Planning Council Meeting
Thursday, October 9, 2025
Non-Profit Center, 89 South St.
4:00 PM – 6:00 PM

Highlighted in yellow = action items for PCS to follow up on

Summary of Attendance

Members Present
Stephen Batchelder
Henry Cabrera
Wayne Callahan
Barry Callis
Joey Carlesimo
Milaun Casimir
Alyssa Collaro
Stephen Corbett
Katherine D'Onfro
Beth Gavin
Robert Giannasca
Regina Grier
Amanda Hart
Fabian Ortiz Hernandez
Gerald (Gerry) James
Alison Kirchgasser
Liz Koelnych
Shambi Mwandembo
Ericka Olivera
Serena Rajabiun
James Suarez
Meg Von Lossnitzer
Jeffrey Warach
Kim Wilson

Members Excused
Rick Boyd
Felicia McDevitt
Christopher Furtado-Ambar
Chris McNally
Melissa Hector

Members Absent
Daniel Amato

Damon Gaines
Jennifer Nganga
Yvette Perron
Ezekiel Russell
Curtis Santos
Bryan Thomas

Staff
Clare Killian
Julia Kirsch
Shakira Fedna
Melanie Lopez
Tzuria Falkenberg
Zan Whitted
Roxy Dai
Taylor Parent
Rebecca Ritterman
Alba Cruz-Davis
Iyiola Fatuiyele
Catherine Fine

Topic A: Welcome, Moment of Silence, Group Agreements & Agenda

The Chair opens the meeting, calls the meeting to order, leads a moment of silence, and reminds members of the group agreements.

PCS takes attendance as reflected above and reviews the agenda and objectives for the meeting:

September 18, 2025 Minutes Review & Vote Henry Cabrera, PC Chair	Vote to approve the minutes from the previous meeting
Agency Updates & Committee Reports Agency Representatives & Committee Chairs	Learn updates from agency reps; hear about Council committee work
RWS Clinical Quality Management (CQM) Introduction & E2Boston Overview Zan Whitted & Tzuria Falkenberg, RWS CQM	Learn about the CQM program and activities
RWS Presentation: Service Standards Overview Roxy Dai, RWS Client Services, SPEC Liaison	Learn more about the Service Standards and the Council's responsibilities
RWS CQM Part A Services Demographics Report – Core Medical Services Zan Whitted & Tzuria Falkenberg, RWS CQM	Learn about the demographics of clients who have utilized Part A-funded Core Medical Services
Announcements, Evaluation & Adjourn PCS & Henry Cabrera, Chair	Share community announcements, the QR code and link to the meeting evaluation, and adjourn the meeting

Topic B: September 18th Meeting Minutes Review & Vote

The Chair reminds members of the steps to review and approve meeting minutes. Members online vote via Zoom poll and members in person vote via show of hands led by the Chair.

Motion to Approve: Stephen Corbett
Second: Robert Giannasca

Result: 11 approve in person, 100% approve online.

Topic C: Agency Updates & Committee Reports

AGENCY UPDATES
The Chair introduces the agency representatives. Our agency representatives provide us with knowledge and information on the agencies that they work with. These are all additional funding streams as a part of the HIV care landscape in the Boston EMA. Each agency rep greets the Council and gives their update.

Alison Kirchgasser | Federal Policy Director for MassHealth	My only update for today is to confirm that the government shutdown does not affect Medicaid services or members.
Barry Callis | MDPH	• I just wanted to make another announcement about the Integrated Prevention and Care Plan. • As you've heard in past meetings, I've talked about pre-planning work that we did over the spring and summer, and we're doing listening sessions this fall through the end of the calendar year. • The listening sessions have really informed the foundation of our integrated plan, the goals and objectives and priorities. We're excited to kick off that work in coordination with the Ryan White Services Team and your participation as members of the Planning Council. • I will be having regular engagements with you all in the Needs Assessment Committee around the parallel work that they're doing. The work that that committee's doing and the work that we're doing jointly together are both required of Part A and Part B recipients of HRSA funding, and we also get CDC funding, and this integrated plan is a requirement of that CDC funding as well.
Yvette Perron | NH DHHS	Not present.
Melissa Hector | Mayoral Liaison Director of Equitable and Strategic Initiatives in the Executive Office at the Boston Public Health Commission.	Melissa is not present. Clare gives this update: • Check out Boston Public Health Commission's social media websites for information about vaccine clinics. • Send friends, family, clients to these clinics. There'll be COVID, flu, and most childhood vaccines available for free. No insurance required, no questions asked, at these clinics this fall.
Melanie Lopez | BPHC RW Part A	Although there are changes and pauses everywhere, we are business as usual. We do not expect any delays in our funding. • More to that point, we have processed our contract, and there is a process of full execution, especially with carryover funds, and we are starting to address one of

	the AAF responses from last year, which is to create fiscal training. It's a core capacity across the EMA. • We are recruiting for the Quality of Care Committee, which we will talk a little bit more about during the meeting.

COMMITTEE REPORTS

SPEC

- Chair: Milaun Casimir
- First meeting: October 2nd
- Nominated a Vice Chair, elections to take place in November
- Filled almost all spots for member spotlight!
- Reviewed SPEC work plan and committee activities: Reviewing all 28 Service Categories, reviewing and revising Service Standards if needed, guiding the Priority Setting process, and conducting the Assessment of Administrative Mechanism

CONSUMER

- Chair: Rick Boyd; Vice Chair: Fabian Ortiz Hernandez (Congrats!!!)
- First meeting: September 25th
- Great turn out for our first Consumer meeting on a different day/time with 14 members in attendance!
- Chose October 21st from 5:30 – 7 PM for our Halloween/Fall Membership Mixer!
- Discussed major Someone You Know & Love Campaign plans including CMTP Video Collaboration, continued social media outreach, translating/printing brochures, SYKL/EHE Summit in late February (more details SOON!!)

ARC

- Chair: Robert Giannasca; Vice Chair has not been elected yet
- First meeting: October 14th
- Committee Charge: ARC is responsible for recommendations to the Planning Council regarding potential federal, state, local, and private resources available to meet service needs. ARC develops funding scenarios that will allow for rapid disbursement of funds in case of level funding, decrease in funding, or increase in funding. These funding recommendations are then presented to the Planning Council.
- ARC Off-Cycle Meeting:
    - Over the summer, 2024-2025 ARC held an off-cycle meeting to revisit the carryover scenario after BPHC received the official award notice. Due to new trends of underspending in EFA, RWS recommended that ARC adjust the carryover scenario to put money into service categories that would be able to spend it more effectively.
    - During that meeting, ARC decided to adjust the carryover allocation percentages to:
        - 50% to ADAP (no change)
        - 20% Food Bank/Home-Delivered Meals (no change)
        - 15% Oral Health Care (50% of what was previously given to EFA)
        - 15% Medical Nutrition Therapy (50% of what was previously given to EFA)
        - This was presented to the Executive Committee for approval on August 28th, 2025.
    - PCS talks about how this off-cycle meeting is a great example of what the procedure is if something were to happen during the off-cycle or summer months of Planning Council. The previous year's committee can meet and make decisions according to their charge, and it will be shared with the Executive Committee at the next scheduled meeting. The

Executive Committee can vote on behalf of the full Council if needed for timing purposes.

NAC

- Chair: Chris McNally; Vice Chair has not been elected yet
- First Meeting: October 16th
- Committee Charge: The Needs Assessment Committee shall execute the development and implementation of a needs assessment to identify needs of people living with HIV both receiving care and those out of care to determine:
    - What medical and support services PLWH need to enter or return to care, stay in care, and reach and maintain HIV viral suppression
    - To what extent those needs are being met by the current system of care
    - What kinds of services are most needed and work best for different groups of PLWH – and what disparities in access and services remain for affected subpopulations and historically underserved communities
- This process must be objective, and ethnically, culturally, and linguistically sensitive. This process may be conducted in collaboration with the recipient, which is Boston Public Health Commission. The needs assessment must be representative of the entire EMA.
- PCS reviews NAC's accomplishments from the summer:

Focus Group Discussions	In Depth Interviews	Provider Survey
June to September 5 completed, 8-12 participants in each group *AIDS Project Worcester, AIDS Response Seacoast, Harbor Health, Multicultural AIDS Coalition, and Harbor Care NH* $50 Gift Cards Thank you, Regina, Shambi, and Amanda for helping facilitate!	October to May Goal: 15-18 interviews Currently collaborating with DPH and other organizations that work primarily with PLWH who are experiencing homelessness and/or substance use disorder	May to September We have received a total of 77 responses from client-facing roles in Ryan White Agencies!

Topic D: RWS CQM Intro & E2Boston Overview

Tzuria Falkenberg, RWS Clinical Quality Management Staff, introduce herself and the team. She reviews her team's individual job titles and recaps the topics discussed during new member orientation.

E2Boston Overview

E2Boston is our cloud-based data system, and it's a central piece of our program infrastructure!

Key e2B reports for our CQM program:

- Visual Analytics (Demographics) report
    - Range of demographics (age, gender, race, ethnicity, primary language, exposure type)
- HAB Measures report
    - Formal performance measure data (viral suppression, care engagement, prescribed ART)
    - They clarify that HAB is the HIV/AIDS Bureau at HRSA and that these performance measures are required by HRSA.
- Outcome Measure Distribution report
    - Quality of life & medical data (adherence, mental health, stigma, food security, housing

stability, viral suppression)
- Utilization Summary report
    - Tool for monitoring how services are being used

What kinds of data can we get from e2Boston reports?
At the beginning of this fiscal year, RWS launched a new outcomes module on e2Boston, dividing the outcomes data collection into two pieces: medical and quality of life (or QOL). Medical outcomes are collected twice a year by case managers only, and this form includes medical information like recent lab results and dates and the ART prescription date. Quality of Life outcomes are collected once a year by most services, and this form asks clients to self-report about their ART and care adherence, food security, housing stability, mental health status, and how much impact HIV stigma has on their quality of life, among other questions.

- YES: data about Boston EMA clients receiving BPHC-funded services under the Part A, MAI, and EHE grants.
    - Demographics of the people we serve
    - HIV care continuum data
        - Ex: care engagement, viral suppression
    - Medical and quality of life outcomes
        - Ex: ART & care adherence, food security, housing stability, impact of HIV stigma
    - Utilization of Part A, MAI, and EHE-funded services
- NO: data about PLWH who ***don't*** receive BPHC-funded services under the Part A, MAI, or EHE grants.
- How can e2Boston data be stratified?
    - By services received, by agency*, by demographics, by county, by outcomes data, by funding type…
    - *While the RWS team can stratify data by agency, we cannot share identifiable agency-specific data with the Planning Council.

E2Boston & Planning Council
For more in-depth info, check out these resources on Basecamp in the CQM folder!

- Guide to E2Boston data for Planning Council
    - What's in scope, what kinds of data we collect, what kinds of reports we can run
- Demographics Comparison Data
    - How clients of the Boston EMA compare to all PLWH in the Boston EMA, Ryan White clients in New England, and Ryan White clients nationally
- FY25-FY27 Boston EMA Clinical Quality Management Plan
    - Performance Measurement Plan

What is CQM?
Tzuria leads a pair-share activity. She asks members to get in pairs and answer the following questions:

- What does "quality of care" mean to you?
- In your opinion, what are some of our EMA's strengths for providing high-quality care and services?
- What are some of the challenges our EMA faces in continuously improving the quality of our care and services?

After the activity, she explains what CQM means. Clinical Quality Management (CQM) is the coordination of activities aimed at improving client care, health outcomes, and client satisfaction. They do this through:

- Infrastructure: The resources, people, and structures that support the planning, implementation, and evaluation of CQM program activities. Our program infrastructure includes us, our data system, our Quality of Care Committee, our relationship with you, and more!
- Performance Measurement: The collection, analysis, and reporting of data about client care, health outcomes, and client satisfaction
- Quality Improvement: The development and implementation of activities to make changes to the program based on data, aiming to continuously improve client care, health outcomes, and client satisfaction.

Next, they review their goals and activities for FY25.

Goal 1: Strengthen mechanisms for engaging consumers in Quality Improvement and guiding QI based on consumer input.

#	Objective
Objective 1	Increase the percentage of subrecipients that **include clients in RW QI discussions** from 70% to 80% by the end of FY27.
Objective 2	**Increase engagement in the Quality of Care Committee** from 6 regular attendees to 10 regular attendees by the end of FY27.
Objective 3	Support the implementation of **client experience surveys to inform QI** at 50% of subrecipient agencies by the end of FY27.

Goal 2: Increase the viral suppression rate among PLWH in the Boston EMA from 90% to 92% by FY26.

#	Objective
Objective 1	Use QOL outcomes data to better understand **barriers to viral suppression** and identify **improvement opportunities** and **service needs**.
Objective 2	Increase the percentage of clients **linked to care within 30 days of HIV diagnosis** from 50% to 55% by FY2026.
Objective 3	Work collaboratively with HIV stakeholders, including PLWH, to **assess stigma reduction capacity** and **implement SR interventions** at funded agencies.
Objective 4	Work collaboratively with funded agencies and HIV funding stream partners to identify processes for **quantifying HIV preventative testing.**

Finally, they clarify the role of CQM with the Planning Council:

CQM's role:
- Keep Planning Council informed about CQM activities, including opportunities to provide feedback
- Present data to inform Planning Council decision-making
- Support the Needs Assessment Committee (NAC)

Planning Council's role:
- Ask questions & share feedback
- Tell us what data you need to inform your decisions

CQM wraps up the presentation, offers their email: cqm@bphc.org, and then asks if anyone has any questions.

A member asks: I'm trying to get information on clients who are utilizing Ryan White Services. Does your data look into how consumers don't get any support from their medical team if they are a person of color? If you don't have that data, why not?

- Melanie Response: Our new quality of life outcomes will help us review the client experience. Next year we'll have a full year's worth of data, so we can tell you what clients experience with medical case management.
- Barry: The Office of HIV/AIDS has data available on the organizations funded to provide integrated HIV, STI, and HCV testing and linkage services and clients receiving medical case management services, including the organizations funded to provide these services. Aggregate level data of clients served is available. MDPH and BPHC RWSC have a longstanding partnership that includes sharing aggregate level information for the purposes of promoting coordination of planning and service delivery.

Gerry says: The biggest problem we have is trying to get honest answers from people in a medical setting. Can we have more than one way to get this feedback? We can hand people a simple survey with a self-addressed envelope and ask them to be as honest as you want and nobody will know who you are.

- Thank you for your suggestion, Gerry. We always go in with the assumption that we have the most engaged, qualified staff, that will make their clients comfortable to be able to speak honestly and freely about their experience. We also allow people to give feedback via written surveys. We have multiple forms of feedback available.
- Another member suggests we conduct something similar to the CMS survey from Medicare and Medicaid. There was a high rate of success with elderly populations filling it out.

Another member adds that we will receive more unfiltered information through our Needs Assessment data collection as well.

Topic E: Service Standards Overview

Roxy Dai, Program Coordinator and RWS Liaison to SPEC introduces the Service Standards Overview presentation. The information on the slides is written below, along with questions that members pose.

Objectives:

- Provide an overview of the Boston EMA Service Standards
- Review the difference between Core and Support service categories
- Clarify funded vs. non-Part A funded services
- Outline the process for updating the service standards, including the roles of RWS and the Planning Council

HRSA Service Categories

- HRSA divides Ryan White services into two categories:
- Core Medical Services
- Direct medical care and treatment
- Support Services
- Services that help clients access or stay in care
- Both are eligible for funding under Part A

What do these services cover?

Core Services	Support Services

• Medical services with direct impacts to client health • 13 services that are eligible for funding • No less than 75% of the funds	• Services that are needed to achieve medical outcomes • 15 services that are eligible for funding • No more than 25% of the funds

Boston EMA funds 11 services – 4 core and 7 support

CORE SERVICES:
- ADAP
- AIDS Pharmaceutical Assistance
- Home & Community Based Health Services
- Home Health Care
- Early intervention services
- Health Insurance Premium and cost sharing assistance
- Hospice Services
- Medical Case Management
- Outpatient/ambulatory health services
- Medical nutrition therapy
- Substance abuse services – outpatient
- Mental health services
- Oral health care

SUPPORT SERVICES:
- Non-medical case management
- Health education/risk reduction
- Childcare services
- Housing services
- Emergency financial assistance
- Linguistic services
- Medical transportation services
- Food bank/home delivered meals
- Outreach services
- Other professional-legal
- Rehabilitation services
- Psychosocial support
- Respite care
- Referral for health care and support services
- Substance abuse services-residential

Approved vs Funded Services
- HRSA lists 28 service categories approved for potential funding
- Not all approved categories are funded in the Boston EMA
- The **Planning Council** decides which categories to fund each year based on:
- Utilization and spending data
- Community needs and priorities
- Available resources and other funding streams

Service Categories are approved for potential funding for the Boston EMA; Service Categories can be approved but will not necessarily be funded.

What services are approved (*= are ones that aren't funded)

- AIDS Drug Assistance Program (ADAP/HDAP)
- Medical Case Management
- Medical Nutrition Therapy
- Oral Health
- Health Insurance Premium and Cost Sharing Assistance*
- Non-Medical Case Management
- Emergency Financial Assistance
- Food Bank/Home-Delivered Meals
- Health Education/Risk Reduction*
- Housing Services
- Linguistic Services*
- Medical Transportation
- Other Professional Services, Legal
- Psychosocial Support
- Substance Abuse Service-Residential*

Why are some services not funded?

- Procurement: When a service category is approved and funded, it goes through the procurement process (led by RWS). Agencies bid for these services and submit a Request For Proposal (RFP).
- Under-spending: If a service category is under-spending, it will raise concern; RWS and Council will look at the historical spending trend and at the allocations meeting.
- Other funding streams: Other funding streams are funding the service category.

Currently funded service categories (FY25)

CORE

- Medical Case management
- Oral health
- Medical nutrition therapy
- ADAP/HDAP

SUPPORT

- Non-medical case management
- EFA
- Food bank/home delivered meals
- Housing
- Medical Transportation
- Psychosocial support
- Other professional legal services

What are service standards?

- Define minimum expectations for all funded services
- Ensure consistency and quality across agencies
- Developed under HRSA guidance and adapted for Boston EMA
- Updated regularly to reflect program or policy changes

Structure of service standards:

- Universal standards: apply to all services
- Eligibility, Insurance, Recertification

- Intake, Discharge, Case Closure
- Retention & Re-Engagement
- Staff Training & Supervision
- Staff Safety
- File/Data Security
- Core medical services: clinical care
- AIDS Drug Assistance Program (ADAP)
- Medical Case Management (MCM)
- Medical Nutrition Therapy (MNT)
- Oral Health Services (OHC)
- Support services: address barrier to care
- Emergency Financial Assistance (EFA)
- Food Bank/Home-Delivered Meals (FBHDM)
- Housing (HOUS)
- Medical Transportation (MT)
- Non-Medical Case Management (NMCM)
- Legal (Other Professional Services)- (OPS)
- Psychosocial Support Services- (PSS)

Updating the standards – timeline of the revision

November	SPEC reviews and outlines changes
December	Standards review and revision with SPEC and RWS
January	General PC votes
February	RWS Finalizes changes
March	RWS distributes to EMA

- **SPEC Committee:** initiates revisions
- **RWS:** drafts & aligns with HRSA, distributes finalized standards
- **Planning Council:** reviews & approves, ensures community relevance

Summary and Takeaways:
- Core = direct medical care | Support = access & retention
- Not all approved services are funded each year
- Service Standards define expectations for funded services
- Updates are developed collaboratively by SPEC, RWS, and the Planning Council
- Goal: Maintain consistent and equitable HIV care across the Boston EMA!

Roxy provides the team email, ryanwhiteservices@bphc.org, and her email, xdai@bphc.org if anyone has any questions.

Topic F: RWS CQM Part A Services Demographics Report – Core Medical Services

CQM staff introduce the first Part A Services Demographics Report presentation. This report provides the demographics of PLWH who Part A clients are receiving each of the four Core Medical Services: ADAP, Medical Case Management, Oral Health Care, and Medical Nutrition Therapy.

The purpose of this presentation is to provide the Boston EMA Ryan White Planning Council with demographic data about planned service categories so that they may:
- Make data-informed decisions about Ryan White Part A and MAI services,

- Offer feedback to the CQM team, and
- Share your insights as co-producers of knowledge.

They remind members about the updated outcomes. Medical Outcomes (MO) form measures our EMA's performance according to performance measures established by HRSA's HIV/AIDS Bureau. Quality of Life Outcomes (QoL) form helps us understand the factors that impact our clients' ability to engage and stay in HIV care and have a good quality of life. The QoL form is unique to the Boston EMA.

First, they share the total outcomes update. There are 4266 clients serviced in the date range for this report, with 38% of them having submitted QoL outcomes and 64% of them having submitted Medical outcomes.

Total Clients Serviced in Report Date Range	**4266**
Total Number of Clients with Submitted **Quality of Life** Outcomes	38%
Total Number of Clients with Submitted **Medical** Outcomes	64%

The remaining slides break down the gender and race/ethnicity of the clients served by the four Core Medical Services. Some ethnicity breakdowns can be a little different between categories and that will be noted in the slide. There are also relevant demographics for each service category other than race/ethnicity and gender.

AIDS Drug Assistance Program (ADAP)
The CQM team clarifies that this data comes from the ADAP FY24 Annual Report and that the additional demographic will be the insurance claims. The total number of ADAP clients was 396.

Gender
57% of clients are male and 32% of clients are female.

Age
69% of clients are 50+, 16% of clients are 40-49, 13% are 30-39, and 2% are 20-29.

Race
43% of clients are white, 46% are Black, 5% are AAPI or Indigenous, and 7% prefer not to answer.

- A member asks to see this data compared to last year, especially how people are using the service.
    - RWS says that they will upload a copy of this to Basecamp.

Exposure Category
36% of ADAP clients were exposed via MSM, 2% injection drug use, 42% heterosexual transmission, 1% blood products, and 19% other.

Number of Insurance Claims
13% of clients utilized Medicare, 82% of clients had Private Insurance, 5% used public insurance, and one client had no insurance.

Medical Nutrition Therapy
Total number of MNT clients is 350

Gender

65.1% of MNT clients are men, 32.9% of clients are women.

Age
24.3% are 65 or older, 53.7% are 45-64 years old, and 22% are 20-44.

Race/Ethnicity
42.9% of clients are white, 40.6% are Black, 1.10% are Asian, 1.2% are Native Hawaiian, 1.7% report more than one race, and 12.6% are unknown/unreported. 13.10% of those clients are Hispanic/Latinx and 86.9% are Not Hispanic/Latinx. The CQM team emphasizes that this breakdown is almost identical to the EMA.

Income
Most MNT clients report equal to Federal Poverty Level (63.4%) and MNT clients report less 201-300% of the FPL (5.7%).

- Federal poverty level for one person is ~$15,000 per year
- FPL for one family of four is 64,000 a year

Insurance
More MNT clients are Medicaid clients compared to clients in all services (48% vs. 40%).

The CQM team then pauses for time and asks if there are any questions.

- A member asks if we can see quality of life results as it relates to psychosocial support.
    - CQM responds that there will be another presentation that covers psychosocial support outcomes. We have around 850 responses for our quality of life outcomes, and we can organize our data by different demographics.
- Is the certification due annually or biannually?
    - Biannually. Quality of life outcomes are due annually with your annual certification, and medical outcomes are due every 6 months.

Topic I: Meeting Evaluation, Announcements, and Adjourn

Announcements:

- Put questions in your meeting evaluation!
- Join us at the Member Halloween Mixer on October 21st, 2025 from 5:30-7 PM at the Boston Public Health Commission
- Ending the HIV Epidemic Mini-Grant RFP is still available! Applications due October 17, 5 PM

Motion to Adjourn
Motion: Steve Corbett
Second: Joey Carlesimo

The meeting was adjourned at 5:54 pm.