sources of Funding in the Boston EMA**

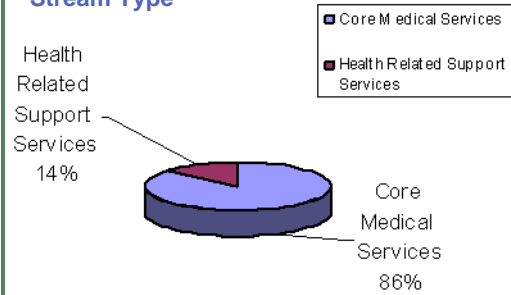


The majority of funding available for HIV/AIDS services in the Boston EMA is from State funding (45%), most of which comes from Massachusetts. Further, among State streams, the Massachusetts budget line item for MassHealth is the largest contributor to the continuum of care (31% of the total HIV/AIDS funding available in the region). Other Federal funding streams (non-Ryan White)

**Figure 3: Funding by Stream Type**



**Figure 4: Core Medical Services Provision by Stream Type**

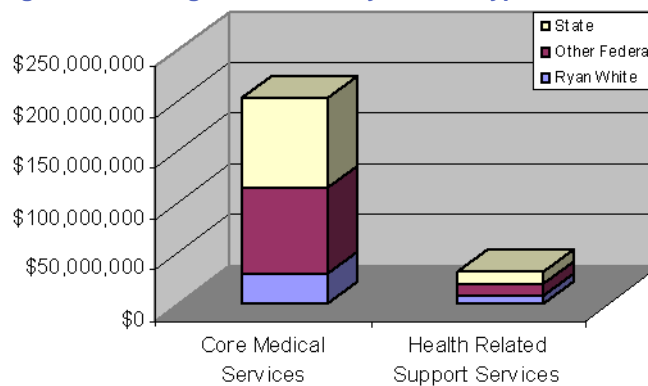


make up the next largest share of funding available for HIV/AIDS services in the Boston EMA (38%). Among these Other Federal streams, Medicaid is the largest contributor to the continuum of care (32% of the total HIV/AIDS funding available in the region). Ryan White funding streams make up 17% of the total HIV/AIDS funding available in the region.

Figure 4, in the upper right, shows the proportion of Core Medical Services and HIV Health-Related Support Services. Across all funding streams, 86% of funding is allocated to Core Medical Services, while only 14% of funding is allocated to HIV Health-Related Support services.

Figure 5, below, provides additional explanation on the breakdown of Core and Health-Related Support Services across all funding streams. Significant proportions of State and Other Federal (non-Ryan White) funding are allocated to Core Medical Services, making the total allocation to Core Medical Services just over \$200,000,000. The allocation to HIV Health-Related Support Services is significantly less, capping at just over \$30,000,000.

**Figure 5: Funding for Services by Stream Type**

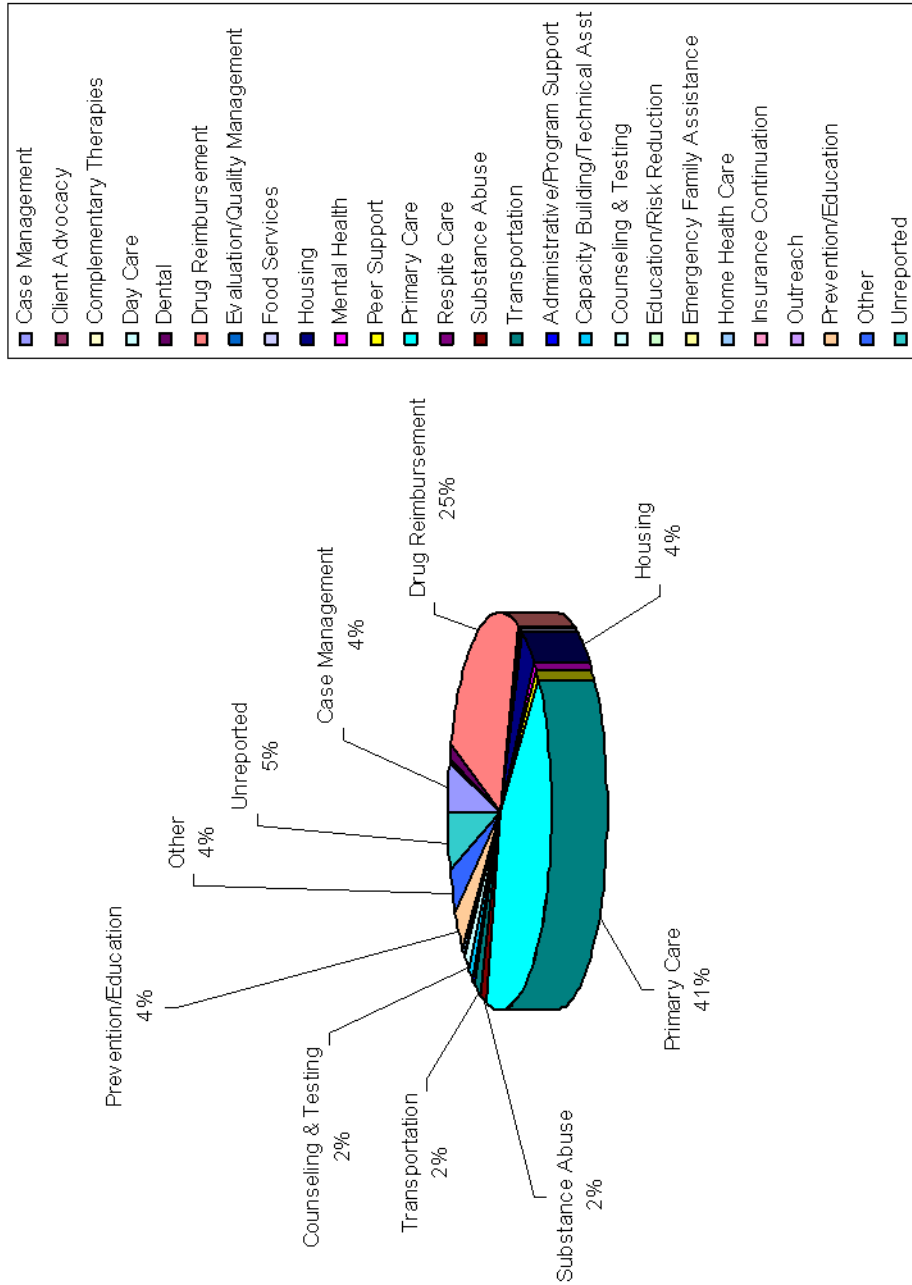


On the next three pages, figures 6-8 show the service category breakdown in two different formats: first, as a proportion of the total amount of HIV/AIDS funding available in the Boston EMA and broken down by the type of funding stream (Ryan White vs. Other Federal vs. State) that finances it.

Figure 6 exhibits the proportion of funding for each service category in relation to all funding streams within the Boston EMA. Primary Medical Care and Drug Reimbursement received the largest proportion of the total HIV-related funding (41% and 25% respectively). Figure 7 illustrates the proportion of the total allocation for each service category across all funding streams. Figure 8 displays the level of funding for each service category by funding stream.

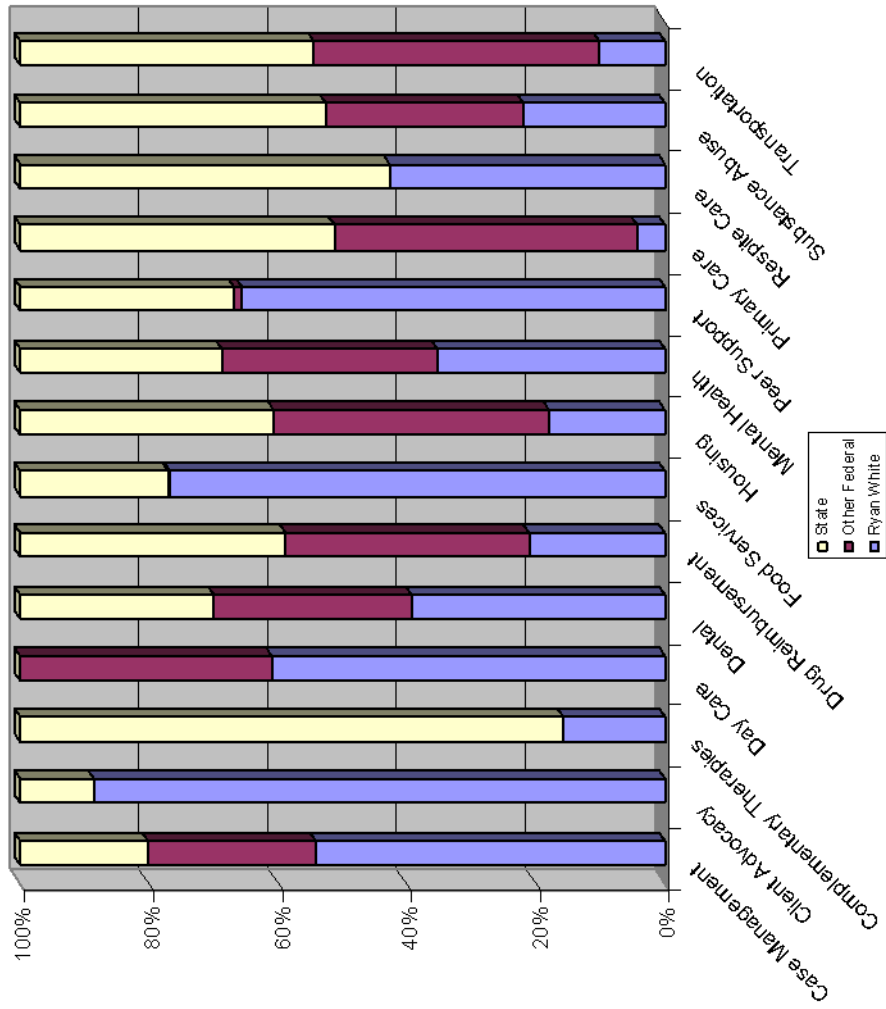
Together, figures 7 and 8 demonstrate that Ryan White funding provides the majority of Case Management, Client Advocacy, Day Care, Evaluation and Quality Management, Food & Meals Services, and Peer Support in comparison with Other Federal streams. Other Federal funding contributes substantially to Dental Services, Drug Reimbursement, Housing Services, Mental Health Services, Primary Medical Care and Transportation Services. State funding contributes substantially to Complementary Therapies, Drug Reimbursement, Housing, Primary Medical Care, Substance Abuse Services and Transportation Services.

Figure 6: Total Funding for Each Service Category in the Boston EMA



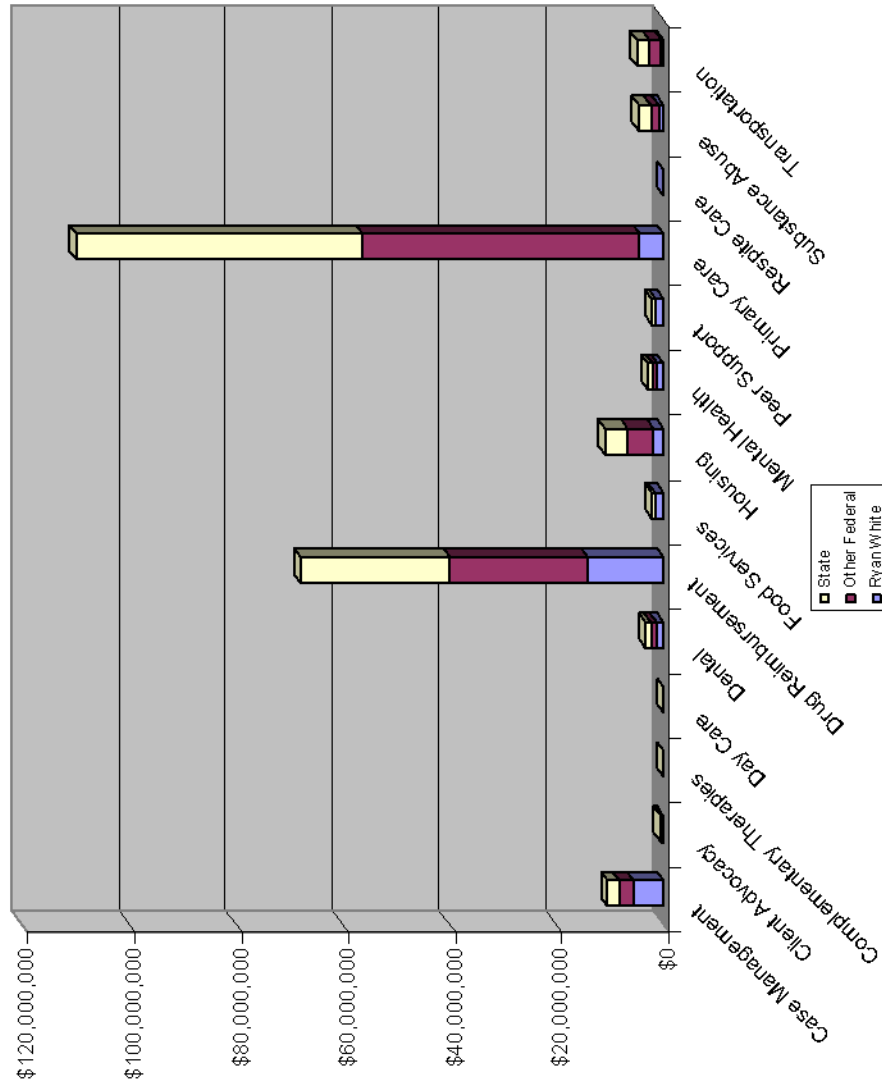
NOTE: Only service categories with 2% or more of total funding were labeled on this chart

Figure 7: Proportional Contribution by Payer for Each Service Category



**NOTE:** The bars on this graph represent how much of the total funding for each service category comes from each source. Some of these allocations are millions of dollars and some are thousands. See Figure 8 on the next page for the funding level of each individual service category and funding stream.

**Figure 8: Total Funding for Service Categories by Payer**



**NOTE:** The bars on this graph represent how much of the total funding for each service category comes from each funding source.

**NOTE:** Complementary Therapies, Day Care and Respite Care each receive a small allocation in comparison with Primary Medical Care and Drug Reimbursement. This gives Complementary Therapies, Day Care and Respite Care the appearance of 0-funding, but this is not the case.

## Conclusion

The Boston EMA has a responsive and comprehensive continuum of care that includes both Primary Medical Care and supportive services that promote health and enhance quality of life. In total \$268,792,536 in funding for the region provides services across the spectrum of public health needs. State funding streams make up the greatest portion of dollars available for funding in the Boston EMA.

Primary Medical Care and Drug Reimbursement receive the most funding in the region. MassHealth, the Massachusetts Medicaid program, serves as the largest payer. As payers of last resort, Ryan White streams help to provide necessary Health-Related Support services such as Food & Meals services and Client Advocacy.

More information on the breakdown of Ryan White, Other Federal and State funding streams can be found in the following three sections.

## Section II: Ryan White Funding Streams

*This section describes the Ryan White funding that is available in the Boston EMA: including Parts A, B, C, D and F (Dental, AIDS Education and Training Centers, Special Projects of National Significance and the Minority AIDS Initiative). Ryan White streams represent 17% of total funding for HIV/AIDS services in the Boston EMA.*

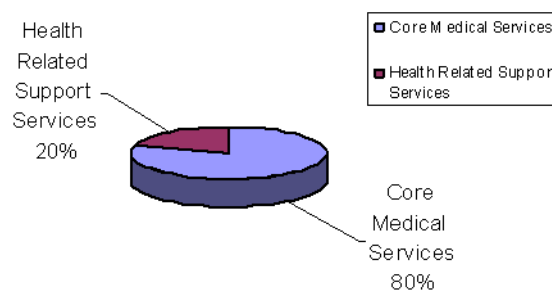
The Ryan White Act was first enacted in August 1990. It was amended and reauthorized for five years in May 1996, for an additional five years in October 2000 and reauthorized again in December 2006 for three years. Much has changed in the epidemiology and medical management of HIV/AIDS since the Ryan White Act was enacted in 1990. Ryan White Act funding is Federal in origin and its five parts are administered by the Health Resources and Services Administration (HRSA). Part A is directed to metropolitan areas, Part B to States, Part C to community health centers, Part D to community health centers with a focus on women, infants and children, and Part F to several institutions depending on sub-part (AIDS Education Training Center, Dental Reimbursement, Minority AIDS Initiative and Special Projects of National Significance).

### Ryan White Funding

For the most recent full fiscal year between July 1, 2006 – June 30, 2008, \$45,762,328 in Ryan White funding was available within the Boston EMA (Appendix Table 1). The two largest Ryan White streams are Part B and Part A (\$21,610,939 and \$12,861,137 respectively), but these streams are intended to be used on a regional basis. Parts C, D and F, on the other hand, are directly awarded to health centers and AIDS Service Organizations (ASOs).

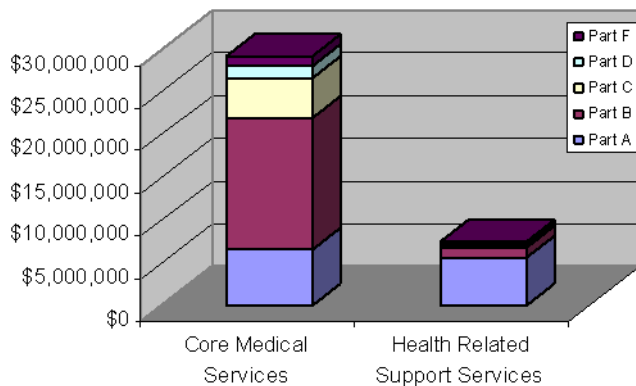
Among Ryan White funding streams, 80% of funding was invested collectively in Core Medical Services (figure 9, right). This is of particular importance because these funding streams are subject to the legislative requirement that at least 75% of their individual award be invested in Core Medical Services.

**Figure 9: Core Medical Services Provision by Ryan White Streams**



**NOTE:** Only Ryan White Parts A, B and C must abide by the 75/25 Core Medical Services requirement.

**Figure 10: Funding for Services by Ryan White Streams**



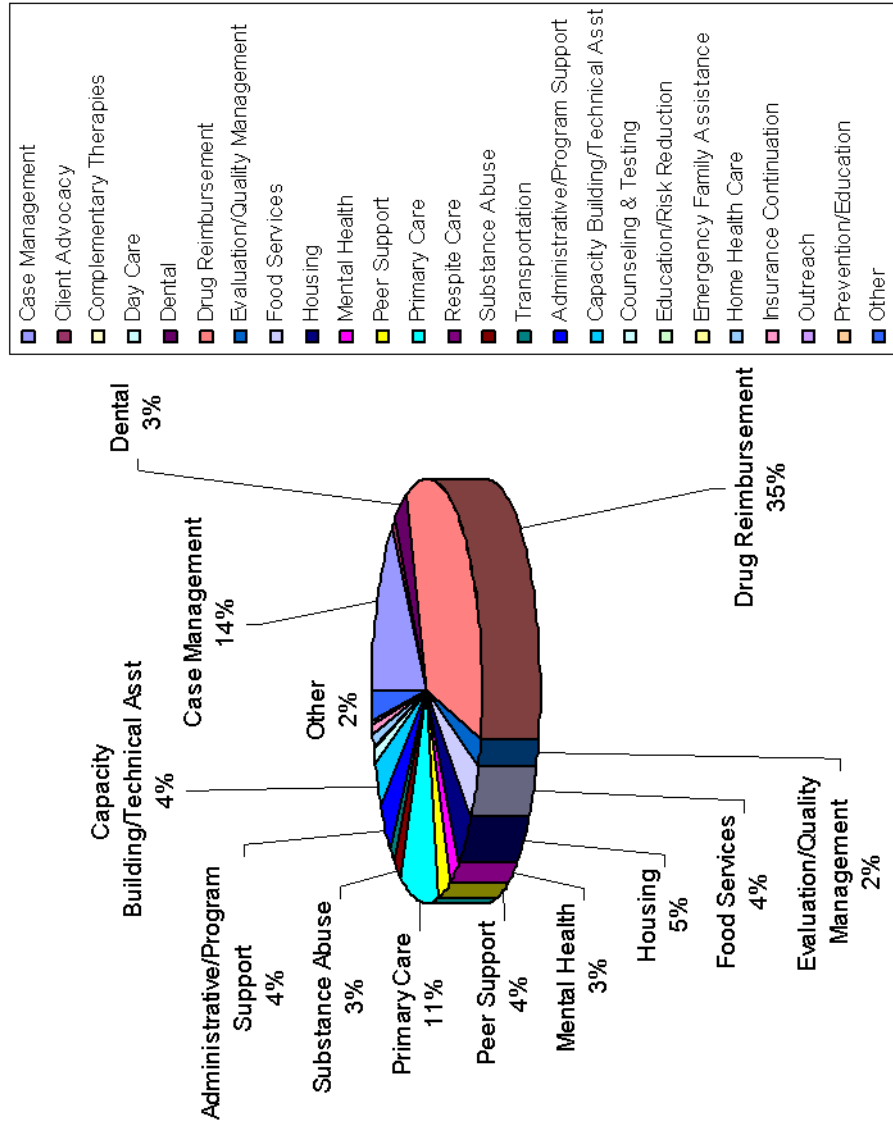
Each funding stream provides for a different service mix. Figure 10, left, shows the contribution of Ryan White funding to Core and Health-Related Support Services. Among all Ryan White funding streams, Part B makes the largest contribution to Core Medical Services, but this is due to the large amount of funding provided to the New Hampshire AIDS Drug Assistance Program (ADAP) and Massachusetts HIV Drug Assistance Program (HDAP). For all Ryan White streams except Part A, the majority of funding is allocated to Core Medical Services.

The next three pages (figures 11-13) show the service category breakdown in two different ways: as a proportion of the total allocation of Ryan White funding available in the Boston EMA and each service category broken down by the Ryan White streams.

Figure 11 shows the proportion of funding for each service category in relation to all Ryan White funding. Drug Reimbursement, Case Management and Primary Medical Care were the service categories that received the most Ryan White funding (35%, 14% and 11% respectively). Figure 12 represents the proportion of the total allocation of Ryan White money by individual service category. Figure 13 illustrates the level of funding for each service category funded by Ryan White.

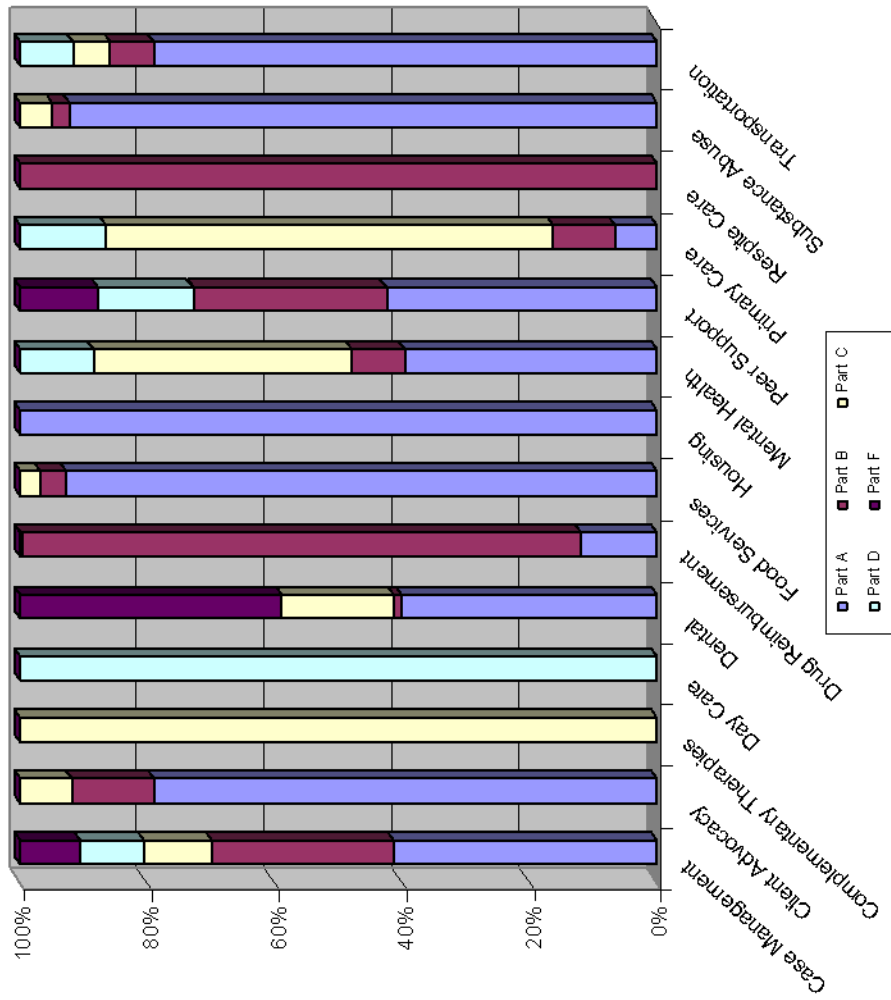
Together, figures 12 and 13 show that Part A plays a substantial role in ensuring that Health-Related Support Services are available to all PLWH in the Boston EMA. Part B funding primarily finances Drug Reimbursement among Ryan White streams. Part C funds comprise the majority of Primary Medical Care funding. Part F funds make the most substantial contribution to Dental Services in comparison with other Ryan White streams.

Figure 11: Service Category Breakdown Among Ryan White Streams



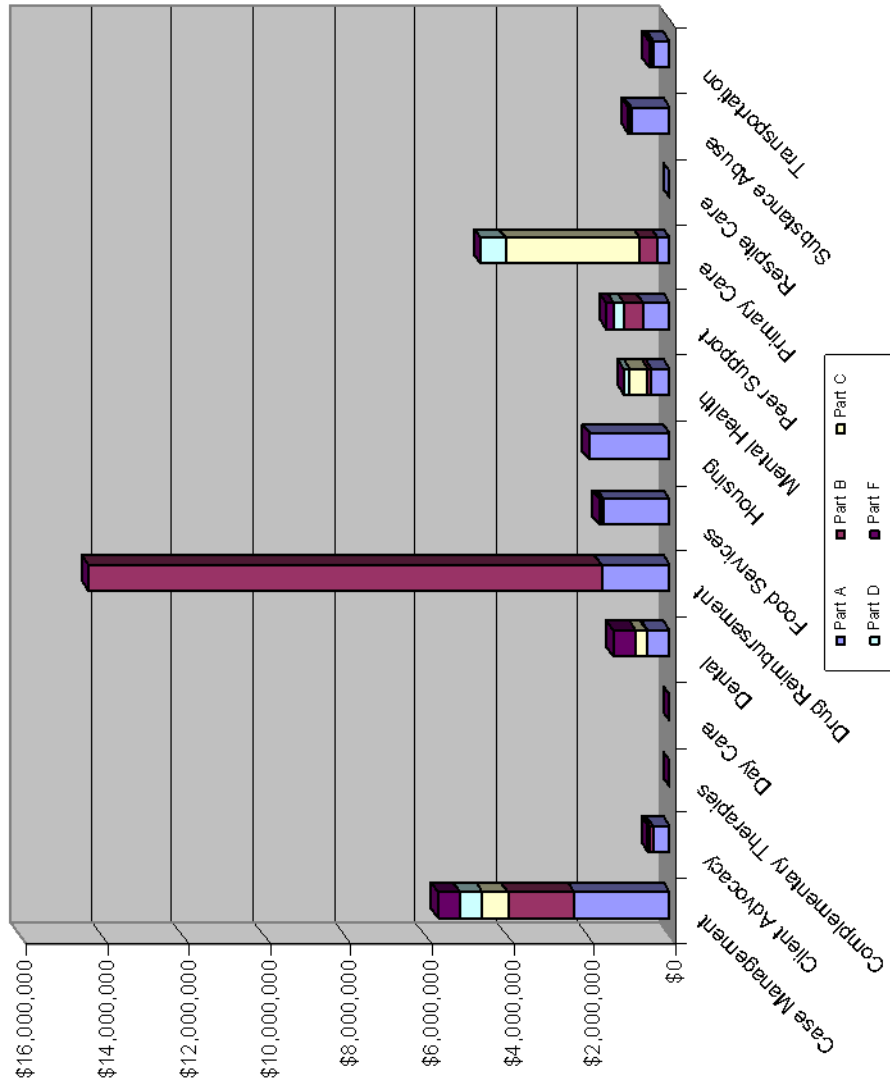
NOTE: Only service categories with 2% or more of total Ryan White funding were labeled on this chart

Figure 12: Proportional Ryan white Contribution by Part for Each Service Category



**NOTE:** The bars on this graph represent how much of the total funding for each service category comes from each funding source. Some of these allocations are millions of dollars and some are thousands. See Figure 13 on the next page for the funding level of each individual service category and funding stream.

**Figure 13: Total Ryan White Funding for Service Categories by Part**



**NOTE:** The bars on this graph represent the how much of the total funding for each service category comes from each funding source.

**NOTE:** Complementary Therapies, Day Care and Respite Care each receive a small allocation in comparison with Primary Medical Care and Drug Reimbursement.

## Conclusion

This section of the Funding Streams Report described funding by Parts A, B, C, D and F of the Ryan White Program, which make up 17% of funding for HIV/AIDS services in the Boston EMA. Many of the health centers and ASOs funded by Ryan White streams are located in the most densely populated region of the EMA, Suffolk County.

As a whole, Ryan White programs within the Boston EMA meet the Core Medical Services requirement: 80% of total Ryan White funds are invested in Core Medical Services. However, Parts A, B and C are individually required to abide by the 75/25 clause. Among Part A funded direct services, 54% are obligated to Core Medical Services. For Parts B and C, 92.5% and 95.6% of funding is invested in Core Medical Services.

Ryan White funding has had an immense impact on the Boston EMA and surrounding areas. The Planning Council prioritizes and allocates nearly \$14,000,000 in Federal funding through an in-depth community process. With many funding streams in operation in the Boston EMA, the Planning Council is able to assess the needs of the continuum of care and can reallocate Part A funding based on evolving needs of the epidemic and the funding environment.

## Section III: Other Federal Funding Streams

*This section describes the Other Federal (non-Ryan White) portion of HIV-related funding that is available in the Boston EMA: Centers for Medicare and Medicaid Services (CMS), United States Department of Housing and Urban Development (HUD), Centers for Disease Control and Prevention (CDC) and Substance Abuse and Mental Health Services Administration (SAMHSA). Other Federal funding represents 38% of total funding for HIV/AIDS services in the Boston EMA.*

Many Core and Health-Related Support Services for PLWH are funded by Federal sources that are not associated with the Ryan White Act. Although some of these Other Federal services are designed to assist PLWH, many are broader in focus and support the population at large.

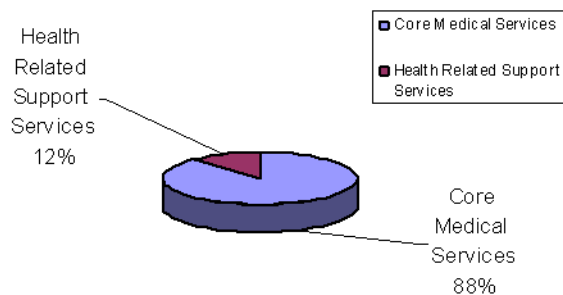
### Other Federal Funding

For the period of time reviewed in this report, \$101,058,135 in Other Federal funding was financing HIV/AIDS services within the Boston EMA (Appendix Table 2). The two largest Other Federal streams are Medicaid and HUD (\$86,299,114 and \$8,541,735 respectively).

Among Other Federal funding streams, 88% of funding was invested in Core Medical Services (figure 14, below).

On the next page, figure 15 shows the contribution of Other Federal funding to Core Medical Services and Health-Related Support services; Medicaid makes the

**Figure 14: Core Medical Services Provision by Other Federal Streams**



largest contribution to Core Medical services, roughly \$80,837,704. HUD funding provides a substantial portion of Health-Related Support services by allocating \$7,486,523 to Housing and Case Management.

On the next three pages, figures 16-18 show the service category breakdown in two different ways: as a proportion of the total funding available from Other Federal

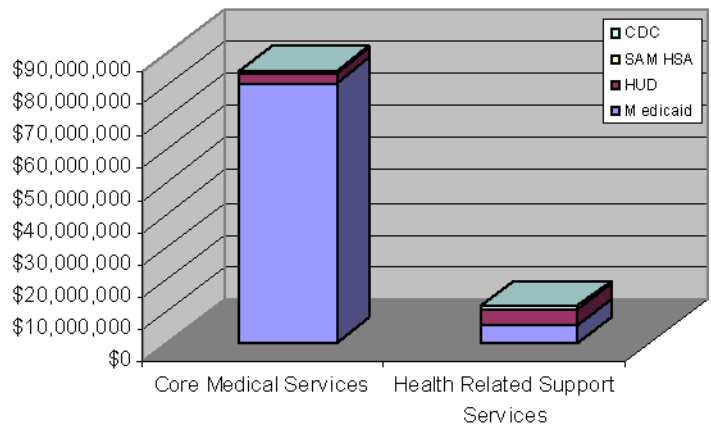
**NOTE:** Only Ryan White Parts A, B and C must abide by the 75/25 Core Medical Services requirement.

streams in the Boston EMA and each service category broken down by Other Federal streams.

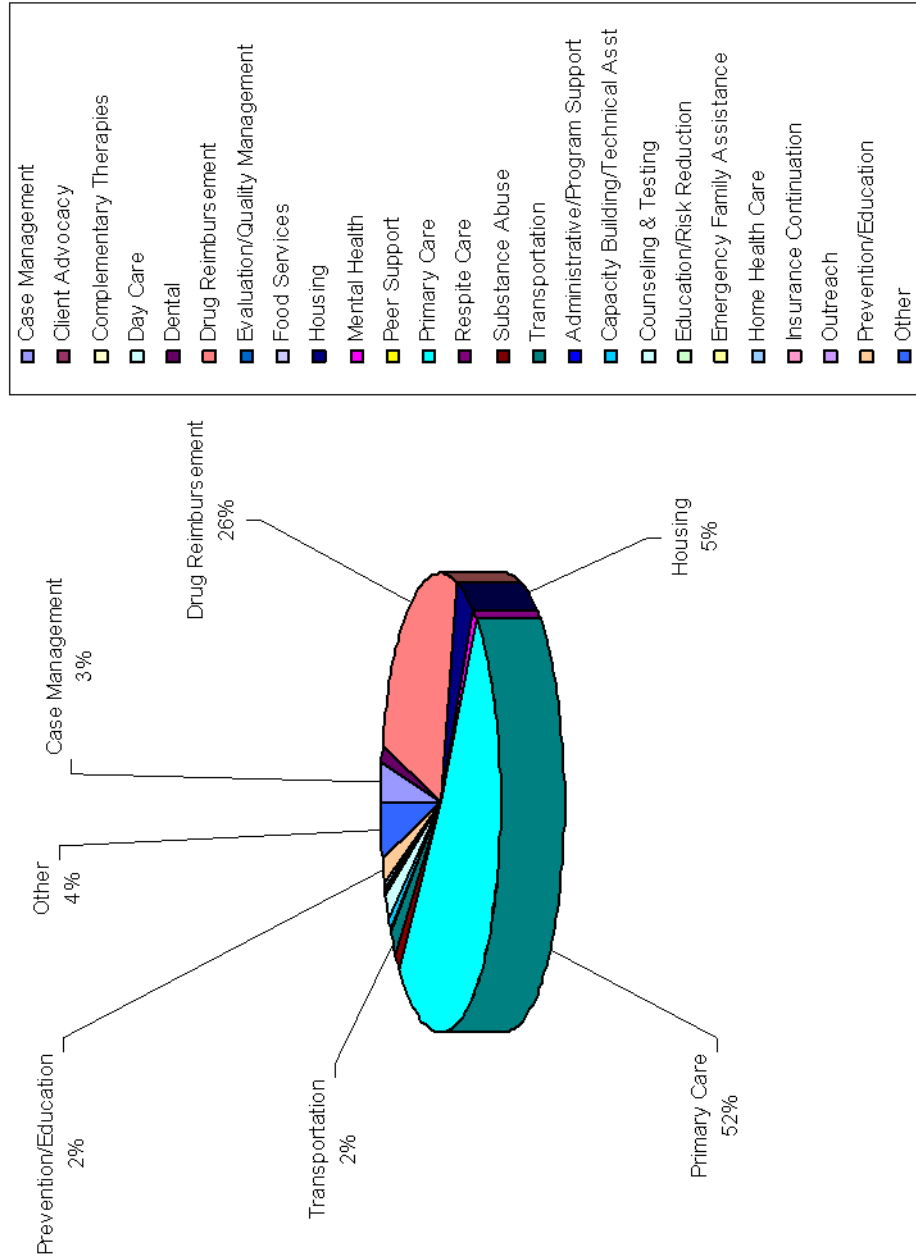
Figure 16 looks at the Other Federal (non-Ryan White) funding by service category. Primary Medical Care and Drug Reimbursement services received the most funding (52% and 26% respectively). Figure 17 represents the proportion of the total allocation of Other Federal Funding by service category, while figure 18 breaks down the Other Federal funding by funding level and service category.

Together, figures 17 and 18 show that HUD funding is most substantial for Case Management, Day Care, Food and Meals Services, Housing and Peer Support in comparison to Other Federal streams. Medicaid funding is the greatest for Dental Services, Drug Reimbursement, Mental Health, Primary Medical Care and Transportation in comparison with Other Federal Streams.

**Figure 15: Funding for Services by Other Federal Funding Streams**

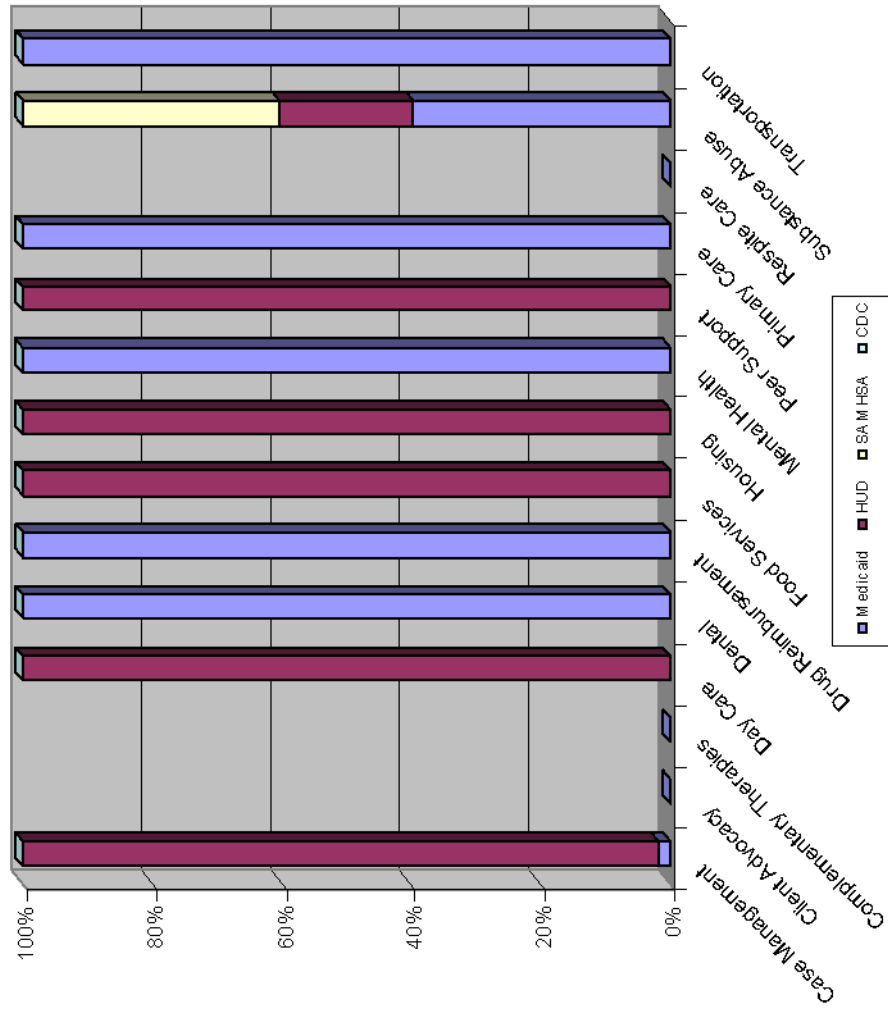


**Figure 16: Other Federal Funding for Each Service Category in the Boston EMA**



**NOTE:** Only service categories with 2% or more of total Other Federal funding were labeled on this chart

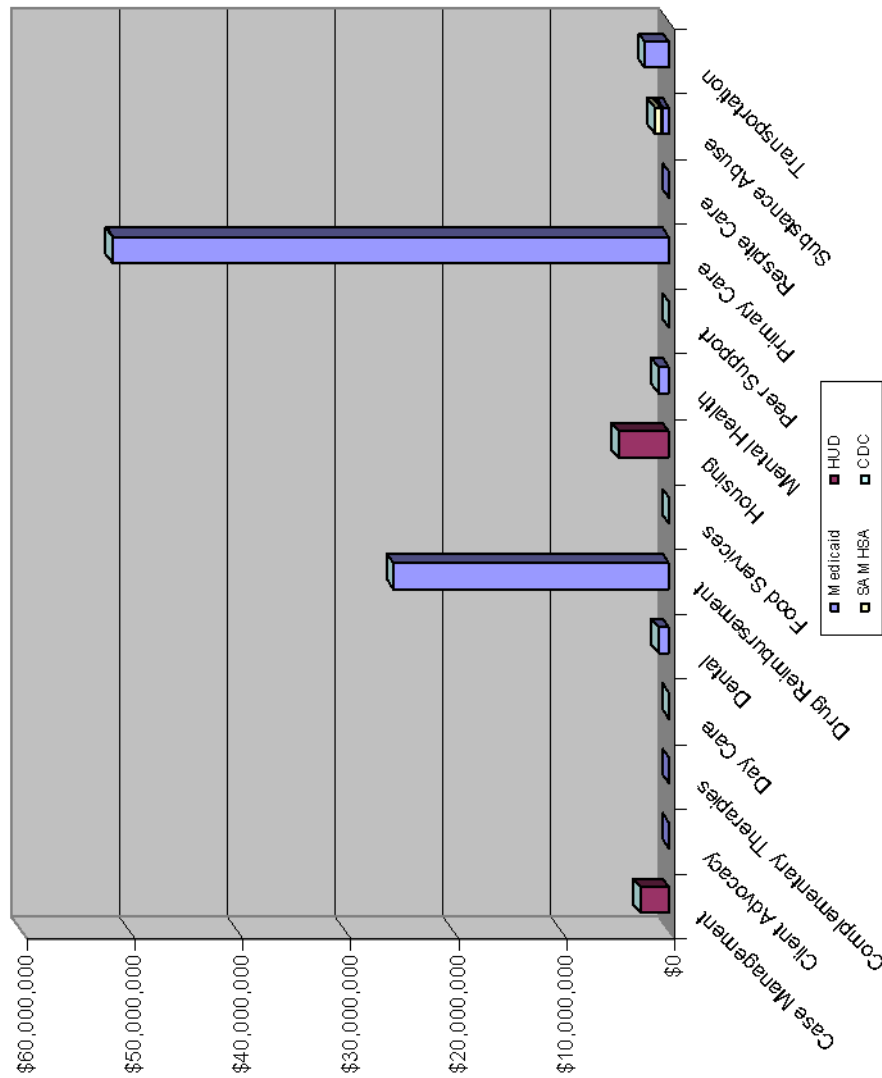
**Figure 17: Proportional Contribution of Other Federal Funding Types for Each Service Category**



**NOTE:** The bars on this graph represent the how much of the total funding for each service category comes from each funding source. Some of these allocations are millions of dollars and some are thousands. See Figure 18 on the next page for the funding level of each individual service category and funding stream.

**NOTE:** There was no Other Federal Funding Stream that funded Client Advocacy, Complementary Therapies or Respite Care.

**Figure 18: Total Funding by Other Federal Funding Sources for Each Service Vateogry**



**NOTE:** The bars on this graph represent the how much of the total funding for each service category comes from each funding source.

**NOTE:** Day Care Services, Food & Meals Services and Peer Support Services each receive a small allocation in comparison with Primary Medical Care and Drug Reimbursement. Only a small amount of funding is allocated to Day Care Services, Food & Meals Services and Peer Support Services giving the appearance of zero-funding, but this is not the case. There was no Other Federal stream that funded Client Advocacy, Complementary Therapies or Respite Care.

## Conclusion

When reviewing the Other Federal funding it is important to recognize that these dollars are intended to support the larger health system within the EMA and may or may not be specifically earmarked for PLWH, unlike Ryan White dollars.

Other Federal funding demonstrates how robust the healthcare infrastructure is within our EMA; 88% of the over \$100,000,000 of Other Federal money is allocated to Core Medical Services.

## Section IV: State Funding Streams

*This section explores funding streams provided through the Commonwealth of Massachusetts and the State of New Hampshire. State funding represents 45% of total funding for HIV/AIDS services in the Boston EMA.*

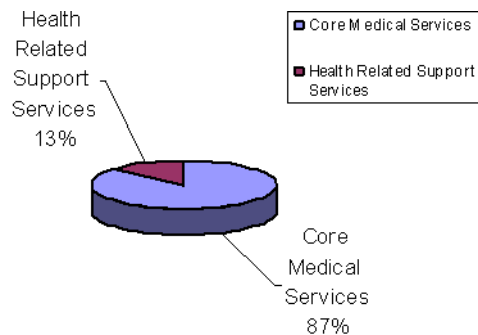
State funding sources are contributors to the continuum of HIV/AIDS services in the Boston EMA. Massachusetts and New Hampshire are close geographically, but vary in terms of demographics and political culture.

### State Funding

For the period of time reviewed in this report, \$121,972,073 in State funding was available within the Boston EMA portion of Massachusetts and New Hampshire (Appendix Table 3). The two largest State streams are the Massachusetts Medicaid Line Item and the Massachusetts AIDS Line Item (\$82,889,003 and \$36,648,951 respectively).

Among State funding streams, 87% of funding was allocated to Core Medical Services and 13% to Health-Related Support services (figure 19, below).

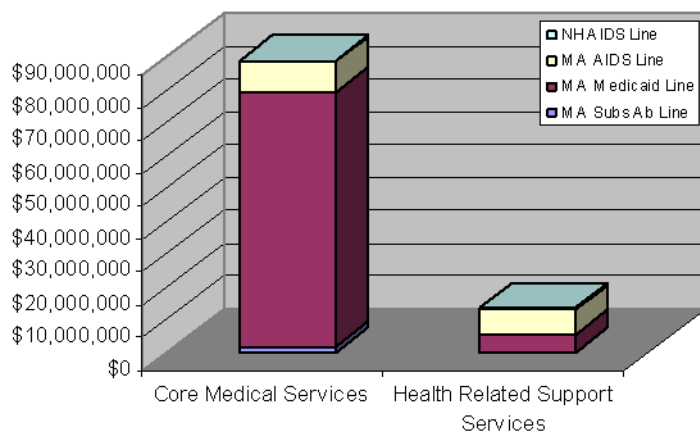
**Figure 19: Core Medical Services Provision by State Streams**



On the next page, Figure 20 shows the contribution of State funding to Core Medical and Health-Related Support services; Massachusetts Medicaid funding makes the largest contribution to Core Medical services, roughly \$77,467,134. Massachusetts AIDS funding provides a substantial portion of Health-Related Support services, roughly \$7,640,054.

**NOTE:** Only Ryan White Parts A, B and C must abide by the 75/25 Core Medical Services requirement.

**Figure 20: Funding for Services by State Streams**

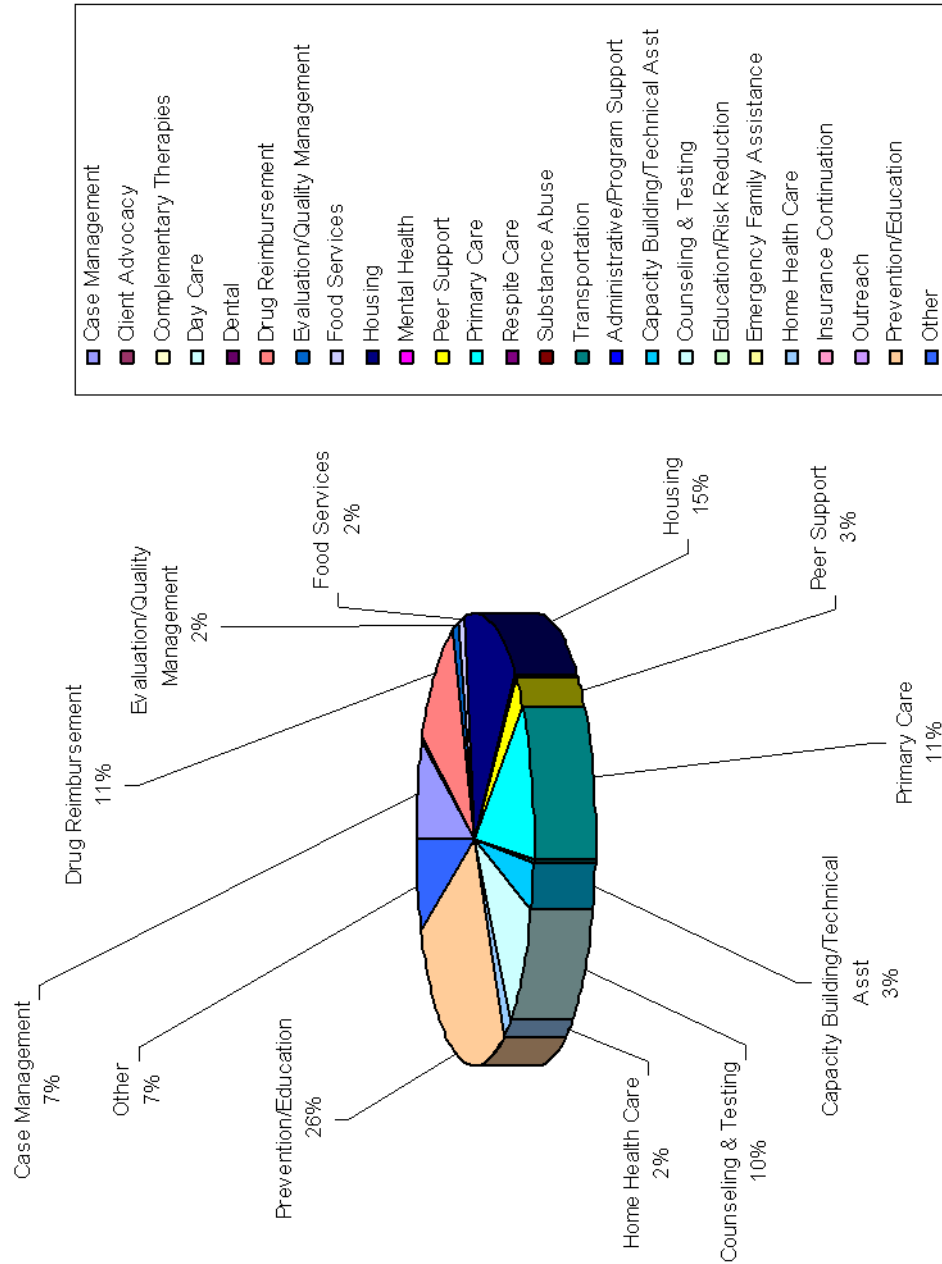


Figures 21-23 on the next three pages show the service category breakdown in two different ways: as a proportion of the total funding available from State streams in the Boston EMA and broken down by State streams.

Figure 21 looks at the State funding allocated to service categories. Prevention/Education and Housing received the highest allocations among State funding for HIV/AIDS services (26% and 15% respectively). Primary Medical Care and Drug Reimbursement each received 11% of State funding available for HIV/AIDS services. Figure 22 represents the proportion of State funding streams by individual service category, while figure 23 breaks down the State funding by funding level and service category.

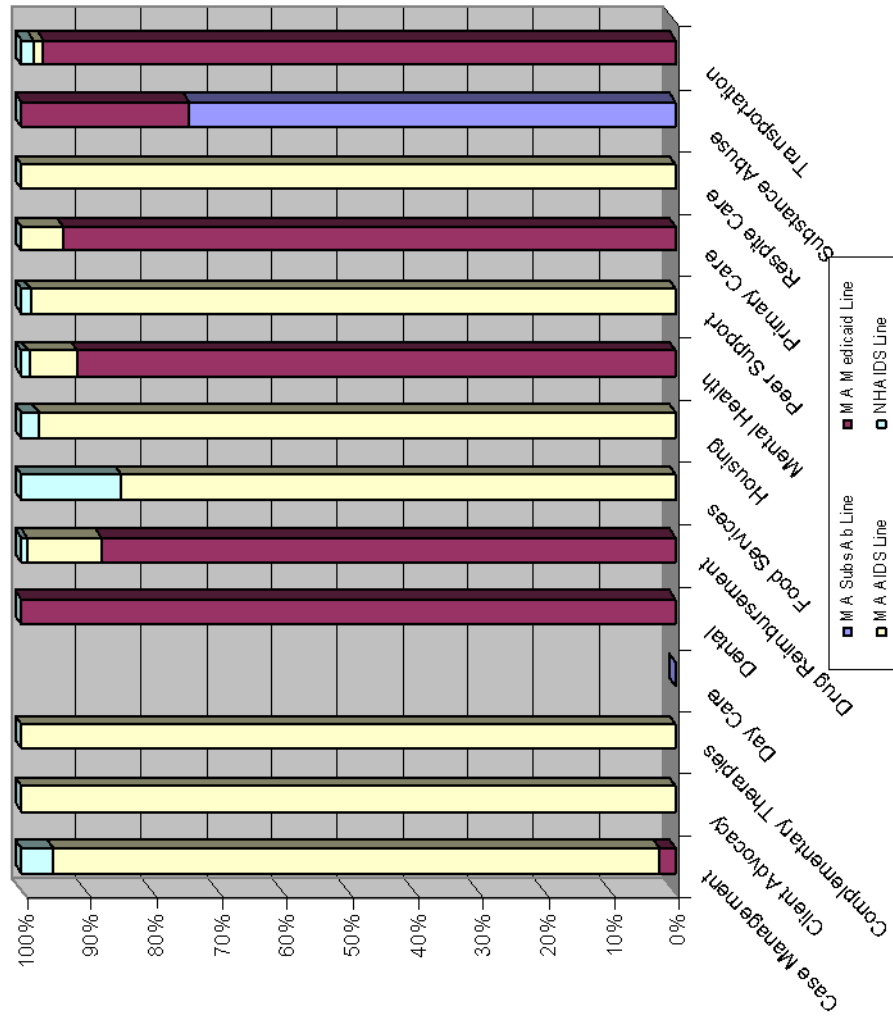
Together, figures 22 and 23 show that Massachusetts Medicaid funding is most substantial for Dental Services, Drug Reimbursement, Mental Health Services, Primary Medical Care and Transportation Services. Massachusetts Substance Abuse funding provides the majority of substance abuse dollars among State streams. Finally, Massachusetts AIDS funding provides a substantial proportion of funding for Health-Related Support services, especially, Case Management, Housing services and Peer Support services.

**Figure 21: Service Category Breakdown Among State Streams**



**NOTE:** Only service categories with 2% or more of total State funding were labeled on this chart

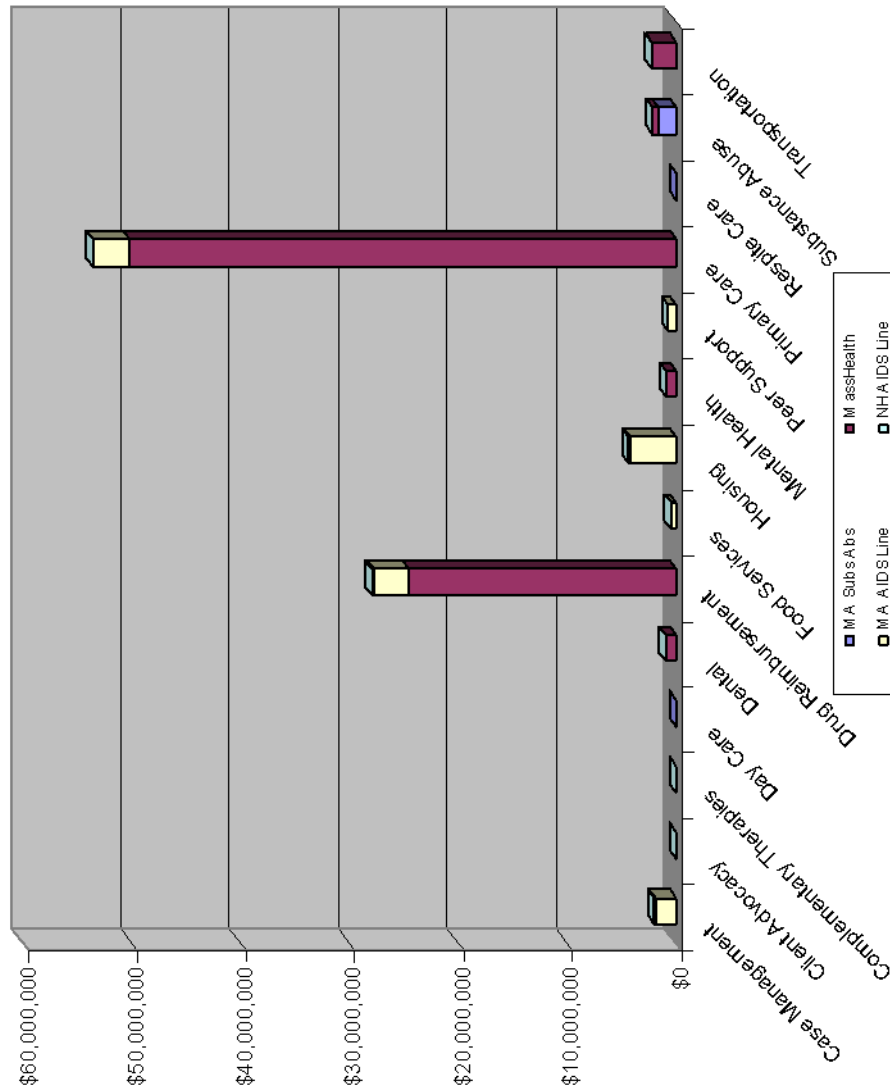
**Figure 22: Proportional Contribution to Service Categories by State Streams**



**NOTE:** The bars on this graph represent the how much of the total funding for each service category comes from each funding source. Some of these allocations are millions of dollars, some are thousands. See Figure 23 on the next page for the funding level of each individual service category and funding stream.

**NOTE:** There was no State funding stream that funded Day Care.

**Figure 23: Total Funding by State Streams for Each Service Category**



**NOTE:** The bars on this graph represent the how much of the total funding for each service category comes from each funding source.

**NOTE:** Client Advocacy, Complementary Therapies and Respite Care Services each receive a small allocation in comparison with Primary Medical Care and Drug Reimbursement. Only a small amount of funding is allocated to Client Advocacy, Complementary Therapies and Respite Care Services. There was no State funding stream that funded Day Care.

## Conclusion

Although Massachusetts and New Hampshire are geographically close and both States have counties within the Boston EMA, the HIV/AIDS service needs of each state vary dramatically. Cumulatively, there is over \$121,000,000 in State funding for Massachusetts and New Hampshire allocated to Core Medical Services and Health-Related Support Services. Similar to Federal funding, not all money from the State is earmarked specifically for PLWH. However, the Massachusetts and New Hampshire AIDS line items are designated specifically for that purpose. Similar to Ryan White funding, the Massachusetts and New Hampshire AIDS line items are allocated to specific service categories where there is perceived need. However, the states allocate money to additional categories not covered by Ryan White or by other Federal funding, including: Capacity Building, Counseling and Testing, Emergency Family Assistance, Insurance Continuation, Home Health-care, as well as, Prevention and Education.

The States have the ability to fill the gaps in services by allocating money to service categories not covered by other sources of funding. This is an ideal example of how the Boston EMA utilizes all of its resources to ensure that the needs of PLWH are met and guarantees that our EMA can maintain a stable continuum of care.

# Appendix

Table 1: Ryan White Funding Available Within the Boston EMA

Part A Service Categories	Part A	Part B	Part C	Part D	Part F	Subtotal
Case Management	\$2,382,360	\$1,630,836	\$613,444	\$580,590	\$539,562	\$5,746,792
Client Advocacy	\$437,764	\$72,891	\$44,226	\$0	\$0	\$554,881
Complementary Therapy	\$0	\$0	\$16,890	\$0	\$0	\$16,890
Day Care	\$0	\$0	\$0	\$1,800	\$0	\$1,800
Dental	\$566,355	\$18,379	\$248,720	\$0	\$581,242	\$1,414,696
Drug Reimbursement	\$1,710,815	\$12,645,860	\$23,124	\$500	\$0	\$14,380,299
Evaluation/QM	\$352,560	\$336,238	\$120,677	\$94,893	\$0	\$904,368
Food Services	\$1,626,735	\$73,893	\$54,413	\$500	\$0	\$1,755,541
Housing	\$2,000,447	\$0	\$0	\$0	\$0	\$2,000,447
Mental Health	\$449,199	\$92,898	\$461,128	\$129,411	\$0	\$1,132,636
Peer Support	\$669,655	\$475,879	\$2,500	\$233,747	\$193,814	\$1,575,595
Primary Care	\$308,559	\$453,090	\$3,299,658	\$627,636	\$0	\$4,688,943
Respite Care	\$0	\$107	\$0	\$0	\$0	\$107
Substance Abuse	\$977,737	\$28,047	\$53,159	\$0	\$0	\$1,058,943
Transportation	\$419,723	\$36,251	\$30,350	\$44,084	\$0	\$530,408
<b>Subtotal Part A Services</b>	<b>\$11,901,909</b>	<b>\$15,864,369</b>	<b>\$4,968,289</b>	<b>\$1,713,161</b>	<b>\$1,314,618</b>	<b>\$35,762,346</b>
Additional Services	Part A	Part B	Part C	Part D	Part F	Subtotal
Capacity Building/TA	\$0	\$0	\$0	\$43,213	\$1,466,459	\$1,509,672
Counseling & Testing	\$0	\$0	\$283,900	\$68,511	\$0	\$352,411
Education/Risk Reduct	\$0	\$0	\$56,239	\$11,764	\$0	\$68,003
Emergency Family Assist	\$0	\$51,030	\$0	\$9,800	\$0	\$60,830
Home Health Care	\$0	\$430,332	\$0	\$0	\$0	\$430,332
Insurance Continuation	\$0	\$196,067	\$45,697	\$0	\$0	\$241,764
Outreach	\$0	\$0	\$57,020	\$80,649	\$0	\$137,669
Prevention/Education	\$0	\$0	\$2,739	\$44,372	\$0	\$47,111
Other	\$959,228	\$554,000	\$486,167	\$394,011	\$243,635	\$2,637,041
Unreported	\$0	\$4,515,141	\$0	\$0	\$8	\$4,515,149
<b>Subtot Additional Svcs</b>	<b>\$959,228</b>	<b>\$5,746,570</b>	<b>\$931,762</b>	<b>\$652,320</b>	<b>\$1,710,102</b>	<b>\$9,999,982</b>
<b>Total of All Services</b>	<b>\$12,861,137</b>	<b>\$21,610,939</b>	<b>\$5,900,051</b>	<b>\$2,365,481</b>	<b>\$3,024,720</b>	<b>\$45,762,328</b>

Table 2: Other Federal Funding Available Within the Boston EMA

Part A Service Categories	Medicaid	HUD	SAMHSA	CDC	Subtotal
Case Management	\$51,315	\$2,721,472	\$0	\$0	\$2,772,787
Client Advocacy	\$0	\$0	\$0	\$0	\$0
Complementary Therapy	\$0	\$0	\$0	\$0	\$0
Day Care	\$0	\$1,156	\$0	\$0	\$1,156
Dental	\$1,100,683	\$0	\$0	\$0	\$1,100,683
Drug Reimbursement	\$25,650,394	\$0	\$0	\$0	\$25,650,394
Evaluation/QM	\$0	\$1,889	\$0	\$0	\$1,889
Food Services	\$0	\$4,000	\$0	\$0	\$4,000
Housing	\$0	\$4,765,051	\$0	\$0	\$4,765,051
Mental Health	\$1,068,412	\$0	\$0	\$0	\$1,068,412
Peer Support	\$0	\$28,810	\$0	\$0	\$28,810
Primary Care	\$51,642,285	\$77,121	\$0	\$0	\$51,719,406
Respite Care	\$0	\$0	\$0	\$0	\$0
Substance Abuse	\$579,993	\$301,196	\$580,757	\$0	\$1,461,946
Transportation	\$2,266,779	\$3,734	\$0	\$0	\$2,270,513
<b>Subtotal Part A Services</b>	<b>\$82,359,860</b>	<b>\$7,904,429</b>	<b>\$580,757</b>	<b>\$0</b>	<b>\$90,845,046</b>
Additional Services	Medicaid	HUD	SAMHSA	CDC	Subtotal
Capacity Building/TA	\$0	\$86,274	\$0	\$691,746	\$778,020
Counseling & Testing	\$0	\$0	\$0	\$1,497,629	\$1,497,629
Education/Risk Reduction	\$0	\$0	\$0	\$476,535	\$476,535
Emergency Family Assist	\$0	\$102,720	\$0	\$0	\$102,720
Home Health Care	\$744,623	\$0	\$0	\$0	\$744,623
Insurance Continuation	\$0	\$0	\$0	\$0	\$0
Outreach	\$0	\$0	\$0	\$25,000	\$25,000
Prevention/Education	\$484	\$0	\$0	\$1,569,000	\$1,569,484
Other	\$3,194,147	\$382,303	\$0	\$669,213	\$4,245,663
Unreported	\$0	\$66,009	\$0	\$707,406	\$773,415
<b>Subtot of Additional Svcs</b>	<b>\$3,939,254</b>	<b>\$637,306</b>	<b>\$0</b>	<b>\$5,636,529</b>	<b>\$10,213,089</b>
<b>Total of All Services</b>	<b>\$86,299,114</b>	<b>\$8,541,735</b>	<b>\$580,757</b>	<b>\$5,636,529</b>	<b>\$101,058,135</b>

Table 3: State Funding Available Within the Boston EMA

Part A Service Categories	MA Subs Ab Line	MA Medicaid Line	MA AIDS Line	NH AIDS Line	Subtotal
Case Management	\$0	\$51,315	\$1,939,813	\$101,011	\$2,092,139
Client Advocacy	\$0	\$0	\$72,057	\$0	\$72,057
Complementary Therapy	\$0	\$0	\$90,640	\$0	\$90,640
Day Care	\$0	\$0	\$0	\$0	\$0
Dental	\$0	\$1,080,076	\$0	\$0	\$1,080,076
Drug Reimbursement	\$0	\$24,606,771	\$3,166,700	\$234,682	\$28,008,153
Evaluation/QM	\$0	\$0	\$503,135	\$0	\$503,135
Food Services	\$0	\$0	\$444,321	\$79,457	\$523,778
Housing	\$0	\$0	\$4,290,098	\$113,732	\$4,403,830
Mental Health	\$0	\$917,349	\$76,227	\$10,760	\$1,004,336
Peer Support	\$0	\$0	\$783,297	\$11,052	\$794,349
Primary Care	\$0	\$50,231,631	\$3,383,273	\$8,524	\$53,623,428
Respite Care	\$0	\$0	\$143	\$0	\$143
Substance Abuse	\$1,693,198	\$579,993	\$0	\$1,650	\$2,274,842
Transportation	\$0	\$2,266,779	\$33,554	\$43,266	\$2,343,599
<b>Subtotal Part A Services</b>	<b>\$1,693,198</b>	<b>\$79,733,913</b>	<b>\$14,783,258</b>	<b>\$604,134</b>	<b>\$96,814,504</b>
<b>Additional Services</b>	<b>MA Subs Ab Line</b>	<b>MA Medicaid Line</b>	<b>MA AIDS Line</b>	<b>NH AIDS Line</b>	<b>Subtotal</b>
Capacity Building/TA	\$0	\$0	\$998,178	\$0	\$998,178
Counseling & Testing	\$0	\$0	\$2,906,941	\$0	\$2,906,941
Education/Risk Reduction	\$0	\$0	\$0	\$0	\$0
Emergency Family Assist	\$0	\$0	\$38,977	\$0	\$38,977
Home Health Care	\$0	\$0	\$625,517	\$0	\$625,517
Insurance Continuation	\$0	\$0	\$0	\$12,330	\$12,330
Outreach	\$0	\$0	\$0	\$0	\$0
Prevention/Education	\$0	\$0	\$7,827,106	\$0	\$7,827,106
Other	\$0	\$3,155,089	\$1,886,967	\$124,457	\$5,166,513
Unreported	\$0	\$0	\$7,582,007	\$0	\$7,582,007
<b>Subtotal of Additional Services</b>	<b>\$0</b>	<b>\$3,155,089</b>	<b>\$21,865,693</b>	<b>\$136,787</b>	<b>\$25,157,569</b>
<b>Total of All Services</b>	<b>\$1,693,198</b>	<b>\$82,889,003</b>	<b>\$36,648,951</b>	<b>\$740,921</b>	<b>\$121,972,073</b>

Figure 24: Historical Funding Pattern of Part A Funding in the Boston EMA

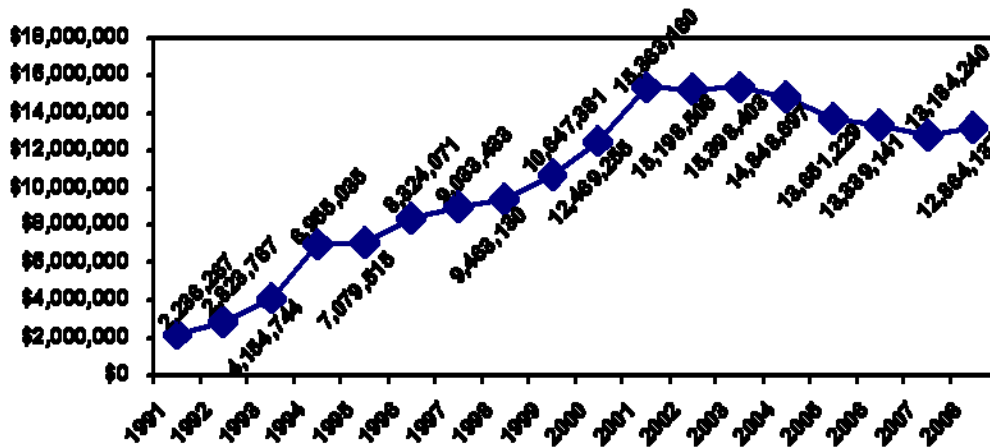


Figure 25: Historical Funding Pattern of Part B Funding in the Boston EMA

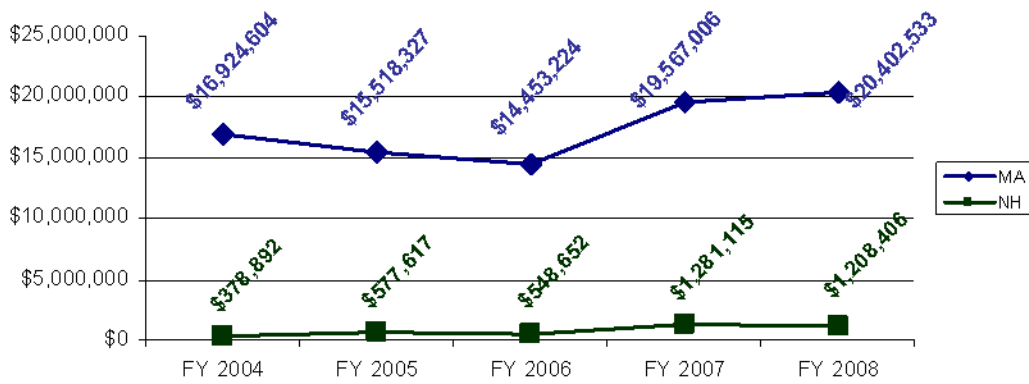


Figure 26: Historical Funding Pattern of MA AIDS Line in the Boston EMA

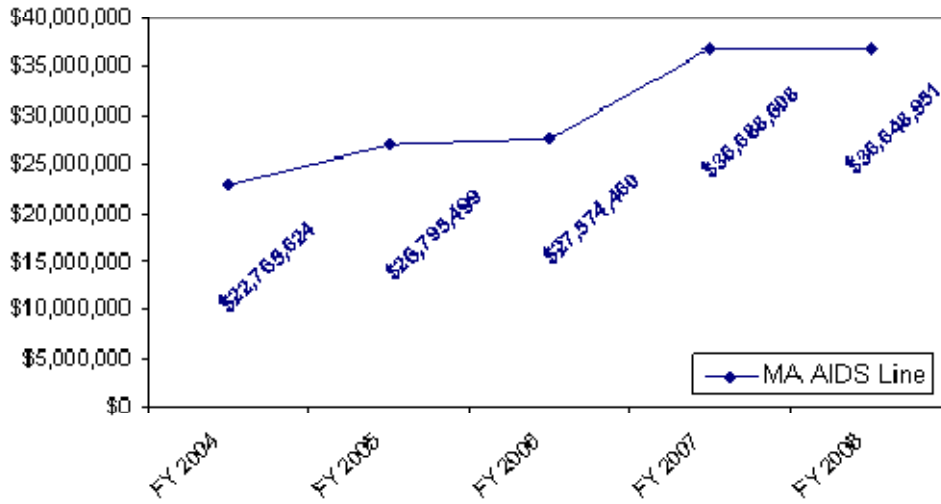
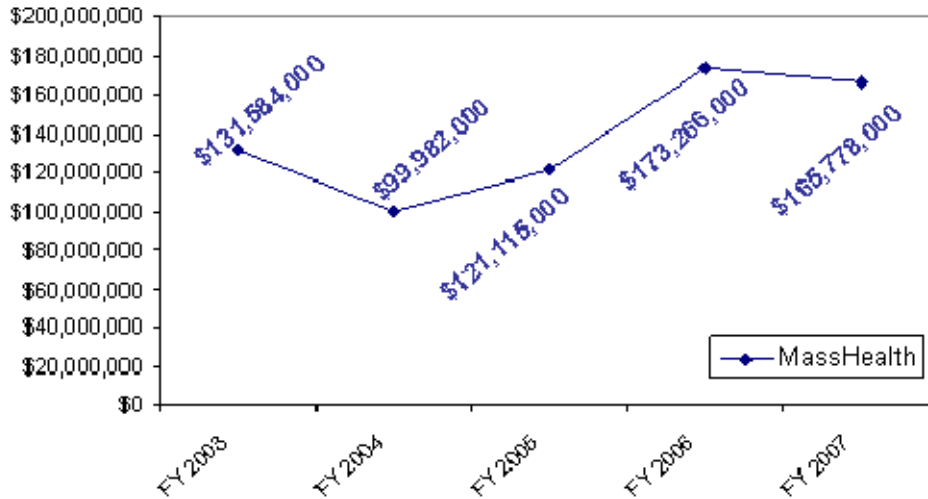
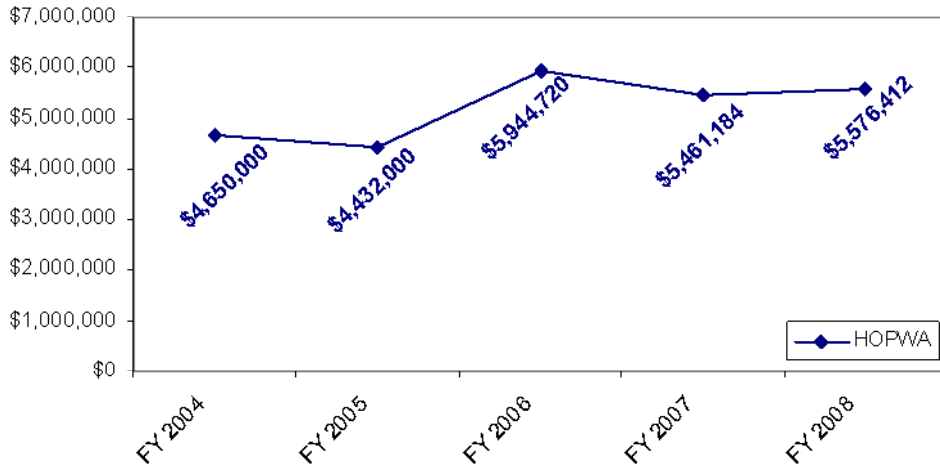


Figure 27: Historical Funding Pattern of MassHealth Funding in the Boston EMA



**Figure 28: Historical Funding Pattern of HOPWA Funding in the Boston EMA**



**Figure 29: Historical Funding Pattern of BSAS in the Boston EMA**

