Boston EMA Ryan White HIV/AIDS Services Planning Council

Services, Priorities, and Evaluation Committee

2025-2026 Year-End Report

July 2026

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I. COMMITTEE OVERVIEW

A. Committee Charge

The Services, Priorities, and Evaluation Committee (SPEC) is one of the Planning Council's standing committees. The Planning Council's bylaws state the committee's charge:

The Services, Priorities, and Evaluation Committee shall summarize and make recommendations to the Planning Council on Health Resources and Services Administration (HRSA)-approved Part A service categories and provide guidance on prioritizing Part A service categories.

The committee shall assess the efficiency of the administrative mechanism in rapidly allocating funds within the EMA. The committee will conduct additional evaluation activities, including evaluating the effectiveness of HIV care strategies and planning activities in the EMA.

B. Committee Membership

Members

Beth Gavin
Daniel Amato
Stephen Batchelder
Alyssa Collaro
Ericka Olivera – SPEC Vice Chair
Richard Boyd
Wayne Callahan
Milaun Casimir – SPEC Chair
Jennifer Nganga
Fabián Ortiz Hernandez
Sarah Dupont

Planning Council Support (PCS)

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

Ryan White Services (RWS) Liaison

Roxy Dai | Program Coordinator II, RWS

II. WORK OF THE COMMITTEE

A. Project Descriptions

- **Service Category Review**
  The Health Resources and Services Administration (HRSA) outlines the types of services to which funding is allowable. SPEC is responsible for reviewing these service categories and relevant EMA data and recommending which categories are priorities for PLWH in the Boston EMA.

- **Service Standards Edits**
  The Service Standards are the minimum requirements that Ryan White Part A-funded agencies are expected to meet when providing HIV services. The committee reviews the Service Standards each year and determines if revisions are needed to best meet the clients' needs. The committee votes on any suggested edits, SPEC presents these edits to Planning Council, and a request for a motion to vote for the approval of the Service Standard edits is made. The edits are later shared with the Ryan White Services Team for final review and dissemination to the Part A-funded agencies.

- **FY27 Priority Setting Process**
  Each year, the Planning Council ranks all 28 HRSA-defined service categories according to needs in the EMA and regardless of funding. This prioritization guides the Allocations and Resources Committee (ARC) and the Boston Public Health Commission (BPHC) in making resource allocation decisions. SPEC is responsible for designing the priority setting exercise and guiding the Council through the process.

- **Assessment of Administrative Mechanism (AAM)**
  The AAM is a federally mandated assessment of how efficiently and rapidly BPHC allocates funds to the areas of the greatest need within the EMA. SPEC distributes a survey to funded agencies to evaluate BPHC's activities, including requests for proposals, contract monitoring, and distribution of funds. The committee also requests standard statistical data from the Ryan White Services fiscal team, as well as data demonstrating that agency staff were trained on components of managing the grant. The committee is then responsible for reviewing the survey results and fiscal data to determine if recommendations are needed to address any gaps in BPHC's administrative process. In addition, the committee presents their recommendations to the Planning Council and requests a motion to vote for the approval of their recommendations.

  The AAM data collection requests were sent out in February and analyzed in April. The final results and recommendations were presented to the Planning Council on May 14, 2026, and the Council voted to approve the plan that same day.

B. Committee Meeting Summaries

Thursday, October 2nd , 2025

- SPEC Chair and PCS reviewed SPEC's Committee Charge and Workplan.
- PCS requested volunteers for monthly member spotlights.
- Members reviewed SPEC recommendations from the 2024-2025 Year End Reort.
- The Ryan White Services Liaison, Roxy presented Part I of a Service Standards deep dive, providing an overview of the Boston EMA Part A Service Standards and how they are used for compliance.
- Members were assigned Universal Service Standards to review for the next meeting.

- Members submitted nominations for the committee's Vice Chair, with voting to take place the following month.

Thursday, November 6th, 2025

- SPEC members elected Ericka Olivera as the SPEC Vice Chair.
- RWS presented a quarterly Subrecipient Compliance Update covering fiscal contracting, payments, and spending, along with a programmatic compliance update from Roxy.
- Roxy presented Part II of the Service Standards deep dive, covering the process for making changes to the Service Standards and reviewing RWS's recommendations, including any relevant legislative changes from HRSA.
- PCS introduced the Universal Service Standards review process, outlining the standards to be reviewed (1.0, 1.3, 1.4, 2.3, 4, 5.1, 5.2, and 6.3) and emphasizing RWS's recommendations.
- PCS introduced the Assessment of Administrative Mechanism (AAM) and the data collection tool review process.

Thursday, December 4th, 2025

- Beth Gavin gave a Member Spotlight.
- SPEC finished reviewing the Universal Service Standards, discussing and finalizing suggested edits for each standard.
- PCS presented a Service Category and Standards Spotlight for the four Core Part A-Funded Service Categories, reviewing funding streams, FY25 priority rank, and utilization data alongside the accompanying service standards, with emphasis on RWS's recommendations.
- Members were assigned Support Part A-Funded Service Category standards to review for the next meeting
- PCS asked members to review last year's AAM survey and BPHC Fiscal Data Request and suggest changes for this year's data collection tools.

Thursday, January 8th, 2026

- Wayne Callahan gave a Member Spotlight.
- RWS presented a quarterly Subrecipient Compliance Update covering fiscal contracting, payments, and spending, along with a programmatic compliance update from Roxy.
- PCS reviewed members' suggestions on the AAM survey and BPHC Fiscal Data Request and finalized the data collection tools ahead of February's meeting.
- SPEC followed up on Service Standard edits discussed in December.
- PCS presented a Service Category Spotlight for the Support Part A-Funded Service Categories.
- SPEC reviewed the Support Part A-Funded Service Standards, beginning with RWS's recommended edits (11.2, 11.4, 11.8, 12.1, 14.1, and 17.1).

Thursday, February 5th 2026

- Fabián Ortiz Hernandez gave a Member Spotlight.
- PCS guided a final review of the Service Standards, where members went through the approved edits from the previous meeting, including four Service Standard Edits from the Universal Standards, one from Core Medical Services, and one from Support Services. Members discussed five more edits during this meeting, two more from Universal Standards, one more from Core Medical Services, and two more from Support Services. Members voted to approve these edits for FY25 and to table two additional edits for discussion next year.
- PCS presented a Service Categories Spotlight for nine Core Non-Part A-Funded Service

Categories.
- Members finalized the questions in the AAM agency survey and the elements of the BPHC Fiscal Questionnaire. PCS distributed the data collection tools right after this meeting.
- PCS and SPEC Chair introduced the Priority Setting Process, SPEC's role in the activity, and reminded members that the Priority Setting meeting was on March 12th, in person.

Thursday, March 5th, 2026
- The Ryan White Services Liaison, Roxy, presented an Internal Compliance Tracker Update and the fiscal update was postponed.
- PCS presented a progress update on the AAM agency survey. At this point, PCS announced that the AAM has received more responses than the previous year and that they would send more reminder emails before the deadline on March 20th.
- PCS presented a Service Category Spotlight for the nine Support Non-Part A-Funded Service Categories.
- PCS led a Priority Setting Resource overview and Excel tool training, and asked for volunteers to help present during the full Council's Priority Setting meeting.
- SPEC completed the Priority Setting activity via a virtual ballot, ranking all 28 Part A service categories and 6 Minority AIDS Initiative categories ahead of the full Planning Council's mandatory in-person Priority Setting meeting on March 12, 2026.

Thursday, April 2nd, 2026
- SPEC members debriefed the Priority Setting Activity and reviewed feedback from Planning Council members.
- PCS led a discussion on the Allocation of Resources Committee's (ARC) proposed scenarios for FY27 Resource Allocation and how the various scenarios may impact SPEC's work in the coming year.
- PCS and SPEC Chair reviewed the AAM agency survey results and the BPHC Fiscal Data, and discussed data analysis goals.
- PCS and SPEC Chair introduced the Year-End Report to the committee.

Thursday, May 7th, 2026
- RWS provided a final Subrecipient Compliance Update for the year from the Director of Sub Compliance, covering contracting, payments, and spending.
- SPEC Chair guided a discussion as requested by the chair of ARC to gain member input ahead of the All-Day Allocations meeting, where ARC decides the FY26 Resource Allocation scenarios.
- PCS reviewed the AAM Timeline, led a discussion on the AAM results, and finalized the AAM Corrective Action Plan to be presented to the full Planning Council for approval.
- SPEC members finalized their recommendations for SPEC and Planning Council in the 2026-2027 term to be included in the committee's year-end report.

III. PROJECT OUTCOMES

A. Service Standard Edits

In collaboration with RWS, SPEC reviewed and modified the Service Standards according to need and environmental changes to service delivery. The committee voted to approve edits to the following Service Standards:

Universal Standards:

1. Section I: Universal Standards, Preamble
2. Section I: Universal Standards, 1.0 Eligibility, Insurance, & Recertification, Description
3. Section I: Universal Standards, 1.0 Eligibility, Insurance, & Recertification, 1.3 Income
4. Section I: Universal Standards, 1.0 Eligibility, Insurance & Recertification, 1.4 Boston EMA Residency
5. Section I: Universal Standards, 1.0 Eligibility, Insurance & Recertification, 1.5 Health Insurance
6. Section I: Universal Standards, 1.0 Eligibility, Insurance & Recertification, 1.9 Payer of Last Resort (New Standard)
7. Section I: Universal Standards, 2.0 Intake, Discharge, Transition & Case Closure, 2.3 Rights and Responsibilities, and Grievance Policy
8. Section I: Universal Standards, 2.0 Intake, Discharge, Transition & Case Closure, 2.4 Grievance Policy
9. Section I: Universal Standards, 3.0 Client Retention, Re-engagement, and Linkage to Care, 3.1 Client Retention and Re-Engagement Policies and Procedures
10. Section I: Universal Standards, 3.0 Client Retention, Re-Engagement, and Linkage and Access to Care, 3.2 Linkage to Care
11. Section I: Universal Standards, 4.0 Staff Credentials, Training & Supervision, 4.4 Program Income (New Standard)
12. Section I: Universal Standards, 5.0 Staff Safety Standards, 5.1 Safety Protocol for Staff and Clients
13. Section I: Universal Standards, 5.0 Staff Safety Standards, 5.2 Anti-bullying, Discrimination, and Sexual Harassment
14. Section I: Universal Standards, 6.0 File Maintenance & Data Security, 6.3 Archiving

Core Medical Services:

1. Section II: Core Medical Services, 8.0 Medical Case Management, 8.6 Coordination of Care
2. Section II: Core Medical Services, 8.0 Medical Case Management, 8.0 Medical Case Management, 8.8 Caseload

Support Services:

1. Section III: Support Services, 11.0 Emergency Financial Assistance, 11.1 Emergency Financial Assistance Assessment
2. Section III: Support Services,11.0 Emergency Financial Assistance, 11.8 Multiple Funding Sources & Payer of Last Resort
3. Section III: Support Services, 12.0 Food Bank/Home-Delivered Meals, 12.1 Documenting Service Delivery
4. Section III: Support Services, 13.0 Housing, 13.1 Rental Assistance Services
5. Section III: Support Services, 14.0 Medical Transportation, 14.1 Approved Transportation Methods
6. Section III: Support Services, 14.0 Medical Transportation, 14.5 Documenting Service Delivery
7. Section III: Support Services, 15.0 Non-Medical Case Management, 15.6 Caseload
8. Section III: Support Services, 17.0 Psychosocial Support Services, 17.1 Psychosocial Assessment

The Service Standard Edits were presented to and approved by the Planning Council on February 12th, 2026. RWS distributed the Service Standards to all Part A-funded agencies at the start of FY26.

B. Assessment of Administrative Mechanism

SPEC members updated the previous year's agency survey, reviewed the elements of the BPHC fiscal data request, and determined the data collection schedule. The survey and BPHC data request

were sent out in February 2026 with a due date of March 20th, 2026. In March, April, and May, PCS presented updates to SPEC regarding the AAM and BPHC Data Request. The presentation in March included the number of responses collected. In April, PCS presented the raw and aggregated results of the provider survey and the responses to the BPHC data request. In May, SPEC discussed the results in depth and developed a corrective action plan for BPHC. SPEC's recommendations focused on increasing consistency and transparency in RWS's fiscal reporting, including standardizing how quarterly fiscal data is presented to the committee, tracking the frequency and underlying reasons for invoice returns, and providing regular updates on fiscal capacity-building efforts throughout the year. SPEC presented the final AAM results and this Corrective Action Plan recommendation to the Planning Council on May 14, 2026, and the Council voted to approve the plan. BPHC presented their response to the Corrective Action Plan on June 25, 2026. The AAM Final Report is located in **Appendix F**.

C. FY27 Priority Setting Process

This year, SPEC completed the priority setting activity first, via a virtual ballot during its March meeting, ranking all 28 Part A categories and the 6 MAI categories. The full Planning Council then completed the same activity during its mandatory, in-person meeting on March 12, 2026, where 29 of 34 members (85.3%) submitted completed ballots. Members ranked the categories from highest priority to least priority utilizing available data, personal and professional experience, and the needs of people living with HIV. The initial results produced a tie between Emergency Financial Assistance and Food Bank/Home-Delivered Meals, both Support Service categories with identical average scores. SPEC reviewed the tie and recommended ranking Emergency Financial Assistance higher; however, the Planning Council voted to rank Food Bank/Home-Delivered Meals higher instead. The final rankings, including the resolved tie, were presented to and approved by the Planning Council on April 9, 2026. Refer to **Appendix B** for more information regarding the process and **Appendix C, D,** for each of the FY27 priority setting results.

IV. RECOMMENDATIONS FOR 2026-2027

A. Recommendations for Service Standards:

- Be mindful of the number of Service Standards edits taken on in a single year since the 26 edits made this year were overwhelming for both members and agencies to keep up with.
- Consider allowing members to choose which Service Standards they review rather than assigning standards to individuals.
- Continue reviewing Service Standards as a full group during meetings.
- Explore using breakout rooms during Zoom meetings to tackle more standards at once, then reconvene to share out and discuss changes.

B. Recommendations for AAM:

- Continue presenting quarterly fiscal processing data (descriptive statistics) to SPEC, using a standard template each time so the committee can track changes over time.
- In addition to quarterly descriptive statistics, RWS should include data on the average number of times invoices are returned to an agency, the predominant reasons for those returns, and/or maintain a tracker of delay types.
- Provide regular updates on fiscal capacity-building activities over the course of the next year.

C. Recommendations for Priority Setting:

- Revisit the decision about having SPEC complete Priority Setting before the full Planning Council.

D. Recommendations for Planning Council 2026-2027:

- Encourage in-person attendance at meetings.
- Consider using assigned seating at meetings.

APPENDIX A

FY26 Service Category Definitions

Core Medical Services	Definition
AIDS Drug Assistance (ADAP/HDAP)	A state-administered program authorized under Part B of the Ryan White Program to provide FDA-approved medications to low-income clients living with HIV who have limited or no health care coverage. Program funds may also be used to purchase health insurance for eligible clients and for services that enhance access to, adherence to, and monitoring of antiretroviral therapy.
Medical Case Management, including Treatment Adherence Services including MCM/NMCM provider training	A range of client-centered activities focused on improving health outcomes in support of the HIV care continuum. Activities may be prescribed by an interdisciplinary team that includes other specialty care providers. Medical Case Management includes all types of case management encounters (e.g., face-to-face, phone contact, and any other forms of communication).
Oral Health Care	Oral Health Care activities include outpatient diagnosis, prevention, and therapy provided by dental health care professionals, including general dental practitioners, dental specialists, dental hygienists, and licensed dental assistants. **Boston EMA Addendum:** Services funded by this category include education for, outreach to, and recruitment of dental providers.
Medical Nutrition Therapy	Medical nutrition therapy includes nutritional supplements provided by a licensed registered dietitian outside of an outpatient/ambulatory medical care visit. The provision of food may be provided pursuant to a physician's recommendation and a nutritional plan developed by a licensed, registered dietician. These may be provided in an individual or group setting.
Health Insurance Premium & Cost-Sharing	Provides financial assistance for eligible individuals living with HIV to maintain continuity of health insurance or receive medical and pharmacy benefits under a health care coverage program. For purposes of this service category, health insurance also includes standalone dental insurance
AIDS Pharmaceutical Assistance	Includes local pharmacy assistance programs implemented by Part A or B grantees to provide medications when an ADAP has a restricted formulary, waiting list and/or restricted financial eligibility criteria.
Mental Health Services	Mental Health Services include outpatient psychological and psychiatric screening, assessment, diagnosis, treatment, and counseling services. Services are based on a treatment plan, conducted in an outpatient group or individual session, and provided by a licensed mental health professional, such as psychiatrists, psychologists, and licensed clinical social workers.
Substance Use Services (Outpatient)	Outpatient services for the treatment of substance use disorders.
Early Intervention Services	RWHAP Parts A and B EIS services must include the following four components: a) Targeted HIV testing b) Referral services to improve HIV care and treatment services c) Access and linkage to HIV care and treatment services d) Outreach Services and Health Education/Risk Reduction related to HIV diagnosis RWHAP Part C EIS services must include the following four components: a) Counseling individuals with respect to HIV

	b) High risk targeted HIV testing c) Referral and linkage to care of clients d) Other clinical and diagnostic services related to HIV diagnosis
Home Health Care	Home Health Care is the provision of services in the home that are appropriate to a client's needs and are performed by licensed professionals.
Outpatient/Ambulatory Health Services	Includes diagnostic and therapeutic services provided directly to a client by a licensed healthcare provider in an outpatient medical setting. Outpatient medical settings include clinics, medical offices, and mobile vans where clients do not stay overnight. Emergency room or urgent care services are not considered outpatient settings.
Home & Community Based Health Services	Services are provided to PLWH in an integrated setting appropriate to a client's needs, based on a written plan of care established by a medical care team under the direction of a licensed clinical provider.
Linguistic Services	Interpretation and translation services, both oral and written to eligible clients. These services must be provided by qualified linguistic services providers as a component of HIV service delivery between the healthcare provider and the client. These services facilitate communication between the provider and client and/or support delivery of services.
Hospice	End-of-life care services provided to clients in the terminal stage of an HIV-related illness.

Support Service Categories	Definition
Housing Services	Provide transitional, short-term, or emergency housing assistance to enable a client or family to gain or maintain outpatient/ambulatory health services and treatment.
Non-Medical Case Management Services	Provide guidance and assistance in accessing medical, social, community, legal, financial, and other needed services. These services also include assisting eligible clients to obtain access to other public and private programs for which they may be eligible. **Boston EMA Addendum:** Services offered under this category may include client advocacy, legal services, specialized assistance with benefits, and interpretation or other linguistic services
Emergency Financial Assistance	Limited one-time or short-term payments to assist clients with an emergent need for paying for essential utilities, housing, food (including groceries, and food vouchers), transportation, and medication. Emergency financial assistance can occur as a direct payment to an agency or through a voucher program. Direct cash payments to clients are not permitted. It is expected that all other sources of funding in the community for emergency financial assistance will be effectively used and that any allocation of RWHAP funds for these purposes will be as the payer of last resort, and for limited amounts, uses, and periods of time.
Food Bank/Home Delivered Meals	The provision of actual food items, hot meals, or a voucher program to purchase food. This also includes the provision of essential non-food items that are limited to personal hygiene products, household cleaning supplies, water filtration/purification systems in communities where water safety issues exist.
Psychosocial Support Services	Provide group or individual support and counseling to assist eligible PLWHA to address behavioral and physical health concerns. **Boston EMA Addendum:** Services funded under this category include peer support, where the person providing the psychosocial support is a person with HIV and of the client's self-identified community.

Medical Transportation Services	Nonemergency transportation services that enable an eligible client to access or be retained in core medical and support services. Costs for transportation for medical providers to provide care should be categorized under the service category for the service being provided.
Other Professional Services (Legal Services/Permanency Planning)	- Legal services provided to and/or on behalf of the individual living with HIV and involving legal matters related to or arising from their HIV disease, including assistance with public benefits, interventions necessary to ensure access to eligible benefits, including discrimination or breach of confidentiality litigation as it relates to services eligible for funding under the RWHAP. - Permanency Planning - Services to help clients/families make decisions about the placement and care of minor children after their parent/caregivers are deceased or are no longer able to care for them.
Substance Use Services (Residential)	The provision of services for the treatment of drug or alcohol use disorders in a residential setting to include screening, assessment, diagnosis, and treatment of substance use disorder.
Childcare Services	Supports intermittent childcare services for the children living in the household of clients for the purpose of enabling clients to attend medical visits, related appointments, and/or RWHAP-related meetings, groups, or training sessions. Allowable use of funds include: - A licensed or registered childcare provider to deliver intermittent care Informal childcare provided by a neighbor, family member, or other person (with the understanding that existing federal restrictions prohibit giving cash to clients or primary caregivers to pay for these services)
Health Education/Risk Reduction	Health Education/Risk Reduction is the provision of education to clients living with HIV about HIV transmission and how to reduce the risk of HIV transmission. It includes sharing information about medical and psychosocial support services and counseling with clients to improve their health status.
Referral for Health Care Support Services	Referral for Health Care and Support Services directs a client to needed core medical or support services in person or through telephone, written, or other type of communication.
Outreach Services	Outreach Services has as its principal purpose identifying PLWH who either do not know their HIV status, or who know their status but are not currently in care. Provides the following: 1) identification of people who do not know their HIV status and/or 2) linkage or re-engagement of PLWH who know their status into HRSA RWHAP services, including provision of information about health care coverage options.
Rehabilitation Services	Provided by a licensed or authorized professional in accordance with an individualized plan of care intended to improve or maintain a client's quality of life and optimal capacity for self-care.
Respite Care	Community or home-based non-medical assistance designed to relieve the primary caregiver responsible for the day-to-day care of an adult or minor living with HIV/AIDS.

APPENDIX B

Priority Setting Process

Priority Setting- deciding which HIV services are the most important according to the criteria established in the Eligible Metropolitan Area (EMA). All 28 Part A service categories must be prioritized annually, required by HRSA.

Priority Setting Cycle

The previous year was **Fiscal Year (FY) 2025** which ended on **February 28th, 2026.**

The Council's current year is **FY 2026,** which began on **March 1st, 2026.**

The Council will *set priorities* for the next year **(FY 2027),** which starts on **March 1st, 2027.**

Why is the priority setting process important?
Council members represent the interests of all PLWH in the Boston EMA and define the needs of the EMA by prioritizing service categories. Priority setting, along with resource allocation, helps determine the unmet need for service, brings the Boston EMA closer to eliminating disparities in access and services, and contributes to strengthening the continuum of care. In addition to the standard Priority Setting Process of both Part A and MAI categories, SPEC determined that the Council would complete a Medicaid Reduction Scenario. There were three total Priority Setting rankings for FY26.

How do members decide which categories should be prioritized?
There is no one "right" way to prioritize. However, it is the members' responsibility to use available data and a rational decision-making process when deciding which service categories are priorities. Some sources of information to consider include epidemiological trends in the EMA, Needs Assessment findings, spending and utilization trends, availability of other funding streams, other reports or presentations presented throughout the Council year, and personal experiences as an informed consumer, provider, or advocate. PCS is responsible for making all applicable resources available to members during the activity.

What is the difference between priority setting and resource allocation?
While the priority setting process ranks categories based on documented need, resource allocation is a process by which a specific number of dollars is allocated to the service categories. Higher-ranked categories do not necessarily receive more funding than lower-ranked categories. ARC might recommend that a high priority category should receive a relatively low Part A funding allocation if that category is already supported by a different funding stream.

APPENDIX C

FY27 Priority Setting Results

Standard, Part A Service Category Ranking

1	AIDS Drug Assistance (ADAP/HDAP)	15	Health Education/Risk Reduction
2	Housing Services	16	Home Health Care
3	Food Bank/Home-Delivered Meals	17	Home & Community-Based Health Services

4	Emergency Financial Assistance	18	Other Professional Services (Legal)
5	Oral Health Care	19	Substance Use Services (Outpatient)
6	Medical Case Management	20	Linguistic Services
7	Non-Medical Case Management	21	Child Care Services
8	Health Insurance Premium & Cost-Sharing	22	Outpatient/Ambulatory Health Services
9	Mental Health Services	23	Outreach Services
10	Medical Transportation Services	24	Substance Use Services (Residential)
11	AIDS Pharmaceutical Assistance	25	Referral for Health Care & Support Services
12	Psychosocial Support Services	26	Hospice
13	Medical Nutrition Therapy	27	Rehabilitation Services
14	Early Intervention Services	28	Respite Care

APPENDIX D

FY27 Priority Setting Results

Minority AIDS Initiative Service Category Ranking

1	Medical Case Management
2	Non-Medical Case Management
3	Emergency Financial Assistance
4	Psychosocial Support Services
5	Other Professional Services (Legal)
6	Linguistic Services