Planning Council
May 14, 2026
Non-Profit Center and Zoom
4:00 – 6:00 PM

Summary of Attendance

Members Present
Daniel Amato
Rick Boyd
Wayne Callahan
Henry Cabrera
Joey Carlesimo
Alyssa Collaro
Stephen Corbett
KC D'Onfro
Robert Giannasca
Regina Grier
Fabian Ortiz Hernandez
Gerry James
Alison Kirchgasser
Liz Koelynch
Shambi Mwadembo
Maria Petagna
Zeke Russell
Bryan Thomas
Meg Von Lossnitzner
Jeff Warach
Kim Wilson
Sarah Dupont
Carla Norris

Members Excused
Ericka Olivera

Members Absent
Stephen Batchelder
Milaun Casimir
Beth Gavin
Amanda Hart
Melissa Hector
Jennifer Nganga
Serena Rajabiun
Curtis Santos

Staff
Clare Killian
Julia Kirsch
Shakira Fedna
Taylor Parent
Melanie Taylor
Catherine Fine
Roxy Dai
Rachel Phillips
Zan Whitted
Tzuria Falkenberg
Tegan Evans

Guests
Owen Trites

Topic A: Welcome and Introductions

Planning Council Chair, Henry Cabrera, welcomes everyone to the meeting. He holds a moment of silence and goes over the group agreements. During the group agreements review, he reads through some revisions that the Executive Committee has been working on to encompass some new lessons learned, including acknowledging that all participants – including PCS, presenters, and guests – should be invited to be part of these agreements and should be respected as members in this space.

The tagline does not change: Respect the mission, Respect the space, Respect each other and Respect people living with HIV

- No change: I will use "I" statements rather than "you" statements.
- No change: I will share my thoughts with care, be aware of my own possible biases and remember that there's a difference between intention and impact. As Council members sharing a common goal, we will assume good intentions of each other.
- No change, other than combining 2 sentences: I will listen to understand, not to respond and be reflective rather than reactive.
- No change: I will provide space so everyone in the group can participate.
- We shortened this one to be more concise: I will follow Council processes with respect to participating in meetings. Instead of: I will remember my role as a participant and raise my hand to talk, say the facilitator's name out loud, or put my thoughts in the chat (if on Zoom). The facilitators are responsible for calling on us and monitoring the conversations.
- We also shortened this one to be more concise: I will maintain confidentiality of all participants instead of, of Council members' stories and situations.
- This one is new! I will show up virtually or in-person, and when I cannot, I will communicate.
- We added a few things to this one: I will respect and empower other participants' identities and lived experiences, including Council members, PCS staff, guests, and other presenters, respecting consumer status, race, gender, sexuality, age, class, religion, ethnicity, physical or mental abilities.
- No change: If I am called in on unintentional harmful comments/behavior, I will listen and learn from the experience.

PCS will send this out with the meeting evaluation and any follow up and members will have the opportunity to reflect and contribute their thoughts in the meeting evaluation for Exec to review. The Chair shares that they will continuously do this throughout the next couple of Council meetings before the end of the year.

PCS then reviews the agenda for the meeting and takes attendance as reflected above. The agenda and objectives are as follows:

4:05 – 4:10 PM	**Attendance** PCS	Learn who is in attendance.
4:10 – 4:15 PM	**April 9, 2026 - Minutes Review & Vote** Henry Cabrera, PC Chair	Review and vote on the minutes from the previous Council meeting.
4:15 – 4:25 PM	**Agency Updates & Committee Reports** Agency Representatives & Committee Chairs	Hear updates from our Agency Representatives and where to find detailed committee reports.
4:25 – 4:55 PM	**RWS Presentation: FY25 Year End Part A Spending & Utilization Report** Melanie Lopez, Director of Client Services	Learn about how FY25 closed out for spending and utilization of Part A and MAI-funded services.
4:55 – 5:15 PM	**Funding Streams Summary & Preview of Allocations Meeting** Robert Giannasca and Zeke Russell, ARC Leadership	Get an overview of the current funding landscape and learn about the scenarios ARC will develop for FY27 at their Allocations meeting.
5:15 – 5:50 PM	**AAM Results Presentation & Vote on SPEC's Recommendations** PCS & SPEC	Learn about the data from the FY25 Assessment of Administrative Mechanism, SPEC's recommendations as a result, and vote to approve them.
5:50 – 6 PM	**Announcements, Evaluation & Adjourn** Henry Cabrera, Chair	Talk about any announcements, share the meeting evaluation, and adjourn the meeting!

Topic B: Review Meeting Minutes

Henry asks if anyone has any additional edits to the minutes for April 9, 2026.

Tzuria requests that she is marked present in the minutes.

Tzuria proposes an edit in the chat to change the last meeting's minutes. In the OPS-L section, the suggestion for the legal training reads "eviction ceiling" instead of "eviction sealing."

Motion to Approve the minutes with the above changes: Rick Boyd
Second: Kim Wilson
Result: 2 abstain; the rest approve

Topic C: Agency Updates & Committee Reports

AGENCY UPDATES

Barry Callis, MDPH:

- The Massachusetts and Boston EMA Integrated HIV Prevention and Care Plan: 2027-2031 draft is being reviewed by Jeff Warach and Joey Carlesimo (NAC), Henry Cabrera (Chair), and DPH and BPHC ID leadership. This is the federally compliant plan that will be submitted to CDC and HRSA. By way of friendly reminder, there will be a second MA-only Plan that will more fully

represent the values and language we use and have become accustomed to including in our local documents.
- On Monday, May 18th, the IP Team at JSI (Rich Baker and Ana Geltman) will be providing an overview of each stage of the development of the IP to PC chairs and this same presentation will be repeated at next Thursday's MIPCC Meeting. Owen will represent Part B, OHA at this meeting.

Maria Petagna, NH DHHS:
- NH DHHS are in the final stages of the IHP, and it is currently being reviewed.
- We are anticipating a delay in our HIV CDC Surveillance and Prevention grant.
    - The amount of the grant is approximately 1 million dollars, the delay is expected to be no more than 30 days, and there is no foreseen impact to the populations those monies serve.
    - There is a contingency plan should the delay be longer than 30 days.

Alison Kirchgasser, Mass Health:
- The Massachusetts House of Representatives finalized its budget recommendations for State Fiscal Year 2027 (7/1/26 to 6/30/27) on April 29 and the Senate is currently working on its budget recommendations.
- The Governor's budget proposal had recommended a $1,000 annual cap on dental benefits for adults on MassHealth, except for those who receive services from DDS. The House budget and the proposed Senate budget include a $1,750 annual cap on dental benefits for adults on MassHealth and the Health Safety Net, with the same exception. The House budget also established a commission to review the appropriate level and structure of dental benefits provided by MassHealth and the Health Safety Net.
- The House budget recommendation also requires MassHealth to cover any HIV Prevention drug without patient cost sharing, prior authorization, step therapy or any other utilization management.
- Under the new federal law known as the One Big Beautiful Bill Act, as of October 1, 2026, some lawfully present immigrants will no longer be eligible for comprehensive Medicaid. MassHealth estimates that approximately 2,500 members will be impacted by these changes. Please see this webpage for more details: Federal changes affecting MassHealth members | Mass.gov

Melissa Hector, Mayoral Liaison:
- Melissa was unable to attend this meeting but shared an update in advance.
- BPHC, as part of the Live Long and Well Agenda, are partnering with Boston Medical Center and Boys and Girls Clubs of Boston on a Boston Wellness Day on Saturday May 30th. She will forward an email to PCS with the details.
- We will be rolling out Mpox clinics this summer. The first one will be on June 1st. We will be partnering with MAC for multiple vaccine clinics this summer.

Melanie Lopez, Ryan White Part A:
- We held our annual provider meeting for both program and fiscal, which went well.
- In the next few months, we will be prepping for the National RW Conference and the HRSA Site Visit. A few members of the RW team will present at the conference.
- We are also prepping for upcoming talk-shops and listening sessions with CQM.
- We will provide fiscal updates later during this meeting.
- We will provide resources with the minutes for today's meeting.

COMMITTEE REPORTS

PCS shares that committee reports were sent via the reminder email and are available via Basecamp in today's meeting folder and will not be read out to save time. They are also written below for those that review the minutes:

Wayne asked if PCS could remind him what an unaligned consumer is.

- A person living with HIV receiving Part A services who is not employed by/have a conflict of interest with Ryan White Part A.

Services, Priorities, and Evaluations Committee
Last meeting: May 7, 2026
Leadership: Milaun Casimir, Chair; Ericka Olivera, Vice Chair
PCS Liaison: Shakira Fedna

- Melanie Lopez and Frantzsou Balthazar-Toussaint presented the FY25 year-end fiscal compliance update
- Completed review of AAM results and development of recommendations to BPHC
- Completed discussion on the year-end report

Executive Committee
Last meeting: April 27, 2026
Leadership: Henry Cabrera, Chair; Kim Wilson; Chair-Elect
PCS Liaison: Clare Killian

- Discussed Membership Updates and the attendance policy
- Continued a discussion on the Group Agreements to ensure they still align with the Planning Council's mission
  - We will include the full Council on these discussions ASAP!
- Clarified Exec's role in the Nominations Group and voted to approve a minor change to this policy
  - *Reminder: All currently approved SOPs can be found **here***
- Debriefed all committee meetings' attendance and evaluations
- Reviewed May's Planning Council agenda

Consumer Committee
Last meeting: April 23, 2026
Leadership: Rick Boyd, Chair; Fabián Ortiz Hernandez, Vice Chair
PCS Liaison: Julia Kirsch

- Reviewed social media posts posted since the previous meeting, including a collaborative recruitment post with BPHC's Instagram account
- Discussed updates on the CMTP x PCS video project and shared examples of 4 videos – *it is now complete and PCS is going to pick up the hard drives next week!!*
- Shared recruitment updates and successes thus far during the recruitment season
- Brainstormed priorities and plans for the next year of potential FY26 Ending the HIV Epidemic funding

Needs Assessment Committee
Last meeting: April 16, 2026
Leadership: Jeff Warach, Chair; Joey Carlesimo, Vice Chair
PCS Liaison: Shakira Fedna

- Reviewed the In-Depth Interview (IDI) process and decided to expand criteria for conducting interviews to gather more data
  - *PCS has completed updating the IDI guide and will review this with the committee in May*

- Walked through an exercise about analyzing Qualitative Data using data from the Focus Group Discussions
- Reviewed discussion questions from ARC about their allocations decisions
- Introduced the year-end report and discussed the committee's recommendations for next year

Allocation of Resources Committee
Last meeting: April 14, 2026
Leadership: Robert Giannasca, Chair; Zeke Russell, Vice Chair
PCS Liaison: Julia Kirsch

- Presented the final Funding Streams Summary Presentation on dollars in the EMA that fund administrative and program support, other miscellaneous Support Services, outreach/other initiative services, etc.
- Completed the FY25 Actual Carry Over scenarios for Part A & MAI and the FY26 Potential Carry Over scenarios for Part A & MAI
    - *These scenarios will be presented along with the remaining FY27 Allocations Scenarios on June 11th for a vote on June 25th*
- Reviewed the All Day Allocations meeting agenda
- Introduced the year-end report and discussed the committee's recommendations for next year

In the meeting, PCS highlights notes from both Executive Committee and the Consumer Committee:

EXEC:

- PCS notes that the Executive Committee has been reviewing the Group Agreements. Similar to when the group agreements were originally created, the full Planning Council should have an opportunity to participate in reviewing the revised agreements. Earlier in the meeting, Henry shared some of the committee's recommendations, and there will be a meeting evaluation question about them. PCS will be making the document available for comment.
- PCS then shares that the Executive Committee is also restarting the Governing Docs Working Group with a tentative first meeting on July 2nd. There is a question in the meeting evaluation for this as well, and if members are interested in joining, they'll be redirected to another survey to confirm interest.

CONSUMER:

- For Consumer highlights, PCS reminds members about ongoing recruitment. The Planning Council currently needs more applicants who are unaligned consumers, and they will definitely not be able to nominate the majority of applicants who are not unaligned consumers if they do not recruit more.
- PCS reminds members that they are the best recruiters. They encourage members to talk to their friends, family, colleagues, and clients – referrals are open and apps are due June 12th!

Topic D: FY25 Q4 Spending & Utilization Report

Melanie Lopez, Director of Client Services, presents the FY25 4th Quarter Part A Spending & Utilization Report. She first will review reminders, quarter 4 considerations, then get into each category's spending and utilization, and wrap up with some conclusions.

Conditions & Considerations:

- Quarter 4 ended February 28. All Subrecipients must have end-of-year billing and any supplementals submitted by March 30.
- There are still invoices being processed for final closeout.

- Expenditures should be as close to 100% as possible.
- As a reminder, BPHC can only request 5% of the total award of unspent dollars during carryover.
- Agencies that were on contingencies, corrective actions, or underspending notices received supplemental information with their Partial Award Letter, as applicable, to ensure appropriate expenditure for FY 26.
- Priority Setting is listed, and Core Services have a pink flower next to it.
- At this time, there are NO service categories that are overspending.
- **RWS's current projection is that FY25 was 93% spent.**

ADAP
Priority 1 – Core Medical Service
Part A only
- 100% Units Completed
- 313 Clients Served
- 100% Funds Spent

Medical Case Management
Priority 2 – Core Medical Service
Part A
- 103% Units Completed
- 2124 Clients Served
- 91% Funds Spent

MAI
- 70% Units Completed
- 101 Clients Served
- 79% Funds Spent

Housing
Priority 3 – Support Service
Part A only
- 94% Units Completed
- 368 Clients Served
- 92% Funds Spent

Non-Medical Case Management
Priority 4 – Support Service
Part A
- 118% Units Completed
- 747 Clients Served
- 97% Funds Spent

MAI
- 88% Units Completed
- 167 Clients Served
- 97% Funds Spent

Oral Health Care
Priority 5 – Core Medical Service
Part A only
- 93% Units Completed
- 2338 Clients Served
- 95% Funds Spent

Food Bank/Home-Delivered Meals
Priority 6 – Support Service
Part A only
- 100% Units Completed
- 686 Clients Served
- 94% Funds Spent

Emergency Financial Assistance
Priority 7 – Support Service
Part A only
- 33% Units Completed
- 153 Clients Served
- 80% Funds Spent

Medical Transportation
Priority 10 – Support Service
Part A only
- 66% Units Completed
- 571 Clients Served
- 79% Funds Spent

Psychosocial Support Services
Priority 11 – Support Service
Part A
- 94% Units Completed
- 412 Clients Served
- 85% Funds Spent

MAI
- 53% Units Completed
- 153 Clients Served
- 81% Funds Spent

Medical Nutrition Therapy
Priority 12 – Core Medical Service

Part A only
- 364% Units Completed
- 407 Clients Served
- 100% Funds Spent

- 140% Units Completed
- 62 Clients Served
- 99% Funds Spent

Other Professional Services - Legal
Priority 18 – Support Service
MAI only

Conclusion:
- 5 services are at 95% spent or higher. Lowest expended is MCM - MAI.
- All contracts for FY 26 have been executed! POs are on their way.
- RWS is working with a small handful of agencies to improve their fiscal compliance.
- Still waiting on the full FY 26 Award.
- RWS will review the AAM results once finalized in order to incorporate any actions for the remainder of the year.

Melanie shares her team's contact information in case anyone has questions about the data presented: ryanwhiteservices@bphc.org.

Questions:
- Does psychosocial have enough therapists?
  - Psychosocial support does not have to be a licensed professional or peer. There's a staffing issue because the salary is too low and inequitable for work that they have to do. There is a high turnover rate because of this.
- What is a completed unit on housing?
  - Some examples could be: a housing placement, a housing assessment, a filled application.
- For medical rides, I saw 85%. Do you think that this will go up?
  - The other funding streams that support medical transportation are stable so we think it will stay on trend for 2026.

Topic E: Boston EMA Funding Streams Summary

Robert Giannasca and Zeke Russell, Chair and Vice Chair of ARC, present the Boston EMA Funding Streams Summary on behalf of the committee.

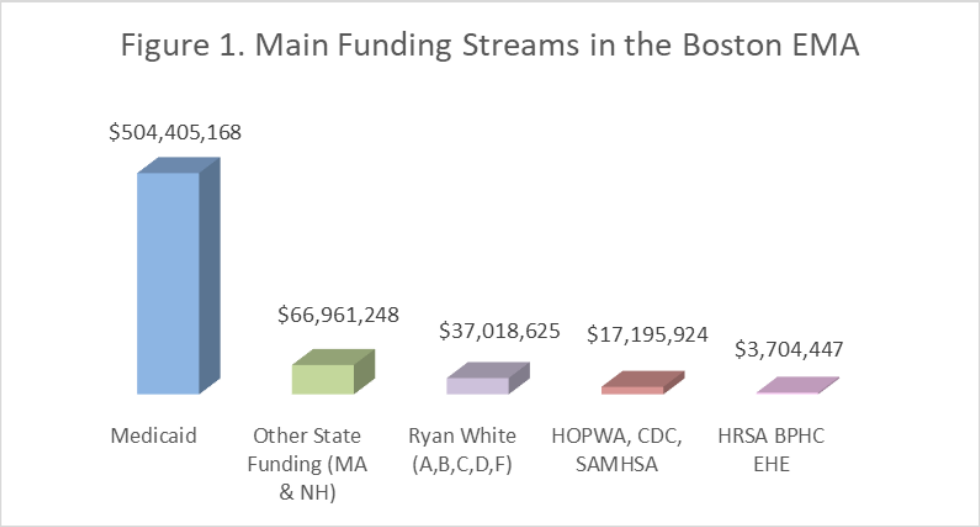
To recap, the Funding Streams Summary is a report compiled by the PCS team. PCS requests data from direct recipients of funding for health care and social Support Service agencies that serve PLWH throughout the EMA, analyzes this data, and then visualizes it for Council in graphs/charts.

They share a few data accuracy notes for context:
- 90.0% response rate
- Information for Part A and EHE only collected from BPHC – not duplicated by agencies as well
- Medicaid separated as its own category – but it is typically funded around 50% from state contribution and 50% from federal contribution for most states.
- Varying fiscal years
- Potentially missing the full scope of CDC and EHE awards, other awards for individual programs and private funding that agencies use

- Large federal funders (Veteran's Affairs, Transitional Assistance, NH Medicaid – tracks, but for the entire state, not just EMA) do not track specifically for PLWH or did not respond

Current Funding Environment:

The first graph represents the main funding streams in the Boston EMA. It is a bar chart that shows the following categories in the order of amount of total funding: Medicaid, Other state funding, Ryan White Funding (Part A through Part F), HOPWA, CDC, and SAMHSA, and EHE funding.



Overall, Medicaid contributes the most funding towards people living with HIV, sitting at over $504 million dollars. Other state funding totals around $67 million. Ryan White Funding (including Part A all the way to Part F) is around $37 million. Other federal grants such as HOPWA, CDC, SAMHSA, and EHE total around $20 million.

The next slide displays a table showcasing the total money available per funding stream, categorized by Core, Support, and Admin dollars.

Table 4: Total Money Available per Funding Stream

Funding Stream	CORE Services	SUPPORT Services	Admin/Program Support/Other Miscellaneous Categories	Total by Funding Stream
Medicaid (MA & NH)	$392,262,306 (77.77%)	$12,869,719 (2.55%)	$99,273,143 (19.68%)	$504,405,168
Other Federal (HOPWA, CDC, HRSA EHE)	$869,281 (4.16%)	$10,579,032 (50.62%)	$9,452,058 (45.22%)	$20,900,371
State (MA & NH)	$11,335,754 (16.93%)	$24,716,631 (36.91%)	$30,908,863 (46.16%)	$66,961,248
Ryan White (A,B,C,D,F)	$25,143,152 (67.92%)	$5,954,024 (16.08%)	$5,921,449 (16.00%)	$37,018,625
Total	**$429,610,493**	**$54,119,406**	**$145,555,513**	**$629,285,412**

The first column lists the funding streams – Medicaid (MA + NH), Other Federal funding (including HOPWA, CDC, HRSA, and EHE), State Funding, and Ryan White Funding, including Part A through F.

In the second column, there is the amount of money per funding stream that goes towards Core Medical Services. Ryan White and Medicaid both spend the majority of their funding (over 65%) on Core services.

The third column is the amount of money per funding stream that goes towards Support Services. HOPWA, CDC, AND EHE spend the majority of their funds in Support Services.

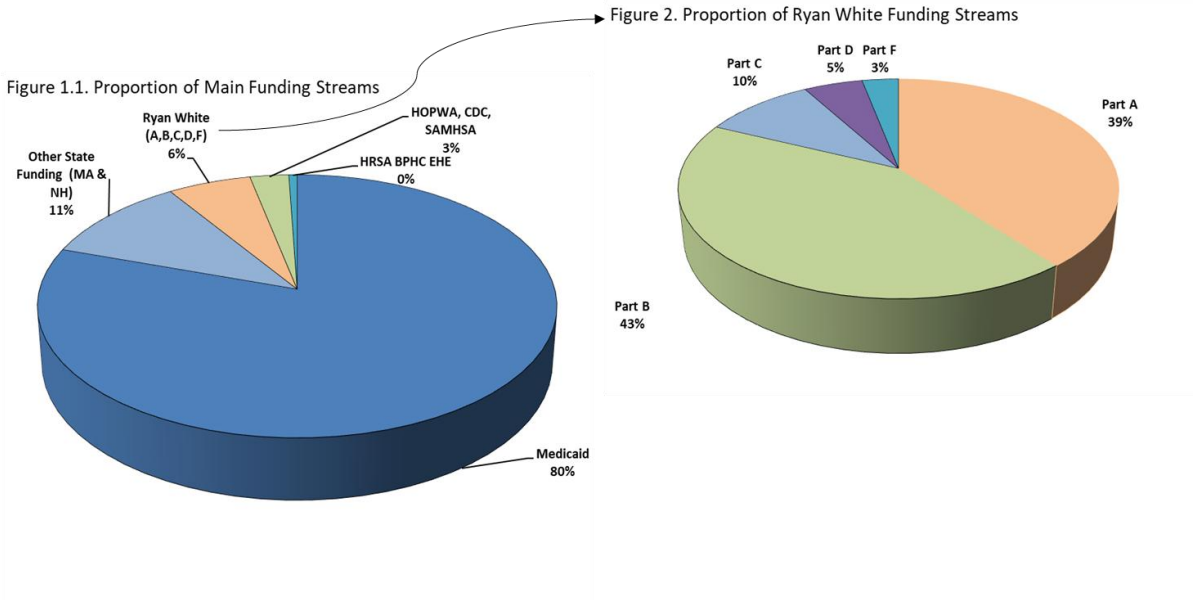
In the fourth column, there is the amount of money per funding stream that goes towards admin, program support, and other miscellaneous categories. The other federal category and MA and NH state both spend around 45% of their funds for people living with HIV towards services within this category

The last column showcases the total amount of money per funding stream category, which was described on the previous slide.

Next, they highlight what is included in the "Admin/Program Support/Other Misc. Categories" column:

- Admin and Program Support (Staff)
- Capacity Building/Technical Assistance
- Indirect costs (Rent, office supplies, technology, etc.)
- Clinical Quality Management
- HIV prevention, screening, and education
- Other miscellaneous Support Services
- Other substance use services that don't fit into the HRSA categories
- And last but not least, Outreach and other initiative services (stigma reduction, outreach/information campaigns, linkage to care campaigns, etc.)

The following slide is another breakdown of the total amount of money per funding stream represented as parts of a pie chart.



The first pie chart shows the proportion of how each funding stream category contributes to people living with HIV in our EMA. This is categorized again by State, Medicaid, Ryan White Parts A-F, HOPWA CDC SAMSHA, AND EHE. Medicaid represents 80% of the total funding environment, while Ryan White Parts A through F represent 6% of the total funding environment.

The second pie chart is a zoomed in version of the breakdown for Ryan White Funding in our EMA. Part F represents 3% of all Ryan White Funding, Part D represents 5%, Part C represents 10%, Part B represents 43%, and Part A represents 39% of the total Ryan White funding.

The next slide is another pie chart that represents the total funding in the Boston EMA broken down into Core, Support, or Admin/Other.

Figure 3. Total Funding in the Boston EMA

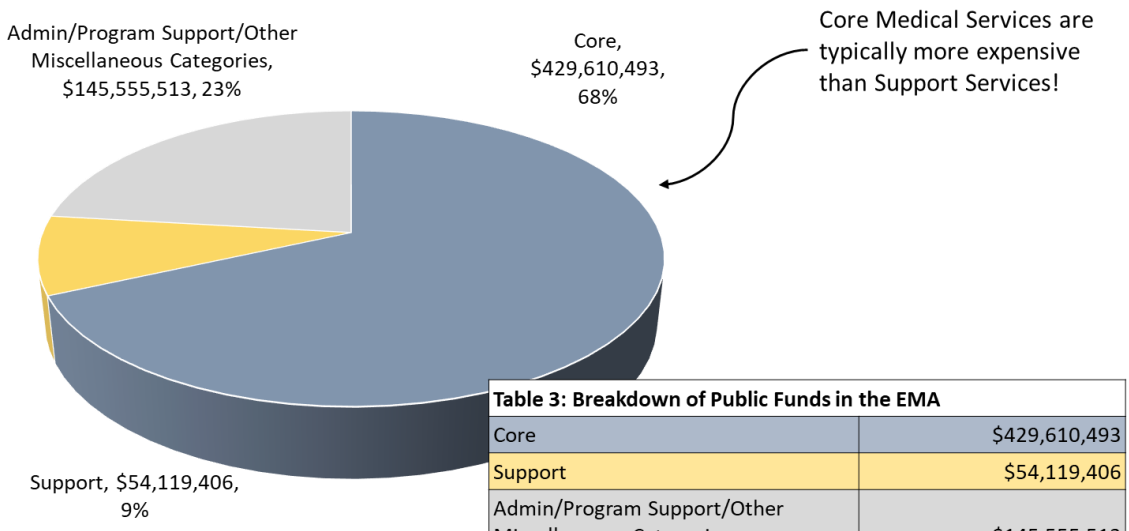


Table 3: Breakdown of Public Funds in the EMA	
Core	$429,610,493
Support	$54,119,406
Admin/Program Support/Other Miscellaneous Categories	$145,555,513
Total	$629,285,412

9% of funding goes towards Support Services, 23% goes towards admin/program support, or other miscellaneous categories, and 68% goes towards core services. This breakdown can be primarily attributed to the fact that Core Medical Services are typically more expensive than Support Services.

The next few slides will be a breakdown of funding proportions per service category. The first slide is a pie chart of all Core Medical Services. The Core Medical Services that receive the most funding are ADAP, Outpatient ambulatory medical care, and mental health services. These services are also typically the most expensive or comprehensive across clients in the EMA.

	AIDS Pharm. Assistance	**ADAP/ HDAP**	**Early Intervention Services**	**Health Insurance Premium & Cost Sharing Assistance**
Medicaid	Not funded in the Boston EMA	92.1%	0.0%	0.0%
Other Federal		0.0%	16.4%	0.0%
Other State (MA & NH)		2.8%	0.0%	0.0%
Ryan White (A, B, C, D, F)		5.0% Other RW 0.1% Part A	83.6% Other RW	100.0% Other RW
TOTAL PUBLIC FUNDING IN EMA	**$0**	**$224,847,945**	**$771,952**	**$67,347**

	Home Health Care	**Home and Community-Based Health Services**	**Hospice Services**
Medicaid	100.0%	97.7%	100.0%
Other Federal	0.0%	2.3%	0.0%

Other State (MA & NH)	0.0%	0.0%	0.0%
Ryan White (A, B, C, D, F)	0.0%	0.0%	0.0%
TOTAL PUBLIC FUNDING IN EMA	**$23,909,218**	**$12,082,356**	**$533,586**

	Medical Case Management	**Medical Nutrition Therapy**	**Mental Health**
Medicaid	0.5%	0.0%	99.0%
Other Federal	1.6%	0.0%	0.0%
Other State (MA & NH)	29.9%	17.3%	0.0%
Ryan White (A, B, C, D, F)	27.1% Other RW 40.9% Part A	9.3% Other RW 73.4% Part A	1.0% Other RW
TOTAL PUBLIC FUNDING IN EMA	**$11,454,882**	**$1,217,105**	**$31,857,139**

	Oral Health Care	**Outpatient / Ambulatory Medical Care**	**Substance Use Services – Outpatient**
Medicaid	51.0%	98.4%	32.9%
Other Federal	0.0%	0.0%	11.6%
Other State (MA & NH)	1.2%	0.0%	54.0%
Ryan White (A, B, C, D, F)	13.1% Other RW 34.7% Part A	1.6% Other RW	1.4% Other RW
TOTAL PUBLIC FUNDING IN EMA	**$4,114,727**	**$116,373,516**	**$2,380,720**

After reviewing all of the Core Medical Service categories, the next slide is another pie chart, but of the Support Services. The most expensive core medical services are Substance Use Services – residential, medical transportation, psychosocial support, non-medical case management, and housing services.

There are three services that are not funded for PLWH in our EMA: Respite Care, Outreach, and Childcare. PCS acknowledges that it is misleading for Outreach Services to be at $0 because a lot of services that could be considered outreach are captured in the Admin/Program Support/Other Miscellaneous section instead of within the HRSA Service Category.

	Non-Med Case Management	**Child Care Services**	**Emergency Financial Assistance**	**Food Bank / Home-Delivered Meals**
Medicaid	0.0%		0.0%	0.0%

Other Federal	20.4%	Not funded in the Boston EMA	67.7%	20.3%
Other State (MA & NH)	60.9%		0.0%	0.0%
Ryan White (A, B, C, D, F)	1.7% Other RW 17.0% Part A		9.1% Other RW 23.2% Part A	1.1% Other RW 78.6% Part A
TOTAL PUBLIC FUNDING IN EMA	**$8,381,597**	**$0**	**$568,180**	**$1,308,214**

	Health Education/ Risk Reduction	**Housing Services**	**Other Professional Services (Legal)**	**Linguistic Services**
Medicaid	0.0%	0.0%	0.0%	0.0%
Other Federal	45.4%	77.2%	23.5%	23.0%
Other State (MA & NH)	0.0%	2.3%	44%	0.0%
Ryan White (A, B, C, D, F)	54.6%	1.9% Other RW 18.6% Part A	21.2% Other RW 11.3% MAI	77.0%
TOTAL PUBLIC FUNDING IN EMA	**$77,311**	**$7,978,969**	**$1,216,319**	**$5,691**

	Medical Transportation Services	**Outreach Services**	**Psychosocial Support Services**	**Referral for Health Care / Supportive Services**
Medicaid	**98.3%**	Not funded in the Boston EMA	**0.0%**	**0.0%**
Other Federal	**0.2%**		**0.0%**	**0.0%**
Other State (MA & NH)	**0.0%**		**89.3%**	**0.0%**
Ryan White (A, B, C, D, F)	**0.6% Other RW 1.0% Part A**		**2.2% Other RW 8.4% Part A**	**100.0%**
TOTAL PUBLIC FUNDING IN EMA	**$10,879,474**	**$0**	**$8,520,428**	**$3,111**

	Rehabilitation Services	**Respite Care**	**Substance Use Services - Residential**
Medicaid	**100.0%**	Not funded in the Boston EMA	**6.6%**
Other Federal	**0.0%**		**12.4%**
Other State (MA & NH)	**0.0%**		**81.1%**
Ryan White (A, B, C, D, F)	**0.0%**		**0.0%**

TOTAL PUBLIC FUNDING IN EMA	**$1,260,527**	**$0**	**$13,919,585**

To conclude their presentation, Robert and Zeke provide a reminder about the upcoming All Day Allocations meeting on March 19th from 10 AM – 4 PM.

Questions:

- Wayne: how long does it take to create this report?
  - PCS: Around 3 months. It is used for ARC and the Needs Assessment Report.
- Stephen: I know staffing and salaries are an issue with psychosocial support. We need a bigger effort to equitably pay these people in these positions. This is something we need to strongly advocate for this next year. We need to figure out how to pay people more.
  - Regina: People who do psychosocial support have severe burnout from the work that they're doing.
  - Wayne: A lot of peers I know are doing psychosocial work part time.
- Melanie: We can't mandate salaries as RWS. Part of the contract is to submit the living wage agreement – if the salary meets this, then that is all we can control. We know that the living wage document does not accurately reflect what is livable, since there is such strong staff turnover. We could send out letters to subrecipients to let them know that the salary is not livable, but this has to come from the advocacy on Council.
- Do we have influence on the living wage document?
  - It is a BPHC document that is reviewed every year.
- When agencies decide the salary, how do they decide that number for the position?
  - RWS does not dive into this, we do not have the discussion unless they aren't meeting the living wage document.

They have already been using this data to develop carryover scenarios in April, and next week, the committee will develop the rest of the scenarios listed below:

- Part A level funding
- Part A funding if we have a 500K decrease in award
- Part A funding if we have a 1 million decrease in our award
- Part A scenario if MAI is 100% cut, which would include retaining dollars previously spent via MAI into Part A
- Level funding scenario for MAI
- And our additional guidance to BPHC to allow them to rapidly reallocate funds as needed without our approval if under a certain dollar amount

ARC will present their final recommendations on June 11th for a vote on June 25th.

Topic F: Assessment of Administrative Mechanism Results & SPEC's Recommendations

PCS presents the results of the FY25 Assessment of Administrative Mechanism on behalf of SPEC and their recommendations for BPHC as a result. PCS invites SPEC members to jump in and add anything throughout the presentation, but for the rest of the members to hold questions until the designated times for questions throughout the presentation.

Introduction:

- The Assessment of Administrative Mechanism is a HRSA-required Planning Council responsibility! It is how the Council helps monitor BPHC as the recipient.

- The AAM is an annual evaluation to assess how rapidly and efficiently the Recipient, RWS, disburses the Part A funds to the agencies that are contracted to provide HIV services within the Boston EMA.
- Methods:
    - Part A Agency Survey developed by SPEC
    - Review of documentation provided by RWS Fiscal team

Before getting into the AAM data, PCS first provides some important context/updates from RWS on their fiscal capacity building from last year.

There was a four pronged approach to SPEC's recommendation from last year. They were to:

- Leverage monthly monitoring to conduct real time TA with the subrecipient and RWS fiscal staff.
- Provide and create additional training to increase subrecipient capacity.
- Conduct QI to reduce invoicing time.
- Provide quarterly updates on fiscal process timelines which were: Invoice, Contract, and Budget Revisions.

The RWS created a response that mirrored those four objectives. First, to develop a subrecipient training. For this, the team created a webinar series covering legislation, allowable costs, carryover, sweeps, spending letters, budgets, invoicing and the annual site visit. This will be recorded by the end of the month and posted to their website. There is pre and post test for subrecipients to be able to gauge their personal growth.

Then RWS has been doing the SPEC quarterly updates. RWS provided updates as requested at 3 out of 4 scheduled meetings. The fourth presentation had to be canceled as there were no significant updates from the previous presentation.

Next, they have fiscal processing quality improvement or QI. For this, the senior grants manager has supported quality assurance and QI checks on invoices as they are pushed forward. They did name there was turnover in this position and thus a gap midway through the year, but they are getting back into the swing of things with the two new temp staff. The fiscal team has also attended weekly or monthly meetings, as needed, with the BPHC finance team to identify areas of bidirectional improvement. This partnership has proven fruitful as they have actionable and specific items in which they correct in real time.

Lastly, to increase communication on fiscal issues, they have been improving monthly monitoring. At the start of the year, they had the fiscal coordinators attend monthly monitoring calls with the subrecipients. Each had attended 6 nonconsecutive calls in FY25. Because this was a new admin addition, there was some scheduling conflicts that contributed to them not being able to attend all as intended. When they were unable to attend, they have been asking the program coordinators/contract managers to ask more in depth, fiscal-related inquiries regarding fiscal management to support the fiscal team when they are unable to attend. In addition, the additional exposure there has been an increase in availability for TA for subrecipients. 4 subs had received regular TA sessions on invoicing specifically.

Areas of growth can be bucketed into invoicing, contracting, and additional next steps.

Invoicing: They are going to be more consistent with training subrecipients on the new invoicing policy they included that in the fiscal provider meeting. They are going to continue to meet more frequently than monthly with Finance to ensure widespread adherence to the new policy.

Contracting: They named this is an area of more growth needed due to the wide range of experiences. They continue to advocate for an online automated system, and BPHC's finance department is exploring those options. With finance, they have minimized areas of congestion to increase efficiency. For example, with this new fiscal year's contract they had stripped, the scopes, budgets, narratives, the areas that hem up the timeline because of the back and forth revisions, to ensure they can open a PO ASAP and they did! All contracts were executed within 45 days as is the requirement and POs were extended earlier this month so they can begin to bill. They continue to look for ways to reduce bidirectional burden.

Some next steps are increasing to meet internally and with subrecipients to troubleshoot and problem solves invoicing issues. They plan to minimize burden by automating templates as much as possible. For example, in FY26, the invoicing template has additional validations and drop downs to minimize mistakes in the areas that pop up consistently. In compliment with the training this should support subrecipient's internal capacity to ensure an invoice is submitted correctly the first time and thus paid within the appropriate timeline.

PCS reminds members that not all data is included in this presentation, only the data relevant to SPEC's analysis and recommendations.

This year, SPEC received 27 responses, which is a huge increase from only 15 last year. SPEC received more than one respondent per agency for all counties except for Suffolk which tells the committee that next year, they need to specifically identify one person per agency that is responsible for answering this survey or combining for facilitating data collection among their colleagues so that each agency submits one response.

PCS notes that one person responded in April after the deadline and analysis was complete and their response is not included in the following analysis.

The next slide is about staff capacity. SPEC asked how long the respondent has been at their agency and a little over half (51.8%) of respondents have been at their agency for over 10 years.

SPEC also asked them to list which responsibilities they had related to the RW Part A grant. The options were: Fiscal Management (Budgeting, expenditures, fiscal compliance), Grant administration and/or oversight, Client-facing services, Data reporting and/or evaluation, Program management and monitoring, Other (please specify) – and they were able to select more than one option. 70.4% of the respondents have 2+ responsibilities related to the Part A grant.

SPEC also ask two questions about agency capacity. 88.9% of respondents work at agencies with 6 or more staff working on the RW Part A grant and 41% of respondents work at programs that serve 101-250 clients and 22% serve 251-500 clients. 5 respondents were not sure how many clients they served in the last year, all of whom were only responsible for Fiscal Management or Grant Administration/Oversight – which is reasonable that they would not know the exact number of clients.

When asked if BPHC provided adequate information on applying for funding during the most recent request for proposal cycle, 74.1% of respondents agreed, 14.8% were neutral, and 11.1% disagreed.

Four respondents left comments. I will read out how they responded to this RFP information question and how many employees work on the Part A grant at their agency:

- **Over 10 employees, Disagree** – "Funding was cut due to staff on leave, which effected our staffing."
- **Over 10 employees, Disagree** – "There was a lot of vague information back and forth with agency from contract manager and [Ryan White Services]"

- **6-10 employees, Disagree** – “We were initially told the RFP would be released in April 2025. There was minimal communication that it would not be released in April 2025 but instead was not released until October 2025. This delay and lack of information caused us to experience delays in getting awarded programs up and running on a timely basis. This was a hinderance in our operational budget and planning because we didn't know what services would be funded and whether to hire staff.”
- **Over 10 employees, Agree** – “No issues that I am aware of”

No one left any comments that rated it neutral.

The next couple of slides explored the bulk of the important data reviewed by SPEC. Part of the administrative process is that agencies go through a contracting process to set their budgets up at the beginning of each fiscal year. RWS’s target for completing these contracts is 45 days, and PCS reminds members that Melanie noted that for FY26, this target was achieved for all agencies. SPEC should have written this question differently considering that the target was 45 days.

For FY25, no agency reported contracts finalized in 30 days or less. Smaller agencies (1-5 employees) waited the longest, with all responses falling in 61-90 days or more than 90 days. Agencies with either 6-10 employees or over 10 employees responded across the map. In total, 66.7% of respondents answered that their contract was finalized in more than 61 days. 4 respondents did not know when their contracts were finalized – these respondents were staff that filled many responsibilities including program management/monitoring and direct client facing work.

4 respondents did not know when their contracts were finalized – these respondents were staff that filled many responsibilities including program management/monitoring and direct client facing work, so again, this is not super surprising that they would not know that. Those that responded either fiscal management or grant admin also selected the other options in addition, so they have multiple responsibilities.

The other component of administration of this grant is invoice reimbursement. Agencies submit invoices according to their service delivery model and BPHC reimburses these invoices with Part A funds.

PCS explains two tables. One table is of the typical length of time for invoice reimbursement per agency size. More than half of respondents (about 52%) waited longer than 30 days for reimbursement. Nearly 1 in 5 (about 19%) said "I am not sure" why. There are no clear patterns depending on agency size, and 50% or more of each respondent across agency sizes said invoices typically take more than 30 days for reimbursement.

The other table is of the typical length of time for invoice reimbursement per respondent responsibility. Reimbursement delays are experienced across all responsibility levels, including respondents with just 1 responsibility. Respondents with 5 responsibilities have the highest "I am not sure" rate, which could point to a communication gap that affects the most burdened staff the most.

After those questions, respondents were asked if reimbursement took more than 30 days, to select the most common reasons from the following options demonstrated in a pie chart on the slide:

- Incomplete or incorrect invoices submitted by my agency – 1 respondent selected this.
- Agency staff shortages or vacancies – No one selected this.
- Agency IT or system issues - No one selected this.
- Agency communication barriers – 1 respondent selected this.
- BPHC staffing shortages or vacancies – 5 respondents selected this
- BPHC IT or system issues – 1 respondent selected this.

- BPHC communication barriers – 5 respondents selected this.
- Or other – majority of people selected other, 65% or 13 respondents

Of those that selected other -

- 8 people wrote only unknown or unsure
- “It is hard to decipher on BPHC's end what were the barriers and why reimbursement took over 30 days”
- “A fiscal responsibility.”
- “unknown, no communication from BPHC on the delay but emails that they received the invoices when sent”
- “On BPHCs end, we don't know why”

One respondent that selected BPHC staffing shortages or vacancies AND communication barriers said:

- “BPHC staff do not respond timely to inquiries”

Only three respondents selected more than one option.

PCS refers back to the reimbursement of invoices to compare the survey data to the fiscal data. The question was, upon submission of all your required documents, how long does it typically take BPHC to reimburse invoices?:

- More than half of respondents (about 52%) responded that they waited longer than 30 days for reimbursement. 29.6% said 30 days or less. Nearly 1 in 5 (about 19%) said "I am not sure" why.

RWS presented that 60% of invoices were paid in less than 30 days, 38% were paid in more than 30 days, and 3% of invoices were paid in exactly 30 days. The standard deviation is 17.04 days, the average number of days was 30 days, the minimum was 3 days, and the maximum was 148 days.

PCS shares that this is almost identical to FY24 – 65% of invoices were paid in less than 30 days, 31% more than 30 days, 4% exactly 30 days; standard deviation of 24.28, minimum of 2 days, and maximum of 248 days. The average number of days for an invoice reimbursement in FY24 was 27.95 days.

The next section asked respondents to rate the Ryan White Services Team in providing technical assistance (TA) or training during FY25 in three categories: Programmatic, Fiscal, and Quality Management. This is demonstrated by three bar charts on the slide that PCS describes.
Programmatic TA: 40.7% rated excellent, 29.6% rated average, 3.7% or one person rated it poor, and 22.2% selected that they did not require TA.

Budgeting and Contracting TA had the poorest ratings overall, but not as significant as compared to some of the qualitative data/feedback we have heard so far: 37% rated excellent, 44.4% rated average, 11.1% rated poor, and 7.4% selected that they did not require TA.

Quality Management TA: 40.7% rated excellent, 22.2% rated average, 7.4% rated poor, and QM had the most people that did not need TA, with 29.6%.

3 respondents left positive comments on TA stating that RWS has excellent teamwork and have been very helpful, and 4 respondents left more negative comments on TA regarding unclear communication and frustration with the Fiscal Team.

The last few questions are generally about overall satisfaction with communication and working with BPHC. When asked to rate communication between their agency and BPHC, 59.2% of respondents said

excellent (demonstrated by the green bar on the bar chart on the slide), 29.6% said average (the blue bar), and 14.8% said poor (the yellow bar).

10 respondents left comments:

- Three respondents who rated it Excellent left comments talking about the availability of assistance, responsiveness, and appreciating monthly calls.
- Three respondents who rated it Average also left comments, expressing that asking for TA feels punitive and that multiple follow-ups have been needed to get email responses.
- All four respondents who rated it Poor left comments expressing that communication is challenging, specifically with fiscal and QM staff, and describing communication during site visits as harsh, disrespectful, and unclear.

When asked if they are overall satisfied with BPHC's administration of Part A funds, 82.14% said yes and 17.86% said no.

9 respondents left comments:

- 4 respondents that said they are NOT satisfied with BPHC's administration of Part A funds left comments related to concerns about the fiscal processes and communication.
- 5 respondents that said they ARE satisfied with BPHC's administration of Part A funds left comments, mostly just affirming that they are satisfied or that they don't have any issues.

12 respondents (44.4%) left comments on the final question asking for additional feedback.

7 comments appreciating the BPHC/RWS staff, including:

- "Working with BPHC's Ryan White Services Team has been a very positive experience. The team is consistently supportive, responsive, and truly committed to patient-centered care. Their collaboration and dedication make it easier to deliver high-quality services and achieve meaningful outcomes for the clients we serve."

5 comments offering recommendations for communication/monitoring, including:

- "…We frequently receive numerous assignments without clear instructions, which makes it challenging to meet expectations efficiently… Improved clarity and timely communication would help us work more effectively and strengthen our collaboration."

We analyzed the qualitative/open response data across all questions and pulled out 5 main themes that were referenced at least once:

- Satisfaction working with BPHC
- Comments on or about funding – such as needing more funding, unclear on how to get more, etc.
- Issues with the fiscal staff or fiscal processing
- Unclear communication regarding expectations, regulations, site visit findings, etc.
- Lack of timeliness – especially related to the contracting process was noted multiple times

Overall trends are noted on the slide per agency size. The columns are the counts of each main qualitative theme – for the table on the top, across all open response questions, each respondent only talked about that theme. For the table on the bottom, each respondent talked about multiple theme, grouped by frequency. The mentions of each theme are then identified by number of employees at that respondents' agency – in the rows.

Overall, 9 respondents are satisfied with BPHC, 6 being completely satisfied or not mentioning anything negative and 3 being satisfied but mentioning the lack of timeliness. This is across all agency sizes.

6 respondents discussed issues with fiscal staff or processes with majority of comments referring to the need for fiscal staff training, all of whom work at agencies with either 1-5 employees or 6-10 employees. This seems to be less of an issue with larger agencies.

6 respondents discussed issues of lack of timeliness with 4 comments explicitly about executing contracts faster. These comments were from majority respondents who worked at agencies with 6-10 employees.

5 respondents discussed unclear communication regarding regulations, site visit findings, expectations, etc. either by itself (3 respondents) or with other issues (2 respondents). Respondents who experienced unclear communication were all from agencies with over 6 employees.

Question: when agency size is listed, is that the size of the entire agency, or the Part A program only?

- Just the Part A program.

SPEC'S RECOMMENDATIONS:

SPEC recognizes the continued infrastructure issues of administrative burden, miscommunication, and slow processing times for administration of the Ryan White Part A grant. They also acknowledge that FY25 was the first year after an RFP year and carried with it changes in the overall funding environment, including an influx of carry over dollars to both Part A and EHE portfolios for BPHC staff. Despite this, similar concerns remain that have been discussed in years prior to FY25, and SPEC maintains that these issues are critical to address.

SPEC's recommendations this year are:

- Continue to present quarterly fiscal processing data (descriptive statistics) to the Committee but use a standard template for each presentation to streamline the Committee's ability to see change over time
- In addition to the quarterly descriptive statistics, RWS should include an average of how many times invoices are being returned to an agency and present the predominant reasons why invoices are being returned or to keep a tracker of the types of delays
- Regular updates on fiscal capacity building over the next year

PCS notes that they will work with Council leadership and RWS to increase transparency and possibly embed more administrative/fiscal capacity building updates into the regular PC meetings next year.

Vote to approve SPEC's recommendation as a result of the FY25 Assessment of Administrative Mechanism as reviewed and discussed today, 5/14/26.

Motion: Rick Boyd
Second: Kim Wilson
Result: 100% Approve

Topic G: Announcements, Evaluation & Adjourn

The Chair reads out the announcements:

- BPHC is looking for qualified reviewers for an RFP focused on community-based efforts to advance HIV, STI, Mpox, and Hep C Prevention!
- May 20th – SYKL film will be screened at Harvard CFAR Annual Scientific Symposium: Addressing HIV Syndemics in 2026 and beyond.
- May 31st – PCS will be tabling at Strides for Action

- June 1st – PCS will be tabling at Mayor's Office of LGBTQIA+ Advancement pride Kick-Off at City Hall Plaza.
- June 6th – Boston Pride for the People – PCS will be tabling from 10-12PM

Meeting to Adjourn
Motion: Robert Giannasca
Second: Joey Carlesimo
Result: The meeting was adjourned at 5:52 pm