



**INTEGRATED  
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## Financial and Human Resources Inventory

### *Massachusetts Integrated HIV Prevention and Care Plan HIV/AIDS Services in the Commonwealth: 2017-2021*

REGION	Northeast
PLAN TYPE	Integrated state-only prevention and care plan
JURISDICTIONS	State of Massachusetts
HIV PREVALENCE	High

Massachusetts' financial inventory and workforce development sections are strong and provide all components that are outlined in the joint CDC/HRSA guidance. The state of Massachusetts dedicated a significant amount of narrative discussion to the funding streams and provider programs in their HIV/AIDS work in the state, and discussed the history and timeline for each. In addition, they discuss each HIV prevention and care service with a description.

#### **SELECTION CRITERIA: FINANCIAL AND HUMAN RESOURCES INVENTORY**

Exemplary Financial and Human Resources Inventory sections met the following criteria (based on the Integrated HIV Prevention and Care Plan Guidance):

- Includes amount of financial resources from both private/public funding sources
- Description of how resources are being used and which components of the HIV prevention program or HIV Care Continuum is/are impacted
- Description of Workforce capacity including what resources/services are missing/lacking and steps to address



Additional exemplary plan sections are available online:  
[www.targetHIV.org/exemplary-integrated-plans](http://www.targetHIV.org/exemplary-integrated-plans)

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# HIV/AIDS SERVICES INFRASTRUCTURE

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Massachusetts is a national leader in the delivery of high quality and accessible healthcare. Massachusetts was the first state to accomplish state healthcare reform, enacting landmark legislation in 2006 that made affordable health insurance products available to all residents of the Commonwealth. Today, Massachusetts boasts the highest percentage of insured residents of any state in U.S. at 96%<sup>11</sup>. Residents can access healthcare at leading medical facilities, private medical practices, academic teaching hospitals, or through a system of community health centers (CHC) located in communities disproportionately impacted by HIV throughout the Commonwealth.

In Massachusetts, the HIV/AIDS prevention and care infrastructure is woven into the fabric of this extensive healthcare system; prevention and care services are provided both in these medical care sites, as well as through a network of non-medical, community based organizations (CBO). Ending the HIV epidemic in Massachusetts relies on a combination of meaningful community engagement and advisory, highly effective HIV prevention and care programs, and core public health activities and interventions. Massachusetts is committed to utilize the full range of tools available to reduce new HIV infections, support engagement and retention in care, and improve rates of viral suppression.

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## PUBLIC HEALTH INVESTMENTS

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### MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH

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The mission of the Massachusetts Department of Public Health (MDPH) is to prevent illness, injury, and premature death; ensure access to high quality public health and health care services, and to promote wellness and health equity for all people in the Commonwealth. Health Department programming explicitly addresses health disparities through purposeful stakeholder and community engagements, improved collection and use of data, and rigorous monitoring to ensure equal access to health care services. Community based HIV/AIDS services in the Commonwealth are administered by a number of bureaus, offices, and programs within MDPH and local public health departments.

### BUREAU OF INFECTIOUS DISEASES AND LABORATORY SCIENCES

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A merger between the Bureau of Laboratory Sciences and Bureau of Infectious Diseases, completed in February 2016, created a new Bureau known as the Bureau of Infectious Disease and Laboratory Sciences (BIDLS). This new structure supports the shared work and priorities of the Office of HIV/AIDS (OHA) and the Massachusetts State Public Health Laboratory (MSPHL) and further enhances opportunities to improve communications and collaborations between these two important entities.

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<sup>11</sup> <http://kff.org/other/state-indicator/total-population/>

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## OFFICE OF HIV/AIDS

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The Office of HIV/AIDS (OHA) is the division within the Bureau of Infectious Diseases and Laboratory Sciences responsible to administer state and federal resources for HIV prevention, care, and treatment services. OHA works with medical and non-medical organizations, community-based programs, people living with HIV/AIDS, and other stakeholders to advance HIV prevention and care services. This includes needs assessment, community engagement and HIV service planning, awarding contracts for services, capacity building assistance, and service monitoring and evaluation.

OHA funds a range of services in medical, non-medical, and community-based settings across the state for persons living with or at risk for HIV infection. These services include prevention and risk reduction services, integrated testing for HIV, hepatitis C, and sexually transmitted infections, and linkage to care and treatment; as well as opioid overdose education and naloxone distribution (OEND) activities, syringe services programs (SSP), non-occupational post-exposure prophylaxis (nPEP) and pre-exposure prophylaxis (PrEP). OHA funds a range of direct care health promotion services for people living with HIV/AIDS, with the aim of supporting engagement and retention in care and improving health outcomes. Medical case management programs assist in the coordination of medical care and support services, and either directly provide or coordinate access to, HIV treatment, adherence counseling, health systems navigation, peer support, nutrition, housing search and advocacy, rental/utility assistance, legal services, and benefits counseling services.

OHA staff work closely with programs throughout the Commonwealth serving a range of population groups, including gay and bisexual men and other men who have sex with men (MSM), persons who inject drugs (PWID), LGBTQ youth and young adults, racial/ethnic minorities, non-US born immigrants and refugees, individuals who are homeless or unstably housed, persons who are incarcerated or transitioning from a correctional facility, and other vulnerable population groups. OHA also collaborates with other MDPH programs that serve these individuals.

### HEALTH PROMOTION & DISEASE PREVENTION SERVICES

Seamless integration of prevention and care services for PLWH and persons at risk for HIV, STIs, and viral hepatitis remains a top priority. Within the OHA, the Health Promotion and Disease Prevention (HPDP) services unit is responsible for managing prevention, medical case management, and health-related supportive services contracts to promote high quality service provision and to ensure compliance with federal, state, MDPH, and OHA requirements. Integration of prevention and care enables responsive community outreach and engagement services; access to risk reduction interventions relative to both sexual and drug injection behaviors; broad availability of integrated HIV, hepatitis C, and STI testing; rapid linkage to care and treatment for persons newly-diagnosed with HIV infection, including HIV+ individuals reengaged in care through the prevention and screening system; linkage to treatment for individuals diagnosed with hepatitis C, Chlamydia, gonorrhea, and syphilis; and access to services that help individuals maintain treatment and ongoing access to healthcare.

### BEHAVIORAL HEALTH AND INFECTIOUS DISEASE PREVENTION

The OHA Behavioral Health and Infectious Disease Prevention Unit integrates behavioral health and infectious disease frameworks, and population health data to inform service models to better meet the needs of individuals disproportionately impacted by HIV and viral hepatitis. Public health interventions are

planned and coordinated with stakeholders to effectively address complex health conditions to maximize outcomes in OHA-contracted prevention and care service system. Coordination of community engagement and advisory activities are an integral component of this work.

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### HIV DRUG ASSISTANCE PROGRAM

The Massachusetts HIV Drug Assistance Program (HDAP) ensures access to medication for the treatment of HIV and HIV-related conditions through three program components: full-pay medication coverage for individuals who are uninsured, under-insured, or serving sentences in a county correctional facility, assistance with premiums associated with health insurance coverage, and drug co-pay assistance for insured clients. State resources in the HDAP also enable coverage of non-occupational post-exposure prophylaxis (nPEP) and pre-exposure prophylaxis (PrEP) for individuals who experience HIV exposure or are at high risk for seroconversion. Finally, HDAP includes the Benefits Resources Infectious Disease Guidance & Engagement (BRIDGE) Team which provides education about HDAP and health insurance coverage opportunities available to individuals living with HIV/AIDS, and direct health insurance enrollment support.

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### MASSACHUSETTS STATE PUBLIC HEALTH LABORATORY

The mission of the Massachusetts State Public Health Laboratory (MSPHL) is to protect the health of the people of Massachusetts through excellence in public health laboratory science. The MSPHL is a critical resource for the publicly-funded HIV/AIDS prevention and care system. The MSPHL currently tests biologic samples for HIV and hepatitis C (though a co-testing platform), as well as gonorrhea, chlamydia, and syphilis. The MSPHL conducts over 30,000 HIV and HCV tests annually, processing all specimens using an automated testing platform, the Abbott ARCHITECT®. The MSPHL utilizes a 4<sup>th</sup> generation HIV testing algorithm, with the capacity to detect HIV infection during the acute phase.

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### DIVISION OF STD PREVENTION

The Division of STD Prevention (DSTDP) works to reduce the burden of chlamydia, gonorrhea, and syphilis in Massachusetts, reduce the risk of HIV acquisition and transmission, and reduce health disparities, through a number of strategies. These strategies include accessible STD testing and treatment in accordance with Centers for Disease Control and Prevention (CDC) guidelines, delivery of partner services through deployment of Field Epidemiologists, training and technical assistance to STD care and treatment providers, and prompt linkage to care, treatment, and prevention services for persons newly diagnosed with an STD. The Division of STD Prevention oversees HIV and STD surveillance, and monitors the quality and timeliness of the public health response to these infections.

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### MASSACHUSETTS HIV/AIDS SURVEILLANCE PROGRAM

The goal of the Massachusetts HIV/AIDS Surveillance Program (MHASP) is to provide a comprehensive picture of the HIV/AIDS epidemic through data collection, quality assurance, and analysis, in order to support prevention and health service activities delivered by the Department of Public Health and a statewide system of health care and social service organizations. Epidemiologists are responsible for the collection, analysis, and interpretation of adult and pediatric HIV/AIDS case data. HIV/AIDS Surveillance data are disseminated widely throughout the Commonwealth; to governmental agencies, public and

private providers, advocacy groups and consumers. The program distributes specialized and routine data reports. The program also works collaboratively with planning and policy groups, health care providers and other Bureaus within the Department of Public Health, providing surveillance information and assisting with assessment of resource distribution and ongoing planning to ensure that the needs of people living with or at risk for infection are met.

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### VIRAL HEPATITIS PROGRAM

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Hepatitis C (HCV) activities are integrated throughout the Bureau of Infectious Disease and Laboratory Sciences, including within the Office of HIV/AIDS. Massachusetts conducts reflex testing of all HIV samples submitted to the MSPHL for HCV antibodies, and promotes HCV prevention alongside HIV prevention in publicly-funded programs that serve people who use drugs and other individuals at risk for HCV acquisition. HCV is reportable as an acute and chronic infection in Massachusetts, and OHA works with staff in the Division of Epidemiology and Immunization to ensure that the BIDLS programmatic response is driven by and evaluated with up-to-date surveillance data and understanding of HCV epidemiology. The Bureau holds an *ad hoc* Viral Hepatitis Advisory Committee that includes staff from multiple areas within the BIDLS, other areas within MDPH (including the Bureau of Substance Abuse Services), and community partners. This group guides BIDLS on issues ranging from interpretation of the HCV care cascade to perinatal HCV infection and other policy related issues.

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### MASSACHUSETTS COMMUNITY AIDS RESOURCE ENHANCEMENT

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MassCARE (Massachusetts Community AIDS Resource Enhancement) is a statewide program which provides access to coordinated, comprehensive, family-centered, culturally and linguistically competent medical care, social service support and peer services for women, infants, children and youth living with HIV and their affected family members. MassCARE promotes early identification and enhances available care in a community-based setting with an HIV medical home approach. It is funded under Part D of the Federal Ryan White Program and is located at Federally-qualified community health centers in three sites.

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### BUREAU OF SUBSTANCE ABUSE SERVICES

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Since the MPDH's early response to the HIV/AIDS epidemic in Massachusetts, The Bureau of Infectious Disease and Laboratory Sciences, and Bureau of Substance Abuse Services (BSAS) have had an ongoing, strategic and successful partnership. This partnership addresses the continuum of prevention, care, and treatment for persons living with and at risk for HIV and viral hepatitis due to substance use disorders and specifically, the sharing of injection equipment. This collaboration is essential to the implementation of the *State Plan*, ensuring the needs of PWID are represented and reflected throughout our goals, objectives and strategies.

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### OFFICE OF LOCAL AND REGIONAL HEALTH

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The MDPH Office of Local and Regional Health (OLRH) provides a focus for state-local public health systems coordination. The OLRH supports improvements in local public health performance and quality,

promotes a skilled public health workforce, connects our local public health partners with MDPH programs, services and resources, and advances public health planning at the local level.

Working with the Massachusetts Coalition for Local Public Health (CLPH) and other stakeholders, the OLRH collaboratively addresses the needs of local boards of health and establishes priorities from among identified challenges and needs. CLPH is comprised of the five statewide public health professional associations: Massachusetts Health Officers Association, Massachusetts Association of Health Boards, Massachusetts Association of Public Health Nurses, Massachusetts Environmental Health Association, and Massachusetts Public Health Association

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### BOSTON PUBLIC HEALTH COMMISSION

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The Boston Public Health Commission (BPHC), the local health department for the City of Boston, administers Ryan White Part A HIV funding to the Boston Eligible Metropolitan Area (EMA). The Boston EMA is home to 85% of persons living with HIV in Massachusetts, and the work of BPHC supports delivery of responsive, highly effective services to PLWH in eastern Massachusetts. Awards from BPHC support the following services: medical case management, psychosocial support, medical transportation, housing search and advocacy, and nutritional programs. BPHC staff provides programmatic support to Ryan White-funded agencies in the Boston EMA. Support includes contract management, monitoring client demographics and service utilization data, working with agencies to maximize distributed funds, and providing technical assistance on grant management and reporting requirements. BPHC also awards City funding to support evidence based interventions for HIV-negative individuals at high risk for HIV, HCV, and STI acquisition. OHA and BPHC annually collaborate on the annual Clinical Chart Review to assess the quality of medical care in Ryan White funded agencies, relative to established treatment and quality measures.

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### HIV DENTAL OMBUDSPERSON PROGRAM

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The HIV Dental Ombudsperson Program (HIV DOP) is a comprehensive dental access program for persons living with HIV/AIDS in Massachusetts, funded under Ryan White Part A and supported by funds from the Massachusetts Department of Public Health. The HIV DOP is designed to remove or reduce barriers to oral health services for persons living with HIV/AIDS. The program provides access to oral healthcare for eligible and enrolled clients via referrals to nearly 200 public and private dental providers. Oral health services in Massachusetts are also supported through resources directly awarded by HRSA to eligible dental care providers.

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### NEW ENGLAND AIDS EDUCATION AND TRAINING CENTER

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Supported by Ryan White Part F funding, the New England AIDS Education and Training Center (NEAETC) provides training on HIV-related clinical issues to physicians, nurse practitioners, physician assistants, nurses, mental health professionals, dentists, and other health care providers throughout the six-state New England region. Recent efforts by the NEAETC include increased training to primary care providers to respond to acute HIV infection, managing HIV and hepatitis C co-infection, and maximizing HIV treatment options to improve viral suppression. The activities of the NEAETC directly support the objectives of the

State Plan, and the organization is a participating member of the Massachusetts Integrated HIV Planning Group, the MIPCC.

## STAKEHOLDER ENGAGEMENT SYSTEM

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Engagements with community members, persons living with HIV/AIDS, and other key stakeholders are an essential component of the Commonwealth's response to the HIV epidemic. Massachusetts has a long-standing and highly effective state HIV/AIDS planning system. This network has historically contributed to prevention and care planning across state-, CDC- and HRSA-supported investments, and serves in an advisory capacity to the Office of HIV/AIDS regarding the identification of regional and service area priorities, program development, and policy initiatives. The ability to meet our HIV prevention and care goals relies on strategic program investments, as described throughout the *State Plan*, but by also continuing to benefit from the knowledge, expertise, and experience of stakeholders, advisory bodies, and other partners within and outside of Massachusetts.

Community and stakeholder engagement activities in Massachusetts embody the goals of the *Integrated HIV Prevention and Care Plan* and the *National HIV/AIDS Strategy* by making the OHA's public health policy and programmatic responses informed by, transparent, accountable, and responsible to the needs of vulnerable populations and those engaged in treatments for HIV and HCV. Routine engagement with members of OHA-supported advisory groups, provider-led forums, and consumer-focused dialogues are all utilized to assess service needs, identify gaps and barriers, and implement responsive prevention and care initiatives. Engagements with the leadership and members of these groups ensure the prioritization of key initiatives, and facilitate a sense of shared responsibility for achieving jurisdictional priorities.

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### MASSACHUSETTS INTEGRATED PREVENTION AND CARE COMMITTEE

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As the integrated HIV planning group for the Commonwealth of Massachusetts the Massachusetts Integrated Prevention and Care Committee (MIPCC) fulfills expectations framed in by the National HIV/AIDS Strategy, CDC, and HRSA to accomplish integrated planning across HIV prevention and care. Forty-two individuals serve as members or technical advisors; this panel is comprised of medical and non-medical providers, HIV+ consumers, policy experts, advocates, and local and state health department staff directly connected to HIV/AIDS prevention and care services in Massachusetts. The MIPCC membership reflects the profile of the HIV epidemic in Massachusetts in terms of race/ethnicity, gender and gender identity, sexual orientation, exposure mode, and geographic region. MIPCC provides feedback and proactive guidance on HIV prevention and care program and policy initiatives, aimed at reducing the impacts of HIV in the Commonwealth. The MIPCC meets at least five times each state fiscal year (July 1 to June 30).

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### STATEWIDE CONSUMER ADVISORY BOARD

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Informed advisory from people living with HIV is paramount to assuring that care and treatment services in the jurisdiction are maximally accessible and highly responsive to the needs of HIV+ individuals in the Commonwealth. To that end, Massachusetts remains steadfast in its commitment to meaningful and responsive engagements with PLWH. The primary vehicle for engagements with PLWH is the Statewide Consumer Advisory Board (SWCAB). Convened by MDPH, the SWCAB is a group of 21 PLWH that provides

feedback regarding the service system, and advisory on HIV-related program and policy efforts. SWCAB membership reflects the profile of the HIV epidemic in Massachusetts in terms of race/ethnicity, gender, sexual orientation, exposure mode, and geographic region. The SWCAB meets at least quarterly throughout the state fiscal year. Two members of the SWCAB also serve as liaisons to the MIPCC.

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### RYAN WHITE PART A PLANNING COUNCIL

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The Boston Part A EMA HIV/AIDS Services Planning Council (hereafter, the Planning Council) is a federally-required planning body that works to organize, evaluate, prioritize, and allocate Ryan White Part A HIV funding in the Boston EMA. The Planning Council is appointed by the Mayor of Boston and works with staff of the Boston Public Health Commission (BPHC) Division of HIV/AIDS Services to administer the Part A grant. The Planning Council is comprised of 43 members, representing HIV care providers, HIV+ consumers, advocates, policy experts, and representatives from MDPH, Medicaid, and BPHC. The entire Planning Council meets monthly; a variety of sub-committee meetings are also convened throughout the year.

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### TRANSGENDER HEALTH ADVISORY GROUP

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The Transgender Health Advisory Group, formed in May 2016, meets quarterly to advise the OHA regarding prevention, care, and other health service needs of transgender individuals living with or at risk for HIV infection. The group has confirmed four priorities: to promote transgender cultural competency among health department staff and OHA-funded providers, assess the availability of continuum of care services for transgender and gender-variant individuals; expand peer health navigation services for at risk and HIV+ transgender individuals in all regions of the state; and to develop and implement sexual orientation and gender identity (SO/GI) data collection standards across publicly funded health and social service programs.

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### SCIENTIFIC ADVISORY BOARD

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The Massachusetts HDAP Scientific Advisory Board (SAB) is comprised of 20 members including people living with HIV/AIDS, epidemiologists, medical providers, educators, a representative from the state Medicaid program, and OHA staff. The SAB advises the OHA on issues related to the administration of the State's HIV Drug Assistance Program (HDAP), including inclusion/exclusion of particular medications on the HDAP formulary, HDAP enrollment criteria, and general procedures and policies related to program operations. The SAB meets at least once per year, and more often when there are pressing concerns, such as inclusion of newly available HCV treatments for HIV/HCV co-infected individuals, and state-supported coverage of PrEP through the HDAP.

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### PREP CLINICAL ADVISORY GROUP AND COMMUNITY OF PRACTICE

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PrEP activities are designed in consultation with the state's PrEP Clinical Advisory and Community of Practice Group (PrEP CoP). This advisory group was established in February 2012 when the Bureau of Infectious Disease and Laboratory Sciences (BIDLS) actively sought guidance from community stakeholders about early experiences with PrEP, and ways that the health department could support utilization of this new promising intervention. Initial recommendations included publication by the health



department of a PrEP Clinical Advisory, which was subsequently released in July 2012 and updated in July 2013 and September 2016. Recent efforts have focused on a PrEP Demonstration Project in Massachusetts. The advisory group provides policy and program recommendations to increase PrEP utilization and improve PrEP services for individuals that experience risk for HIV exposure and infection, particularly gay and bisexual men and other men who have sex with men (MSM) and transgender women. This advisory group meets quarterly and has grown to include 64 members, representing 24 organizations throughout the state, including medical agencies, community-based organizations, capacity building and training programs, and youth-serving organizations.

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### GETTING TO ZERO COALITION (GTZ)

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The Massachusetts Getting to Zero Coalition (GtZ) is a diverse and representative group of providers, consumers, advocates, and other stakeholders from all health service regions in Massachusetts. Coalition organizers are working to create a coordinated plan and set of strategies for how Massachusetts can reduce HIV-related stigma, deaths, and new infections. GtZ engagement, programmatic priorities and public health responses outlined in the Massachusetts Integrated Prevention and Care Plan are closely coordinated. These complimentary plans provide policy and programmatic frameworks to accomplish mutual goals.

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### ONE LOVE HIV+ YOUTH ADVISORY GROUP

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One Love is a program of Next Step Inc., an agency that empowers, educates and encourages young people living with HIV and other chronic illness to accomplish health, education, and career goals. Through youth development and social support, they encourage members to develop important life-skills, make healthy choices, and let their voices be heard. Members of One Love provide guidance regarding the needs of youth and young adults who have been living with HIV since birth, or were behaviorally exposed as adolescents or young adults. One Love also serves as a youth advisory body to the Office of HIV/AIDS.

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### PARTNERSHIP FOR ADDRESSING HIV AMONG AFRICAN IMMIGRANTS

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Newly convened by the Multicultural AIDS Coalition (MAC), the Partnership for Addressing HIV and viral hepatitis among African Immigrants will support an ongoing partnership to engage diverse stakeholders to define areas of need and priorities for addressing HIV among African Immigrants. This group includes medical, non-medical and behavioral health providers, and African Immigrants living with HIV. It will meet quarterly and will first work to identify effective public health and population specific strategies available to patients that work best and in what circumstances. The goal is to support replication of robust patient engagement in prevention and care services, inclusive of existing core public health responses. This effort builds upon considerable formative public health planning initiatives supported by the Bureau of Infectious Disease and Laboratory Sciences addressing the needs, gaps, and barriers for African immigrants at risk and living with HIV and viral hepatitis.

## RESOURCE ALLOCATION AND OVERSIGHT

Massachusetts is fortunate to have a strong and stable resource base to provide highly effective services that reduce the impact of HIV, HCV, and STI infections and improve health outcomes.

Detailed information regarding funding sources in Massachusetts, including funding amounts and services provided, are outlined in Table 5: Jurisdictional HIV Resources Inventory. We rely on a combination of state and federal funds to accomplish a system that can ensure uninterrupted access to prevention, care, and treatment services; as well as partnerships with community-based organizations, and guidance from our advisory bodies, including the Massachusetts Integrated Prevention and Care Committee (MIPCC) and the Statewide Consumer Advisory Board (SWCAB).

**Table 5: Jurisdictional HIV Resources Inventory**

Federal Grants and Contracts- Federal Fiscal Year 2016				
Funding Source	Funding Amount	Funded Service Providers	Funded Services	HIV Care Continuum Step(s) Impacted
Ryan White HIV/AIDS Program Part B	\$18,946,173	Resources support health department personnel and direct service contracts with 27 community-based medical and non-medical agencies.	<ul style="list-style-type: none"> <li>• HIV Drug Assistance Program</li> <li>• Medical case management</li> <li>• Medical transportation</li> <li>• Nutrition programs</li> <li>• Client advocacy</li> <li>• Peer services</li> <li>• MAI funded peer services</li> <li>• Clinical quality management</li> </ul>	<ul style="list-style-type: none"> <li>• Diagnosed with HIV</li> <li>• Engaged in care</li> <li>• Retained in care</li> <li>• Achieving viral suppression</li> </ul>
Ryan White HIV/AIDS Program Part A	\$14,570,656	Resources are administered by the Boston Public Health Commission Resources support service contracts at community-based medical and non-medical agencies in the Boston EMA.	<ul style="list-style-type: none"> <li>• Medical case management</li> <li>• Medical transportation</li> <li>• Nutrition programs</li> <li>• Client advocacy (legal services)</li> <li>• Peer services</li> <li>• Dental ombudsman</li> </ul>	<ul style="list-style-type: none"> <li>• Diagnosed with HIV</li> <li>• Engaged in care</li> <li>• Retained in care</li> <li>• Achieving viral suppression</li> </ul>

Ryan White HIV/AIDS Program Part C	\$7,591,945	Resources support personnel and costs associated with the delivery of services at 16 community health centers and hospital programs	<ul style="list-style-type: none"> <li>• Early Intervention Services</li> <li>• Core medical services</li> <li>• Support services</li> <li>• Clinical quality management (CQM)</li> </ul>	<ul style="list-style-type: none"> <li>• Diagnosed with HIV</li> <li>• Engaged in care</li> <li>• Retained in care</li> <li>• Achieving viral suppression</li> </ul>
CDC High-Impact HIV Prevention Programs for Health Depts. (PS12-1201)	\$5,011,056	Resources support health department personnel and direct service contracts with 17 community-based medical and non-medical agencies.	<ul style="list-style-type: none"> <li>• Integrated HIV, HCV, and STI testing (targeted and routine)</li> <li>• Comprehensive prevention with HIV positives</li> <li>• Condom distribution</li> <li>• Policy initiatives</li> <li>• Field epidemiology services, including partner services</li> <li>• Jurisdictional planning</li> </ul>	<ul style="list-style-type: none"> <li>• Diagnosed with HIV</li> <li>• Engaged in care</li> </ul>
Ryan White HIV/AIDS Program Part F	\$680,495 (Dental) \$2,201,809.00 (NEAETC)	Resources support personnel and costs associated with administering direct awards to oral health service providers and the New England AIDS Education and Training Center (NEAETC).	<ul style="list-style-type: none"> <li>• Dental reimbursement program</li> <li>• Community based dental partnership program</li> <li>• AIDS Education and Training Center programs</li> </ul>	<ul style="list-style-type: none"> <li>• Engaged in care</li> <li>• Retained in care</li> <li>• Achieving viral suppression</li> </ul>

CDC Directly Funded Programs (PS15-1501)	\$1,810,294	<p>Resources support personnel and costs associated with the delivery of services at the following MA agencies:</p> <ul style="list-style-type: none"> <li>• Fenway Health</li> <li>• Massachusetts Alliance of Portuguese Speakers</li> <li>• Whittier Street Health Center</li> </ul>	<ul style="list-style-type: none"> <li>• Client outreach and engagement</li> <li>• Integrated HIV, HCV, and STI testing</li> <li>• Comprehensive prevention with HIV positives</li> <li>• Condom distribution</li> <li>• Evidence based interventions</li> </ul>	<ul style="list-style-type: none"> <li>• Diagnosed with HIV</li> <li>• Engaged in care</li> </ul>
Ryan White HIV/AIDS Program Part D	\$1,790,334	<p>Resources support health department personnel and direct service contracts to provide services to women, infants, children and youth supported through the MassCARE program. HRSA also directly awards funds for this population to three community-based medical agencies in Massachusetts.</p>	<ul style="list-style-type: none"> <li>• Medical case management</li> <li>• Peer support</li> <li>• Clinical quality management (CQM)</li> </ul>	<ul style="list-style-type: none"> <li>• Diagnosed with HIV</li> <li>• Engaged in care</li> <li>• Retained in care</li> <li>• Achieving viral suppression</li> </ul>
HRSA Bureau of Primary Health Care and CDC (Partnerships for Care)	\$644,049	<p>Resources support health department personnel and costs associated with administering services funded under this cooperative agreement.</p>	<ul style="list-style-type: none"> <li>• Field epidemiology services, including partner services</li> <li>• MA HIV/AIDS Surveillance Program</li> </ul>	<ul style="list-style-type: none"> <li>• Engaged in care</li> <li>• Retained in care</li> <li>• Achieving viral suppression</li> </ul>

CDC (CoRECT)	\$500,000	Resources support health department personnel, awards to collaborating health centers, and costs associated with administering services funded under this cooperative agreement.	<ul style="list-style-type: none"> <li>• Field epidemiology services, including partner services</li> <li>• MA HIV/AIDS Surveillance Program</li> </ul>	<ul style="list-style-type: none"> <li>• Engaged in care</li> <li>• Retained in care</li> <li>• Achieving viral suppression</li> </ul>
Housing Opportunities for Persons with HIV/AIDS (HOPWA)	\$308,246	Resources support personnel and costs associated with delivery of services at four community-based agencies.	<ul style="list-style-type: none"> <li>• Housing search and advocacy</li> <li>• Medical case management</li> <li>• Adherence support</li> <li>• Benefits coordination</li> </ul>	<ul style="list-style-type: none"> <li>• Engaged in care</li> <li>• Retained in care</li> <li>• Achieving viral suppression</li> </ul>
<b>State Programs and Resources</b>				
Funding Source	Funding Amount	Funded Service Providers	Funded Services	HIV Care Continuum Step(s) Impacted
MassHealth (MA Medicaid)	\$381,295,909 (State FY2016)	MassHealth resources are managed by the Commonwealth of Massachusetts.	<ul style="list-style-type: none"> <li>• Medical care and treatment services</li> <li>• Expanded access to Medicaid for non-disabled PLWH under 200% FPL under an 1115 Medicaid waiver</li> </ul>	<ul style="list-style-type: none"> <li>• Diagnosed with HIV</li> <li>• Engaged in care</li> <li>• Retained in care</li> <li>• Achieving viral suppression</li> </ul>

State Budget Appropriations	\$33,370,000 (State FY2017)	<p>Resources support direct service contracts with community-based medical and non-medical agencies:</p> <ul style="list-style-type: none"> <li>• 39 services contracts to provide HIV prevention and screening services</li> <li>• 40 service contracts to provide Medical Case Management and health related support services</li> <li>• One service contract to administer the HIV Drug Assistance Program</li> </ul>	<ul style="list-style-type: none"> <li>• Client outreach and engagement</li> <li>• Integrated HIV, HCV, and STI testing and linkage to care and treatment</li> <li>• Comprehensive prevention with HIV positives</li> <li>• Condom distribution</li> <li>• Field epidemiology services, including partner services</li> <li>• Medical case management</li> <li>• Health related support services for PLWHA, including nutrition, housing, legal, peer services and acupuncture</li> <li>• HIV/AIDS Surveillance</li> </ul>	<ul style="list-style-type: none"> <li>• Diagnosed with HIV</li> <li>• Engaged in care</li> <li>• Retained in care</li> <li>• Achieving viral suppression</li> </ul>
Retained Revenue Account	\$7,500,000 in manufacturer rebates	Resources support the HIV Drug Assistance Program (HDAP)	<ul style="list-style-type: none"> <li>• Coverage for the full cost of drugs for uninsured HIV+ individuals</li> <li>• Health insurance premium assistance</li> <li>• HIV medication copayment assistance</li> </ul>	<ul style="list-style-type: none"> <li>• Engaged in care</li> <li>• Retained in care</li> <li>• Viral suppression</li> </ul>

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## FEDERAL AGENCIES—CDC, HRSA, AND HUD

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Massachusetts receives significant financial support from the federal government, namely through the awarding of funds from cooperative agreements and competitive grants that support HIV/AIDS surveillance, prevention, and care and treatment services. Funding for these federal grants come from the Centers for Disease Control and Prevention (CDC), the Health Resources Services Administration (HRSA), and the Department of Housing and Urban Development (HUD). The CDC provides funding to support HIV prevention and screening programs in Massachusetts, including integrated testing services for HIV, STDs, and hepatitis C. CDC also directly funds three community based organizations and their subcontractors to deliver community-based HIV prevention programs. Additional CDC resources awarded to Massachusetts include funding for three competitive grants: the National HIV Behavioral Surveillance Program (NHBS), the Cooperative Re-Engagement Controlled Trial (CoRECT), and the Partnerships for Care (P4C) initiative.

To support PLWH, Massachusetts receives financial support through the Health Resources and Services Administration (HRSA), Ryan White HIV/AIDS Program (RWHAP). Massachusetts is the recipient of funds from RWHAP Parts A, B, C, D and F. Part A and a portion of Part F funds are administered through the Boston Public Health Commission (BPHC), and support medical case management, health-related support services, and the dental program (Part F only). Ryan White Part B and D funding is awarded directly to Massachusetts to support medical case management and health-related support services for PLWH (Part B), as well as to administer the HIV Drug Assistance Program (HDAP). Massachusetts also utilizes Part B funds to support the Dental Ombudsperson Program for persons living with HIV infection, who reside outside of the Boston EMA. Part D services support clinical and community based services for women, children, and youth at three publicly-funded agencies in Massachusetts. Part D funds are also directly awarded by HRSA to three community health centers and hospitals to ensure broad access to HIV services for women, children and youth. Part C funds are awarded to 16 community health centers and hospitals to support medical care for HIV+ individuals. Part F funding is also awarded to Massachusetts to support the New England AIDS Education and Training Center (NEATC). HUD provides direct funding to Massachusetts to support housing access through the Housing Opportunities for People with AIDS (HOPWA) program.

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## STATE BUDGET

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A key source of support for HIV prevention and care efforts are resources from the HIV/AIDS State Budget Line 4512-0103. In State Fiscal Year 2017, which began July 1, 2016, HIV/AIDS services received budget funding in the amount of \$33,370,000.00. These resources support contracts for HIV prevention, care, and treatment services; HIV medical case management and health-related support services; laboratory testing; epidemiologic follow-up by Field Epidemiologists; and other services associated with prevention and control of HIV, viral hepatitis, Tuberculosis (TB), and sexually transmitted infections (STI). These services include client outreach and engagement, health education and risk reduction, integrated HIV, HCV, and STD testing, linkage to care and treatment, and medical case management and health related support services for persons living with HIV. Recognizing the importance of HIV in the context of other communicable infections, state appropriations now allow for expenditures associated with the prevention and control of viral hepatitis, STIs and Tuberculosis. In addition, State Budget resources include a retained revenue account in the amount of \$7.5 million, which is re-invested into the Massachusetts HIV Drug Assistance Program (HDAP) consistent with authorizing language of the State budget.

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## MEDICAID (MASSHEALTH)

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The most important payer source for HIV care in Massachusetts is the jointly federal- and state-funded Massachusetts Medicaid program (MassHealth). More than half of all HIV+ state residents have coverage under the Medicaid program. This level of coverage has been supported since 2001 by an 1115 Medicaid waiver that expanded Medicaid access to non-disabled, single, childless HIV+ state residents with incomes under 200% of the Federal Poverty Level (FPL). MassHealth expenditures represent the single largest investment in HIV care and treatment in the Commonwealth totaling more than \$381 million in State Fiscal Year 2016.

Massachusetts anticipates that we will continue to experience changes in the coverage scope and policies of the State's Medicaid program, MassHealth. We are anticipating changes to payment structures, including greater emphasis on Medicaid Managed Care Organizations (MCO's) and implementation of Global Payments for patients with chronic or complex health conditions. Persons living with and at risk for HIV infection are likely to be impacted by these changes in ways that are challenging to fully anticipate. The OHA—in partnership with our advisory bodies, health department partners, and colleagues at MassHealth—are committed to monitor these policy changes and assess the particular ways that HIV+ state residents may experience different levels of need for health supports from HIV care and prevention programs. We also recognize that changes in Medicaid payment policies will impact persons at risk for HIV and hepatitis C infection, who also receive health support services through existing prevention and care programs funded by CDC and HRSA.

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## MEDICARE

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Medicare coverage and prescription drug coverage under Medicare Part D, starting in 2006, is an important component of the HIV care coverage landscape for PLWH, both those who are over 65 and eligible based on age, and those who are long term disabled according to the SSDI definition. In Massachusetts, One Care (a CMS demonstration project) serves dually eligible adults with disabilities who are between the ages of 21 and 64 at the time of enrollment. It is estimated that there are upward of 500-700 PLWHAs enrolled in the program. One Care provides all medical, behavioral health, pharmacy, dental, and long-term support services covered by Medicare and Medicaid. The model integrates the full spectrum of services by utilizing an Interdisciplinary Care Team (ICT), which includes the enrollee, a care coordinator or a clinical care manager, and an Independent Living and Long-Term Services and Supports coordinator.

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## PRIVATE HEALTH INSURANCE

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As a state with high rates of insurance coverage, Massachusetts aims to maximize utilization of private health insurance to meet the prevention, care, and treatment needs of persons living with and at risk for HIV infection, while simultaneously prioritizing the utilization of state and federal resources to ensure uninterrupted access to care and treatment for persons impacted by communicable infections of public health importance. State health care reforms (implemented in 2006) eliminated pre-existing conditions exclusions as a barrier to private health insurance for persons living with HIV and other chronic health conditions. State and federal health care reforms also require treatment and care coverage policies that are non-discriminatory, and provide access to subsidies for low income Massachusetts residents that make private health insurance coverage more accessible and affordable. The variability in coverage across



private plans, including provider and pharmacy networks, preauthorization requirements, and cost-sharing obligations, requires some level of system-level flexibility to meet the needs of HIV+ and at-risk Massachusetts residents to protect both individual and public health. This includes financial support for income eligible HIV+ state residents to receive premium and medication co-payment assistance through the Massachusetts HIV Drug Assistance Program.

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## WORKFORCE CAPACITY

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In Massachusetts, HIV prevention and care services are delivered in community based medical and non-medical agencies by a highly skilled and experienced workforce. The comprehensive healthcare system in Massachusetts provides people living with HIV, and those at elevated risk, with a wide range of access to medical providers, including internal medicine and specialty and sub-specialty providers; located in community health centers, hospitals, academic medical centers, family planning agencies, substance abuse treatment programs, and other community-based health and social service programs. A comprehensive workforce capacity assessment for Massachusetts has also been developed by the New England AIDS Education and Training Center (NEAETC), and is available as Attachment 1.

These programs include a range of clinical and non-clinical staff, including HIV testing counselors, phlebotomists, medical case managers, behavioral health providers, and HIV+ peers. These individuals often work directly, or in collaboration with, registered nurses, nurse practitioners, infectious disease physicians, and primary care providers. All MDPH-funded HIV service providers in the Commonwealth are required to articulate how services in their facilities comply with MDPH expectations to provide culturally and linguistically appropriate services (CLAS); agencies meet this important expectation by hiring staff that reflect the socio-demographic profile of an agency's client populations and language needs. In aiming to meet Massachusetts's goal of *'improving service system quality and sustainability'* Massachusetts intends to utilize the HIV/AIDS Integrated Prevention and Care Plan to strengthen and diversify the HIV workforce and improve access to services for HIV+ state residents.

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## GEOGRAPHY

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Massachusetts has a concentration of HIV medical care facilities and programs, including HIV health care services in and around urban centers and metropolitan areas, therefore some areas of the state have a greater number of medical facilities and HIV care access points than others. The distribution of the HIV healthcare and social service workforce may require individuals in some areas of state—notably the Western region, Cape Cod and the Islands, and parts of Northeastern Massachusetts—to travel substantial distances to access high quality HIV health care services.

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## COMMUNITY HEALTH CENTERS

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Massachusetts launched the community health center movement, with the opening of the first community health center (CHC) in the nation in the city of Boston in 1965. Today, Massachusetts is home to 50 community health centers in over 300 sites, serving nearly 1 million (14%) of the state's residents. Patients at CHC's receive primary, preventative, and dental care, as well as behavioral health services, including substance abuse and other community-based services to anyone in need regardless of

insurance status or ability to pay. Just under half of these CHCs receive state or federal resources for HIV prevention and/or care service.

Community health centers employ board-certified physicians along with physician assistants, nurse practitioners, registered nurses, social workers, dentists, optometrists, certified nurse midwives, community health workers, nutritionists, counselors and other health professionals to help improve health outcomes for their patients. The continuum of care at community health centers ensures that a range of programs and services promote overall health and wellness.

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### HOSPITALS AND MEDICAL CENTERS

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There are 95 hospitals in Massachusetts, 68 acute care facilities and 27 non-acute facilities. Major academic medical centers across the state provide HIV prevention and care services, including ten hospital facilities, which receive HIV/AIDS prevention and/or care funding.

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### FAMILY PLANNING AGENCIES

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Family planning agencies play an important role in Massachusetts to provide low threshold access to sexual and reproductive health services, including HIV and STD testing. Family Planning sites are located in a variety of settings such as community health centers, hospitals, and community based service organizations. Twelve agencies have over 80 sites located throughout the state. These agencies also provide education and outreach to communities within their region and can respond to specific requests from members of the community for HIV-related workshops, materials or training. A number of family planning agencies also receive HIV prevention funding from the OHA.

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### SUBSTANCE ABUSE TREATMENT FACILITIES

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Massachusetts has an extensive network of substance abuse prevention and treatment programs throughout the Commonwealth, including detoxification services, residential and outpatient facilities, short-term, long-term, transitional, post-treatment recovery, recovery high schools, and aftercare programs. As of July 1, 2016, a total of 322 treatment programs are licensed in the Commonwealth, and required to adhere to strict requirements for the delivery of treatment services. A quality assurance team ensures compliance with implementation of quality treatment practices. Capacity building and technical assistance partnerships train providers and members of community coalitions on evidenced-based practices to ensure optimal treatment and recovery outcomes.

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### HEALTH CARE PROFESSIONALS

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Table 6 outlines the number of health care professionals currently (as of April 2016) providing services in Massachusetts. Prior needs assessment activities have identified shortfalls in the current HIV health care workforce, including limited access to mental health and substance use treatment providers, particularly in rural areas. The health care needs of persons living with HIV infection have changed significantly over the past decade. More people living with HIV are accomplishing successful viral suppression, mortality is declining, and the population of individuals living with HIV is aging. At the same time, the median age of PLWH in Massachusetts continues to rise, resulting in the need for more services that are responsive

health challenges associated with aging. There is an increasing need for geriatricians, dentists, psychiatrists, and other specialists who can address the unique needs of older PLWH, as well as for responsive health care facilities, such as nursing homes.

**Table 6: Health Care Professionals, Massachusetts (April 2016)**

Occupation	Total
Physicians (all)	32,130
Primary Care Physicians	14,239
Physician Assistants	2,243
Registered Nurses	92,905
Nurse Practitioners	6,620
Dentists	6,301
Psychiatrists	2,639

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**COMMUNITY HEALTH WORKERS**

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Since the early years of Massachusetts’s response to the HIV epidemic, community health workers (CHWs) such as medical case managers, outreach workers, health educators, and HIV+ peer counselors have played an important role in the HIV prevention and care service system. Today, there are new opportunities to further advance the role of CHWs through the formalization of training and certification processes, and opportunities to seek reimbursement for CHW services from public and private insurers. Certification for CHWs is supported by state legislation, Chapter 322, Acts of 2010, “An Act Establishing a Board of Certification of Community Health Workers.” The law, which took effect in 2012, calls for voluntary certification, rather than mandatory licensure. The intent of the law is to create a competency-based process that recognizes and strengthens the work of CHWs while simultaneously avoiding the creation of barriers for effective CHWs to get certified.