Boston EMA Ryan White HIV/AIDS Services Planning Council

ALLOCATION OF RESOURCES COMMITTEE

2025 - 2026 Year-End Report

July 2026

Planning Council Support
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I. COMMITTEE OVERVIEW

A. Committee Charge

The Allocation of Resources Committee (ARC) is one of the Planning Council's standing committees. The Planning Council's Bylaws state the charge to the committee at Article 7, Section 7.1:

The ARC shall make recommendations to the Planning Council regarding potential federal, state, local, and private resources available to meet unmet service needs and recommend action to the Planning Council as appropriate.

The ARC shall recommend allocations of Part A funds to allowable service categories in the EMA. The ARC shall develop funding scenarios that will allow for rapid disbursement of funds in the case of level funding, decrease in funding, and increase in funding. The allocation recommendations will use all available information regarding community service needs, current funding for HIV services from all identifiable sources, and other data.

B. Committee Membership

Members

Robert Giannasca, Chair
Zeke Russell, Vice-Chair
Liz Koelnych
Bryan Thomas
Barry Callis
Gerald James
Alison Kirchgasser
Maria Petagna
Stephen Corbett
Meg Von Lossnitzer

Ryan White Services (RWS) Liaison

Rebecca Ritterman | Senior Program Coordinator, RWS

Planning Council Support (PCS) Staff

Clare Killian | Senior Program Manager
Ewaldine Shakira Fedna | Senior Program Coordinator
Julia Kirsch | Program Coordinator II

II. WORK OF THE COMMITTEE

A. Project Descriptions

- **Funding Streams Report**
  The Funding Streams Report is an annual data collection process guided by PCS and analyzed and reviewed by ARC. PCS requests this data from direct recipients of funding for health care and social support service agencies that serve PLWH throughout the EMA, analyzes this data, and then visualizes it for the committee in graphs and charts.

- **Funding Principles**
  The Funding Principles are overall directives guiding the work of ARC in the creation of its funding recommendations to the Council. They have evolved over the past 20 years to reflect the Planning Council's values and guide their processes, leading to the allocation of funds. BPHC uses these principles when contracting funded services and monitoring agencies. They are embedded into requests for proposals, and the recipient ensures the agencies are following these principles. Annually, ARC reviews the Boston EMA Part A Funding Principles and determines if there is a need for any revisions for the following fiscal year. ARC must review the principles as they are; they are not presented in any order of importance, and each principle is of equal weight to another. After recommendations are made by ARC, the Planning Council votes on them.

- **Resource Allocation**
  Resource Allocation is the process of deciding how much Ryan White Part A and Minority AIDS Initiative funding to provide for each prioritized and approved service category based on several criteria. Allocations are made a fiscal year in advance. This includes deciding how to allocate any existing or potential carry-over funding.

  These criteria include:
  - The needs of people living with HIV in the Boston EMA
  - Availability of other funding sources in the EMA (Funding Streams Report)
  - FY26 Funding Principles and Priority Setting Rankings
  - 5-year trends in service category performance – Part A and MAI Spending and Utilization Reports (FY21 – FY25)
  - System capacity of service categories to absorb funding increases or decreases
  - Epidemiologic Profile and Needs Assessment Data
  - HRSA's definitions of service categories
  - Federal and State budgets (MA & NH)
  - Impact of other relevant service system changes

  Recommendations are made by and voted on by committee members in an all-day resource allocation meeting. All recommendations are delivered to the full Planning Council for a final vote after they are approved by the committee.

B. Committee Meeting Summaries

Tuesday, October 14th, 2025

- ARC members reviewed and approved the meeting minutes of May 15, 2025.
- PCS reviewed the ARC charge, projects, and workplan for the year.
- PCS reviewed last year's year-end report recommendations from May.
- ARC Chair recapped the events of the ARC off-cycle meeting in August to revisit the carryover scenario.
- PCS and RWS announced the full FY25 award and showcased the allocation that the committee completed last term.
- ARC Chair reviews the conflict of interest policy and helps members identify their conflict of interest.
- PCS introduces the member spotlight agenda item and asks for volunteers for each ARC meeting.
- ARC Chair announces and holds the Vice-Chair nominations and elections process.
    - Zeke Russell is nominated and unanimously approved as Vice-Chair.

Tuesday, November 4th, 2025

- ARC members reviewed and approved the meeting minutes of October 14th, 2025.
- Stephen Corbett gave a Member Spotlight.
- PCS reviewed the current funding environment, a high-level overview of the funding currently available for HIV services in the Boston EMA.
- Rebecca, the RWS Liaison to ARC, presented a review of the service categories and funding streams in the context of the Part A program and then presented a spending and utilization update for each Part A and MAI funded service.
- PCS and the ARC Chair reviewed the Funding Streams Expo and requested feedback on anonymous client scenarios for the Expo that would get members thinking about how funding streams would be used.
- PCS led a bingo game to practice discussing service categories and funding streams.

Tuesday, December 9th, 2025

- ARC members reviewed and approved the meeting minutes of November 4th, 2025.
- Robert Giannasca, ARC Chair, gave a member spotlight.
- RWS presented an overview of Minority AIDS Initiative (MAI) Funding.
- PCS introduced the Funding Streams Report, what information is collected for the report, and the PCS work plan for completing it.
- PCS guided members in a review of the Service Category Cheat Sheet and asked for suggestions on how to edit the resource for this year's allocation meeting,
- ARC Chair reviews the "sweeps" i.e. unexpended funds allocations process.
- Agency Representatives give additional announcements regarding the federal landscape for ARC members to discuss.

Tuesday, January 20th, 2026

- ARC members reviewed and approved the meeting minutes of December 9th, 2025.
- Liz Koelynch gave a member spotlight.
- The ARC Chair reviewed the Year End Recommendations from the 2025 - 2026 Council term and led the members in a mid-year check-in against the progress towards

these recommendations.
- PCS provided an update on data collection for the Funding Streams Report.
- PCS and ARC Chair reviewed the FY27 Funding Principles and members commented on any necessary revisions. Members made four revisions and tabled the rest of the conversation for the February meeting.

Tuesday, February 17th, 2026
- ARC members reviewed and approved the meeting minutes of January 20th, 2026.
- ARC members reviewed and voted on the FY27 Funding Principles to be brought to Council for final approval.
- RWS presented a Part A and MAI spending and utilization update.
- PCS presented the first Funding Streams Summary presentation on Core Medical Services.
- PCS reviewed the Resources Allocation Process and ARC members began discussing which scenarios to conduct in May.
- PCS reviewed the Priority Setting activity and reminded members that this activity would take place during the March Planning Council meeting and that it would be a full in-person meeting.

Tuesday, March 17th, 2026
- ARC members reviewed and approved the meeting minutes of February 17th, 2026.
- PCS presented the second Funding Streams Summary presentation on Support Services.
- PCS and ARC Chair reviewed the funding process, including the criteria for FY25 Under-Expended Funds, or sweeps, that would be presented to the Council for a vote.
- PCS reviewed the FY27 Allocation Scenario options that ARC had developed so far, and members discussed the best options for scenarios given the current federal environment.

Tuesday, April 14th, 2026
- ARC members reviewed and approved of the meeting minutes of March 17th, 2026.
- PCS presented the third and final Funding Streams Summary presentation on administrative, program support, and miscellaneous spending.
- PCS and ARC Chair presented the definitions of the Unexpended or Carry-Over Scenarios and guided the group to develop their scenarios for FY25 actual unexpended/carry-over and FY26 potential unexpended/carry-over for the Part A and MAI grant.
    - PCS reminded members that this would be presented to the Council for a final vote.
- PCS introduced the agenda for the FY27 Allocations Meeting and the scenario options that had been discussed up until this point.

Tuesday, May 19th, 2026 – All Day Resource Allocation Meeting
- **This meeting is a 10 AM – 4 PM meeting where members determine the Part A funding scenarios for the approved service categories for the following fiscal year, should various cuts to or additions to funding happen. More details are later in this**

report.

- Members stated their conflicts of interest for the record.
- PCS reviewed the resources available to members in the binders.
- ARC Chair reviewed the fiscal years that the committee would be working with, and then representatives provided updates on and shared important context of the funding environment.
- ARC Chair synthesized feedback and recommendations from the other committee members to guide ARC members in scenario development.
- Agency Representatives presented any new/relevant updates for the committee.
- The Committee developed FY27 funding scenarios:
    - FY27 Level Funding Part A
    - FY27 500K Decrease Scenario
    - FY27 $1M Decrease Scenario
    - FY27 Level Funding – MAI
    - 100% MAI Reduction Scenario
    - Additional Guidance to BPHC

III. PROJECT OUTCOMES

A. Funding Streams Report

The 2025-2026 Funding Streams Report was guided by PCS and analyzed and reviewed by ARC. PCS requested information on public expenditures to the HRSA HIV/AIDS Service Categories from 32 agencies spanning HOPWA, CDC, HRSA recipients, including the other Ryan White Parts, as well as each state's Medicaid agency and other state funding. Requests were sent to the primary recipient of each grant to reduce duplicative reporting from recipients and subrecipients. Agencies had over two months to respond to the request.

PCS input the data received into an Excel sheet to analyze total spending both per service category and per funding stream and then guided ARC in analyzing the spending trends to help determine where Part A and MAI dollars could make the most impact. 90% of requests were responded to with over $629,285,412 reported as spent on HIV/AIDS services, including administration and program support, in 2025-2026.

The Funding Streams Report was divided into three presentations: funding for Core Medical Services, then Support Services, then Administrative, Program Support, or Miscellaneous funding. Core Medical Services funding was presented in February, Support Services in March, and the final portion in April. This three-part presentation was then combined into one high-level Funding Streams Summary for the Planning Council.

In this presentation to the Council, PCS outlined the main public funding sources in the Boston EMA, the proportion of each funding stream, and the proportion of how much each funding stream is spent per service category. This data was then used as context for the funding environment during the FY27 All Day Resource Allocation meeting while ARC members were making their Part A and MAI funding decisions.

B. *FY27 Funding Principles*

On January 30th and February 17th, ARC reviewed each funding principle from FY26 and considered the purpose and audience of the principles. FY26 Principles, as reviewed last year, go into effect March 1, 2026. FY27 Principles, as reviewed this year, go into effect March 1, 2027.

The funding principles are not presented in any order of importance, and each principle is of equal weight as any other. 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".

Members revised several Funding Principles to improve clarity, consistency, and alignment with Ryan White program requirements. The committee removed the phrase "in times of reflection and change" from the preamble because members agreed the Funding Principles should be open to revision at any time, not only during periods of significant change. Principle #4 was updated to clarify that providers may demonstrate ties to affected populations through staffing, language/cultural competency, community involvement, **and/or** site of services, making it clear that these are examples rather than a required checklist. Principle #6 was revised to remove the phrase "should be required to," eliminating conflicting language and reinforcing that the Funding Principles are intended to guide funding decisions rather than serve as enforceable standards. Principle #7 was strengthened by changing "should" to "must" to reflect the Ryan White requirement that providers maximize all other available funding sources before relying on Part A funds. The committee also considered incorporating language related to state integrated planning documents into the Funding Principles but determined that this responsibility is more appropriately addressed through Ryan White Services guidance and provider monitoring rather than within the Funding Principles themselves. The principles were approved by ARC on February 17, 2026, approved by the Planning Council on April 9, 2026, and are included in **Appendix A**.

C. *FY25, FY26, and FY27 Resource Allocation*

There are three types of funds for annual allocation: Unexpended (Carry-Over), Under-Expended (Sweeps), or Funding Scenarios. Unexpended funds are carry-over funds. They are carried over at the end of one fiscal year to the next fiscal year. Under-expended funds are sweeps funds. Those are reallocated throughout the fiscal year, due to underutilization. Finally, the funding scenarios that were created during the All-Day Allocations meeting outline a plan on how to allocate money during the next fiscal year, planning for various award amount scenarios.

FY25 *Actual* Under-expended Funds ("Sweeps")

BPHC 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 BPHC flexibility in reallocating these funds to maximize the expenditure of the award.

FY25 *Actual* Unexpended Funds (Table 1)

The reauthorized Ryan White Act allows Part A recipients to request carry-over for *up to* 5% of their formula award. According to HRSA's unobligated funds policy, unexpended formula funds above 5% will result in a corresponding reduction in funds the following fiscal year, and the Part A recipient will be ineligible for any supplemental funds.

The Allocation of Resources Committee decided to recommend the following allocations for the FY25 Actual Carry Over Scenario:

- 50% ADAP
- 15% Oral Health Care
- 20% Food Bank
- 15% Medical Nutrition Therapy

Rationale:
ARC reviewed last year's allocation and noted that Emergency Financial Assistance (EFA) had previously received carryover funding. ARC decided to remove EFA from the scenario due to its consistent difficulty spending down funds and replaced it with Medical Nutrition Therapy, which spent over 100% of its award this year and has consistently spent at or above 100% in recent years. Oral Health Care was retained given the Governor's proposed MassHealth cap, which makes Part A support for that category more critical. ADAP and Food Bank were also maintained as reliable fast-spending service categories that fully absorbed and expended their FY24 carryover within the required timeframe.

This was approved by the Planning Council on June 11th, 2026.

FY26 *Potential* Unexpended Funds (Table 2)
The committee also made recommendations for potential money left over in FY25 to be included in HRSA reporting.

The recommendation was made to keep the allocation proportions the same from the FY25 *Actual* Unexpended Funds.

- 50% to AIDS Drug Assistance Program
- 20% to Food Bank/Home-Delivered Meals
- 30% to Emergency Financial Assistance

Rationale:
ARC chose to keep the percentages the same for FY25 Potential Unexpended Funds with the understanding that ARC members would be able to adjust these allocations if needed next year.

This was approved by the Planning Council on June 11th, 2026.

Table 1. FY25 *Actual* Unexpended Funds (Carryover)

FY25 Rank	Service Category	Core or Support	FY25 Base Allocation	Calculation Percentage	Change in FY25 with actual carry over	Result: Revised Amount with Carryover
1	AIDS Drug Assistance (ADAP/HDAP)	1	$227,980	50%	$250,000	$477,980
2	Medical Case Management	1	$4,481,676		$0	$4,481,676
3	Housing Services	2	$1,482,645		$0	$1,482,645
4	Non-Medical Case Management Services	2	$1,077,739		$0	$1,077,739
5	Oral Health Care	1	$1,427,799	15%	$75,000	$1,502,799
6	Food Bank/Home-Delivered Meals	2	$1,028,400	20%	$100,000	$1,128,400
7	Emergency Financial Assistance	2	$131,874		$0	$131,874
10	Medical Transportation Services	2	$209,230		$0	$209,230
11	Psychosocial Support Services	2	$1,063,943		$0	$1,063,943
12	Medical Nutrition Therapy	1	$893,600	15%	$75,000	$968,600
14	Health Education/Risk Reduction	2	$0		$0	$0
16	Linguistic Services	2	$0		$0	$0
18	Other Professional Services (Legal)	2	$0		$0	$0
	Case Management Training Program		$254,077		$0	$254,077
	Direct Part A Service Total		$12,278,963	100%	$500,000	$12,778,963

	Quality Management (5% cap)	4%
	Total: QM	$529,851
	Adminstration/Planning Council Support (10% cap)	11%
	Total: Admin/PCS	$1,505,618
	Total Planned Allocation	$14,314,432

Table 2. FY26 *Potential* Unexpended Funds

FY26 Rank	Service Category	Core or Support	FY26 Base Allocation	Calculation Percentage	Change in FY26 with potential carry over	Result: Revised Amount with Carryover
1	AIDS Drug Assistance (ADAP/HDAP)	1	$227,980	50.00%	$250,000	$477,980
2	Housing Services	2	$1,422,068		$0	$1,422,068
3	Medical Case Management	1	$4,481,677		$0	$4,481,677
4	Emergency Financial Assistance	2	$153,841		$0	$153,841
5	Food Bank/Home-Delivered Meals	2	$1,028,400	20.00%	$100,000	$1,128,400
6	Oral Health Care	1	$1,427,799	15.00%	$75,000	$1,502,799
7	Non-Medical Case Management Services	2	$1,077,139		$0	$1,077,139
10	Medical Transportation Services	2	$161,531		$0	$161,531
12	Psychosocial Support Services	2	$1,086,110		$0	$1,086,110
13	Medical Nutrition Therapy	1	$893,600	15.00%	$75,000	$968,600
15	Health Education/Risk Reduction	2	$0		$0	$0
19	Other Professional Services (Legal)	2	$0		$0	$0
22	Linguistic Services	2	$0		$0	$0
	Case Management Training Program		$234,380		$0	$234,380
	Direct Part A Service Total		$12,194,525	100%	$500,000	$12,694,525
	Quality Management (5% cap)		3%			
	Total: QM		$479,168			
	Adminstration/Planning Council Support (10% cap)		10%			
	Total: Admin/PCS		$1,417,569			
	Total Planned Allocation		$14,091,262			

FY27 Funding Scenarios

ARC developed the scenarios on May 19th, 2026, recommended them to the Planning Council on June 11th, 2026, and the votes took place on June 25th, 2026, with all scenarios being approved.

ARC utilized several resources to analyze the current funding environment, including potential changes that could be made to HIV funding in both state and federal budgets. ARC also extensively reviewed Part A spending and service utilization data over the past five fiscal years, historical underspending in certain service categories, and the capacity of other service categories to absorb cuts and utilize other funding opportunities. Resources used during the Allocations Meeting to develop the FY27 Funding Scenarios include:

I. Funding Streams Guide
- a. Purpose: to serve as a one stop shop for agency and grant definitions, commonly used acronyms and abbreviations.

II. Service Category Cheat Sheet
- a. Purpose: To serve as a one-stop shop for all information regarding all HRSA Ryan White Service categories and how they are implemented and funded in the Boston EMA
- b. This cheat sheet includes:
  - i. FY27 Standard Part A Priority Setting and MAI Priority Setting rankings
  - ii. Service Category Definitions, along with their key activities
  - iii. Funding streams percentage visualized in a pie chart
  - iv. Unit Type
  - v. Relevant notes about Part A or other funding streams
  - vi. Space for members to write notes throughout the day

III. FY25 Year End Report/Q4 Spending & Utilization Report
- a. Purpose: To understand trends in spending and utilization for Part A and MAI service categories
- b. The RWS FY25 Year End Report or Q4 Sheet shows the following metrics for each service category – for Part A and MAI funds:
  - i. Projected Number of Units and Projected Number of Clients
  - ii. Completed Units and Actual Number of Clients
  - iii. Total Allocation and Total Expenditure

IV. FY21-25 Utilization, Allocation, and Expenditure Summaries
- a. Purpose: To understand trends in spending and utilization for Part A and MAI service categories since 2021
- b. These slides show the trends in Part A and MAI funding from 2021 to 2025. This data is taken from the Year End Report/Q4 Sheets annually, so it is the same information. During the meeting, PCS presented these slides to the committee for discussion in-depth per category.

V. Funding Streams Summary Slides
- a. These slides present the data collected from this year's funding streams report and include information on all available HIV funding in the Boston EMA reported to PCS.

b. Note: The information in these funding streams summary slides is the same information included in the Service Category Cheat Sheet.

VI. FY27 Priority Setting Results – Part A and MAI

a. These documents are the final Priority Setting Results as voted on by the Planning Council in April 2026. This information is also included in the Service Category Cheat Sheet.

VII. FY27 Funding Principles

a. Purpose: Guide the creation of funding recommendations that ARC will develop and then present to the Planning Council

b. The Funding Principles, approved by Council in February for FY27 are:

i. Expectations of services funded by Ryan White Part A dollars allocated by the Planning Council

ii. "If you are requesting our funding, you must uphold these principles."

According to the Ryan White legislation, 10% of the grant is to be used for administration, which includes Planning Council Support (PCS) and BPHC (Recipient) administration, and 5% for Quality Management (QM).

FY27 Level Funding Scenario (Table 3)

The Allocation of Resources Committee decided to recommend the following allocations for the FY27 Level Funding Scenario:

- Increase $35,000 to Food Bank/Home-Delivered Meals due to the increase in cost of living and cost of food and a clear reduction in number of clients that the current allocation can serve.
- Reduce that $35,000 from Psychosocial Support due to consistent underspending in the last 5 years of about $40,000 or less and inability to maintain/sustain a staff line with only this much money.
- Reduce Medical Transportation by $35,197 which is about their underspent dollars over the last 5 years. This service also has consistent/stable other funding streams.
- Reduce Medical Case Management by $140,000 due to consistent underspending.
- Increase Non-Medical Case Management by $70,000 to increase capacity for MassHealth/Medicaid recertifications and other administrative burden to maintain care.
- Increase Oral Health Care by $105,197 to mitigate potential impacts to the dental care system related to MassHealth/Medicaid caps and other dental care reductions in funding for PLWH.

This scenario was presented to Planning Council on June 11th and approved on June 25th, 2026.

FY27 $500,000 Decrease Scenario (Table 4)

The Allocation of Resources Committee decided to recommend the following allocations for the FY27 500K decrease scenario:

- First, the committee chose to carry over the FY27 Level Funding decisions to be used as

the base funding here. All adjustments made in the FY27 Level Funding scenario are carried over to this scenario.
- From there, the committee decided to hold ADAP and Oral Health Care harmless, meaning that these two categories would not be proportionally reduced when the remaining categories are.
- From there, the $425,000 overall reduction is taken proportionally from the remaining categories.

This scenario was presented to Planning Council on June 11th and approved on June 25th, 2026.

FY27 $1 Million Decrease Scenario (Table 5)

The Allocation of Resources Committee decided to recommend the following allocations for the FY27 1 Million decrease scenario:

- First, the committee chose to carry over the FY27 Level Funding decisions to be used as the base funding here. All adjustments made in the FY27 Level Funding scenario are carried over to this scenario.
- ARC did not want any categories to be disproportionally affected by this scenario, so they chose to proportionally reduce the $825,000 from all categories.

This scenario was presented to Planning Council on June 11th and approved on June 25th, 2026.

Minority AIDS Initiative Scenarios

The following categories are currently approved in the Boston EMA for Minority AIDS Initiative funding:

1. Medical Case Management
2. Emergency Financial Assistance – Not funded via MAI in FY26
3. Non-Medical Case Management
4. Psychosocial Support
5. Linguistic Services – Not funded via MAI in FY26
6. Other Professional Services (Legal)

FY25 MAI *Actual* Unexpended Funds (Table 6)

The reauthorized Ryan White Act allows MAI recipients to request carry-over for *up to* 5% of their formula award. According to HRSA's unobligated funds policy, unexpended formula funds above 5% will result in a corresponding reduction in funds the following fiscal year, and the MAI recipient will be ineligible for any supplemental funds.

The Allocation of Resources Committee decided to recommend the following allocations for the FY25 Actual Carryover Scenario:

- 50% Psychosocial Support
- 50% Other Professional Services Legal

This was approved by the Planning Council on June 11th, 2026.

Rationale:
These categories were chosen because they were identified as ones that can rapidly spend carryover funds. Most MAI service categories are staffing-based, making carryover difficult to spend; EFA has no funded providers under MAI; and food purchases are unallowable under Psychosocial Support. OPS-Legal is identified as having potential non-staffing uses such as court fees. The group chose 50% to Psychosocial Support and 50% to OPS-Legal, understanding that this could be revisited if it is really needed.

FY26 MAI *Potential* Unexpended Funds (Table 7)

The Allocation of Resources Committee decided to recommend the following allocations for the FY26 Potential Carryover Scenario:

- 50% Psychosocial Support
- 50% Other Professional Services Legal

This was approved by the Planning Council on June 11th, 2026.

Rationale: ARC chose to keep the percentages the same for FY25 Potential Unexpended Funds with the understanding that ARC members would be able to adjust these allocations if needed next year.

FY27 MAI Level Funding (Table 8)

Allocation of Resources Committee decided to recommend the following allocations for the FY27 MAI Level Funding scenario:

- Increase Other Professional Services by $50,000 due to their consistent complete spending and demonstrated need over the last fiscal year.
- Reduce Psychosocial Support and Medical Case Management by $25,000 each due to consistent underspending by about that much per category.

This scenario was approved by the Planning Council on June 25th, 2026.

FY27 Part A Level Funding if MAI is eliminated (Table 9)

For this scenario, ARC looked at the Part A and MAI portfolios together so that they could analyze which categories would be most impacted if they did not have the extra MAI funds in those categories. The same agency cannot receive both Part A and MAI funding, so if this scenario were to occur, those services previously funded under MAI would be retained as much as possible under the Part A budget.

The Allocation of Resources Committee decided to recommend the following allocations for the

FY27 Part A Level Funding if MAI is eliminated scenario:

- First, the committee chose to carry over the FY27 Level Funding decisions to be used as the base funding here. All adjustments made in the FY27 Level Funding scenario are carried over to this scenario.
- From there, in order to retain the Other Professional Services - MAI Allocation in Part A, the committee reduced $137,813 proportionally from all categories except for Medical Case Management, Non-Medical Case Management, and Psychosocial Support. Technically, Other Professional Services - Legal increased by $137,813.
- Then, the committee increased Non-Medical Case Management by $143,612 and reduced Housing by an additional $118,612 and Emergency Financial Assistance by an additional $25,000.

This scenario was approved by the Planning Council on June 25th, 2026.

Additional Guidance to BPHC

Historically, the recipient is given guidance to adjust category allocations between 10% and 20% to allow BPHC (Recipient) flexibility in adjusting allocations for each service category established in the Funding Scenario recommendations.

This flexibility maintains the intent of the recommendations while providing greater flexibility to BPHC to rapidly allocate funds to the Boston EMA without delays due to returning to the Planning Council for additional guidance. This flexibility also allows BPHC to adjust for unanticipated changes in the EMA that occur from the time of the recommendation and the time of the award.

ARC recommended that the Council allows BPHC the flexibility to adjust category funding allocations based on emerging needs and the changing environment by up to **25% above or below** the levels for each service category, except for categories funded at **less than $500,000 are given up to 50% leeway** as established in the FY26 Funding Scenario recommendations. If BPHC needs additional flexibility, they will notify the Executive Committee as soon as possible.

Rationale:
This would allow BPHC to have the flexibility to adjust service categories in case of late awards, etc., to prevent underspending.

On June 25th, 2026, the Planning Council voted to approve ARC's recommendation.

Table 3. FY27 Level Funding Scenario

FY27 Ranking	Service Category	FY 2026 Base Funding	FY26 Proportions	Add or Subtract from FY26 Base Allocation	FY27 Level Funding Scenario
1	AIDS Drug Assistance Program	$227,980	1.9%		$227,980
2	Housing Services	$1,482,645	12.1%		$1,482,645
3	Food Bank/Home-Delivered Meals	$1,028,400	8.4%	$35,000.00	$1,063,400
4	Emergency Financial Assistance	$131,874	1.1%		$131,874
5	Oral Health Care	$1,427,799	11.6%	$105,197.00	$1,532,996
6	Medical Case Management	$4,481,676	36.5%	-$140,000.00	$4,341,676
7	Non-Medical Case Management	$1,077,739	8.8%	$70,000.00	$1,147,739
10	Medical Transportation	$209,230	1.7%	-$35,197.00	$174,033
12	Psychosocial Support	$1,063,943	8.7%	-$35,000.00	$1,028,943
13	Medical Nutrition Therapy	$893,600	7.3%		$893,600
15	Health Education/Risk Reduction	$0	0.0%		$0
18	Other Professional Services	$0	0.0%		$0
20	Linguistics	$0	0.0%		$0
	MCM/NMCM Training	$254,077	2.1%		$254,077
	Direct Part A Service Total	$12,278,963	100%	100.0%	$12,278,963

Table 4. FY27 $500,000 Decrease Scenario

FY27 Ranking	Service Category	FY 2027 Level Funding Scenario	FY27 Level Proportions	Updated Proportions	Proportional Reduction	Additional Changes	FY26 $500,000 Decrease Scenario Allocations
1	AIDS Drug Assistance Program	$227,980	1.9%	Hold Harmless	$0		$227,980
2	Housing Services	$1,482,645	12.1%	14.1%	$59,909		$1,422,736
3	Food Bank/Home-Delivered Meals	$1,063,400	8.7%	10.1%	$42,969		$1,020,431
4	Emergency Financial Assistance	$131,874	1.1%	1.3%	$5,329		$126,545
5	Oral Health Care	$1,532,996	12.5%	Hold Harmless	$0		$1,532,996
6	Medical Case Management	$4,341,676	35.4%	41.3%	$175,434		$4,166,242
7	Non-Medical Case Management	$1,147,739	9.3%	10.9%	$46,377		$1,101,362
10	Medical Transportation	$174,033	1.4%	1.7%	$7,032		$167,001
12	Psychosocial Support	$1,028,943	8.4%	9.8%	$41,576		$987,367
13	Medical Nutrition Therapy	$893,600	7.3%	8.5%	$36,108		$857,492
15	Health Education/Risk Reduction	$0	0.0%	0.0%	$0		$0
18	Other Professional Services	$0	0.0%	0.0%	$0		$0
20	Linguistics	$0	0.0%	0.0%	$0		$0
	MCM/NMCM Training	$254,077	2.1%	2.4%	$10,266		$243,811
	Direct Part A Service Total	$12,194,525	100%	100%	**$425,000**	$ -	$11,769,525

Table 5. FY26 $1 Million Decrease Scenario

FY27 Ranking	Service Category	FY 2027 Level Funding Scenario	FY27 Level Proportions	Updated Proportions	Proportional Reduction	Additional Changes	FY27 $1M Decrease Scenario
1	AIDS Drug Assistance Program	$227,980	1.9%	Decreased proportionally – no updates	$15,782	None	**$212,198**
2	Housing Services	$1,482,645	12.1%		$102,635		**$1,380,010**
3	Food Bank/Home-Delivered Meals	$1,063,400	8.7%		$73,613		**$989,787**
4	Emergency Financial Assistance	$131,874	1.1%		$9,129		**$122,745**
5	Oral Health Care	$1,532,996	12.5%		$106,120		**$1,426,876**
6	Medical Case Management	$4,341,676	35.4%		$300,549		**$4,041,127**
7	Non-Medical Case Management	$1,147,739	9.3%		$79,451		**$1,068,288**
10	Medical Transportation	$174,033	1.4%		$12,047		**$161,986**
12	Psychosocial Support	$1,028,943	8.4%		$71,228		**$957,715**
13	Medical Nutrition Therapy	$893,600	7.3%		$61,859		**$831,741**
15	Health Education/Risk Reduction	$0	0.0%		$0		**$0**
18	Other Professional Services	$0	0.0%		$0		**$0**
20	Linguistics	$0	0.0%		$0		**$0**
	MCM/NMCM Training	$254,077	2.1%		$17,588		**$236,489**
	Direct Part A Service Total	$12,194,525	100%	100.0%	$11,428,963		**$11,344,525**

Table 6. FY25 MAI Actual Unexpended Funds

FY25 Rank	Service Category	FY25 Base Allocation	FY25 Base Proportion	Calculation Percentage	FY25 Carry Over Allocation	Result: Revised Amount with Carryover
1	Medical Case Management	$199,174	23%		$0	$199,174
2	Non-Medical Case Management	$345,965	40%		$0	$345,965
3	Emergency Financial Assistance	$0	0%		$0	$0
4	Psychosocial Support	$186,769	21%	50.00%	$25,348	$212,117
5	Linguistics Services	$0	0%		$0	$0
6	Other Professional Services (Legal)	$137,813	16%	50.00%	$25,348	$163,161
	Direct Service Total	**$869,721**	100%	100%	$50,695.95	$920,417

Table 7. FY26 MAI Potential Unexpended Funds

FY26 Rank	Service Category	FY26 MAI Base Allocation	FY26 Base Proportion	Calculation Percentage	FY25 Carry Over Allocation	Result: Revised Amount with Carryover
1	Medical Case Management	$199,174	23%		$0	$199,174
2	Emergency Financial Assistance	$0	0%		$0	$0
3	Non-Medical Case Management	$348,090	40%		$0	$348,090
4	Psychosocial Support	$186,769	21%	50.00%	$25,203	$211,972
5	Linguistics Services	$0	0%		$0	$0
6	Other Professional Services (Legal)	$137,813	16%	50.00%	$25,203	$163,016
	Direct Service Total	$871,846	100%	100%	$50,407	$922,253

Table 8. FY27 MAI Level Funding Scenario

FY27 Rank	Service Category	FY26 Base Funding	FY26 Base % of MAI	Add or Subtract from FY26 MAI Base Allocation	FY27 MAI Level Funding	FY27 MAI Level Funding Proportions
1	Medical Case Management	$199,174	23%	-$25,000	$174,174	20%
2	Non-Medical Case Management	$348,090	40%		$348,090	40%
3	Emergency Financial Assistance	$0	0%		$0	0%
4	Psychosocial Support	$186,769	21%	-$25,000	$161,769	19%
5	Other Professional Services (Legal)	$137,813	16%	$50,000	$187,813	22%
6	Linguistics Services	$0	0%		$0	0%
	Direct Service Total	$871,846	$871,846	$869,721	$0	$871,846

Table 9. FY27 Part A Level Funding if MAI is eliminated

FY27 Ranking	Service Category	FY 2027 Level Funding Scenario	FY27 Proportions % of direct Care	FY27 MAI Level Allocation	Add or Subtract from FY25 Base	Proportion holding MCM, NMCM, PSS harmless	Proportional Reduction of OPS MAI Allocation to Other Services	Absorption of OPS	FY26 MAI Reduction Scenario Allocations	Proportions
1	AIDS Drug Assistance Program	$227,980	1.9%			4.0%	-5,454.05	-5,454	**$222,526**	1.8%
2	Housing Services	$1,482,645	12.1%		$(200,000)	25.7%	-35,469.84	-35,470	**$1,328,563**	10.8%
3	Food Bank/Home-Delivered Meals	$1,063,400	8.7%		$100,000	18.5%	-25,440.10	-25,440	**$1,037,960**	8.5%
4	Emergency Financial Assistance	$131,874	1.1%	$0.0		2.3%	-3,154.87	-3,155	**$103,719**	0.8%
5	Oral Health Care	$1,532,996	12.5%			26.6%	-36,674.41	-$36,674	**$1,496,322**	12.2%
6	Medical Case Management	$4,341,676	35.4%	$174,174	$(200,000)			$0	**$4,341,676**	35.4%
7	Non-Medical Case Management	$1,147,739	9.3%	$348,090	$230,765			$0	**$1,291,351**	10.5%
10	Medical Transportation	$174,033	1.4%		$(80,765)	3.0%	-4,163.45	-4,163	**$169,870**	1.4%
12	Psychosocial Support	$1,028,943	8.4%	$161,769	$150,000			$0	**$1,028,943**	8.4%
13	Medical Nutrition Therapy	$893,600	7.3%			15.5%	-21,377.91	-21,378	**$872,222**	7.1%
15	Health Education/Risk Reduction	$0	0.0%			0.0%		$0	**$0**	0.0%
18	Other Professional Services	$0	0.0%	$187,813			$137,813	$137,813	**$137,813**	1.1%
20	Linguistics	$0	0.0%	$0.0		0.0%		$0	**$0**	0.0%
	MCM/NMCM Training	$254,077	2.1%			4.4%	-6,078.37	-6,078	**$247,999**	2.0%
Direct Part A Service Total		$12,194,525	100%						**$12,278,963**	100%

IV. RECOMMENDATIONS FOR 2026-2027

A. Recommendations for 2026-2027 ARC:

- Hold one or two additional in-person or hybrid ARC meetings early in the year to strengthen team cohesion.
- Continue presenting funding streams summary across multiple meetings to improve understanding and discussion.
- Separate meeting objectives from the agenda to clearly communicate and review meeting goals at the end of the meeting.

B. Recommendations for 2026-2027 Planning Council:

- Reintroduce double-sided name cards for staff and members during in-person meetings.
- Increase professional development opportunities, encourage more presentations from members and guest speakers.
- Add an evaluation question asking members what they hope to gain from their Planning Council experience.
- Improve hybrid meeting accessibility by repeating in-room comments and questions for virtual participants.
- Incorporate a goal-setting activity into new member orientation.
- Post meeting recordings to Basecamp consistently and include recording links in post-meeting communications.

APPENDIX A

FY27 Funding Principles

On February 17, 2026, the Allocation of Resources Committee (ARC) voted and approved the following Funding Principles: the new edits are **bolded** below. On April 9th, 2026, ARC recommended the Funding Principles to the Planning Council, and they were approved.

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." **The funding principles may be reviewed and modified by the Boston EMA Ryan White HIV/AIDS Services Planning Council to better serve our client base.**

1. Providers should ensure that access to services funded by Part A is fair, equitable and just for all eligible persons with HIV/AIDS throughout the EMA.

2. Providers should ensure services meet essential needs of consumers as defined by credible and timely data/needs assessments.

3. Providers funded by Part A should seek input from and/or participation by consumers as critical in reaching their decisions.

4. 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/or** site of services.

5. Providers should demonstrate a commitment to prevent and mitigate stigma to the extent possible within their environments.

6. Providers **should** demonstrate optimal collaborations.

7. Providers **must** seek out and maximize the use of all/other funding sources, rather than solely relying on Part A.

8. Providers must demonstrate a willingness to provide services to all eligible, affected populations and an ability to provide appropriate services to the populations they target.

9. Providers should encourage and support self-advocacy among consumers.

10. Providers should design programs 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 and lived experience, from being employed in service delivery.

11. Funding decisions should be made in such a way as to encourage the development/maintenance of high quality, user-friendly, innovative services.

12. 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.

13. Staff funded by Part A may not solicit or accept personal gifts, travel, meals, or entertainment with a value in excess of $50, from any pharmaceutical company or any person or entity that provides or is seeking to provide goods or services to Part A funded agencies, or that does business with, or is seeking to do business with, a Part A funded agency. Faculty, clinicians, or staff funded by Part A who are expected to participate in meetings of professional societies as part of their continuing professional education should be aware of the potential influence, both direct and indirect, of pharmaceutical companies on these meetings and should use discretion in evaluating whether and how to attend or participate in these educational events, lectures, legitimate conferences, and meetings.