

RYAN WHITE PLANNING COUNCIL
Greater Hampton Roads

POLICY & PROCEDURE
MANUAL



GREATER HAMPTON ROADS
HIV HEALTH SERVICES
**PLANNING
COUNCIL**

Executive Committee approved _____

Planning Council approved

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PLANNING COUNCIL MEMBERSHIP

NOMINATION PROCESS FOR PLANNING COUNCIL MEMBERSHIP

By-Law section 3.03(b)

1. A blank application for nomination to the Council is available to anyone who requests them and are kept with Planning Council Staff.
2. Persons may nominate themselves or persons may be nominated by someone else.
3. Completed applications are submitted in confidence to the Membership & Nominations Committee, which is representative of the Council (delivery instructions are included with nomination form).
4. Nominees may be recruited by the Membership & Nominations Committee in conjunction with the Planning Council as a whole in accordance with a plan that outlines target populations for recruitment
5. The Membership & Nominations Committee will review nominations on an ongoing basis and go into Executive Session to discuss confidential information as needed.
6. The Membership & Nominations Committee examines the current composition of the Council and reviews applications for several variables including: reflectiveness, geographic area of employment and/or residence, agency affiliation, and legislative requirements. Additional information regarding a nominee's experience and background will be considered to the extent that a nominee chooses to disclose the information in the nomination application. The information may provide evidence of the nominee's leadership qualities, organizational abilities, individual strengths, and commitment to HIV/AIDS services. All information is recorded and stored by the Chair of the Membership & Nominations Committee and/or Planning Council Staff in accordance with the Public Act concerning HIV/AIDS Confidentiality.
7. After the Membership & Nominations Committee reviews applications, new applicants deemed eligible are then required to attend one Committee meeting (excluding Executive) and one Planning Council meeting. For renewal applications, for members in good standing this requirement will be waived. In order for an applicant to be a member he or she must live or work within the New Haven/Fairfield EMA. The only exception to this is if the applicant fulfills a HRSA mandated position and this position cannot be filled by someone within the EMA. During the application process to fulfill the attendance requirement, consumers deemed eligible will be provided transportation assistance if needed and based on availability of funding. Once an applicant meets this requirement, the Membership & Nominations committee will conduct a final review of applications and may forward to Planning Council for consideration. If the Council votes to accept the applicant, Planning Council Staff will forward the applicant's information to the Chief Elected Official for formal appointment.
8. Applications are accepted year-round.

PLANNING COUNCIL ORIENTATION AND TRAINING

Orientation: - New members will attend a new member orientation. At the orientation, they will learn more about the Planning Council's structure, tasks, members, and meetings, the Ryan White HIV/AIDS Treatment Extension Act of 2009, and the Planning Council's relationship to the Recipient's office and other organizations. If you are a new member, Planning Council Support will contact you about the next orientation.

Ongoing Training: - On occasion, all Planning Council members will be asked to participate in ongoing or refresher training about more complex tasks or issues, such as the annual priority setting/resource allocation process.

PLANNING COUNCIL CO-CHAIRS

By-Law section 6.1

Two Co-Chairs shall be the Officers of the Planning Council. This Council shall make all attempts to secure at least one Co-Chair that is HIV+ to ensure representation of people living with HIV/AIDS in Council leadership positions. The term of office shall be for three years. All Co-Chairs are appointed by and serve at the pleasure of the Mayor of the City of Norfolk.

Co-Chair terms take the place of Planning Council membership terms. Therefore, once a Council member becomes a Planning Council Co-Chair, their membership term is ended, and their three-year Co-Chair term begins. Once the Co-Chair term is finished, the individual is no longer a Planning Council member, but is eligible to immediately reapply for Planning Council membership.

Co-Chair terms should end in rotating years so as not to have both leaving in the same year. In the event that Co-Chair terms cannot end in rotating years, the Council should request that the Co-Chair with the latest termination date have his or her term extended by one year. If terms end on the same date, the Planning Council shall vote to decide which Co-Chair's term should be extended.

In the event that a Co-Chair resigns from the Planning Council, the Membership & Nominations Committee will seek nominations to fill the term of the resigning Co-Chair and make a recommendation to the Planning Council for a vote. The nomination and vote tally will be forwarded to the Mayor for final appointment.

Planning Council Co-Chairs Eligibility

By-Law section 6.1

- Currently serve as a Council member.
- Have currently served on the Council for at least 12 consecutive months.
- Have attended at least 75% of Council and committee meetings within the last 12 months.
- Currently resides in the Norfolk TGA or represents a mandated category based on HRSA Planning Council Requirements.

Planning Council Co-Chairs Nomination Process

The voting process for Planning Council Co-Chair nominations differs from the regular voting process. The vote begins by the Membership & Nominations Committee recommending all eligible nominations to the Planning Council that it has received. While strongly encouraging multiple nominations, the Membership & Nominations Committee retains the right to move an eligible Co-Chair nomination forward to the full Planning Council when at least one eligible nomination is submitted.

During the meeting in which nominations are being moved forward to a vote, the following process takes place.

- The Membership & Nominations Committee distributes information about the nominees. Nominees have the opportunity to address the council and then leave the room during Planning Council discussion.
- A motion is entertained to consider the nominations. After the motion is seconded, discussion occurs.
- Once discussion is finished, a written ballot tally is taken. This tally is designed to allow council members to prioritize the nominees when there is more than one nominee, since parliamentary procedure only allows a yes / no / abstention vote. Even if only one nominee exists, the ballot tally is used to let members make an individual and private choice on the nominee.
- The ballot is submitted to and counted by Planning Council Staff and the results are shared with the Planning Council Co-Chairs. The Co-Chairs announce the results of the ballot to the Planning Council.
- A Planning Council member converts the results of the ballot into an official motion to recommend to the mayor for appointment of the nominee with the most ballot votes and to forward the prioritized list of names from the ballot tally to the mayor. The motion follows regular parliamentary procedure (second, discussion, called vote).
- After the vote is complete, the Council forwards a list of all Co-Chair nominees and their qualifications and the top recommendation from the Planning Council. The Mayor of New Haven makes the final appointment of the Council Co-Chairs.

Planning Council Co-Chair Responsibilities

By-Law section 6.02

One or both Co-Chairs shall:

1. Preside at all meetings of the Planning Council.
2. Appoint any Standing and Special Committees.
3. Serve as liaison, or designate a liaison, for/with the Mayor of the City of Norfolk and the Ryan White Office.
4. Serve as liaison, or designate a liaison, for communication, as appropriate, with the Ryan White Office and the Health Resources and Service Administration (HRSA). Attend, or appoint a representative to attend, HRSA meetings / conferences.

5. Coordinate, or cause to be coordinated, interaction among stakeholders, such as representatives from other Modernization Act Participants (Parts B, C, D, others), local and statewide HIV/AIDS planning groups, and State and local health and service Departments.
6. Serve as public spokesperson of the Planning Council. Issue or cause to be issued, correspondence that represents the position of the Planning Council on policy/operational/ other matters.
7. Appoint Committee Co-Chairs in consultation with the Executive Committee.
8. Keep, or cause to be kept, the minutes of all meetings of the Planning Council (consistent with by-laws Article V Section 5.10) and of the Executive Committee.
9. Give, or cause to be given, all notices of meetings of the Planning Council (consistent with by-laws Article V Section 5.4) and of the Executive Committee.
10. Call or cause to be called, Special Meetings of the Planning Council consistent with by-laws Article V Section 5.2.
11. Keep, or cause to be kept, updated records of membership attendance at Planning Council meetings. Accept written notice of resignation from members and officers. Ensure that nominations and appointments are carried out in a timely fashion and consistent with HRSA membership requirements and other requirements authorized by the Planning Council. Notify the Membership & Nominations Committee Chair(s) of the vacancy created by such written notice of resignation.
12. Perform all other duties necessary or incidental to the position.
13. One Planning Council Co-chair will attend each standing committee of the Planning Council
14. In the event of the absence of both Committee Co-Chairs, a Council Co-Chair can chair a committee meeting.

PLANNING COUNCIL CODE OF CONDUCT

- a. Every member will treat every other member with courtesy and respect their legitimate right to be part of discussions and decision-making. This means that all members/participants in meetings will have the opportunity to speak and be listened to without interruptions.
- b. Every member will be truthful and honest.
- c. Every member will honor commitments and be prepared for all Planning Council work. All Planning Council members are expected to reply to email requests in a timely manner.
- d. A member who is a potential Part A Lead or Sub Sub Recipient shall identify themselves as such when participating in Council discussion relevant to their service.
- e. There will be no personal attacks on anyone; disagreements will focus on issues, not upon individuals.
- f. Once decisions are made, every member of the group will support the decision, regardless of their personal position.
- g. Information presented in confidence will be held in confidence and not discussed outside the meeting.
- h. Every member will honor their responsibility to present and consider the concerns of specific communities or population groups but shall also consider the overall needs of

people living with HIV disease and balance the interests of both in discussion and decision making.

- i. Any member, who feels they cannot support the mission, goals, strategies, programs, and/or leadership of the Planning Council as agreed upon by the members, should resign from the Planning Council.
- j. Every member will take responsibility not only for abiding by these rules of conduct personally, but also for speaking out to ensure all members abide by them.
- k. No member may speak or publish materials or provide endorsements on behalf of or represent the Planning Council without express permission of the Planning Council.
- l. Every member will participate and allow the participation of every other member without discrimination with respect to gender, gender identity, sex, age, race, ethnicity, religious belief, sexual orientation, political belief, or physical, mental, or social impairment.
- m. No member shall publicly disparage or speak negatively of the Ryan White Part A Program or the HIV community. This includes social media.

PUBLIC MEETINGS

By-Law section 7.01

All regular meetings of the Planning Council and all committee meetings shall be open to the public for the purpose of observing the Planning Council's deliberations. The Planning Council will reserve time for public comment on the business agenda of any meeting of the full Planning Council. Planning Council minutes shall be public documents, in accordance with the Freedom of Information Act (FOIA) and Health Resources Services Administration (HRSA) regulations.

PLANNING COUNCIL MEETING MINUTES

In accordance with HRSA regulations, Planning Council meeting minutes shall include the following items: Information on the date, time and location of the meeting; the meeting agenda; action items from the meeting; detailed summary of discussion points and outcomes according to each agenda item; an attendance record for Planning Council members; and a listing of non-member meeting participants.

In producing the minutes, Planning Council members, Co-Chairs and any designee shall take appropriate measures to guard against disclosure of personal information that would constitute an invasion of privacy, including medical or other personnel matters that should not be disclosed.

PLANNING COUNCIL REPRESENTATION

By-Law section 3.02(a)

Overview

The Council shall consist of a maximum of forty-five (45) members. At a minimum, membership shall include representatives of the following groups:

1. Health-care providers, including federally-qualified health centers;
2. Community-based organizations serving affected populations and AIDS-service organizations;
3. Social-service providers, including housing and homeless-services providers;
4. Mental-health providers;
5. Substance-abuse providers;
6. Local public health agencies;
7. Hospital planning agencies or health-care planning agencies;
8. Affected communities, including individuals with HIV disease or AIDS, and historically under-served groups and subpopulations;
9. Non-elected community leaders;
10. State Medicaid agency;
11. State agency administering the Part B program;
12. Modernization Act Recipients under Part C;
13. Modernization Act Recipients under section 2671 which provide coordinated services and access to research for women, infants, children or youth (including Part D); or, if none exists, representatives of organizations with a history of serving children, youth, and families living with HIV/AIDS and operating in the EMA;
14. Recipients under other Federal HIV/AIDS programs, including HIV/AIDS-Prevention Programs;
15. Formerly incarcerated PLWH/A or their representatives;
16. Individuals co-infected with Hepatitis C; and
17. Members of a federally recognized Native American tribe.
18. Council membership is limited to two representatives from any organization.

Reflectiveness

The Council will strive to maintain in its composition demographics similar to those of the epidemic in the metropolitan area.

The Planning Council's membership will consist of at least 33 percent HIV+, non-conflicted individuals who receive Part A funded services. Planning Council co-chairs are responsible for validating this information as defined under co-chair responsibilities #11. A non-conflicted individual is someone who is not an officer, employee, or consultant to any provider that receives Part A funds.

TRANSPORTATION

This pertains to all consumers who have either submitted a Planning Council membership application or have been approved as a Planning Council member after meeting attendance requirements by the Planning Council. Transportation will be provided in the most economical method based on consumer need. Such methods are:

1. Mileage Reimbursement – If a consumer is driving their own car to and from meetings, they will receive the federally mandated mileage reimbursement per mile driven. The total amount of the reimbursement will then be distributed to the consumer in the form of a gas Card.
2. Bus Tokens – If a consumer is taking the bus to and from meetings, bus tokens from the Hampton Roads Transit will be given.
3. Uber – Planning Council Staff will determine if multiple consumers are coming from one location where this makes the most economic sense. This method will be determined on a case by case basis.

CONFLICTS OF INTEREST

By-Law Article IX

No member of the Planning Council or its committees shall knowingly take action to influence the conduct of the Planning Council in such a way as to confer any financial benefit on such member, his or her family members, or any corporation in which he or she is an employee or has a significant interest as stockholder, director or officer. Examples of conflict of interest that may arise during the course of the Planning Council's responsibility to prioritize and allocate funds for health services include:

- Member works for an agency that receives Part A funding for the service category in question.
- Member sits on the Board of the agency that receives Part A funding for the service category in question.
- Member's family member or significant other works for an agency that receives Part A funding for the service category in question.
- Member's family member or significant other sits on the Board of the agency that receives Part A funding for the service category in question.

Examples of conflict that are diffused through disclosure include (i.e., disclosure of the conflict allows the member to vote on the issue at hand):

- Member volunteers at an agency (in a capacity other than of an official / Board member) that receives Part A funding for the service category in question.

- Member is a former employee of an agency that receives Part A funding for the service category in question.

An example of non-conflict could include:

Member living with HIV/AIDS receives services from the agency that receives Part A funding for the service category in question. Note: Members living with HIV/AIDS who work for or sit on the board of an agency that receives Part A funding are in conflict as described above.

1. In the event that a matter which raises a potential conflict of interest comes before the Council or a committee for consideration, recommendation or decision, the member shall disclose the conflict of interest as soon as he or she becomes aware of it, and the disclosure shall be recorded in the minutes of the meeting.
2. No member of the Planning Council or a Planning Council Committee who is aware of a potential conflict of interest with respect to any matter coming before the Planning Council or the Committee shall vote in connection with the matter.

During the course of the Planning Council's responsibility to prioritize and allocate funds for HRSA approved health service categories:

- A Planning Council member with Part A funding affiliation (other than as a consumer) for service category in question will be allowed to participate in the discussion around the matter but will not be allowed to vote in connection with the matter.
 - A Planning Council member with Part A funding affiliation may vote on a slate of priorities and allocations after disclosing his/her conflict.
 - A Planning Council member without Part A funding affiliation but whose agency provides services within service category in question will be allowed to both participate in the discussion as well as vote in connection with the matter.
1. These provisions shall not be construed to prevent or discourage any member of the Council or its committees from disclosing relevant information or stating a position with respect to any matter.
 2. No member of the Council shall engage in any activity which is contrary to and in conflict with the goals and purposes of the Council or the parties herein.
 3. The Planning Council may not be directly involved in the administration of the Ryan White Grant. Specifically, the Council is prohibited from managing provider contracts.
 4. Members of the Council and contractors are required annually to complete a Disclosure Form. This form should provide the relationship of the person to each organization that can benefit from the action by the Council. These Disclosure Forms will be updated every twelve (12) months.

GRIEVANCES

By-Law Article X

Grievances Related to Funding

a. Statement of Principle The Planning Council is composed of members of the community who are concerned about the needs of persons infected and affected by HIV/AIDS. Priorities for

funding are set by an established, written procedure, and are based on the Needs Assessment performed bi-annually. Meetings are posted and advertised to the greatest extent possible and public comment is sought and encouraged at every stage of the planning process. It is the corporate intention of the Council that all inquiries, questions, issues and disputes will be addressed and adequately resolved at each stage of the planning process. It is expected that before a person or group becomes a Grievant, they will have participated and made full use of the public process. A Grievant's active participation in the public process prior to filing a grievance will be considered when resolving a formal grievance. It is the hope of the Council that the open process by which it operates integrates enough measures for disclosure and participation so that formal grievance filing would be a rare exception.

b. Types of Grievances Covered

1. Grievances that allege deviation from the established, written procedures for the priority setting process.
2. Grievances that allege deviation from the established, written procedures for fund allocation process.
3. Grievances that allege deviations from the established, written process for any subsequent changes to priorities or allocations.

c. Standing

Individuals or entities directly affected by the outcome of a decision related to funding as defined above are eligible to bring a grievance and must show their standing to bring a grievance in their initial filing. Directly affected includes:

- Providers eligible to receive Ryan White funding
- Consumer groups/PLWA coalitions and caucuses
- Persons or groups as consumers of Ryan White services or potential services.

d. Grievance Procedures

Anyone wishing to file a grievance against the Planning Council regarding any of the three grievances listed in 9.2(b) may do so by contacting the Ryan White Office Project Director.

Upon receipt of the complaint, the Planning Council Staff will forward copies to all members of the Executive Committee for discussion at their next meeting. Upon initial review, if the Executive Committee determines that no action is appropriate, the Co-Chairs of the Planning Council will so inform the complainant within seven (7) days of the Executive Committee meeting. The response will be in the form of a letter stating the reason for the decision and will be sent to the complainant by certified mail.

If the Executive Committee recommends action, all name participants in the grievance will be informed of such by the Co-Chairs within two weeks of the Executive Committee meeting. This action may include a request to the Project Director for additional information or may include a meeting or meetings with the complainants or other parties named in the grievance. The time frame in which the Executive Committee will determine a resolution will not exceed ninety (90) days. The Executive Committee will make final determination regarding the grievance. All parties named in grievance will be notified by certified mail of the determination by the Executive

Committee. If the grievance involves a member of the Executive Committee, that committee member will be excused from the grievance procedure.

SERVICE STANDARDS

It is the responsibility of the Quality Improvement committee to develop, review and update service standards as needed within the following guidelines:

- Establish a Ryan White HIV/AIDS Program service standard for every funded service category in the EMA.
- Annually review and revise (as needed) Ryan White HIV/AIDS Service Standards for every funded service category.

POLICY & PROCEDURE MANUAL

The Executive Committee will review and update the Policy and Procedure Manual annually.

The Executive Committee must present all proposed policy and procedure changes to the full Planning Council for approval. The policies and procedure manual may be amended or repealed, and new policies and procedures adopted by the Council at any Regular Meeting by a two-thirds majority vote of the members who are present and voting, provided that the amendment has been submitted in writing to the members of the Council for his/her review, not less than seven (7) days prior to the vote.