

2016 Funding Streams Overview for HIV/AIDS Services in the Boston Eligible Metropolitan Area

*Boston EMA Ryan White Planning Council
May 2016*



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- Cambridge Health Alliance
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- City of Worcester-Executive Office of Economic Development
- Commonwealth Land Trust, Inc.
- Community Healthlink, Inc.
- Community Servings
- Dartmouth Hitchcock Medical Center
- Dimock Community Health Center
- East Boston Neighborhood Health Center
- Emmaus Housing Information Services & Rental Assistance
- Family Health Center of Worcester
- Fenway Community Health Center
- Greater Lawrence Family Health Center
- Greater New Bedford Community Health Center
- Harbor Health Services Inc.
- Harbor Homes, Inc
- Harvard University School of Dental Medicine
- Justice Resource Institute
- Lynn Community Health Center

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- Massachusetts Department of Public Health, Bureau of Substance Abuse Services
- Massachusetts Department of Public Health, Office of HIV/AIDS
- Massachusetts Department of Public Health, Bureau of Family Health and Nutrition
- Massachusetts Office of Medicaid
- New England AIDS Education and Training Center
- New Hampshire Bureau of Drug and Alcohol Services
- New Hampshire Department of Health and Human Services
- Rosie's Place
- Southern New Hampshire HIV/AIDS Task Force
- Tufts University School of Dental Medicine
- University of Massachusetts Medical School
- Victory Programs, Inc.

LIST OF ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
AETC	AIDS Education Training Center
ASO	AIDS Service Organization
BPHC	Boston Public Health Commission
BSAS	Massachusetts Bureau of Substance Abuse Services
CARE	Comprehensive AIDS Resources Emergency Act
CBO	Community Based Organization
CDC	Centers for Disease Control & Prevention
CMS	Centers for Medicare & Medicaid Services
EIS	Early Intervention Services
EMA	Eligible Metropolitan Area
FY	Fiscal Year
HBV	Hepatitis B Virus
HCV	Hepatitis C Virus
HDAP/ADAP	HIV/AIDS Drug Assistance Program
HICP	Health Insurance Continuation Program
HIV	Human Immunodeficiency Virus
HOPWA	Housing Opportunities for People with AIDS
HRSA	Health Service Resource Administration
HUD	Housing and Urban Development
IDU	Injection Drug User
MAI	Minority AIDS Initiative
MA	Massachusetts
MDPH	Massachusetts Department of Public Health
MEAD	Medicaid for Employed Adults with Disabilities
MSM	Men who have sex with men
NEAETC	New England AIDS Education and Training Center
NH	New Hampshire
NHDHHS	New Hampshire Department of Health & Human Services
PCS	Planning Council Support
PLWH	People Living with HIV and AIDS
RFP	Request for Proposals
RWTEA	Ryan White Treatment Extension Act
SAMHSA	Substance Abuse and Mental Health Services Administration
SHP	Supportive Housing Program
SPNS	Special Projects of National Significance
STD/STI	Sexually Transmitted Disease/Infection
TGA	Transitional Grant Area

SECTION I: INTRODUCTION

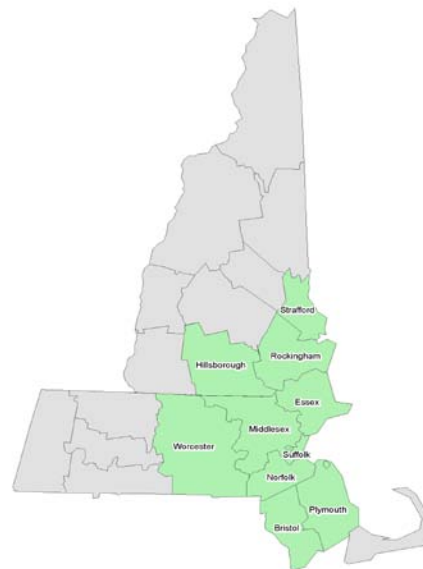
Every year an assessment of HIV/AIDS-related funding is conducted within the Boston Eligible Metropolitan Area (EMA). The Funding Streams analysis provides a perspective on the ‘big picture’ of various HIV/AIDS funding sources available throughout the EMA. This report describes the types and amounts of federal, state and local funds available for HIV-related services. Data for this assessment were collected using a form completed by various HIV/AIDS payers and providers. The form requested a description of available services and funding information on their most recent fiscal year. This report also includes information on funding from the private and philanthropic sectors¹.

This report also provides a resource inventory of all funded services and utilization by demographic characteristics for each examined funding stream. The conclusions and recommendations from this report are used by members of the Planning Council to prioritize Ryan White Part A service categories along with make funding decisions for those service categories.

Overview of the Boston EMA

The Ryan White Treatment Extension Act (RWTEA) was first enacted in August 1990 (formerly the CARE Act), and has been amended and reauthorized four times since. The RWTEA provides assistance to areas most impacted by the HIV/AIDS epidemic. The Boston EMA was first established in 1990 in response to the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act. It covers 6,451 square miles and includes more than six million people in rural and urban areas. This region consists of ten counties: seven in Eastern and Central Massachusetts (Bristol, Essex, Middlesex, Norfolk, Plymouth, Suffolk and Worcester) and three in Southern New Hampshire (Hillsborough, Rockingham and Strafford) (See map below). As of December 31, 2014, there were an estimated 16,739 individuals living with HIV within the region based on surveillance data from Massachusetts Department of Public Health (MDPH) and New Hampshire Department of Health and Human Services (NHDHHS).

Map of the Boston EMA



¹ Most data consist of public funding; available private sources are limited.

Objectives

The objectives of the Funding Streams Report are to:

- Provide basic information on funding for HIV services and the HIV continuum of care in the Boston EMA;
- Ensure that Part A services remain the payer of last resort;
- Provide a summary of funded HIV services to the Boston EMA Ryan White Planning Council in order to help them make informed decisions related to the Ryan White Part A funding allocations process.

Methodology

This report was produced in two steps. First, Planning Council Staff (PCS) developed a form for regional HIV service payers and service providers to complete. A “service payer” is defined as an institution that does not provide services directly to the community, but contracts with other entities for this purpose; whereas a “service provider” provides services directly to the community.

The form was distributed and collected information on:

- The amount of public and private funding received by the payer/provider to provide Part A fundable service categories for PLWH;
- The amount of additional funding available for functions/services provided by the payer/provider that are not fundable by Part A; and
- Client demographics and service utilization data for each payer/provider’s funding stream.

Additionally, for multiple source recipients, the form requested funding data to be stratified along major funding streams. Since fiscal years vary, funding data was requested for the most recent completed fiscal year cycle. Payers/providers reported on the funding amounts available for each of the 29 listed core and support services in the survey. (Please refer to Appendix 1 for a detailed list of Health Services Resource Administration (HRSA) core and support service categories)

Secondly, an analysis was conducted of the available funding streams for HIV services in the Boston EMA. 15 funding streams were identified in the Boston EMA which fund approximately 110 service providers.

Limitations

There are limitations to conducting this type of broad funding analysis:

1. *Inconsistent fiscal years*

The most valid analysis requires funding data to be provided in comparable time periods. This report compares funding and utilization data across funding streams that have differing fiscal years. PCS compensated for this by including data from the most recent fiscal year that fell between a two-year time period (July 1, 2014 through June 30, 2016). This wide time interval allowed for an overlap of fiscal years and a good approximation of funds available in the services system.

2. *Utilization data may include duplicate clients across multiple payers/providers.*

PCS collected client utilization data from each payer/provider. It is difficult to identify clients who are using services from multiple payer/providers.

3. *Some health related services used by PLWH are not reflected in this report.*

Some services that PLWH use are not HIV-specific or Ryan White eligible and information on those sources is not included.

4. Data are self-reported

The data collected were self-reported by payers/providers thereby introducing some inconsistency to the funding streams analysis.

5. Reporting of Housing Opportunities for People with AIDS (HOPWA) funding

HOPWA grants are awarded to both individual agencies and municipalities. Due to a 90% response rate from HOPWA grantees, there may be an under estimation of total available HOPWA dollars.

6. Medicare and the Department of Veterans Affairs (VA)

While the overall response rate to the form was excellent, information on some major funding sources such as Medicare and the VA could not be obtained despite multiple efforts.

7. Private Funding

Limited information on private funding was collected. Many payers/providers allocate and/or receive private funding but they are not required to disclose those sources of funding.

To mitigate these limitations in the future, PCS will continue to follow up with each payer/provider and consistently collect data from each source for subsequent Funding Streams Reports.

SECTION II: PUBLIC FUNDING FOR HIV SERVICES IN THE BOSTON EMA

This Funding Streams report splits the sources of public funding into three main groups: Ryan White funds, other federal funds, and state funds. The proportion of each of these groups as a share of total HIV-related funding is shown below in Figures 1 and 2. Figures 3, 4 and 5 show the demographics of all clients served through these funding sources by race, Hispanic origin and age, respectively.

Figure 1: Public Funding Sources in the Boston EMA (\$234,718,203)

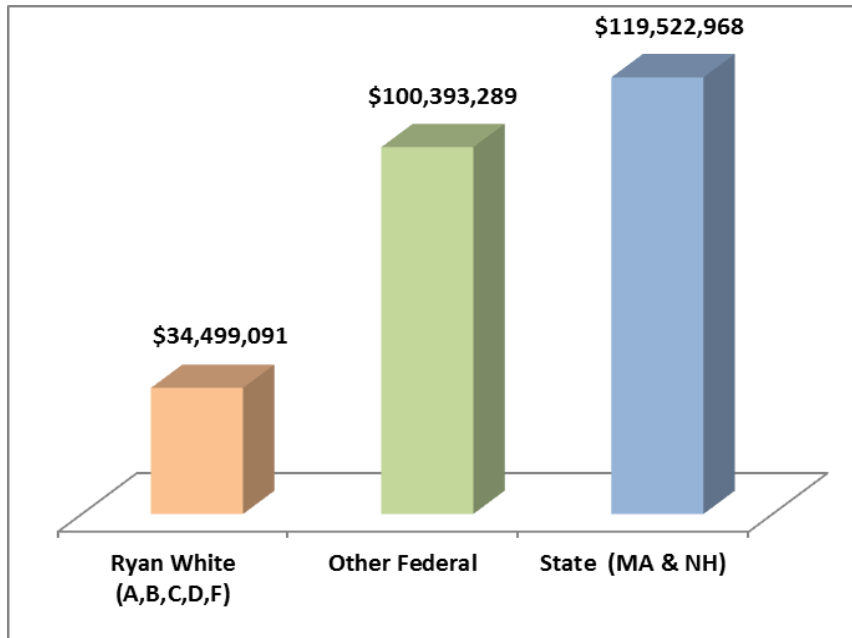
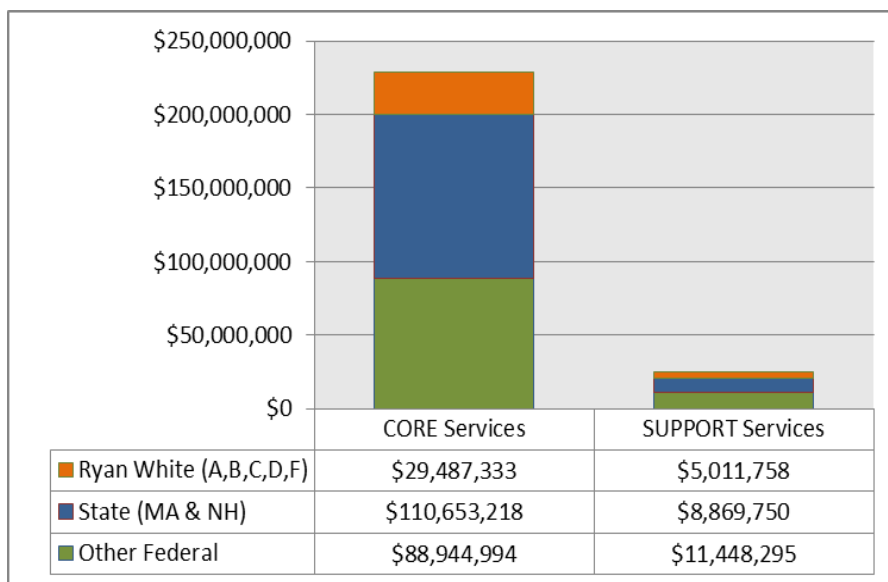


Figure 2: Public Funding Sources in the Boston EMA by Core and Support Services



Demographics of All Clients Served Through Major Public Funding Sources

Figure 3: Demographics of Clients Served by Race

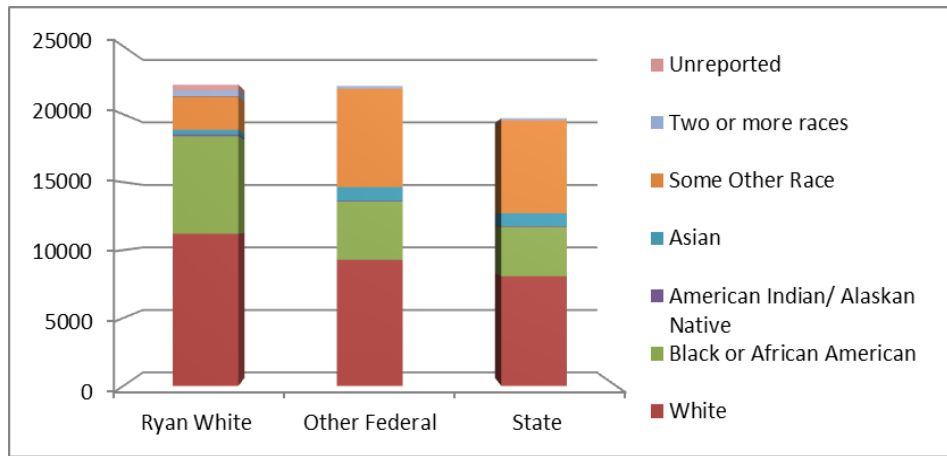


Figure 4: Demographics of Clients Served by Hispanic Origin

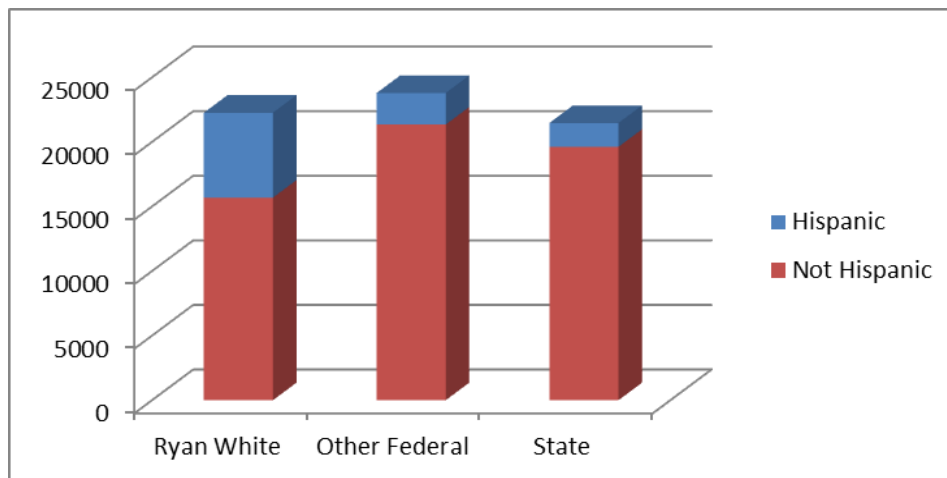
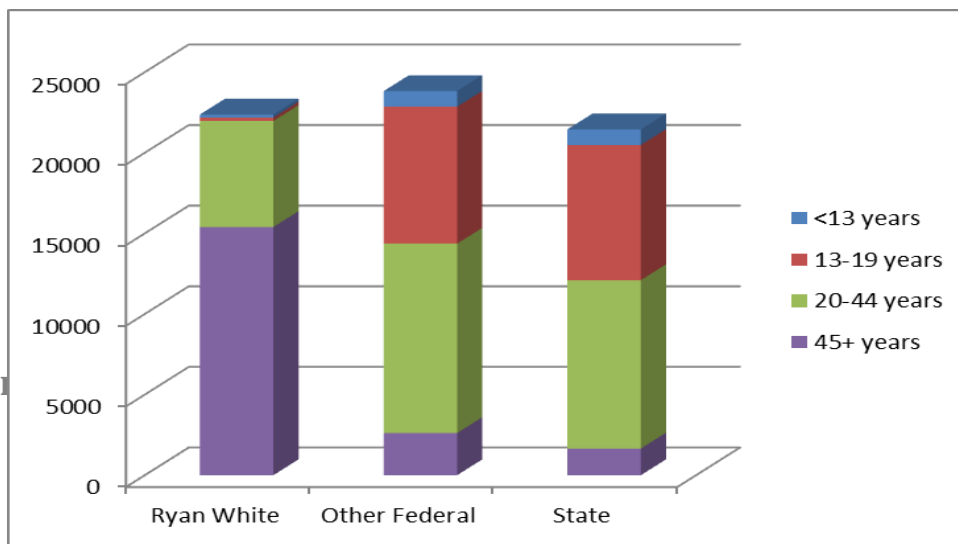


Figure 5: Demographics of Clients Served by Age



A. Ryan

Much has changed in the epidemiology and medical management of HIV since the RWTEA was first enacted. This federal funding is administered by HRSA across five parts. Part A is directed to metropolitan areas, Part B to states, Part C to community health centers for early intervention services, Part D to community health centers for women and children, and Part F to dental programs, AIDS Education and Training Centers (AETCs), and the Special Projects of National Significance (SPNS) program.

This section describes the total share of HIV-related funding that is associated with the 5 Ryan White funding streams. Ryan White represents approximately 14% of total funding for HIV services in the Boston EMA; 85% of this funding goes towards core medical services and 15% towards HIV health-related support services (Figures 6 and 7). A summary of client demographics for each Ryan White part is shown in Figures 8-10 and Appendix 2.

Figure 6: Funding Streams by Ryan White Parts

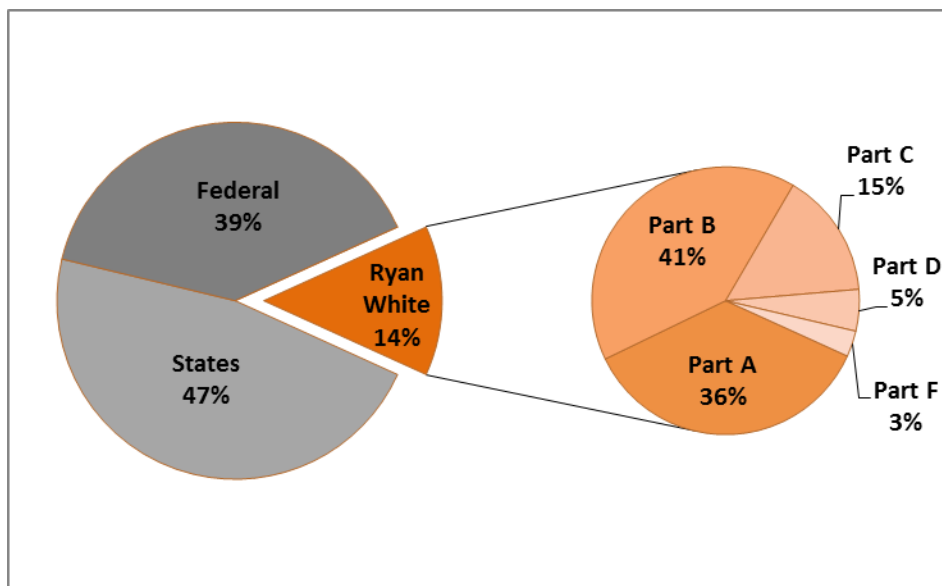
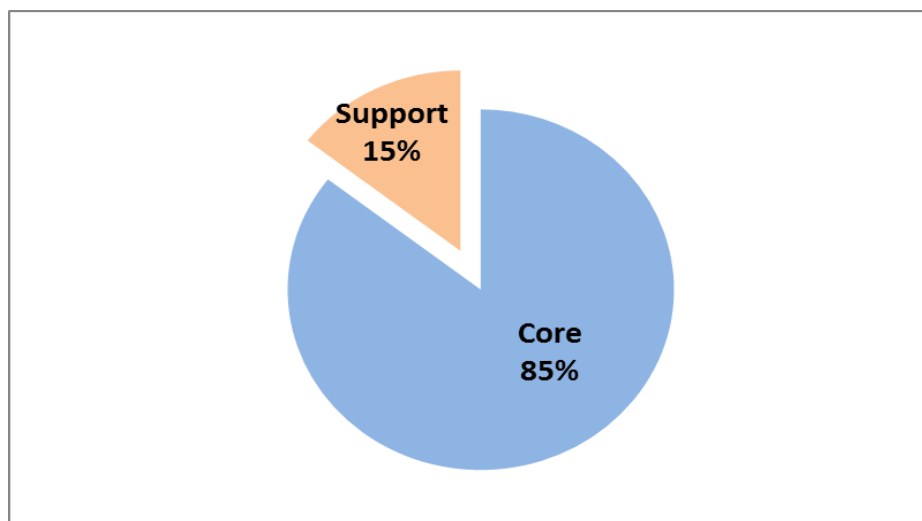


Figure 7: Ryan White Funding by Core and Support Services



Demographics of Clients Served Through Ryan White Funding (Parts A, B, C, D, & F)

Figure 8: Demographics of Clients Served by Race

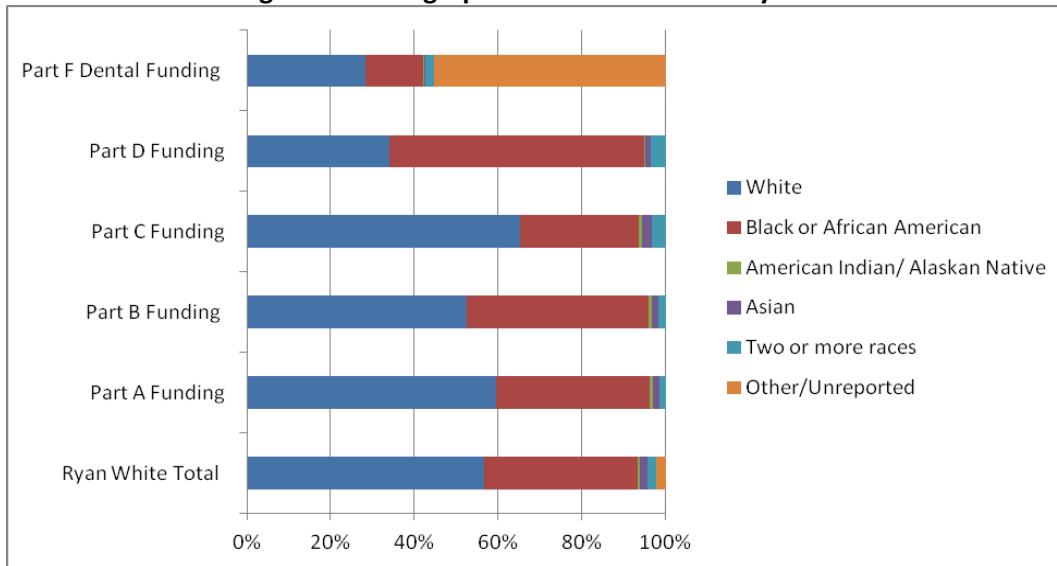


Figure 9: Demographics of Clients Served by Hispanic Origin

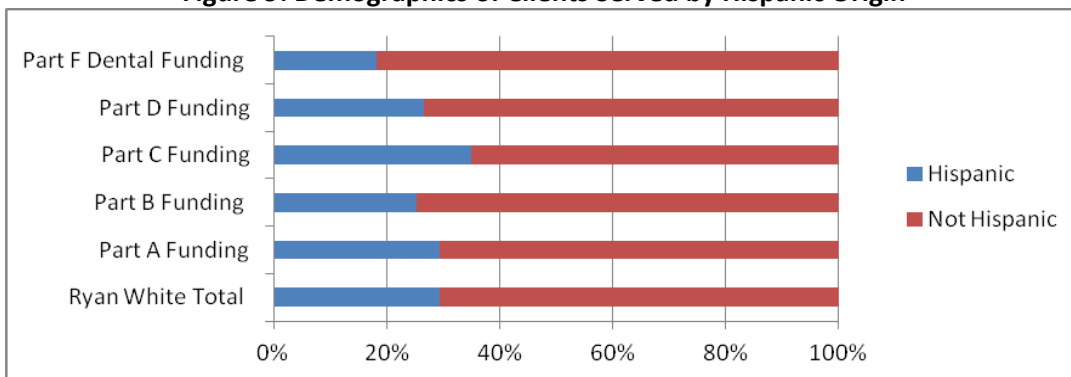
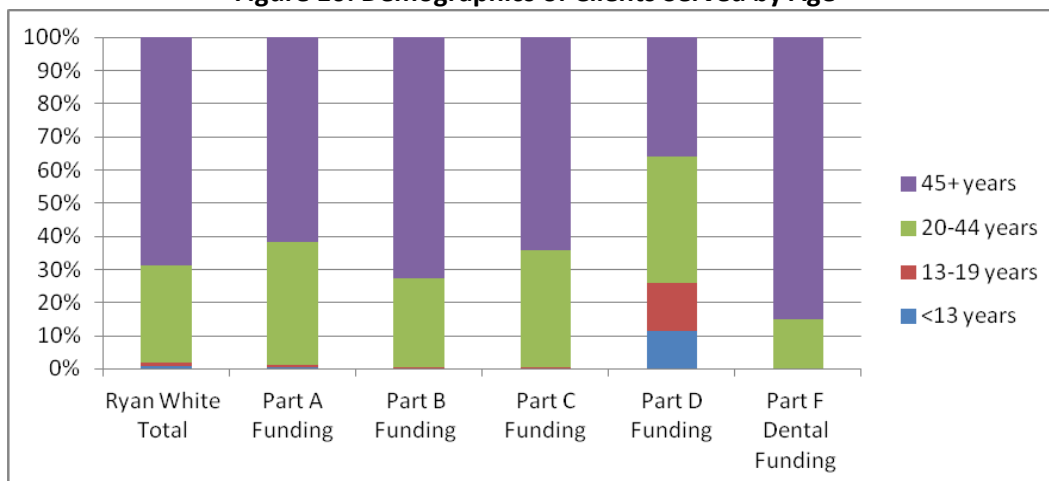


Figure 10: Demographics of Clients Served by Age



Part A

What Does Part A Do?

Part A provides funding for HIV medical and health-related support services to the EMAs and Transitional Grant Areas (TGAs). EMA eligibility requires an area to report more than 2,000 AIDS cases in the most recent five years and to have a population of at least 50,000. To be eligible as a TGA, an area must have 1,000 to 1,999 reported new AIDS cases in the most recent five years. The following services receive Part A funding in the Boston EMA:

Core Services	Support Services
AIDS Drug Assistance Program (ADAP)	Food Bank/Home-delivered Meals
Medical Case Management	Housing Services
Medical Nutrition Therapy	Medical Transportation Services
Oral Health Care	Non-medical Case Management
	Psychosocial Support Services
	Substance Abuse Residential

The Boston EMA Ryan White Planning Council has prioritized a total of 14 service categories. However based on other available funding only the 10 services categories listed above, receive Part A funding.

Number of Agencies Funded in Fiscal Year (FY) 2015: 35

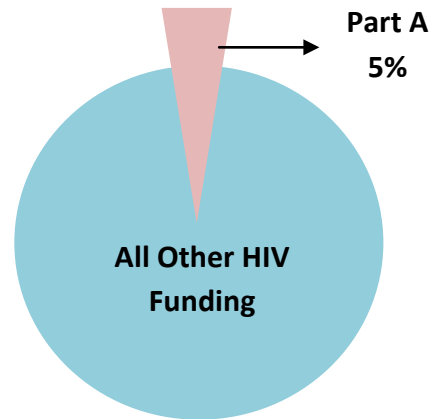
Number of PLWH Served in FY 2015:
5523

Ryan White Part A Funding Share

Ryan White Part A funding represents 5% (\$12,438,406) of total public HIV funding, and 36% of the Ryan White funding.

Part A funding is distributed as follows:

- 68% Core Services**
- 32% Support Services**



Part B

What Does Part B Do?

All 50 states, the District of Columbia and a number of territories receive Part B funding to support care, treatment and other services deemed critical to supporting improved access and retention in care. The single largest component of Part B funding in MA goes to the AIDS Drug Assistance Program (ADAP), which ensures access to needed medications. The Part B funding supports the following services in the Boston EMA:

Core Services	Support Services
AIDS Drug Assistance Program	Food Bank/Home-delivered Meals
Early Intervention Services	Housing Services
Health Insurance Premium/ Cost-Sharing Assistance	Legal Services
Home Health Care	Medical Transportation Services
Medical Case Management	Psychosocial Support Services
Mental Health Services	
Oral Health Care	
Outpatient/Ambulatory Medical Care	
Substance Abuse Services – Outpatient	

Number of Agencies Funded in Fiscal Year (FY) 2015:

MA: 57

NH: 21

Number of PLWH Served in FY 2015:

MA: 8835

NH: 600

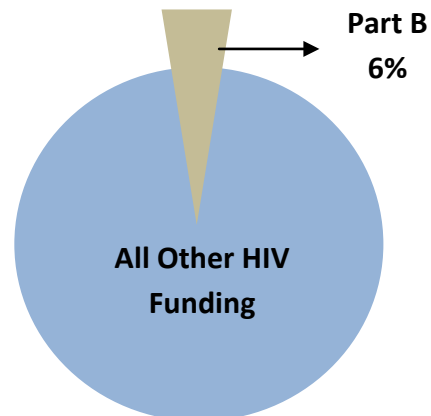
Ryan White Part B Funding Share

Ryan White Part B funding represents 6% (\$14,006,000) of total public HIV funding, and 41% of the Ryan White funding in the Boston EMA.

Part B funding is distributed as follows:

99% Core Services

1% Support Services



Part C

What Does Part C Do?

Part C supports outpatient HIV early intervention services and ambulatory care. Unlike Part A and B grants, which are awarded to local and state governments that contract with organizations to deliver services, Part C grants are awarded directly to service providers, such as ambulatory medical clinics. Part C also funds planning grants, which help organizations effectively deliver HIV care and services. Part C funds the following services:

Core Services	Support Services
Early Intervention Services	Health Education/Risk Reduction
Medical Case Management	Legal Services
Medical Nutrition Therapy	Linguistic Services
Mental Health Services	Medical Transportation Services
Oral Health Care	Non-Medical Case Management
Outpatient/Ambulatory Medical Care	Outreach Services
Substance Abuse Services – Outpatient	Psychosocial Support Services
	Referral for Health Care/Supportive Services
	Treatment Adherence Counseling

Number of Agencies Funded in Fiscal Year (FY) 2015:

MA: 16

NH: 1

Number of PLWH Served in FY 2015:

MA: 5376

NH: 506

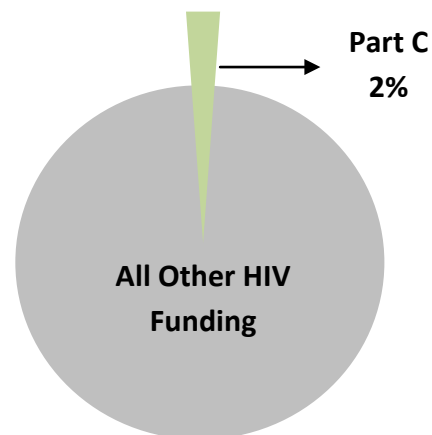
Ryan White Part C Funding Share

Ryan White Part C funding represents 2% (\$5,244,451) of total public HIV funding, and 15% of the Ryan White funding in the Boston EMA.

Part C funding is distributed as follows:

92% Core Services

8% Support Services



Part D

What Does Part D Do?

Part D funding provides family centered outpatient care and support services for women, infants, children and youth living with HIV. Part D funds the following services:

Core Services	Support Services
Early Intervention Services	Emergency Financial Assistance
Medical Case Management	Food Bank/Home-delivered Meals
Mental Health Services	Health Education/Risk Reduction
Oral Health Care	Medical Transportation Services
Outpatient/Ambulatory Medical Care	Non-medical Case Management
	Outreach Services
	Psychosocial Support Services

Number of Agencies Funded in Fiscal Year (FY) 2015:

MA: 4

NH: 1

Number of PLWH Served in FY 2015:

MA: 884

NH: 196

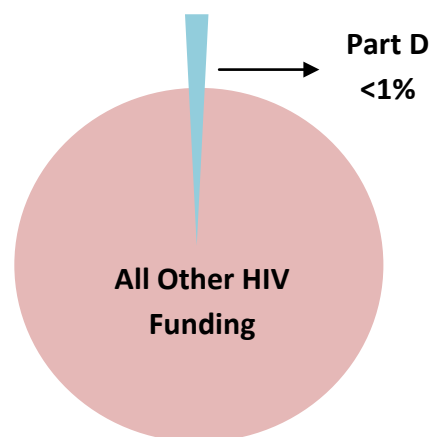
Ryan White Part D Funding Share

Ryan White Part D funding represents <1% (\$1,731,342) of total public HIV funding, and 5% of the Ryan White funding in the Boston EMA.

Part D funding is distributed as follows:

75% Core Services

25% Support Services



Part F

What Does Part F Do?

Part F funding supports the New England AIDS Education and Training Center (NEAETC), the Special Projects of National Significance (SPNS) program, and the Dental Reimbursement Program. The Minority AIDS Initiative was added during the 2006 reauthorization.

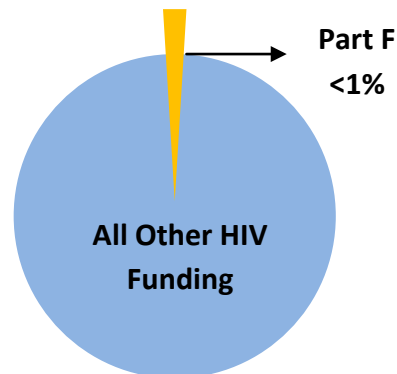
- ❖ NEAETC: Established in 1988, is one of eight Regional Education Centers, and four National Centers, funded by HRSA and sponsored regionally by the University of Massachusetts Medical School (UMMS). It provides education and training for healthcare providers.
- ❖ Minority AIDS Initiative (MAI): It was established to improve access to HIV care and health outcomes for disproportionately affected minority populations. Parts A and B receive MAI funds in the Boston EMA. BPHC uses MAI funds for Medical Case Management and Psychosocial Support (Peer Support).
- ❖ The Special Projects of National Significance (SPNS): This program supports the demonstration and evaluation of innovative models of care delivery for hard-to-reach populations. SPNS also provides funds to help grantees develop standard electronic client information data systems. This program is for MA only.
- ❖ The HIV/AIDS Dental Reimbursement Program: This program reimburses dental schools, hospitals with postdoctoral dental education programs, and community colleges with dental hygiene programs for a portion of uncompensated costs incurred in providing oral health treatment to patients with HIV. Boston University Henry M. Goldman School of Dental Medicine, Harvard School of Dental Medicine, and Tufts University School of Dental Medicine can use Part F funding to provide services to PLWH regardless of residence.

Ryan White Part D Funding Share

Ryan White Part F funding represents <1% (\$1,078,892) of total public HIV funding, and 3% of the Ryan White funding in the Boston EMA.

Part F funding is distributed as follows:

100% Core Services



B. Other Federal Funding

Many medical and social services for PLWH are funded by federal sources that are not associated with Ryan White. Some of these services are specifically designed to support PLWH, but many of these programs do not focus specifically on PLWH. These non-Ryan White funding streams include: Medicaid, HOPWA, Substance Abuse and Mental Health Services Administration (SAMHSA), and the Centers for Disease Control and Prevention (CDC). This funding category represents 39% of total public funding for HIV services in the Boston EMA; 88% goes towards core medical services and 12% to support services (Figures 11 and 12). A summary of client demographics for each source is shown in Figures 13-15 and Appendix 3.

Figure 11: Other Federal Funding Sources

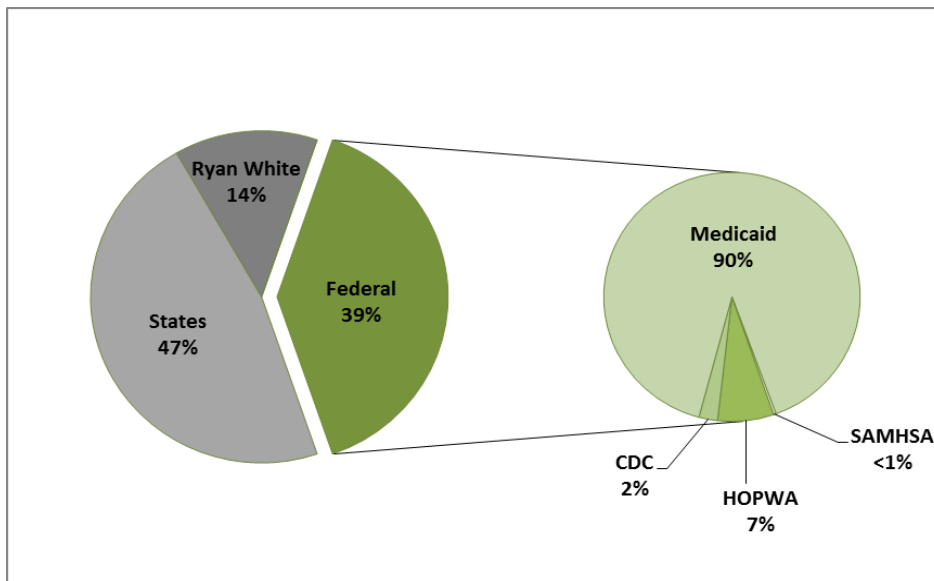
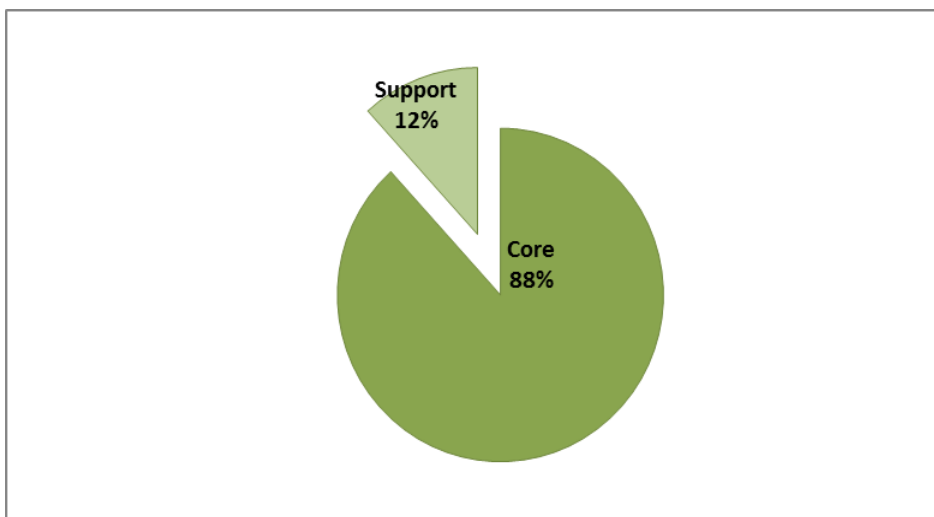


Figure 12: Other Federal Funding by Core and Support Services



Demographics of Clients Served Through Other Federal Funding

Figure 13: Demographics of Clients Served by Race

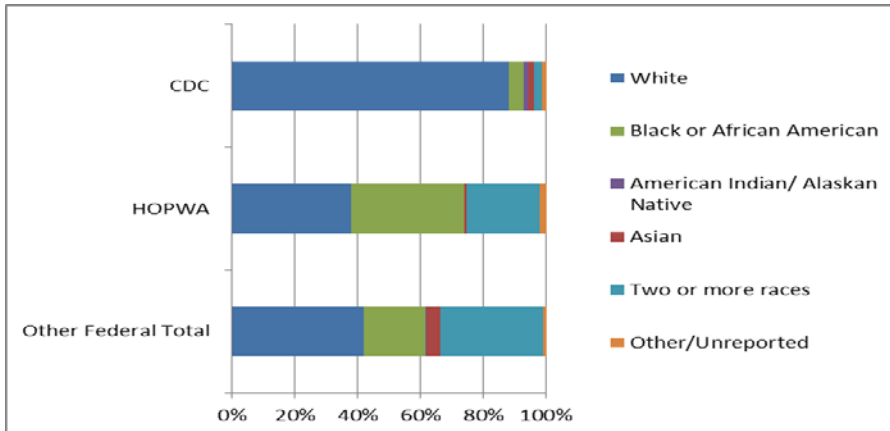


Figure 14: Demographics of Clients Served by Hispanic Origin

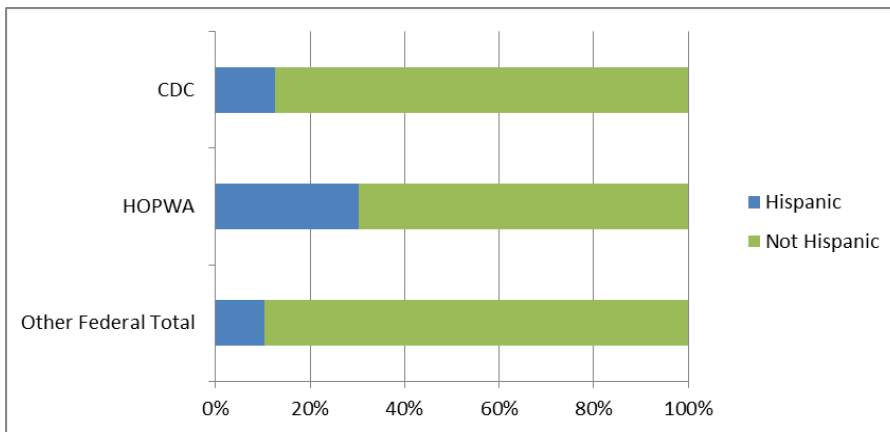
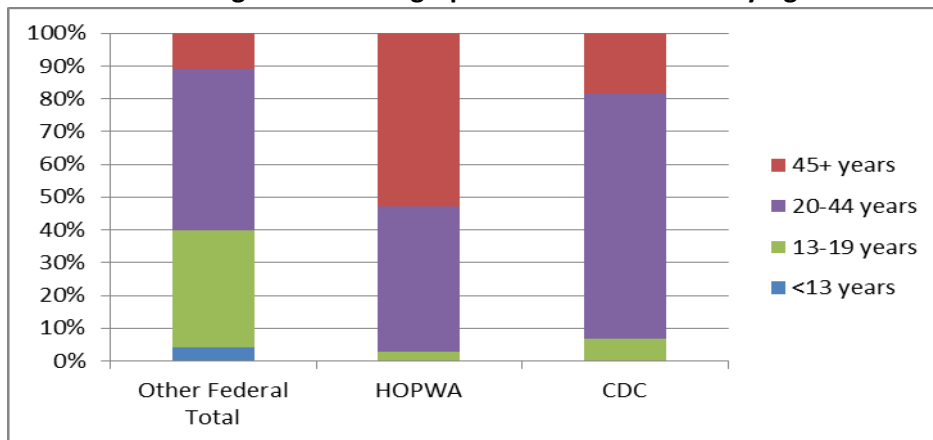


Figure 15: Demographics of Clients Served by Age



*Demographics of clients served with Medicaid funding is included with state data. No client demographics were reported for SAMHSA funding.

Medicaid

What is Medicaid?

Medicaid is a joint federal and state program that helps low-income individuals or families pay for their medical expenses. Although it's largely funded by the federal government, Medicaid is operated by each state which decides which services to cover. This section describes the federal contribution to Medicaid, including the Children's Health Insurance Program (CHIP) and "Newly Eligible" members under the ACA.

Services provided by this funding include the following:

Core Services	Support Services
Home & Community-based Health Services Home Health Care Hospice Services Medical Case Management Mental Health Services Oral Health Care Outpatient/Ambulatory Medical Care Substance Abuse Services – Outpatient	Medical Transportation Services Rehabilitation Services

Number of PLWH Who Were Served:

MA: 21,537

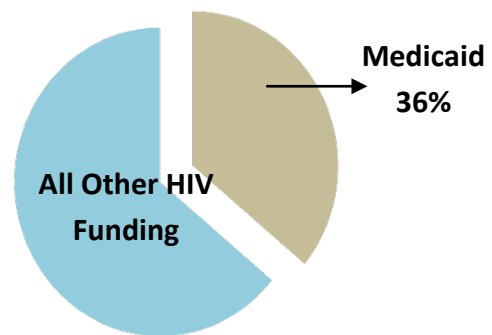
NH: 344

Medicaid (Federal) Funding Share

Medicaid's federal contribution represents 36% (\$90,617,385) of total public HIV funding, and 90% of other federal (non-Ryan White) funding in the Boston EMA.

Medicaid funding is distributed as follows:

95% Core Services
5% Support Services



HOPWA

What is HOPWA?

The Housing Opportunities for Persons with AIDS (HOPWA) Program is the only Federal program that provides housing assistance and supportive services for low-income persons living with HIV and their families. Under the HOPWA Program, the US Department of Housing and Urban Development (HUD) makes grants to local communities, states, and nonprofit organizations. HOPWA housing assistance is designed to help eligible persons retain or gain access to appropriate housing where they can maintain complex medication regimens and address HIV related problems. HOPWA funds the following services:

Core Services	Support Services
Medical Case Management (MA and NH) Mental Health Services (MA and NH) Substance Abuse Services – Outpatient (MA and NH)	Emergency Financial Assistance (MA and NH) Employment Services* (MA and NH) Food Bank/Home-delivered Meals (MA) Health Education/Risk Reduction (MA) Housing Services (MA and NH) Linguistic Services (NH) Medical Transportation Services (MA and NH) Non-medical Case Management (MA) Referral for Health Care/ Supportive Services(MA and NH) Substance Abuse Services – Residential (MA)

*This is not a HRSA service category, however these services are provided under HOPWA grants in NH and MA.

Number of Agencies/Programs Funded Within the EMA:

MA: 11

NH: 4

Number of PLWH Served:

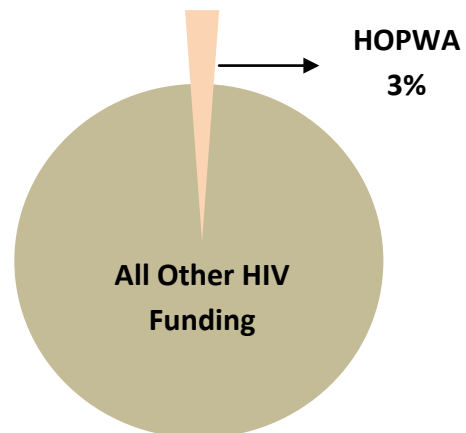
2,432

HOPWA Funding Share

HOPWA funding represents 3% (\$7,097,201) of total public HIV funding, and 7% of the other federal funding in the Boston EMA.

HOPWA funding is distributed as follows:

8% Core Services
92% Support Services



SAMHSA

What is SAMHSA?

The Substance Abuse and Mental Health Services Administration (SAMHSA) is the agency within the U.S. Department of Health and Human Services that leads public health efforts to advance the behavioral health of the nation. SAMHSA funding supports a wide variety of mental health and substance use disorder treatment programs for PLWH. These funds are administered by the MA Bureau of Substance Abuse Services (BSAS) in MA and the Bureau of Drug and Alcohol Services (BDAS) in NH. They fund the following services:

Core Services	Support Services
Substance Abuse Services – Outpatient	Non-medical Case Management Psychosocial Support Services Substance Abuse Services – Residential

Number of Agencies/Programs Funded Within the EMA:

MA: No data available

NH: 7

Number of PLWH Served:

No data available

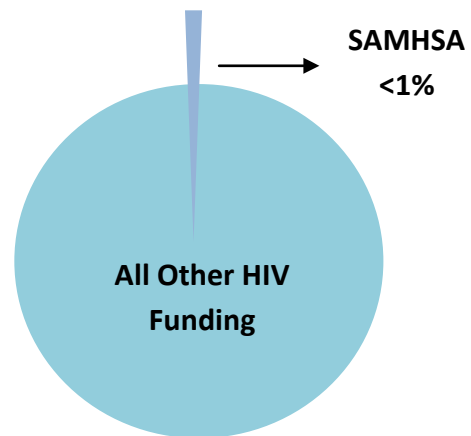
SAMHSA Funding Share

SAMHSA funding represents <1% (\$312,213) of total public HIV funding, and <1% of the Other Federal funding in the Boston EMA.

SAMHSA funding is distributed as follows:

8% Core Services

92% Support Services



CDC

What is CDC?

As a part of its overall public health mission, the Centers for Disease Control and Prevention (CDC) provides leadership in helping control HIV by working with community, state, national, and international partners in surveillance, research, prevention, and evaluation activities. The main purpose of the CDC's funding is to strengthen the current capacity of local health departments, community based organizations and healthcare agencies to implement and sustain HIV prevention and care interventions and strategies. CDC funding in the EMA provides the following:

Core Services
Early Intervention Services

Number of Agencies/Programs Funded Within the EMA:

No data available

Number of PLWH Served:

MA: No data available

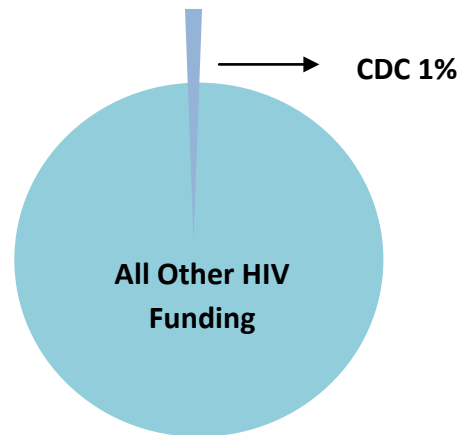
NH: 758

CDC Funding Share

CDC funding represents 1% (\$2,366,491) of total public HIV funding, and 2% of the Other Federal funding in the Boston EMA.

CDC funding is distributed as follows:

100% Core Services



C. State Funding

State funding sources are important contributors to the continuum of HIV services in the Boston EMA. MA and NH are close geographically, but differ substantially in terms of demographics and political culture. This section explores funding provided by MA and NH. State funding represents 47% of total funding for HIV services in the Boston EMA; 93% goes towards core medical services and 7% to support services (Figures 17 and 18). A summary of client demographics for each source is shown in Figures 19-21 and Appendix 4.

Figure 17: State Funding for HIV

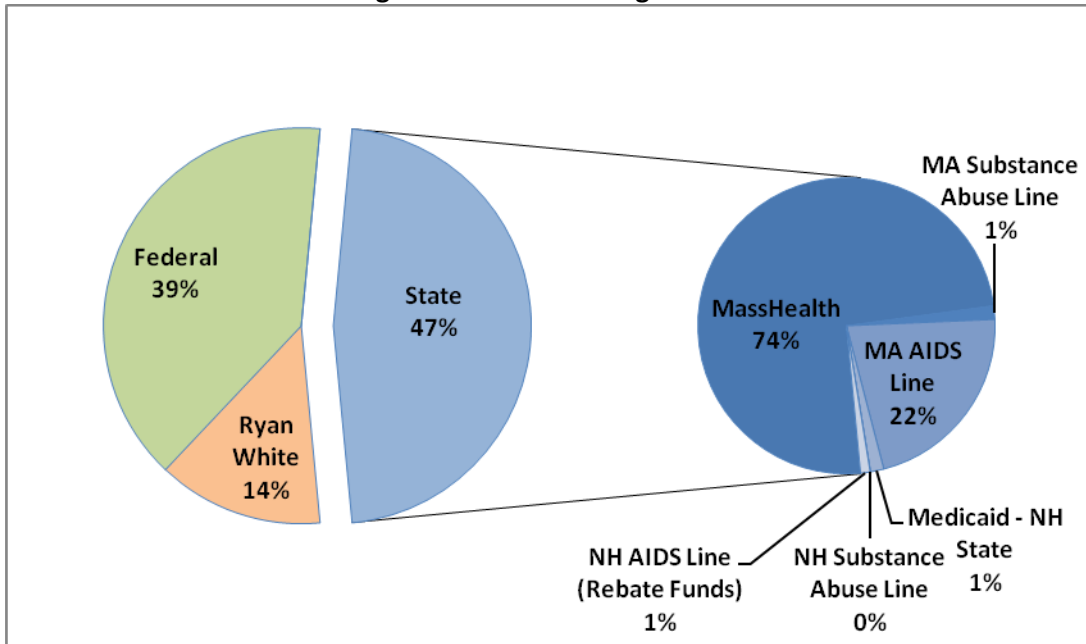
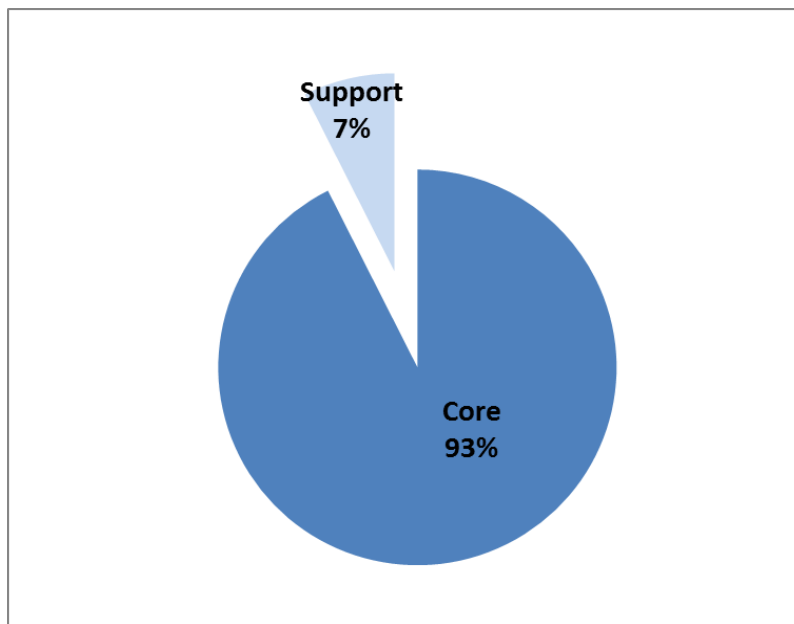


Figure 18: State Funding by Core and Support Services



Demographics of Clients Served Through State Funding

Figure 19: Demographics of Clients Served by Race

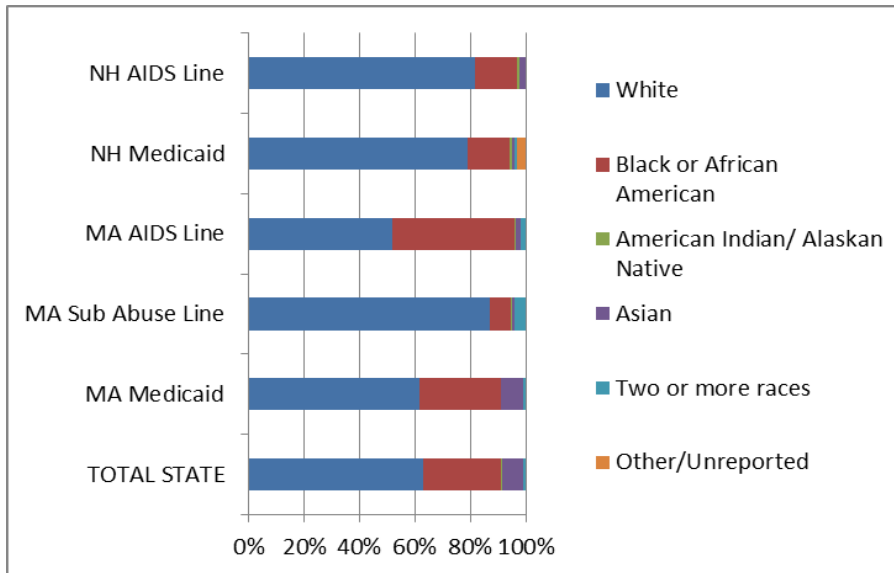


Figure 20: Demographics of Clients Served by Hispanic Origin

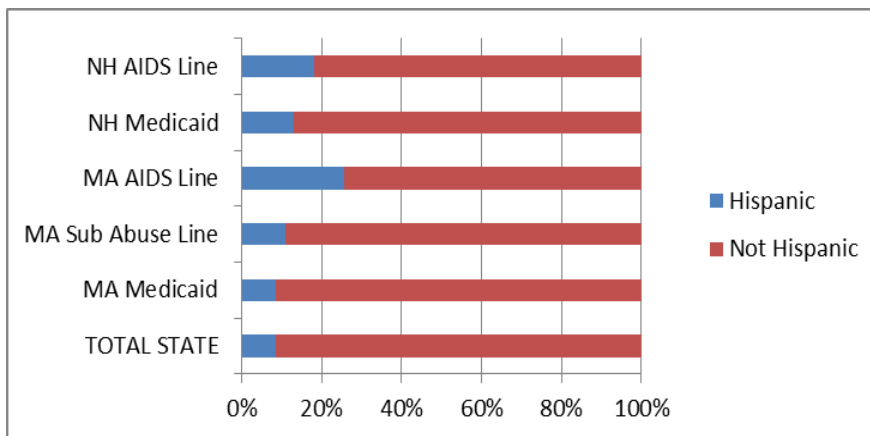
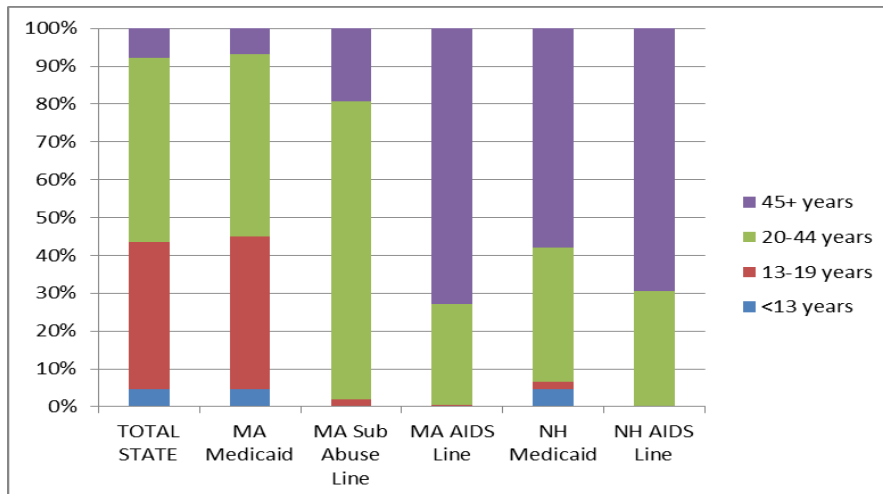


Figure 21: Demographics of Clients Served by Age



MA AIDS Line

What is MA AIDS Line?

It is the funding for HIV services through the MDPH AIDS budget line item. It supports the following services:

Core Services	Support Services
AIDS Drug Assistance Program (ADAP) Early Intervention Services Medical Case Management Oral Health Care	Food Bank/Home-delivered Meals Housing Services Psychosocial Support Services

What Geographic Areas Are Covered by This Funding?

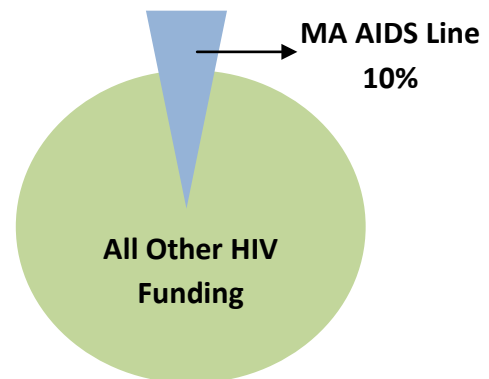
Funding covers the Commonwealth of Massachusetts, but the information provided reflects services in the Boston EMA MA counties.

MA AIDS Line Funding Share

MA AIDS Line funding represents 10% (\$25,850,364) of total public HIV funding, and 22% of the State funding in the Boston EMA.

MA AIDS Line is distributed as follows:

91% Core Services
9% Support Services



NH AIDS Line (Rebate Funds)

What is NH AIDS Line?

For FY 15, the state of NH did not provide any funds in their budget for HIV services. However, the state still benefits from the 340B rebate program and receives pharmaceutical rebate funds to support services. It supports the following services:

Core Services	Support Services
AIDS Drug Assistance Program (ADAP) Health Insurance Premium/Cost-Sharing Assistance Medical Case Management	Food Bank/Home-delivered Meals Housing Services Medical Transportation

What Geographic Areas Are Covered by Funding?

Reported funding amount is for services in the Boston EMA only.

Number of PLWH Who Were Served:

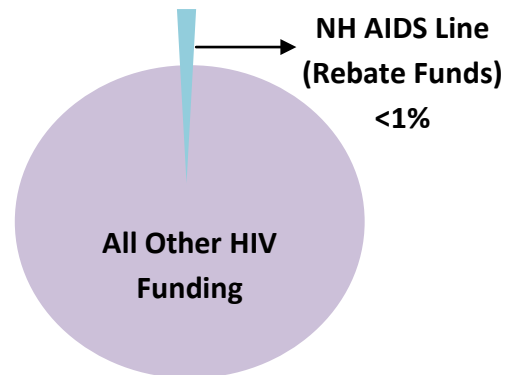
228

NH AIDS Line Funding Share

NH rebate funding represents <1% (\$1,262,838) of total public HIV funding, and 1% of the State funding in the Boston EMA.

NH rebate funds are distributed as follows:

- 93% Core Services**
- 7% Support Services**



MA Medicaid (MassHealth)

What is MA Medicaid: MA Medicaid (MassHealth) is the state’s contribution to the Medicaid program. Services provided by this funding include the following:

Core Services	Support Services
Home & Community-based Health Services Home Health Care Hospice Services Medical Case Management Mental Health Services Oral Health Care Outpatient/Ambulatory Medical Care Substance Abuse Services – Outpatient	Medical Transportation Services Rehabilitation Services

Number of PLWH Who Were Served:

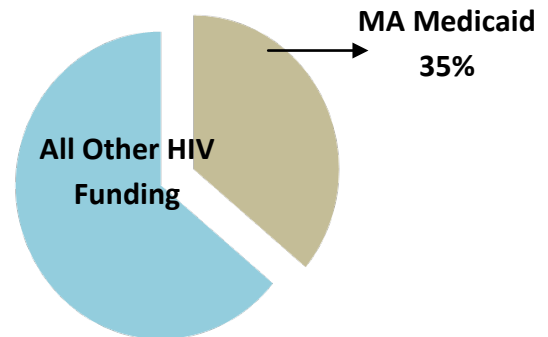
MA: 21,537

MA Medicaid (MassHealth) Funding Share

MassHealth funding represents 35% (\$88,867,893) of total public HIV funding, and 74% of the State funding in the EMA.

MassHealth funding is distributed as follows:

95% Core Services
5% Support Services



NH Medicaid

What is NH Medicaid? It is the state’s contribution to the Medicaid program. Services provided by this funding include the following:

Core Services	Support Services
Home & Community-based Health Services Home Health Care Medical Case Management Mental Health Services Oral Health Care Outpatient/Ambulatory Medical Care	Medical Transportation Services

Number of PLWH Who Were Served:

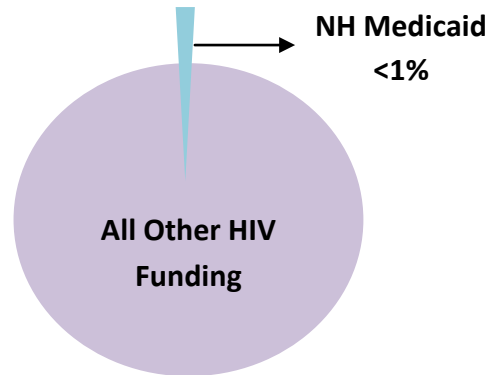
344

NH Medicaid Funding Share

NH Medicaid funding represents <1% (\$1,749,492) of total public HIV funding, and 1% of the State funding in the EMA.

NH Medicaid is distributed as follows:

99.5% Core Services
<1% Support Services



MA Substance Abuse Line Item

What is the MA Substance Abuse Line Item?

Massachusetts provides funding for substance abuse services through the MDPH Substance Abuse Treatment line item. These funds are administered by the MA Bureau of Substance Abuse Services (BSAS) in MA. While HIV serostatus of clients is not collected, BSAS provides a range of HIV related services to PLWH, injection drug users, pregnant women, homeless individuals, and individuals with chronic medical diagnoses are prioritized for admission to the services provided by BSAS programs. They fund the following services:

Core Services	Support Services
Substance Abuse Services – Outpatient	Non-medical Case Management Psychosocial Support Services Substance Abuse Services – Residential

Number of Agencies/Programs Funded Within the EMA:

No data available

Number of Clients Served:

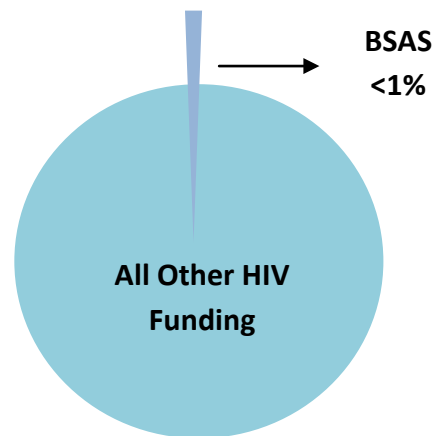
24,233 (Estimate 2% PLWH)

BSAS Funding Share

Estimated BSAS funding represents <1% (\$1,759,014) of total public HIV funding, and 1% of State funding in the Boston EMA.

BSAS funding is distributed as follows:

- 4% Core Services**
- 96% Support Services**



NH Substance Abuse Line Item

What is the NH Substance Abuse Line Item?

NH funding for substance use treatment, intervention and recovery support services are administered by the Bureau of Drug and Alcohol Services (BDAS). They fund the following services:

Core Services	Support Services
Substance Abuse Services – Outpatient	Substance Abuse Services – Residential

Number of Agencies/Programs Funded Within the EMA:

MA: No data available

NH: 7

Number of PLWH Served:

No data available

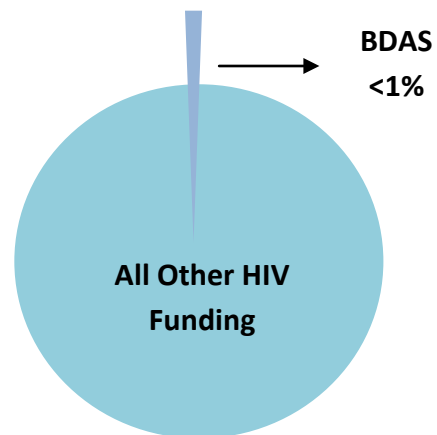
BDAS Funding Share

BDAS funding represents <1% (\$33,368) of total HIV funding.

BDAS funding is distributed as follows:

38% Core Services

62% Support Services



SECTION III: Private Funding

Many non-public sources fund services for PLWH. This section reports on funding by foundations. Of the philanthropic funding within the Boston EMA, 69% provides core services and 31% health related support services (Figure 22). Most funding for core services paid for outpatient ambulatory medical care (\$258,252). Under support services, the vast majority was allocated to food bank/ home delivered meals.

Figure 22: Private Funding by Core and Support Services

Service Categories	Service Type	Amount
Early Intervention Services	Core	\$ 27,343
Health Insurance Premium & Cost Sharing Assistance	Core	\$ 1,500
Medical Nutrition Therapy	Core	\$ 95,000
Outpatient Ambulatory Medical Care	Core	\$ 258,252
Case Management, Non-medical	Support	\$ 11,500
Emergency Financial Assistance	Support	\$ 3,000
Food Bank/ Home Delivered Meals	Support	\$ 114,275
Housing Services	Support	\$ 26,500
Medical Transportation	Support	\$ 1,000
Psychosocial Support (Peer Support)	Support	\$ 5,000
Referral for Health Care / Supportive Services	Support	\$ 1,500
Other	Other	\$ 5,000
	Total	\$ 549,870

SECTION IV: Appendices

Appendix 1: HRSA Core and Support Service Category Definitions

Appendix 2: Client Utilization of Ryan White Funding by Demographic and HIV Exposure Groups

Appendix 3: Client Utilization of Other Federal Funding by Demographic and HIV Exposure Groups

Appendix 4: Client Utilization of State Funding by Demographic and HIV Exposure Groups

Appendix 1: HRSA Core and Support Service Category Definitions

CORE Service Categories

SERVICE CATEGORY <i>(In alphabetical order)</i>	DEFINITION
AIDS Drug Assistance Program (ADAP/HDAP)	A State-administered program authorized under Part B of the Ryan White Program that provides FDA-approved medications to low-income individuals with HIV disease who have limited or no coverage from private insurance, Medicaid, or Medicare.
Early Intervention Services (EIS)	Include counseling individuals with respect to HIV/AIDS; testing (including tests to confirm the presence of the disease, to diagnose the extent of immune deficiency, and to provide information on appropriate therapeutic measures); referrals; other clinical and diagnostic services regarding HIV/AIDS; periodic medical evaluations for individuals with HIV/AIDS; and provision of therapeutic measures.
Health Insurance Premium and Cost Sharing Assistance	Is the provision of financial assistance for eligible individuals living with HIV to maintain continuity of health insurance or to receive medical benefits under a health insurance program. This includes premium payments, risk pools, co-payments, and deductibles.
Home Health Care	Is the provision of services in the home by licensed health care workers, such as nurses, and the administration of intravenous and aerosolized treatment, parenteral feeding, diagnostic testing, and other medical therapies.
Home and Community-Based Health Services	Includes skilled health services furnished to the individual in the individual's home, based on a written plan of care established by a case management team that includes appropriate health care professionals. Services include: durable medical equipment; home health aide services and personal care services in the home; day treatment or other partial hospitalization services; home intravenous and aerosolized drug therapy (including prescription drugs administered as part of such therapy); routine diagnostics testing administered in the home; and appropriate mental health, developmental, and rehabilitation services. NOTE: Inpatient hospital services, nursing homes, and other long-term care facilities are not included as home and community-based health services.
Hospice Services	Are end-of-life care provided to clients in the terminal stage of an illness. They include room, board, nursing care, counseling, physician services, and palliative therapeutics. Services may be provided in a residential setting, including a non-acute-care section of a hospital that has been designated and staffed to provide hospice services.
Medical Case Management	A range of client-centered services that link clients with health care, psychosocial, and other services. The coordination and follow-up of medical treatments are a component of medical case management. These services ensure timely and coordinated access to medically appropriate levels of health and support services and continuity of care through ongoing assessment of the client and other key family members' needs and personal support systems. Medical case management includes the provision of treatment adherence counseling to ensure readiness for, and adherence to, complex HIV/AIDS treatments. Key activities include: (1) initial assessment of service needs; (2) development of a comprehensive, individualized service plan; (3) coordination of services required to implement the plan; (4) client monitoring to assess the efficacy of the plan; and (5) periodic reevaluation and adaptation of the plan as necessary over the life of the client. It includes client-specific advocacy and review of utilization of services. This includes all types of case management, including face-to-face, telephone, and any other forms of communication. Boston EMA Addendum: <i>Services are to be offered in a variety of locations which may include one or more of the following venues: the agency or office setting, home visits, or other community-based settings.</i>

Medical Nutrition Therapy	<p>Is provided by a licensed registered dietitian outside of a primary care visit. The provision of food may be provided pursuant to a physician's recommendation and a nutritional plan developed by a licensed, registered dietitian. Nutritional services and nutritional supplements not provided by a licensed, registered dietitian shall be considered a support service. Food not provided pursuant to a physician's recommendation and a nutritional plan developed by a licensed, registered dietitian also shall be considered a support service.</p>
Mental Health	<p>Psychological and psychiatric treatment and counseling services for individuals with a diagnosed mental illness. They are conducted in a group or individual setting, and provided by a mental health professional licensed or authorized within the State to render such services. Such professionals typically include psychiatrists, psychologists, and licensed clinical social workers.</p>
Oral Health Care	<p>Diagnostic, preventive, and therapeutic services provided by a dental health care professional licensed to provide health care in the State or jurisdiction, including general dental practitioners, dental specialists, and dental hygienists, as well as licensed and trained and dental assistants. Boston EMA Addendum: <i>Services funded by this category include education for, outreach to, and recruitment of dental providers.</i></p>
Outpatient/Ambulatory Medical Care	<p>The provision of professional diagnostic and therapeutic services rendered by a physician, physician's assistant, clinical nurse specialist, nurse practitioner, or other health care professional who is certified in his or her jurisdiction to prescribe antiretroviral (ARV) therapy in an outpatient setting. These settings include clinics, medical offices, and mobile vans where clients generally do not stay overnight. Emergency room services are not considered outpatient settings. Services include diagnostic testing, early intervention and risk assessment, preventive care and screening, practitioner examination, medical history taking, diagnosis and treatment of common physical and mental conditions, prescribing and managing medication therapy, education and counseling on health issues, well-baby care, continuing care and management of chronic conditions, and referral to and provision of specialty care (includes all medical subspecialties). Primary medical care for the treatment of HIV infection includes the provision of care that is consistent with the PHS's guidelines. Such care must include access to ARV and other drug therapies, including prophylaxis and treatment of opportunistic infections and combination ARV therapies.</p>
Substance Abuse Services --Outpatient	<p>Medical or other treatment and/or counseling to address substance abuse problems (i.e., alcohol and/or legal and illegal drugs) in an outpatient setting by a physician or under the supervision of a physician, or by other qualified personnel.</p>

SUPPORT Service Categories

SERVICE CATEGORY <i>(In alphabetical order)</i>	DEFINITION
Case Management, Non-Medical <i>(i.e. Client Advocacy)</i>	Include advice and assistance in obtaining medical, social, community, legal, financial, and other needed services. Non-medical case management does not involve coordination and follow-up of medical treatments. Boston EMA Addendum: <i>Services offered under this category may include client advocacy, legal services, specialized assistance with benefits, and interpretation or other linguistic services.</i>
Child Care Services	Are care for the children of clients who are HIV-positive while the clients are attending medical or other appointments or RWHAP-related meetings, groups, or training. These do not include child care while the client is at work.
Emergency Financial Assistance	Is the provision of short-term payments to agencies or the establishment of voucher programs to help with emergency expenses related to essential utilities, housing, food (including groceries, food vouchers, and food stamps), and medication, when other resources are not available. Part A and Part B programs must allocate, track, and report these funds under specific service categories, as described under 2.6 in DSS Program Policy Guidance No. 2 (formerly Policy No. 97-02).
Food Bank/ Home-Delivered Meals	The provision of actual food or meals. It does not include finances to purchase food or meals, but may include vouchers to purchase food. The provision of essential household supplies, such as hygiene items and household cleaning supplies, also should be included in this item. The provision of food and/or nutritional supplements by a non-registered dietician should be included in this item as well.
Health Education/ Risk Reduction	Includes services that educate clients living with HIV about HIV transmission and how to reduce the risk of transmission. It includes the provision of information about medical and psychosocial support services and counseling to help clients living with HIV improve their health status.
Housing Services	Short-term assistance to support emergency, temporary, or transitional housing to enable an individual or family to gain or maintain medical care. Housing-related referral services include assessment, search, placement, advocacy, and the fees associated with them. Eligible housing can include both housing that does not provide direct medical or supportive services and housing that provides some type of medical or supportive services, such as residential mental health services, foster care, or assisted living residential services.
Legal services	Are services to individuals with respect to powers of attorney, do-not-resuscitate orders, and interventions necessary to ensure access to eligible benefits, including discrimination or breach of confidentiality litigation as it relates to services eligible for funding under the Ryan White HIV/AIDS Program. NOTE: Legal services do not include any legal services to arrange for guardianship or adoption of children after the death of their normal caregiver.
Linguistics Services	Include interpretation and translation services, both oral and written.
Medical Transportation Services	Conveyance services provided, directly or through a voucher, to a client to enable him or her to access health care services.

Outreach services	Are programs that have as their principal purpose identification of people with unknown HIV disease or those who know their status (i.e., case finding) so that they may become aware of, and may be enrolled in, care and treatment services. Outreach services do not include HIV counseling and testing or HIV prevention education. These services may target high-risk communities or individuals. Outreach programs must be planned and delivered in coordination with local HIV prevention outreach programs to avoid duplication of effort; targeted to populations known through local epidemiologic data to be at disproportionate risk for HIV infection; conducted at times and in places where there is a high probability of reaching individuals with HIV infection; and designed with quantified program reporting that will accommodate local effectiveness evaluation.
Permanency Planning	Includes services to help clients/families make decisions about the placement and care of minor children after the parents/caregivers are deceased or are no longer able to care for them.
Psychosocial Support <i>(i.e. Peer Support)</i>	Support and counseling activities, child abuse and neglect counseling, HIV support groups, pastoral care, caregiver support, and bereavement counseling. They include nutrition counseling provided by a non-registered dietitian, but exclude the provision of nutritional supplements. Boston EMA Addendum: <i>Services funded under this category include peer support, where the person providing the psychosocial support is a person infected with HIV and of the client's self-identified community.</i>
Referral for Health Care/ Supportive Services	Are the act of directing a client to a service in person or through telephone, written, or other type of communication. Referrals that were not part of ambulatory/outpatient medical care services or case management services (medical or non-medical) should be reported under this item. Referrals for health care/supportive services provided by outpatient/ambulatory medical care providers should be included under the outpatient/ambulatory medical care service category. Referrals for health care/supportive services provided by case managers (medical and non-medical) should be reported in the appropriate case management service category—Medical Case Management or Case Management (non-medical).
Rehabilitation Services	Are provided by a licensed or authorized professional in accordance with an individualized plan of care intended to improve or maintain a client's quality of life and optimal capacity for self-care. These include physical and occupational therapy, speech pathology, and low-vision training.
Respite Care	Is community or home-based, non-medical assistance designed to relieve the primary caregiver responsible for providing day-to-day care of a client living with HIV/AIDS.
Substance Abuse Services --Residential	Treatment to address substance abuse problems (including alcohol and/or legal and illegal drugs) in a residential health service setting (short-term).
Treatment Adherence counseling	Is counseling or special programs to ensure readiness for, and adherence to, complex HIV/AIDS treatments by non-medical personnel outside of the medical case management and clinical setting.

Appendix 2: Client Utilization of Ryan White Funding by Demographic and HIV Exposure Groups

Demographic Group / Exposure Category	RYAN WHITE PARTS							
	Part A	Part B			Part C	Part D	Part F	Total Ryan White
	BPHC	MA (State Included)	NH	Total Part B	Total Part C	Total Part D	Total Part F Dental	TOTAL RYAN WHITE
Race	%	%	%	%	%	%	%	%
White	55%	43%	71%	44%	59%	30%	28%	50%
Black or African American	34%	37%	16%	36%	26%	53%	14%	32%
American Indian/ Alaskan Native	1%	0%	1%	1%	1%	0%	0%	1%
Asian	1%	1%	1%	1%	2%	1%	1%	2%
Some other race	8%	17%	11%	17%	10%	12%	0%	11%
Two or more races	1%	1%	0%	1%	3%	3%	2%	2%
Unreported	0%	0%	0%	0%	0%	0%	55%	2%
Total	100%	100%	100%	100%	100%	100%	100%	100%
Ethnicity								
Hispanic	29%	26%	18%	25%	35%	27%	18%	30%
Not Hispanic	71%	74%	82%	75%	65%	73%	82%	70%
Total	100%	100.0%	100%	100%	100%	100%	100%	100%
Age								
<13 years	1%	0%	0%	0%	0%	12%	0%	1%
13-19 years	0%	0%	0%	0%	0%	14%	0%	1%
20-44 years	27%	27%	30%	27%	35%	38%	15%	29%
45+ years	72%	73%	70%	73%	64%	36%	85%	69%
Total	100%	100%	100%	100%	100%	100%	100%	100%
Adult/Adolescent HIV Exposure								
Men who have sex with men (MSM)	35%	26%	47%	27%	49%	5%	0%	34%
Injection drug users (IDU)	14%	21%	10%	21%	15%	19%	0%	16%
Men who have sex with men and inject drugs (MSM & IDU)	0%	1%	3%	2%	2%	0%	0%	1%
Heterosexual	44%	42%	31%	42%	30%	71%	0%	39%
Other/hemophilia/blood transfusion	1%	2%	4%	2%	1%	1%	0%	1%
Risk not reported or identified	7%	7%	6%	7%	4%	3%	100%	9%
Total	100%	100%	100%	100%	100%	100%	100%	100%
Pediatric AIDS Exposure								
Mother with/at risk for HIV Infection	69%	*	*	100%	90%	100%	0%	92%
Other/hemophilia/blood transfusion	*	*	*	0%	10%	0%	0%	1%
Risk not reported or identified	*	*	*	0%	0%	0%	100%	7%
Total	69%			100%	100%	100%	100%	100%

* Data not available

Appendix 3: Client Utilization of Other Federal Funding by Demographic and HIV Exposure Groups

Demographic Group	OTHER FEDERAL*				
	SAMSHA	CDC (NH)	Medicaid	Total HOPWA	TOTAL Federal
Race	%	%	%	%	%
White	80%	88%	40%	38%	61%
Black or African American	7%	5%	19%	36%	29%
American Indian/ Alaskan Native	0%	1%	0%	0%	0%
Asian	1%	2%	5%	1%	6%
Some other race	8%	3%	36%	23%	2%
Two or more races	4%	1%	1%	2%	2%
Total	100%	100%	100%	100%	100%
Ethnicity					
Hispanic	11%	13%	8%	30%	10%
Not Hispanic	89%	87%	92%	70%	90%
Total	100%	100%	100%	100%	100%
Age					
<13 years	0%	0%	5%	0%	4%
13-19 years	2%	7%	40%	3%	36%
20-44 years	79%	73%	48%	44%	49%
45+ years	19%	19%	7%	53%	11%
Total	100%	100%	100%	100%	100%

*Data not available for CDC Massachusetts, and Risk Exposure categories

Appendix 4: Client Utilization of State Funding by Demographic and HIV Exposure Groups

Demographic Group / Exposure Category	STATE				
	MA Medicaid	MA Substance Abuse Line	NH Medicaid	NH (Rebates)	TOTAL STATE
Race	%	%	%	%	%
White	40%	80%	76%	71%	41%
Black or African American	19%	7%	15%	16%	18%
American Indian/ Alaskan Native	0%	0%	1%	1%	0%
Asian	5%	1%	1%	1%	5%
Some other race	36%	8%	4%	11%	35%
Two or more races	1%	4%	1%	0%	1%
Unknown	0%		3%	0%	0%
Total	100%	100%	100%	100%	100%
Ethnicity					
Hispanic	8%	11%	13%	18%	9%
Not Hispanic	92%	89%	87%	82%	91%
Total	100%	100%	100%	100%	100%
Age					
<13 years	5%	0%	5%	0%	5%
13-19 years	40%	2%	2%	0%	39%
20-44 years	48%	79%	35%	30%	49%
45+ years	7%	19%	58%	69%	8%
Total	100%	100%	100%	100%	100%

*Data not available for MA AIDS Line, NH Substance Abuse Line, and Risk Exposure categories