



**Boston EMA**  
**Ryan White**  
**Planning Council**

# WELCOME

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RYAN WHITE PLANNING  
COUNCIL MEETING

FEBRUARY 13, 2020

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At this moment, let's take a **moment of silence** in remembrance of those who came before us, those who are present, and those who will come after us.

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Please state your  
name for the  
record.

# GROUND RULES

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Be on time

No Side Conversations

Silence cell phones

Presenters represent agencies- no personal attacks

Participate

Don't ask questions that accuse or assume where someone is coming from. Stick to asking questions regarding information.

Be respectful

Respect the option for presenters to come back with additional information or answers.

Agree to disagree

Send questions with more detailed explanations to the Executive Committee or PCS

Ask questions

Whenever possible, enjoy yourself

Speak up so everyone can hear you

Don't assume everything is public knowledge

Raise your hand and wait to be acknowledged by the Chair

Step up, step back

Don't interrupt

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APPROVE  
MEETING  
MINUTES  
*December 12,  
2019*

*(H-1 or on  
Basecamp)*

**Steps in approving minutes:**

1. Review minutes
2. Make a first and second motion to approve minutes
3. Vote

**All in Favor:** Yes, I approve the minutes

**Opposed:** No, I do not approve the minutes

**Abstention:** Absent from previous meeting/ Decline to vote

# FAQ Themes – January 16, 2020

- More time for NRAC and SPEC to interact and share results of work
- Time management/quality control of meeting
- Updates to format and data of spending and utilization reports
- Preparing presenters – format of slides

## COMMITTEE REPORTS

(H-2) or  
Basecamp

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Each month, the Committee Chair(s) will provide a summary of their committee's activities. – *Please provide extra details for peers today!*

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You can also refer to a handout in your packet for written updates.



# Knowledge Check!

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LIZ RIOS, PCS





# FY21 Funding Principles

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KATHY LITURI

LAMAR BROWN - NOGUERA

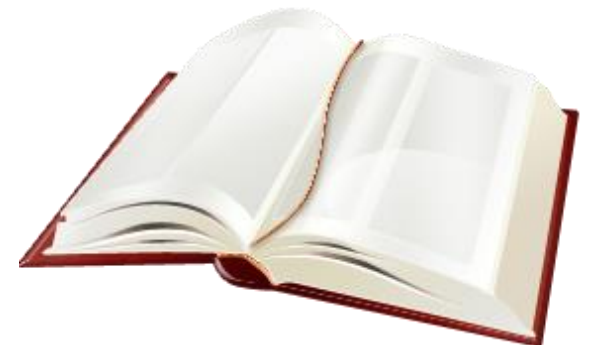
NEEDS, RESOURCES & ALLOCATIONS COMMITTEE (NRAC)

# **Needs, Resources & Allocations Committee**

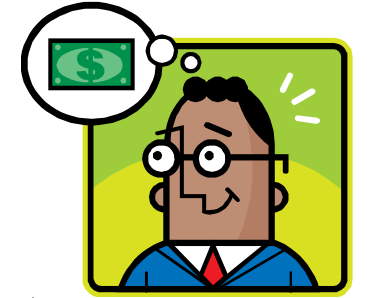
## **FY21 Proposed Funding Principles**

Kathy Lituri & Lamar Brown –  
Noguera, NRAC

February 13, 2020



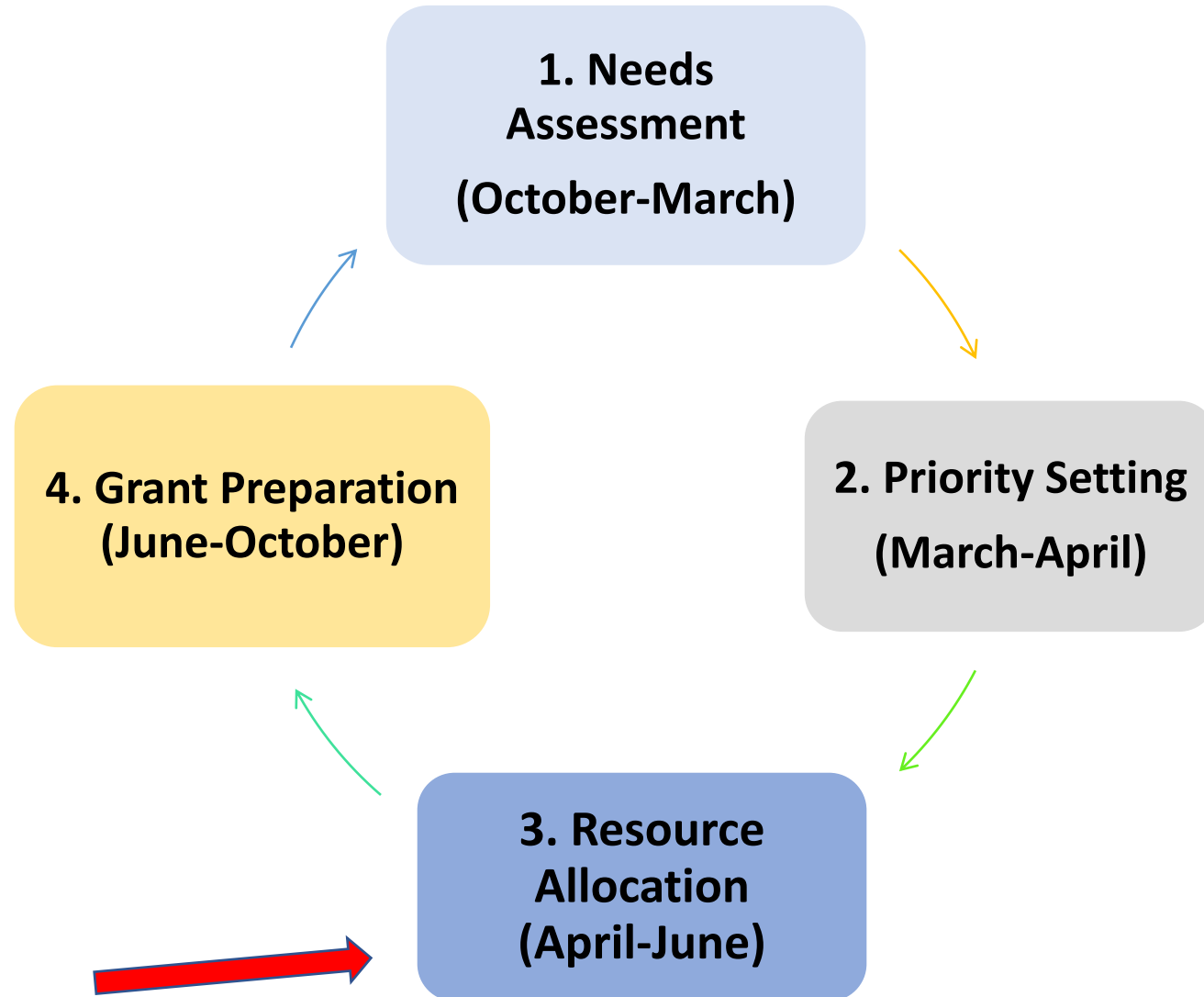
# What are the Funding Principles?



Overall directives guiding the work of the Needs, Resources and Allocations Committee (NRAC), allocation process, recommendations, and implementation of the Council's funding scenarios.

The funding principles have evolved over the past 20+ years to better reflect the values of the Council, respond to changes in the epidemic and guide the council's processes for the allocation of Ryan White Part A Funds.

# Where Do the Funding Principles Fit In?



## Other Processes:

- Evaluation of service delivery system (**ongoing**)
- Procurement of services
- Program and contract monitoring (**ongoing**)

# Who Uses the Funding Principles?



## NRAC

- Uses as a guide for the funding scenarios for all funding recommendations NRAC presents to the Planning Council

## BPHC (the recipient)

- Uses when contracting for services
- Embeds in the language of any Request For Proposals (RFP)
- Embeds in the grant application to HRSA
- Uses in the agency monitoring process

# Funding Principles Background

- ❑ There are 13 Funding Principles
- ❑ Not presented in any order of importance
- ❑ Each has equal weight



# FY21 Proposed Funding Principles

## *EQUITY & FAIRNESS*

- ❑ Services funded by Part A should provide for fair, equitable and just access for all persons with HIV/AIDS throughout the EMA.
- ❑ Services should meet essential needs of consumers as defined by credible and timely data/needs assessments.

# FY21 Proposed Funding Principles

## *COMMUNITY INPUT/INVOLVEMENT*

- ❑ Providers funded by Part A should seek input from and/or participation by consumers as critical in reaching their decisions.
- ❑ Providers should be required to demonstrate optimal collaborations.
- ❑ Providers should design programs tailored to the needs of the population served; to this end, staffing qualifications should not be needlessly inflated to exclude persons from affected populations, who have the requisite skills, from being employed in service delivery.



# FY21 Proposed Funding Principles

## *CULTURAL COMPETENCY*

- ❑ Providers must be able to demonstrate relevant, established ties to the affected populations they serve. Such ties may be shown through staffing, language/cultural competency, community involvement, and site of services.
- ❑ Providers should demonstrate a commitment to prevent and mitigate stigma to the extent possible within their environments.
- ❑ To ensure continuity of services, there should be a preference for organizations that provide services within the priority areas and demonstrate linguistic/cultural competency and appropriateness.

# FY21 Proposed Funding Principles

## *CULTURAL COMPETENCY, CONT.*

- ❑ Providers must demonstrate a willingness to provide services to all affected populations and an ability to provide appropriate services to the populations they target.
- ❑ Providers should encourage and support self-advocacy among consumers.

# FY21 Proposed Funding Principles

## *FISCAL RESPONSIBILITY*

- Funding decisions should be made in such a way as to encourage the development/maintenance of high quality, user-friendly, innovative services.
- Providers should be encouraged to seek out and maximize the use of all funding sources, rather than solely relying on Part A.

# FY21 Proposed Funding Principles

## *CONFLICT OF INTEREST*

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

Questions?



# **VOTE** – Motion to Approve FY21 Funding Principles

## Summary of Motion:

**Vote to approve the FY21 Funding Principles document as written, and reviewed by the Needs, Resources & Allocations Committee.**

**YES** - You agree with NRAC's recommendation

**NO** - You do not agree with NRAC's recommendation

**ABSTAIN** - You wish not to vote on the motion

# *Tech Break!*

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FIVE MINUTES TO TECH & STRETCH & MINGLE & GRAB FOOD



# Standards of Care

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KATIE KEATING

RYAN WHITE SERVICES DIVISION (RWSD)



# RWSD Updated FY20 Standards of Care

KATIE KEATING, RWSD DIVISION DIRECTOR

MARCOS PALMARIN, SENIOR PROGRAM COORDINATOR

RYAN WHITE SERVICES DIVISION, INFECTIOUS DISEASE BUREAU

BOSTON PUBLIC HEALTH COMMISSION



# Presentation Objective

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- ❖ Explain summary of proposed changes to Standards and answer questions
- ❖ Discuss questions and feedback regarding Standards
- ❖ Inform a Planning Council vote regarding adoption the Standards

# Presentation Overview

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- ❖ Purpose of Standards
- ❖ Process for Developing Standards
- ❖ Proposed Updates to Standards
- ❖ Discussion/Questions
- ❖ Vote

# The Development & Update Process

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- ❖ Developed/updated in partnership with RWSD staff and SPEC members
- ❖ Content based on HRSA standards and policy clarifications, provider feedback, examples from other EMAs, and technical assistance from HRSA staff and consultants

# Purpose of Standards

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- Provide guidelines for Part A-funded agencies on how to implement Ryan White services generally (*universal standards*) and by service category (*service standards*)
- Outline measures that agencies need to document as evidence of their compliance with the Standards (*examples-written policies, documentation of services provided, eligibility documentation*)
- Provide guidance to RWSD staff about how to monitor agencies for compliance on monthly calls, site visits etc.

# Structure of Standards

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## Section I. Universal Standards (1-6)

Minimum standards across all Ryan White Part A Services to ensure compliance with HRSA and other regulations and that clients' needs are adequately met.

Include:

1. RWSD Description
2. Link to HRSA source document(s) as relevant.
3. Boston EMA Standards and Measures



# Structure of Standards

## Section II. Core Medical Services (7-10)

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Standards for essential, direct, health care services for HIV care.

## Section III. Support Services (11-20)

Standards for services needed to achieve medical outcomes that affect the HIV-related clinical status of a person living with HIV.

### Both Include:

1. HRSA Description and Program Guidance
2. Link to HRSA source document(s) as relevant
3. RWSD Goal, Objective, Standard, Measure

# Example – Medical Nutrition Therapy

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## 9.0 Medical Nutrition Therapy

### **HRSA Description:**

Medical Nutrition Therapy includes:

- Nutrition assessment and screening
- Dietary/nutritional evaluation
- Food and/or nutritional supplements per medical provider's recommendation
- Nutrition education and/or counseling

These activities can be provided in individual and/or group settings and outside of HIV Outpatient/Ambulatory Health Services.



## Program Guidance:

- All activities performed under this service category must be pursuant to a medical provider's referral and based on a nutritional plan developed by the registered dietitian or other licensed nutrition professional. Activities not provided by a registered/licensed dietitian should be considered Psychosocial Support Services under the HRSA RWHAP.
- See also Foodbank/Home Delivered Meals

Source: [https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/ServiceCategoryPCN\\_16-02Final.pdf](https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/ServiceCategoryPCN_16-02Final.pdf)

**Goal:** Optimize immunity, reduce weight loss and nutritional deficiencies, and improve the overall wellbeing for people with HIV.

**Objective:** Identify and treat nutritional deficiencies in people with HIV through the provision of medical nutrition therapy which includes nutritional counseling and the prescription of dietary regimens by a physician or licensed nutritionist or registered dietitian.

# Sample of Standards and Measures

<i>Standard</i>	<i>Measure</i>
9.1 Medical Provider Referral	Referral is in client file
9.2 Nutrition Assessment, Screening, and Dietary Evaluation	Record of evaluation is in client file
9.3 Nutrition Plan	Record of client's nutrition plan is stored in file
9.4 Food / Nutritional Supplements	Record of what food or supplement provided to the client is in the file

# 1.0 Eligibility, Insurance and Recertification P. 3-4

Universal Standard

**Overview: Outlines process for assessing and documenting RW Part A Eligibility**

## ❖ Eligibility Criteria

1. HIV diagnosis
2. Residency in Boston EMA
3. Low-income according to HRSA definition
4. Documented health insurance coverage

❖ Full Recertification of eligibility due annually and a self-attestation is due every 6 months

# 1.0 Eligibility, Insurance and Recertification P. 3-4

## **Proposed Changes**

### Universal Standard

- ❖ Clarified that 6-month attestation forms must be signed by clients
- ❖ Clarified that an email or fax from a client can be used for 6-month self-attestation and does not need to be signed by client

# 2.0 Intake, Discharge, Transition & Case Closure P. 5

Universal Standard

## Overview:

Guidance on policies and procedures providers must have in place to guide transition of a client into and out of services.

## Proposed Changes

Update guidance on client discharge to be **6** months instead of **12** months after documented attempts to re-engage.



# 3.0 Client Retention, Re-engagement, Linkage and Access to Care P. 6-7

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## Overview

Universal Standard

Guidance on policies and procedures provider must have in place to promote client retention, re-engagement, linkage to care, and access to care.

## Proposed Changes

- ❖ Significantly expanded Standards and updated language to further define expectations and measures.
- ❖ Added 5 Standards.



# 11.0 Emergency Financial Assistance

## P. 20-22

Service Standard

### Overview

- ❖ One-time or short-term payments to assist a RWHAP client with an urgent need for essential items or services necessary to improve health outcomes.
- ❖ Since is new service to the Boston EMA in FY19, there is opportunity to clarify how service should be implemented through updating the Standard.

# 11.0 Emergency Financial Assistance

## P. 20-22

Service Standard

### Proposed Changes

Added language to clarify:

- ❖ Purpose of EFA
- ❖ Allowable and unallowable uses of EFA
- ❖ Process for assessing, distributing, and tracking EFA



# 15.0 Linguistic Services, P. 28

## Service Standard

### *New Service*

- ❖ Includes interpretation and translation activities, both oral and written, to eligible clients. These activities must be provided by qualified linguistic services providers as a component of HIV service delivery between the healthcare or other provider and the client.
- ❖ Standards guide assessment of linguistic needs and timely service delivery based on identified needs.

# 18.0 Other Professional Services (Legal)

## P.33-35

Service Standard

### *New Service*

- ❖ Allows for the provision of professional and consultant services rendered by members of professions licensed and/or qualified to offer such services by local governing authorities.
- ❖ Legal services provided to and/or on behalf of the HRSA RWHAP-eligible people with HIV and involving legal matters related to or arising from their HIV disease.
- ❖ Standards guide how legal services should be implemented and what services are allowable and unallowable with Ryan White Part A funds.



# Discussion

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**Questions and feedback?**



# *Next Steps*

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- ❖ Vote to approve and adopt FY20 Standards of Care
- ❖ Finalize to publish to the EMA by March



# RFP

# Results/Update

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KATIE KEATING

RYAN WHITE SERVICES DIVISION (RWSD)

# RWSD FY20 Procurement Process

KATIE KEATING, RWSD DIVISION DIRECTOR

RYAN WHITE SERVICES DIVISION, INFECTIOUS DISEASE BUREAU

BOSTON PUBLIC HEALTH COMMISSION

BOSTON  
PUBLIC  
HEALTH  
COMMISSION



# Presentation Objectives

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- ❖ Provide update on the FY20 procurement process
- ❖ Provide update how RWSD integrated PC Assessment of Administrative Mechanism (AAM) recommendations into FY20 procurement process

# Purpose of Procurement

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- Bid out (procured) the 4 new services added by the PC in June 2019
- Re-procure for services through Minority AIDS Initiative funds based on HRSA (funder) feedback that:
  - 1) MAI services need to focus on racial and ethnic minorities that are disproportionately impacted by HIV/AIDS
  - 2) RFP needs to more accurately define MAI requirements



# Integrating PC Feedback into Procurement

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- Simplified and shortened RFP (by about 100 pages)
- Online submission option
- Remote Bidder's Meeting via Webex
- RFP questions due on a specific date and posted response one time
- Unable to provide a 6-week response period but got close-provided 5 weeks!

# Services Included in Procurement

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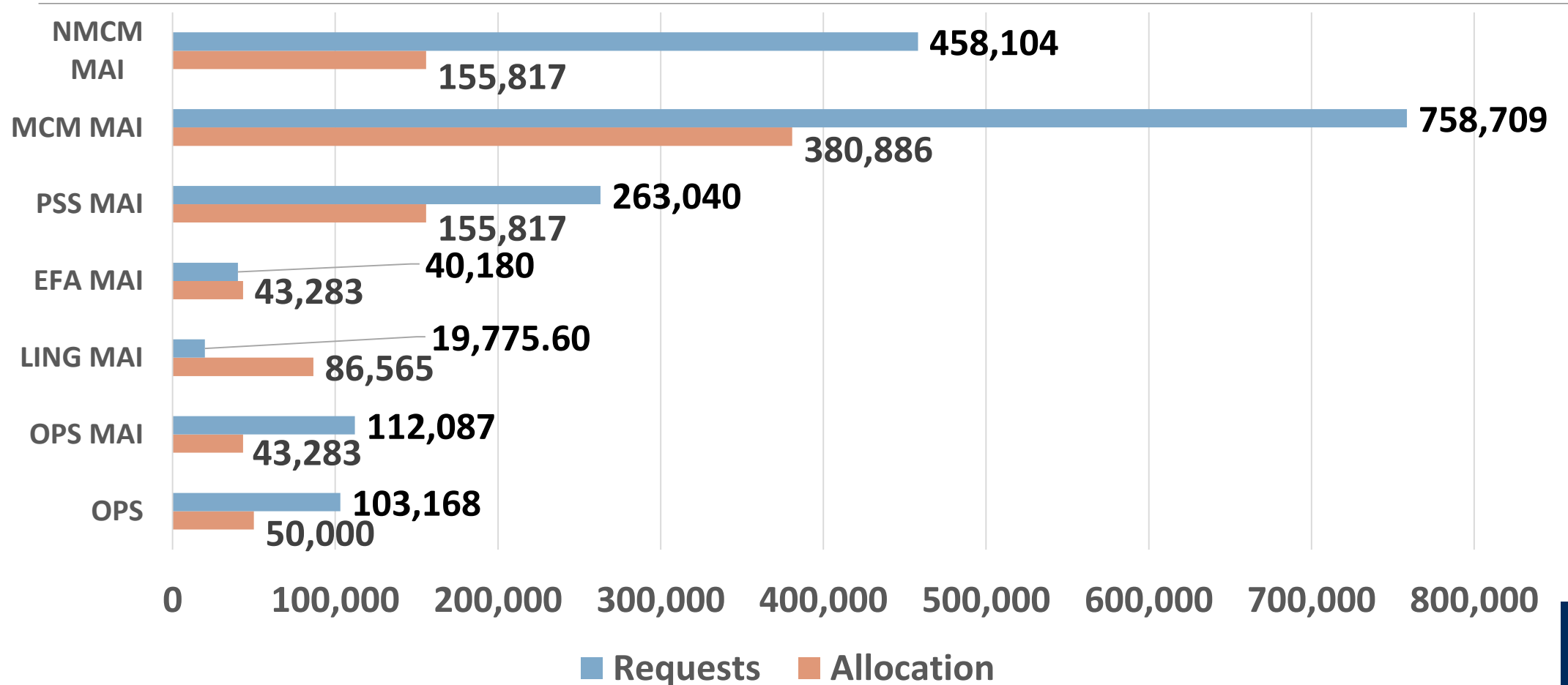
1. **Other Professional Services Legal –General Fund (*NEW*)**
2. **Other Professional Services Legal- MAI (*NEW*)**
3. **Linguistic Services-MAI (*NEW*)**
4. **Emergency Financial Assistance –MAI (*NEW*)**
5. **Psychosocial Support-MAI**
6. **Non-Medical Case Management-MAI**
7. **Medical Case Management-MAI**

# Allocated vs. Requested

Variance=\$839,412.60



# Service Allocations and Requests



# Review Process – Main Criteria

***For all MAI Services: Proposed services must address the needs of racial and ethnic minority populations that are disproportionately impacted by HIV/AIDS.***

- Demonstrated knowledge of the needs of PLWH and services addressing unmet needs;
- Applicants, in accordance with national goals, illustrated how their services would help PLWH achieve and maintain HIV viral suppression, with a focus on high acuity PLWH;
- Demonstrated experience successfully implementing programs and effectively using funds in past cycles; and
- Agencies have established programs with the capacity and infrastructure to implement requested HIV service(s)

# Review Process

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- **External Review**

- 14 volunteers including consumers, content experts, providers, City Hall representatives

- **Internal Review**

- RWSD staff

- **Executive and City Hall Approval**

- RWSD staff recommend funding decisions to BPHC Executive Office and City Hall based on scores, strengths, and concerns across applications

<b>Category</b>	<b>Proposals Received</b>	<b>Proposals Funded</b>
<b>MAI Non-Medical Case Management</b>	<b>4</b>	<b>1</b>
<b>MAI Medical Case Management</b>	<b>4</b>	<b>3</b>
<b>MAI Psychosocial Support</b>	<b>4</b>	<b>3</b>
<b>MAI Emergency Financial Assistance</b>	<b>3</b>	<b>3</b>
<b>MAI Linguistics</b>	<b>1</b>	<b>1</b>
<b>MAI Other Professional Services</b>	<b>3</b>	<b>1</b>
<b>Other Professional Services</b>	<b>3</b>	<b>1</b>

# Next Steps

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We have notified agencies about whether or not they will be funded for the services they requested.

Next week we will notify agencies of the amount of their award and ask if they accept.





# Discussion

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Questions and feedback?

**Mayor's Office of  
Health and Human  
Services - Melissa  
Hector**

**MA Department of  
Public Health, Office of  
HIV/AIDS - Barry Callis**

**NH Department of  
Health and Human  
Services, NH Care  
Program – Chris  
Cullinan**

**MA Office of Medicaid  
– Alison Kirchgasser**

**Boston Public Health  
Commission –Katie  
Keating**

# AGENCY REPRESENTATIVE REPORTS

# OTHER ANNOUNCEMENTS?

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This is your chance to spread the word about community events, research studies, or other resources that are related to the Planning Council's work.

# EVALUATION AND ADJOURN

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Please fill out your evaluation forms!

