Fiscal Year 25 Provider Meeting

Ryan White Services

Agenda

- Welcome & Introduction
- Boston Public Health Commission
  - BPHC's Stance on the Federal Landscape
  - Updates to Improved BPHC Processing
- Infectious Disease Bureau
  - HIV Landscape Analysis
  - IDB Priorities
- Ryan White Services
  - FY 24 Review
  - RFP & Services
  - Agency Requirements
  - Frequently Asked Questions
  - Opportunities & Updates
- Clinical Quality Management
- E2Boston

Lunch!

- Video on Community Engagement
- Planning Council
- Case Management Training Program
- Ryan White Dental Program

Break!

- Fiscal
- EHE

Adjourn!

Knowledge checks & Question Blocks will be given throughout the presentation.

Ground Rules

Questions

Please hold **all questions** to the respective question block.

Laptops

Outlets are available at your station. We will need an electronic device for knowledge checks!

Phones

To limit distractions, please keep your phones on mute!

Room Considerations

- Be respectful, considerate, and present in the space.
- If you are more comfortable, we have masks available.
- This is a **NUT-FREE** space!
- The Bathroom and Water Cooler are down the hall.

Meet the Team









Dr. Ojikutu
Executive Director of BPHC

Michele
Deputy Director of BPHC

Dr. Himmelstein
Medical Director

Tegan
Interim Bureau Director

Catherine
Interim Associate Bureau Director

Admin.

Fiscal

Regis
Bureau Admin.

Frantzsou
Dir. Sub. Compliance

Soane
Fiscal Manager

Mary-Grace
Grants Manager

Monica
Fiscal Coordinator

Angela
Fiscal Coordinator

Meet the Team

HIV Services Division
Division Director

Melanie
Director of Client Services

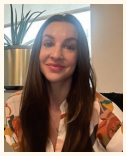
Irina
Data Manager

CQM

Client Services

TBH
Sr. Program Manager

Taylor
Sr. Program Manager



Rebecca
Sr. Program Coordinator

Tzuria
Sr. Program Coordinator

Alexandria
Sr. Program Coordinator

Roxy
Program Coordination II

Rachel
Program Coordination II

TBH
Program Coordination II

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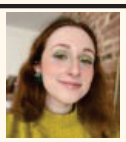

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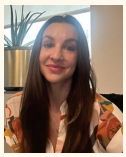

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Program Coordination II

Rachel
Program Coordination II

TBH
Program Coordination II

We are hiring for these roles!

Quick Note

May is home to many days of reflection and appreciation. The Ryan White Services team is here to champion and support our partners and clients!

01

BPHC Update

Dr. Bisola Ojikutu

02

Infectious Disease Bureau

Catherine Fine

Infectious Disease Bureau Updates

Ryan White Services Provider Meeting, May 19, 2025

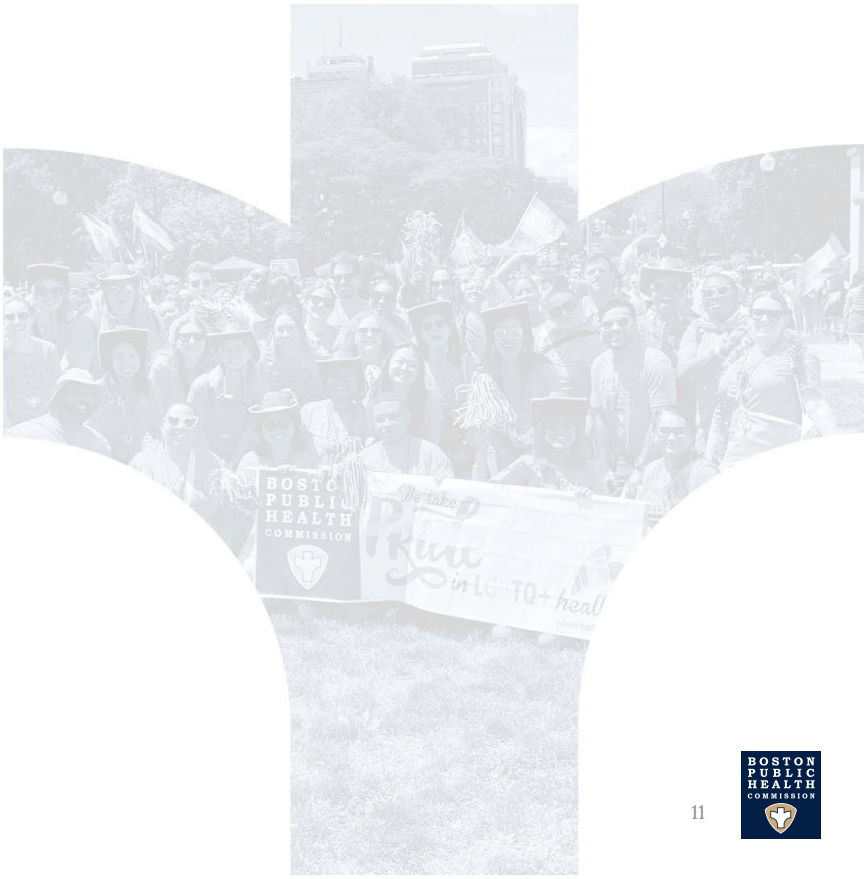
Catherine Fine, MPH, Interim Associate Bureau Director

Kayty Himmelstein, MD, MSEd, Medical Director

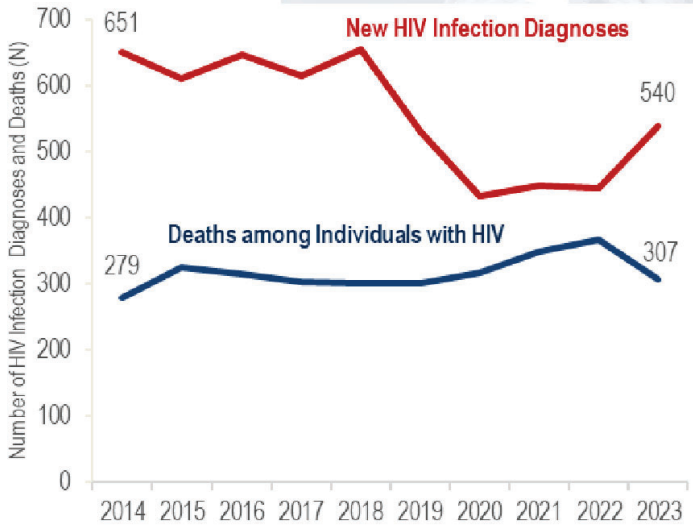
Infectious Disease Bureau, Boston Public Health Commission

Agenda

- HIV epidemiology in MA
- Infectious Disease Bureau HIV and bureau-wide strategy
- Clinical HIV updates



HIV diagnoses and deaths in MA over time



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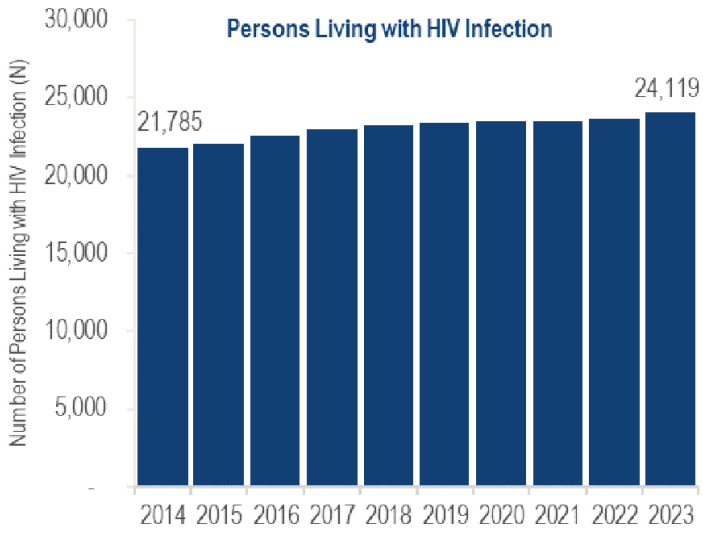
PLWHIV in Massachusetts, 2023



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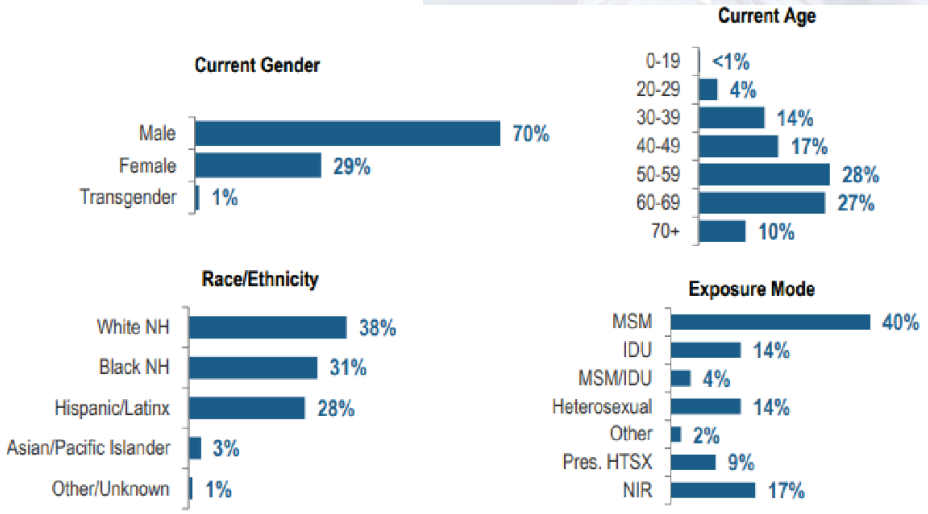
Male and Black MA residents are more likely to be living with HIV (2023)



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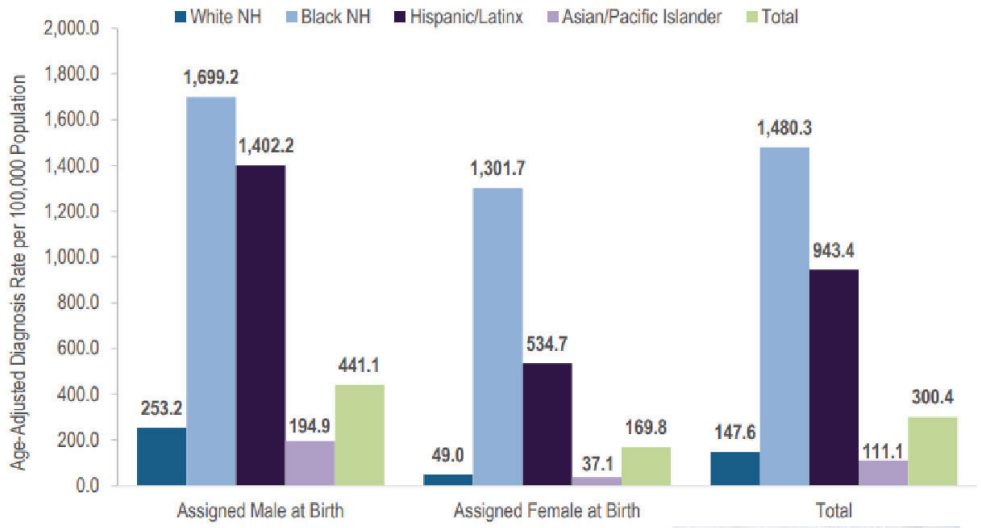

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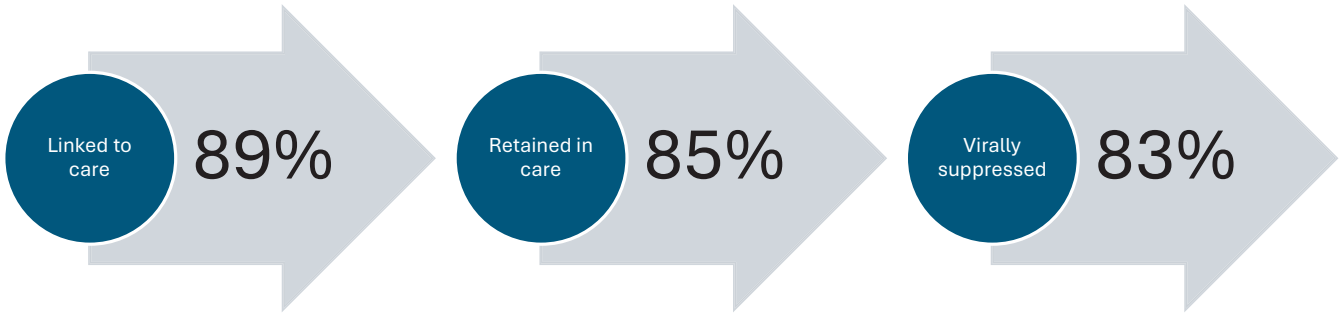
Care cascade for newly-diagnosed individuals in MA, 2023



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HIV prevention and treatment strategy

Based on BPHC's HIV needs assessment and existing data, priority groups include:

- People who use drugs
- MSM of color
- Black women
- People born outside of the US, with a focus on newly-arrived individuals

Trauma-informed and culturally responsive care

Status-neutral approach to the care continuum
Quality care as the foundation of HIV prevention regardless of HIV status

Stigma reduction
- Let's Talk HIV Boston
- Caring for All of Me

Let's Talk HIV Boston

Let's Talk HIV Boston

BPHC HIV funding and initiatives

- RWHAP Part A: $13 million to community providers
  - Pending full award
- Ending HIV Epidemic (EHE): $2.8 million
  - Pending full award
- City of Boston Prevention Funds: $1.4 million
- Ending HIV Epidemic Carry Over (TBD)

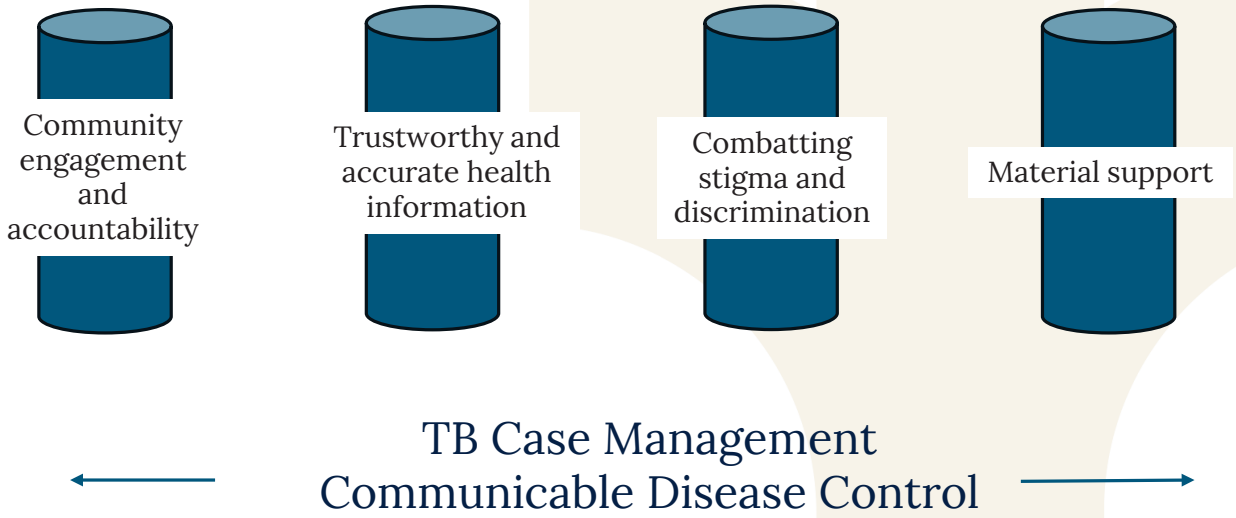
Additional Details about EHE

- Identifying People living with HIV who are not currently diagnosed
- PLWHIV and not currently in care
- PLWHIV at risk of falling out of care
- PLWHIV and who have not achieved or maintained viral suppression

Any proposed activities must address:

- Diagnosis of HIV infection
- Entry into HIV care
- Initiation of antiretroviral therapy
- Maintenance of medication regimen
- Clinical monitoring adherence
- Re-engagement of individuals who have fallen out of care or show signs of viral breakthrough.

Alignment with other IDB activities



Clinical HIV updates

New Developments	Ongoing areas of research

• Statins for all PLWHIV ages 40-75 years to reduce cardiovascular risk (REPRIEVE trial)
• BIC/TAF/FTC as an acceptable regimen in pregnancy
• Injectable CAB/RPV for select patients without suppressed VL and challenges with medication adherence
• Need for more widespread adoption of anal cancer screening (with access to HRA)
	• New PrEP options:
	  • Anticipated lenacapavir approval for PrEP (PURPOSE 1 and 2 trials)
	  • Event-driven and TAF/FTC (Descovy) PrEP for people with vaginas
	• Lenacapavir, broadly neutralizing antibodies, and other drugs for long-acting therapy and PrEP

Thank you!

03

Ryan White Services

Melanie Lopez

FY 24 Review

Spending

Positive spending trend!

- 2022 ····▸ 93.7% of grant spent
- 2023 ····▸ 95.2% of grant spent
- 2024 ····▸ 97.0% of grant spent

Features

Usage of Food Services, Housing Status, and Viral Suppression!

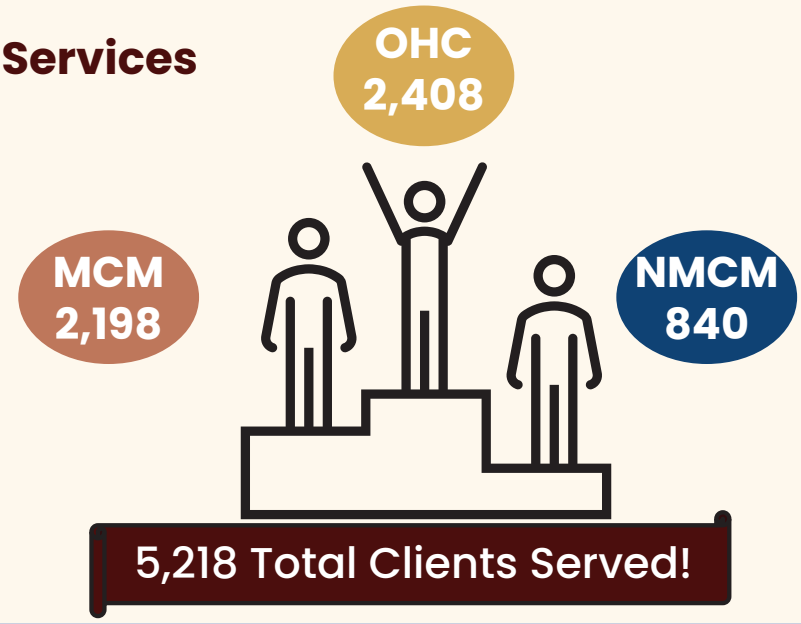
Food Services — 70%

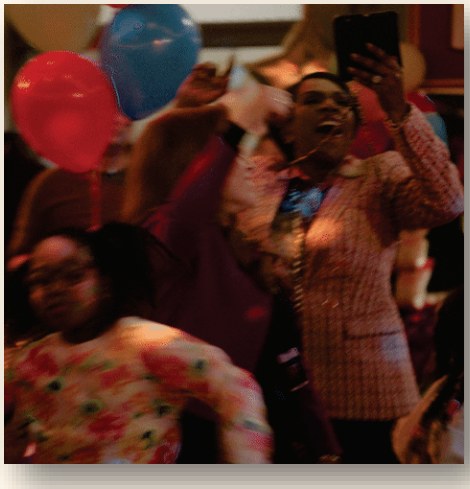
Housing — 80%

Viral Suppression — 91.2%

FY 24 Review

Utilization of Services





Welcome to Ryan White Part A

RFP & Allocations

January 31

Client Services confirmed which services the agency was approved for based on the RFP panel decision.

March 24

Client Services provided approved budgets and award allocations.

RFP & Allocations

RFP completed with recommendations for Services and Funding Amount from Panel.

December

January

- RWS completed a 2-week supplementary internal review.
- Client Services and Fiscal Team conducted allocations based on RFP results.

BPHC and IDB Executive Leadership reviewed and confirmed allocations.

February

March

- Approved Budgets and Award letters distributed.
- Contracts processing.

RFP & Allocations

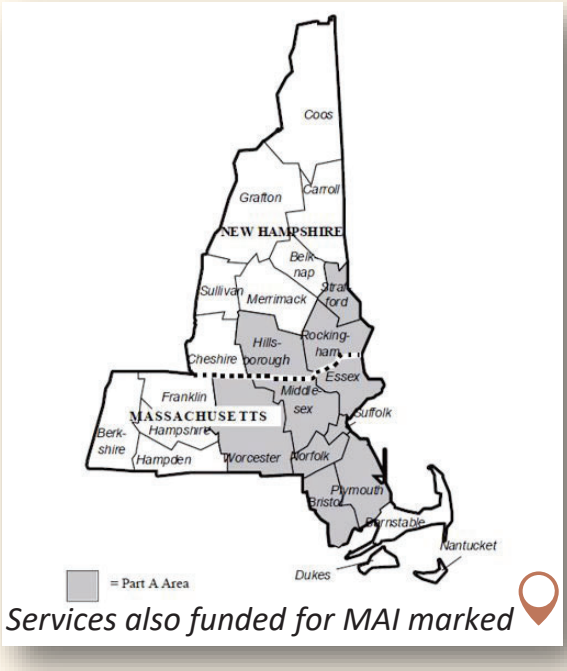
What was included in the review process?

- Panel made up of stakeholders and consumers reviewed proposals → Strictly, what was provided in the proposal
- Internal Client Services Review → Reviewed proposal, previous spending over the last grant cycle, compliance review, Priority Setting & Allocations from Council
- Legal and Executive Review ↓ Reviewed RWS summary of approved & funding, and current legislation.

RFP & Allocations

1. The Council provides RWS with the methodology for allocating.
2. If you are in Suffolk County, we cannot support Medical Transportation at this time. There is still MT funding in the EMA, so please make referrals!
3. We did not receive any bids for Linguistics, and Health Education Risk Reduction was not a service available for bid this cycle.
4. **Due to funding constraints**, the **RFP review process, newly approved providers** to the **service category,** and **priority setting**, some budgets may have had changes either in:
    - Funding Amount,
    - Line items, or
    - Added Contingencies to the Service

EMA & Services



Services also funded for MAI marked

Core

AIDS Drug Assistance Program

Medical Case Management

Medical Nutrition Therapy

Oral Health Care

Support

Emergency Financial Assistance

Foodbank/Home Delivered Meals

Housing

Medical Transportation

Non-Medical Case Management

Other Professional Services Legal

Psychosocial Support Services

BOSTON PUBLIC HEALTH COMMISSION

BOSTON PUBLIC HEALTH COMMISSION

Agency Requirements

Funding Principles

- The planning council provides us with the policies to distribute and monitor services, as well as a “code of ethics” that RWS must ensure all agencies meet through their service delivery and maintenance of the grant.

- Located in your packets and incorporated through the Service Standards and Contracts.

- Additional **agency responsibility** to review includes:
  - PCN 15-02 and PCN 16-02
  - National Monitoring Standards
  - 45 CFR

Documents & Policies Review

- It is the **responsibility of the agencies** to review the Annual Documents released. This includes the following:
  - Provider Manual
  - Service Standards
  - Client Services Handbook
  - Health Coverage Guidebook

- Documents were released in the Newsletter.
- On the website.
- Available to be sent individually via the contract managers upon request.

Documents & Policies Review

Provider Manual

- General reorganization from this year to last.
- Increased accessibility with font and organization.
- The CQM section had the largest revision.
- Many sample forms were revised:
  - Agency Incident/Grievance Report Form
  - Authorization of Consent
  - Budget Revision Checklist
  - Eligibility Letter for Exceeding Charge Cap
  - Hardship/No Income Letter
  - Sample Budgets and Invoices

Documents & Policies Review

Service Standards

- Some rewording and clarifications throughout.
- Agency Incident and Grievance reporting standards updated to include:
  - Agency policies need to be updated.
  - Major events should be reported to BPHC within 30 days.
  - Includes: Physical harm or treatment to client or staff, structural damage to agency, involvement of external law enforcement or HIPAA-related concerns.
  - Sample form provided in the Manual
- Housing services updated to allow security deposits.
  - Agency must create a policy for the tracking and payment of deposits.

Documents & Policies Review

Client Services Handbook

- Resource that outlines who is funded for what service category!
  - Mirrors what is currently on the RWS website.
- RWS releases this document to clients and case managers who reach out directly.

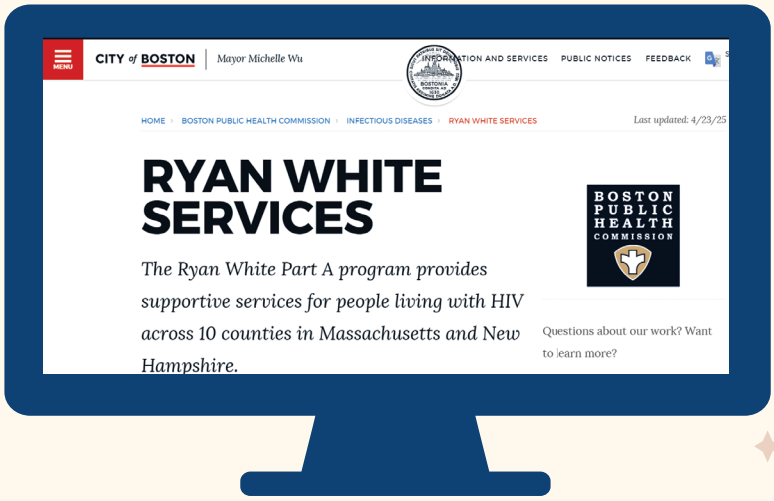
Documents & Policies Review

Health Coverage Guidebook

- Released last year.
- Goal is to reduce the administrative burden for clients and staff by outlining requirements, timelines, and documents of overlap that can be used to apply for these programs.

We will hear from representatives in the guidebook today!

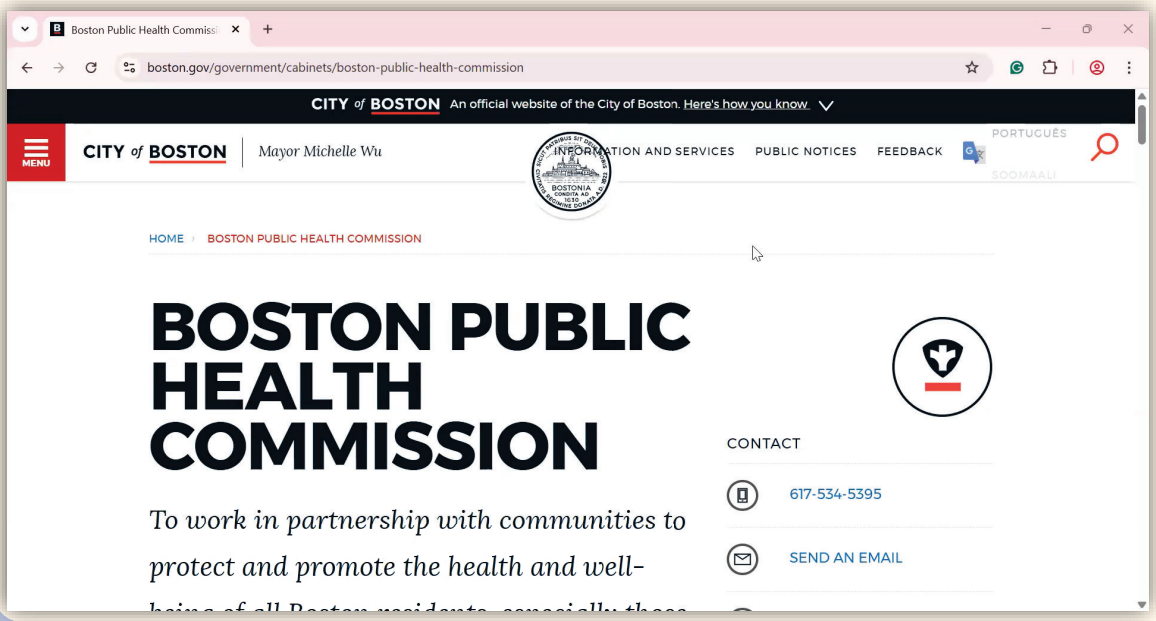
Ryan White Services Website



The website has been updated to include all FY 25 Materials and Provider Information!

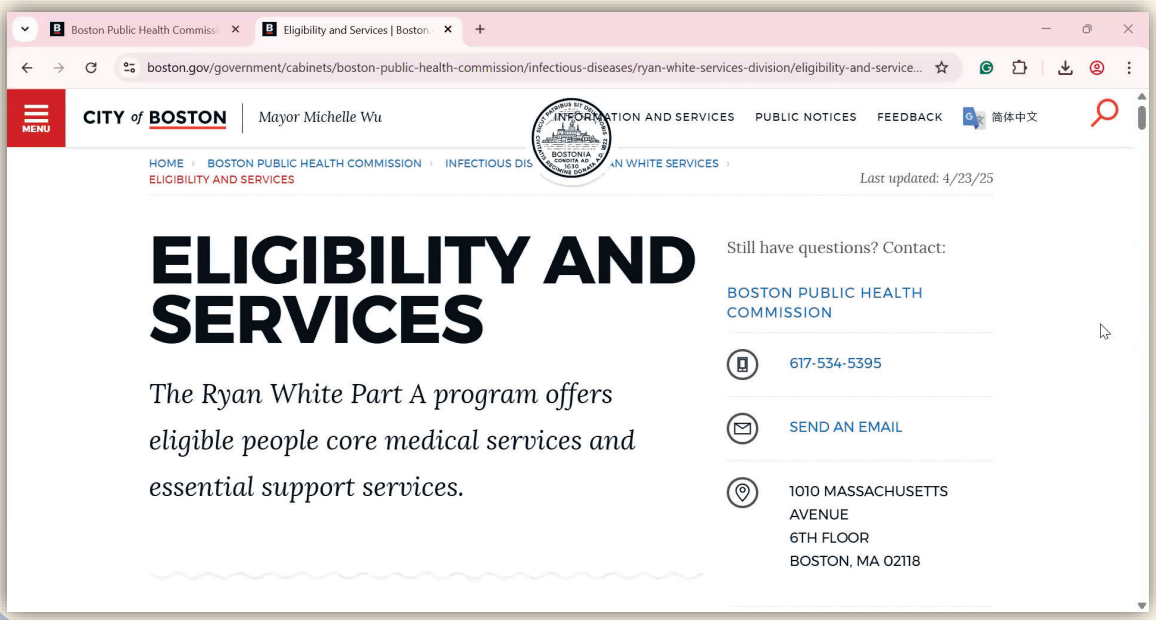
This year, we will be posting more regularly and collecting analytics.

Ryan White Services Website



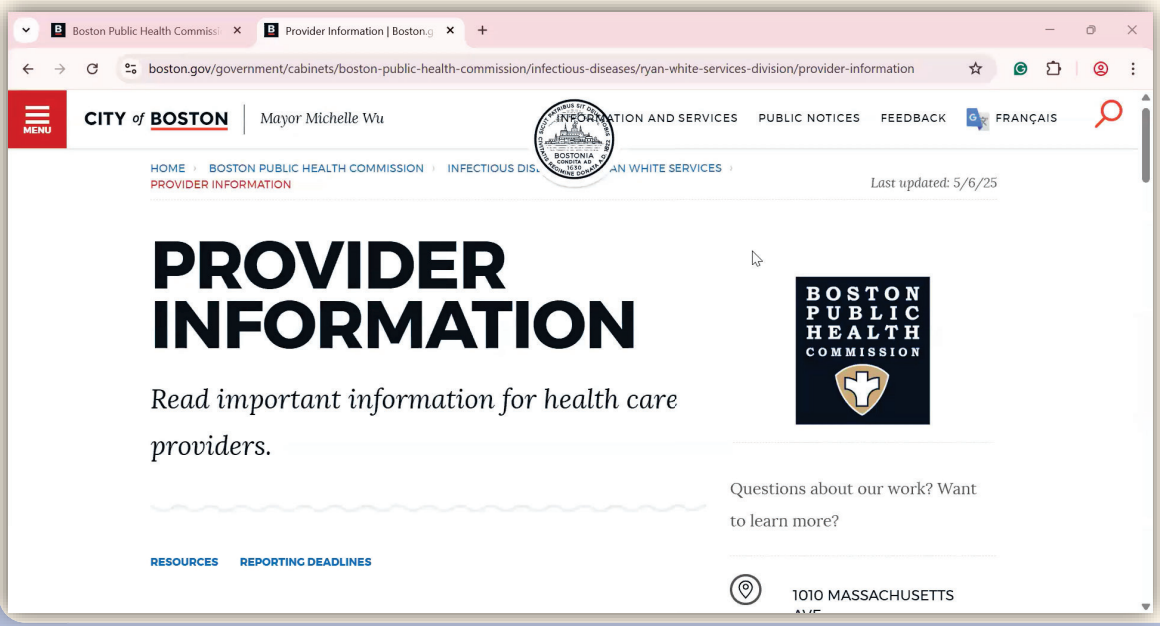
How do I get to the IDB website?

Ryan White Services Website



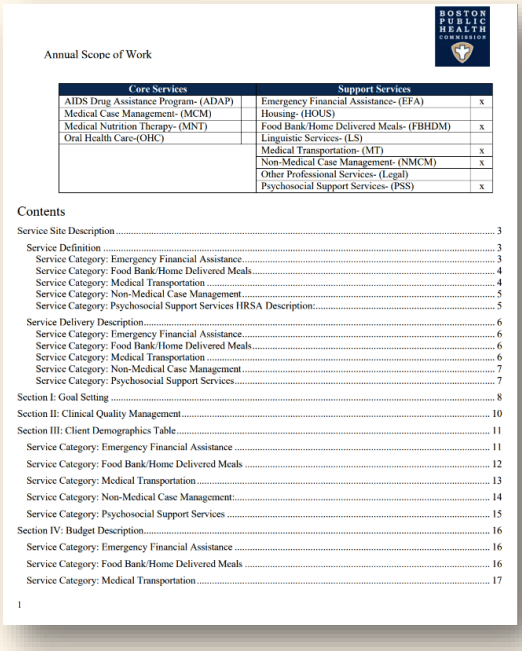
Who is providing what service(s) in the EMA?

Ryan White Services Website



Where are the materials located?

Annual Scope of Work



Annual Scope of Work

Core Services		Support Services	
AIDS Drug Assistance Program- (ADAP)		Emergency Financial Assistance- (EFA)	x
Medical Case Management- (MCM)		Housing- (HOUS)	
Medical Nutrition Therapy- (MNT)		Food Bank/Home Delivered Meals- (FBHDM)	x
Oral Health Care-(OHC)		Linguistic Services- (LS)	
		Medical Transportation- (MT)	x
		Non-Medical Case Management- (NMCM)	x
		Other Professional Services- (Legal)	
		Psychosocial Support Services- (PSS)	x

Contents

1

- For the RFP, the annual scope of work was completely revised to a new format. This was to coordinate one (1) document rather than a document for each service category.
- Contract managers will be incorporating goals more regularly in Monitoring calls.
- It is intended to be **live**. If there are budget revisions or over/under projected units, we can and will edit as needed.
- **Each year,** it will be revised as part of the contracting process.

Reporting Deadlines

Monthly	**Invoice and Service Data Entry** Invoices to be sent in 30 days after the close of the month
Biannually (2x/year)	**Outcomes Reporting- Medical Outcomes** **MCM & NMCM** providers must enter client's Medical Outcomes into e2Boston within 60 days of each intake or reassessment
Annually	**Outcomes Reporting- Quality of Life** **All providers** must enter the client Quality of Life Outcomes into e2Boston within 60 days of the annual eligibility certification
June 30, 2025	**Deadline for Audit Submission**
December 15, 2025	**Deadline for Budget Revisions**
March, 2026	**RSR Report** Reporting period is the calendar year (Jan. – Dec. 2025)

Monitoring

Monitoring Call Monthly

- Review required data and invoicing measures
- Update on service delivery
- Gain insight on subrecipients' success and challenges
- Opportunity for real-time TA with program and fiscal staff

Site Visits Annually

- Program and fiscal team ensure compliance with requirements
- Review measures towards Integrative Care Plans and National Monitoring Standards
- Opportunity for real-time TA with program and fiscal staff

Monitoring

Key Information for Site Visits

- All required activities and policies to create **AND** implement are located within the FY 25 Service Standards.
- All policies and chart information have to be present at the beginning of the day.
- Please be sure to have active ROI and Consent for Funder Reviews so that we can conduct Client Chart Reviews.
- For returning providers, we will be reviewing policies that:
  - Are new for FY 25
  - For newly funded services
  - Have an updated version since the FY 24 visit

Frequently Asked Questions

What is the difference between Medical and Non-Medical Case Management?

- The difference between the two case managements is that MCM is located in a healthcare setting and has direct access to medical information.
- May have clinical staff on direct care costs.

What is the difference between Part A, MAI, and EHE?

- MAI is the Minority AIDS Initiative, which is a supplemental funding source that has the same rules and requirements as Part A, specifically for racial and ethnic minority individuals living with HIV.
- EHE is Ending the HIV Epidemic, which is a separate funding stream used for prevention and engagement of clients who are newly diagnosed, not engaged in care, at risk of falling out of care, or do not meet the criteria of Part A.
- Both funding streams have separate service delivery executions, data, and invoice requirements.

Why were refreshments removed from my budget?

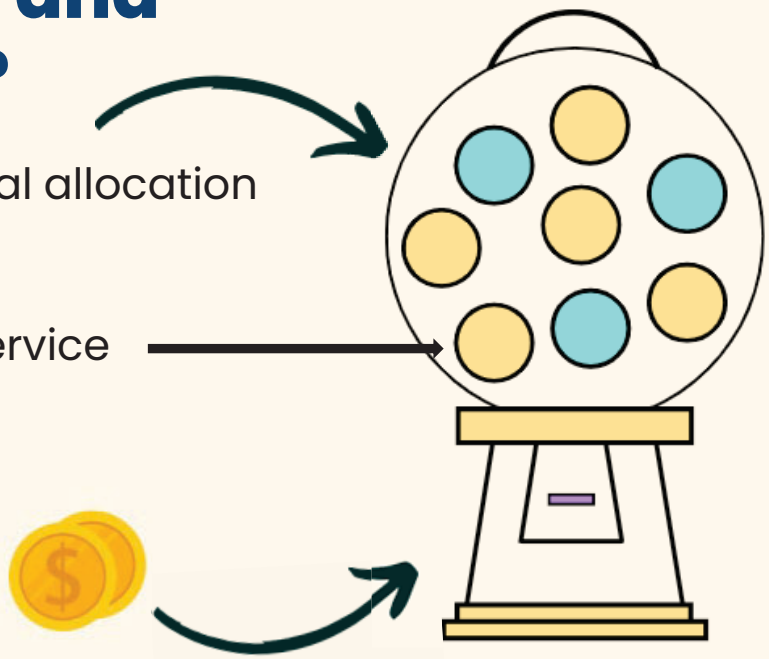
- During our previous site visit, HRSA informed BPHC of the need for more stringent rules on food services, including refreshment lines. Refreshments cannot be:
  - Full meals
  - Used as incentives for service delivery
- Agencies may add refreshments to their budgets but must ensure that food purchased does not fall under the above conditions.

What is a unit, and How is it used?

Machine is the total allocation

Gumballs are 1 unit of service

How much per Gumball is Unit Cost



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What is the difference between a finding and a recommendation?

- During Site Visits, there are three (3) possible outcomes: Findings, Recommendations, and Observations.
  - Finding- Not provided or Not in line with requirements.
  - Recommendation- Items of improvement that have components that are not completely accurate or need to be updated for the most optimal service delivery.
  - **Both need to be updated by the end of the year.**
- This information was added this year to the Provider Manual to refer back throughout the year.

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I need more funding. How can I get it?

- After initial allocations, we cannot distribute any more allocations.
- The Planning Council provides us the guidance on how to allocate funding through a SWEEPS process.
  - This is where we take underspent funds and move them to categories requested in the Priority Setting order.
  - Can only be used as one-time funding for easily expended items.
- Agencies **are not allowed** to move funding across their own service category budgets (from one category to another).

Opportunities & Updates

HRSA Update

- Second Partial Award released
- FY 22 Site Visit
  - Staffing ☑
  - CQM Activities ☑
  - Community Integration
  - Fiscal Processing
- Reverse Site Visit on August 2025

Integrative Care Plans

Massachusetts & New Hampshire Plans 2022 -2026

- Ryan White Services are (mostly) staffed, and we will be joining both state committees.
- We will be committing and integrating key activities outlined in the plans within the EMA.
- Examples:
  - Incorporating Rapid Start
  - Quantifying HIV Testing
  - Engaging clients within committees

Projects & Collabs

- Projects
  - Sending a copy of the Client Services Handbook to distribute to agencies
  - Creating an additional Intake Sample Forms
  - Creating additional marketing materials for the Program
- Collaborations
  - Community Engagement
    - Tabling events
    - Speaking with organizations and universities
  - Data Dashboard on the website

Service Talk Shop

Opportunity to Connect, Collaborate, and Strengthen Care!

Goal

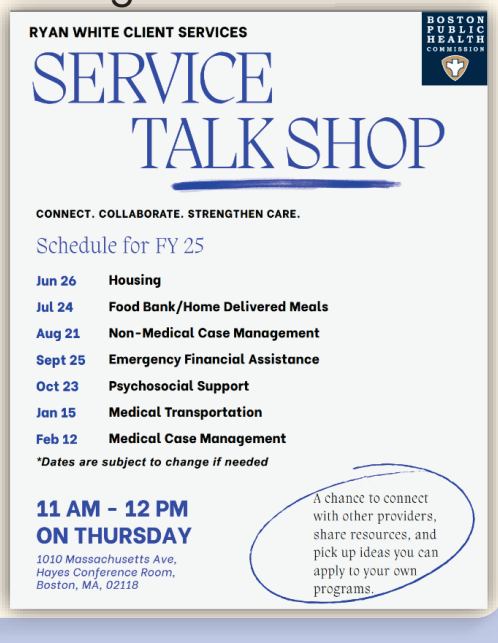
Agencies to share their success and challenges within service delivery

Contents

- Guided group discussions
- Resource sharing
- Networking

Logistics

- In-Person Thursdays 11- 12
- **Dates are reserved!**
- Registration to come in the newsletter



04

Clinical Quality Management

Alexandria Whitted & Tzuria Faulkenberg

CLINICAL QUALITY MANAGEMENT (CQM) PROGRAM UPDATE

Tzuria Falkenberg,
Sr. Program Coordinator – Quality Improvement
Alexandria Whitted,
Sr. Program Coordinator - Performance Measurement

FY 2025 Ryan White Part A Provider Meeting

AGENDA

- ✓ What is CQM?
- ✓ CQM Program Infrastructure
- ✓ Performance Measurement Overview
- ✓ Quality Improvement Updates
- ✓ CQM Announcements
- ✓ Resources

WHAT IS THE CLINICAL QUALITY MANAGEMENT (CQM) PROGRAM?

A CQM program is the coordination of activities aimed at improving consumer care, health outcomes, and consumer satisfaction.

Clinical Quality Management Policy Clarification Notice

Policy Clarification Notice (PCN) #15-02 (updated 09/01/2020)
Replaces Policy Notice 11-04

Scope of Coverage
Health Resources and Services Administration (HRSA) HIV/AIDS Bureau (HAB) Ryan White HIV/AIDS Program (RWHAP) Parts A, B, C, and D.

Purpose of PCN
The purpose of this PCN is to clarify the HRSA RWHAP expectations for clinical quality management (CQM) programs.

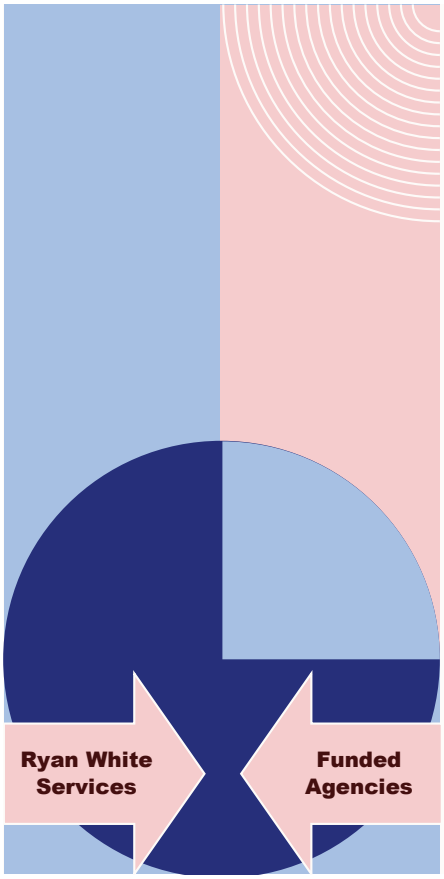
THREE BUCKETS OF CQM

Infrastructure	Performance Measurement	Quality Improvement
Resources, people, and structures that support the planning, implementation, and evaluation of CQM program activities.	Collecting, analyzing, and reporting data regarding consumer care, health outcomes, and consumer satisfaction.	Developing and implementing activities to make changes to the program based on data, to continuously improve consumer care, health outcomes, and satisfaction.

CQM INFRASTRUCTURE

- FY 25 – 27 CQM Plan
- Quality of Care Committee
- IHI Open School

FY25–27 CQM PLAN GOALS



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

- Develop data literacy & intro to QI resources for RW staff and consumers
- Increase engagement in the Quality of Care Committee with intentional outreach & more comprehensive onboarding
- Develop & implement patient/client experience surveys

Goal 2: Increase the viral suppression rate among PLWHA in the Boston EMA from 90% to 92% by FY 2025.

- Analyze new QOL measures to better understand barriers to viral suppression & develop interventions to address them
- Collaborate with Part B to monitor and improve linkage to HIV care across funding streams
- Use results of Stigma Reduction Committee's landscape analysis to develop HIV & intersectional stigma reduction interventions

BOSTON PUBLIC HEALTH COMMISSION

QUALITY OF CARE COMMITTEE

WHAT IS THE PURPOSE OF THE COMMITTEE?

The Quality of Care Committee guides CQM planning for the Boston EMA, provides input on CQM activities and projects, and evaluates the CQM program.

WHO IS ON THE COMMITTEE?

Committee members include consumers, subrecipient staff, community stakeholders, and Ryan White Part B representatives from MA and NH.

WHAT ARE COMMITTEE MEETINGS LIKE?

The committee meets every two months for an hour and a half. Topics from recent meetings include goal-setting for the FY25-27 CQM Plan and discussing how to respond to the results of the QI Culture Assessment.

BOSTON PUBLIC HEALTH COMMISSION

RWS/CQM TA WITH HRSA

HRSA TA Goals and Outcomes:

- Helped plan a way forward as the EMA shifts priorities.
- Assisted Coordinators to best support the subrecipients.
- Adopted PMs that reflect what is happening within the Boston EMA.
- Strategized ways to build capacity of subrecipients to do QI within support services.
- Brainstormed how to best leverage the partnership and expertise of the Quality of Care Committee (QOC), Contract Management staff, and the Planning Council.

NEW IHI OPEN SCHOOL REQUIREMENT

RWHAP stakeholders in the Boston EMA will have access to the Institute for Healthcare Improvement's Open School. The learning platform has self-paced quality improvement courses. This is an opportunity to build subrecipients' QI capacity.

Boston EMA FY 25 Requirements:

- Enroll a staff member who leads Ryan White QI, CQM, or a program manager
- One enrollment per agency is required (submit an application to RWS)
- Complete of at minimum 4 credits annually

Available courses include:

- How to Improve with the Model for Improvement
- QI 103: Testing and Measuring Changes with PDSA Cycles
- QI 105: Leading Quality Improvement
- TA 102: Improving Health Equity

PERFORMANCE MEASUREMENT

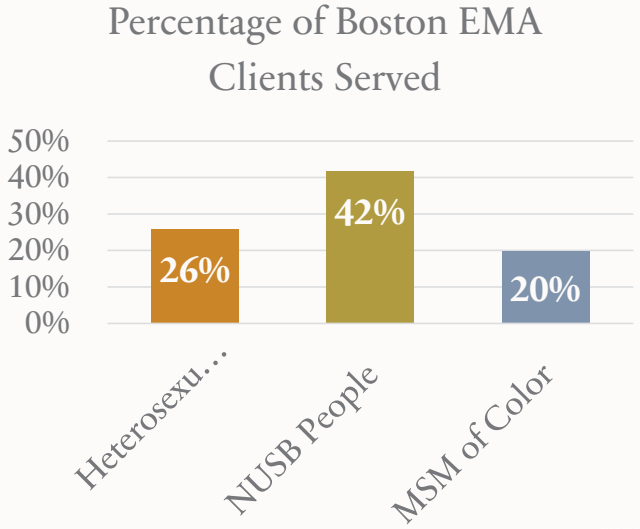
- Subpopulations of Focus
- New Data Displays
- New Outcomes

SUBPOPULATIONS OF FOCUS FY25 - 27

The team recognizes that deliberate effort is needed to link and retain clients from special populations in HIV care and services. Previous years' data lead us to select:

1. Heterosexual women,
2. Non-US-Born (NUSB) people, and
3. Men who have sex with men (MSM) of color.

Within each of these groups, the team will focus on addressing disparities in HIV care affecting women of color, trans women, refugees, new arrivals, and those 50 years of age and older.



RWHAP Data from FY 24 NOFO

NEW DATA DISPLAYS

WHO?

Agencies providing a service that serves more than 15% of eligible clients served in the Boston EMA.

WHY?

We analyze performance measure data to assess quality of care and health disparities and use the data to inform quality improvement activities.

WHEN?

Data displays are sent to subrecipient agencies 3 weeks after the end of a quarter.

- Example: Q1 will be sent out the week of June 16th.

What data will agencies receive?

Service Category	Assigned Performance Measure	Assigned Quality of Life Outcomes
Medical Case Management	• Viral Suppression • Gaps in Medical Visits	• How often do you **miss a dose** of your prescription HIV medication/s? • How often do you **miss or need to reschedule** your HIV-related appointments?
Non-Medical Case Management	• Viral Suppression • Gaps in Medical Visits	• How has your **mental health** been over the past 6 months? • When you need **support** (emotional, social, material, and/or spiritual), how often can you get the support you need?
Oral Health* Food Bank/Home-Delivered Meals	• Viral Suppression • Gaps in Medical Visits	• How **safe and stable** is your current housing situation? • How often can you access and afford **sufficient food**?
Housing	• Housing Status (all statuses)	• How **affordable** is your current housing situation? • How **safe and stable** is your current housing situation?

MEDICAL & QUALITY OF LIFE OUTCOMES

WHAT?
Outcomes data collection in e2Boston has been split into Medical Outcomes (MO) and Quality of Life (QoL) Outcomes.

WHO?
Medical and **Non-Medical Case Management** providers must report **both** Medical and QoL Outcomes.

All other services must report QoL Outcomes only.

WHEN?
Quality of Life Outcomes: Due once a year, aligned with annual recertification of eligibility.

Medical Outcomes: Due twice a year, aligned with the reassessment cycle.

IMPLEMENTING NEW OUTCOMES

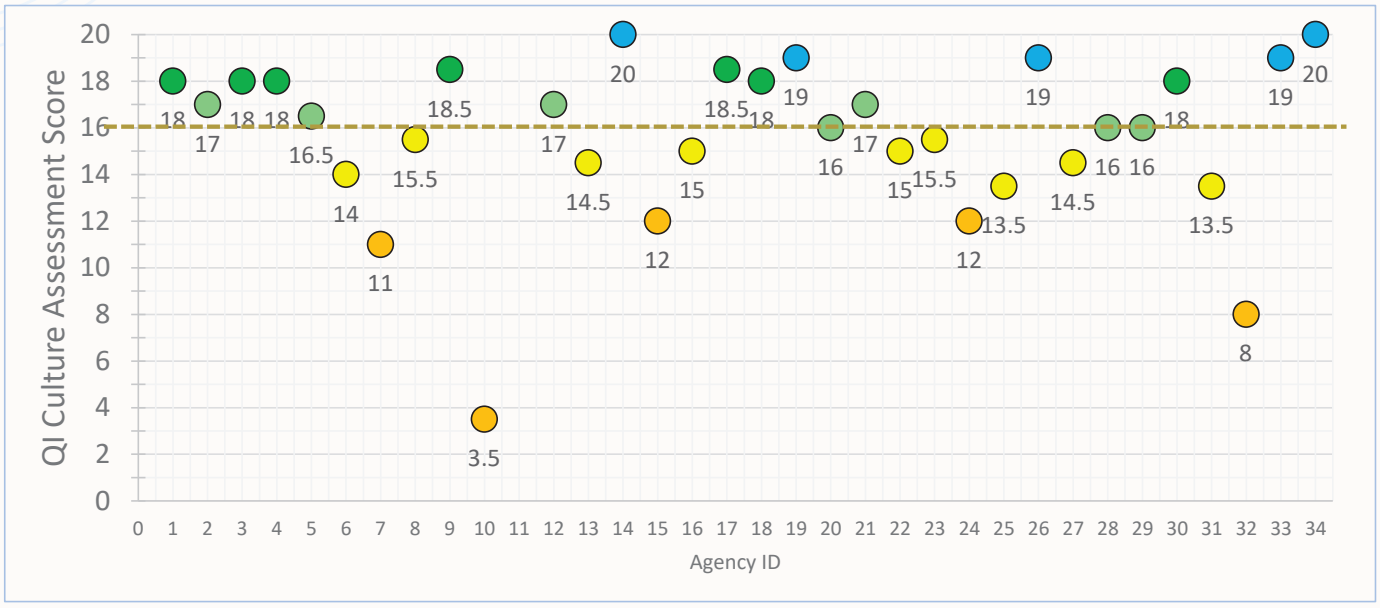
- New questions about HIV stigma, housing affordability, food access, and client satisfaction!
- Grace period: There will be no punitive action taken towards missed outcomes during Q1 and Q2. We understand implementation of the new outcomes will take time and training. Please be prepared to submit **all** eligible outcomes starting in Q3. Corrective action will resume at that time.
- If you need additional support, please reach out to the CQM team or the e2Boston support email.

Outcome Measure
Adherence to Prescribed HIV-Related Medications
Severity of Side Effects of HIV-Related Medications
Impact of Side Effects of HIV-Related Medications
Frequency of Missed HIV-Related Appointments (Care Adherence)
Mental Health Status
Access to Support Network
Impact of HIV Stigma
Housing Affordability
Housing Safety and Stability
Food Accessibility and Affordability
Client Satisfaction

QUALITY IMPROVEMENT

- Culture Assessment Results
- Response to the Culture Assessment
- QI Service Category Project

FY24 QI CULTURE ASSESSMENT SCORES



INFRASTRUCTURE RESULTS

Gains:

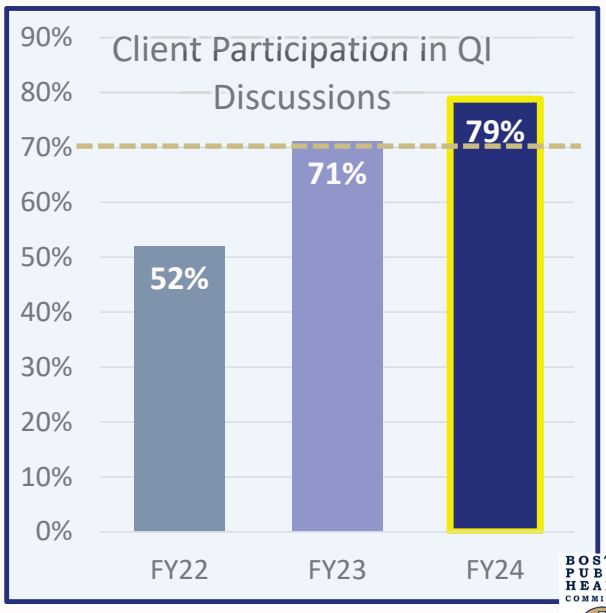
- 91% of agencies have a **current, written CQM or QI plan**, up from 79% last year!
- **Client participation** in Ryan White program QI discussions increased from 71% to 79% of agencies!

Stable strengths:

- Ryan White staff participate in **QI teams** (Ryan White-specific and/or organizational) at 85% of agencies.

Losses in FY24:

- Compared to FY23, fewer agencies had **senior leaders and clinical leaders participating** in Ryan White program QI discussions.



PERFORMANCE MEASUREMENT RESULTS

Gains:

- 94% of Ryan White programs **monitor process & outcome measures data** that is stratified by key demographic indicators.

Stable Strengths:

- 82% of agencies routinely collect **client satisfaction surveys.**
- 97% **share** performance measures **data with Ryan White program staff.**

Losses:

- Compared to FY23, fewer agencies **act on the results** of their client satisfaction surveys.

IMPROVEMENT CAPACITY RESULTS

Stable strengths:

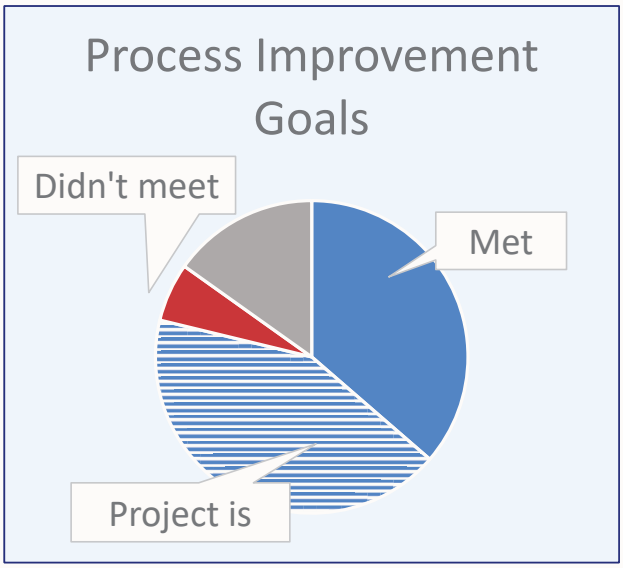
- At over 90% of agencies:
  - At least one Ryan White staff member is proficient in **data analysis,**
  - Staff have access to **QI learning opportunities,**
  - Staff can take action to **improve work processes.**

Losses:

- General **QI basics training** and role-specific **QI expectations** for Ryan White staff are less prevalent than in FY23.
  - At 1/4 of agencies, less than 50% of staff have been introduced to QI concepts & methodology.

IMPROVEMENT SUCCESS RESULTS

- Most agencies **set reasonable goals** to improve **process measures** for the RW program and **health outcomes** for PLWH, though goal-setting was down slightly from FY23.
  - Around half of agencies **met their goals** (down slightly from FY23), but around 90% of agencies who hadn't were **still working** on those projects.
- 55% of agencies completed a **Ryan White-based QI project** in FY24, down from 71% in FY23, though another 27% indicated that their project was ongoing.
  - **Sharing improvement activities and results with external stakeholders** was also down this year – 70% of agencies did so, compared to 79% in FY23.



RESPONDING TO THE CULTURE ASSESSMENT

Overall, our EMA has a strong culture of continuous QI, but there's always room to keep improving! Here's what the CQM team has planned:

- Individualized support for subrecipients based on your culture assessment results
- CQM & QI basics training for subrecipient staff
- Guidance on QI expectations for Ryan White program staff roles
- Pilot of patient/client experience surveys
- Quality of Care Committee recruitment

SERVICE CATEGORY QI PROJECT: PSS

WHAT IS THIS?

- HRSA requirement in PCN 15-02: recipient CQM programs must conduct a QI project in at least one funded service category during the grant period.
- Collaborative project, **must involve all providers** funded for a selected service category.

WHY PSS?

- QOC committee voted in their Feb meeting
- PSS offers clients space to talk about HIV stigma & impacts of LWH; clients who use PSS are more engaged in other services and have better outcomes.
- Aligned with Needs Assessment results

WHAT'S NEXT?

- Resources to respond when clients report that HIV stigma is having a significant impact on their quality of life
- Convene PSS providers to discuss best practices for addressing stigma and how we can collaborate & keep improving!

OTHER ANNOUNCEMENTS

- **Stigma Reduction Committee updates:**
  - Ongoing, cross-program collaboration among CQM, Planning Council Support, and the Education & Community Engagement team
  - Launched a landscape analysis to assess stigma reduction capacity at BPHC and across the Boston EMA
    - IDB staff may reach out to your agency – this is an opportunity to provide input on our stigma reduction work!
    - Long-term goal: stigma reduction expectations in RFPs & contracts
- New trainings released in the e2Boston Resource Center on updated Gender Identity options and changes to reports
  - Training on Outcomes data entry will be released in the coming weeks.
- IHI Open School for agencies will begin in the coming weeks.
  - The application link can be found on Page 27 of the Provider Manual and in the e2Boston Resource Center.

CONTACT INFORMATION & RESOURCES:

Contact the CQM Program at cqm@bphc.org.

Schedule CQM Office Hours with the CQM Team, Tzuria and/or Alexandria.

Consider joining the Quality of Care Committee! Submit an interest form or full application here.

05

E2Boston

Taylor Parent, Alexandria Whitted & Tzuria Faulkenberg

Ryan White Services

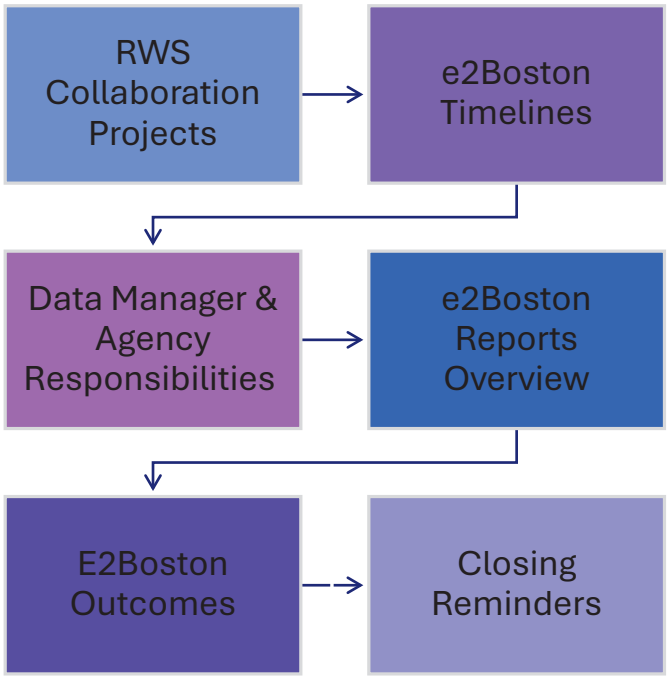
E2Boston Data Reporting

Created By: Irina Neshcheretnaya, Ryan White Data Manager

Presented by: Taylor Parent, Tzuria Falkenberg, and Alexandria Whitted

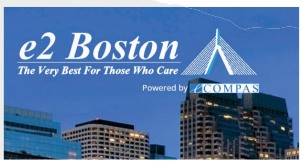
05/19/2025

Data Presentation Overview



Collaboration Project: E2Boston Guidebook

- What is the e2Boston Guidebook?
  - The guidebook is a tool to train staff on how to use the system step-by-step.
    - Currently in the E2Boston Resource Center, is the E2Boston User Manual. The guidebook would expand on the manual.
  - The new Guidebook will provide the most recent information about e2Boston, its functionality, an overview of modules, how to use the available built-in reports to analyze entered information, and a general explanation and examples of how to use the system.
- New e2Boston Guidebook
  - Replacing old e2Boston User Manual.
  - New separate data information source in 5 years.
  - Will include screenshots and explanations about e2Boston components and features.
  - Most recent system changes will be included.
  - Estimated release-Fall 2025.



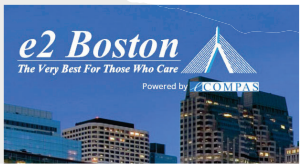
Collaboration Project: Boston EMA Surveillance Dashboard

- We will be creating a data dashboard on our Ryan White Website! This project will be spearheaded by Ryan White Services and BPHC's Epidemiology teams.
- Featured data will include the last two (2) years and continuously be updated moving forward.
- Our goals is to display the most utilized services by each county in our EMA to identify needs and barriers to HIV care.

Recently Implemented Items

NEW

- Gender Identity Options
- Quality Of Life Outcomes and Medical Outcomes
- Reports Updates
  - New GIO implementation
  - New Outcomes Filters
  - Updated Outcomes Menu Options



Agency Data Reporting Timelines

Monthly

- Services provided
- Data Imported*

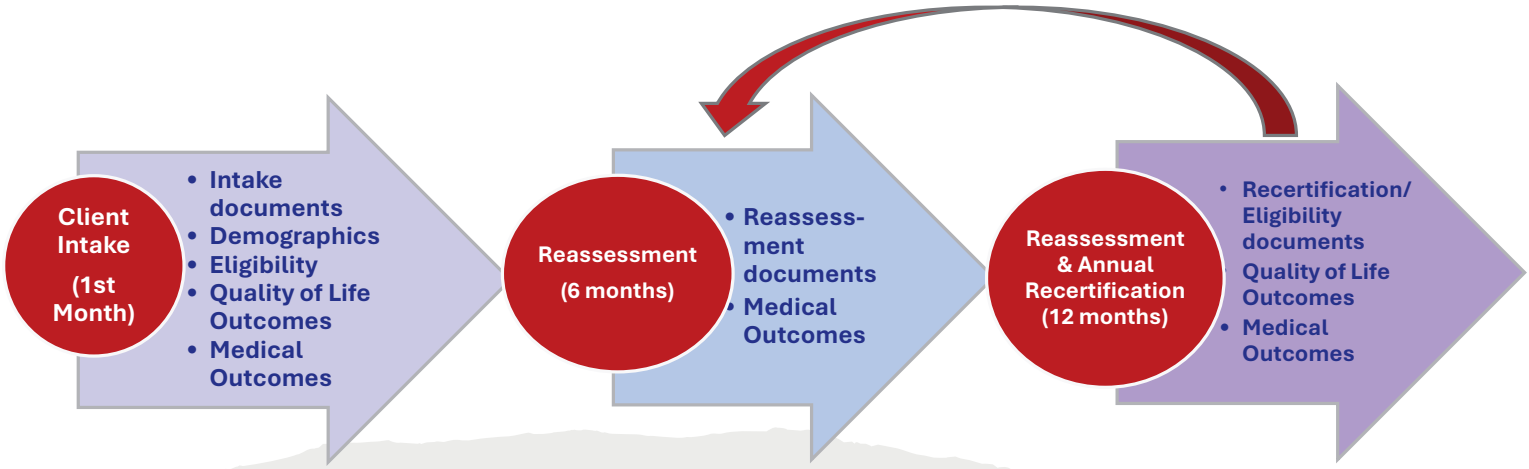
Every 6 Months

- MCM & NMCM client reassessments are due
- Medical Outcomes

Annually

- Eligibility assessments are due
- Quality of Life Outcomes

New Alignment of Data Collection Timelines Example



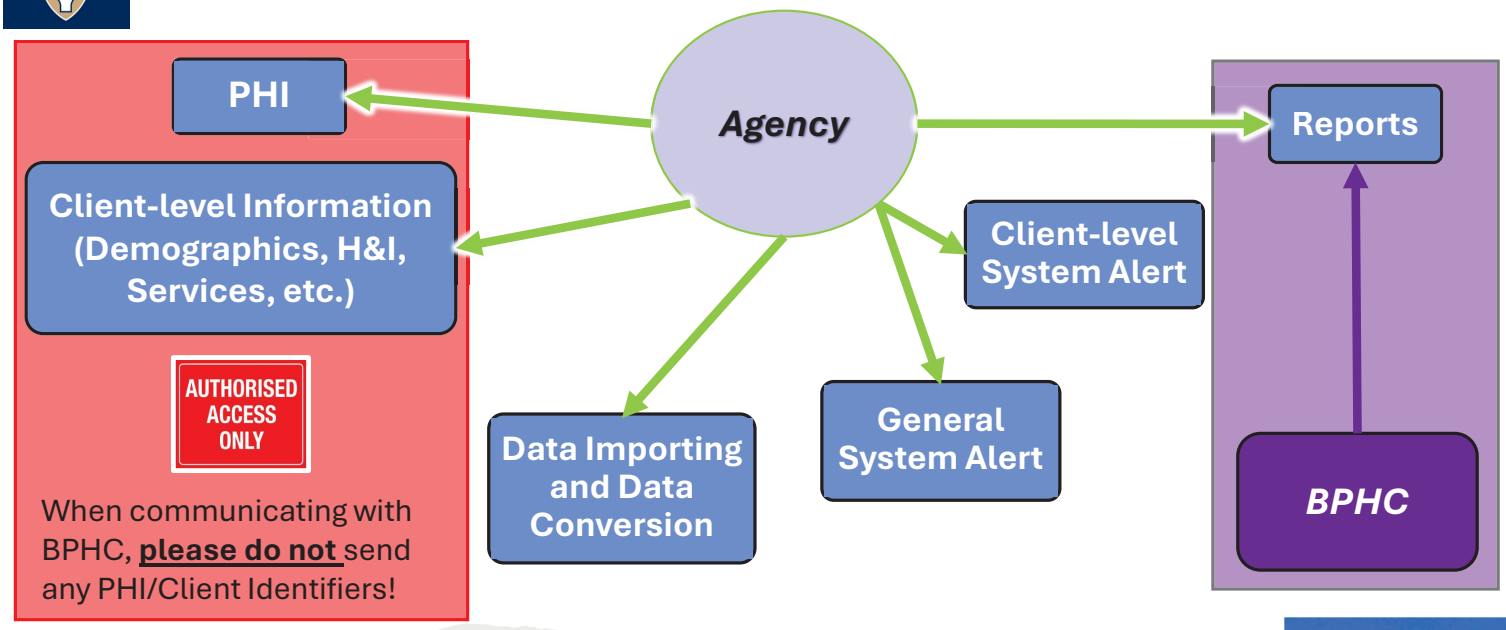
BPHC Data Manager's Responsibilities

Provide	First-level support for e2Boston users.
Investigate	Issues with the system and contact the development team to resolve them.
Process	New User Form request and create new e2Boston accounts.
Update	E2Boston Resource Center with training materials about the system.
Assist	With the RSR report in e2Boston.
Maintain	E2Boston system and communicate with RDE.

Agency Responsibilities

1. **Report all information** about clients and delivered services.
2. Follow the data requirements and **submit information on time**.
3. Complete the **New User Form** to create an E2Boston account for new employees.
4. Provide **trainings** using the E2Boston Resource Center with available training materials.
5. Complete **mandatory HRSA reports** (RSR and/or EHE) on time.
6. Notify RWS **when an employee leaves** so that their e2Boston account can be closed.

Access Level and Information Visibility



What can the E2Boston Reports Tell You?

Program Reports

Visual Analytics (Demographic) report can display the numbers of served clients by Gender, Age, Race, Ethnicity, and other demographic components. This report could be viewed by General, by Outcomes, and by Services.

Utilization Summary report provides information about delivered services and subservices with the units and deduplicated clients. This report could display the aggregate numbers as well as individual clients' services.

Eligibility Status report can help to track the clients' eligibility and prevent missed or overdue submissions.

E2Boston RSR report has built-in analytical tools displaying the data completeness and visits included in RSR. This report updates annually and aligns with the HRSA's requirements.

System Alerts. This tool has 2 views: General alerts, and client-level alerts. Both are checking the quality of the entered client's data and inform about the upcoming deadline and/or missing information.

What e2Boston Reports Can Tell You?

CQM Reports

Outcomes Submission Status (OSS) report helps to track the client's eligibility submission and find out what records are required for submission immediately, who is just available for submission or has opened outcomes, and which outcomes have already been submitted. This report could be displayed by outcome type only.

Outcomes Measure Distribution (OMD) report. This is a major report for CQM that displays the aggregate numbers and percentage of required measures, such as Health and Quality of Life, CD4 and VL, etc.

!! CQM Reports, as well as Program Reports and System Alerts have a drill-down feature that expands displayed numbers. A lot of e2Boston reports are exportable into MS Excel and PDF formats.

What e2Boston Reports Can Tell You?

CQM Reports

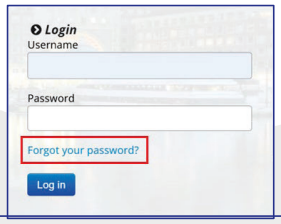
The **Performance Summary** report presents your agency performance in the outcomes reporting. Showing the submitted and/or missed outcomes as well of measures percentage of submitted information.

HAB Measures report is another main report CQM tracks to calculate performance measures defined by HRSA. This reports includes clients who are engaged in HIV care and displays Care Continuum and Core Performance Measures.

!! CQM Reports, as well as Program Reports and System Alerts have a drill-down feature that expands displayed numbers. A lot of e2Boston reports are exportable into MS Excel and PDF formats.

What to do if you can't log in?

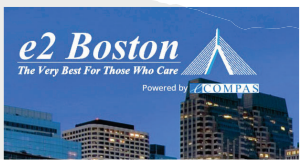
- If you forgot your password, please use the "Forgot your password?" link on the login screen.
  - The support group will receive the request and unlock your account.
  - You do not have to email the support group and click the forgot your password button. We will unlock your account at first opportunity.
- Please email **SUPPORT GROUP** (support@e2boston.net) if you have any problems with your account and/or have any technical issues with the system.



For password resets, policy questions and account issues (such as access to identifiers like full names) please email support@e2boston.net
For other technical issues, email support@e2boston.net, or call RDE Systems at **(973) 773-0244**

Remind and Refresh

- **Email** is the best way to reach us
- Please email to BPHC Data Manager (ineshcheretnaya@bphc.org), if you have a new staff member who needs an account in E2Boston.
  - Remember: A completed New User Form must be attached to this request!
- Please use the system Resource Center to view updated information and trainings.
- Please follow the BPHC emails, newsletter, and e2Boston Messages to be updated.
- Join our online Office Hours to clarify your questions and be informed about all changes in data reporting.



How to use Kahoot

Using your phone or laptop, open

Kahoot.it

1

Type in the provided

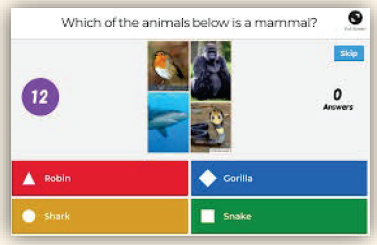
Game Pin

2

When launched, you will have a timer to answer the

Questions

3



The top 3 people who get the most correct answers will get a

Prize

4

Knowledge Check!

Game Pin on the screen!

Question Block

Please raise your hand, and we will call one at a time.
We will be recording questions & answers to release following the meeting.

Lunch Break!

06

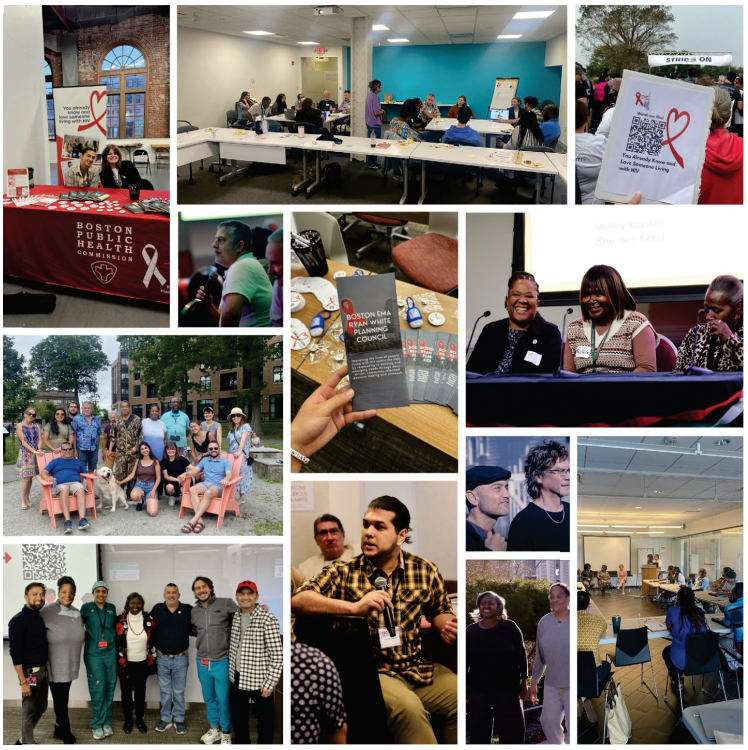
Planning Council

Clare Killian & Julia Kirsch

INTRODUCTION TO THE…

Boston EMA
Ryan White
Planning Council

BOSTON PUBLIC HEALTH COMMISSION



MAY 2025 Part A Provider Meeting

ABOUT OUR PARTNERSHIP

Boston EMA
Ryan White
Planning Council

BOSTON PUBLIC HEALTH COMMISSION

- BPHC receives and administers Part A funds and is responsible for contracting with providers (YOU!)
- The Planning Council is an independent group of volunteers, appointed by the Mayor of Boston, that decides how these Part A funds for HIV services should be spent in the Boston EMA
- We work closely together, sharing responsibility for tasks like service standards, needs assessment and integrated/ comprehensive planning

PLANNING COUNCIL COMMITTEES

- Executive Committee
- ARC (Allocation of Resources Committee)
- SPEC (Services, Priorities and Evaluations Committee)
- MNC (Membership and Nominations Committee)
- Consumer Committee
- NAC (Needs Assessment Committee)

MEMBERSHIP REQUIREMENTS

PEOPLE LIVING WITH HIV & COMMUNITY
- Members of affected communities*
- Non-elected community leaders
- Representatives of recently incarcerated people living with HIV
- Unaffiliated consumers

PUBLIC HEALTH & HEALTH PLANNING
- Public health agencies
- Healthcare planning agencies
- State agencies**

HEALTH & SOCIAL SERVICE PROVIDERS
- Healthcare providers, including FQHCs
- Community-based organizations and AIDS service organizations
- Social service providers
- Mental health and substance abuse treatment providers

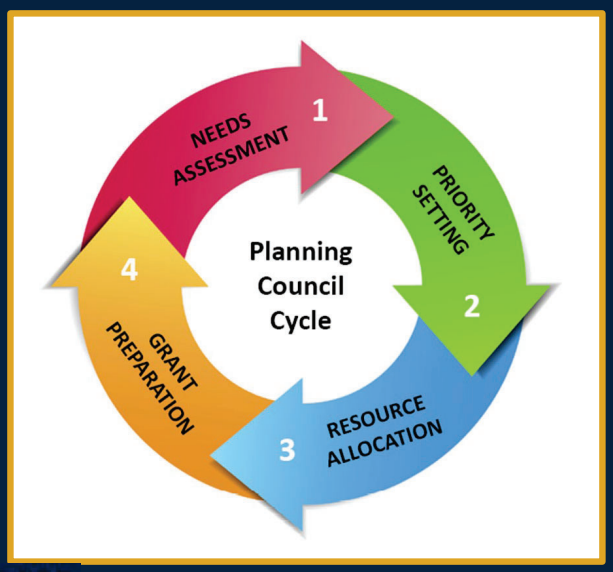
FEDERAL HIV PROGRAMS
- RWHAP Part B recipients
- RWHAP Part C recipients
- RWHAP Part D recipients†
- Recipients under other federal HIV programs‡

Consumers are individuals "receiving HIV-related services" and can include PLWH receiving services themselves or the parents/caregivers of minor children who are receiving services.
- An "unaligned" consumer means they do not have a conflict of interest in a Ryan White Part A-funded agency
- At least 33% of the Council must be unaligned consumers

Representation is the extent to which the Council includes individuals from the HRSA-defined categories of membership (see above!).
- We have to have at minimum one person from each category!

Reflectiveness is the extent to which the demographics of Council members mirror the epidemic of HIV/AIDS in the EMA/TGA.
- # of people in each county
- Race, ethnicity, age, gender, etcetera

PLANNING COUNCIL CYCLE



BOSTON PUBLIC HEALTH COMMISSION

THE WORK OF THE PLANNING COUNCIL

- Planning Council operations: structure, policies, procedures, and membership tasks
- Needs assessments
- Integrated/comprehensive planning
- Selection and Priority Setting of service categories
- Allocation of resources to funded service categories
- Guidance to BPHC on how best to meet priorities
- Coordination with other RWHAP Parts and other HIV-related services
- Assessment of the Administrative Mechanism
- Development and annual review of service standards

BOSTON PUBLIC HEALTH COMMISSION

Highlighting Our Main Responsibilities: **Service Standards & Measures**

The Services, Priorities, and Evaluations Committee (SPEC) reviews and edits the Ryan White Part A Service Standards annually. The full Planning Council votes on their recommendations. Ryan White Services reviews these standards with agencies during their site visits!

- **Planning Council/SPEC** – The Service Standards help the Council understand how each service is being provided and are one way we ensure high-quality HIV services

- **RWS** - Uses these when contracting and monitoring agencies, written into Requests for Proposals (RFPs), subrecipient contracts, and monitoring (i.e. site visits!) to ensure agencies are following Planning Council-led standards

1) Priority Setting

Priority setting is the process dedicated to deciding which HIV services are the most important according to the criteria established in the EMA. It is a HRSA requirement to prioritize **all 28 Part A service categories** annually. The process is guided by Services, Priorities, and Evaluations Committee (SPEC), but every Planning Council member participates and votes regardless of their subcommittee.

2) Resource Allocation

The Allocation of Resources Committee (ARC) is responsible for determining how to allocate the Ryan White Part A dollars to our funded service categories. We review the previous years' unexpended funds, develop a scenario for potential unexpended funds for the current year, and develop various funding scenarios for the following year based on historical spending and utilization, priorities of PLWH on Council, needs assessment data, and the existing funding environment.

Last week we did our funding scenarios for 2026!

Carry Over & Sweeps Processes

The **Sweeps** process is approved by the Council to rapidly re-allocate underspent funds during the fiscal year:

1. RWS will first try to spend underspent money within the service category it came from, if the category can rapidly spend money.
2. RWS will then distribute the remaining $ based on the Planning Council's priority setting ranking.

Carry Over
Money not spent at the end of the fiscal year which are eligible to be carried over into the next fiscal year – must be requested from HRSA.

The Council develops the scenarios for how to allocate Carry Over.

Required Provider Activities

Please be on the lookout for emails from pcs@bphc.org!

THIS WEEK

- Provider Survey will be sent out for the PC Needs Assessment!
- A select few providers will receive a request to partner with NAC for focus group interviews with clients

JANUARY 2026

- Assessment of Administrative Mechanism (AAM) Provider Survey
- We want to hear your feedback!!
- Your feedback impacts our ability to improve the efficiency of the procurement & disbursement of Part A funds

The Someone You Know & Love Campaign

Accomplishments in FY24:

- We hosted our first Someone You Know & Love Gala!
  - 120 attendees, 19 responses to the post-event survey
- 26% increase in website views
- 33% increase in Instagram followers
- Increased youth engagement with an art campaign and education series
- Began work on a stigma reduction toolkit
- Provided feedback to BPHC's stigma reduction plans and efforts

You already know and love someone living with HIV

www.someoneyouknowandlove.com

@someoneyouknowandlove

PLANNING COUNCIL SUPPORT TEAM (PCS)

We are hiring another Program Coordinator!!

CLARE KILLIAN
SR. PROGRAM MANAGER

JULIA KIRSCH
PROGRAM COORDINATOR II

BOSTON PUBLIC HEALTH COMMISSION

Connect with us via email PCS@bphc.org!

WE'RE RECRUITING!

BOSTON PUBLIC HEALTH COMMISSION

APPLY HERE

Applications due June 13th, 2025, interviews to follow, and nominations in late July!

Paper applications are also available – email us at PCS@bphc.org!

THANK YOU!

To learn more about the work of the Boston EMA Ryan White Planning Council, or to apply to become a member, please contact Planning Council Support staff:

- **Email:** PCS@bphc.org
- **Phone Numbers:** 617-947-4299 or 857-880-3359

Boston EMA
Ryan White
Planning Council

07

Case Management Training Program

Helena Sandoval Insausti

Boston Public Health Commission
Case Management Training Program

BOSTON PUBLIC HEALTH COMMISSION

Welcome to the

Case Management Training Program

Provider Meeting

May 19th, 2025

Contact
cmtp@bphc.org

Address
1010 Massachusetts Ave
Boston, MA 02118

Meet the CMTP Team!

May 19th, 2025

Helena Sandoval Insausti, MD, MPH, PhD
Hsandovalinsausti@bphc.org

Senior Program Manager,
Case Management Training Program

Jacqueline Huynh, MPH, CPH
JHuynh@bphc.org

Program Manager,
STI Prevention

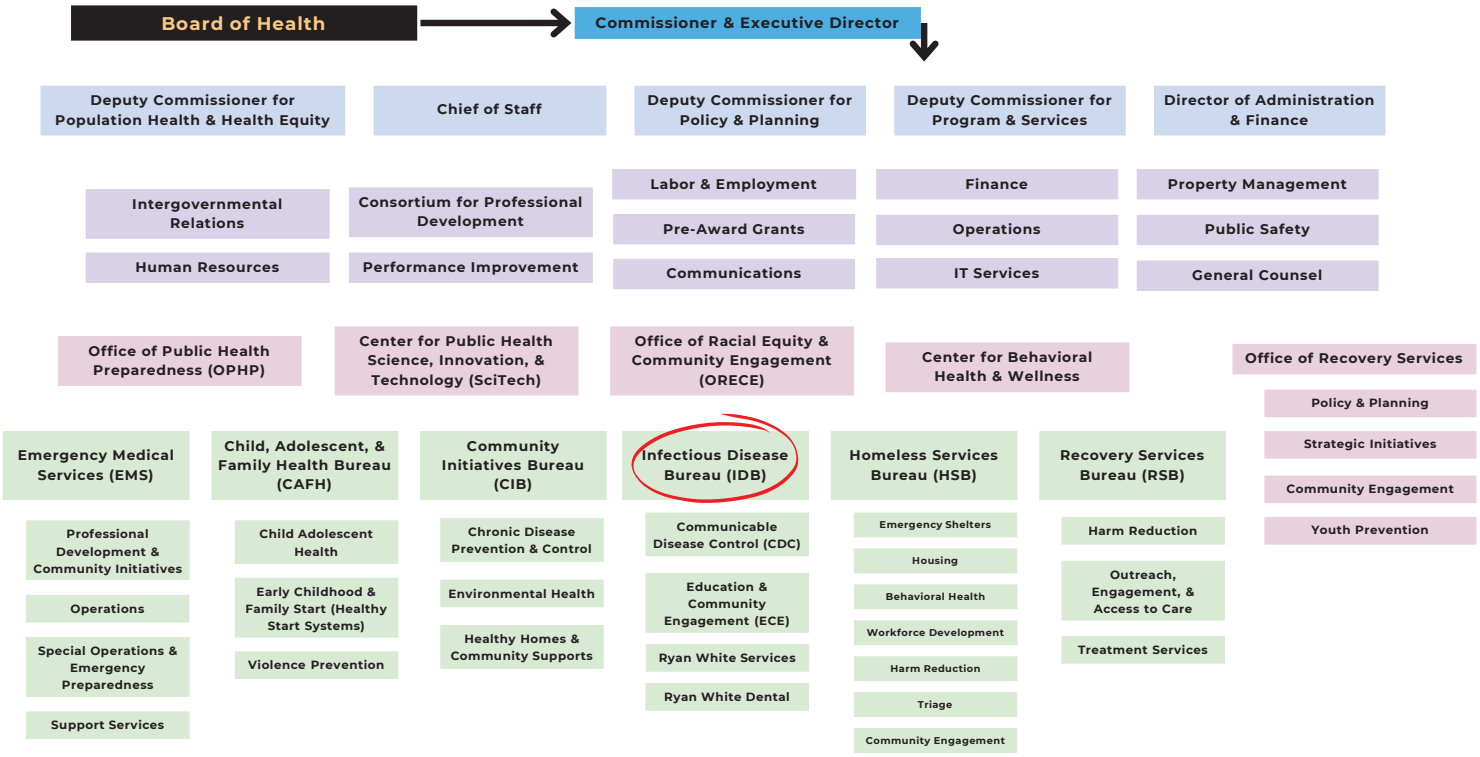
Kynza Khimani, MS
KKhimani@bphc.org

Senior Program Coordinator,
Case Management Training Program

BOSTON PUBLIC HEALTH COMMISSION

About the Commission

May 19th, 2025



Meet the Bureau

May 19th, 2025

Tegan Evans, MPH
Interim Bureau Director

Kayty Himmelstein, MD, MSEd
Medical Director

Catherine Fine
Associate Bureau Director

Julia Gunn, RN, MPH
Director for Communicable Disease Control Division

- Boston Medical Center's Tuberculosis Clinic
- Public Health Nursing

Tegan Evans, MPH
Interim Director for Ryan White

- Ryan White HIV/AIDS Program Client Services
- Ryan White Dental Program
- Ryan White Clinical Quality Management

Vacant
Division Director for Education and Community Engagement

- Ryan White Planning Council Support
- Education and Outreach Team
- Case Management Training Program

Shoba Nair, PhD
Director of Epidemiology and Evaluation

- Infectious Disease Epidemiologists

BOSTON PUBLIC HEALTH COMMISSION

Boston Public Health Commission
Case Management Training Program

About CMTP

PURPOSE

The Case Management Training Program (CMTP) is funded to **provide training**, **technical assistance**, and **capacity-building assistance services** to Boston EMA subrecipients.

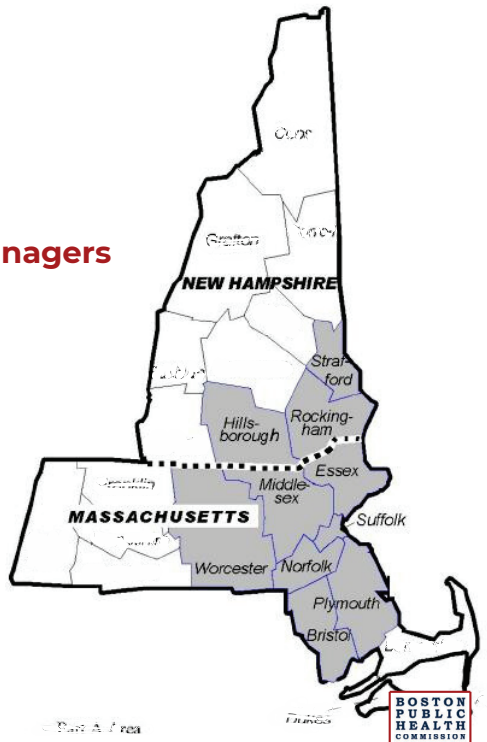
The Case Management Training Program strives to **empower** case managers to work as a community to provide **consistent**, **comprehensive care** to people living with HIV by partnering with local organizations to **provide trainings and resources** for case managers so they can ensure people living with HIV can reach and maintain viral suppression by accessing the full continuum of HIV services.

May 19th, 2025

Agencies We Work With

The Boston EMA spans across:

10 counties across Massachusetts and New Hampshire | **25 CBOs that have case management programs** | **~140 case managers**



Agencies

- Beth Israel Deaconess Hospital – Plymouth
- Boston Health Care for the Homeless Program
- Cambridge Health Alliance
- Codman Square Health Center
- Dimock Community Health Center
- Edward M. Kennedy Health Center
- Fenway Community Health Center
- Greater Lawrence Family Health Center
- Harbor Health Services, Inc.
- Harbor Care (NH)
- Massachusetts General Hospital – Chelsea
- Massachusetts Alliance of Portuguese Speakers
- Casa Esperanza
- Lynn Community Health Center
- Massachusetts General Hospital – Boston
- Upham's Corner Health Center
- AIDS Project Worcester
- Merrimack Valley Assistance Program (NH)
- Making Opportunities Count, Inc.
- Multicultural AIDS Coalition
- Victory Programs, Inc.
- AIDS Response Seacoast
- Neighborhealth Corporation
- Harvard Street
- Whittier Street Health Center

Core Competency Curriculum

The fundamental case management concepts taught by the CMTP will reflect the most current:

Standards, rules, and regulations released by federal, state, and local regulators.

Technical assistance and capacity building services will be offered to agencies upon request. CMTP will coordinate regional meetings for ongoing training and professional development opportunities.

Voluntary seminars, training, and capacity building opportunities will be developed and implemented based on assessments conducted by CMTP, Planning Council, and/or Ryan White Services Division.

May 19th, 2025

CMTP SURVEY FY2024

- Total Responses: **48 case managers** from **21 different agencies** across the Boston EMA since December 16
- Respondents **averaged 9.15 years** in the HIV field, ranging from **less than one year to 28.6 years** of experience

When asked about topics of interest for future training, case managers indicated the following:

- HIV care coordination and case management best practices (66.7%)
- Facilitating access to support services (64.6%)
- Health equity, trauma-informed care, and substance use interventions (60-83.3%)
- Immigration policy, housing resources, and data literacy (52-70.8%)
- Specialized/high-risk populations, including LGBTQ+ and immigrant communities (43.8%)

Update curricula

- 📘 Theory & Foundations
- ⚖️ Legal Rights & Benefits
- 🛠️ Access to support services
- 🌍 Special Populations & Equity
- ⏳ Lifespan Considerations
- 🧠 Comorbidities & Complex Care
- 🧰 Case Management Best practices and client support
- 📖 Health Literacy

New Hire Orientation Trainings

FACILITATOR	DATE	TRAINING
ase Manage raining Prog	July 25th an every 6 mont MOODLE	–*Overview of Ryan White* *-HIV Introduction* *ent and Management* *nd Polypharmacy in HIV* *naging STIs* *al Support for PLWH* *nd Ethical Considerations in HIV* –*Addressing Stigma, Values, Biases, and Health Equity in* HIV *-Secondary Trauma, Stress Management, and Self-care for Case Managers* *-HIV/STI Case Studies and Role Play*

MANDATORY FOR ALL NEW HIRES (MCM and NMCM)

May 19, 2025

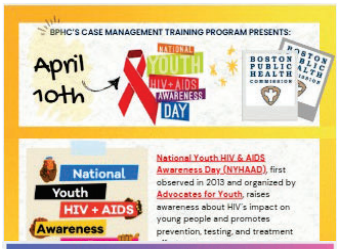
OPTIONAL!!

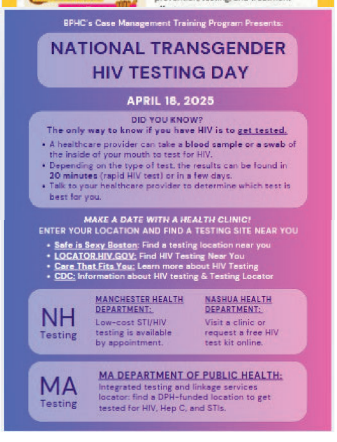
Specialized Trainings

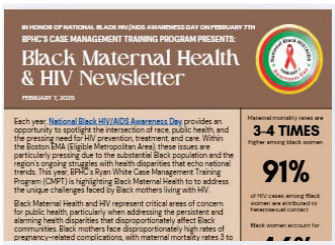
Facilitators	Date	Training
JRI HEALTH LAW INSTITUTE	April 17	Healthcare Rights and Legal Resources for Case Managers
THE NETWORK/LA RED	May 8	Partner Abuse in LGBTQ+ Communities
EHS/MASS HEALTH	May 15	Health Insurance: Access and Enrollment for MassHealth
GRAYKON CENTER FOR ADDICTION TRAINING	May 22	Prevention in Practice: nPEP and PrEP in the Context of Substance Use
CMTP AND BPHC'S CAPACITY BUILDING AND TRAINING INITIATIVES	May 27	Trauma-Informed Care and Equitable Approaches for Case Managers
CMTP	June 3	Motivational Interviewing for Case Managers
SAMHSA SOAR TA CENTER	June 12	SSI & SSDI 101: Navigating Disability Benefits in HIV Case Management
HARVARD LAW SCHOOL	June 18	Legal processes and advocacy tools for supporting immigrant and asylum seeker clients
BOSTON HEALTH CARE FOR THE HOMELESSNESS PROGRAM	June 26	Caring for Immigrant and Asylum-Seeking Clients: Trauma-Informed, Health-Centered Approaches
BPHC'S EDUCATION AND COMMUNITY ENGAGEMENT	July 8	Mosquito/tick Diseases, and Bloodborne Illnesses

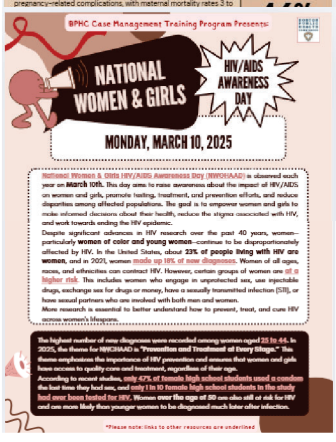
May 19th, 2025

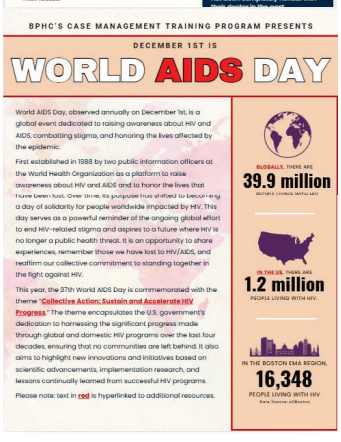
CMTP's Newsletters & Awareness





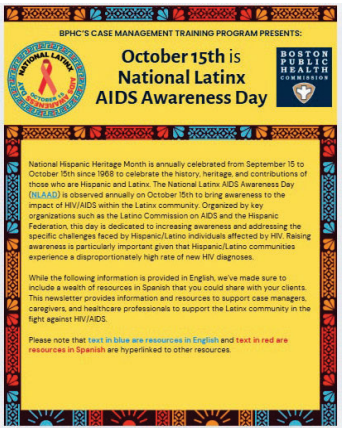






Upcoming Newsletters:

- May: National Asian and Pacific Islander HIV/AIDS Awareness Day, International Day of Action for Women's Health
- June: HIV Long-Term Survivors Awareness Day
- July: Zero HIV Stigma Day



Evaluation and Community Strategies

1. **Pre- and Post-Training Surveys**: Used to assess whether the training addresses case managers' identified needs and to measure improvements in confidence and skill application.

2. **Post-Training Knowledge Quiz:** Each session includes a short quiz to evaluate the knowledge gained during the training.

3. **Focus Groups**: Structured focus groups were conducted with case managers to collect qualitative feedback on training effectiveness, relevance, and unmet needs. These insights help guide future training enhancements.

4. **Advisory Board**: Members will serve one-year terms and meet every six months to provide strategic feedback and inform program decisions.

5. **CMTP Year Survey**: An annual survey is being developed to gather feedback directly from case managers regarding the training program.

6. **Training Cycle and Updates:** All trainings will be repeated every six to nine months and modified as needed based on feedback and program evaluation findings to maintain accuracy, impact, and relevance.

7. Storytelling and Workshop videos: Designed to uplift client experiences and highlight best practice. These videos will be used as part of reflective learning activities and follow-up discussions.

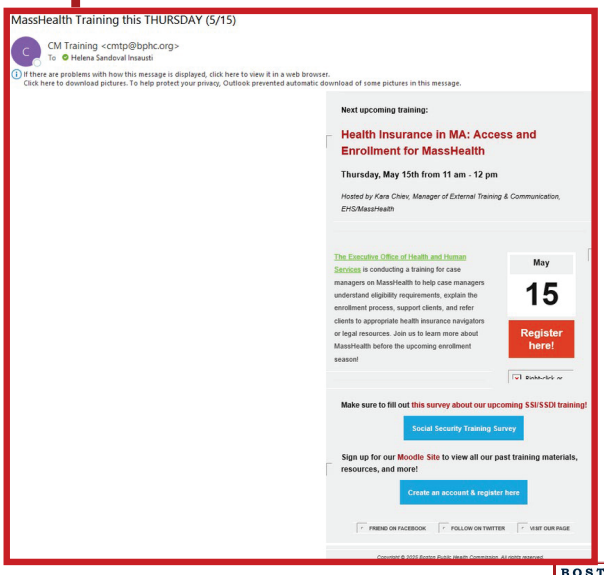
May 19th, 2025

MAILCHIMP: Announcing trainings, newsletters, and updates

ALL NEW HIRES

(MCM and NMCM) SUBSCRIBE TO OUR MAILING LIST (MAILCHIMP)

SCAN ME



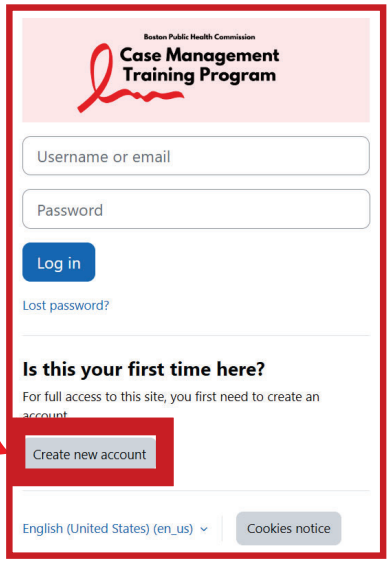
MOODLE: online curriculum available

ALL CASE MANAGERS
(MCM and NMCM) CREATE AN ACCOUNT ON MOODLE

1 To create an account on Moodle, we must access the following link:
cmtp.moodlecloud.com

moodleCloud™

2



BOSTON PUBLIC HEALTH COMMISSION

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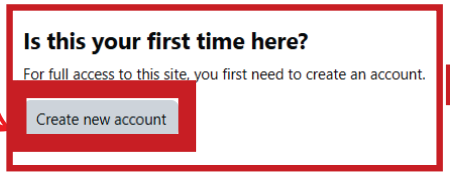
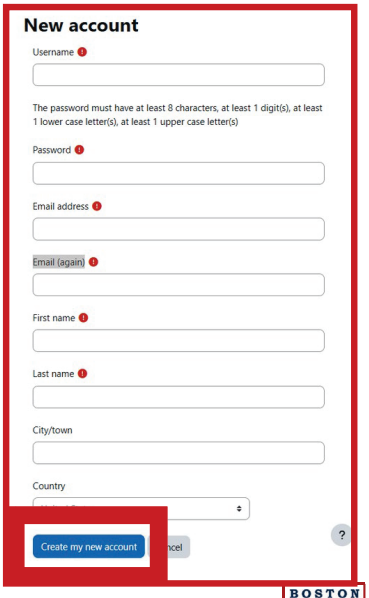


3 Acknowledge all the policies

4



BOSTON PUBLIC HEALTH COMMISSION

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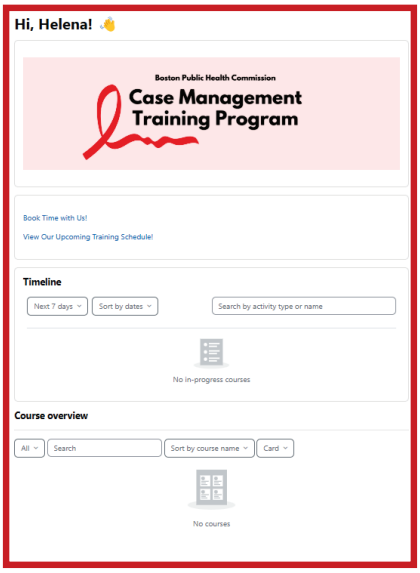
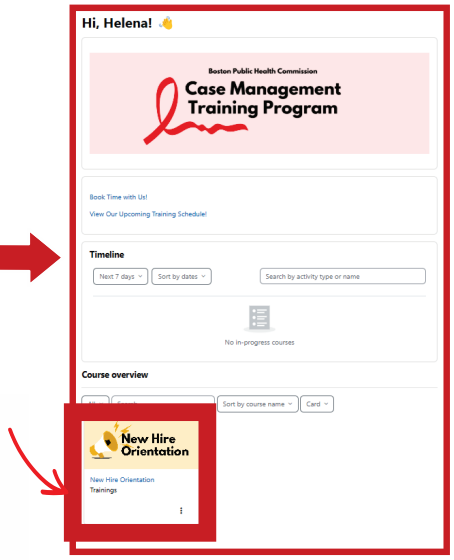


NO ACTION IS REQUIRED!

You're all set! No further action is needed on your part. The CMTP team will enroll you in the appropriate courses. Once the enrollment is complete, your site will appear just like it does in Step 6

6



May 19th, 2025

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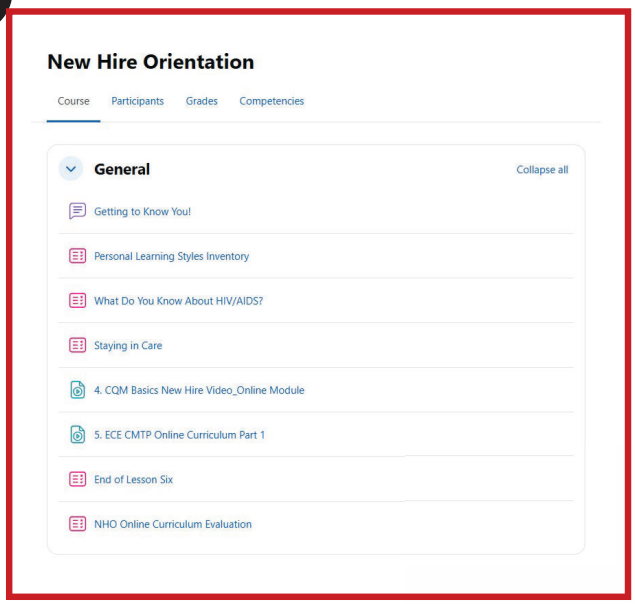
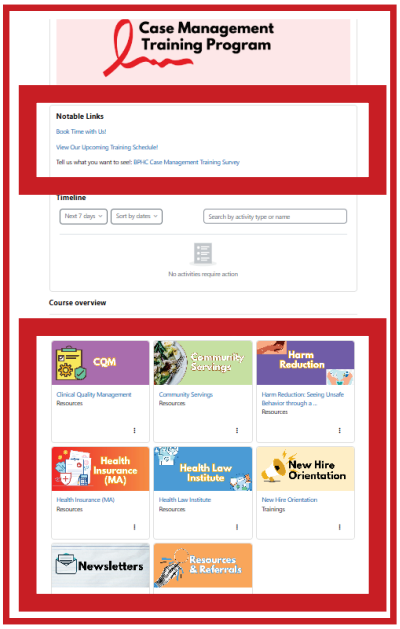


Future with Moodle



- Book time with us!
- View Our Upcoming Training Schedule!

Tell us what you want to see: BPHC Case Management Training Survey

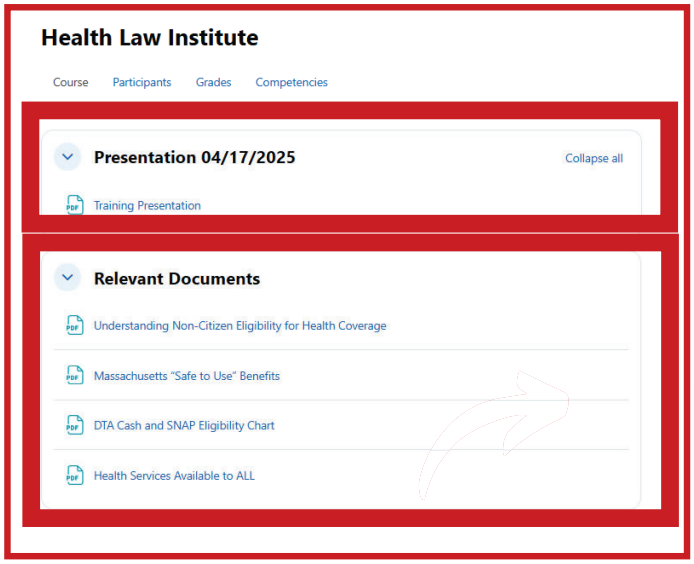
- Resources

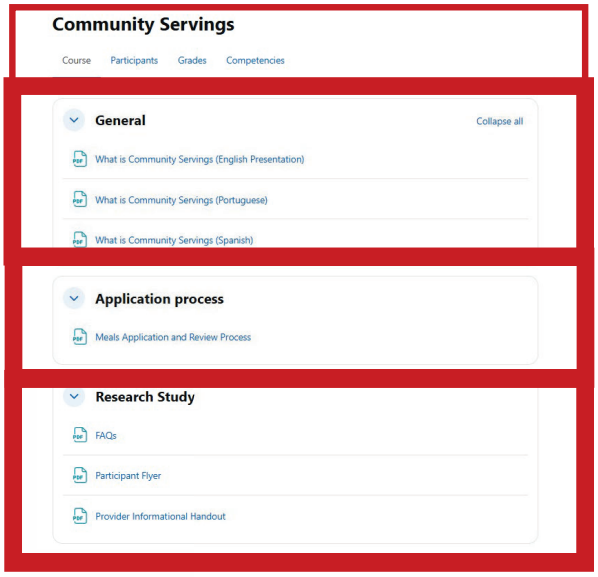
- Trainings

AND... MORE TO COME!

May 19th, 2025

Courses in Moodle





Make sure to sign up!

Subscribe to our **mailing list** to receive updates about upcoming trainings and more.

SCAN ME

Complete this **form** and join our New Advisory Board!

Check out our **step-by-step guide** to create a **Moodle** account and access our Case Management Training Program materials and resources!

SCAN ME

SCAN ME

May 19th, 2025

Questions?

Email: cmtp@bphc.org

Book time with us!

08

AIDS Drug Assistance Program of New Hampshire

Yvette Perron

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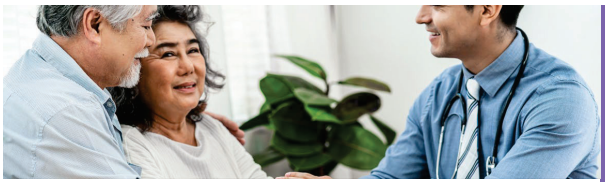


NH CARE Program

Enrollments

May 19, 2025

Department of HEALTH & HUMAN SERVICES

Enrollments

May 15, 2024

Who is the NH CARE Program

The NH Division on Public Health Services receives federal funding* through Part B to provide life-sustaining medications and to ensure quality clinical and case management services to people who are:

- Living with HIV
- Residents of NH
- At or Below 500% of FPL

Eligible for Part A Funding

This funding is used for ADAP

Boston EMA

Hillsborough	Rockingham	Strafford

ASOs

- Individuals will be referred to reach out to an ASO in their area
- ASO will assign the individual to a (medical) case manager based off their own internal policies and procedures
- Limited exceptions are made to allow an individual to enroll in CARE without a case manager
  - This must be approved by the enrollment coordinator

AIDS Response Seacoast
- Portsmouth, 603-433-5377

HIV/HCV Resource Center
- Lebanon, 603-448-8887

Merrimack Valley Assistance Program
- Manchester, 603-623-0710
- Concord, 603-226-0607
- Laconia, 603-724-4936

Harbor Care
- Nashua, 603-595-8464
- Keene, 603-354-3241

What should a client bring to their intake with a NH Case Manager?

- Proof of HIV Diagnosis
- Proof of NH residency
  - Must contain their full name, address and dated within six months
- Proof of household income
- Any existing insurance information

Medicaid

- Anyone under 200% FPL is required to apply for NH Medicaid within 30 days of enrollment
- If a client is on MassHealth that will need to be cancelled

2024 – QI Project
Language Project

Translations

- At time of enrollment, case managers record:
  - Preferred Written Language
  - Preferred Spoken Language
  - Other Accommodations

Application	Attestation	CARE Card stub
FAQ	ACA letters	Enrollment due letters
Client Satisfaction Survey	HIV Needs Assessment	Needs Assessment Flyer

Languages so far:
- English
- French
- Haitian Creole
- Hindi
- Khmer
- Kinyarwanda
- Nepali
- Portuguese
- Spanish
- Swahili
- Tagalog
- Thai
- Urdu
- Vietnamese

2025 – QI Project
HIV & Aging

HIV & Aging project

- Research community resources that will help our clients age well
- Put together trainings to increase case managers' knowledge of resources
- Create a resource guide for clients and case managers

10 aging-related topics to explore

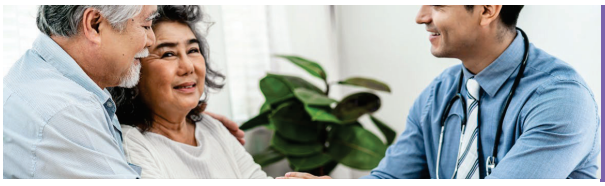
chronic medical conditions (other than HIV)	retirement finances	home care long term care hospice
falls home safety	cognitive decline	Medicare enrollment
end of life planning	polypharmacy (safely using multiple medications)	mental health in older adults

Food & nutrition

Contact Information

Main Office

- 29 Hazen Dr Concord NH 03301
- Phone: (603) 271-4502
- Fax: (603) 271-4934
- RWCareProgram@dhhs.nh.gov
- Hours: 8am – 4:30pm, M-F



Thank you!

Yvette Perron
Program Manager
Yvette.G.Perron@dhhs.nh.gov

Patty Chandler
Compliance Specialist
Patricia.Chandler@dhhs.nh.gov

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Lisa West
Quality Coordinator
Lisa.B.West@dhhs.nh.gov

Department of
HEALTH &
HUMAN SERVICES

09

AIDS Drug Assistance Program of Massachusetts

Alyssa Harrington

Boston Public Health Commission
Provider Meeting
May 19, 2025

HDAP Updates

Programmatic Updates

- At this time, HDAP's eligibility requirements and services remain the same
- Eligibility
  - HIV+
  - MA residence
  - Income at or below 500% FPL
- HDAP continues to be Payor of Last Resort
  - Client needs to enroll in any for which insurance they are eligible
  - All other payers need to be billed first

Insurance Updates

Changes to MassHealth as of 5/1/2025:

- MassHealth CommonHealth members will be eligible for the Medicare Savings Program (MSP) if their household income is **at or below 225% of the FPL** (previously 135% FPL)
  - CommonHealth members who meet the eligibility for MSP will receive a letter from MassHealth noting their approval for QMB, SLMB or QI
- Some MassHealth CommonHealth members whose income already exceeded the eligibility for MSP (225% FPL) but who had this benefit anyway will be notified they are no longer eligible for MSP due to their income
  - **MassHealth will no longer pay their Medicare Part B premium**

HDAP Electronic Application Reminder

- HDAP transitioned to a new electronic application and data management system **Provide Enterprise®** (“Provide”) in October 2023
- Secure, online portals allow case managers and clients to:
  - Submit electronic applications
  - Submit supporting documents, premium bills, and updates
  - Check application status
  - Track client eligibility

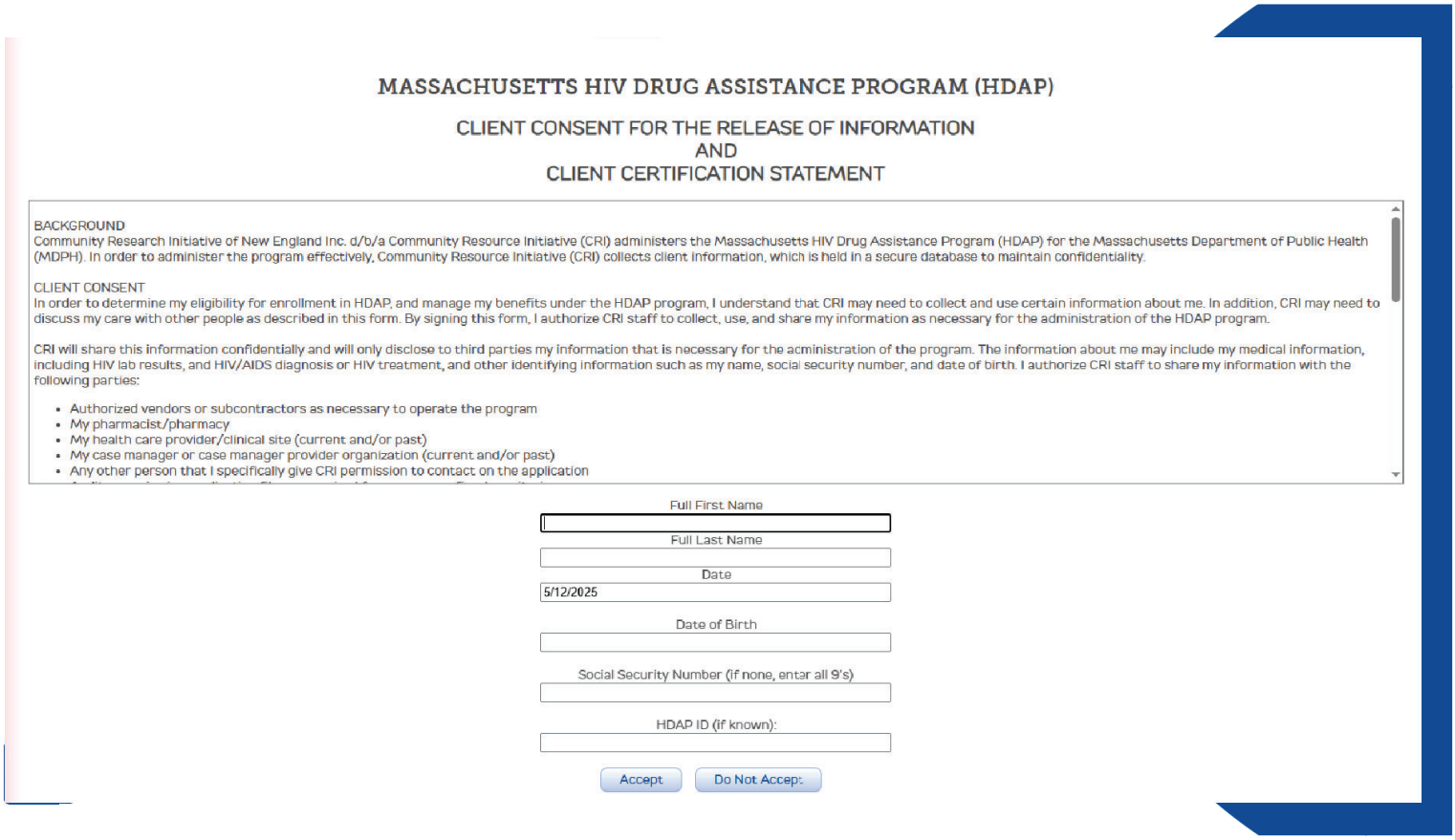
NEW ***Spanish*** Client Portal!

- **The client portal is now available in English and Spanish:**
  - The website is mobile friendly, doesn’t require account
  - Submit applications and supporting documents
  - Check application status
- English Portal: https://mahdap.providecm.net/
- Spanish Portal: https://mahdapsp.providecm.net/

HDAP

In both Client portals, clients can now sign and submit the Consent form without needing to print, scan or upload a document

HDAP



MASSACHUSETTS HIV DRUG ASSISTANCE PROGRAM (HDAP)

CLIENT CONSENT FOR THE RELEASE OF INFORMATION
AND
CLIENT CERTIFICATION STATEMENT

BACKGROUND
Community Research Initiative of New England Inc. d/b/a Community Resource Initiative (CRI) administers the Massachusetts HIV Drug Assistance Program (HDAP) for the Massachusetts Department of Public Health (MDPH). In order to administer the program effectively, Community Resource Initiative (CRI) collects client information, which is held in a secure database to maintain confidentiality.

CLIENT CONSENT
In order to determine my eligibility for enrollment in HDAP, and manage my benefits under the HDAP program, I understand that CRI may need to collect and use certain information about me. In addition, CRI may need to discuss my care with other people as described in this form. By signing this form, I authorize CRI staff to collect, use, and share my information as necessary for the administration of the HDAP program.

CRI will share this information confidentially and will only disclose to third parties my information that is necessary for the administration of the program. The information about me may include my medical information, including HIV lab results, and HIV/AIDS diagnosis or HIV treatment, and other identifying information such as my name, social security number, and date of birth. I authorize CRI staff to share my information with the following parties:

- Authorized vendors or subcontractors as necessary to operate the program
- My pharmacist/pharmacy
- My health care provider/clinical site (current and/or past)
- My case manager or case manager provider organization (current and/or past)
- Any other person that I specifically give CRI permission to contact on the application

Full First Name

Full Last Name

Date
5/12/2025

Date of Birth

Social Security Number (if none, enter all 9's)

HDAP ID (if known):

Accept Do Not Accep:

Provider Portal Enhancements

- Client list is limited to clients enrolled in last 5 years
- Client list can be filtered by one or more fields
  - For example, you can filter to show just your clients who term out at the end of May
- Application submission success page now has client ID, date and time of submission, attachments included and not included
- Security questions no longer case sensitive
- Password requires a 12 characters, including a special character (@, *, &, !, etc.)

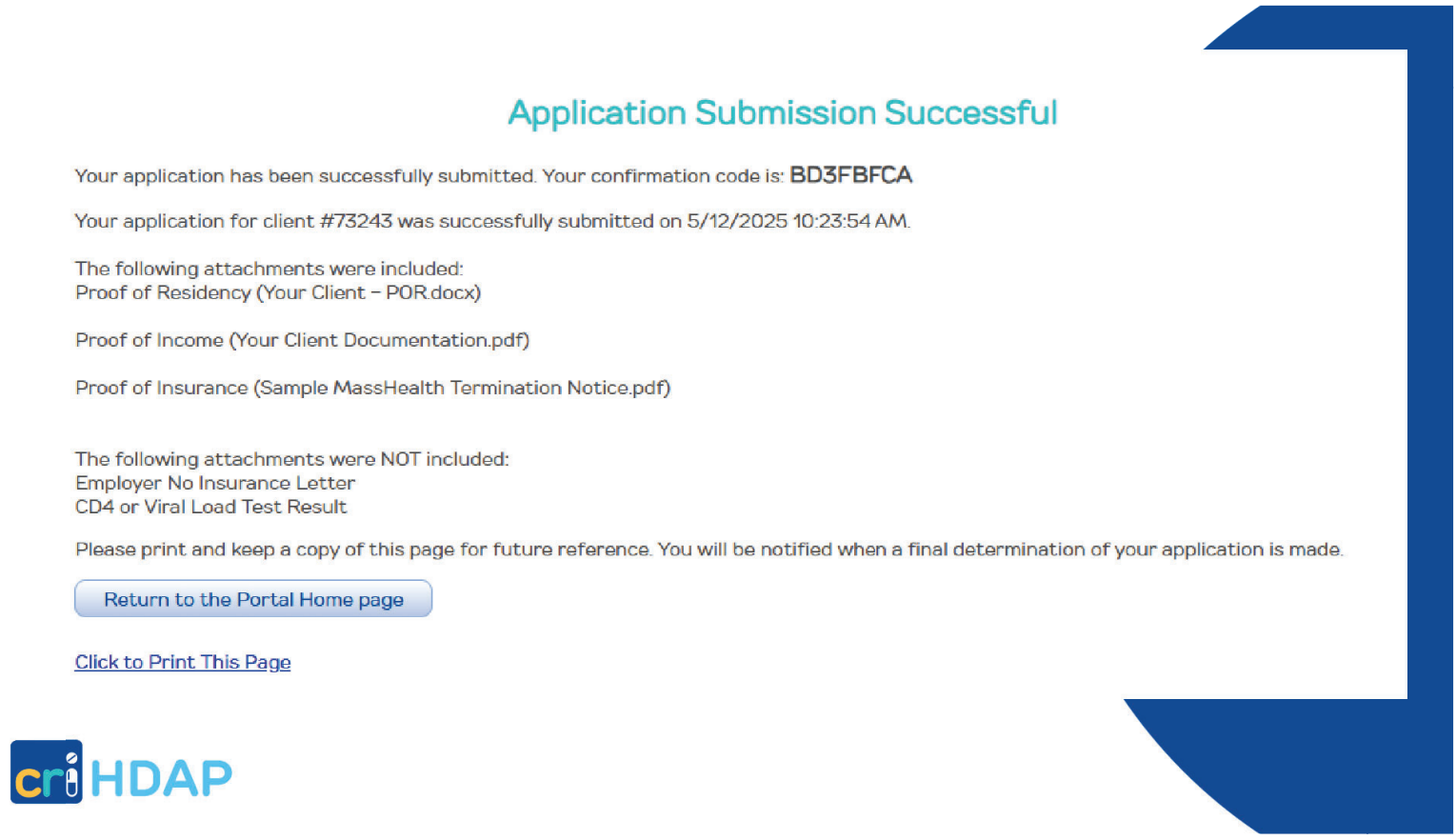
cri HDAP

Provider Portal Dashboard

Client List

Return to Home Page

Case Manager's Institute	Case Manager Name	HDAP ID	Last Name	First Name	DOB	Enrollment Effective	Enrollment Term	Status of Last Application	Date of Last Application	Action
	Arevalo, Melany						2025/06/30			
AccessHealth MA	Arevalo, Melany	73240	Test8	Melany	1955/06/16	2025/03/18	2025/06/30	Submitted	2025/01/29	Open Application / Check Status / Submit Any Other Documents / Email HDAP



Application Submission Successful

Your application has been successfully submitted. Your confirmation code is: **BD3FBFCA**

Your application for client #73243 was successfully submitted on 5/12/2025 10:23:54 AM.

The following attachments were included:
Proof of Residency (Your Client – POR.docx)

Proof of Income (Your Client Documentation.pdf)

Proof of Insurance (Sample MassHealth Termination Notice.pdf)

The following attachments were NOT included:
Employer No Insurance Letter
CD4 or Viral Load Test Result

Please print and keep a copy of this page for future reference. You will be notified when a final determination of your application is made.

Return to the Portal Home page

Click to Print This Page

Housekeeping

- If a case manager leaves your site, please notify HDAP at hdap@crihealth.org with:
  - Case manager's last day
  - Case manager who will be taking over clients or an interim contact
  - If clients will be split between multiple case managers, send us a secure email with a list of which clients are assigned to which CMs
- For new case managers:
  - Contact hdap@crihealth.org to get their portal account set up
  - Watch a full training recording here: https://www.youtube.com/watch?v=A87YE-DXSoo&feature=youtu.be
  - Additional resources are here: https://crihealth.org/hdap-portal-resources/

cri HDAP

Programs for People At Risk for HIV

PrEPDAP (Pre-Exposure)*	nPEP (Post-Exposure)*
Covers: out-of-pocket costs for HIV pre-exposure prophylaxis (PrEP) medication. Can cover full cost of medication for people who are uninsured or unwilling to use insurance.	**Covers:** out-of-pocket costs for HIV post-exposure prophylaxis (PEP) medications. Can cover full cost of medications for people who are uninsured or unwilling to use insurance.
Eligibility: MA resident, HIV-negative, annual income under 500% FPL (2025: $78,250 for individual)	**Eligibility :** MA resident (or exposed to HIV in MA), HIV-negative
How to enroll: Complete application and supporting documents and email to prepdap@crihealth.org or fax to 617-502-1701. *recertification needed every year*	**How to enroll:** Call the nPEP program at 617-502-1767. Sign nPEP application and send to pharmacy once approved.

*Program of MDPH

cri HDAP

Contact Us

HDAP 617-502-1700	BRIDGE BRIDGEteam@crihealth.org press "1", then press "5"	CHII CHII@crihealth.org press "1", then press "3"
• Questions about how to apply to HDAP/CHII • Questions about eligibility • To check application status • To request urgent screening or 100% coverage especially if doc was faxed • Problems at Pharmacy • Questions about using the Provide Client Portal or Provider Portal or to request a client Provide Portal Account	• Questions about how to enroll in health insurance coverage • Assistance enrolling in and/or choosing a health insurance plan • Difficulties with the Health Connector or other insurance coverage • Questions regarding premium tax credits • Help with MassHealth or Health Connector applications	• Inquiries on insurance premium payments • Request for new or urgent insurance premium payment, especially if premium is faxed • Receiving health insurance premium refunds for clients who are or were active CHII • Receiving health insurance rebate checks for clients who are or were active CHII

617-502-1700 to reach all teams. Follow prompts to reach individual teams.

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Ryan White Dental Program

Tony Silva

RYAN WHITE DENTAL PROGRAM (RWDP)

FY25 Provider Meeting

Presented by

Anthony Silva, Director

Colette Bouquet, Program Manager

Roelina Pena Cabral, Senior Program Coordinator

BOSTON PUBLIC HEALTH COMMISSION

AGENDA

Program Overview

Application/ Enrollment Process

Renewal Process

Referral Process

Program Update

MEET OUR TEAM MEMBERS

Andrea Eaton
Program Coordinator I

Roelina Pena Cabral
Senior Program Coordinator III

Our team of 5 processes all enrollment applications, consumer calls, grievances, and dental billing in house!

Cesarina Nolasco
Program Coordinator II

Anthony Silva
Director

Colette Bouquet
Program Manager-Clinical Quality Management

2,796

Number of enrolled clients in FY 24

10,064

Number of service activities in FY 24

WHAT IS RWDP? WHAT DO WE DO?

- RWDP aims to increase affordability and access to dental care for uninsured and underinsured PLWH
- Refer active clients to **contracted** dental providers
- We reimburse care for **general dental, periodontal, prosthodontic, endodontic services, and more**
- Provide education to consumers and dental providers

ENROLL → REFER → REIMBURSE

ENROLLMENT PROCESS

- Clients, case managers, dental providers, and medical providers may enroll clients
- Current applications can be requested from RWDP or found at: https://www.boston.gov/bphc-rwdp
- All required documents must be submitted
- Clients must reside in the Boston EMA or Massachusetts DPH-funded area
- When utilizing e2boston Shared Eligibility,
  - You MUST still submit RWDP Consent & RWDP Grievance forms
  - Your agency's recertification date MUST match RWDP forms

Required Documents to Enroll

1. **RWDP Application**
   - ❑ Signed Consent for Release of Information
   - ❑ Client Enrollment Form 2 pages
   - ❑ Signed RWDP Grievance Policy Form
2. **HIV Diagnosis Verification**
3. **Income Verification within 6 months**
4. **Health Insurance Verification**
5. **Residency Verification within 60 days**

We accept attestation letters for income, health insurance, and residency verification

*** Clients or case managers must confirm RWDP's approval before seeking dental care ***

RENEWAL PROCESS

- **Clients must recertify every 12 months to maintain active coverage**
- **Renewal applications must include:**
  - ✓ **RWDP Enrollment forms**
  - ✓ **Signed Consent for release of information**
  - ✓ **Signed RWDP Grievance Form**
  - ✓ **Income verification within 6 months**
  - ✓ **Health insurance verification**
  - ✓ **Residency verification within 60 days**
- **HIV verification/Proof of Diagnosis is not required for existing clients**
- **Submit all required documents via fax, email, or mail**

Incomplete applications can not be approved

Applications sent earlier than 30 days before coverage deadline will be rejected

- ❖ **FY24: 100 incomplete applications were rejected**
- ❖ **FY24: 70 early applications were rejected**

*** Clients or case managers must confirm coverage status before seeking dental care ***

DENTAL REFERRAL PROCESS

Once a client is enrolled, clients and CMs should reach out to RWDP for a dental referral to dental providers that are contracted with RWDP.

RWDP considers…

- **Previous dental history and chief client complaint**
- **MassHealth coverage or other third-party payer**
- **Convenient location for care**

Clients should note…

RWDP does not cover :

- **co-pays**
- **remaining balances from any other dental insurance**
- **No-show/cancellation fees or late fees.**

❖ **If enrolled in other dental plans, RWDP can only pay if other insurers declined to pay for services within the program's scope**

PROGRAM UPDATES

Dental Linkage to Care

- In FY24, RWDP began to monitor this **Performance Measure** – Dental Linkage to Care
- **Context:** Newly enrolled clients may recertify but have low engagement with contracted dental providers
- **Time Period:** 90 days
- **Numerator**: New clients who have been referred to a contracted dental provider
- **Denominator**: New Intakes/clients enrolled within the respective fiscal year

Language Access Newsletter

- Bi-monthly Oral Health education newsletter with a health equity lens
- Fostering cultural humility and cultural representation in oral health education materials
- Translated Flyers & Applications
- ***Upcoming Topics***:
  - Oral health guidance for older adults
  - Risk factors for periodontitis (severe gum disease)
  - Nutrition, HIV & oral health

THANK YOU

Contact Us
617-534-2344 (MAIN)
BPHC – Ryan White Dental Program
1010 Massachusetts Ave
Boston, MA 02118
www.boston.gov/BPHC-RWDP

Question Block

Please raise your hand, and we will call one at a time.
We will be recording questions & answers to release following the meeting.

5 Minute Break!

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Fiscal Team

Frantzsou Balthazar-Toussaint, Mary Grace Jung,
Monica Araujo & Angela O'Neil

Ryan White Part A FY25 Fiscal Provider Meeting

Who is the Fiscal Team?

- Regis Jean-Marie, Bureau Administrator
  - ❑ Soane Monestime, Fiscal Manager
- Frantzsou Balthazar-Toussaint, Director of Subrecipient Compliance
  - ❑ Mary Grace Jung, Sr. Grants Manager
  - ❑ Monica Araujo, Fiscal Coordinator
  - ❑ Angela O'Neil, Fiscal Coordinator

Presentation Overview

- **Fiscal Rules and Policies**
- **FY24 Year in Review**
- **FY25 Updates**
  - Budget Narrative
  - Invoice Submission and Summary of Expenses
  - Quarterly Reconciliations
  - Quarterly Technical Assistance Office Hours
- **Budgets and Revisions**
- **Invoice Submission and Review**
- **Budget Narrative**
- **Site visits**

Fiscal Monitoring

1. To ensure adequate, appropriate, and transparent administration of funding and to mitigate opportunities for financial fraud, waste, and abuse.
2. Maintain consistent communication with subrecipients, BPHC program team, and internal BPHC departments to ensure all compliance and reporting requirements are met.

Fiscal Rules

Allowable

Allocable

Reasonable

Contract Spending

- Subrecipient are expected to expend 100% of the Part A award
- Subrecipients will only be paid for approved services as stated in their contracts Scope of Services and budgets.
- Invoices submitted for payments which are missing Expense Summaries and other required documentation will not be processed and will be returned to subrecipients.

Fiscal Rules

Allowable

Allocable

Reasonable

Contract Documents Revisions

- Subrecipients may request revisions to the Scope of Service and Budget, to use different means to accomplish the original agreed upon goals and objectives as outlined in their Part A contract, at any time during the fiscal year up until the **December 15, 2025** deadline. Contact your program manager for specific details.
- All scope of Service and/or budget revisions **must** be approved by BPHC.

Fiscal Rules & Policy References

- **Refer to the FY25 Provider Manual**
  - **Fiscal Overview section**
- **Policies and Procedures Section**
  - Federal Monitoring Standards
  - HRSA PCN 15-01
  - HRSA PCN 15-02
  - HRSA PCN 16-02
- **Refer to the Target HIV website at** https://targethiv.org

FY25 Contracts Status

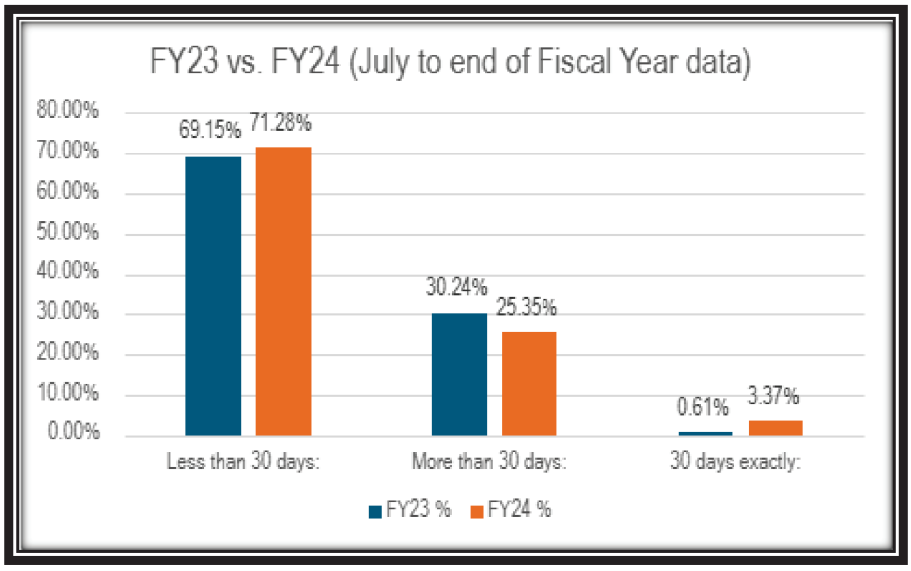
- We are currently operating under a Partial Award.
- Contracts have been sent out to subrecipients.

REMINDER

- All subrecipients must have an active System for Award Management (SAM) report. The SAM report should be accessible to BPHC staff.
- All contract documents should be filled out electronically.
- Handwritten documents are not allowed except for signatures.
- We expect prompt return of contracts in order to generate PO numbers.

Invoices Update

In both FY23 and FY24, 95% of awarded grants were expended.



Budget Format

Ryan White budgets are divided into three main sections:

- Core/Support **Direct Care Cost** – All Ryan White Part A paid staff that <u>provide direct services.</u>
- **Other Direct Care Cost** – Non-Personnel Direct Care Costs, i.e., Supplies, Travel, Training, etc.
- **Administrative Cost**
  - Itemized Administrative Cost - Aggregate 10% Cap;
  - HHS Indirect Approved Rate - 10% Cap

Sample Budget – Admin Costs

ATTACHMENT C
RYAN WHITE PART A: ALN 93.914
Boston Public Health Commission
FY 2025
March 1, 2025 - February 28, 2026
AGENCY NAME
Medical Case Management

Core/Support Service Direct Costs	Personnel	Salary	FTE	Months	Annual
Program Director	B. Smith	$100,000	0.10	12	$10,000
Medical Case Manager	K. Jones	$75,000	1.00	12	$75,000
Medical Case Manager	J. Doe	$71,000	0.80	12	$56,800
		SUBTOTAL	1.90		$141,800
		FRINGE	30.00%		$42,540
		PERSONNEL TOTAL			$184,340
Other Direct Care Costs					
Staff Travel					$500
Staff Training					$500
Program Supplies					$1,000
		SUBTOTAL			$2,000
		DIRECT CARE TOTAL			$186,340
Administrative Costs		**Salary**	**FTE**	**Months**	**Annual**
Director of HIV Services	C. Jung	$110,000	0.10	12	$11,000
Accountant	TBH	$85,000	0.02	12	$1,700
		SUBTOTAL	0.12		$12,700
		FRINGE	25.00%		$3,175
		SUBTOTAL			$15,875
Other Administrative Costs					
		SUBTOTAL			$15,875
		ADMIN COST TOTAL			$15,875
		DIRECT CARE TOTAL			$186,340
		ADMINISTRATIVE COST			$15,875
		SERVICE AWARD TOTAL			$202,215

Per Federal policy, funds may only be used to support services to those individuals with a documented HIV/AIDS status. Funds may not be used to provide items or services for which payment already has been made or reasonably can be expected to be made, by third party payors, including Medicaid, Medicare, and/other State or local entitlement programs, prepaid health plans, or private insurance. Subrecipients are reminded that this is subject to an audit.

Budget Administrative Costs

Are capped at 10% on the aggregate.

Administrative expenses must meet legislative administrative definition.

Administrative Costs are usual and recognized administrative overhead activities (ref. PCN 15-01, FY25 Provider Manual).

Subrecipients are responsible for tracking all administrative expenses.

Sample Budget – HHS Rates

ATTACHMENT C
RYAN WHITE PART A: ALN 93.914
Boston Public Health Commission
FY 2025
March 1, 2025 – February 28, 2026
AGENCY NAME
Psychosocial Support Services

Core/Support Service Direct Cost	Personnel	Salary	FTE	Months	Annual
Peer Support Coordinator	B. Smith	$32,000	0.50	12	$16,000
Peer Advocate	K. Jones	$28,000	0.20	12	$5,600
Peer Advocate	J. Doe	$26,000	0.30	12	$8,400
		SUBTOTAL	1.0		$30,000
		FRINGE	29.10%		$8,730
					$38,730
Other Direct Care Cost					
Staff Training					$1,000
Staff Travel					$200
Program Supplies					$1,000
		SUBTOTAL			$2,200
		DIRECT CARE TOTAL			$40,930
HHS Indirect Approved Rate			**40%**		**Annual**
Ryan White Indirect Rate Cap			10%		$4,093
		DIRECT CARE TOTAL			$40,930
		INDIRECT RATE CAP (10%)			$4,093
		SERVICE AWARD TOTAL			**$45,023**

Per Federal policy, funds may only be used to support services to those individuals with a documented HIV status. Funds may not be used to provide items or services for which payment already has been made or reasonably can be expected to be made, by third party payors, including Medicaid, Medicare, and/other State or local entitlement programs, prepaid health plans, or private insurance. Subrecipients are reminded that this is subject to an audit.

HHS-Approved Indirect Rate Costs

- The "**Indirect**" line item may include ***administrative*** expenses not directly associated with a specific program, which are necessary for the management and operation of the whole agency **(45 CFR 75, subpart E).**
- Indirect Rate costs are **capped at 10%.**
- Subrecipients wishing to use an **Indirect Rate**, must provide documentation of Certificate of Indirect Costs that is **HHS-negotiated** and signed by an individual authorized to sign on behalf of the subrecipient.

Budget Revision Reminders and Updates

Subrecipient may be allowed to shift funds between existing line items via a **Budget Revision Request**:

- Due to evolving service needs.
- To use different means to accomplish the original agreed upon goals and objectives outlined in the Scope of Services.
- In general, adding new line items are not acceptable requests.

The last day to submit a **Budget Revision Request** to BPHC is **December 15, 2025.**

Invoice Updates

Invoice Requirements

- Must follow BPHC's invoice format and match BPHC's approved budget.
- Be specific to each funded service.
- Submitted to BPHC on a monthly basis
  - One (1) invoice per funded service per month (i.e., Medical Case Management Invoice, Emergency Financial Assistance Invoice, etc.).
  - **Must be submitted to BPHC by the 30th of every month via email at: IDBInvoices@bphc.org**
- Invoices are paid via ACH direct deposit only.

Annual Site Visit Reminders and Updates

Why do Site Visits?

- To ensure that contract terms, as explained in the fiscal rules, are being followed and are met.
- To identify fiscal technical assistance needs.
- Per the National Monitoring Standards, a **Ryan White Fiscal Site Visit** should be conducted annually for each funded subrecipient.

Be on the lookout for your site visit date for this fiscal year (FY25)!

Budgets and Revisions

The Budget Has been Approved.

Allowable
Allocable
Reasonable

Sample Budgets

Administrative Cost Budget

ATTACHMENT C
RYAN WHITE PART A: ALN 93.914
Boston Public Health Commission
FY 2025
March 1, 2025 – February 28, 2026
AGENCY NAME
Medical Case Management

Core/Support Service Direct Cost	Personnel	Salary	FTE	Months	Annual
Program Director	B. Smith	$50,000	0.50	12	$25,000
Medical Case Manager	K. Jones	$45,000	1.00	12	$45,000
Medical Case Manager	J. Doe	$41,000	0.80	12	$32,800
		SUBTOTAL	2.3		$102,800
		FRINGE	30.00%		$30,840
					$133,640
Other Direct Care Cost					
Staff Training					$1,000
Staff Travel					$200
Program Supplies					$1,000
		SUBTOTAL			$2,200
		DIRECT CARE TOTAL			$135,840

Administrative Cost	Personnel	Salary	FTE	Months	Annual
Program Director	B. Smith	$50,000	0.15	12	$7,500
Program Rent (8% of total rent)					$6,084
		ADMIN COST TOTAL			$13,584
		DIRECT CARE TOTAL			$135,840
		ADMINISTRATIVE COST			$13,584
		SERVICE AWARD TOTAL			$149,424

Per Federal policy, funds may only be used to support services to those individuals with a documented HIV status. Funds may not be used to provide items or services for which payment already has been made or reasonably can be expected to be made, by third party payors, including Medicaid, Medicare, and/other State or local entitlement programs, prepaid health plans, or private insurance. Subrecipients are reminded that this is subject to an audit.

When to Submit Full Budget Revision Request Packets for Approval

Agencies must submit a full budget revision request packet for approval when:

a. Transfers among budget line items such as Personnel, Fringe, Travel, Equipment, Supplies, Contractual, etc. for the current budget period **exceed 25% of the total approved line item** for that budget period

b. A direct care or admin cost line needs to be added to or removed from a budget

c. Substantial changes are made to the approved work plan or project scope (e.g., changing the model of care, transferring substantive work from personnel to contractual; (or)

When to Submit Full Budget Revision Request Packets for Approval (cont.)

d. Agencies must submit a full budget revision request packet for approval when:

   There is significant underspending on a budget line item and new proposals are needed to meet the deliverables and to utilize the full funding. This is especially important in the case of staff vacancies.

e. Purchasing of a piece of equipment (costs $10,000 and up)

f. For any changes in personnel salary, FTE, or billing months

Budget Revisions That Don't Require the Full Revision Request Packet

Subrecipients DO NOT need to submit a full budget revision request packet for approval for the following budget revisions:

- The billing of direct cost budget lines (i.e., Personnel, Fringe, Travel, Equipment, Supplies, Contractual, etc.) is over-or-under the original line cost but is within the 25% leeway
- Personnel changes for replacing a TBD/TBH line with the name of a new employee at the SAME salary, FTE, and billing months that were initially proposed in the award budget, at the beginning of the fiscal year before the start of billing
- Changing the title or the name of an employee

Under these circumstances, agencies must submit the invoice indicating changes along with required back up.

Budget Revision Request Requirements

Each Budget Revision Request Packet must include:

1- Budget Revision Request Form

2- Budget Revision Request Excel Spreadsheet

3- Supporting Documents

For new hires, provide:
- A resume showing qualifications
- Proof of annual salary such as an offer letter or payroll statement
- Brief description of the position's duties and responsibilities as they relate to the funding

For a Consultant, provide resume/list of qualification along with a detailed description of the services/activities to be performed by the consultant

Subrecipient Information and Change of Position

Budget Revision Form

BOSTON PUBLIC HEALTH COMMISSION

Ryan White Services
Budget Revision Request Form
Fiscal Year 2025

Agency	
Service Category	
Date of Request	

1. **Direct Care Costs: Change of Position, FTE, Salary, and Titles:** Include only the adjustment, removal, or addition of employee(s). Complete the Budget Revision Excel Form to account for financial adjustments. Do not include additional lines created from line-item splits in the Excel document on this form. Use the Drop-Down Menu to indicate a line was split for the respective position.

Line Split	Line Split Reason	Personnel Name	Position	Start	End	Reason for Adjustment	Supporting Documents Attached?
☐Yes ☐No	Choose an item.			Click or tap to enter a date.	Click or tap to enter a date.		☐
☐Yes ☐No	Choose an item.			Click or tap to enter a date.	Click or tap to enter a date.		☐
☐Yes ☐No	Choose an item.			Click or tap to enter a date.	Click or tap to enter a date.		☐
☐Yes ☐No	Choose an item.			Click or tap to enter a date.	Click or tap to enter a date.		☐
☐Yes ☐No	Choose an item.			Click or tap to enter a date.	Click or tap to enter a date.		☐
☐Yes ☐No	Choose an item.			Click or tap to enter a date.	Click or tap to enter a date.		☐
☐Yes ☐No	Choose an item.			Click or tap to	Click or tap to		☐

Changes to other Direct Service or Indirect Service Lines

2. **Changes to Other Direct Service or Indirect Service Lines:** Include any budgetary adjustments.

Line Item/ Position	Personnel Name *(If applicable)*	Line Split	Line Split Reason	Start	End	Current Budget	New Budget	Reason for Change	Supporting Documents Attached?
		☐Yes ☐No	Choose an item.	Click or tap to enter a date.	Click or tap to enter a date.				☐
		☐Yes ☐No	Choose an item.	Click or tap to enter a date.	Click or tap to enter a date.				☐
		☐Yes ☐No	Choose an item.	Click or tap to enter a date.	Click or tap to enter a date.				☐
		☐Yes ☐No	Choose an item.	Click or tap to enter a date.	Click or tap to enter a date.				☐

Budget Revision Excel Template

Budget Revision Example

Boston Public Health Commission
RYAN WHITE PART A: ALN 93.914
FY 2025
March 1, 2025 - February 28, 2026
AGENCY NAME
MEDICAL CASE MANAGEMENT

Budget Revision Request

Core/Support Service Direct Cost	Personnel	Salary	FTE	Months	Annual	Change	New Salary	New FTE	New Months	New Annual
Program Director	B. Smith	$50,000	0.50	12	$25,000	($7,008)	$50,000	0.36	12	$17,992
Medical Case Manager	K. Jones	$45,000	1.00	12	$45,000	$0	$45,000	1.00	12	$45,000
Medical Case Manager	J. Doe	$41,000	0.80	12	$32,800	$8,200	$41,000	1.00	12	$41,000
SUBTOTAL			2.30		$102,800	$1,192	SUBTOTAL	2.36		$103,992
FRINGE			30.00%		$30,840	$358	FRINGE	30.00%		$31,198
PERSONNEL TOTAL					$133,640	$1,550	PERSONNEL TOTAL			$135,190
Other Direct Care Cost							Other Direct Care Cost			
Staff Training					$1,000	($750)	Staff Training			$250
Staff Travel					$200	$0	Staff Travel			$200
Program Supplies					$1,000	($800)	Program Supplies			$200
SUBTOTAL					$2,200	($1,550)				$650
DIRECT CARE TOTAL					$135,840	$0				$135,840

Administrative Cost	Personnel	Salary	FTE	Months	Annual		New Salary	New FTE	New Months	New Annual
Program Director	B. Smith	$50,000	0.15	12	$7,500	$0	$50,000	0.15	12	$7,500
Program Rent (8% of total rent)					$6,084	$0				$6,084
ADMIN COST TOTAL					$13,584	$0	EXPENSE TOTAL			$13,584
DIRECT CARE TOTAL					$135,840	$0	DIRECT CARE TOTAL			$135,840
ADMINISTRATIVE COST					$13,584	$0	ADMINISTRATIVE COST			$13,584
SERVICE AWARD TOTAL					$149,424	$0	SERVICE AWARD TOTAL			$149,424

Budget Revision Back-up Documentation

Personnel Changes

- Newly hired/New to Ryan White budget:
  - Proof of Salary
    - Offer letter
    - Payroll form
  - Job Description
  - Resume

Other Changes

- Consultants
  - Resume/list of qualification
  - Detailed description of the services/activities to be performed by the consultant
- Fringe Rate/Indirect Rate Certificate (if applicable).

Budget Revision Process

Budget Revision Request Excel Spreadsheet should be checked for math and validity against the program's most recent invoice/billing.

Complete Budget Revision request packet including all required back-up documentation must be sent to RyanWhiteServices@bphc.org

Budget Revision request packet is assessed for completeness and accuracy by BPHC's Program Coordinator.

Incomplete and inaccurate revision request packet will be returned to subrecipient for update.

Complete and accurate packet is submitted for approval by senior staff and Division Director.

Approve packet is processed by fiscal staff.

Completed budget revision request approval packet is created and sent back to subrecipient via email.

Subrecipient can now start billing for newly approved costs on the budget.

A Budget Revision in process must never prevent invoice submission for already approved costs.

If a revision request is denied, subrecipient will receive a denial letter. Appeal of denied budget revision requests are made in writing to Ryan White Leadership staff.

Fiscal Rule Reminders

Budget

Current budgets must reflect **actual** staff salary, FTE, **current** fringe rate, and **current** Indirect rate when applicable

Fringe rate and indirect cost rate certificates to confirm changes in fringe and indirect rate must be on file at BPHC

Budget Revision requests to BPHC for FY 2025 will be accepted until **December 15, 2025**

Budget revisions after the December deadline will only be considered to fill vacant positions or to make title and legal name changes

Invoices

Invoices are submitted monthly, within 30 days of the month's end

Invoices are submitted monthly regardless of a pending budget revision

Invoices are sent to IDBinvoices@bphc.org

Audits

When applicable single audits must be sent to grants@bphc.org

INVOICES
IDB Fiscal Subrecipient Monitoring

Invoice Submission Requirements

- Invoice cover sheet and back-up documents must be in **PDF format** as one document.
- Each service category invoice must be submitted as a separate PDF file. Multiple services categories invoices submitted as one attachment will be rejected
- Each invoice PDF **must contain** one invoice cover with all necessary backup as one document (see FY25 Provider Manual).
- Invoice PDF file must be named as the subrecipient name-services-month-year (**Victory Programs-NMCM-March 2025**).
- Invoices *must* be submitted to idbinvoices@bphc.org
- "Revision to Invoice" must be stated on the invoice pdf file that is submitted with corrections. Notification of revision will not be accepted in the body of email.
- Supplemental invoices should include 'SUP' as last three letters in Invoice number.
- Except for the signatures, invoice cover sheet must not have any handwritten notes**.**
- International travel is not allowable.

Invoice Cover Sheet Example

BPHC Ryan White Part A Emergency Relief Funding

Monthly Invoice

Subrecipient Name:	ENTER SUBRECIPIENT NAME HERE	Federal Grant Number	H89HA00011
		RW Part A ALN:	93.914
Pay To:	WRITE COMPLETE SUBRECIPIENT NAME	Part A Service Category:	ENTER FUNDED SERVICE HERE
Address:	ENTER AGENCY ADDRESS HERE	Activity Number:	3556002
		BPHC PO Number:	Enter new Fiscal Year PO
Bill To:	Boston Public Health Commission Procure to Pay Office 1010 Massachusetts Avenue Boston, MA 02118	Invoice Submission Date:	Enter submission Date
		Billing Period:	Enter Billing Period
		Invoice Number: Cannot exceed 20 characters. Letters and numbers only. No special characters or spacing.	RW25 [Insert MONTH & SERVICE abbrev.]

DIRECT CARE STAFF	FTE	Budget (A)	Amount this Invoice (B)	Cumulative Billing (C)	Remaining Balance (D)
Program Director	0.00	$0	$0.00	$0.00	$0.00
Medical Case Manager	0.00	$0	$0.00	$0.00	$0.00
Medical Case Manager	0.00	$0	$0.00	$0.00	$0.00
		$0	$0.00	$0.00	$0.00
Sub-total	0.00	$0	$0.00	$0.00	$0.00
Fringe	30.00%	$0	$0.00	$0.00	$0.00
Personnel Totals		$0	$0.00	$0.00	$0.00
OTHER DIRECT CARE COST					
Local Travel		$0	$0.00	$0.00	$0.00
Staff Training		$0	$0.00	$0.00	$0.00
Program Supplies		$0	$0.00	$0.00	$0.00
		$0	$0.00	$0.00	$0.00
Sub-total		$0	$0.00	$0.00	$0.00
DIRECT CARE TOTAL		$0	$0.00	$0.00	$0.00
HHS INDIRECT APPROVED RATE					
Ryan White Indirect Rate Cap	10%	$0	$0.00	$0.00	$0.00
HHS INDIRECT APPROVED RATE COST TOTAL (10% Cap)		$0	$0.00	$0.00	$0.00
TOTALS EXPENSE		$0	$0.00	$0.00	$0.00

Invoice Amount (No rounding. Use up to 2 decimal places) **$0.00**

I hereby certify that the bills, receipts, and payroll documentation attached to this invoice are expenditures solely associated with the Ryan White Part A funding.

Prepared by:	Authorized by:
Contact Name:	Name:
Phone:	Title:
Email:	Signature (blue ink):

Invoice Format

Upper Left Side of Invoice Cover

All items that are entered once during the fiscal year including:

- ❑ Subrecipient Name
- ❑ Pay to
- ❑ Address

Lower Part of the Invoice Cover

Includes:

- ❑ Invoice Amount
- ❑ Prepared by information
- ❑ Approved/authorized by information

Upper Right Side of Invoice Cover

- All items that **must be entered once per fiscal year**
  - ❑Funded Service Name
  - ❑PO #
  - ❑Activity Number
- All items that **must be updated monthly**:
  - ❑Invoice Submission Date – actual submission date, not 1st day of billing month
  - ❑Billing Period – actual billing month (March 1 to March 31, 2025 or 3/1/25-3/31/25, etc.)
  - ❑Invoice # – Unique number, specific to each month, and must be less than 20 characters

Invoice Format

Upper Left Side of Invoice Cover

All items that are entered once during the fiscal year.

Include ***Doing Business As*** **(DBA)** name as well, if applicable.

Subrecipient Name:	ENTER SUBRECIPIENT NAME HERE

Pay To:	WRITE COMPLETE SUBRECIPIENT NAME
Address:	ENTER AGENCY ADDRESS HERE

Bill To:	Boston Public Health Commission Procure to Pay Office 1010 Massachusetts Avenue Boston, MA 02118

Upper Right Side of Invoice Cover

Items that are pre-populated:
- ❑ Federal Grant Number
- ❑ RW Part A ALN #

Items that are provided by BPHC and updated once every Fiscal Year:
- ❑ Service Category
- ❑ Activity #
- ❑ BPHC PO Number

Federal Grant Number	H89HA00011
RW Part A ALN:	93.914

Part A Service Category:	ENTER FUNDED SERVICE HERE
Activity Number:	3556002
BPHC PO Number:	Enter new Fiscal Year PO

Invoice Submission Date:	Enter submission Date
Billing Period:	Enter Billing Period
Invoice Number: Cannot exceed 20 characters. Letters and numbers only. No special characters or spacing.	RW25 [Insert MONTH & SERVICE abbrev.]

Items that **must be updated monthly**:
- ❑ Invoice Submission Date – actual submission date, not 1st day of billing month
- ❑ Billing Period – actual billing month (March 1 to March 31, 2025 or 3/1/25-3/31/25, etc.)
- ❑ Invoice # – Unique number, specific to each month, and must be less than 20 characters. No special characters or spacing.

Invoice Format

BPHC Ryan White Part A Emergency Relief Funding

Monthly Invoice

Subrecipient Name:	ENTER SUBRECIPIENT NAME HERE

Federal Grant Number	H89HA00011
RW Part A ALN:	93.914

Pay To:	WRITE COMPLETE SUBRECIPIENT NAME
Address:	ENTER AGENCY ADDRESS HERE

Part A Service Category:	ENTER FUNDED SERVICE HERE
Activity Number:	3556002
BPHC PO Number:	Enter new Fiscal Year PO

Bill To:	Boston Public Health Commission Procure to Pay Office 1010 Massachusetts Avenue Boston, MA 02118

Invoice Submission Date:	Enter submission Date
Billing Period:	Enter Billing Period
Invoice Number: Cannot exceed 20 characters. Letters and numbers only. No special characters or spacing.	RW25 [Insert MONTH & SERVICE abbrev.]

Subrecipient Name: Subrecipient Name. Include DBA if applicable.
Pay to and Address: Subrecipient Name and address
Part A Service Category: Matches the Funded Service
Activity Number: 3556002
BPHC PO Number: Supplied to you once we have fully executed contract.
Invoice Submission Date: Date of Submission
Billing Period: mm/dd/yy - mm/dd/yy (or equivalent)
Invoice Number: Invoice # must be unique to each billing month and must have less than 20 characters e.g., RW25MarMCM (see abbreviation cheat sheet). Letters and/or numbers only. No special characters or spacing.

Invoice Format

Budget Column – Should match the approved budget

Amount this Invoice – Amount being billed for the current month

Cumulative billing – Total billed to date for FY including current billing month

Remaining Balance – Balance to date

DIRECT CARE STAFF	FTE	Budget PA	Amount this Invoice (B)	Cumulative Billing (C)	Remaining Balance (D)
Program Director	0.00	$0	$0.00	$0.00	$0.00
Medical Case Manager	0.00	$0	$0.00	$0.00	$0.00
Medical Case Manager	0.00	$0	$0.00	$0.00	$0.00
		$0	$0.00	$0.00	$0.00
Sub-total	0.00	$0	$0.00	$0.00	$0.00
Fringe	30.00%	$0	$0.00	$0.00	$0.00
Personnel Totals		$0	$0.00	$0.00	$0.00
OTHER DIRECT CARE COST					
Local Travel		$0	$0.00	$0.00	$0.00
Staff Training		$0	$0.00	$0.00	$0.00
Program Supplies		$0	$0.00	$0.00	$0.00
		$0	$0.00	$0.00	$0.00
Sub-total		$0	$0.00	$0.00	$0.00
DIRECT CARE TOTAL		$0	$0.00	$0.00	$0.00
HHS INDIRECT APPROVED RATE					
Ryan White Indirect Rate Cap	10%	$0	$0.00	$0.00	$0.00
HHS INDIRECT APPROVED RATE COST TOTAL (10% Cap)		$0	$0.00	$0.00	$0.00
TOTALS EXPENSE		$0	$0.00	$0.00	$0.00

Invoice Amount (No rounding. Use up to 2 decimal places) $0.00

Invoice Format

No rounding, include exact amount with decimals (if applicable)

Invoice Amount (No rounding. Use up to 2 decimal places) $0.00

I hereby certify that the bills, receipts, and payroll documentation attached to this invoice are expenditures solely associated with the Ryan White Part A funding.	
Prepared by:	Authorized by:
Contact Name:	Name:
Phone:	Title:
Email:	Signature (blue ink):

Lower Part of the Invoice Cover

Includes:

- ❑ Invoice Amount
- ❑ Prepared by information
- ❑ Approved/authorized by information

Service Category Cheat Sheet

Service Category Abbreviation Cheat Sheet	
Service Category	**Acronym**
Case Management- Non-Medical	NMCM
Drug Reimbursement (ADAP)	DR
Emergency Financial Assistance	EFA
Food Bank/Home Delivered Meals	MLS
Housing Services	HSNG
MAI – Emergency Financial Assistance	MAIEFA
MAI – Medical Case Management	MAICM
MAI – Case Management – Non Medical	MAINMCM
MAI – Psychosocial Support	MAIPS
Medical Case Management	CM
Medical Nutrition Therapy	MNT
Medical Transportation	TN
Oral Health Care (Dental)	DENT
Other Progressional Services	OPS
Psychosocial Support	PS

Months Abbreviation Cheat Sheet

Months Abbreviation Cheat Sheet	
March	Mar
April	Apr
May	May
June	Jun
July	Jul
August	Aug
September	Sept
October	Oct
November	Nov
December	Dec
January	Jan
February	Feb

Invoice Backup Documentation

- **Each funded service invoice must include sufficient and proper backup documentation including**:
- A summary of the **Direct Care personnel** expenses.
  - This summary should serve as a cover page for any additional payroll back-up.
  - This summary should show the calculations for any split billing (<1 FTE staff) between funding sources.
- A summary of the **Other Direct Care** expenses (below line items).
  - This summary **is a must** for program budgets with more than one other direct care expenses (below line items).
  - The summary page must show the additions of all costs that made up the total monthly expense for said other direct care expense.
  - Subrecipient must reference their internal invoice numbers for these expenses for the purpose of site visit monitoring.

Direct Care Costs (Personnel)
Expense Summary Sample 1

Personnel Summary Direct Care Costs							
Subrecipient Name:							
Service Category:							
Purchase Order #:							
Activity #:							
Billing Period:							
Employee Title	Name	Billing Period	Gross Wages	Less Exceptions	Total Check	FTE Allocation/% Contract	Total Funded by Contract
TOTAL							0

Direct Care Costs (Personnel)
Expense Summary Sample 2

PERSONNEL SUMMARY REPORT

Corporate Name	Program Name / Program Number	Activity Number	Billing Period
FB Inc.	Case Management	3556002	3/1/25-3/31/25

PROGRAM COMPONENT POSITION TITLE	EMPLOYEE NAME	GROSS WAGES ACTUALLY PAID	PERCENT ALLOWED BY CONTRACT	TOTAL DUE FROM CONTRACT	TOTAL SALARY BY LINE ITEM	AMOUNT PAID FB Inc. CANNOT BE NEG (Actual is reimb then)
Program Director	J. Doe	5,580	11.00%	614	614	
				614		
Supervising Professional	T. Swift	612	100.00%	612	612	
				612		
Case Manager	T. Kelce	3,000	100.00%	3,000	3,000	
				3,000		
	0	0	0	100.00%	0	0
				0		
					4,226	4,226
					4,226	

Direct Care Costs (Personnel)
Expense Summary Sample 3 & 4

Sample 3

Save The world

323

Salary Schedule, RW - Psychosocial Support

March 2025

Position	Employee	Pay date 3/02/25	Pay date 3/16/25	Pay date 3/30/25	FTE	Total Salary	Other Contracts	Net Amount
PS Advocate	Vacant	$0.00	$0.00	$0.00	1	$0.00	0.00	0.00
PS Advocate	Jane Does	$1,926.80	$1,926.80	$1,926.34	.55	5,779.94	2,581.76	3,198.18
						5,779.94	2,581.76	$3,198.18

Sample 4

Agency Name: **Save Lives**

Ryan White - Medical Case Management

Personnel Summary

Name	FTE	Monthly Salary	Billable Hours	Monthly Total	Payroll Period
George Clooney	42.00%	3,738.45	150.0	1,570.15	3/01/2025-3/31/2025
Jane Doe	2.00%	6,986.54	150.0	139.73	3/01/2025-3/31/2025
LeBron James	5.00%	4,470.00	150.0	223.50	3/01/2025-3/31/2025
Jennifer Lopes	8.00%	5,575.38	150.0	446.03	3/01/2025-3/31/2025
Jimmy Kimmel	21.00%	4,000.00	150.0	840.00	3/01/2025-3/31/2025
Doe Smith	17.00%	2,920.02	150.0	496.40	3/01/2025-3/31/2025
Steph Curry	16.00%	3,072.75	150.0	491.64	3/01/2025-3/31/2025
				4,207.45	

Other Direct Care Costs
Expense Summary Sample 1

Other Direct Care Costs					
Subrecipient Name:					
Service Category:					
Purchase Order #:					
Activity #:					
Billing Period:					
Vendor	Type	Invoice Date	Invoice #	% Allocation Contarct	Total Funded by Contract
TOTAL					

Other Direct Care Costs
Expense Summary Sample 2

Ryan White - Medical Case Management
Salary Expenses, March 2025

PROGRAM SUPPLIES

Vendor	Type	Invoice Date	Invoice #	Amount	CK#
WB Masson	Program Supplies	3/22/2025	CR12345	$1,000.00	
Stapples	Program Supplies	3/15/2025	CR12346	$235.00	
Target	Program Supplies	3/15/2025	CR12347	$25.00	
Total Program Supplies				$1,260.00	

Staff Training

Vendor	Type	Invoice Date	Invoice #	Amount	CK#
Smart Goals Institute	MCM Treatment Adherence	3/15/2025	CR12345	$500.00	
We Care Institute	Working with HIV+ Clients	3/30/2025	CR20007	$350.00	
Total Staff Training				$850.00	

Staff Travel

Vendor	Type	Invoice Date	Invoice #	Amount	CK#
Total Staff Travel				$0.00	

OCCUPANCY COST

Vendor	Description	Invoice Date	Invoice #		Amount
RENT					
Museum Properties	**Rent**	**3/1/2025**	**CR00121**		$22,869.06
				1.00%	$225.83
Total Occupancy Cost					$22,869.06

Other Direct Care Expenses Backup Documentation

The following are required for invoices that include, but is not limited too, transportation and gift cards as a service:

- Gift Card Distribution Log – including client codes
- Client Transportation log – including client codes

Distribution Log Example

Distribution Log						
Subrecipient Name:						
Service Category:						
Purchase Order #:						
Activity #:						
Billing Period:						
Client Code	Date	Type	Description	Staff Initials	Purpose	Amount
					TOTAL	

Administrative Costs Backup Documentation

Please refer to the Provider Manual and PCN 15-01 for more information regarding administrative costs.

A summary of itemized administrative costs is required if applicable according to your approved budget. Follow the same format as the personnel summary sample or other direct care costs sample, according to what is relevant to your case. As a reminder:

Administrative costs are usual and recognized administrative overhead activities including:

- Utilities, Rent, Maintenance, and Facility* costs

- Costs of management oversight of specific programs funded under Ryan White, including:
  - ❑ Program coordination
  - ❑ Clerical, financial, and management staff not directly related to patient care
  - ❑ Program evaluation
  - ❑ Liability insurance
  - ❑ Audits
  - ❑ Computer hardware/ software not directly related to patient care

*Are not required to be included in the 10% administrative cost cap if used to provide core medical and support services for eligible RW clients (e.g., food bank, substance abuse treatment facilities, clinic, pharmacy)

Required Fiscal Compliance Documentation

For BPHC and RW grant compliance/site visit monitoring purposes, subrecipients must submit the following to BPHC on a regular basis, but no later than quarterly after invoices were paid. All back-up documentation must also be readily available on site for all Expenses with no exceptions:

- ❑ Details receipts of all expenses including:
  - ❑ Payroll Registers (ADP, Paychex, etc.) or General Ledger Reports
  - ❑ Receipts of all other Direct care costs expenses
  - ❑ Proof of payment for all expenses
- ❑ Consultant agreements/contracts and consultant invoices
- ❑ Policy for gift cards or Charlie cards distribution, etc. (if applicable)

Other Direct Care Expenses Documentation

Food Bank/Home Delivered Meals

Food Consumption must be related to the funded service activities as described in your Part A approved contract scope of service. Back-up documentation for Payment request must include:

- Itemized Description of Foods/Goods purchased
- Purchase Amount
- Date of Purchase
- Invoice # - Very important for site visit monitoring
- Client Codes for the client that received purchased food.

Other Direct Care Expenses Documentation

Staff Training

Training must be relevant to Part A service provision and specific to Part A funded staff. Refer to the provider manual for more information. Back-up documentation for Payment request must include:

- Date of Training
- Cost of Training
- Type of Training
- Invoice # - Very important for site visit monitoring
- $ Number of staff who attended the training event (training participants must be on the approved budget)

Other Direct Care Expenses Documentation

Staff Travel	**Travel must be relevant to Part A service provision and specific to Part A funded staff. Refer to the provider manual for more information.**
Must include:	The date of travel • The purpose/description of travel • The cost of travel • The invoice # - If applicable
Staff Travel documents on site for site visit monitoring purposes must have the following details:	Copy of the Travel Request Form The destination traveled (to and from information) The signature of both the staff and the staff supervisor Copies of parking and toll statements

Mileages for staff travel are reimbursed at the IRS rate ($0.70/mile)

International Travel is not allowable under this grant.

Other Direct Care Expenses Documentation

Bulk Purchases	**Bulk purchases are allowed for Gift Cards and Client Transportation (Charlie cards, taxi vouchers, etc.) as specified in approved scope of work and budget.**

- Date of Purchase
- Purpose/Distribution Plan
- Cost
- Invoice # - if applicable
- The Distribution Log – for already distributed cards/tickets (as applicable)

Other Direct Care Expenses Documentation

Consultant Expenses Payment Request:

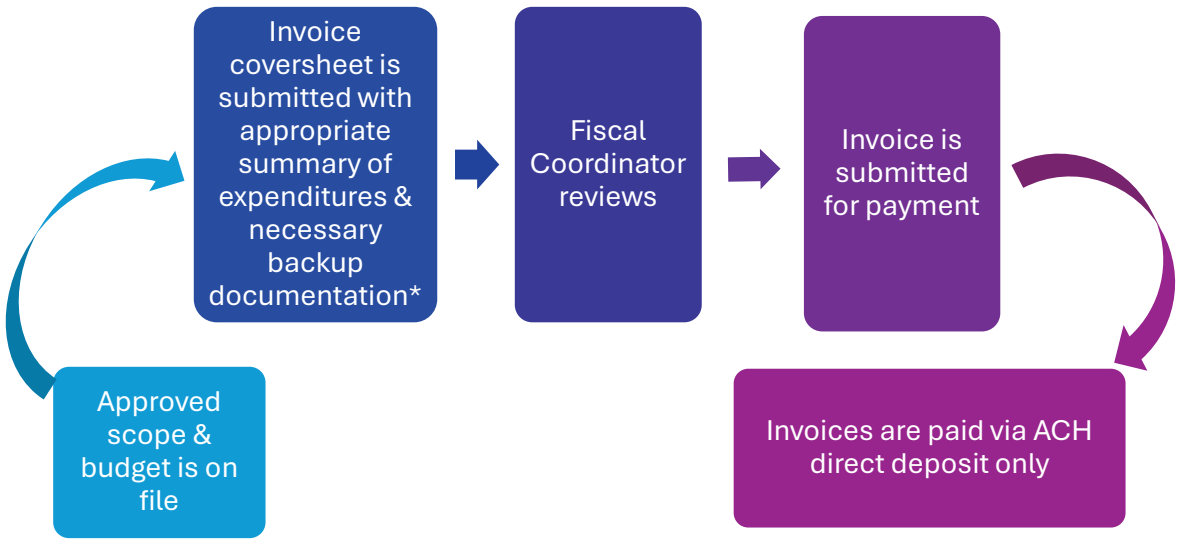
Must include

Date of service provision	Description of services provided by the consultant	Consultant fee/rate and total invoice amount

For split payments, the portion of the grant requested for payment must be clearly labeled

Please Note: A **resume and list of qualifications** for the consultant along with a **description of services to be performed** must be on file at BPHC before you can start submitting payment requests for a consultant.

Payment Process



Budget Narrative

What is a budget narrative?

A budget narrative for a grant is a detailed explanation of how requested funds will be used, linking each budget line item to the project's goals and objectives.

A budget narrative clarifies the need for each expense, demonstrates financial transparency, and justifies the overall budget request.

It is required by our funder (HRSA) – BPHC completes a budget narrative every budget period (Fiscal Year).

BPHC as a pass-through entity now requires all subrecipients to complete a budget narrative every fiscal year.

Budget Narrative Summary Page

RWHAP PART A BUDGET SUMMARY
SUBRECIPIENT: XXXXXXXX
FISCAL YEAR: 2025

	Part A									Minority AIDS Initiative (MAI)				Total
COST CATEGORY	ADAP	Case Management - Medical	Case Management - Non-Medical	Emergency Financial Assistant	Food Bank/Home Delivered Meals	Housing Services	Medical Nutrition Therapy	Medical Transportation	Psychosocial Support Services	Case Management - Medical	Case Management - Non-Medical	Psychosocial Support Services	Other Professional Services-Legal	
a. Personnel	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
b. Fringe Benefits		$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
c. Other Direct Care	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Direct Charges	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Indirect Charges	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
SERVICE TOTAL	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Program Income (If applicable) *[Enter Amount for each service your program is collecting program income for]*	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	**$0.00**

FY25 Award Amount	Manually Enter Amount
Part A & MAI Award	$0

Administrative Budget 10%	Within Limit

CAUTION Only enter program income on this worksheet. The remaining cells will populate as information is entered in the Part A and MAI worksheets.

Some key aspects of a budget narrative:

Linking costs to project activities:	The budget narrative explains how each cost item (e.g., personnel, travel, supplies) supports the funded service's objective and activities.
Justify expenses:	The budget narrative provides reasons for the costs, including staffing needs purchase details, and rationale for estimated costs.
Transparency and accountability:	The budget narrative clarifies how funds will be allocated, tracked, and managed, ensuring accountability for the use of the grant resources.
Compliance with funding agency guidelines:	The budget narrative adheres to any specific requirements or templates provided by the funding agency.

Budget Narrative

SUBRECIPIENT: ADAP FISCAL YEAR: 2025					
Personnel/Direct Care Cost					
Salary *[Insert total annual salary]*	**FTE** *[Insert as decimal]*	**Name** *[Insert name]*	**Position** *[Insert official position title]*	**Budget Impact Justification** *[Insert description of duties, impact on Ryan White Part A program goals and outcomes, payment source for balance of FTE]*	**Amount** *[Cell is formula driven]*
$0	0.00				$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
Personnel Total					**$0**
Fringe Benefits					
Percentage *[Insert as %]*	**Components** *[List components that comprise the fringe benefit rate]*				**Amount** *[Cell is formula driven]*
0.00%					$0
					$0
Fringe Benefit Total					**$0**

Provide a description of how each budget line is relevant to the funded service's goals and objectives.

Why do we ask for it?

1. To ensure compliance with our pass-through grant.
2. To ensure uniformity and compliance across funded services and grants such as:
    1. Job title
    2. Salaries
    3. Full-Time Equivalent (FTE) requirements (1.0 FTE for each full-time employee.), etc.
3. To ensure that costs, particularly personnel costs, are supporting the funded service's objectives and activities.
4. To track program income related to the pass-through grant.

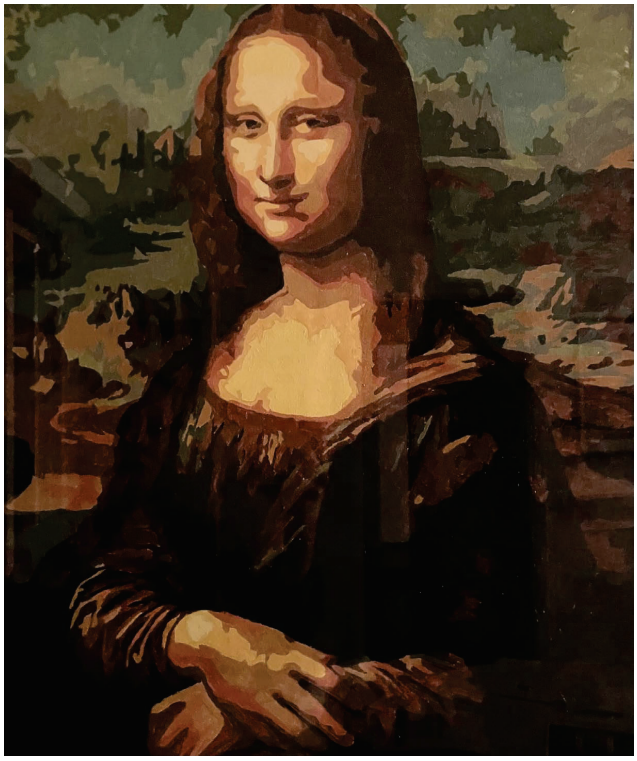
How does the budget narrative differ from the Budget Description?

The budget narrative provides supporting justification of each proposed line item in the budget and describes their programmatic relevance. It clearly identifies the basis of estimate for each line item cost.

VS

The budget description is a written plan that details how costs will be allocated to cover a program expenses.

Annual Site Visits



Why?

Required Annually

Compliance Monitoring

- Allowable costs
- Allocable costs
- Reasonable costs

Purpose

How is this different from an audit?

- A Federal Single Audit is a comprehensive review of an organization's financial statements and compliance with federal award requirements when the entity spends $1,000,000 or more in federal funds annually. It ensures accountability and integrity of federal programs by verifying compliance with relevant regulations and laws.
- Each Ryan White Part A subrecipient is required to participate in an annual comprehensive site visit. The Ryan White Team conducts site visits to determine subrecipient compliance with contractual obligations, program policies, Service Standards, and Ryan White HIV/AIDS Program Federal legislation. The Fiscal Site Visit is a specific review of Ryan White funding.

Grant Requirements

Audit Requirements

- All subrecipients are required to submit their most recent **Single Audit Report** (if applicable) and their **Financial Statement Audit Report** with Management Letter to AuditReports@bphc.org, no later than June 30, 2025. Refer to the FY25 Provider Manual for more information.

Ryan White Desk Review

- Depending on the funded service categories, applicable policies and financial reports are reviewed for grant compliance.

Fiscal Monitoring

Desk Review

- Monthly or Quarterly, as applicable
  - Invoice Review
  - Monthly Calls

Site Visit

- Review of Policies
- Review of financial reports, including program income.
- Compliance testing against policies and service expenditures (not limited to)
  - Time and Effort policies and implementation (e.g., staff interview, time and effort certification review, etc.)
  - Distribution Logs
  - Invoice backup documentation
- Review of client files as applicable

Thank you!

Knowledge Check!

Game Pin on the screen!

Question Block

Please raise your hand, and we will call one at a time. We will be recording questions & answers to release following the meeting.

12

EHE Program

Catherine Fine

EHE Carry-Forward Funding: Request for Support

Infectious Disease Bureau
Boston Public Health Commission

Background

- BPHC received a new 5-year HRSA Ryan White EHE grant.
- We have been notified we are eligible to apply for carry-forward funds from the previous grant period.
- Funds must be used between March 1, 2025 – February 28, 2026.
- Goal: Advance the EHE mission across the four pillars – Diagnose, Treat, Prevent, Respond.

EHE Program Overview

- A broader approach than Ryan White Part A.
- Supports innovative services that go beyond traditional clinical care.
- Includes:
  - Initiative Services (e.g., outreach, linkage to care)
  - Initiative Infrastructure (e.g., data systems, staffing, equipment)

Key Differences – EHE vs Part A

EHE	Ryan White Part A
• Newly diagnosed with HIV/AIDS • PLWHIV and are not virally suppressed • PLWHIV and disengaged or not connected to care • PLWHIV and are at risk of falling out of care	HIV/AIDS Diagnosis
Documented case of HIV (No residency requirement) All counties in Massachusetts (including NH county of EMA)	Boston EMA Residency
No income eligibility requirement	Income status 500% below the FPL (Federal poverty line)
Payor of last resort, however, must use EHE before RW part A whenever applicable	Insurance verification (Payor of last resort)
Verification of insurance, income and residency not required.	Recertification (Insurance, income and residency verification) required annually
New categories: Initiative Services and Initiative Infrastructure	Categories: Admin, CQM and support services only

Eligible Clients for EHE

- Newly diagnosed HIV+ individuals
- PLWHIV but not virally suppressed
- PLWHIV who are disengaged from care or at risk of dropping out
- No income verification or residency limits

What Can Be Funded

- One-time investments such as:
  - Outreach initiatives & staff training
  - Testing and engagement for special populations
  - Equipment (e.g., vans, x-ray machines, iPads)
  - Client supports: food, housing, clothing, phones, incentives
  - Behavioral health services

Not Allowable

- Construction or renovation of facilities
- Hiring of new positions (unless short-term & immediately onboarded)
- Long-term staff support beyond February 2026

Important Considerations

- Funding is time-limited
- HRSA prior approval may be needed for some items
- Services and reporting must remain distinct from Ryan White Part A
- Suffolk county and EMA

What We Need From You

- Summary of proposed project
- Line-item budget
- Brief budget justification
- Focus on programs that:
  - Identify and engage HIV+ individuals
  - Support retention and viral suppression
  - Address social determinants of health
- Must be able to delineate between Ryan White and EHE services for reporting

Timeline & Submission

- Deadline: Tuesday May 27th
- Submit proposals to: Esete Fenta: efenta@bphc.org; Catherine Fine cfine@bphc.org
- Early submissions are encouraged to help us prioritize funding

Question Block

Please raise your hand, and we will call one at a time.
We will be recording questions & answers to release following the meeting.

THANKS!

We will be following up to send any resources and materials discussed today.

If you have any questions, please reach out to ryanwhiteservices@bphc.org.