



THE RYAN WHITE HIV/AIDS PROGRAM

NORFOLK TGA PLANNING COUNCIL TRAINING SERIES
APRIL 2017



NORFOLK TGA PLANNING COUNCIL TRAINING SERIES

Month	Topic	Presenters
March 2017	About the Ryan White CARE Act	Thomas Schucker Michael Koran
April 2017	Activities of Recipients and Planning Councils	Gwendolyn Ellis-Wilson May Francis Baskerville
May 2017	Planning Council Structure and Governance	Rachael Artise Gwendolyn Ellis-Wilson
June 2017	Cultural Competency Skills for Planning Councils	Tony Boston Michael Singleton
July 2017	Priority Setting and Resource Allocation Training	Jerome Cuffee Gwendolyn Ellis-Wilson

Month	Topic	Presenters
August 2017	Planning Council Structure and Governance	Pierre Diaz Robert Bailey
September 2017	Membership Recruitment	Beverly Franklin Earl Hamlet
October 2017	Funding Opportunities Announcement (FOA)	Doris McNeil Kanedra Nwajei
January 2018	Parliamentary Procedure	Rachel Artise Darrell Brisbon
February 2018	Skills for Effective Planning and Decision Making	Gregory Fordham Todd England

ACTIVITIES OF RECIPIENTS AND THE PLANNING COUNCIL

Objectives

- To be able to name the three local “players” within Part A and define their primary roles in the implementation of Part A.
- To be able to describe the duties of the Part A CEO/Recipient, including legislative requirements and HRSA/HAB/DSS expectations.
- To be able to describe the duties of the Planning Council, including legislative requirements and HRSA/HAB/DSS expectations.
- To list and differentiate the roles of Recipients and Planning Councils.

KEY PART A ENTITIES

- **The Chief Elected Official (CEO)** The CEO is the person who officially receives the Ryan White Part A funds. The CEO is the Chief Elected Official who is in charge of the major city or county in the EMA or TGA, such as 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 about using Ryan White Part A funds are followed. The CEO usually picks an agency to manage the Part A grant—generally the county or city health department. The CEO establishes the Planning Council and appoints its members.
- **The Recipient (Recipient)** Is the person who receives Ryan White Part A funds, the CEO is the Recipient. However, in most EMAs and TGAs, the CEO gives responsibility for administering the grant to a local government agency (such as a health department) that reports to the CEO. This agency is sometimes also called the Recipient (Recipient). The word “recipient” means the person or organization that actually carries out Ryan White Part A tasks, whether that is the CEO, the public health department, or another agency that reports to the CEO.
- **The Planning Council** Before the EMA or TGA can receive Part A funds the CEO must appoint a Planning Council. The Planning Council (and its staff) must carry out many complex planning tasks.

ROLES OF THE CEO, RECIPIENT AND PLANNING COUNCIL

Role/Task	CEO/Recipient	Planning Council
Planning Council Formation/Membership	X (CEO)	X
Needs Assessment	X	X
Comprehensive Planning	X	X
Priority Setting		X
Directives		X
Resource Allocation		X
Coordination of Services	X	X
Procurement	X	
Contract Monitoring	X	
Clinical Quality Management	X	X (Service Standards)
Cost Effectiveness/Outcomes Evaluation	X	X
Assessment of the Administrative Mechanism		X

THE PLANNING COUNCIL

- **Planning Council duties include:**
 - Setting priorities and allocating funds for services on the basis of the size and demographics of the HIV population and the needs of the population. Particular attention is given to those who know their HIV status but are not in care
 - Developing a comprehensive plan for the provision of services that includes:
 - strategies for identifying HIV-positive persons not in care
 - Strategies for identifying HIV+ Unaware
 - strategies for coordinating services to be funded with existing prevention and substance abuse treatment services
- Planning Council membership must reflect the local epidemic and include members who have specific expertise, such as health care planning, housing for the homeless, incarcerated populations, substance abuse and mental health treatment, or who represent the Ryan White HIV/AIDS Program or other Federal programs.
- At least 33 percent of the members must be people living with HIV who are consumers of Ryan White HIV/AIDS Program services. EMAs/TGAs are required to use a community planning process.
- It is important that the Planning Council and the Recipient work together on fulfilling the legislative requirements of the grant. The Recipient and Planning council work together through an agreement, which should be written in Planning Council **bylaws** and in a **memorandum of understanding (MOU)** between the Recipient and the Planning Council.

THE PLANNING COUNCIL ROLES

- Develop and implement policies and procedures for Planning Council operations
- Assess needs thru triennial needs assessment and special studies
- Do comprehensive planning
- Set priorities and allocate resources to service categories, and provide guidance (directives) to the Recipient on how best to meet these priorities
- Help ensure coordination with other Ryan White and other HIV-related services
- Assess the administrative mechanism
- Develop service standards (standards of care)
- The Planning Council must find out what services are needed and what populations need care (**needs assessment**). Next, it decides what services to fund in the TGA (**priority setting**) and decides how much Part A money should be used for each of these services (**resource allocations**). The Planning Council works with the Recipient to develop a long-term plan on how to provide these services (**comprehensive plan**). The Planning Council also looks for ways that Part A services work to fill gaps in care with other Ryan White programs (through the **Statewide Coordinated Statement of Need or SCSN**) as well as other services like Medicaid and Medicare (**coordination**). The Planning Council also evaluates how efficiently providers are selected and paid and how well their contracts are monitored (**assessment of the efficiency of the administrative mechanism**)

PLANNING COUNCIL ROLES (CONTINUED)

- **Set Up Planning Council Operations**

Planning councils must have procedures to guide their activities. They are usually outlined in their bylaws. They cover such areas as:

- **Membership.** The Planning Council should form a Committee and use a clear and open nominations process to nominate new Planning Council members and to replace members when a member's term ends or the person resigns (Membership and Nominations Committee). Openness requires member vacancies and nomination criteria to be widely advertised. The announcement should include the qualifications and other things that are considered when choosing members. Nomination criteria must include a conflict of interest standard so that the Planning Council makes decisions without considering personal or professional benefits for members. The Planning Council reviews nominations against vacancies. It considers the requirements of reflectiveness (having members who have characteristics that reflect the local epidemic) and representation (filling the required membership categories). The Planning Council recommends members to the CEO for appointment.
- **Training.** Members need to learn how to participate in Ryan White planning. The Ryan White Treatment Modernization Act requires training for Planning Council members, such as explaining the legislation and their role in planning.

PLANNING COUNCIL ROLES (CONTINUED)

- **Group Process.** This includes a code of conduct, as well as rules for committee and full Planning Council operations, meeting times, and locations. These are usually described in the bylaws.
- **Decision Making.** The Planning Council needs to agree on how decisions will be made—for example, by voting or consensus—and how it will handle grievances related to funding decisions and conflict of interest (see below). These rules and procedures are usually described in the bylaws.
- **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 provider. Thus, Planning Councils must decide how Planning Council members may or may not participate in making decisions about specific services if they are involved with agencies that are receiving 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 provider receiving Part A funds, the member may not participate in decisions about priorities, allocations, or directives related to substance abuse treatment. However, members may freely share their insights in a non-voting context as 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 they make decisions about funding.

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
 - Policies and procedures for handling conflicts of interest
 - Grievance procedures
 - Code of Conduct for members
 - How the bylaws can be amended
- 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 boards and commissions as well as meeting Ryan White legislative requirements.

PLANNING COUNCIL ROLES

- The Planning Council works with the Recipient to identify HIV needs by conducting a **needs assessment**. This involves first finding out how many persons living with HIV disease (both HIV infection and AIDS) are in the area through an epidemiologic profile. Usually, an epidemiologist associated with the health department provides this information. Next the council determines the needs of populations living with HIV disease and the capacity of the service system to meet those needs, through focus groups, surveys, or other methods. This includes determining: (1) the number, characteristics, and service needs of PLWHA who know their HIV status and are not in care; (2) the service needs of people with PLWHA who are in care, including differences in care and needs, particularly for historically underserved populations; (3) the number and location of agencies providing HIV-related services in the EMA or TGA; (4) their capacity and capability to serve PLWHA, including capacity development needs; and (5) availability of other resources and how Ryan White services need to work with these other services, like substance abuse services and HIV prevention agencies.
- The needs assessment should be a joint effort of the Planning Council and Recipient but should be led by the Planning Council. It is sometimes done 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 and to carefully analyze the results.

PLANNING COUNCIL ROLES (CONTINUED)

- The Planning Council next **sets priorities**. This means the members decide which services to fund. The Planning Council makes these decisions about priorities for funding based on many factors: (1) the needs assessment; (2) information about the most successful and economical ways of providing services; (3) actual cost and utilization data provided by the Recipient; (4) priorities of people living with HIV who will use services; (5) making Part A funds work well with other services like HIV prevention and substance abuse; (6) the amount of funds from other sources like Medicaid, Medicare, and the State Children's Health Insurance Program; and (7) developing capacity for HIV services in historically underserved communities. The Planning Council must prioritize only service categories that are included in the Ryan White legislation as core medical services or approved by the Secretary of Health and Human Services as support services. In setting priorities, Planning Councils need to focus on the legislative requirement that at least 75% of funds go to core medical services and not more than 25% to supportive services. Support services must contribute to positive medical outcomes for clients. After it sets priorities, the Planning Council must **allocate resources**, which means it decides how much funding will be used for each of these service priorities.

PLANNING COUNCIL ROLES (CONTINUED)

- 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 populations—for example, it may specify funding for primary care services that target 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 cannot be involved in any aspect of contractor selection (procurement) or in managing or monitoring Part A contracts.
- During the year, the Recipient usually asks the Planning Council to approve some **reallocation of funds**, to ensure that all Part A funds are spent and that priority service needs are met.
- The Planning Council works with the Recipient in developing a written plan that defines short- and long-term goals for delivering HIV services in the EMA or TGA. This is called a **comprehensive plan**. This plan is based, in part, on the results of the needs assessment. It is used to guide decisions about how to deliver HIV/AIDS services for people living with HIV. This plan should be updated every three years, and it should work well with other existing local or State plans. HAB/DSS provides guidance on what the plan should include and when it needs to be completed.

PLANNING COUNCIL ROLES (CONTINUED)

- **Coordinate with Other Ryan White Programs and Other Services**
The Planning Council makes sure that Part A funds work well with other funds, as follows:
 - The planning tasks described earlier (needs assessment, priority setting and resource allocation, comprehensive planning) require getting lots of input and finding out what other sources of funding exist. This helps avoid duplication in spending and to reduce gaps in care, and helps ensure coordination between HIV prevention and care.
 - The Statewide Coordinated Statement of Need, called the SCSN, is a way for all Ryan White programs in a State to work together in planning how to use Ryan White funds and avoid duplication of services. Representatives of the Planning Council—and the Recipient—must participate with other Ryan White programs in the State to develop a written SCSN.
- **Assess the Efficiency of the Administrative Mechanism**
The Planning Council is responsible for evaluating how well the Recipient gets funds to providers. This means reviewing how quickly contracts with service providers are signed and how long the Recipient takes to pay these providers. It also means reviewing whether the funds are used to pay only for services that were identified as priorities by the Planning Council and the amounts contracted for each service category are the same as the Planning Council's allocations.

PLANNING COUNCIL ROLES (CONTINUED)

- **Develop Standards of Care and Evaluate Services**
Usually the Planning Council develops service standards to guide providers in delivering services. The Recipient uses these service standards in monitoring contractors and in determining service quality, as part of its Clinical Quality Management function (described below). Developing service standards is usually a joint activity, but in most EMAs and TGAs, the Planning Council takes the lead. To do this, it works with the Recipient, providers, consumers, and experts on particular service categories. (Note: These service standards must be consistent with HHS guidelines on HIV/AIDS care and treatment as well as HRSA/HAB standards and performance measures.)
- The Planning Council may also decide to evaluate how well services funded by Part A are meeting community needs—or pay someone else to do such an evaluation.

RECIPIENT ROLES

- Establish intergovernmental agreements (IGAs) with other cities/counties in the TGA where required
- Distribute funds according to Planning Council priorities and allocations
- Establish grievance procedures to address funding-related decisions
- Ensure delivery of services to women, infants, children, and youth with HIV disease
- Ensure that Ryan White funds do not pay for care that is paid for elsewhere
- Ensure that services are available and accessible to eligible clients
- Carry out clinical quality management activities to ensure that services are of high quality
- Prepare and submit Part A funding application
- Limit Recipient and provider administrative costs
- Monitor contracts
- Reallocate funds with the approval of the Planning Council, to ensure that all funds are spent and used efficiently and appropriately

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Greater Hampton Roads HIV Health Services Planning Council

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Presented by:

