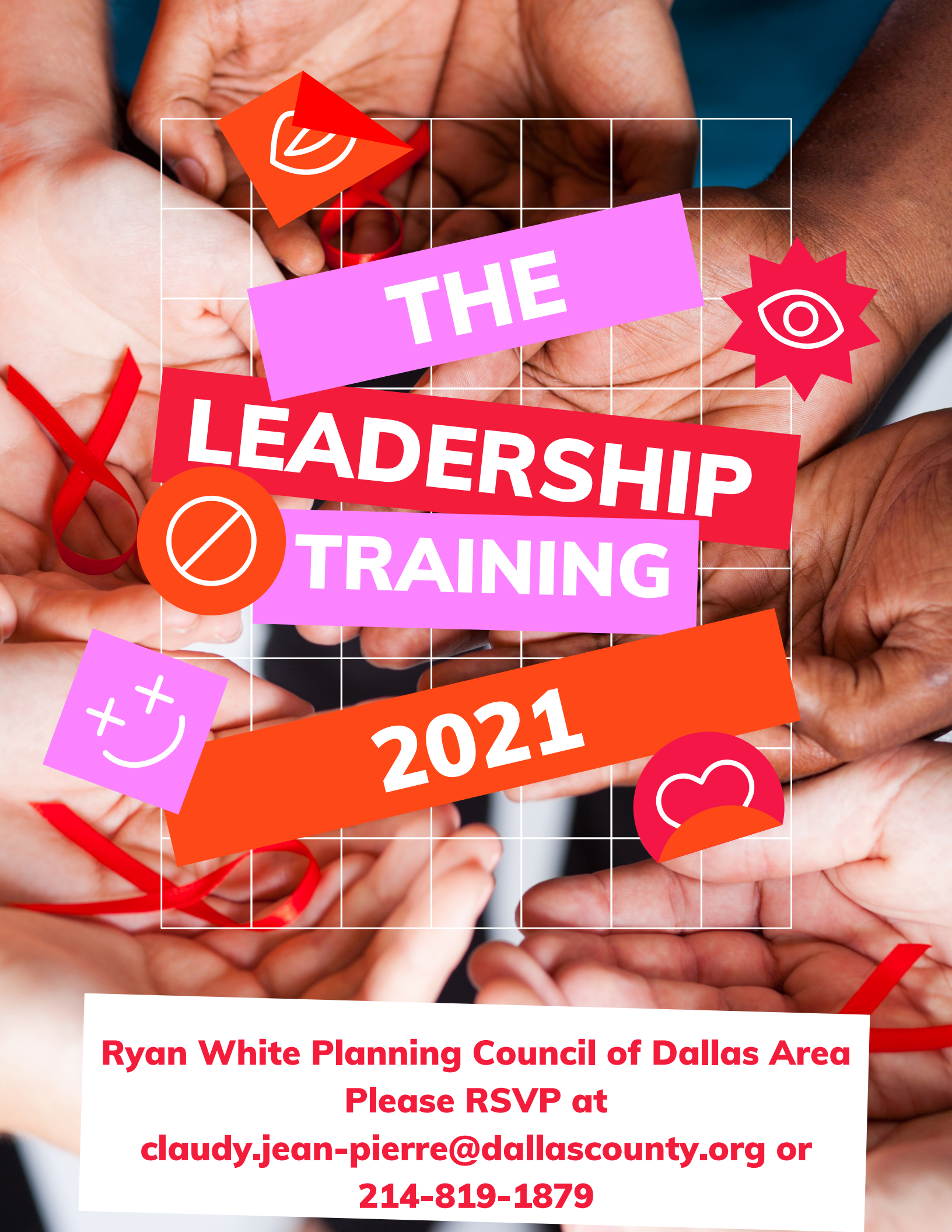

Ryan White Planning Council of Dallas Area

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Ryan White Planning Leadership Training April 14, 2021

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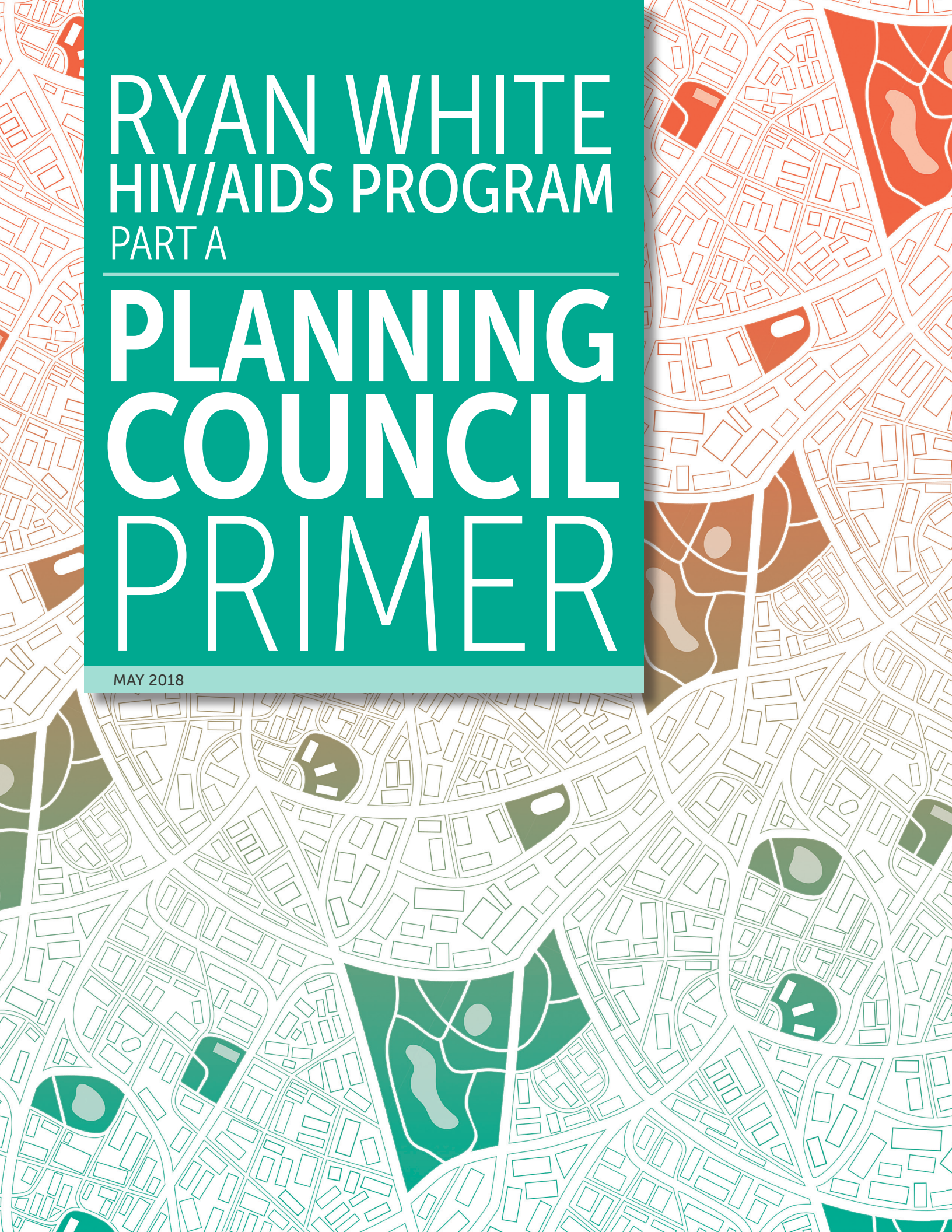
RYAN WHITE HIV/AIDS PROGRAM PART A

PLANNING COUNCIL PRIMER

MAY 2018



PLANNING
CHATT
Community HIV/AIDS
Technical Assistance & Training

This resource was prepared by JSI Research & Training Institute, Inc. in collaboration with EGM Consulting, LLC, and supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number U69HA30795: Ryan White HIV/AIDS Program Planning Council and Transitional Grant Area Planning Body Technical Assistance Cooperative Agreement. This information or content and conclusions are those of the authors and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.

JSI

EGM Consulting, LLC

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Introduction

Uniqueness and Value of Planning Councils

One of the important aspects of the Ryan White HIV/AIDS Program (RWHAP) is its focus on community health planning for HIV care and treatment. Community health planning is a deliberate effort to involve diverse community members in "an open public process designed to improve the availability, accessibility, and quality of healthcare services in their community."[1] The process involves "identifying community needs, assessing capacity to meet those needs, allocating resources, and resolving conflicts." For RWHAP Part A, planning councils/planning bodies play that role.

RWHAP planning councils are unique. No other federal health or human services program has a legislatively required planning body that is the decision maker about how funds will be used, has such defined membership composition, and requires such a high level of consumer participation (at least 33 percent). When more than 100 recipients, planning council leaders, and planning council support staff were asked in a recent national assessment[2] about the greatest value of planning councils, they most often identified the following benefits:

- Community involvement in decision making about HIV services
- A consumer voice in decisions about services
- Collaboration among diverse stakeholders, including consumers and other people living with HIV, providers, the local health department, researchers, and other community members, with everyone sitting at the same table and working together to make the best decisions for the community
- Positive impact on the service system, including improvements in access to and quality of care, and contributions to positive client outcomes including viral suppression.

Individuals who serve as RWHAP planning council members make a vital contribution to their communities by helping to strengthen and improve the service system for people living with HIV.

1 Stern J. Community Planning, American Health Planning Association, 2008. available at http://www.ahpanet.org/files/community_health_planning_09.pdf

2 McKay E., et al. Engaging RWHAP Consumers in Planning and Needs Assessment, 2016 National Ryan White Conference on HIV Care & Treatment. available at https://careacttarget.org/sites/default/files/supporting-files/6746McKay.pdf

Purpose of the Primer

This Primer is designed to help Ryan White HIV/AIDS Program (RWHAP) Part A planning council members better understand the roles and functioning of planning councils.

The Primer explains what RWHAP does, and describes what planning councils do in helping make decisions about what RWHAP services to fund and deliver in their geographic areas. The Primer is intended to be a basic reference to help prepare planning council members to actively engage in planning council activities, and effectively carry out their legislatively defined community health planning duties.

While most RWHAP Part A jurisdictions have planning councils, a few smaller areas have planning bodies, which serve the same purpose but are not subject to the same legislative requirements as planning councils. This Primer describes the expectations for planning councils; there are no specific requirements for other types of planning bodies. However, Health Resources and Services Administration (HRSA) encourages such planning bodies to be as similar as possible to planning councils in their membership, and to carry out the same activities as planning councils[3], as outlined in the legislation. Therefore this Primer should be useful to planning bodies as well as planning councils.

3 HRSA/HAB Letter to RWHAP Part A Grantees, 2013. Available at https://hab.hrsa.gov/sites/default/files/hab/Global/transitionalgrantareasplanningcouncilsmoving-forward.pdf

The Ryan White HIV/AIDS Program

The Ryan White HIV/AIDS Program (RWHAP) provides a comprehensive system of care that includes primary medical care and essential support services for people living with HIV who are uninsured or underinsured. The Program works with cities, states, and local community-based organizations to provide HIV care and treatment services to more than half a million people each year. The Program reaches over half of all people diagnosed with HIV in the United States.

The majority of Ryan White HIV/AIDS Program funds support primary medical care and essential support services. A smaller but equally critical portion is used to fund technical assistance, clinical training and the development of innovative models of care. The Program serves as an important source of ongoing access to HIV medications that can enable people living with HIV to live close to normal lifespans.

The RWHAP legislation is known as the Ryan White HIV/AIDS Treatment Extension Act of 2009, and is also Title XXVI of the Public Health Service Act. The legislation was first passed in 1990 as the Ryan White CARE (Comprehensive AIDS Resources Emergency) Act. The 2009 law is the fourth reauthorization of RWHAP by Congress. The program helps people living with HIV get into care early, stay in care, and remain healthy.

Most RWHAP funds are used for grants to local and state areas to address the needs of people living with HIV. Many decisions about how to use the money are made by local planning councils/planning bodies and state planning groups, which work as partners with their governments.

RWHAP is administered by the HIV/AIDS Bureau (HAB) of the Health Resources and Services Administration (HRSA). The Health Resources and Services Administration, an agency of the U.S. Department of Health and Human Services, is the primary federal agency for improving access to health care by strengthening the healthcare workforce, building healthy communities and achieving health equity.

The RWHAP legislation supports grants under the five sections of the Act: Parts A, B, C, D, and F. Below is a short description of each. The majority of the funding that goes to RWHAP Part A and Part B is awarded under a formula based on the number of living HIV and AIDS cases in these areas.

RYAN WHITE HIV/AIDS PROGRAM FUNDING

- **RWHAP Part A:** Grants to metropolitan areas hardest hit by the epidemic for HIV medical care and support services
- **RWHAP Part B:** Grants to states and territories for HIV medical care and support services, including HIV-related medications through the AIDS Drug Assistance Program (ADAP)
- **RWHAP Part C:** Community-based early intervention services grants for HIV medical care and support services
- **RWHAP Part D:** Community-based grants for family-centered primary and specialty medical care and support services for infants, children, youth, and women living with HIV
- **RWHAP Part F:** Support for five programs—Special Projects of National Significance (SPNS), AIDS Education and Training Centers (AETCs), HIV Dental Programs, and the Minority AIDS Initiative (MAI)

RWHAP Part A: Grants to Eligible Metropolitan and Transitional Areas

RWHAP Part A funds go to local areas that have been hit hardest by the HIV epidemic. The goal of RWHAP Part A is to provide optimal HIV care and treatment for low-income and uninsured people living with HIV to improve their health outcomes.

Almost three quarters of people living with HIV in the U.S. live in RWHAP Part A-funded areas. These areas are called eligible metropolitan areas (EMAs) or transitional grant areas (TGAs):

- EMAs are metropolitan areas with at least 2,000 new cases of AIDS reported in the past five years and at least 3,000 cumulative living cases of AIDS as reported by the Centers for Disease Control and Prevention (CDC) in the most recent calendar year for which data are available. As of early 2018, there were 24 EMAs.
- TGAs are metropolitan areas with between 1,000 and 1,999 new cases of AIDS reported in the past five years and at least 1,500 cumulative living cases of AIDS as reported by the CDC in the most recent calendar year for which data are available. As of early 2018, there were 28 TGAs.

RWHAP Part A funds go to the ***chief elected official (CEO)*** of the major city or county government in the EMA or TGA. The CEO is usually the mayor; however sometimes the CEO is the county executive, chair of the board of supervisors, or county judge. The CEO is legally the recipient of the grant, but usually chooses a lead agency such as a department of health or other entity to manage the grant. That entity is also called the ***recipient***. The recipient manages the grant by making sure RWHAP funds are used according to the RWHAP legislation, program policy guidance, and grants policy. The recipient works with the ***RWHAP Part A planning council/planning body***, which is responsible for making decisions about service priorities and resource allocation of RWHAP Part A funds.

RWHAP Part A funds are used to develop or enhance access to a comprehensive system of high quality, community-based care for low-income people living with HIV. RWHAP Part A recipients must provide comprehensive primary health care and support services throughout the entire geographic service area. RWHAP Part A funds may be used for HIV primary medical care and other medical-related services and for support services (like medical transportation) that are needed by people living with HIV in order to stay in care, and linked to positive medical outcomes.

At least 75 percent of service funds must be used for core medical-related services, and up to 25 percent may be used for approved support services, unless the EMA or TGA successfully

applies for a waiver. A limited amount of the money (up to 10 percent of the total grant) can be used for administrative costs, which include planning, managing, monitoring, and evaluating programs. Administrative funds are also used to support a comprehensive community planning process, through the work of a planning council or other planning body. In addition, some funds (up to 5 percent of the total grant or $3 million, whichever is less) are set aside for clinical quality management, to ensure service quality.

RWHAP Part B: Grants to States and Territories

RWHAP Part B provides funds to improve the quality, availability, and organization of HIV health care and support services in states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, Guam, and the U.S. Pacific Territories and Associated Jurisdictions.

Like RWHAP Part A funds, RWHAP Part B funds are used for medical and support services. A major priority of RWHAP Part B is providing medications for people living with HIV. The RWHAP legislation gives states flexibility to deliver these services under several programs:

- Grants for medical and support services for people living with HIV
- The AIDS Drug Assistance Program (ADAP), which provides access to HIV-related medications through the purchase of medications and the purchase of health insurance
- Grants to states with emerging communities that have a growing rate of HIV/AIDS.

States can receive ADAP funds through three types of grants:

- Formula funding that goes to every state and territory based on the number of living HIV/AIDS cases reported by the CDC in the most recent calendar year
- Competitive ADAP supplemental funding, supported through a five percent set aside of the ADAP base award and provided to states and territories that meet RWHAP legislative eligibility criteria and apply for additional funds to address a severe need for medications
- Competitive ADAP Emergency Relief Funding (ERF), available to states and territories that can demonstrate the need for additional resources to prevent, reduce, or eliminate waiting lists, including through cost-containment measures.

ADAP funds are used to provide HIV antiretroviral medications to low-income people living with HIV. Funds may also be used to pay for health coverage, copays, and deductibles* for eligible clients and for services that enhance access and adherence to drug treatments, or monitor drug treatments.

ADAP FORMULARY REQUIREMENTS

Each ADAP must cover at least one drug from each class of HIV antiretroviral medications on its ADAP formulary. RWHAP funds may only be used to purchase FDA-approved medications. Within these requirements, each ADAP decides which medications to include on its formulary and how those medications will be distributed. ADAP eligibility criteria must be consistently applied across the state or territory, and all formulary medications and ADAP-funded services must be equally and consistently available to all eligible enrolled people throughout the state or territory.

As with RWHAP Part A, 75 percent of RWHAP Part B service dollars must be used for core medical-related services unless the state obtains a waiver. RWHAP Part B recipients can use no more than 10 percent of their grants for administration, including indirect costs. They can also use up to 10 percent for planning and evaluation, but the total for both types of activities must be no more than 15 percent of the RWHAP Part B grant. As with RWHAP Part A, recipients may also spend up to 5 percent of their grant or up to $3 million, whichever is less, for the establishment and implementation of a clinical quality management program.

States are required to conduct a needs assessment to determine service needs of people living with HIV. Based upon needs assessment results, states must set priorities and allocate resources to meet these needs. States must also prepare an integrated HIV prevention and care plan, including a ***Statewide Coordinated Statement of Need (SCSN)***, which is a guide on how to meet these needs.

Planning is an essential part of determining how to use limited RWHAP Part B funds in providing a system of HIV/AIDS care. States are required to obtain community input as a component of planning for the use of RWHAP Part B resources, and many states do this through RWHAP Part B advisory groups. A state can choose to oversee planning itself through statewide or regional planning groups, or can assign the responsibility to consortia. Consortia are associations of public and nonprofit healthcare and support service providers and community-based organizations that the state contracts with to provide planning, resource allocation and contracting, program and fiscal monitoring, and required reporting. Some are statewide groups, while others cover specific local areas or regions. Some regional consortia also directly deliver medical and support services.

Some states also receive ***Emerging Communities*** grants to establish and support systems of care in metropolitan areas that are not eligible for RWHAP Part A funding but have a growing rate of HIV. To be eligible for these funds, a metropolitan area must have between 500 and 999 AIDS cases reported in the past five years. To stay eligible, it must have at least 750 cumulative living AIDS cases as of the most recent calendar year. Some Emerging Communities eventually become eligible for RWHAP Part A funding.

RWHAP Part C: Community-Based Early Intervention Services

RWHAP Part C funds local, community-based organizations to provide comprehensive primary health care and support services in an outpatient setting for people living with HIV.

RWHAP Part C funding is through ***Early Intervention Services (EIS)*** program grants. RWHAP Part C funds also help organizations more effectively deliver HIV care and services. Unlike RWHAP Part A and Part B, these funds are awarded competitively and go directly to community agencies like community health centers, rural health clinics, health departments, and hospitals. While RWHAP Part C funds many locations around the nation, a funding priority under the legislation is support for HIV-related primary care services in rural areas or for populations facing high barriers to access.

RWHAP Part C recipients must use at least 50 percent of the grant for EIS. They may use no more than 10 percent of their grants for administration, including indirect costs. In addition, RWHAP Part C recipients must use at least 75 percent of their grant funds for core medical services and up to 25 percent for support services. This is the same requirement that applies to Parts A and B.

RWHAP Part C also provides Capacity Development grants. ***Capacity Development*** grants help public and nonprofit entities strengthen their organizational infrastructure and improve their capacity to provide high-quality HIV primary care services.

RWHAP PART C EARLY INTERVENTION REQUIRED SERVICES

EIS programs must include the following components:

- HIV counseling
- High-risk targeted HIV testing
- Referral and linkage of people living with HIV to comprehensive care, including outpatient/ ambulatory health services, medical case management, substance abuse treatment, and other services
- Other HIV-related clinical and diagnostic services

RWHAP Part D: Services for Women, Infants, Children, and Youth

RWHAP Part D funds are used to provide family-centered primary medical care and support services to women, infants, children, and youth living with HIV. RWHAP Part D funds are competitive grants that go directly to local public or private healthcare organizations including hospitals, and to public agencies.

RWHAP Part D grants are used for medical services, clinical quality management, and support services, including services designed to engage youth living with HIV and retain them in care. Recipients must coordinate with HIV education and prevention programs designed to reduce the risk of HIV infection among youth. RWHAP Part D recipients can use no more than 10 percent of their grants for administration, including indirect costs.

RWHAP Part F: SPNS, AETC, Dental Programs, and MAI

RWHAP Part F provides grant funding that supports several research, technical assistance, and access-to-care programs.

- **Special Projects of National Significance (SPNS):** SPNS funds are awarded competitively to organizations that are developing new and better ways of serving people living with HIV and addressing emerging client needs. Projects include a strong evaluation component.
- **AIDS Education and Training Centers (AETCs):** AETC regional and national centers train health care providers treating people living with HIV. AETCs train clinicians and multidisciplinary HIV care team members. They help to increase the number of health care providers prepared and motivated to counsel, diagnose, treat, and medically manage people living with HIV.
- **HIV/AIDS Dental Reimbursement Program:** These funds go to dental schools and other dental programs to help pay for dental care for people living with HIV.
- **Community Based Dental Partnership Program:** These funds are used to deliver community-based dental care services for people living with HIV while providing education and clinical training for dental care providers, especially in community-based settings.
- **Minority AIDS Initiative (MAI):** MAI funds are used to improve access to health care and medical outcomes for racial and ethnic minorities— communities that are disproportionately affected by HIV. RWHAP Part A programs apply for MAI funds as part of their annual applications, and receive funds on a formula basis. They are expected to administer MAI activities as an integral part of their larger programs.

How RWHAP Part A Works

The goal of RWHAP Part A is to provide optimal HIV care and treatment for low-income and uninsured people living with HIV residing in the EMA/TGA, in order to improve their health outcomes. This section of the Primer describes the people and entities that participate in RWHAP Part A and what they do.

Participants

Participants in the RWHAP Part A grant for the EMA or TGA include the following:

- The chief elected official (CEO), who receives the funds on behalf of the EMA or TGA
- The recipient, the entity chosen by the CEO to manage the grant and make sure funds are used appropriately
- The planning council (or planning body), which conducts planning, decides how to allocate resources, and works to ensure a system of care that provides equitable access to care and needed services to all eligible people living with HIV in the EMA or TGA
- The HRSA HIV/AIDS Bureau's Division of Metropolitan HIV/AIDS Programs (HAB/DMHAP), the federal government entity within HRSA that makes sure the RWHAP Part A program is implemented appropriately.

The Chief Elected Official (CEO)

The CEO is the person who officially receives the RWHAP Part A funds from HRSA. The CEO is the chief elected official of the major city or urban county in the EMA or TGA that provides HIV care to the largest number of people living with HIV. The CEO may be a mayor, chair of the county board of supervisors, county executive, or county judge. The CEO is responsible for making sure that all the rules and standards for using RWHAP Part A funds are followed. The CEO usually designates an agency to manage the RWHAP Part A grant—generally the county or city health department. The CEO establishes the planning council/planning body and appoints its members.

The Recipient

As the person who receives RWHAP Part A funds, the CEO is the recipient. However, in most EMAs and TGAs, the CEO delegates responsibility for administering the grant to a local government agency (such as a health department) that reports to the CEO. This agency is called the recipient. The word "recipient" means the person or organization that actually carries out RWHAP Part A tasks, whether that is the CEO, the public health department, or another agency that reports to the CEO.

THE RWHAP PART A AWARDS PROCESS

Each year Congress appropriates funds for the Ryan White HIV/AIDS Program, including RWHAP Part A. The money for RWHAP Part A is divided into formula and supplemental funds and Minority AIDS Initiative (MAI) funds.

- **Formula funds** are awarded to EMA or TGAs based on the number of persons living with HIV and AIDS in the EMA or TGA.
- **Supplemental funds** are awarded to the EMA or TGA based on increasing prevalence rates, documented demonstrated need and service gaps, and a demonstrated disproportionate impact on vulnerable populations.
- **RWHAP Part A MAI funds** are allocated based on each EMA's or TGA's percentage of all living HIV disease cases among racial and ethnic minorities.

EMAs or TGAs must submit a grant application to HRSA to receive RWHAP Part A formula, supplemental, and MAI funds.

The recipient should prepare the application with planning council/planning body input. The funding year begins on March 1.

The Planning Council

Before an EMA/TGA can receive RWHAP Part A funds, the CEO must appoint a planning council. The planning council must carry out many complex planning tasks to assess the service needs of people living with HIV living in the area, and specify the kinds and amounts of services required to meet those needs. The planning council is assisted in fulfilling these complex tasks by ***planning council support (PCS) staff*** whose salaries are paid by the grant.

The RWHAP legislation requires planning councils to have members from various types of groups and organizations, including people living with HIV who live in the EMA/TGA. A key function of the planning council is to provide the consumer and community voice in decision-making about medical and support services to be funded with the EMA/TGA's RWHAP Part A dollars.

TGAs do not have to follow the legislative requirements related to planning councils, but must provide a process for obtaining consumer and community input. TGAs that have currently operating planning councils are strongly encouraged by the HIV/AIDS Bureau to maintain that structure.

HRSA/HAB

The HRSA HIV/AIDS Bureau (HAB) is the office in the federal government that is responsible for administering RWHAP Part A throughout the country. The HRSA/HAB office is located in Rockville, Maryland. HRSA develops policies to help implement the legislation, and provides guidance to help recipients understand and implement legislative requirements. These include Policy Clarification Notices (PCNs), related Frequently Asked Questions (FAQs), and Program Letters.

Each EMA or TGA is assigned a ***Project Officer*** who works in HRSA/HAB. Project Officers help the recipient and planning council do their jobs and make sure that they are running the local RWHAP Part A program as the RWHAP legislation, National Monitoring Standards, and other federal regulations say they should. Project Officers make periodic site visits and hold monthly monitoring calls with the recipient. The planning council Chair is sometimes included on a part of these calls.

Planning Council and Recipient: Separate Roles and Mutual Goals

The RWHAP Part A planning council and the recipient have separate roles that are stated in the RWHAP legislation, but they also share some duties.

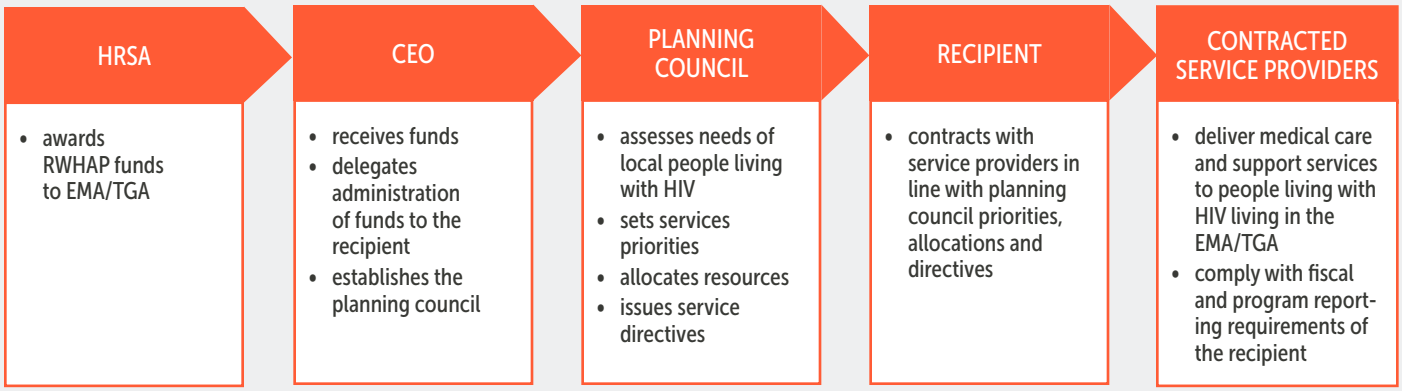
The planning council and the recipient work together on identifying the needs of people living with HIV (by conducting a needs assessment) and preparing a ***CDC and HRSA Integrated HIV Prevention and Care Plan***, formerly known as a comprehensive plan (which is a long-term guide on how to meet those needs).

Both also work together to make sure that other sources of funding work well with RWHAP funds and that RWHAP is the "payor of last resort." This means that other available funding should be used for services before RWHAP dollars are used to pay for them.

The planning council decides what services are priorities for funding and how much funding should be provided for each service category, based upon the needs of people living with HIV in the EMA/TGA. The recipient is accountable for managing RWHAP Part A funds and awarding funds to agencies to provide services that are identified by the planning council as priorities, usually through a competitive "Request for Proposals" (RFP) process.

The planning council cannot do its job without the help of the recipient, and the recipient cannot do its job without the help of the planning council. Some of the responsibilities are identified clearly in the RWHAP legislation. Others must be decided locally. It is important that the planning council and the recipient work together and come to an agreement about their duties. This agreement should be written in planning council bylaws and in a memorandum of understanding (MOU) between the recipient and the planning council.

How RWHAP Part A Improves Access and Services for People Living with HIV



The table below shows which RWHAP Part A participant has responsibility for specific roles and duties. Each of these roles/duties is described in detail in the following sections of the Primer.

Roles/Duties of the CEO, Recipient, and Planning Council

ROLE/DUTY	RESPONSIBILITY		
	CEO	Recipient	Planning Council
Establishment of Planning Council/ Planning Body	✓		
Appointment of Planning Council/ Planning Body Members	✓		
Needs Assessment		✓	✓
Integrated/Comprehensive Planning		✓	✓
Priority Setting			✓
Resource Allocations			✓
Directives			✓
Procurement of Services		✓	
Contract Monitoring		✓	
Coordination of Services		✓	✓
Evaluation of Services: Performance, Outcomes, and Cost-Effectiveness		✓	*Optional*
Development of Service Standards		✓	✓
Clinical Quality Management		✓	*Contributes but not responsible*
Assessment of the Efficiency of the Administrative Mechanism			✓
Planning Council Operations and Support		✓	✓

Planning Council Duties

The planning council (and its staff) must carry out many complex tasks, summarized in the box and described below.

The first step is to set up rules and structures to help the planning council to operate smoothly and fairly (***planning council operations***). This includes bylaws, grievance procedures, conflict of interest policies and procedures, procedures that ensure open meetings, and an open nominations process to identify nominees for the planning council. It also includes a committee structure. Planning councils must be trained in planning, and new members must receive orientation to their roles and responsibilities and those of the recipient.

The planning council must find out about what services are needed and by which populations, as well as the barriers faced by people living with HIV in the EMA or TGA (***needs assessment***). Next—based on needs assessment, utilization, and epidemiologic data—it decides what services are most needed by people living with HIV in the EMA or TGA (***priority setting***) and decides how much RWHAP Part A money should be used for each of these service categories (***resource allocations***).

The planning council may also provide guidance to the recipient on service models, targeting of populations or service areas, and other ways to best meet the identified priorities (***directives***). The planning council works with the recipient to develop a long-term plan on how to provide these services (***integrated/comprehensive planning,*** formerly called comprehensive planning). The planning council reviews service needs and ways that RWHAP Part A services work to fill gaps in care with other RWHAP Parts through the Statewide Coordinated Statement of Need (SCSN) as well as with other programs like Medicaid and Medicare (***coordination***).

The planning council also evaluates how providers are selected and paid, so that funds are made available efficiently where they are most needed (***assessment of the efficiency of the administrative mechanism***). All of these roles are described below.

PLANNING COUNCIL ROLES AND RESPONSIBILITIES

- Planning council operations: structure, policies, and procedures, and membership tasks
- Needs assessment
- Integrated/comprehensive planning
- Priority setting and resource allocations
- Directives: guidance to the recipient on how best to meet priorities
- Coordination with other RWHAP Parts and other HIV-related services
- Assessment of the efficiency of the administrative mechanism
- Development of service standards
- Evaluation of program effectiveness (optional)

Planning Council Operations

Planning councils must have procedures to guide their activities. Planning council operations are usually outlined in their bylaws and described in greater detail in policies and procedures covering the following areas:

MEMBERSHIP

The planning council needs a membership committee and a clear and open nominations process to choose new planning council

members and to replace members when a member's term ends or the person resigns. This includes making sure that the planning council membership overall and the consumer membership meet the requirements of ***reflectiveness***—having characteristics that reflect the local epidemic in such areas as race, ethnicity, gender, and age, and ***representation***—filling the required membership categories as stated in the legislation (See page 17). Particular attention should be paid to including people from disproportionately affected and "historically underserved"[4] groups and subpopulations. At least 33 percent of voting members must be consumers of RWHAP Part A services who are *"unaffiliated"* or *"unaligned."* This means they do not have a conflict of interest, meaning they are not staff, paid consultants, or Board members of RWHAP Part A-funded agencies.

Open nominations require member vacancies and nomination criteria to be widely advertised. The announcement of an opening on the planning council should include the qualifications and other factors that are considered when choosing members. Nomination criteria must include a conflict of interest standard so that planning council members make decisions that are best for people living with HIV in the EMA or TGA, without considering personal or professional benefits for themselves or their families. The planning council reviews nominations against vacancies and recommends members to the CEO for appointment.

LEADERSHIP

Every planning council has a leader, usually called the Chair. This responsibility may be shared by two or more persons, called Co-Chairs, or there may be a Chair and Vice Chair(s). HRSA suggests that the Chair of the planning council be elected by its members. Sometimes a Chair or one Co-Chair is appointed by the recipient from the list of members recommended by the planning council. A person who works for the recipient may not be the only Chair of the council—in this case, there must be Co-Chairs.

COMMITTEES

Planning councils do much of their work in committees. Most planning councils require each member to participate actively on one committee and to attend full planning council meetings. Bylaws usually specify several permanent "standing committees," and may permit special ad hoc temporary or time-limited committees or caucuses as well. Committee structures vary, but most planning councils have an executive or steering committee, a membership committee (sometimes also responsible for operations such as policies and procedures), and a people living with HIV or consumer committee or caucus. In addition, they usually have one or several committees responsible for carrying out major legislative responsibilities related

4 Ryan White HIV/AIDS Treatment Extension Act of 2009 www.hab.hrsa.gov/sites/default/files/hab/About/RyanWhite/legislationtitlexxvi.pdf

Required Planning Council Membership Categories

PEOPLE LIVING WITH HIV & COMMUNITY

- Members of affected communities*
- Non-elected community leaders
- Representatives of recently incarcerated people living with HIV
- Unaffiliated consumers

PUBLIC HEALTH & HEALTH PLANNING

- Public health agencies
- Healthcare planning agencies
- State agencies**

HEALTH & SOCIAL SERVICE PROVIDERS

- Healthcare providers, including FQHCs
- Community-based organizations and AIDS service organizations
- Social service providers
- Mental health and substance abuse treatment providers

FEDERAL HIV PROGRAMS

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

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* Including people living with HIV, members of a federally recognized Indian tribe as represented in the population, individuals co-infected with hepatitis B or C, and "historically underserved[4] groups and subpopulations

** Including state Medicaid agency and agency administering the RWHAP Part B program

† If there is no RWHAP Part D recipient in the EMA or TGA, representatives of organizations with a history of serving children, youth, and families living with HIV

‡ Including HIV prevention services

PLANNING COUNCIL BYLAWS

Each planning council must have written rules, called bylaws, which explain how the planning council operates. Bylaws must be clear and exact. They should include at least the following:

- Mission of the planning council
- Member terms and how members are selected (open nominations process)
- Duties of members
- Officers and their duties
- How meetings are announced and run, including how decisions are made
- What committees the planning council has and how they operate
- Conflict of interest policy
- Grievance procedures
- Code of Conduct for members
- How the bylaws can be amended

to needs assessment, integrated/comprehensive planning, priority setting and resource allocations, and maintaining and improving the system of care. Committees typically discuss issues, develop plans or recommendations, and bring them to the executive/steering committee for review and possible revision. Then the recommendations go to the full planning council for final discussion and action.

TRAINING

Members need to learn how to participate in the many tasks involved in RWHAP planning. Planning councils must provide orientation for new members, covering topics such as the legislation and their roles and responsibilities in planning, as well as those of the recipient. All planning council members should receive periodic training to help them carry out their roles. HRSA requires planning councils to confirm in the annual RWHAP Part A application that training for all members occurred at least once during the year.[5]

GROUP PROCESS

This includes a Code of Conduct, as well as rules for committee and full planning council operations, meeting times, and locations. These decisions are usually summarized in the bylaws and detailed in official policies and procedures.

DECISION MAKING

The planning council needs to agree on how decisions will be made—for example, by voting or consensus—and how grievances related to funding decisions and conflict of interest will be managed (see Planning Council Bylaws). For example, the planning council needs to decide whether its meetings will follow *Robert's Rules of Order.* These rules and procedures are usually included in the bylaws and further described in separate policies and procedures.

CONFLICT OF INTEREST

The planning council must define ***conflict of interest*** and determine how it will be handled as the planning council carries out its duties. The planning council must develop procedures to assure that decisions concerning service priorities and funding allocations are based upon community and client needs and not on the financial interests of individual service providers or the personal or professional interests of individual planning council members. Conflict of interest procedures generally include a disclosure form completed by all members that states in writing any affiliations that could create a conflict of interest.

5 The FY 2018 Notice of Funding Opportunity (NOFO) for RWHAP Part A requires that the letter of assurance from the planning council or the letter of concurrence from the planning body leadership provide evidence that "ongoing, annual membership training occurred, including the date(s)" [p 15].

Usually, conflict of interest policies also apply to specified family members. Thus, planning councils must decide how planning council members may or may not participate in making decisions about specific services if they or close family members are staff, consultants, or Board members of agencies that are receiving RWHAP Part A funds for these specific services, or are competing for such funds. For example, if a planning council member works for a substance abuse treatment provider receiving RWHAP Part A funds, the member may not participate in decision making about priorities, allocations, or directives related to substance abuse treatment. However, members may freely share their insights and expertise at appropriate times in a non-voting context, such as during data presentations or community input sessions, since all members can benefit from hearing a variety of perspectives and expertise.

GRIEVANCE PROCEDURES

The planning council must develop ***grievance procedures*** to handle complaints about how it makes decisions about funding. The grievance procedures must specify who is allowed to file a grievance, types of grievances covered, and how grievances will be handled. The recipient must also have its own grievance procedures, which focus on handling of complaints about the process used for funding of ***subrecipients*** who provide services. The two sets of grievance procedures should be written to be in alignment with each other so that they do not conflict.

PLANNING COUNCIL SUPPORT

Planning councils need personnel to assist them in their work, and money to pay for things like a needs assessment and meeting costs. This is called ***planning council support***. Planning council support should cover reasonable and necessary costs associated with carrying out legislatively mandated functions. The planning council's budget is a part of the recipient's administrative budget, so the planning council and recipient decide together what funds are needed. The planning council then works with its support staff to develop its own budget and monitor expenses, but must meet RWHAP and recipient rules regarding use of funds. In deciding how much planning council support to pay for, planning councils and recipients should balance the need for support in order to meet planning requirements with the need for other administrative activities and for direct services for people living with HIV.

HRSA encourages planning councils to use some planning council support funds to reimburse unaffiliated consumer members for their actual expenses related to participation in the planning council, such as travel or child/dependent care. However, RWHAP funds may not be used to provide stipends to members.

Needs Assessment

The planning council works with the recipient to identify service needs by conducting a needs assessment. This involves first finding out how many persons living with HIV (both HIV/non-AIDS and AIDS) are in the area through an ***epidemiologic profile***. Usually, an epidemiologist from the local or state health department provides this information. Next the council determines the needs of populations living with HIV and the capacity of the service system to meet those needs. This assessment of needs is done through surveys, interviews, key informant sessions, focus groups, or other methods.

The needs assessment seeks to determine:

- Service needs and barriers for people living with HIV who are in care
- The number, characteristics, and service needs and barriers of people living with HIV who know their HIV status and are not in care
- The estimated number, probable characteristics, and barriers to testing for individuals who are HIV-infected but unaware of their status
- The number and location of agencies providing HIV-related services in the EMA or TGA—a resource inventory of the local "system of care"
- Local agencies' capacity and capability to serve people living with HIV, including capacity development needs
- Service gaps for all people living with HIV and how they might be filled, including how RWHAP service providers need to work with other providers, like substance abuse treatment services and HIV prevention agencies.

The needs assessment must include direct input from people living with HIV. Needs assessment is usually a multi-year task, with different components updated each year.

The needs assessment should be a joint effort of the planning council and recipient, with the planning council having lead responsibility. It is sometimes implemented by an outside contractor under the supervision of the planning council. Usually the costs for needs assessment are part of the planning council support budget. Regardless of who does this work, it is important to obtain many perspectives, especially those of diverse groups of people living with HIV, and to consider the needs of people living with HIV in and out of care, including the need to identify those who do not know their status. Results should be carefully analyzed and compared with other data, such as information from the recipient on client characteristics and utilization of funded services. (See Appendix I for a description of the multiple data sources the planning council reviews in making its decisions.)

Priority Setting and Resource Allocations

The planning council uses needs assessment data as well as data from a number of other sources to set priorities and allocate resources. This means the members decide which services are most important to people living with HIV in the EMA or TGA (priority setting) and then agree on which service categories to fund and how much funding to provide (resource allocations). In setting priorities, the planning council should consider what service categories are needed to provide a comprehensive system of care for people living with HIV in the EMA or TGA, without regard to who funds those services.

The planning council must prioritize only service categories that are included in the RWHAP legislation as core medical services or support services. These are the same service categories that can be funded by RWHAP Part B and RWHAP Part C programs. (See page 22 for a list of service categories eligible for RWHAP Part A funding.)

After it sets priorities, the planning council must allocate resources, which means it decides how much RWHAP Part A funding will be used for each of these service priorities. For example, the planning council decides how much funding should go for outpatient/ambulatory health services, mental health services, etc. In allocating resources, planning councils need to focus on the legislative requirement that at least 75 percent of funds must go to cover medical services and not more than 25 percent to support services, unless the EMA or TGA has obtained a waiver of this requirement. Support services must contribute to positive medical outcomes for clients. Typically, the planning council makes resource allocations using three scenarios that assume unchanged, increased, and decreased funding in the coming program year.

The planning council makes decisions about priorities and resource allocations based on many factors, including:

- Needs assessment findings
- Information about the most successful and economical ways of providing services
- Actual service cost and utilization data (provided by the recipient)
- Priorities of people living with HIV who will use services
- Use of RWHAP Part A funds to work well with other services like HIV prevention and substance abuse treatment services, and within the changing healthcare landscape
- The amount of funds provided by other sources like Medicaid, Medicare, state and local government, and private funders—since RWHAP is the "payor of last resort" and should not pay for services that can be provided with other funding.

ELIGIBLE RWHAP PART A & PART B SERVICES

Core medical-related services, including:

1. AIDS Drug Assistance Program (ADAP) Treatments
2. Local AIDS Pharmaceutical Assistance Program (LPAP)
3. Early Intervention Services (EIS)
4. Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals
5. Home and Community-Based Health Services
6. Home Health Care
7. Hospice Services
8. Medical Case Management, including Treatment Adherence Services
9. Medical Nutrition Therapy
10. Mental Health Services
11. Oral Health Care
12. Outpatient/Ambulatory Health Services
13. Substance Abuse Outpatient Care

Support services, including:

1. Child Care Services
2. Emergency Financial Assistance
3. Food Bank/Home Delivered Meals
4. Health Education/Risk Reduction
5. Housing
6. Linguistic Services
7. Medical Transportation
8. Non-Medical Case Management Services
9. Other Professional Services [for example, Legal Services and Permanency Planning]
10. Outreach Services
11. Psychosocial Support Services
12. Referral for Healthcare and Support Services
13. Rehabilitation Services
14. Respite Care
15. Substance Abuse Services (residential)

The planning council also has the right to provide directives to the recipient on how best to meet the service priorities it has identified. It may direct the recipient to fund services in particular parts of the EMA or TGA (such as outlying counties), or to use specific service models. It may tell the recipient to take specific steps to increase access to care (for example, require that Medical Case Management providers have bilingual staff or that primary care facilities be open one evening or weekend a month). It may also require that services be appropriate for particular subpopulations—for example, it may specify funding for medical services that target young gay men of color. However, the planning council cannot pick specific agencies to fund, or make its directives so narrow that only one agency will qualify. The planning council may review sections of the Request for Proposals (RFP) the recipient develops for RWHAP Part A services, to ensure that directives are appropriately reflected, but it cannot be involved in any aspect of contractor selection (***procurement***) or in managing or monitoring RWHAP Part A contracts. These are recipient responsibilities.

The planning council allocates RWHAP Part A service funds only. The planning council's own budget is a part of the recipient's administrative budget (as described in the Planning Council Operations section above). The planning council does not participate in decisions about the use of administrative funds other than planning council support, or in the use of clinical quality management (CQM) funds. These decisions are made by the recipient.

Once the EMA or TGA receives its grant award for the upcoming year, the planning council usually needs to adjust its allocations to fit the exact amount of the grant. During the year, the recipient usually asks the planning council to consider and approve some ***reallocation*** of funds across service categories, to ensure that all RWHAP Part A funds are spent and that priority service needs are met, or establishes a standard mechanism to reallocate up to some agreed-upon percentage.

Integrated/Comprehensive Planning

The planning council works with the recipient in developing a written plan that defines short- and long-term goals and objectives for delivering HIV services and strengthening the system of care in the EMA or TGA. This is called a comprehensive plan in the legislation, but is now called the CDC and HRSA Integrated HIV Prevention and Care Plan, including the Statewide Coordinated Statement of Need (SCSN).

The legislation gives the planning council a lead role in the planning process, which must be carried out in close coordination with the recipient. The EMA or TGA may submit a joint plan with the state RWHAP Part B program. The plan is based, in part, on the results of the needs assessment and other information such as client utilization data. It is used to guide decisions about how to deliver HIV services for people living with HIV. The plan should be consistent with other existing local or state plans and with national goals to end the HIV epidemic.

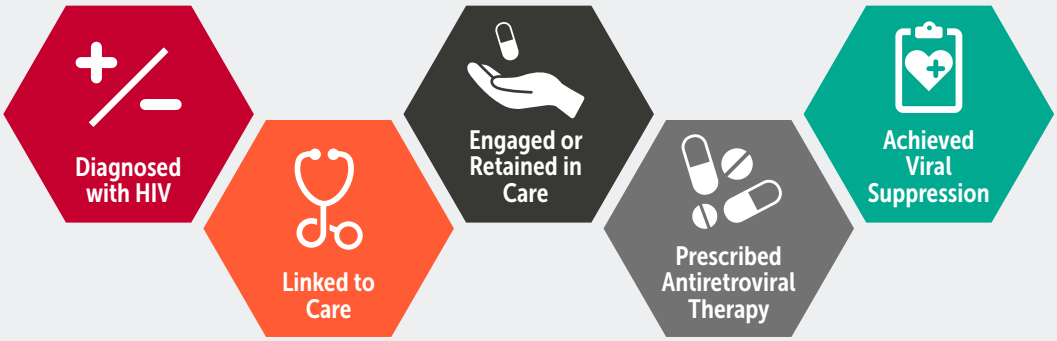
The plan should ensure attention to each stage of the ***HIV care continuum***, which measures the steps or stages of HIV medical care from diagnosis to linkage to care, retention in care and treatment, prescribing of HIV medications, and achieving the goal of viral suppression (a very low level of HIV in the body).

CDC and HRSA/HAB provide joint guidance on what the integrated HIV Prevention and Care Plan should include and when it needs to be completed. The first Integrated Prevention and Care Plan was submitted to CDC and HRSA on September 30, 2016 as a five-year plan covering the years 2017–2021. The plan should be reviewed, and where necessary updated, annually, and should be used as a roadmap for implementation of the jurisdiction's RWHAP Part A programs.

NATIONAL GOALS TO END THE HIV EPIDEMIC

- Reduce new HIV infections
- Increase access to care and improve health outcomes for people living with HIV
- Reduce HIV-related health disparities
- Achieve a more coordinated national response to HIV

HIV Care Continuum



Coordination with Other RWHAP Parts and Other Services

The planning council is responsible for ensuring that RWHAP Part A resource allocation decisions account for and are coordinated with other funds and services. The planning tasks described earlier (needs assessment, priority setting and resource allocation, integrated/comprehensive planning) require getting lots of input, including finding out what other sources of funding exist. This information helps avoid duplication in spending and reduce gaps in care. For example, the needs assessment should find out what HIV prevention and substance abuse treatment services already exist. Integrated/comprehensive planning helps the planning council consider the changing healthcare landscape and the implications for HIV services.

The ***Statewide Coordinated Statement of Need***, called the SCSN, is a way for all RWHAP activities in a state to work together to identify and address significant HIV care issues related to the needs of people living with HIV, and to use that information to maximize coordination, integration, and effective linkages across programs. Representatives of the planning council—and the recipient—must participate with other RWHAP Parts (Parts B, C, D and F) in the state to develop a written SCSN. The SCSN is a part of each state's Integrated HIV Prevention and Care Plan.

Assessment of the Efficiency of the Administrative Mechanism

The planning council is responsible for evaluating how rapidly RWHAP Part A funds are allocated and made available for care. This involves ensuring that funds are being contracted for quickly and through an open process, and that providers are being paid in a timely manner. It also means reviewing whether the funds are used to pay only for services that were identified as priorities by the planning council and whether the amounts contracted for each service category are the same as the planning council's allocations. The results of this ***assessment of the efficiency of the administrative mechanism*** are shared with the recipient, who develops a response including corrective actions if needed. Both the results of the assessment and the recipient response are summarized in the RWHAP Part A funding application for the following year.

Development of Service Standards

The planning council usually takes the lead in developing service standards for funded service categories. ***Service standards*** guide providers in implementing funded services. They typically address the elements and expectations for service delivery, such as service components, intake and eligibility, personnel qualifications, and client rights and responsibilities. The service standards set the minimum requirements of a service and serve as a base on which the recipient's clinical quality management (CQM) program is built. Developing service standards is usually a joint activity; the planning council works with the recipient, providers, consumers, and experts on particular service categories. These service standards must be consistent with HHS guidelines on HIV care and treatment as well as HRSA/HAB standards and performance measures, including the National Monitoring Standards.

Evaluation of Services

The planning council may choose to evaluate how well services funded by RWHAP Part A are meeting identified community needs, or it can pay someone else to do such an evaluation. The Part A recipient's CQM program can provide information on clinical outcomes that informs the planning council about the impact of services. The recipient may include planning council members on its CQM committee. In addition, most planning councils regularly review EMA/TGA performance along the HIV care continuum. The planning council uses evaluation findings in considering ways to improve the system of care, including changing service priorities and allocations and developing directives.

To carry out the array of planning tasks described above the planning council meets regularly throughout the year, as a whole and in committees. See Appendix II for a sample calendar describing the approximate timing of various planning council activities by months of the year.

CEO and Recipient Duties

CEO Duties Related to the Planning Council

The CEO has three important duties related to the planning council:

- **Establish the Planning Council:** The CEO must establish and maintain the planning council—or, in the case of a TGA, some other process to obtain community input, particularly from people living with HIV. This includes making sure that the planning council membership meets requirements related to representation, reflectiveness, and participation of unaffiliated consumers. The CEO should ensure that these requirements are specified in planning council bylaws.
- **Choose Planning Council Members:** The CEO establishes the first planning council. After that, the council itself is responsible for identifying and screening candidates and forwarding their names, the membership categories they will fill, and other requested information to the CEO so they can be considered for appointment. The CEO retains sole responsibility for appointment and removal of planning council members. If some nominees submitted by the planning council are not appointed, the CEO informs the planning council, and it provides additional nominees.
- **Review and Approve Bylaws and Other Processes:** The CEO establishes the planning council and thus has the authority to review and approve planning council bylaws and other policies. Often, the planning council is considered an official board or commission of the city or county. Its bylaws and procedures must fit the policies established for these bodies as well as meeting RWHAP legislative requirements.

Recipient Duties

The recipient has several planning duties that are shared with the planning council. These include assisting the planning council with needs assessment and integrated/comprehensive planning and providing information the planning council needs to carry out its priority setting and resource allocation responsibilities. It also shares responsibility for coordination with other RWHAP activities and services. In addition, the recipient has administrative duties, which means that it is responsible for making sure that RWHAP Part A funds are fairly and correctly managed and used. The main duties of the recipient are described below.

ADDITIONAL RECIPIENT ADMINISTRATIVE DUTIES

- ☐ Establish intergovernmental agreements (IGAs) with other cities/counties in the EMA or TGA
- ☐ Establish grievance procedures to address funding-related decision making
- ☐ Ensure delivery of services to women, infants, children, and youth with HIV
- ☐ Ensure that RWHAP funds are used to fill gaps and do not pay for care that can be supported with other existing funds
- ☐ Ensure that services are available and accessible to eligible clients
- ☐ Control recipient and provider administrative costs
- ☐ Prepare and submit the annual RWHAP Part A funding application
- ☐ Meet HRSA/HAB reporting requirements

Appendix III briefly describes these duties.

RECIPIENT ADMINISTRATIVE DUTIES

Below are the major RWHAP Part A recipient duties designed to make sure that funds are used fairly and appropriately, in a way that maximizes linkage of people living with HIV to care, retention in care, and positive medical outcomes. Additional duties are listed in the box and described in Appendix III.

Procurement of Services

The recipient is responsible for identifying and selecting qualified service providers for delivering RWHAP Part A services. The recipient must award service funds to eligible providers (***subrecipients***) based on a fair and equitable system, usually through a competitive Request for Proposals (RFP) process.

In contracting for services, the recipient must distribute RWHAP Part A funds according to the priority setting and resource allocation decisions of the planning council. The recipient can only spend the amount of money that the planning council decides should be used for each funded service category. In addition, the recipient must follow planning council directives about "how best to meet" priority needs.

The planning council has no say about how the recipient uses funds for its own administrative expenses.

Contract Monitoring

Once subrecipient contracts have been awarded, the recipient must manage them and regularly monitor subrecipients. The recipient must make sure that the providers who receive RWHAP Part A funds use the money according to the terms of the subrecipient contract they signed with the recipient and meet RWHAP Part A National Monitoring Standards and other federal requirements established by HRSA/HAB. The recipient monitors subrecipients to determine how quickly they spend RWHAP Part A funds, and if they are providing the contracted services, providing services only to eligible clients, using funds only as approved, and meeting reporting and other requirements. Contract monitoring is solely a recipient responsibility.

The planning council receives monitoring results only by service category, not by subrecipient.

The recipient must keep track of how rapidly RWHAP Part A money is, or isn't, being spent. If funds are not being spent in a timely fashion, there are two options:

1. The recipient may reallocate the funds to another provider within the same service category, or
2. The planning council may agree to reallocate funds to a different prioritized service category.

The recipient and the planning council must share information and work together to ensure that any changes are in agreement with the priorities and allocations established by the planning council.

Clinical Quality Management Activities and Evaluation of Performance and Outcomes

The recipient must establish a ***clinical quality management (CQM)*** program, designed to improve patient care, health outcomes, and patient satisfaction. Components include infrastructure, performance measurement, and quality improvement.

- An ideal ***infrastructure*** includes leadership, dedicated staffing and resources, a quality management plan that covers all funded medical and support services, a CQM committee, consumer and stakeholder involvement, and assessment of the CQM program.
- ***Performance measurement*** is the process of collecting, analyzing, and reporting data regarding patient care, health outcomes, and patient satisfaction with the services they receive. Recipients select a portfolio of performance measures based on funded services, local HIV epidemiology, the identified needs of PLWH, and the national goals to end the epidemic.
- Based on performance measurement results, recipients work with subrecipients in the development and implementation of ***quality improvement*** activities to make changes to the program to improve services.

Subrecipients must be actively involved in CQM activities. Recipients are expected to ensure that subrecipients have the capacity to contribute to the CQM program, have the resources to conduct CQM activities, and implement a CQM program in their organization.

Recipients can use up to 5 percent of the award or $3 million (whichever is less) to conduct CQM programs. The recipient shares with the planning council the results of its CQM activities. The planning council receives information by service category, but not about individual providers/subrecipients. These CQM data help the planning council in future cycles of priority setting and resource allocation.

QUALITY MANAGEMENT, QUALITY ASSURANCE, AND QUALITY IMPROVEMENT

Clinical Quality Management is the coordination of activities aimed at improving patient care, health outcomes, and patient satisfaction, as described in this section.

Quality Assurance refers to activities aimed at ensuring compliance with minimum quality standards. Quality assurance activities include the process of looking back to measure compliance with standards (e.g., HHS guidelines, professional guidelines, service standards). Site visits and chart reviews are examples of commonly used quality assurance activities.

Quality Improvement is a part of CQM. It uses CQM performance data as well as data collected as part of quality assurance processes to strengthen patient care, health outcomes, and patient satisfaction.

As part of, or along with, CQM, the recipient often evaluates clinical outcomes. These outcomes are often measured using the HIV care continuum, with its focus on linkage to care, retention in care, use of antiretroviral therapy, and viral suppression. These results may be reviewed for all people living with HIV in the service area, for all RWHAP clients, and for key client subpopulations. Subpopulations may be defined by characteristics such as race/ethnicity, gender, age, place of residence, and/or risk factor. This helps the planning council in future decision making.

RECIPIENT DUTIES SHARED WITH THE PLANNING COUNCIL

Support for Planning Council Operations

The recipient must cooperate with the planning council by negotiating and managing its budget, providing staff expertise to support committees, and providing information the planning council needs to carry out its responsibilities. This includes data on client characteristics, service utilization, and service costs, as well as information for assessing the efficiency of the administrative mechanism.

Both the planning council and the recipient have the responsibility to support participation of people living with HIV on the planning council, although primary responsibility lies with the planning council. Examples include reimbursing expenses of consumer members such as travel and child care costs. The planning council establishes reimbursement policies; the recipient helps to ensure timely payment of reimbursements. The recipient assists in training planning council members by explaining recipient roles and helping planning council members understand information provided by the recipient such as data on service costs and client utilization of funded services.

Needs Assessment

The recipient works with the planning council to assess the needs of communities affected by HIV. It usually arranges for an epidemiologic profile to be provided by its surveillance unit or by the state's surveillance unit, and it ensures that funded providers cooperate with needs assessment efforts such as surveys and focus groups of people living with HIV and providers.

Integrated/Comprehensive Planning

The recipient and planning council work together to develop, review, and periodically update the CDC and HRSA Integrated HIV Prevention and Care Plan for the organization and delivery of HIV services. The recipient helps develop goals and objectives, and works with the planning council to ensure a workable joint plan for implementing them. Usually the recipient plays a key role in arranging to collect performance and outcomes data to evaluate progress towards the goals and objectives of the plan. Both recipient and planning council participate in reviewing and updating the plan.

Coordination with Other RWHAP Parts and Other Services

The recipient and planning council work together to make sure that RWHAP Part A funds are coordinated with other services and funders. This coordination occurs partly through planning, including needs assessment and the Statewide Coordinated Statement of Need. Throughout the year, the recipient helps keep the planning council informed about changes in HIV-related prevention and care services and funding, as well as the evolving healthcare landscape.

RECIPIENT PLANNING DUTIES SHARED WITH THE PLANNING COUNCIL

- ☐ Needs assessment
- ☐ Integrated/comprehensive planning
- ☐ Development of service standards
- ☐ Coordination with other RWHAP activities and other services, including:
  - – Participation in the Statewide Coordinated Statement of Need (SCSN)
  - – Ensuring that use of RWHAP funds is coordinated with other funding sources and with other healthcare systems and services

Technical Assistance

The RWHAP Part A recipient and the planning council/planning body may request technical assistance from HRSA to help them develop the knowledge and skills needed to meet the responsibilities outlined in this Primer. Examples of the kinds of technical assistance that HRSA can provide include: supporting participation of people living with HIV in RWHAP planning, training the planning council on using data for decision making, helping in the design of a needs assessment, assisting the planning council to refine committee structures and operations, and providing training to help the planning council and recipient understand their roles and work well together. HRSA can provide information describing what other EMAs or TGAs have done, offer model training materials, or provide experts to work with the planning council and recipient either long distance or on-site.

RWHAP Part A recipients and planning councils may seek and request technical assistance through the following channels:

- **HRSA/HAB Project Officer:** HRSA federal Project Officers are the first point-of-contact for RWHAP recipients in accessing technical assistance. Requests for technical assistance for the recipient or the planning council must be made in writing by the recipient to the HRSA/HAB Project Officer. For more information, visit the HAB Web Site at www.hab.hrsa.gov
- **TargetHIV.org** The TargetHIV website is the central source and "one-stop shop" for finding technical assistance and training resources for the Ryan White HIV/AIDS Program. Among the website's key features are a resource library, a calendar of technical assistance and training events, contact information for RWHAP recipients, a Help Desk, and information about specific programs and services including tools and tips. Users can search for information on a particular topic or directed at a particular audience. Visit the TargetHIV website at www.targetHIV.org
- **Planning CHATT:** The *Community HIV/AIDS TA and Training for Planning* project (*Planning CHATT*) builds the capacity of RWHAP Part A planning councils and planning bodies across the U.S. to meet their legislative requirements, strengthen consumer engagement, and increase the involvement of community providers in HIV service delivery planning. The Planning CHATT project provides training and technical assistance to support the work of planning council/planning body members, staff, and RWHAP Part A recipients. Find Planning CHATT on the TargetHIV website: www.targetHIV.org/planning-chatt

References and Resources for Further Information

Descriptions of Ryan White HIV/AIDS Treatment Extension Act of 2009

Materials available on the HRSA/HAB website describing the Ryan White HIV/AIDS program (RWHAP), including each of its Parts:

Overview

- About the Ryan White HIV/AIDS Program
  www.hab.hrsa.gov/about-ryan-white-hivaids-program/about-ryan-white-hivaids-program

RWHAP Fact Sheets

Fact sheets on all RWHAP Parts

www.hab.hrsa.gov/publications/hivaids-bureau-fact-sheets

- Part A: Eligible Metropolitan Areas and Transitional Grant Areas
- Part B: States and U.S. Territories
- Part B: AIDS Drug Assistance Program
- Part C: Early Intervention Services and Capacity Development
- Part D: Women, Infants, Children, and Youth
- Part F: Special Projects of National Significance
- Part F: AIDS Education and Training Centers Program
- Part F: Dental Programs

RWHAP Part A

- RWHAP Part A: Grants to Eligible Metropolitan and Transitional Areas, including list of current Eligible Metropolitan Areas (EMAs) and Transitional Grant Areas (TGAs)
  www.hab.hrsa.gov/about-ryan-white-hivaids-program/part-a-grants-emerging-metro-transitional-areas

RWHAP Part B

- RWHAP Part B: Grants to States & Territories
  www.hab.hrsa.gov/about-ryan-white-hivaids-program/part-b-grants-states-territories
- RWHAP Part B: AIDS Drug Assistance Program
  www.hab.hrsa.gov/about-ryan-white-hivaids-program/part-b-aids-drug-assistance-program

RWHAP Part C

- RWHAP Part C: Early Intervention Services and Capacity Development Program Grants
  www.hab.hrsa.gov/about-ryan-white-hivaids-program/part-c-early-intervention-services-and-capacity-development-program-grants

RWHAP Part D

- RWHAP Part D: Services for Women, Infants, Children, and Youth
  www.hab.hrsa.gov/about-ryan-white-hivaids-program/part-d-services-women-infants-children-and-youth

RWHAP Part F

- Special Projects of National Significance
  www.hab.hrsa.gov/about-ryan-white-hivaids-program/part-f-special-projects-national-significance-spns-program
- AIDS Education and Training Centers
  www.hab.hrsa.gov/about-ryan-white-hivaids-program/part-f-aids-education-and-training-centers-aetc-program
- Dental Programs
  www.hab.hrsa.gov/about-ryan-white-hivaids-program/part-f-dental-programs
- Minority AIDS Initiative
  www.hab.hrsa.gov/about-ryan-white-hivaids-program/part-f-minority-aids-initiative

RWHAP Recipients

- Recipient lists and addresses by RWHAP Part, and list of RWHAP Part A planning councils/planning bodies
  www.targethiv.org/content/grantees-part

Planning Council Legislative Requirements

Current legislation, which is a part of the Public Health Service Act

- Ryan White HIV/AIDS Treatment Extension Act of 2009
  www.hab.hrsa.gov/sites/default/files/hab/About/RyanWhite/legislationtitlexxvi.pdf
- Title XXVI, HIV Health Care Services Program, of the Public Health Service Act
  www.legcounsel.house.gov/Comps/PHSA-merged.pdf

Service Standards

- Service Standards: Guidance for Ryan White HIV/AIDS Program Grantees/Planning Bodies. December 2, 2014
  www.targetHIV.org/ServiceStandards

The Planning Process

Strengthening the Healthcare Delivery System through Planning: a three-part planning institute at the 2016 National Ryan White Conference on HIV Care and Treatment

www.targetHIV.org/planning-CHATT/planning-institute-2016

- Planning Bodies 101
- Planning Infrastructures 201
- Data-Driven Decision Making 301

Planning Council Roles, Responsibilities, and Operations

RYAN WHITE HIV/AIDS PROGRAM PART A MANUAL, REVISED 2013

A primary source of information about requirements, expectations, and suggested practices for planning council operations and for implementation of legislative responsibilities. Chapters identified below address legislative duties and some key aspects of planning council operations.

www.hab.hrsa.gov/sites/default/files/hab/Global/happartamanual2013.pdf

Implementing Legislative Responsibilities

- Planning Council Responsibilities: Section X. Chapter 3
- Needs Assessment: Section XI. Chapter 3
- Priority Setting and Resource Allocations: Section XI. Chapter 4
- Integrated/Comprehensive Plan: Section XI. Chapter 5
- Effectiveness of Funded Services to Meet Identified Need: Section X. Chapter 9
- Outcomes Evaluation: Section X. Chapter 10

Planning Council Operations

Membership

- Planning Council Membership: Section X. Chapter 4
- Planning Council Nominations: Section X. Chapter 5
- Member Involvement and Retention: Section XI. Chapter 8

People living with HIV/Consumer Participation

- Section X. Chapter 6
- Section XI. Chapter 9

Policies and Procedures

- Grievance Procedures: Section X. Chapter 7
- Conflict of Interest: Section X. Chapter 8

Federal Regulations and Guidelines

National Monitoring Standards (NMS)

See Monitoring Standards Guidance under www.hab.hrsa.gov/program-grants-management/ryan-white-hivaids-program-recipient-resources

- Frequently Asked Questions www.hab.hrsa.gov/sites/default/files/hab/Global/programmonitoringfaq.pdf
- Universal Monitoring Standards www.hab.hrsa.gov/sites/default/files/hab/Global/universalmonitoringpartab.pdf
- RWHAP Part A Fiscal Monitoring Standards www.hab.hrsa.gov/sites/default/files/hab/Global/fiscalmonitoringparta.pdf
- RWHAP Part A Program Monitoring Standards www.hab.hrsa.gov/sites/default/files/hab/Global/programmonitoringparta.pdf

Policy Clarification Notices (PCNs) and Program Letters

www.hab.hrsa.gov/program-grants-management/policy-notices-and-program-letters

Among the PCNs and program letters most important to Planning Councils are the following:

- *Transitional Grant Areas and Planning Councils Moving Forward, Program Letter,* December 4, 2013. Clarifies expectations and recommendations around the continued maintenance of planning councils by Transitional Grant Areas (TGAs) that were formerly Eligible Metropolitan Areas (EMAs) after Fiscal Year 2013.
- *Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Uses of Funds* Policy Clarification Notice (PCN) #16-02, Revised December 5, 2016 and effective for awards made after October 1, 2016. Identifies eligible individuals, describes allowable service categories for RWHAP, and provides program guidance for implementation.
- *Clinical Quality Management,* Policy Clarification Notice (PCN) #15-02, undated. Clarifies HRSA RWHAP expectations for clinical quality management (CQM) programs.

Uniform Guidance

- For all federal awards, *OMB Uniform Guidance: Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Guidance), 2 CFR [Code of Federal Regulations] Part 200.* The Guidance will supersede and streamline requirements from OMB Circulars A-21, A-87, A-110, A-122, A-89, A-102 and A-133 and the guidance in Circular A-50 on Single Audit Act follow-up.
  www.bit.ly/2EJqWwt
- For HHS Programs: *45 CFR Part 75—Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards*
  www.bit.ly/2GX2Cc9

RWHAP Part A Application Requirements

Ryan White HIV/AIDS Program Part A, HIV Emergency Relief Grant Program, Notice of Funding Opportunity (NOFO) No. HRSA-18-066

www.targetHIV.org/library/funding-opportunity-rwhap-fy18-part-hrsa-18-066

Program Use and Impact

- *Annual Client-Level Data Report: Ryan White HIV/AIDS Program Services Report (RSR) 2015.* Health Resources and Services Administration, December 2016.
  www.hab.hrsa.gov/sites/default/files/hab/data/datareports/2015rwhapdatareport.pdf

Appendix I: Types of Data Reviewed by Planning Councils for Priority Setting and Resource Allocation

Epidemiologic profile: A description of the HIV epidemic in the EMA or TGA, usually prepared annually by local or state HIV surveillance staff, for use in both HIV prevention and HIV care planning. It usually describes characteristics of the general population, persons newly diagnosed with HIV infection, persons living with HIV disease, and persons at risk for HIV. Data help planning councils identify trends in the epidemic that will affect service needs.

Needs assessment data: Information about the number, characteristics, and service needs and barriers of people living with HIV, both in and out of care; current provider resources available to meet those needs; and service gaps. These data help the planning council improve service access and quality, overall and for specific subpopulations.

Service expenditure and cost data: Information provided by the recipient showing how much money is spent for each funded service category and what it costs to provide one "unit" of service or to serve one client for a year. Planning councils use this information in funding decisions and estimating the costs of serving additional clients.

Client characteristics and service utilization data: Data on the total number and characteristics of local RWHAP clients, including the number and characteristics of RWHAP Part A clients served in each service category. Data usually come from the annual Ryan White Services Report (RSR). Data help planning councils understand the demand for specific services and identify subpopulations facing barriers to access.

HRSA performance measures and clinical outcomes data: Data used to monitor and improve the quality of care across the EMA/TGA and in individual provider organizations, usually based on the percent of clients that meet the goal or service standard. Measures may relate to a process (such as frequency of medical visits or development of a case management care plan) or clinical outcome (such as viral suppression). Data help planning councils make funding decisions and agree on changes in service standards or models of care.

Clinical Quality Management (CQM) data: Information on patient care, health outcomes, and patient satisfaction. Performance measures are gathered through CQM processes. Then subrecipients work together on structured quality improvement projects that make changes to address identified weaknesses. CQM data help planning councils decide whether program or funding changes are needed to improve service quality and outcomes.

Testing/EIIHA data: Data on the number of people who receive HIV tests, the number and percent testing positive and their characteristics, and the number referred to needed services. HRSA/HAB requires RWHAP Part A programs to implement a strategy for the Early Identification of Individuals with HIV/AIDS (EIIHA). This includes identifying key target populations, locating individuals with HIV who do not know their HIV status, informing them of their status through testing, and helping link them to medical care and support services.

Unmet Need data: An estimate of the number of people living with HIV in the service area who know they are HIV-positive but are not receiving HIV-related medical care. May also include an assessment of the characteristics of individuals with unmet need and their service barriers and gaps. Planning councils use this information to make decisions about use of funds to find people with unmet need and link or relink them to care.

HIV care continuum data: Data that outline the steps or stages of HIV care that people living with HIV go through, and the number and proportion of individuals at each stage in the EMA or TGA. The continuum may begin with the estimated total number of people living with HIV (including those unaware of their status) or with the number diagnosed and living with HIV. Typical steps include diagnosis, linkage to care, retention in care (based on doctor visits and/or laboratory tests), treatment with antiretroviral therapy, and viral suppression (a very low level of HIV in the body). Planning councils use this information to improve services all along the continuum, often based on HIV care continuum data for specific RWHAP Part A subpopulations (for example, young gay men of color or African American women).

Appendix II: Sample Planning Council/ RWHAP Part A Program Calendar

Most planning councils operate on a RWHAP Part A program year, which runs from March through February. The chart below provides a "typical" annual calendar, though of course planning councils vary in their timing of key activities. Recipient activity is included in the chart, since some tasks, especially priority setting and resource allocations (PSRA), need to link to recipient deadlines, especially submission of the RWHAP Part A application. The application is usually due in September. The chart does not include regular committee meetings, but most planning councils have them monthly except in December. Most planning councils also have a retreat and/or some training during the year, but there is no set time for them.

MONTH	PLANNING COUNCIL ACTIVITY	RECIPIENT ACTIVITY
January	• Beginning of member terms [most frequent date] • Orientation for new members • Needs assessment	• Final reallocations • Review of RWHAP Part A competitive applications and selection of subrecipients for program year beginning March 1
February	• Election of officers [date varies] • Needs assessment (continued) • Committee development/approval of work plans for coming year	• Receipt of Notice of Award (NOA) for program year starting March 1—often a partial award
March	• Final allocations based on actual award amount [if full award is received; happens later if a partial award is received because there is not yet a final federal HHS budget] • Needs assessment (continued) • Review of progress on Integrated Plan	• Initial closeout of prior program year • Submission of Ryan White Services Report (RSR) • Review/preparation of response to conditions of award • Contracting with providers
April	• Town halls for input to PSRA • Obtain and review/integration of data from various sources • Directives development • Updating of Integrated Plan work plan as needed, with assignments to committees [process more complicated if joint plan was developed with state]	• Review of performance and outcome measures for prior year • Input to Integrated Plan update • Completion or obtaining of epi profile/ trends report
May	• Identification of any data problems or gaps • Assessment of the efficiency of the administrative mechan ism (AAM) begins • Data presentation	• Final closeout of prior year • Submission of Annual Progress Report for prior year • Submission of Program Expenditure Report for prior year
June	• Directives development (continued) • Priority setting and resource allocation (PRSA) begins	• Review of first quarter expenditures • Subrecipient monitoring [ongoing]

MONTH	PLANNING COUNCIL ACTIVITY	RECIPIENT ACTIVITY
July	• PSRA work sessions and final approval • Presentation/adoption of directives • Submission of PSRA results to recipient	• Submission of Annual Federal Financial Report • Planning for submission of RWHAP Part A application
August	• Presentation/discussion of AAM report • PC sections of RWHAP Part A application • Negotiation of PC budget amount with recipient • Development of PC budget • Reallocation of funds if needed based on expenditures	• Preparation of RWHAP Part A application • Negotiation of PC budget amount • Recommendations for reallocation of funds if needed based on expenditures • Response to AAM report
September	• Review of draft application • Preparation of PC letter to accompany application, signed by Chair/Co-Chairs	• Completion and submission of RWHAP Part A application
October	• Review of service standards	• Issuance of RFP for RWHAP Part A services (selected services each year; often a 3-year cycle)
November	• Rapid reallocations • Planning for needs assessment	• Rapid reallocations • Receipt of provider applications in response to RFP for RWHAP Part A services
December	• Planning for new program year, including committee work plans	• Estimated Unobligated Balance (UOB) and estimated carryover request

Appendix III: Additional Recipient Administrative Duties

Establish Intergovernmental Agreements (IGAs): The recipient must make sure that RWHAP Part A funds reach all communities in the EMA or TGA where need exists. Thus, it must establish formal, written agreements with cities and counties within the EMA or TGA that provide HIV-related services and also account for at least 10 percent of the EMA's or TGA's reported AIDS cases. This agreement is called an Intergovernmental Agreement (IGA.) An IGA should describe how RWHAP Part A funds will be distributed and managed.

Establish Grievance Procedures: The recipient must develop grievance procedures to handle complaints about funding, such as the process by which contractors (subrecipients) are chosen. Like the planning council's grievance procedures, they must specify who is allowed to file a grievance, types of grievances covered, and how grievances will be handled.

Ensure Services to Women, Infants, Children, and Youth with HIV/AIDS: The recipient must assure that the percentage of money spent on serving women, infants, children, and youth with HIV is at least in proportion to each group's percent of the total number of cases of HIV disease in the EMA or TGA. An exception is allowed when the recipient can show that their needs are met through other programs like Medicaid, Medicare, or RWHAP Part D. The planning council must consider this requirement when setting priorities and allocating resources.

Ensure that RWHAP Funds are Used to Fill Gaps: RWHAP Part A recipients must ensure that RWHAP Part A funds do not pay for services that are funded by other sources and are not used to replace local spending on HIV care. The legislation requires that RWHAP be the "payor of last resort." This means, for example, that the recipient must require subrecipients such as clinics to make sure clients are not eligible for Medicaid or some other source of funding before they use RWHAP Part A funds to pay for their care. This requirement makes sure that RWHAP funds are used to assist people living with HIV who do not have any other source of payment for the services they need.

Ensure Availability and Accessibility of Services to Eligible Clients: Recipients must ensure that RWHAP Part A services are available regardless of an individual's health condition or ability to pay and in settings that are accessible to low-income people living with HIV.

Outreach must be provided to inform people of the availability of services and to link them to care. One of the most important

priorities of the RWHAP legislation is to identify people who are unaware of their HIV status and need to be tested, help them determine their status, and refer and link people newly diagnosed with HIV to care. (This process is called Early Identification of Individuals with HIV and AIDS, or EIIHA.) Another priority is to find people who know their HIV status but are not receiving regular HIV-related medical care (people with "unmet need") and help them to enter and stay in care.

Subrecipients receiving RWHAP Part A funds must be required to work with other providers so that people living with HIV have access to services. This network of providers is called a "continuum of care" or "system of care." As part of this, providers should prioritize getting people into care as soon after diagnosis as possible by maintaining what the legislation calls "appropriate relationships with entities that constitute key points of access to the health care system." Key points of access include, for example, testing sites, emergency rooms, substance abuse treatment programs, and sexually transmitted disease clinics. Processes must be in place to ensure that people newly diagnosed with HIV are immediately referred and linked to care and helped to remain in care.

Control Administrative and Quality Management Costs: The recipient may use up to 10 percent of the RWHAP Part A grant for managing the RWHAP Part A program and for other administrative activities, including planning council support, and up to 5 percent of the grant for Clinical Quality Management. Examples of administrative duties include writing applications, preparing reports, and activities related to procurement and contract monitoring (including reviewing provider applications, negotiating and monitoring contracts, and paying subrecipients). The recipient must control those costs, and also ensure that local subrecipients, contractors, and other entities, collectively, spend no more than 10 percent of total RWHAP Part A service funds for administrative expenses.

Prepare and Submit the RWHAP Part A Application: The recipient is responsible for preparing and submitting a RWHAP Part A application to the federal government each year. Although this is the recipient's responsibility, the planning council should participate in the preparation of this application because the application requires information about the planning council and how it works, as well as the planning council's priorities and proposed resource allocations for the coming year. The Chair or Co-Chairs of the planning council must certify in writing to HRSA that the priorities in the application are the ones developed by the planning council. They must also verify that the recipient spent funds in the past year according to the planning council's allocation decisions and indicate how the planning council established priorities for the upcoming program year.

Meet HRSA/HAB Reporting Requirements: As a federal grantee, the recipient is required to meet a variety of HRSA/HAB requirements, including submission of data, programmatic, and fiscal reports. Some reports include input from the planning council/planning body or reflect its decisions. For example, the Program Terms Report and the Program Submission are due 90 days after the final Notice of Award. The Program Terms Report includes information such as a consolidated list of contractors (subrecipients). Among the information required for the Program Submission are a signed endorsement letter from the planning council Chair or Co-Chairs endorsing the priorities and allocations submitted by the recipient, and a planning council membership roster and information on member reflectiveness. The recipient also submits an Estimated Unobligated Balance (UOB) and an estimate of anticipated carryover funding to HRSA by December 31, a RWHAP Part A and Minority AIDS Initiative Final Expenditure Report and an Annual Progress Report 90 days after the end of the program period, and a Carryover Request for any unspent funds within 30 days after the Final Expenditure Report.

All recipients under RWHAP Parts A-D, along with their contracted subrecipients, must also submit an annual client-level data report called the Ryan White Program Services Report (RSR) that covers the calendar year. The RSR provides data on the characteristics of RWHAP recipients, providers, and clients served. RSR data document program performance and accountability. RSR data on client characteristics and service utilization are used by the planning council and recipient in decision making about use of funds and the system of care. Because it provides data from all recipients, the RSR provides information used by HRSA/HAB for monitoring client health outcomes, assessing organizational capacity and service utilization, monitoring the use of RWHAP to address HIV in the U.S., and tracking progress toward the national goals to end the epidemic.

PLANNING
CHATT

Community HIV/AIDS
Technical Assistance & Training

LEGISLATIVE REFERENCE CHART

Quick Reference for Planning Council Support (PCS) Staff: Legislative Requirements for Planning Councils/Bodies, with HRSA/HAB Definitions, Clarifications, and Expectations[1]

Topic	Legislation: Ryan White HIV/AIDS Treatment Extension Act	Brief Summary of HRSA/HAB Definitions/Clarifications/Expectations *[Page references are from Ryan White HIV/AIDS Program (RWHAP) Part A Manual unless otherwise indicated]*
Establishment of a Planning Council or Body		
Establishment of a Planning Council	CEO "shall establish an HIV health services planning council" [Section 2602(b)(2)(A)(ii)]	All EMAs must have planning councils that meet legislative requirements.
Exception to Planning Council Requirement for TGAs	"The chief elected official of the transitional area may elect not to comply with the provisions of section 2602(b) [establishment of a planning council] if the official provides documentation to the Secretary that details the process used to obtain community input (particularly from those with HIV) in the transitional area for formulating the overall plan for priority setting and allocating funds from the grant" [Section 2609(d)(1)(A)]	▪ "All TGAs that have operating PCs are strongly encouraged by DMHAP to maintain that current structure"— "in conformity with PC legislative requirements." [Letter to RWHAP Part A Grantees on TGA Planning Councils Moving Forward, December 4, 2013] ▪ All jurisdictions are expected to have planning bodies. [Integrated HIV Prevention and Care Plan Guidance, p 4] ▪ DMHAP encourages TGAs with planning bodies to make them similar to PCs in terms of member representation and reflectiveness as well as roles. [EGMC discussion with DMHAP Project Officers, January 23, 2017]
Planning Council/Body Membership		
Representation: Membership Categories	Section 2602(b)(2): "REPRESENTATION.—The HIV health services planning council shall include representatives of— (A) health care providers, including federally qualified health centers; (B) community-based organizations serving affected populations and AIDS service organizations; (C) social service providers, including providers of housing	▪ "Representation is the extent to which the planning council includes individuals from the legislatively defined categories of membership." [p 110] ▪ The category of grantees under Category L, other Federal HIV programs "is to include, at a minimum, a representative from each of the following:" - Federally-funded HIV prevention services. - A grantee funded under Part F's SPNS, AETC, and/or Ryan

[1] Prepared in March 2017 for DMHAP based on Ryan White HIV/AIDS Treatment Extension Act of 2009. Prepared under Task Order TA003111 through MSCG/Ryan White Technical Assistance Contract.

From: Compendium of Materials for Planning Council Support Staff. EGM Consulting, LLC. 2018.
Available at: www.targetHIV.org/planning-chatt/pcs-compendium

Topic	Legislation: Ryan White HIV/AIDS Treatment Extension Act	Brief Summary of HRSA/HAB Definitions/Clarifications/Expectations *[Page references are from Ryan White HIV/AIDS Program (RWHAP) Part A Manual unless otherwise indicated]*
	and homeless services; (D) mental health and substance abuse providers; (E) local public health agencies; (F) hospital planning agencies or health care planning agencies; (G) affected communities, including people with HIV/AIDS, members of a Federally recognized Indian tribe as represented in the population, individuals co-infected with hepatitis B or C and historically underserved groups and subpopulations; (H) nonelected community leaders; (I) State government (including the State medicaid agency and the agency administering the program under part B); (J) grantees under subpart II of part C; (K) grantees under section 2671 [Part D], or, if none are operating in the area, representatives of organizations with a history of serving children, youth, women, and families living with HIV and operating in the area; (L) grantees under other Federal HIV programs, including but not limited to providers of HIV prevention services; and (M) representatives of individuals who formerly were Federal, State, or local prisoners, were released from the custody of the penal system during the preceding 3 years, and had HIV/AIDS as of the date on which the individuals were so released."	White Dental Programs. - Housing Opportunities for Persons With AIDS (HOPWA). - Other Federal programs that provide HIV/AIDS treatment such as the Veterans Health Administration. [p 110] ▪ "The planning council must include at least one member to separately represent each of the designated membership categories (unless no entity from that category exists in the EMA/TGA)….*Separate representation means that each planning council member can fill only one legislatively required membership category at any given time, even if qualified to fill more than one."* [p 110] ▪ There are 3 exceptions, in which a single person can represent multiple categories: - Both substance abuse and mental health provider categories "if his/her agency provides both types of services and the person is familiar with both programs." - "Both the Ryan White Part B program and the State Medicaid agency if that person is in a position of responsibility for both programs." - Any combination of Ryan White Part F grantees (SPNS, AETCs, and Dental Programs) and HOPWA, if the agency represented by the member receives grants from some combination of those four funding streams…and the individual is familiar with all these programs." [p 110]

Topic	Legislation: Ryan White HIV/AIDS Treatment Extension Act	Brief Summary of HRSA/HAB Definitions/Clarifications/Expectations *[Page references are from Ryan White HIV/AIDS Program (RWHAP) Part A Manual unless otherwise indicated]*
Consumer Members	▪ "Not less than 33 percent of the council shall be individuals who are receiving HIV-related services [under RWHAP Part A], are not officers, employees, or consultants to any entity that receives amounts from such a grant, and do not represent any such entity, and reflect the demographics of the population of individuals with HIV/AIDS" ▪ Includes parents or caregivers of children with HIV [Section 2602(b)(5)(C)(i)]	"DMHAP and its predecessor, the Division Service Systems (DSS), have consistently emphasized that planning councils can be truly effective in meeting their legislated responsibilities only if they have well-supported consumer participation and membership reflective of the local demographics of the HIV/AIDS epidemic." [p 109]
Reflectiveness	PC "shall reflect in its composition the demographics of the population of individuals with HIV/AIDS in the eligible area involved, with particular consideration given to disproportionately affected and historically underserved groups and subpopulations" [Section 2602(b)(1)]	▪ **"Reflectiveness** is the extent to which the demographics of the planning council's membership look like the epidemic of HIV/AIDS in the EMA/TGA." ▪ Must include "at least the following: race/ethnicity, gender, and age at diagnosis." ▪ Reflectiveness required for both the whole planning council membership and the consumer membership. ▪ PLWH should be selected "without regard to the individual's stage of disease." ▪ **"**Reflectiveness does not mean that membership must identically mirror local HIV/AIDS demographics." [p 111] ▪ "The composition of the PC or planning body must reflect the demographics of the HIV/AIDS epidemic in the EMA/TGA." [FOA HRSA-17-030, RWHAP Part A Continuing Continuation for FY 2017, p 22] ▪ The required PC/B letter that accompanies the RWHAP Part A application must indicate "that representation is reflective of the epidemic in the EMA/TGA" or, if it is not, "Note variations between the demographics of the non-aligned consumers and the HIV disease prevalence of the EMA/TGA and "provide a plan and timetable for addressing each vacancy." [FOA HRSA-17-030, RWHAP Part A Continuing Continuation for FY 2017, p 24]

Topic	Legislation: Ryan White HIV/AIDS Treatment Extension Act	Brief Summary of HRSA/HAB Definitions/Clarifications/Expectations *[Page references are from Ryan White HIV/AIDS Program (RWHAP) Part A Manual unless otherwise indicated]*
Open Nominations	"Nominations for membership on the council shall be identified through an open process and candidates shall be selected based on locally delineated and publicized criteria." [Section 2602(b)(1)]	HAB/DMHAP expects that: ▪ The open nominations process will be "described and announced before the nominations process begins," will "specify clear criteria on the planning council composition being sought," will be publicized, allow people to "apply for membership or be nominated by others," and use a "standardized, plain-language application form." ▪ "The CEO will approve and/or appoint as planning council members only individuals who have gone through the open nominations process." [p 118]
Roles and Responsibilities		
Duties	"(4) DUTIES — The planning council) shall— (A) determine the size and demographics of the population of individuals with HIV/AIDS; (B) determine the needs of such population…; (C) establish priorities for the allocation of funds within the eligible area, including how best to meet each such priority and additional factors that a grantee should consider in allocating funds under a grant…; (D) develop a comprehensive plan for the organization and delivery of health and support services…; (E) assess the efficiency of the administrative mechanism in rapidly allocating funds to the areas of greatest need within the eligible area, and at the discretion of the planning council, assess the effectiveness, either directly or through contractual arrangements, of the services offered in meeting the identified needs; (F) participate in the development of the statewide coordinated statement of need initiated by the State public health agency responsible for administering grants under part B;	▪ *Extensive guidance on key duties in RWHAP Part A Manual, with separate chapters on Needs Assessment, Comprehensive Planning, Priority Setting and Resource Allocations, and the Statewide Coordinated Statement of Need RWHAP Part A Manual, Section XI. Planning and Planning Bodies, Chapters 3-6]* ▪ Legislatively required tasks include: - "Conduct an assessment of local community needs. - Develop a comprehensive service plan, compatible with existing State and local plans. - Allocate funds according to service priorities set by the planning council. - Participate along with other Ryan White partners in the development a Statewide Coordinated Statement of Need (SCSN) to enhance coordination among Ryan White HIV/AIDS programs in addressing key HIV/AIDS care issues. - Coordinate with Federal, State, and locally funded grantees providing HIV-related services. - Assess the efficient administration of funds." [p 80]

Topic	Legislation: Ryan White HIV/AIDS Treatment Extension Act	Brief Summary of HRSA/HAB Definitions/Clarifications/Expectations *[Page references are from Ryan White HIV/AIDS Program (RWHAP) Part A Manual unless otherwise indicated]*
	(G) establish methods for obtaining input on community needs and priorities which may include public meetings…, conducting focus groups, and convening ad-hoc panels; and (H) coordinate with Federal grantees that provide HIV-related services within the eligible area." [Section 2602(b)(4)]	
Conflict of Interest and Grievance Procedures		
Conflict of Interest: Planning Council	A planning council: ▪ **"**May not be directly involved in the administration of a grant" under RWHAP Part A. ▪ "May not designate (or otherwise be involved in the selection of) particular entities as recipients" of RWHAP Part A funds. [Section 2602(b)(5)(A)]	▪ "Planning councils are strictly prohibited from involvement in the selection of particular entities to receive [RWHAP] Part A funding." [p 191] ▪ "As part of their responsibility to determine how best to meet stated priorities, planning councils may stipulate what provider characteristics the grantee should look for in its procurement process (e.g., community-based AIDS service providers, multi-service organizations or public agencies that provide a specific service or target a specific population). They may also specify that providers should be sought in specific parts of the Eligible Metropolitan Area (EMA) or Transitional Grant Area (TGA)." [p 191] ▪ "While the legislation prohibits planning councils from participating or otherwise being involved in selecting particular entities for funding, they may be involved in selecting particular entities and individuals to carry out activities directly related to planning council functions and responsibilities" such as general planning council administrative duties, needs assessments, planning activities such as writing the comprehensive plan, assessment of the administrative mechanism, technical assistance, and program evaluation. [p 145]

Topic	Legislation: Ryan White HIV/AIDS Treatment Extension Act	Brief Summary of HRSA/HAB Definitions/Clarifications/Expectations *[Page references are from Ryan White HIV/AIDS Program (RWHAP) Part A Manual unless otherwise indicated]*
Conflict of Interest: Individual Members	An individual planning council member who has a financial interest, is an employee, or is a member of an entity that is seeking RWHAP Part A funds: ▪ will not "participate (directly or in an advisory capacity) in the process of selecting entities" for RWHAP Part A funding. [Section 2602(b)(5)(B)]	▪ **"**Conflict of interest can be defined as an actual or perceived interest in an action that will result—or has the appearance of resulting—in personal, organizational, or professional gain. To illustrate, conflict of interest occurs when a planning council member has a monetary, personal, or professional interest in a planning council decision or vote. Any group making funding decisions for a Ryan White program should be free from conflicts of interest." [p 143] ▪ "As appropriate, the definition may cover both the member and a close relative, such as a spouse, domestic partner, sibling, parent, or child." [p 147] ▪ "HAB/DMHAP expects planning councils to employ a variety of strategies to minimize conflict of interest and its potential adverse effects, such as keeping members self-aware of the potential for conflict of interest and using procedures that can minimize or address conflicts." Of particular importance are adoption of COI policies and procedures "and their routine and consistent application in planning council deliberations and decision making." [p 150] ▪ "Because of an individual member's relationship to the planning council, sound practice is not to have them serve on external review panels for the selection of [RWHAP] Part A providers." [p 144]
Grievance Procedures	▪ A planning council "(1) shall develop procedures for addressing grievances with respect to funding under this subpart, including procedures for submitting grievances that cannot be resolved to binding arbitration. ▪ "Such procedures shall be described in the by-laws of the planning council and be consistent with the requirements of subsection (c)" *[which call for model grievance procedure to be provided by the Secretary of HHS and planning council grievance procedures to be*	▪ "The Ryan White HIV/AIDS Program requires [RWHAP]Part A planning councils to establish procedures to address grievances related to funding. At local discretion, grievance procedures can also address other types of disputes faced by planning councils." [p 134] ▪ "HAB/DMHAP has developed model grievance procedures to guide local efforts in adequately addressing potential grievances….There should be periodic local review of grievance procedures and their implementation to ensure that legislative

Topic	Legislation: Ryan White HIV/AIDS Treatment Extension Act	Brief Summary of HRSA/HAB Definitions/Clarifications/Expectations *[Page references are from Ryan White HIV/AIDS Program (RWHAP) Part A Manual unless otherwise indicated]*
	reviewed by the Secretary]. [Section 3602(b)(6)]	requirements are being met and grievances are being resolved in a timely and appropriate manner. Any revisions in these grievances should be sent to the HAB/DMHAP project officer to be approved and kept on file." [p 134]
Planning Council Support and Operations		
Support/Funding	Among the allowable uses of administrative funds, which are capped at 10% of the total grant, are "all activities associated with the grantee's contract award procedures, including the activities carried out by the HIV health services planning council…" [Section 2604(h)(3)(B)]	▪ "The planning council needs funding to carry out its responsibilities. HAB/ DMHAP refers to these funds as 'planning council support.' Planning Council Support funds are part of the 10 percent administrative funds available to the grantee for managing the [RWHAP] Part A program." [p 104] ▪ "The grantee must also ensure adequate funding for PC mandated functions within the administrative line item." [p 31] ▪ "The planning council must negotiate the size of the planning council support budget with the grantee and is then responsible for developing and managing that budget within the grantee's grants management structure." [p 104] ▪ "Planning council support funds may be used for such purposes as hiring staff, developing and carrying out needs assessments and estimating unmet need, sometimes with the help of consultants, conducting planning activities, holding meetings, and assuring PLWHA participation." [p 104]
Officers	"The council may not be chaired solely by an employee of the grantee" [Section 2602(b)(7)(A)]	"The planning council needs a chair or co-chairs. The legislation does not permit an employee of the [RWHAP]Part A grantee to serve as the chair of a planning council. An employee of the grantee may serve as a co-chair, provided the bylaws of the planning council permit or specify that arrangement. Bylaws should specify whether there is to be a chair or co-chairs and how they are selected. They may specify that the chair is to be appointed by the CEO or elected by the Planning Council. Often, if the chair is appointed by the CEO or is an employee of the

Topic	Legislation: Ryan White HIV/AIDS Treatment Extension Act	Brief Summary of HRSA/HAB Definitions/Clarifications/Expectations *[Page references are from Ryan White HIV/AIDS Program (RWHAP) Part A Manual unless otherwise indicated]*
		grantee, bylaws require that the planning council elect the co-chair. Sometimes bylaws require that one co-chair be a PLWHA." [p 100]
Member Training and Materials	"The Secretary shall provide to each chief elected official receiving a grant under [RWHAP Part A] guidelines and materials for training members of the planning council…regarding the duties of the council." [Section 2602(e)]	▪ "Members must be trained to enable them to fulfill their responsibilities, in accordance with guidance from" DMHAP. [p 80] ▪ "PC or planning body members must be trained regarding their legislatively mandated responsibilities and other competencies necessary for full participation in collaborative decision making." [FOA HRSA-17-030, RWHAP Part A Continuing Continuation for FY 2017, p 22] ▪ Letter from PC/B included in the RWHAP Part A application must address "that ongoing, and at least annual membership training took place, including the date(s)." [FOA HRSA-17-030, RWHAP Part A Continuing Continuation for FY 2017, p 24]
Public Deliberations/ Open Meetings	"(i) The meetings of the council shall be open to the public and shall be held only after adequate notice to the public. (ii) The records, reports, transcripts, minutes, agenda, or other documents which were made available to or prepared for or by the council shall be available for public inspection and copying at a single location. (iii) Detailed minutes of each meeting of the council shall be kept…." [Section 2602(b)(7)]	"To comply with legislative requirements around open meetings and public access to minutes and other planning council documents, planning councils must: ▪ Ensure that meetings are open to all members of the general public and maintain a system that provides for public written notice of all council meetings. This includes publication of the meeting notices in local print media and through other forums accessible to the disabled (*i.e.*, the hearing- or speech-impaired). Meeting times and locations should be announced on the planning council or health department website and on other appropriate online media. ▪ Have a summary of the minutes that has been approved by the planning council and certified by the chair of the planning council available for public inspection. Both the minutes and other documents or materials made available to or prepared for the planning council should be available to the public within six weeks after the meeting date.

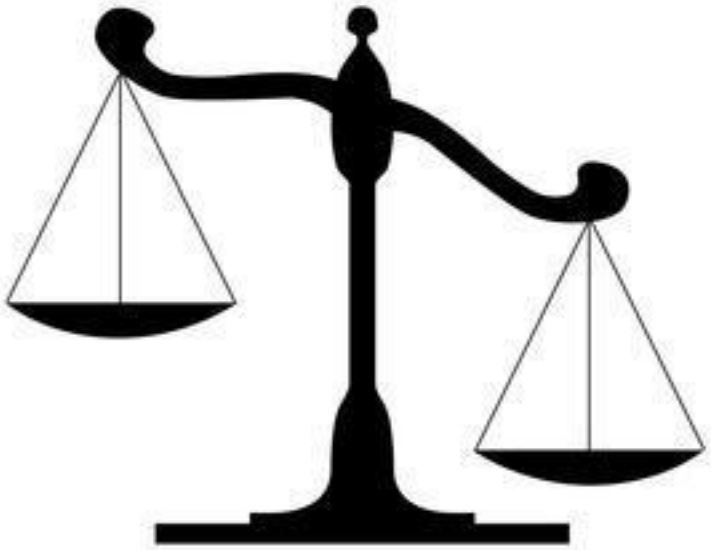
Topic	Legislation: Ryan White HIV/AIDS Treatment Extension Act	Brief Summary of HRSA/HAB Definitions/Clarifications/Expectations *[Page references are from Ryan White HIV/AIDS Program (RWHAP) Part A Manual unless otherwise indicated]*
		▪ Have a publicly accessible location where minutes and other legislatively required information can be inspected and copied if requested. It is important that detailed minutes are required….Minutes need to be able to show how the Council arrived at their funding decisions, especially if there is a grievance." ▪ …"Make available for public inspection records of the recommendations made by committees or other subgroups to the planning council, as well as the subsequent actions taken by the planning council. A sound practice to implement this requirement is to post approved planning council and committee minutes on the planning council website. ▪ Where local, county, or State regulations, ordinances, or statutes are more stringent than Ryan White requirements, follow these more stringent requirements. For example, many States and municipalities have open meeting laws that have very specific public notice or other requirements. Planning councils must adhere to these requirements, and planning council members and support staff should receive information and training about these requirements." [pp 100-101]
Public Disclosure of Member Status	"The requirement for public deliberations "does not apply to any disclosure of information of a personal nature that would constitute a clearly unwarranted invasion of personal privacy, including any disclosure of medical information or personnel matters." [Section 2602(b)(7)] *[Legislation does not address public disclosure of status by consumer members]*	▪ At least two of the unaligned consumer representatives must publicly disclose their HIV status. [p 109] ▪ The planning council must "take appropriate steps to guard against disclosure of personal information that would constitute an invasion of privacy. For example, minutes should not indicate the HIV status of planning council members unless they are publicly disclosed, and should never provide medical or health status information about a member." [p 101]

Topic	Legislation: Ryan White HIV/AIDS Treatment Extension Act	Brief Summary of HRSA/HAB Definitions/Clarifications/Expectations *[Page references are from Ryan White HIV/AIDS Program (RWHAP) Part A Manual unless otherwise indicated]*
Relationship between the Recipient and Planning Council/Body		
CEO Responsibility for Planning Council/Body	"To be eligible for assistance under *[RWHAP Part A],* the chief elected official…shall establish or designate an HIV health services planning council." [Section 2602(b)(1)]	"The CEO must establish a planning council and, once the planning council is established, appoint members through the planning council's nominations process. For the TGAs funded after 2006, the CEO has the option of establishing a planning council or a process for securing community input….CEOs must enable planning councils to carry out their legislatively mandated responsibilities…." [p 80]
Recipient Compliance with Priorities and Allocations Set by the Planning Council/Body	"The Secretary…may not make any grant…to an eligible area unless the application submitted by such area… demonstrates that the grants made…to the area for the preceding fiscal year (if any) were expended in accordance with the priorities…that were established…by the planning council serving the area." [Section 2603(d)]	▪ "The planning body must provide the grantee or administrative agent with the results of the priority setting and resource allocation process, both to include in the [RWHAP] Part A application and as a basis for the selection of providers (the procurement process)." [p 219] ▪ The letter of assurance provided by the planning council or the letter of concurrence provided by the planning body for submission with the RWHAP Part A application must indicate whether "Formula, Supplemental, and MAI funds awarded to the EMA/TGA are being expended according to the priorities established by the PC or planning body." [FOA HRSA-17-030, RWHAP Part A Continuing Continuation for FY 2017, p 23]

BYLAWS

of the

RYAN WHITE PLANNING COUNCIL OF THE DALLAS AREA
Revised December 2017



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BYLAWS

RYAN WHITE PLANNING COUNCIL OF THE DALLAS AREA

ARTICLE I: NAME

Section 1.1 – General

The name of this HIV Health Services Planning Council (HSPC) organization is The Ryan White Planning Council of the Dallas Area.

ARTICLE II: PURPOSE

Section 2.1 – General

The purpose of the Ryan White Planning Council of the Dallas Area shall be to:

(a) Establish priorities for the allocation of the funds from the Ryan White Treatment Extension Act, and any subsequent amendments for the Dallas Eligible Metropolitan Area (EMA) and determine how best to meet such priorities in allocating funds under grants based on the following factors:

(i) determine the size and demographics of the population of individuals with HIV disease;

(ii) determine the needs of such populations, with particular attention to

a. individuals with HIV disease who know their HIV status and are not receiving HIV-related services; and

b. disparities in access and services among affected subpopulations and historically underserved communities.

(iii) cost and outcome effectiveness of proposed strategies and interventions, to the extent that such data are reasonably available (either demonstrated or probable);

(iv) priorities of the HIV-infected communities for whom the services are intended;

(v) coordination of the provision of services with HIV prevention programs and substance abuse treatment programs;

(vi) availability of other governmental and non-governmental resources for funding the identified needs; and

(vii) capacity development needs resulting from disparities in the availability of HIV-related services in historically underserved communities.

(b) Develop an integrated HIV prevention and care plan for the organization and provision of HIV health and support services. The plan must:

(i) include a strategy to identify People Living with HIV (PLWH) out of care and to inform and enable them to utilize the services available; eliminate disparities in access and services among selected target populations, affected sub-populations, and historically underserved communities; include discrete goals, such as increased retention in care and viral suppression to reduce community viral load, a timetable, and an appropriate allocation of funds;

(ii) include a strategy to coordinate the provision of such services with programs for HIV prevention and for substance abuse prevention and treatment; and

(iii) be compatible with any State or local plan for the provision of services to individuals with HIV disease.

(c) Assess the efficiency of the administrative mechanism in allocating funds rapidly to the areas of greatest need within the Dallas EMA and evaluate the effectiveness of services offered in meeting the identified needs.

(d) Participate in the development of the Statewide Coordinated Statement of Need (SCSN) initiated by the Texas Department of State Health Services (DSHS).

(e) Establish methods and procedures for obtaining input on community needs and priorities which may include holding public meetings, conducting focus groups or community surveys, convening ad hoc panels, and other means as deemed appropriate.

(f) Coordinate with Federal grantees that provide HIV-related services within the eligible area.

All business conducted by the Ryan White Planning Council of the Dallas Area will adhere to all Dallas County and Grantor policy and procedure requirements.

Section 2.2 – Prohibition of Profit to Members

None of the income or net earnings of the Ryan White Planning Council of the Dallas Area shall inure to the profit of, or be distributed to, any director, trustee, officer, or any other private person, except that the Ryan White Planning Council of the Dallas Area shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of its stated purpose. The Ryan White Planning Council of the Dallas Area may not contract for compensated service with a Council member, the spouse of a member nor a relative of a member or a spouse to the second degree of consanguinity.

Section 2.3 – Regarding Propaganda and Influencing Legislation

No part of the activities of the Ryan White Planning Council of the Dallas Area shall involve propaganda or other attempts to influence legislation at any level of government. The Ryan White Planning Council of the Dallas Area shall not participate in or intervene in any political campaign on behalf of a candidate for public office, including the publishing or distribution of statements on behalf of a candidate or political party.

ARTICLE III: MEMBERSHIP

Section 3.1 – Composition

The Ryan White Planning Council of the Dallas Area members shall be nominated by the Executive Committee of the Ryan White Planning Council of the Dallas Area, utilizing an open process described in Addendum A. Final appointments will be made by the Part A Grantee who is the Dallas County Judge, herein after known as the Chief Elected Official (CEO). Planning Council members are to reflect the demographics of the local epidemic with particular consideration given to consumers of Ryan White services and to disproportionately affected and historically underserved groups and sub-populations. Consumer representation must comply with federal requirements. The Ryan White Planning

Council of the Dallas Area shall include, as a minimum, all federally mandated categories and reflectiveness requirements for membership.

Section 3.2 – Nominations Process for Ryan White Planning Council of the Dallas Area Membership

The Executive Committee shall be chaired by the Ryan White Planning Council of the Dallas Area Chairperson. The Committee will consist of no more than fifteen members. Pursuant to the Ryan White Treatment Extension Act, nominations to the Ryan White Planning Council of the Dallas Area, as set out in Addendum A, shall be identified through an open process and candidates shall be selected based on locally delineated and publicized criteria, including a conflict of interest standard for each nominee. Addendum A is attached hereto and fully incorporated by reference.

Section 3.3 – Qualifications of New Membership

New members must meet selected qualifications for being selected to the Ryan White Planning Council or specific standing committees as determined by the Executive Committee.

Section 3.4 – Terms of Members

Terms of membership on the Planning Council shall be limited to two (2) consecutive, three-(3-) year terms. After serving two consecutive 3-year terms, individuals must wait twelve (12) months before reapplying for membership on the Planning Council. Former members are always encouraged to participate in Planning Council meeting discussions and activities from the audience. If there is no qualified new applicant for a HRSA mandated category seat or officer position, an exception can be made and a member can serve an additional year in an emeritus position or until the position can be filled.

An individual's term begins the first day of appointment, even when filling a vacancy of an unexpired term.

Section 3.5 – Number of Members

The maximum number of Council members shall be thirty-three (33), including the Chairperson. The Ryan White Planning Council of the Dallas Area shall reflect demographic breakdown of HIV/AIDS in the Dallas EMA. In respect for each individual's right to privacy and confidentiality, it is understood that when qualifications for membership on the Ryan White Planning Council of the Dallas Area, its standing committees, sub-committees, ad hoc committees, or task forces of these groups refer to "self-identified HIV-positive" persons, such persons may limit disclosure of status to the CEO, and Ryan White Planning Council of the Dallas Area Chairperson and staff, who will be bound by confidentiality but who must attest that stipulated percentages of membership are met.

Section 3.6 – Residency of Members

The 33 members of the Ryan White Planning Council of the Dallas Area shall be residents of the Dallas Eligible Metropolitan Area, with the exception of the legislatively mandated membership categories.

Section 3.7 – Vacancies

Any vacancy occurring in federally mandated seats on the Ryan White Planning Council of the Dallas Area shall be filled by appointment of the CEO within thirty (30) days of written notice provided by the Council Chairperson. The Executive Committee will employ targeted recruitment strategies to fill vacancies and will meet with potential new planning council members quarterly to appoint vacant positions. The nomination process as described in Addendum A shall be utilized in filling vacancies on the Ryan White Planning Council of the Dallas Area.

Section 3.8 – Attendance & Forfeiture

If any member of the Planning Council/standing committee fails to attend either (i) three (3) consecutive regularly scheduled meetings during the calendar year or (ii) seventy-five (75%) percent of the meetings in any twelve- (12-) month period, (excluding excused absences), the member will forfeit their seat. A warning letter will be sent to those members that have 2 unexcused absences, notifying them of their potential forfeiture of seat. To ensure substantive involvement of the affected community, if the member of the Ryan White Planning Council of the Dallas Area or its committees has missed three (3) consecutive regularly scheduled meetings due to illness or if the member indicates an inability to attend regularly scheduled meetings, upon the member's request the CEO may appoint an alternate member to the Council to serve in place of the member. The RWPC Chair also may appoint an alternate member to the Consumer Council Committee to serve in place of the member if they are a member in good standing with the Consumer Council Committee when a member of that committee is unable to serve due to illness or disability, upon request of the committee member. Every attempt shall be made to appoint an alternate who is demographically reflective of the member. If the regular member is unable to return after three (3) additional consecutive regularly scheduled meetings, the member forfeits membership and the alternate member may be considered for regular membership with an effective RWPC appointment date beginning the day alternate status was acquired, tolled[1] for periods of inactive alternate status.

Section 3.9 – Resignation

Members that no longer desire or are unable to fulfil the requirements to sit on the Planning Council or its standing committees must give the chair of the council/committee and/or the office of support a written resignation.

Section 3.10 – Leave of Absence/ Medical Leave

Any member may request a three (3) month Medical Leave, by notifying Ryan White Planning Council staff. The Ryan White Planning Council staff will present the request to the Executive Committee for approval. At the end of the granted Medical Leave, the Ryan White Planning Council staff shall update the Executive Committee on the medical status of the committee member. It shall be understood that granting medical leave status permits excused absence at the member's monthly meetings and shall not pause the member's term of service.

ARTICLE IV: COMMITTEES

Section 4.1– General

The standing committees of the Ryan White Planning Council of the Dallas Area shall include:

(a) Planning and Priorities Committee
(b) Allocations Committee
(c) Evaluation Committee
(d) Consumer Council Committee
(e) Needs Assessment Committee
(f) Executive Committee

[1] Total time served equals an aggregate of days served.

Section 4.2 – Special Committees

Such special committees as may be appropriate may be created by action of the Chairperson of the Ryan White Planning Council of the Dallas Area or by the CEO. Any such committee shall have such powers and duties, and its membership shall be constituted, as the Chairperson of the Ryan White Planning Council of the Dallas Area or the CEO may determine.

Section 4.3– Meetings; Quorums for Committees

Each committee shall meet at such time as it may determine and may act by a majority of those present at any meeting at which a quorum is present. A quorum is a simple majority (51 percent) of the voting members. The Chair or Vice Chair of the Ryan White Planning Council are considered to be ex-officio members of all other standing committees' and therefore may step in and chair a standing committee for the purposes of establishing quorum, but their ability to vote must be consistent with the bylaws.

Section 4.4 – Committee Membership

4.4.1 Each standing or special committee shall have a Chairperson and Vice-Chairperson recommended by the Executive Committee of the Ryan White Planning Council of the Dallas Area through an open nominations process and appointed by the CEO. All Chairs and Vice-Chairs shall be appointed for a one (1) year term. At the end of such time, Chairs and Vice-Chairs will be reviewed by the Executive Committee for reappointment. The Chairperson AND Vice Chairperson of each standing committee shall be a duly appointed member of the Council.

4.4.2 The Executive committee shall make appointments to each standing committee of the Council. This will include a review of the application and an interview if the interviewee is not currently sitting on a Ryan White Planning Council standing committee. The appointments shall be made from the membership of the Council, and other interested citizens who have expressed an interest in serving on the committees of the Council. The standing committees shall consist of no more than fifteen (15) members, except for the Consumer Council Committee, which shall consist of no more than twenty (20) members. There are no non-voting member positions. Committee membership shall reflect in its composition the demographics of the epidemic of the Dallas EMA, in accordance with Section 3.1. All committee members shall be appointed for a one (1) year term. At the end of such time, membership will be reviewed by the Executive Committee for reappointment.

4.4.3 The Ryan White Planning Council of the Dallas Area staff shall ensure that accurate records are kept of the work of the committees.

4.4.4 All committee members shall comply with the conflict of interest standards set out in Section VII below, including the completion of a disclosure statement listing any and all affiliations with agencies which may receive or pursue funding. The Allocations Committee and the Planning and Priorities Committee may not include representation from any service provider currently receiving funds from grants involved in the community planning efforts of the Ryan White Planning Council of the Dallas Area. No member shall dually serve on the Allocations Committee and the Planning & Priorities Committee.

4.4.5 One liaison position from the Consumer Council Committee will be assigned to the Allocations, Evaluation, Planning and Priorities, Needs Assessment, and Executive Committees and any special committees. The Consumer Council Committee will nominate an eligible Consumer Council Committee member to serve as a liaison and be granted voting privileges on assigned standing committee. The Chair/Vice Chair of the Consumer Council Committee will present the liaison recommendation to the Executive Committee for approval. The sole purpose of the liaison is to establish a formal link between the two stakeholder groups and the Ryan White Planning Council of the Dallas Area committee structure. The Service Providers Council position is optional and advisory only, and not subject to voting rights.

4.4.6 No member shall serve on more than two (2) standing committees, unless you are a non-aligned consumer serving on the Consumer Council Committee or a standing committee chair sitting on the Executive Committee, in which case they would be allowed to sit on up to three (3) standing committees.

Section 4.5 – Charges to Committees

4.5.1 The charge of the Planning and Priorities Committee is to oversee development and implementation of a process to identify needs and barriers, develop strategies to meet needs and overcome barriers, prioritize the need for core medical and support services in the Ryan White community, identify priority populations, and implement a comprehensive plan that integrates prevention and care strategies. The Planning and Priorities Committee will:

- Oversee development and implementation of a process to identify needs and barriers to care and work closely with the current Needs Assessment Committee. The process must be objective; ethnically, culturally, and linguistically sensitive; and yield statistically valid results. A current integrated comprehensive plan to implement the priority goals approved by the Ryan White Planning Council of the Dallas Area will be initiated and approved for recommendation by the Planning and Priorities Committee, with support provided by the Planning Council Staff. Review, amendment, and adoption of the final document and its implementation are charged to the Ryan White Planning Council of the Dallas Area; and
- Provide recommendations for services to be purchased and prioritized based on required grantor processes, and to include recommendations on how best to meet each established priority.

4.5.2 The charge of the Allocations Committee is to develop recommendations for distribution of funds among priority goals using all available information regarding community and agency needs, current funding for HIV services, and trend data; develop recommendations for service category allocations. Recommendations for service category allocations will include how best to meet each established priority. The Allocations Committee will:

- Develop recommendations for distribution of funds among priority goals using all available information regarding community, consumer, agency needs, current funding for HIV services from all identifiable sources, priority rankings, and trend data in making recommendations; and

- Develop recommendations for service category prioritization approved by the Ryan White Planning Council of the Dallas Area. Consideration of the available community resources as well as their coordinating capacities will also be given.

4.5.3 The charge of the Evaluation Committee is to evaluate whether provider services coincide with set service priorities, and evaluate the efficacy of the Administrative Mechanism and the performance of the Planning Council according to its goals. The Evaluation Committee will:

- Ensure that the service categories set out are being met;
- Conduct an annual evaluation of the efficacy of the Administrative Mechanism and provide that evaluation to the CEO and Dallas County Commissioners Court;
- Evaluate the effectiveness of services, categorically and system-wide.

4.5.4 The charge of the Consumer Council Committee is to empower consumers through education by providing the tools and knowledge to interact with those individuals and committees that affect categorical service delivery. The Consumer Council Committee will:

- Provide the tools and knowledge to interact with those individuals and committees that affect categorical service delivery of the Ryan White Treatment Modernization Act, Texas Department of State Health Services (DSHS), and Housing Opportunities for Persons with AIDS (HOPWA) funded services;
- Conduct ongoing educational conferences and outreach for Eligible Metropolitan Area (EMA), the Eligible Metropolitan Statistical Area (EMSA), and the Health Services Delivery Area (HSDA) consumers on the Ryan White Treatment Modernization Act, Roberts Rules of Order, HOPWA policies, DSHS regulations, and other public policy that affects the Ryan White Planning Council of the Dallas Area decision-making;
- Provide HIV consumer input to the development of EMA, EMSA, and HSDA related policies and programs. This includes consumer input into the development of the Statewide Coordinated Statement of Need and the annual priority ranking process done by the Planning & Priorities Committee;
- Work with the Chair of the Ryan White Planning Council of the Dallas Area and the Executive Committee, recruit consumers for standing committees and the Ryan White Planning Council of the Dallas Area;
- Obtain feedback from consumers on issues that are authorized by the Executive Committee; and Represent all consumers including but not limited to: disproportionately affected and historically underserved groups and sub-populations and PLWH out-of care.

4.5.5 The charge of the Needs Assessment Committee is to oversee the development and implementation of the needs assessment process to identify the needs, barriers to care, and gaps in services for PLWH, and to ensure that Planning Council activities are working towards meeting the needs, overcoming the barriers and closing the gaps. The Needs Assessment Committee will:

- Design consumer surveys that will comprehensively gather demographic, epidemiologic, behavioral, and service-related data.
- Develop strategies to target special populations and organize focus groups to determine what information to gather and how to collect it. .
- Determine the best means by which to conduct the comprehensive needs assessment that meets the frequency needs of the Health Resources and Services Administration.
- Identify needs trends as identified by consumers from previous assessment cycles.
- Provide recommendations related to consumer needs to the other Ryan White Planning Council standing committees.

4.5.6 The charge of the Executive Committee, in collaboration with the CEO, will oversee an open nomination process (as described in Addendum A) for Ryan White Planning Council of the Dallas Area membership. They will also oversee how well the Ryan White Planning Council is functioning overall. They will routinely review how we operate and why we operate that way. The Executive Committee will:

- Review the annual Ryan White Planning Council budget with the office of support in order to negotiate with the Administrative Agency.
- Review the Ryan White Planning Council bylaws annually to ensure that the structure and purpose of the Planning Council and the mechanisms that make it function are still not prohibitive towards getting PLWH services they need to improve their quality of life and increase their viral suppression.
- Partner with the Administrative Agency to regularly review and agree on a Memorandum of Understanding that illustrates a beneficial, synergistic partnership.
- Make qualified appointments to each standing committee of the Council. This will include a review of the application, but will not require an interview.
- Make qualified recommendations to the CEO for members' appointment to the Ryan White Planning Council through an open nominations process.
- To review the Planning Council and standing committee membership and to develop recruitment strategies

In addition to the standing committees, there will also be an Executive Committee full of Planning Council and standing committee leadership. The charge of the Executive Committee is to ensure the orderly and integrated progression of work of the committees of the Ryan White Planning Council and plan future activities. The Executive Committee will:

- Consist of the Chairperson and Vice Chairperson(s), of the Ryan White Planning Council of the Dallas Area, the Chairpersons or Vice-Chairperson(s) of each standing committee, and at a minimum, a representative of the County Judge's office, and a representative of the Administrative Agency;

- Meet periodically to ensure the orderly and integrated progression of work of the committees of the Council, and to plan future activities. Unless expressly authorized by the full membership of the Ryan White Planning Council of the Dallas Area, the Executive Committee is not authorized to act on behalf of the Council on any matters that it is charged with executing; and
- Review the Ryan White Planning Council and all standing committees' attendance to make sure members are complying with Section 3.8.
- Serve as the governance committee to periodically review changes in the governing documents of the Ryan White Planning Council.

ARTICLE V: OFFICERS

Section 5.1 – List of Officers

The officers of the Ryan White Planning Council of the Dallas Area shall be the Chairperson and Vice Chairperson(s).

Section 5.2 – Appointment

The officers of the Ryan White Planning Council of the Dallas Area & standing committees shall be appointed from the membership of the Council. The Chairperson and Vice Chairperson(s) shall be appointed by the CEO.

Section 5.3 – Limitations of Terms

No person shall hold the same office for more than three (3) consecutive years. The officers shall be appointed or reappointed each year by the CEO, and an open application process will take place each year.

Section 5.4 – Duties

The duties and powers of the officers shall be those usually pertaining to their respective offices.

Planning Council Chair: The Chair of the Planning Council shall preside at their respective meetings. The Chair is the only official spokesperson for the Council and will be responsible for interfacing with the public and with the media. They will be responsible for correspondence to members regarding attendance and participation issues. The Chair of the Council is an ex-officio member of all committees (standing, subcommittee and work groups), and therefore may step in and chair a standing committee for the purposes of establishing quorum, but their ability to vote must be consistent with the bylaws.

Planning Council Vice Chair: The Vice Chair of the Planning Council shall preside at meetings of the Council in the absence of the Chair. The Vice Chair shall perform such other duties as the Chair may designate.

Standing Committee Chair/Vice Chair: The standing committee Chairs shall preside at all meetings of their respective committees. They may be responsible for correspondence to members regarding attendance and participation issues. The Committee Vice Chair shall preside at all committee meetings in the absence of the Chair. The Committee Chairs are responsible for the execution of the duties prescribed herein for the Committees and for such other duties as may be prescribed by the Chair of the Council.

Section 5.5 – Parliamentarian

The Executive Committee may reference a current member of the Planning Council as a parliamentarian if there is a qualified and willing member to serve in such a position.

Section 5.6 – Vacancies

Vacancies occurring in an officer's position shall be filled by appointment by the CEO as specified in Section 5.2.

ARTICLE VI: MEETINGS

Section 6.1 – Frequency of Meetings

The Ryan White Planning Council of the Dallas Area shall meet not less than quarterly each year at such times and places as it may determine, or as may be specified in the notice of the meeting. Additional or emergency meetings of the Ryan White Planning Council of the Dallas Area may be called by the CEO, the Chairperson, or by at least eight (8) members of the Ryan White Planning Council of the Dallas Area.

Section 6.2 – Notice of Meetings

Notice of each meeting of the Ryan White Planning Council of the Dallas Area shall be mailed or emailed to each Council member, at their last known address as carried on the records of the organization, not less than three (3) days prior to the date of the meeting. Should an emergency meeting be called, all Council members shall be notified by telephone, and public notice of the meeting time and place shall be posted in accordance with Federal, State, and local laws.

Section 6.3 – Quorum

A quorum of the planning council/standing committee must be present at any regular or specially scheduled meeting in order for the council to engage in the meeting. A quorum of the council is defined as a simple majority (51 percent) of the planning council/standing committee membership. In computing a quorum, a vacant seat on the council shall not be considered. At all meetings of the Ryan White Planning Council of the Dallas Area, a majority of duly appointed Council members shall constitute a quorum.

Section 6.4 – Open Meetings

All meetings of the Ryan White Planning Council of the Dallas Area and committees of the Council are deemed to be covered by provisions of all applicable Federal, State, and local laws. To ensure compliance with federal, State, and local requirements, all scheduled meetings of the Council or committees must be cleared with the Ryan White Planning Council of the Dallas Area staff to ensure availability of meeting space, staff resources, and proper public posting of meetings as specified in the Texas Open Meetings Act.

Section 6.5 – Conduct of Meetings

The most up to date Robert's Rules of Order shall generally govern the conduct of meetings of the Ryan White Planning Council of the Dallas Area for Planning Council/standing committee members, the office of support, and to the public attending the meeting.

Section 6.6 – Structure of Meetings

The person chairing the committee has the authority to start the meeting on time, regardless of quorum being established, with the understanding that voting items may not be voted on until quorum has been met. Meetings will have scheduled start and finish times and also have public comment periods at the discretion of the committee chair. The person

facilitating the meeting will conduct the meeting following Robert's Rules of Order. Agenda items for regularly scheduled meetings should include discussion items, action items, and reports if pertinent. Discussion items are items typically accompanied with materials for members to review to have thorough and thoughtful discussion of consequence, action items are items that will be voted on and have an impact on the local Ryan White system, and reports are opportunities for people of other committees or bodies to summarize ongoing efforts.

Section 6.7 – Voting

Each member of the planning council/standing committee shall be entitled to one vote on any business matter coming before the council/committee. Only members of the council or standing committee are entitled to vote on matters coming before council/committee. A cast vote is defined as a positive ("aye) vote or a negative ("nay") vote. Abstentions are not considered to be cast votes. A simple majority of the members present and voting is required to pass any matter coming before the Council/Committee. The Chair of the Council or Standing Committee shall not vote at their respective meetings, except in the event of a tie.

Section 6.8 – Minutes

Minutes must be taken of each council and committee meetings. These minutes must state the names of all in attendance and the names of members absent. Minutes must state all motions, recommendations, requests or action items fully. Minutes must also indicate any votes taken with abstentions indicated. The planning council & committee minutes must be signed by the leadership to certify that the above stated conditions are met. Any council or committee member wishing to propose corrections to the minutes shall propose corrections at the meeting at which the minutes are subject to approval.

Section 6.9 - Training

Newly appointed members are required to complete New Member Orientation within 90 days of appointment and submit their certificate of completion to the RWPC Office of Support to be included in their member file. Members are also required to sign a confidentiality statement to be kept on file yearly. Members should also participate in regular trainings given by the office of support throughout the grant year via various training materials.

ARTICLE VII: CONFLICTS OF INTEREST

Section 7.1 - General

It is the policy of the Ryan White Planning Council of the Dallas Area that any member of the Ryan White Planning Council of the Dallas Area or member of a Council standing or special committee who also serves as director, trustee, salaried employee, Board Member, or one who has a financial interest in any Agency receiving funds from grants involved in the community planning efforts of the Ryan White Planning Council or otherwise materially benefits from association with any agency that may seek funds from the Grantee is deemed to have an "interest" in said agency or agencies. The term "materially benefit" is not meant to include services received by an individual as a client that are within the normal realm of services provided by the provider agency. These members may not vote or otherwise participate in deliberations, except in response to direct questions, that come before the Ryan White Planning Council of

the Dallas Area or committees of the Ryan White Planning Council of the Dallas Area regarding awarding of funds directly to the agency/ies, or definition for the purchase of said service**,** in which they have an interest

This policy shall not be construed as preventing any member of the Ryan White Planning Council of the Dallas Area from full participation in discussion and debate about community needs, service priorities, allocation of funds to broad service categories, and the processes for, and results of, evaluation of service effectiveness. Rather, individual members are expected to draw upon their lay and professional experiences and knowledge of the HIV service delivery system in the Dallas area when such matters are under deliberation. In order to safeguard the Ryan White Planning Council of the Dallas Area's recommendations from potential conflict of interest, each member shall disclose any and all professional affiliations and/or service as director, advisor, or other volunteer capacity that exist currently with agencies which may receive or pursue funding. A Conflict of Interest statement form will be completed by each Council and committee member and kept on file. The Ryan White Planning Council of the Dallas Area Staff shall maintain these records and have forms updated not less than every 12 months.

All members of the Ryan White Planning Council of the Dallas Area are expected to assist in keeping the Council focused to meet the needs of individuals affected by the HIV epidemic in the most expeditious manner possible without undue regard to the benefit to specific agencies or programs. Grantor Conflict of Interest Policies must be followed.

ARTICLE VIII: NON-DISCRIMINATION

Section 8.1 - General

The officers, directors, employees, and committee members of the Ryan White Planning Council of the Dallas Area shall be selected entirely on a non-discriminatory basis with respect to age, sex, gender identity or expression, race, religious or spiritual beliefs, disability (except as a result of HIV infection), sexual orientation, or national origin.

ARTICLE IX: CODE OF CONDUCT

Section 9.1 – Purpose

This Code of Conduct has been created by the Ryan White Planning Council of the Dallas Planning Area in order to guide Planning Council and standing committee members, individually and collectively, adhere to the highest possible ethical standards.

Section 9.2 – Code of Conduct

9.2.1 Every Planning Council/standing committee member will treat every other member, support staff, Administrative Agency staff, and members of the public with courtesy and professionalism. Each Planning Council/standing committee member is reminded to respect and recognize the legitimate right of all other members to be a part of any discussions and decision-making processes.

9.2.2 Every member will conduct business related to the Planning Council/standing committees in ways that are honest, respectful of diversity, compassionate and nonjudgmental.

9.2.3 Every member will honor their time and meeting attendance commitments and be prepared to contribute to the best of their ability for all Council/committee work.

9.2.4 While recognizing the individual's right to dissent, once decisions are made, every member will recognize the final decision, regardless of their personal position.

9.2.5 Planning Council/standing committee members will exercise discretion when discussing confidential or sensitive information, most notably an individual's HIV or health status.

9.2.6 Every member will refrain from spreading misinformation related to the Ryan White Planning Council. The Planning Council/standing committee members will strive to address problems internally.

9.2.7 Every member should strive to support the mission, goals, strategies, programs, and/or leadership of the planning body as agreed upon by the members.

9.2.8 No member shall be under the influence of alcohol or illegal drugs at any Planning Council/standing committee meeting.

9.2.9 All items listed above are applicable to audience members as well as council/committee members.

ARTICLE X: OFFICIAL COMMUNICATIONS AND REPRESENTATION

Section 10.1 - Media Contact and Public Information

The Planning Council and standing committees shall maintain positive media relations and accurate public information messages through designated spokesperson(s), professional media contacts, coordinated and reviewed information, and consistent marketing strategies.

Planning Council/standing committee members shall refer any need for media contact or public information to the Planning Council Chair. The Chair shall select the appropriate spokesperson(s).

ARTICLE XI: REMOVAL PROCEDURES

Section 11.1 – Professionalism

The goal of disciplinary action is to ensure inappropriate and unacceptable behavior does not occur and/or repeat and that all members and participants, and the business of the Planning Council/standing committees, is protected from inappropriate/unacceptable behavior in the course of doing the Planning Council/standing committees' work.

Section 11.2 – Removal from a Meeting

If a person willfully disrupts a meeting to the extent that its orderly conduct is made impractical, the person may be removed from the meeting. The chair of the public body may, without vote of the body, declare a recess to remove a person who is disrupting the meeting. If said person refuses to leave the meeting, the office of support will request help from building security.

Section 11.3 – Removal from the Planning Council

Planning Council members may be removed only by the Chief Elected Official (CEO). The Ryan White Planning Council may recommend to the CEO that a member be removed for any of the following reasons:

- Habitual behavior which inhibits the Planning Council's ability to conduct business in a timely and efficient manner;

- Conduct that negatively impacts confidence in the Planning Council, including, but not limited to a violation of Conflict of Interest rules and/or Code of Conduct;
- Behavior that could prevent others (Planning Council/standing committee members, Office of Support staff, Administrative Agency staff, or members of the public) from attending or participating in meetings.

The CEO shall have the power to remove Planning Council members without the approval of the Planning Council.

Section 11.4 – Process for Recommending Removal from the Planning Council

Recommendation for removal for any above reasons shall be reviewed by the Ryan White Planning Council and put to a vote. Notice of, and the reasons for the Planning Council's proposed removal will be sent to the member and the CEO. If the Planning Council votes to recommend removal of the member, the recommendation shall be forwarded to the CEO. No member should be removed by less than a two-thirds vote, a quorum voting. The Executive Committee may make a recommendation for removal of a member for any of the above stated reasons.

Section 11.5 – Removal from a Standing Committee

Standing committee members may be removed by a majority vote from the Executive Committee. Any standing committee may recommend to the Executive Committee that a member be removed for any of the following reasons:

- Habitual behavior which inhibits the standing committee's ability to conduct business in a timely and efficient manner;
- Conduct that negatively impacts confidence in the standing committee, including, but not limited to a violation of Conflict of Interest rules and/or Code of Conduct.
- Behavior that could prevent others (Planning Council/standing committee members, Office of Support staff, Administrative Agency staff, or members of the public) from attending or participating in meetings.

Section 11.6 – Process for Recommending Removal from a Standing Committee

Recommendation for removal for any above reason shall be reviewed by the Executive Committee and if the Executive finds merit, it shall proceed with the removal of a standing committee member. No member should be removed by less than a two-thirds vote, a quorum voting. Notice of, and the reasons for the Executive Committee's proposed removal will be sent to the member and the CEO. If the Executive Committee votes to recommend removal of the member, the recommendation shall be forwarded to the CEO.

ARTICLE XII: GRIEVANCE PROCEDURES

Section 12.1 - General

The Ryan White Planning Council of the Dallas Area shall follow procedures for addressing grievances with respect to funding, including procedures for submitting grievances that cannot be resolved to binding arbitration as described in Addendum B, the Dallas EMA Ryan White Planning Council of the Dallas Area Grievance Procedure. Addendum B is attached hereto and fully incorporated by reference.

ARTICLE XIII: AMENDMENTS

Section 13.1 - General

The Ryan White Planning Council of the Dallas Area shall have the power to alter, amend, or repeal these Bylaws at any meeting at which a quorum is present, provided that written notice of the proposed change is given at least five (5) days

prior to such meeting. Such amendments must be reviewed and approved by the Commissioners Court prior to their taking effect.

ARTICLE XIV: DISSOLUTION

Section 14.1 - General

Upon dissolution of the organization of the Ryan White Planning Council of the Dallas Area, the CEO shall, after paying or making provision for payments of all known liabilities of the Ryan White Planning Council of the Dallas Area, dispose of all of the assets of the Ryan White Planning Council of the Dallas Area in such a manner, or to such an organization or organizations organized and operated exclusively for charitable, educational, religious, or scientific purposes as shall at that time qualify as an exempt organization or organizations under Section 501(c)(3) of the Internal Revenue Code of 1954 or the corresponding provision of any future United States Revenue Law, as the Ryan White Planning Council of the Dallas Area shall determine.

APPROVED BY THE MEMBERSHIP OF THE RYAN WHITE PLANNING COUNCIL OF THE DALLAS AREA ON

DATE:

_____

BY: _____

CHAIRPERSON

APPROVED BY THE DALLAS COUNTY COMMISSIONERS COURT ON _____

BY: _____

CHIEF ELECTED OFFICIAL

Adopted: 1-1991

Amended: (10-19-1991), (07-21-1992), (04-06-1993), (06-09-1993), (01-25-1994), (10-05-1994), (06-11-1997), (12-10-1997), (12-08-1999), (01-12-2000), (02-15-2005), (04-11-2007), (11-20-2012), (12-10-2014), (12-12-2017),

TIP SHEET

Tip Sheet:
Effective Planning Council/Body (PC/B) Meetings[1]

1. **Be sure members and staff understand the importance of effective meetings to Planning Council/Body (PC/B) success.** A PC/B's ability to carry out its responsibilities for needs assessment, planning, and other decision-making roles, while ensuring broad-based community input, depends heavily on its ability to hold effective meetings.

   When meetings are effective, planning body and committee members are more likely to participate, feel involved, and choose to remain active. Effective meetings therefore contribute to member recruitment and retention as well as to the successful completion of planning body tasks.

2. **Recognize the symptoms of ineffective meetings so that changes can be made**. They include the following:
   - High levels of conflict
   - Divisions among members
   - Limited participation
   - Low attendance
   - Inability to complete scheduled tasks and decision making
   - A feeling that time is being wasted
   - A feeling that the PC/B is not making progress or making a difference

3. **Plan the meeting carefully:**
   - Establish meeting goals and use them to guide meeting planning and implementation
   - Plan the meeting location and ensure full access to all members, including individuals with limited mobility. Remember that the American with Disabilities Act (ADA) requires "reasonable accommodations" for individuals with disabilities including limited mobility[2] in federal programs – and a PC/B needs to ensure that accessibility is never a barrier to participation by PC/B members or the public.
   - Determine necessary attendance based on the agenda, and give as much advance notice as possible to needed individuals (anyone besides members and regularly attending PCS and recipient staff); this includes identifying whether a meeting would benefit greatly from community input, then actively urging the attendance of targeted groups

4. **Develop an agenda** that:
   - Starts with a core "standing" agenda that includes items that are almost always included
   - Includes items identified for action at the Executive Committee meeting before the PC/B meeting
   - States what must be accomplished by the end of the meeting
   - Lists in order every activity or topic of discussion planned for the meeting

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[1] Refined from information from the *Training Guide: Preparing Planning Body Members,* HIV/AIDS Bureau, 2002. Developed by Mosaica; updated by EGM Consulting, LLC.

[2] See "Introduction to the ADA" (undated), at https://www.ada.gov/ada_intro.htm.

- Schedules the most critical items relatively early in the agenda, when attendance is highest, to assure adequate time for discussion and full participant attention
- Includes time frames (starting and ending times) for the entire meeting and for each item
- Specifies who will present information for each section (such as a committee chair)
- Clarifies which items involve action items and which are for discussion only
- References relevant materials, preferably available in order and numbered by agenda item
- Is finalized by the Chair, working with PC Support staff
- Is sent out and posted online as required by open meeting/Sunshine laws and PC/B policies and procedures

5. **Be sure all needed materials are provided:**
   - Identify needed materials at the Executive Committee meeting
   - Distribute materials in advance, including minutes of the last meeting and a timed agenda
   - Be sure printed versions of materials are made available before and at meetings for those members who need them – do not assume that all members can print out materials or project them on a laptop or tablet during the meeting
   - Make materials as concise as possible, write them in plain language, and present them in user-friendly formats
   - Provide electronic or printed copies of PowerPoint presentations
   - Be sure PCS staff or an officer has available copies of the Bylaws, policies and procedures, ground rules, and other relevant documents (such as the current integrated plan, list of service priorities, and current allocations by service category) in case they are needed during discussion

6. **Be sure meetings are open and accessible to the public.** In addition to following all local or state open meeting/sunshine law requirements, comply with Ryan White legislative requirements for well publicized open meetings, public access to materials disseminated at meetings, and access to minutes. Establish and carefully follow policies and procedures for public comment; this might include providing a public comment period at the beginning and/or end of each meeting, and in some cases allowing the public to comment on proposed actions – often at committee meetings.

7. **Establish and consistently follow and enforce "groundrules"** that are understood and agreed upon by everyone – and apply to both members and the public. Here are some commonly used groundrules; establish your own, project them or post a copy in your meeting room:
   - Treat everyone with respect – as an intelligent person with a legitimate right to be a part of discussions and decision making
   - Let every member or recognized speak, without interruptions
   - Follow the direction of the Chair; for example, where necessary, observe limits set by the Chair on speaking time for individuals, and give each member an opportunity to speak before calling on members who have already spoken on the issue
   - If you believe a proposed action or process is inconsistent with the Bylaws or policies

and procedures, immediately but politely bring that to the attention of the Chair, either directly or through the PCS staff
- Participate in decision making that follows the process established in the Bylaws or established for a specific issue prior to discussion
- Do not attack people or criticize them personally – focus on issues, not individuals
- Know when to be an advocate and when to be a planner – recognize your responsibility to present and consider the concerns of specific communities or PLWH subpopulations, and to make decisions that consider the needs of all PLWH
- Make decisions based on the best available data; do not urge actions based on your own narrow self-interest
- Help new members, and non-members understand the discussion by using plain language, avoiding use of abbreviations and complex terminology, and not assuming a knowledge of past actions
- When information is shared in confidence, maintain that confidence; do not share information on anyone's HIV status, medical condition, or personal situation unless the individual indicates it can be shared publicly
- Accept and support decisions made by the PC/B in the agreed-upon manner, regardless of your personal position
- Speak positively about the PC/B and its members in public; address problems with the group, not outside it
- Take responsibility not only for following these groundrules, but also for speaking out to assure that other members follow them

8. **Provide informed meeting management and facilitation of the meeting,** by the Chair, with support as needed:
   - Follow simplified *Robert's Rules of Order* or other agreed-upon procedures
   - Start and end on time
   - Follow the established agenda unless the group approves an agenda revision (and meeting laws permit this)
   - Keep track of policy decisions and action items during the meeting
   - Use an agreed-upon decision-making process that is familiar to all participants
   - Encourage active participation by all members
   - Establish a balance between "doing business" and addressing other tasks, including maintaining a supportive relationship among members

9. **Assess and learn from experience,** by asking members and the public for advice and assistance in improving meetings.
   - Try going around the table and asking everyone to comment on the positive and negative aspects of the meeting, and to offer suggestions for improving future meetings
   - Periodically use a written assessment of meeting content, flow, management, use of member time, and productivity/results

10. **Complete minutes promptly,** and make them available for review by the Chair (and Secretary if there is one), approval at the next meeting, and posting on the PC/B website for use by the public within 6-8 weeks following the meeting.

ROBERT'S RULES OF ORDER

Robert's Rules of Order – Simplified

https://blogs.cornell.edu/deanoffaculty/files/2016/01/RobertsRulesSimplified-1ybt2mk.pdf

Guiding Principle:

Everyone has the right to participate in discussion if they wish, before anyone may speak a second time.
Everyone has the right to know what is going on at all times.
Only urgent matters may interrupt a speaker.
Only one thing (motion) can be discussed at a time.

A **motion** is the topic under discussion (e.g., "I move that we add a coffee break to this meeting"). After being recognized by the president of the board, any member can introduce a motion when no other motion is on the table. A motion requires a second to be considered. Each motion must be disposed of (passed, defeated, tabled, referred to committee, or postponed indefinitely).

How to do things:

You want to bring up a new idea before the group.

After recognition by the president of the board, present your motion. A second is required for the motion to go to the floor for discussion, or consideration.

You want to change some of the wording in a motion under discussion.

After recognition by the president of the board, move to amend by

- adding words,
- striking words or
- striking and inserting words.

You like the idea of a motion being discussed, but you need to reword it beyond simple word changes.

Move to substitute your motion for the original motion. If it is seconded, discussion will continue on both motions and eventually the body will vote on which motion they prefer.

You want more study and/or investigation given to the idea being discussed.

Move to refer to a committee. Try to be specific as to the charge to the committee.

You want more time personally to study the proposal being discussed.

Move to postpone to a definite time or date.

You are tired of the current discussion.

Move to limit debate to a set period of time or to a set number of speakers. Requires a 2/3^{rds} vote.

You have heard enough discussion.

Move to close the debate. Requires a 2/3^{rds} vote. Or move to previous question. This cuts off discussion and brings the assembly to a vote on the pending question only. Requires a 2/3^{rds} vote.

You want to postpone a motion until some later time.

Move to table the motion. The motion may be taken from the table after 1 item of business has been conducted. If the motion is not taken from the table by the end of the next meeting, it is dead. To kill a motion at the time it is tabled requires a 2/3^{rds} vote. A majority is required to table a motion without killing it.

You believe the discussion has drifted away from the agenda and want to bring it back.
Call for orders of the day.

You want to take a short break.
Move to recess for a set period of time.

You want to end the meeting.
Move to adjourn.

You are unsure that the president of the board has announced the results of a vote correctly.
Without being recognized, call for a “division of the house." At this point a roll call vote will be taken.

You are confused about a procedure being used and want clarification.
Without recognition, call for "Point of Information" or "Point of Parliamentary Inquiry." The president of the board will ask you to state your question and will attempt to clarify the situation.

You have changed your mind about something that was voted on earlier in the meeting for which you were on the winning side.
Move to reconsider. If the majority agrees, the motion comes back on the floor as though the vote had not occurred.

You want to change an action voted on at an earlier meeting.
Move to rescind. If previous written notice is given, a simple majority is required. If no notice is given, a 2/3^{rds} vote is required.

You may INTERRUPT a speaker for these reasons only:

to get information about business – **point of information**
to get information about rules – **parliamentary inquiry**
if you can't hear, safety reasons, comfort, etc. – **question of privilege**
if you see a breach of the rules – **point of order**
if you disagree with the president of the board’s ruling – **appeal**

Quick Reference

	Must Be Seconded	Open for Discussion	Can be Amended	Vote Count Required to Pass	May Be Reconsidered or Rescinded
Main Motion	√	√	√	Majority	√
Amend Motion	√	√		Majority	√
Kill a Motion	√			Majority	√
Limit Debate	√		√	2/3^{rds}	√
Close Discussion	√			2/3^{rds}	√
Recess	√		√	Majority	
Adjourn (End meeting)	√			Majority	
Refer to Committee	√	√	√	Majority	√
Postpone to a later time	√	√	√	Majority	√
Table	√			Majority	
Postpone Indefinitely	√	√	√	Majority	√

From: Compendium of Materials for Planning Council Support Staff. EGM Consulting, LLC. 2018.
Available at: www.targetHIV.org/planning-chatt/pcs-compendium


Typical
Responsibilities
for committe

Typical Responsibilities for Committee and Planning Council/Body (PC/B) Meetings: PC/B Leaders and PC Support (PCS) Staff[1]

Area of Responsibility	Senior Leaders (Chair/Co- or Vice Chairs)	Committee Chairs/Co-Chairs	Planning Council Support (PCS) Staff
Preparation for Committee Meetings	• Communicate with Committee Chairs about any issues that need to be addressed and any action items committee needs to recommend at the next Executive Committee meeting (Each senior leader responsible for such communication with half the committees, based on agreed-upon assignments)	• Work with PCS staff on preparations at least one week before the meeting • Work with assigned PC support staff member to develop an agenda and agree on needed materials • Work with Staff as appropriate to prepare materials • Communicate with staff if unable to attend and chair the committee (should occur as soon as Chair is aware s/he cannot attend)	• If PC/B has multiple staff, have a person assigned to each committee; usually best to have the same person attend regularly for continuity and expertise • Handle logistics for committee meetings – send out notices at least one week before the meeting, post meeting schedule on website, arrange meeting locations, arrange food • Request and receive RSVPs from Committee members (should be received 48 hours before the meeting – or set local deadline for excused absence) • Work with Committee Chairs/Co-Chairs to prepare an agenda with action items (contact them at least one week before the meeting) • Work with Committee Chairs/Co-Chairs on preparation of materials for mail-out and identification of any supplemental resources PCS staff should bring to the meeting • E-mail materials to members 3-5 days before meeting (agenda, prior meeting minutes, content information needed for deliberations and decision making) – set local minimum time for review; arrange to send hard copies as necessary based on specific member needs, access to printer • Set up conference call if necessary, and send out call-in number • Check with Chair/Co-Chairs 24 hours ahead to review arrangements and RSVPs

[1] Prepared by Mosaica and updated by EGM Consulting, LLC; most recent update for DMHAP in March 2017

Area of Responsibility	Senior Leaders (Chair/Co- or Vice Chairs)	Committee Chairs/Co-Chairs	Planning Council Support (PCS) Staff
Committee Meetings	• Where possible, attend meetings of assigned committees, usually serving as an *ex officio,* non-voting member [unless Bylaws specify something different] • Offer advice and assistance as needed	• Chair meeting • Ensure that Committee follows agenda, and discusses and votes on action items that need to be recommended to the Executive Committee and full PC/B • If this is not doing by the PCS staff, prepare bullet points summarizing decisions and next steps, as well as any specific requests to the recipient	• Handle logistics at meetings: set up communications, food • Staff committee meeting • Take attendance, documenting excused and unexcused absences • Take minutes, including exact wording of resolutions and results of voting or consensus reached [*Note:* In a PC/B with limited staff resources, sometimes the Chair/Co-Chair or another committee member takes responsibility for minutes; in such situations, PCS staff must ensure that minutes are taken and prepared for review] • Record and summarize any data or information requests from the committee to the recipient
Committee Meeting Follow Up	• Where attendance at committee meeting was not possible, communicate with the Committee Chair/Co-Chairs to receive an update and identify issues that will be coming to the Executive Committee	• Review draft minutes • Identify issues and activities that will need to be addressed at the next Committee meeting and work to be done in preparation for the next meeting • Communicate with PCS staff about needed follow up such as data requests to the recipient	• Prepare minutes and provide to Committee Chair/Co-Chairs for review; revise based on their input [or if policy allows for this, assume permission is given to share the draft minutes if no changes are received within a specified period]
Preparation for Executive Committee Meetings	• Work with PCS staff on agenda and review action items from committees • Work with staff to ensure appropriate materials are available	• Work with PCS staff to ensure that Committee materials needed for the Executive Committee are prepared/revised • Prepare Committee report to PC (oral/written) • Inform staff if unable to attend Executive Committee	• Handle logistics – send out notices at least one week before the meeting; arrange food • Request and receive RSVPs from Executive Committee members (should be received at least 48 hours before the meeting) • Work with whoever chaired each Committee meeting to finalize committee materials needed for Executive Committee review and action • Work with Co-Chairs on meeting agenda and action

From: Compendium of Materials for Planning Council Support Staff. EGM Consulting, LLC. 2018.
Available at: www.targetHIV.org/planning-chatt/pcs-compendium

Area of Responsibility	Senior Leaders (Chair/Co- or Vice Chairs)	Committee Chairs/Co-Chairs	Planning Council Support (PCS) Staff
		meeting (as soon as this is known)	items • E-mail materials to members at least 48 hours before meeting (agenda, prior meeting minutes, committee reports/action items, and other content information needed for deliberations and decision making) • Set up conference call if necessary and send out dial-in number • Check with PC/B senior leadership 24 hours ahead to review arrangements and RSVPs • Provide Chair (or Secretary, if the PC/B has one) a list of excused absences for upcoming meeting
Executive Committee Meetings	• Chair meeting • Provide leadership and advice as needed	• Make Committee report, present action items, and request recommendation from the Executive Committee to the PC	• Handle logistics at meetings: set up communications and food • Staff meeting • Make staff report • Take minutes
Preparation for Planning Council/Body (PC/B) Meetings	• Work with PCS staff on agenda and review action items from Executive Committee • Communicate with staff about issues and possible concerns and make needed preparations to address them	• Revise/refine Committee report and action item presentation as needed, based on Executive Committee discussion/action • Work with staff on revisions as needed to written materials for PC review • If unable to attend the PC meeting, inform staff as soon as this is known and agree on who will present the report for the Committee	• Handle logistics – send out notices at least one week before PC meeting, arrange food • Prepare Executive Committee minutes and provide to senior leadership (or Secretary, if there is one) for review • Request and receive RSVPs from PC members (should be received at least 48 hours before the meeting) • Work with Committee Chairs/Co-Chairs to finalize committee materials needed for PC final review and action (based on Executive Committee direction) • Work with senior leaders on meeting agenda and action items • E-mail materials to members at least 2-3 days before meeting (agenda, prior meeting minutes, Executive Committee minutes, committee reports/ action items, and other content information needed for deliberations and decision making); provide

Area of Responsibility	Senior Leaders (Chair/Co- or Vice Chairs)	Committee Chairs/Co-Chairs	Planning Council Support (PCS) Staff
			printed materials to members based on need • Set up conference call if call-in is permitted, and send out call-in number with materials • Check with senior leaders 24 hours ahead to review arrangements and RSVPs • Provide senior leaders or Secretary list of excused absences for upcoming meeting
PC/B Meetings	• Chair and manage meeting • Provide leadership and advice as needed • Vote only when there is a tie	• Make committee report and presentation of action items brought forward from the Executive Committee	• Handle logistics at meetings: set up communications and food, provide sign-in sheets for members and public/guests • Make all needed arrangements for presenters • Staff meeting • Make staff report • Take minutes; includes recording votes and exact language of resolutions and other action items • Have copies of Bylaws, key policies and procedures for reference if needed • Obtain information from individuals making public comments if the PC/B indicates that any follow up is required • Unless the PC/B has a parliamentarian, be prepared to answer questions about procedures and about RWHAP legislation and PC/B guidance
Follow Up to PC/B Meetings	• Work with Staff to ensure appropriate follow up on actions taken or tasks referred to committees • Meet with people on behalf of the PC as needed	• If PC/B assigns any tasks to the Committee, ensure that work on these items is on the agenda for the next meeting	• Prepare minutes • Provide minutes to senior leaders (or first to Secretary if there is one) for review and make needed revisions • Follow up with Committee Chairs/Co-Chairs on any assignments made at the PC/B meeting • Follow up with the recipient on any requests made of the recipient during the PC/B meeting
New Members	• Where possible, attend and participate in new member orientation for those committees for which each	• Ensure that new committee members receive a personal orientation to the committee purposes and responsibilities,	• Work with Membership Committee to ensure prompt orientation of new members • Work with Committee Co-Chairs to ensure that new committee members receive a committee orientation

Area of Responsibility	Senior Leaders (Chair/Co- or Vice Chairs)	Committee Chairs/Co-Chairs	Planning Council Support (PCS) Staff
	senior leader is responsible	protocols for operations, annual plan and timeline, meeting schedule, relationship to other committees, any special processes and procedures, and how to read and analyze typical materials used by the committee • Play a lead role in this orientation	
Other	• Serve as spokespersons for the PC • Follow up with members who are not meeting attendance requirements	• Identify membership needs and communicate them to PC Staff and senior leaders • Recruit non-PC members for committee with help from Membership Committee • Ensure that committee prepares an annual written plan • Review progress towards plan • Arrange for any needed committee training, working with PCS staff	• Ensure that all communications related to committee leadership activities go by e-mail to both the senior leaders and to the Chair/Co-Chairs overseeing that committee • Maintain committee records • Provide advice and support to committee Chairs/Co-Chairs