Fort Lauderdale / Broward County EMA
Broward County HIV Health Services Planning Council
An Advisory Board of the Broward County Board of County Commissioners
200 Oakwood Lane, Suite 100, Hollywood, FL, 33020 - Tel: 954-561-9681 / Fax: 954-561-9685

Committee Meeting Agenda: Executive Committee
Date/Time: Thursday, June 21, 2018, 1:30 p.m.
Location: Government Center Room A-337
Chair: Lopes, R. **Vice Chair**: Vacant

1. **CALL TO ORDER:** *Welcome, Ground Rules, Sunshine, Introductions, Moment of Silence, & Public Comment*
2. **APPROVALS:** 5/17/18 Executive Committee Agenda and 4/19/18 Meeting Minutes
3. **STANDARD COMMITTEE ITEMS**
   a) Review and Approve 6/28/18 HIVPC Agenda, Meeting Materials and Motions (Handouts A)
   b) Review July 2018 HIVPC Calendar (Handout B)
4. **UNFINISHED BUSINESS**
5. **MEETING ACTIVITIES/NEW BUSINESS**

Agenda Items	*Action to be taken, presentation, discussion, brainstorm etc.*
FY2019 PSRA Process at HIVPC	ACTION ITEM: Review PSRA Process for HIVPC meeting, including Policies & Procedures, Sunshine Law and voting conflicts/abstentions
MCDC Member Appointments	ACTION ITEM: Discuss status of MCDC, review new member applications, member demographics and make recommendations to HIVPC
HIVPC Vice Chair Vacancy	ACTION ITEM: Discuss recent vacancy, process for special elections and Nominating Committee timeline
HRSA Site Visit	ACTION ITEM: Review HRSA site visit timeline and discuss activities

6. **GRANTEE REPORTS**
7. **PUBLIC COMMENT**
8. **AGENDA ITEMS / TASKS FOR NEXT MEETING:** July 19, 2018 **VENUE:** Government Center A-337

Agenda Items for next Meeting	*Action to be taken, presentation, discussion, etc.*

9. **ANNOUNCEMENTS**
10. **ADJOURNMENT**

PLEASE COMPLETE YOUR MEETING EVALUATIONS
THREE GUIDING PRINCIPLES OF THE HIV PLANNING COUNCIL
• Linkage to Care • Retention in Care • Viral Load Suppression •

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Meeting Minutes: Executive Committee
Date/Time: Thursday, May 17, 2018, 1:30 p.m.
Location: Government Center Room A-337
Chair: Lopes, R. **Vice-Chair**: Taylor-Bennett, C.

ATTENDANCE					
#	**Members**	**Present**	**Absent**		**Grantee Staff**
1	Barnes, B. *Ex Officio*		**A**		Jones, L.
2	Barrientos, Y.	**X**			Anderson, T.
3	Edwards, C.	**X**			Robinson, J.
4	Fleurinord, P.		**A**		
5	Foster, V.	**X**			**HIVPC Staff**
6	Hayes, M.	**X**			Ewart, L.
7	Lopes, R., *Chair*	**X**			Johnson, B.
8	Robertson, L.	**X**			Oratien, V.
9	Shamer, D.	**X**			
10	Taylor-Bennett, C., *Vice Chair*	**X**			
	Chair Quorum = 5	**8**			

1. CALL TO ORDER

The Chair called the meeting to order at 1:30 p.m. and welcomed all present. Attendees were notified of information regarding the Government in the Sunshine Law and meeting reporting requirements, which includes the recording of minutes. Attendees were advised that the meeting ground rules are present, for reference. In addition, attendees were advised that the acknowledgement of HIV status is not required but is subject to public record if it is disclosed. Chairs, committee members, Grantee staff and HIV Planning Council (HIVPC) Staff self-introductions were made. A moment of silence was observed.

2. APPROVALS

a)

Motion #1: To approve 05/17/18 Meeting Agenda
Proposed by: Shamer, D. **Seconded by**: Robertson, L.
Action: Passed Unanimously

Motion #2: To approve the 04/19/18 Meeting Minutes
Proposed by: Robertson, L. **Seconded by**: Shamer, D.
Action: Passed Unanimously

3. STANDARD COMMITTEE ITEMS

a) Approve 05/24/18 HIVPC Agenda (Handout A):
The Committee reviewed the HIVPC agenda and discussed the upcoming HIVPC meeting. See New Business- May 2018 HIVPC Community Meeting.

b) Review June 2018 Calendar (Handout B): The chairs reviewed the draft June HIVPC Committee Calendar. They discussed the meeting time and date for the Executive Committee, as the PSRA Committee has an extended meeting beforehand. The members agreed to meet after the PSRA Committee meeting on June 21st at 1:30 p.m.

4. UNFINISHED BUSINESS

None.

5. MEETING ACTIVITIES/NEW BUSINESS

a) May 2018 HIVPC Community Meeting: The Executive Committee members discussed the meeting content and logistics of the upcoming HIVPC meeting. As the meeting is in the evening and designed to increase community participation in the Planning Council, the members discussed using much of the agenda items for presentations and committee overviews, with only the necessary HIVPC business. Instead of Committee Reports, the HIVPC Chair suggested letting the reports stand and instead having each Committee Chair give their elevator speech, tell the guests how the committee contributes to the work of the HIVPC, and of any upcoming events or special topics. The HIVPC Chair will explain the meeting business to the guests, and have the members stand when voting on the agenda, minutes and consent items. The group debated using the meeting for PSRA community rankings, but thought it best to keep the meeting simple and more of a call to action than a lot of data and presentations. Presentations will include an overview of the online ADAP recertification process and an update on the Integrated Plan.

The members discussed the meeting location. The meeting will be held at Good Growth Homes, near Oakland Blvd and 441. Staff has included bus line information on the Eventbrite, and the HIVPC Vice Chair gave Staff additional bus lines that have stations a block from the venue. The location is centrally located on the 72 bus line, and the HIVPC Vice Chair noted that many other buses stop approximately one block over on Oakland and 441. Those buses include: 18, 19, 36, 40, 81 and The Breeze.

The members stressed the need to make guests feel welcome, including introducing themselves to guests and thanking everyone for coming. The meeting will have an ice breaker activity, and Staff has planned a team game to go along with the Integrated Plan presentation. Staff will have committee and HIVPC applications on hand.

Members and guest will come into the building and the meeting is on the 2nd floor. There will be signs in the lobby, and a welcome/sign-in table will be located just outside the elevators. The meeting room has round tables that seat 8-10 people, and the group discussed having members and chairs sit at tables with the guests.

b) Integrated Plan Goal 4: The Part A Recipient discussed conversations that had taken place in recent Integrated Funders Collaborative and Integrated Plan Goal Group 4 meetings. He expressed the opportunity for integration across planning bodies and funders based on Goal 4 objective 4.1a: Develop a coordinated and integrated priority setting and resource allocation process and combined funding initiatives. This process will provide the opportunity for both joint HIV needs assessments and resource allocations initiatives. The Recipient suggested the possibility of restructuring the System of Care Committee as a joint planning body. The group discussed the best way to implement integrated planning, funding and programing on a Committee level. They discussed the need for shared measurements, data and resources. The group decided to revisit the agenda item over the next few Executive meetings, and in the meantime plan for a combined HIV data presentation to be held in September.

6. RECIPIENT REPORT

The HRSA site visit has been rescheduled and will be in June. They will come to the June HIVPC meeting and observe the FY2019 PSRA process.

7. PUBLIC COMMENT

None.

8. AGENDA ITEMS / TASKS FOR NEXT MEETING: June 21, 2018 at 1:30 p.m. VENUE: A-337

Agenda Items for next Meeting	*Action to be taken, presentation, discussion, etc.*
June HIVPC Meeting	ACTION ITEM: Plan for HIVPC meeting, including HRSA site visit and final FY2019 PSRA recommendations and approvals

9. ANNOUNCEMENTS

None.

10. ADJOURNMENT

The meeting adjourned at 3:05 p.m.

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Executive Committee Attendance CY 2018

Consumer	PLWHA	Absences	Count	Meeting Month:	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
				Meeting Date:	18	C	15	19	17								
			1	Barrientos, Y.	N-4/1			X	X								
1	1	3	**2**	Barnes, B, *Ex Officio*	X		A	A	A								
0	0	0	**3**	Edwards, C.	X		X	X	X								
0	0	4	**4**	Fleurinord, P.	A		A	A	A								
			5	Hayes, M.	N-4/1			X	X								
0	0	0	**6**	Foster, V.	X		X	X	X								
0	0	0	**7**	Lopes, R. *Chair*	X		X	X	X								
0	0	1	**8**	Robertson, L.	X		X	A	X								
0	0	0	**9**	Shamer, D.	X		X	X	X								
0	1	1		Siclari, R.	X		A	Z-4/1									
0	1	0		Spencer, W.	X		X	Z-4/1									
		1	**10**	Taylor-Bennett, C. *V.Chair*	N-3/1		A	X	X								
				Quorum(Chairs) =5	8	0	6	6	8	0	0	0	0	0	0	0	

X - present

A - absent

E - excused

NQA - no quorum absent

NQX - no quorum present

N - newly appointed

Z - Resigned

C - cancelled

W - warning letter

R - removal letter

QNA - quorum not achieved for entire mtg

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BROWARD COUNTY HIV HEALTH SERVICES PLANNING COUNCIL MEETING AGENDA

Thursday, June 28, 2018, 9:30 a.m.
GC-430
Chair: Requel Lopes **Vice Chair:** Vacant
Reminder: *Meeting Attendance Confirmation Required at least 48 Hours Prior to Meeting Date*

1. **CALL TO ORDER** (10 minutes)
2. **WELCOME AND PUBLIC RECORD REQUIREMENTS**
   a. Welcome and Introductions
   b. Review Meeting Ground Rules, Public Comment and Public Record Requirements
   c. Council Member and Guest Introductions
   d. Moment of Silence
   e. Excused Absences and Appointment of Alternates
   f. Approval of 6/28/18 Meeting Agenda
   g. Approval of 5/24/18 Meeting Minutes
3. **PHONE INTRODUCTIONS**
4. **PUBLIC COMMENT** (Up to 10 minutes)
5. **CONSENT ITEMS**

#	Motion	Justification	Proposed By
1			Executive Committee
2			
3	To appoint Emilio Apponte to the Community Empowerment Committee.	Mr. Apponte is the L.E.A. Government Co-Chair of BCHPPC.	Community Empowerment Committee

6. **NEW BUSINESS**
   a. Nominating Committee
   b. FY2019-2020 PSRA Presentation
7. **DISCUSSION ITEMS**

#	MOTION	JUSTIFICATION	PROPOSED BY
1	To approve the FY 2019-2020 core service category rankings.	Rankings were conducted as part of the priority setting and resource allocation process.	Priority Setting & Resource Allocation Committee
2	To approve the FY 2019-2020 support service category rankings.	Allocations were conducted as part of the priority setting and resource allocation process.	Priority Setting & Resource Allocation Committee

Discussion Items #2 - #21 are the recommended allocations for each service category for FY 2019-2020:

#	FY 2018 Rank	Service	Factors to Consider	Recommended FY 2019 Allocation		Proposed By
				%	$	
PART A CORE SERVICES						
						Priority Setting & Resource Allocation Committee
TOTAL PART A CORE						
PART A SUPPORT SERVICES						

						Priority Setting & Resource Allocation Committee
TOTAL PART A SUPPORT						
TOTAL PART A ALLOCATIONS						
MAI CORE SERVICES						
						Priority Setting & Resource Allocation Committee
MAI SUPPORT SERVICES						
						Priority Setting & Resource Allocation Committee
TOTAL MAI ALLOCATIONS						
TOTAL PART A AND MAI ALLOCATIONS						

8. JUNE COMMITTEE REPORTS (15 minutes)

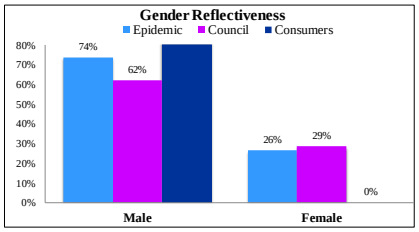
A. COMMUNITY EMPOWERMENT COMMITTEE (CEC)

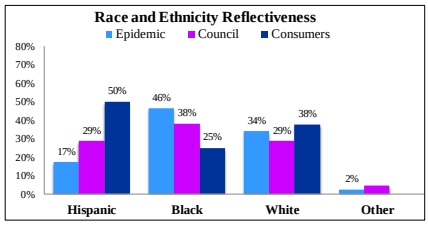
June 5, 2018 *Chair: Y. Barrientos, V. Chair: P. Fleurinord*

A. Agenda Item Update / Status Summary:
National HIV/AIDS Testing Day Event- PC Manager gave an overview of the last joint CEC/BTAN meeting to plan for an HIV Testing Day event. Originally the groups wanted to host an HIV-related forum, but the Part A Office is having a HRSA site visit that week which will interfere with Staff's planning and implementation of a forum. PC Staff proposed that instead of having a Chill, Chat & Chew 2 in June, to have a Chill, Chat & Chew BBQ right after 4th of July. The group discussed venues, entertainment, speakers, having short videos about PrEP and nPEP, and developing an agenda that provided entertainment as well as information for the guests. Joe Tolliver, the event facilitator, was present at the meeting as well. PC Staff will work to book a venue in the Hollywood area, and the members discussed various ways to market the event, including reaching out to prominent community members.
B. Rationale for Recommendations:
None.
C. Data Reports / Data Review Updates:
None.
D. Data Requests:
None.
E. Other Business Items:
Next Meeting Date: July 5th, 2018; Agenda Items: Participate in Chill, Chat and Chew BBQ, Location: TBD

B. MEMBERSHIP/COUNCIL DEVELOPMENT COMMITTEE (MCDC)

HIV Planning Council Membership Report
Current Through June 2018





Gender	Epidemic		Council		% Difference	Consumers		% Difference
Male	14,753	74%	13	62%	-12%	7	88%	14%
Female	5,288	26%	6	29%	2%	0	0%	-26%
Transgender	-	-	2	10%	-	2	25%	-
Race	**Epidemic**		**Council**		**% Difference**	**Consumers**		**% Difference**
Hispanic	3,455	17%	6	29%	11%	4	50%	33%
Black	9,283	46%	8	38%	-8%	2	25%	-21%
White	6,831	34%	6	29%	-6%	3	38%	3%
Other	472	2%	1	5%	2%	0	0%	2%
Total	20,041	100%	21			8		

Current Members	21
Minimum (Per County Ordinance)	20
Maximum (Per County Ordinance)	35
% Unaffiliated Consumers	38%

Vacant Seats
1. Grantees of Other Federal HIV Programs - VA
2. Federally Recognized Indian Tribe Members
3. ASO/CBO Serving Affected Populations
4. State Medicaid
5. Local Public Health Agency
6. Health Planning
7. Alternates (3)

No more than 3 members employed by one governmental agency or provider shall serve on the HIVPC at one time, and no more than 40% of HIVPC members shall be Part A-funded

% Part A-Funded Providers	33%

No June Meeting *Chair: V. Foster, V. Chair: Vacant*

C. INTEGRATED WORKGROUP

June 12, 2018 *Chair: T. Pietrogallo, V. Chair: T. Williams*

A. Discussion Item:
B. Data Requests:
C. Next Meeting Date:
Next Meeting Date: July 10, 2018 at 10:00 a.m., Central Broward Regional Park

D. QUALITY MANAGEMENT COMMITTEE (QMC)

No June Meeting *Chair: D. Shamer*

E. PRIORITY SETTING & RESOURCE ALLOCATION COMMITTEE (PSRA)

June 21, 2018 *Chair: L. Robertson, V. Chair: M. Hayes*

A. Work Plan Item Update / Status Summary:
B. Rationale for Recommendations:
None.
C. Data Reports/Data Review Updates:
D. Data Requests:
E. Other Business Items:
Agenda Items for Next Meeting: Date: July 19, 2018, Governmental Center Annex Room A-337

F. EXECUTIVE COMMITTEE

June 21, 2018 *Chair: R. Lopes, V. Chair: C. Taylor-Bennett*

A. Work Plan Item Update / Status Summary:
B. Rationale for Recommendations:
C. Data Reports / Data Review Updates:

D. Data Requests:
E. Other Business Items:
Agenda Items for Next Meeting: Next Meeting Date: July 19, 2018 at 11:30 a.m.

G. SYSTEM OF CARE COMMITTEE (SOC)

No June Meeting *V. Chair: C. Edwards*

**** For detailed discussion on any of the above items, please refer to the meeting minutes. ****

9. RECIPIENT REPORTS (20 minutes)

a. Part A
b. Part B (including March HIVPC data request)
c. Part C
d. Part D
e. Part F
f. HOPWA
g. Prevention

10. UNFINISHED BUSINESS

11. PUBLIC COMMENT (Up to 10 minutes)

12. ANNOUNCEMENTS

13. REQUEST FOR DATA

14. AGENDA ITEMS FOR NEXT MEETING: July 26, 2018 9:30 a.m. **LOCATION:** Gov't Center Room GC-430

Tasks for next Meeting	*Responsible Party*	*Action to be taken, presentation, discussion, brainstorm etc.*

15. ADJOURNMENT

PLEASE COMPLETE YOUR MEETING EVALUATIONS

THREE GUIDING PRINCIPLES OF THE BROWARD COUNTY HIV HEALTH SERVICES PLANNING COUNCIL

• Linkage to Care • Retention in Care • Viral Load Suppression •

July 2018
Broward County HIV Health Services Planning Council Calendar
Last Updated: 6/20/2018

Meeting dates & times are subject to change. Unless otherwise noted, meetings are held at: Governmental Center Annex, Ryan White Part A Program Office, 115 S. Andrews Ave.; Ft. Lauderdale, 33301. Please contact support staff at 954-561-9681 ext. 1343 or visit http://www.brhpc.org for updates.

Monday	Tuesday	Wednesday	Thursday	Friday
2	3 **Community Empowerment Committee Meeting** 3:00 p.m., A-337^	4	5	6 **SFAN** 10:00 a.m., ~
9	10 **Integrated Workgroup Meeting** 10:00 a.m., *	11 **Oral Health Network Meeting** 3:00 p.m., GC-301^	12	13
16 **Quality Management Committee Meeting** 12:30 p.m., A-337^	17	18	19 **Priority Setting & Resource Allocation Committee Meeting** 9:00 a.m., A-337^ **Executive Committee Meeting** 11:30 a.m., A-337^	20
23	24	25 **Medical/DCM Network Meeting** 2:00 p.m., A-337^	26 **HIV Planning Council Meeting** 9:30 a.m., GC-430^	27
30				

^Governmental Center —115 S Andrews Ave, Ft. Lauderdale, 33301
~Dorothy Mangurian Comp. Center—1000 NE 56th St, Ft. Lauderdale, 33334
***Central Broward Regional Park—** 3700 NW 11th Place, Lauderhill, 33311

Meetings in ~~**Red**~~ are cancelled.
Meetings in **Blue** are for the HIV Planning Council Committees & QI Networks.
Meetings in **Black** are not associated with the HIV Planning Council.

HIVPC Broward County HIV Health Services Planning Council

July 2018

Broward County HIV Health Services Planning Council Calendar

Last Updated: 6/20/2018

Dates and times are subject to change. Visit http://www.brhpc.org/programs/hiv-planning-council/ for updates. For questions about the HIV Planning Council & Committees, please contact Adam Bente at 954-561-9681 ext. 1250. For questions about the QI Networks, please contact Brithney Johnson at 954-644-2774.

TODOS ESTAN BIENVENIDOS!

A menos que se anote de forma diferente en el calendario, todas las reuniones se realizarán en:

Governmental Center
115 S. Andrews Ave.
Ft. Lauderdale, FL 33301
(Acceso de Downtown Bus Terminal y Tri-Rail/Broward County Transit)

Para confirmar información acerca de la reunión de Consejo de Planeación VIH, o confirmar la reserva de servicios especiales tales como: Traducción Inglés a Español o a Criollo (Haitiano), servicios para discapacitados en visión o audición, por favor llame con 48 horas de antelación para que puedan hacerse los arreglos necesarios.

ALL ARE WELCOME!

Unless otherwise noted on the calendar, all meetings are held at:

Governmental Center
115 S. Andrews Ave.
Ft. Lauderdale, FL 33301
(Access from Downtown Bus Terminal and Tri-Rail/ Broward County Transit)

To confirm HIV Planning Council meeting information, or reserve special needs services such as: Translation from English to Spanish or Creole; or, are hearing or visually impaired, please call 48 hours in advance so that arrangements can be made for you.

BON VINI!

Sòf si yo ta ekri yon lòt bagay nan almanak-la, tout rankont-yo ap fèt:

Governmental Center
115 S. Andrews Ave.
Ft. Lauderdale, FL 33301
(Access from Downtown Bus Terminal and Tri-Rail/ Broward County Transit)

Pou konfime enfòmasyon ou resevwa sou rankont Konsèy Planifikasyon HIV-a, oswa pou rezève sèvis pou bezwen Espesyal tankou: Tradiksyon angle an panyòl oswa kreyol; oswa, si ou gen pwoblèm wè oswa tande, rele 48 tè alavans pou yo ka fè aranjman pou ou.

HIVPC Committee Descriptions

Community Empowerment Committee (CEC) - Encourages the participation of individuals infected and affected with HIV/AIDS in the planning, priority-setting and resource-allocation processes. Function as a primary level of appeal for unresolved grievances relative to the Council's decisions regarding Ryan White Part A funding.

Membership/Council Development Committee (MCDC) - Recruits and screens applications based on objective criteria for appointment to the Council in order to ensure demographic requirements of the Council are maintained according to the Ryan White Treatment and Modernization Act. Presents recommendations to the Council. Institutes orientation and training programs for new and incumbent members.

Needs Assessment/Evaluation (NAE) Committee - Develops and updates the annual Needs Assessment, including determining focuses for the client survey, provider survey, and client focus groups. Evaluates and updates the Comprehensive Plan to determine progress.

Quality Management Committee (QMC) - Ensures highest quality HIV medical care and support services for PLWHA by developing client and system based outcomes and indicators. Provides oversight of standards of care, develops scopes of service for program evaluation studies, assesses client satisfaction, and provides QM staff/client training/education.

Priority Setting Resource Allocation (PSRA) Committee - Recommends priorities and allocation of Ryan White Part A funds. Facilitates the Priority Setting and Resource Allocation Process to include the review of appropriate data (service utilization, epidemiological data). Develops, reviews, and monitors eligibility, service definitions, as well as language on 'how best to meet the need.

System of Care (SOC) Committee - Evaluates the system of care and analyzes the impact of local, state, and federal policy and legislative issues impacting PLWHA in the Broward County EMA. Plans and addresses coordinated care across diverse groups by engaging community resources to eliminate disparities in access to services.

Executive Committee - Sets agenda for Council meetings. addresses conflict of interest issues, reviews attendance reports, oversees the planning activities established in the Comprehensive Plan, oversees committee work plans, reviews committee recommendations, ratifies recommendations for removal for cause, and addresses unresolved grievance issues.

HIV Health Services Planning Council (HIVPC) - Monitors, evaluates, and continuously improves systematically the quality and appropriateness of HIV care and services provided to all patients receiving Part A and MAI-funded services.

Active HIVPC Applicants

Name	Consumer	W	B	H	O	F	M	T	Agency	Date Applied	Orientation	Committee	Date 1	Date 2	Date 3	Application Category	Outcome
Patricia Fleurinord			1			1			CAN	4.3.18	N	CEC	N/A			ASO/CBO	Qualified
Valery Moreno				1		1			Memorial	4.30.18	N	SOC/PSRA	N/A			Health Care Provider	Qualified

By-Laws of the
Broward County HIV Health Services Planning Council

ARTICLE V

OFFICERS

SECTION 2: ELECTIONS

A. Election of Officers shall utilize a majority vote double election system (primary election and a secondary run-off election). Officers shall be elected by the majority vote of those members or alternates serving as members of the Council present and voting at the meeting during which election is held.

B. Regular Biannual Elections. Regular biannual elections will take place every two years. The ad-Hoc Nominating Committee shall present a slate of candidates for consideration as described in the ad-Hoc Nominating Procedure. The Officers shall take office on March 1 or at the first meeting of the calendar year later than March 1. All Officers shall serve a two-year term and shall remain in office until a successor selected. No officers shall serve more than two consecutive terms in one office.

C. Special Elections. Special Elections will take place as needed. In the event of the resignation or other reason for vacating the Chair or Vice Chair positions, a special election will be held following the procedures outlined in Nominating Procedure (Article VIII, Section 3, Part A). Until the election is held, the Council will adhere to the line of succession outlined in Article VI, Section 8. Individuals elected by virtue of special election will not be considered to have served a full term, and this service will not impact the individual's ability to run for two additional terms.

ARTICLE VI

MEETINGS

SECTION 8: LINE OF SUCCESSION

A. In the event the Chair and the Vice Chair do not attend the Council Meeting and neither the Chair nor the Vice Chair has notified the Council that they are not attending the Council Meeting, the immediate past chair, if present and a member of the Council, shall chair the meeting.

B. In the absence of the immediate past chair the Council meeting may be chaired by Committee Chairs, in the following order:

1. Chair of Priority Setting and Resource Allocation
2. Chair of Membership/Council Development
3. Chair of Community Empowerment
4. Chair of Quality Management

5. Chair of System of Care

C. In the event of a vacancy of the Planning Council Chair or Vice Chair position, the duties of the Chair or Vice Chair will be assumed by the immediate past chair. If the immediate past chair is no longer a member of the Planning Council, duties will be assumed in the following order:

1. A past Planning Council Chair
2. Chair of Community Empowerment
3. Chair of Priority Setting and Resource Allocation
4. Chair of Quality Management
5. Chair of System of Care
6. Chair of Membership/Council Development

Pursuant to the revised paragraph C, the order of assumption of duties is prescribed for the following reason: a third party oversees the special election process, during which the current Chair or Vice Chair may participate. Duties will be assumed upon the Chair or Vice Chair vacancy, until the vacancy is filled by a special election as outlined in Article V, Section 2C.

NOMINATING PROCEDURE

FOR REGULAR ELECTIONS

The Planning Council Chair will appoint a Nominating Committee composed of not less than five (5) Council members. At least one member shall be an unaffiliated person living with HIV/AIDS.

At the October HIVPC meeting (prior to the January election), Council Members will be given a form to express their interest in running for Chair or Vice Chair along with a form questionnaire containing a set of questions about why they want to be an officer and their past leadership experience.

At the beginning of the next Planning Council meeting, the slate of all members that have indicated interest in running for office will be presented and a verbal call for nominations from the floor will take place. All candidates will be provided an opportunity to answer the questions on the questionnaire form. The deadline for submitting responses will be 3 weeks from the December call for nominations.

NOMINATIONS WILL THEN BE CLOSED.

The Nominating Committee will meet following Planning Council to review the nominations received to date and prepare a slate of all candidates. Candidate questionnaire forms will be included in the January Planning Council mailing.

At the beginning of the following Planning Council meeting, candidates will give presentations that should be limited to 5 minutes with an additional 2 minutes for clarification relevant to the responses. Then ballots will be distributed to members present. The ballots will include the candidates' names for Chair and Vice Chair. Planning Council members will receive a ballot with their name pre-printed for record-keeping purposes.

Election of Officers per Article V Section 2 shall utilize a majority vote double election system (primary election and a secondary run-off election). The double election system is a primary election where you vote for your first choice and then, when your first choice candidate is eliminated in the primary, you go to the voting booth at the final election and vote your second choice.

Before the close of the January meeting, the Chair of the Nominating Committee will announce the new officers and read each vote into the record. Terms of office are effective as of the first day of the Fiscal Year (March 1).

FOR SPECIAL ELECTIONS

In the event of the resignation or other reason for vacating the Chair or Vice Chair positions, a special election will be held following the procedures outlined above. Dates may vary based on the timing of the resignation.

2018 AD-HOC NOMINATING COMMITTEE SPECIAL ELECTION TIMELINE

Activity	Proposed Date
Request for Nominating members at HIVPC meeting	June 28, 2018
First ad-Hoc Nominating Committee meeting. Review & approve procedures and questionnaire.	TBD- July, 2018
HIVPC meeting. Procedure & questionnaire approved by HIVPC. Questionnaire given to all eligible parties interested in running.	July 26, 2018
Deadline to return completed questionnaire to HIVPC staff for candidates nominated from the floor.	TBD- August, 2018
Nominations closed.	TBD- August, 2018
Second ad-Hoc Nominating Committee meeting. Review & approve slate of candidates, election process, and ballots.	TBD- September, 2018
HIVPC meeting. Q&A session for all candidates. Candidates presented and voting takes place. Votes read into record.	September 20, 2018
Start of new HIVPC Vice Chair terms	TBD- November/December, 2018

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.

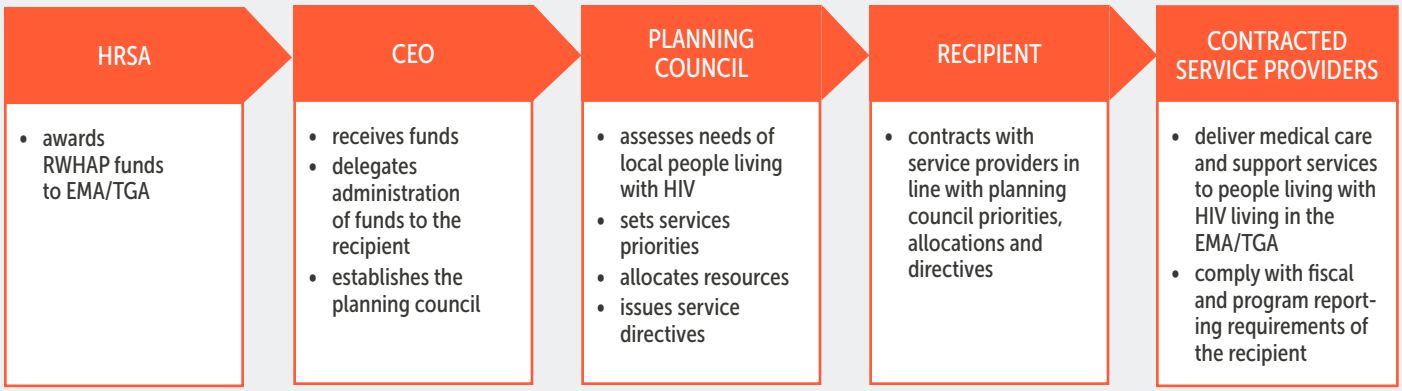
The planning council and the recipient work together on identifying the needs of people living with HIV (by conducting a needs assessment) and preparing a ***CDC and HRSA Integrated HIV Prevention and Care Plan***, formerly known as a comprehensive plan (which is a long-term guide on how to meet those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

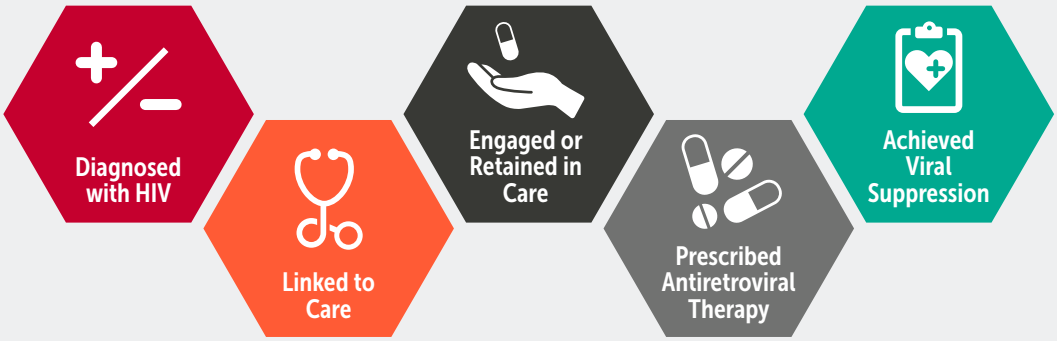
The plan should ensure attention to each stage of the ***HIV care continuum***, which measures the steps or stages of HIV medical care from diagnosis to linkage to care, retention in care and treatment, prescribing of HIV medications, and achieving the goal of viral suppression (a very low level of HIV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

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]

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

HIV Planning Council Reference Sheet

Membership

- Must be reflective of the EMA Epidemic
- Minimum 33% consumers
- Maximum 40% service providers

Membership Category Examples:

- PLWHA & Affected Community (Unaffiliated Consumers)
- ASO/CBOs FQHCs
- Health & Social Service Providers
- Federal HIV Programs (RW Parts B, C, D, F, HOPWA, and CDC Prevention Programs

HRSA Mandates

PSRA - members decide which services are most important to people living with HIV in Broward (priority setting) and then agree on which service categories to fund and how much funding to provide (resource allocations).

Needs Assessment - Recipient & HIVPC work together to assess the needs of communities affected by HIV. Includes epidemiologic profile and ensures that funded providers cooperate with needs assessment efforts.

Quality Management- clinical quality management (CQM) program designed to improve: patient care, health outcomes, and patient satisfaction. Components include infrastructure, performance measurement, and quality improvement.

Integrated Planning – The HIVPC incorporates integrated planning goals, objectives, and activities in the workplans of the council and its committees. Activities are identified based on the goals of the Integrated Plan, below:

Goal 2: *Increase the percentage of newly diagnosed individuals who are linked to HIV medical care within 1 month of diagnosis to 85% (from 53.7%) and increase the percentage of PLWH who are retained in medical care to 90% (from 65%)*

- Test & Treat Initiative with Part A and FDOH to promote rapid linkage to care for newly diagnosed and clients who have fallen out of care
- QM focus on the evaluation of part A health outcomes to determine improvement in retention in care

Goal 3: *Reduce disparities in the rate of HIV related mortality among Black males, Black females, and White males by at least 15%*

- PSRA review of Part A MAI initiatives for underserved populations not achieving health outcomes
- SOC "Black Women's Study" to support MAI program initiatives targeting Black Females

Goal 4: *Establish mechanisms for integration of cross-sector collaboration and establish a structure for integrated continuity of care*

- Dismantling Racism training for all PC members and HIV Community at large (RW Providers, Stakeholders, etc.)
- Integrated PSRA process (funder presentations on utilization, expenditure, and health outcomes data)
- Integrated Workgroup participation (Part A member participation and communication/reporting back to PC)
- HIVPC Committee collaboration on community related activities, forums, etc. (CEC & BTAN)

HIV Planning Council Reference Sheet

Roles/Duties of Recipient, Planning Council, and Planning Council Staff

Recipient:	– Attend and provide reports at PC meeting – Engage in meetings – Serve as role model for process – Provide guidance and interpretation of HAB regulation – Regularly provide agreed-upon reports – Scope of report/timing/purpose – Advise without influencing decisions/discussions – Assign appropriate staff to participate in committees – Collaborate with PC on shared roles – Carry out joint efforts consistent with roles and resources
Planning Council:	– Needs Assessment – Integrated/Comprehensive Planning – Priority Setting & Resource Allocation – Directives – Coordination of Services – Development of Service Standards – Assessment of the Administrative Mechanism – Planning Council Operations and Support
PC Staff:	– Staff Committees & HIVPC meetings – Assist PC to carry out legislative responsibilities – Advise on RWHAP legislative requirements, HRSA/HAB regulations, and expectations – Support leadership and members – Oversee training programs for members – Encourage member involvement and retention (PLWH) – Liaise with RWHAP Part A recipient – Help PC manage budget