

Memorandum of Understanding (MOU) Between the Greater Hampton Roads HIV Planning Council and Norfolk TGA Ryan White Part A Recipient

I. Purpose Statement

This Memorandum of Understanding (MOU) is designed to:

- Create a shared understanding of the relationship between the Greater Hampton Roads HIV Health Services Planning Council and the TGA Recipient, and the City of Norfolk Office of the City Manager;
- Delineate the roles and responsibilities of each entity; and
- Encourage a mutually beneficial relationship between these important partners.

The MOU describes the legislated responsibilities and roles of each party, the locally defined roles, and the expectations for how these roles and responsibilities will be carried out. The MOU will help ensure positive and appropriate communication, information sharing, and cooperation that will help ensure the effective and efficient delivery of medical and support services to persons affected and infected by HIV disease in the Norfolk Transitional Grant Area (TGA).

II. Roles and Responsibilities

A. Roles and Responsibilities of the Planning Council

The Planning Council is solely responsible for the following tasks, as specified in the Ryan White HIV/AIDS Treatment Extension Act of 2009:

1. **Priority setting and resource allocation:** Set priorities among service categories, allocate funds to those service categories, and provide directives to the Recipient on how best to meet these priorities. This includes reallocation of funds as required during the program year and allocation of carryover funds.
2. **Assessment of the administrative mechanism:** Section 2602(b)(4)(E) of the PHS Act requires planning councils to “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.”
3. **Evaluation of the Planning council consultants or services:** The planning council shall evaluate the scope of work, development of methods and objectives of the consultant and services annually.

B. Roles and Responsibilities of the Recipient

The Recipient is solely responsible for meeting the following legislatively mandated responsibilities:

1. **Procurement:** Manage the process for awarding contracts to specific service providers.
2. **Contracting:** Distribute funds according to the priorities, allocations, and directives of the Planning Council.
3. **Contract monitoring:** Recipient will monitor contracts to be sure that providers are meeting their contract responsibilities and are meeting established standards of care.
4. **Technical Assistance to Service Providers:** Provide technical assistance to sub-recipients on an as-needed basis to build capacity and to improve contract compliance and service delivery.

C. Shared Responsibilities

The Recipient and Planning Council share the following legislative responsibilities, with one entity having the lead role for each, as stated below:

1. **Needs assessment:** Determine the size and demographics of the population of individuals with HIV disease in the TGA, and their service needs. The Planning Council has primary responsibility for needs assessment, with the Recipient assisting with the process and providing the Planning Council information such as service utilization data and expenditures by service category.
2. **Comprehensive planning:** Develop a Comprehensive Plan for the organization and delivery of health and support services within the TGA. The Planning Council takes the lead in developing the Plan, with the Recipient providing information, input, and other assistance. The Recipient has the opportunity to review and suggest changes to the draft Comprehensive Plan. The Plan is developed every five years or as specified by the funding agency, the Health Resources and Services Administration's HIV/AIDS Bureau (HRSA/HAB). A determination will be made, based on guidance from HRSA/HAB, about whether the plan will be developed jointly between prevention and care, and whether it will also be developed jointly with the State's Part B program.
3. **Clinical Quality Management (CQM):** Establish a clinical quality management program to assess the extent to which HIV-related primary health care services are consistent with Public Health Service guidelines and to enhance health and supportive service access and delivery and continuously improve systems of care. Includes identifying quality improvement projects. Except for Standards of Care (see below), the Recipient has primary responsibility for other CQM activities. Planning Council members sit on the Quality Management Committee and PLWH may be part of CQM field teams visiting RWHAP Part A providers/sub-recipients.

4. **Standards of Care:** Develop and maintain standards of care and outcome measures. The Planning Council takes the lead in this effort, with extensive Recipient involvement.
5. **Evaluation:** On a consistent basis, assess the effectiveness of the services offered in meeting the identified needs via aggregate data provided by the Recipient or special studies. The Recipient takes the lead on evaluation based on HRSA-specified performance measures. The Planning Council has the option of evaluating service effectiveness, as stated in the legislation. When the Planning Council conducts an evaluation, it will be coordinated with the Recipient's activities.

D. Administrative Responsibilities

In addition to these legislative roles, the Recipient and Planning Council share the following responsibilities related to RWHAP Part A planning and management:

1. **Fiscal management of Planning Council support funds:** The Recipient provides fiscal management of Planning Council support funds. The annual Planning Council support budget is funded as a part of the allocation of up to 10% of the total grant that may be used for administrative costs. The amount to be used for Planning Council support must be negotiated between the Recipient and Planning Council. The Planning Council support staff work with the Executive Committee to develop the Planning Council budget, which is reviewed by the Recipient to ensure proposed use of funds meets federal and municipal requirements. Planning Council Support staff work with the Executive Committee to monitor Planning Council expenditures, based on reports provided by the Recipient through Planning Council support staff. The Recipient is responsible for ensuring that all expenditures meet RWHAP guidelines as well as local financial management regulations.
2. **Office space:** The Recipient and Planning Council will maintain separate and distinct office space within the same building where feasible. The Recipient takes the lead in providing appropriate office space for both entities. Office space for the Planning Council must meet all Americans with Disabilities Act (ADA) requirements.
3. **Contracting for Planning Council consultants or services:** The Planning Council will work in concert with the Recipient to select entities that will be involved in carrying out activities on behalf of the Norfolk TGA Planning Council. This shall include but not be limited to consultants, needs assessments, program and outcomes evaluation, etc. This collaboration between Planning Council and the Recipient shall include the development of the scope of work, and the development of methods. Planning Council involvement in the selection of support entities shall adhere to Recipient purchasing guidelines and stipulations.
4. **Recipient and Planning Council support staff:** Collaborative Research (Planning Council Support Staff) and Recipient.
5. **Annual application process:** The Recipient has primary responsibility for the preparation and submission of the RWHAP Part A application. Planning Council support staff provide information for the application sections related to Planning

Council membership and responsibilities (such as Priority Setting and Resource Allocations) and assist with preparation and review of the application. To the maximum extent possible given time constraints, the Co-Chairs and the Executive Committee have an opportunity to review the application before submission and make suggestions for its improvement. The Planning Council approves the action by the Co-Chairs to sign a letter of assurance accompanying the application that indicates whether the Recipient has expended funds in accordance with Planning Council priorities, allocations, and directives, and other information as specified in the annual RWHAP Part A Funding Opportunity Announcement (FOA) from HRSA/HAB.

6. **Subrecipient RFP:** Procurement is the Recipient's responsibility. The Planning Council will have no involvement in the Ryan White Part A Recipient procurement of HIV services or HIV sub-recipients.

III. Communications

A. Principles for Effective Communications

Both the Recipient and the Planning Council recognize the importance of regular and open communications and of sharing information on a timely basis. Information needs to be received regularly. There should be clarity regarding what will be communicated, when, and to whom. When problems or issues arise, there should be a joint commitment to resolve them through established procedures. The parties commit themselves to the following principles:

1. **All parties will take responsibility for establishing and maintaining open communications.** This includes both sharing information on a timely basis and reviewing shared information once it has been received. If issues or problems arise, it means communicating with the other parties to clarify the situation and decide how best to address it.
2. **Every Planning Council standing committee except the Community Access Committee will have a Recipient staff member who is assigned to it and attends meetings regularly.** That staff member will serve as a liaison to the Recipient for that committee and will be responsible for all regular communications and information requests related to that committee.
3. **The Recipient and Planning Council will each have a designated liaison responsible for sharing and receiving information for all other communication requests, and for disseminating information within his/her entity.** When questions or concerns arise, Planning Council Support Staff (Collaborative Research) will ensure that they are addressed in a timely manner. The designated liaison for both the Recipient and Planning Council will be Planning Council Support Staff (Collaborative Research).
4. **Both entities will use the designated liaison and channels of communication.** When someone needs information or materials beyond those that are regularly shared, they will request it through the designated liaison, and the request will be made in writing (via e-mail or letter). This means, for example, that a Committee Chair who

needs information from the Recipient will request it either through the assigned Recipient staff member during the meetings or through Planning Council support staff. For information beyond normal reports and information, it is the responsibility of the Planning Council Support Staff to determine whether the Recipient is the appropriate source for this information and whether the information is available and can be provided within the Recipient's resources. Where the Recipient feels it cannot meet the request, the Planning Council Support Staff will consult with the Planning Council Co-Chairs as necessary.

5. **Staff of both entities and Planning Council members will avoid inappropriate communication requests or channels.** This means not asking for information from individuals other than the designated individuals, using and not bypassing established communication channels, and maintaining the confidentiality of information that should not be shared outside the RWHAP Part A program.
6. **When policies or procedures appear problematic, the parties will work together to clarify and, if appropriate, refine them** – while adhering to legislative requirements, HRSA/HAB guidance and expectations as stated in RWHAP Part A-related manuals, policy statements, and guidance, and state and local statutes and policies.
7. **Communications and problem solving will protect the separation of roles between the Planning Council and the Recipient.** For example, the Planning Council is not supposed to have access to information about the performance or expenditures of individual providers; it should receive such information only by service category. In cases where there is only one service provider for a service category, the Planning Council will have access to this information but without identifying information.
8. **Planning Council members and staff will not use in meetings or decision making any information about individual providers, even if it is available to members as individuals.** Planning Council members will refrain from requesting information through the local or state Public Records or Freedom of Information law in their capacity as Planning Council members.
9. **If either Recipient staff or Planning Council support staff or members receive complaints about the other party, they will inform the other party,** with appropriate protection of confidentiality.
10. **The Planning Council will not become involved in consumer complaints about services.** If the Planning Council or its support staff receive consumer or provider concerns or complaints about a specific provider, it will refer the individual expressing the concern to the individual provider for resolution through its own complaints process. If the Planning Council or support staff receive broader, systemic complaints or concerns about services, it will refer them to the Recipient.

B. Implementing these Principles

To facilitate communications and implement these principles, all parties agree to the following actions:

- 1. The signatories to this agreement will participate in a face-to-face planning meeting including both entities and all parties before the program year begins and will continue to meet at least quarterly throughout the year.** The first meeting, held just before the RWHAP Part A program begins on March 1, will be used to lay out specific mutual expectations for the year, ensure a mutual understanding of the RWHAP Part A program's status and directions, clarify a calendar for the year including dates when materials and information will be shared, and address potential issues or problems. This includes identifying additional or different reports or information needed. Subsequent meetings will be used to monitor progress and refine the calendar as needed, further define information sharing needs, and address any issues that may arise in the relationship between the Recipient and Planning Council.
- 2. When making special requests for information or materials, both parties will provide as much lead time as possible; when sharing information, both parties will do so as quickly as possible.** Normally, information received by one entity but important to both – such as Conditions of Award, new or revised HRSA/HAB regulations or expectations, and the RWHAP Part A Program Guidance – will be shared with the designated liaison, Planning Council Support Staff, to disseminate at the next regularly scheduled Planning Council or Committee meeting. Requests for information will generally be met within five business days. If requests will take longer to meet, the party responding will contact the other party within three business days to discuss and agree on a time frame for meeting the request. Both parties commit themselves to responding rapidly to any requests that involve meeting Conditions of Award, satisfying other HRSA/HAB requirements or requests, and addressing other matters that may affect the funding or reputation of the TGA's RWHAP Part A program.
3. If the requested information is not received in a timely manner, the Recipient and the Planning Council Support Staff will have responsibility for resolving the situation.

IV. Information/Document Sharing and Reports/Deliverables

A. Overview

It is the intent of this MOU to encourage regular sharing of information and materials throughout the year. This section specifies a set of materials to be provided and information to be shared through meetings. Parties to the MOU may request and receive additional materials or information, except for those that should not be shared for reasons of sensitivity or confidentiality.

B. Information to be Provided by the Planning Council to the Recipient

The Planning Council will provide the Recipient RWHAP Part A Program Manager with the following information and materials:

1. A dated list of Planning Council members and their terms of office, with primary affiliations as appropriate, to be provided annually and updated as needed throughout the year, in accordance with current HRSA/HAB requirements.
2. Notification of the Planning Council's monthly meetings, retreats, orientation and training sessions, and other Planning Council events, at the same time notification goes to Planning Council members.
3. The meeting notice, agenda, and information package for each Planning Council and Committee meeting, to be provided at the same time they are provided to Planning Council members.
4. The annual list of service priorities and resource allocations, along with the process used to establish them and directives to the Recipient or edits to existing directives on how best to meet these priorities – the same information that is submitted to HRSA/HAB as part of the annual RWHAP Part A application. This information will be provided within two weeks after the Planning Council has approved the priorities, allocations, and directives.
5. Copies of final planning documents prepared by the Planning Council, such as needs assessment reports and the Comprehensive Plan, within five days after their completion and approval by the Planning Council.
6. Information or documents needed by the RWHAP Part A Program Manager to complete the sections of the annual application related to the Planning Council and its functions, to be provided on a mutually agreed-upon schedule.

C. Information to be Provided by the Recipient to the Planning Council

The RWHAP Part A Program Manager will provide the Planning Council Support Staff the following reports and information. These will be the minimum requirements. Additional or different information needs will be discussed and agreed upon at the beginning of each year and at quarterly meetings of the parties to this MOU, as described in Section III. B.

1. A copy of the annual Notice of Grant Award (NGA) including Conditions of Award, a copy of any approved carryover request, and a copy of other official communications from HRSA/HAB that directly involve the Planning Council, within five business days after they are received from the funding agency and more quickly where time-sensitive responses are required.
2. An expenditure report by service category, provided in writing at the regularly scheduled sub-committee. The Recipient will also provide the first report in the sub-committee, highlighting any unexpected expense levels. The chair will give the report in the subsequent meetings.

3. A report to the Planning Council regarding over- and under-expenditures and any unobligated balances, by service category and jurisdiction, and any suggested reallocations, to be provided quarterly at the regularly scheduled Planning Council meeting. This report is to be submitted quarterly due to the importance of avoiding unobligated funds at the end of the program year, given the provisions of the legislation.
4. Utilization data by service category, including client numbers and demographics for each service category and for mutually determined special populations requiring additional analysis to be provided yearly, including end-of-year data consistent with the Ryan White Services Report (RSR).
5. HIV Care Continuum (HCC) data for all RWHAP PLWH and all PLWH in the jurisdiction and for Ryan White clients, as well as mutually agreed upon breakdowns by subgroups, to be provided twice a year in June and February. If HCC data are obtained from the State, the Recipient will be responsible for arranging timely provision of these data.
6. Other performance and clinical outcomes data including HRSA/HAB-specific measures, collected by the Recipient, to be provided annually.
7. Information and recommendations requested as needed by the Planning Council to carry out its responsibility in setting priorities among service categories, allocating funds to those service categories, and providing directives to the Recipient on how best to meet these priorities. The content and format for this information will be mutually agreed upon each year, but will typically include epidemiologic data, additional cost and utilization data, and an estimate of unmet need for primary health care among people who know their status but are not in care. In addition to providing the information in written form, the Recipient will participate in data presentations to the Planning Council at a mutually agreed upon date and time.
8. Information requested as needed by the Planning Council to meet its responsibility for assessing the efficiency of the administrative mechanism. The content and format for this information will be mutually agreed upon each year, but will typically include information from the Recipient on the procurement and grants award process; statistics (such as number of applications received, number of awards made, number of applications from minority providers, number of new providers funded, and number of minority providers funded), and reimbursement procedures and timelines.
9. Carryover information as it becomes available. This includes the estimated carryover as submitted to HRSA/HAB at the end of the calendar year, the actual carryover from the Financial Status Report, the carryover plan submitted to HRSA/HAB, and the approved carryover plan. Each document will be provided to the Planning Council within five business days after it is submitted or received.
10. The Financial Status Report (FSR) and other year-end reports including the Final Implementation Plan and Final Allocations Report, as submitted to HRSA/HAB in the final progress report each year, providing information on the number of individuals

served and costs per client for each service category. The Planning Council will receive this information within ten business days after the Recipient submits the final progress report to HRSA/HAB, based on the Conditions of Award, in time for use in priority setting and resource allocation.

When the Planning Council or a Committee requests special or additional information from the Recipient, the request will always be listed in the summary minutes of the meeting. In addition, Planning Council support staff will provide a list of requests in a follow-up e-mail within two business days, with a copy sent to the Committee Chair and Planning Council Co-Chairs. The request will always specify the date by which the information is needed, and for what legislatively defined task. Recipient will respond within five working days, indicating whether it can meet the request and by what date. The two parties will negotiate content and timing where required.

D. Documents and Information That will Not be Shared

In order to maintain the confidentiality of sensitive information, the following information will not be shared:

1. The Planning Council will not share information on the HIV status of members of the Planning Council who are not publicly disclosed as people living with HIV/AIDS. Except for individuals who choose to disclose their status, the HIV status of Planning Council members will not be shared with the Recipient nor with other Planning Council members except those involved in the Open Nominations Process.
2. The Recipient will not share information about individual applicants for service sub-recipient contracts or about the performance of sub-recipient – information will be shared by service category only. If there is only one sub-recipient in a service category, the information will be shared, but without identifying information.
3. Information about the individual salaries of Recipient and Planning Council staff will not be shared beyond those with a direct need to know. Except for the Chair [or Co-Chairs], the Planning Council will receive staff salary data on Planning Council support staff only as submitted in the RWHAP Part A application or in the aggregate. The Planning Council will not have access to the Recipient's detailed budget other than the summary version submitted in the RWHAP Part A Application. The RWHAP Part A Program Director will have access to the Planning Council's detailed budget as needed for the RWHAP Part A application, Conditions of Award, and other HRSA/HAB requirements.

V. Settling Disputes or Conflicts

If conflicts or disputes arise with regard to the roles and responsibilities specified in Section II of this MOU, the parties will use the following procedures to resolve them:

1. Begin with a face-to-face meeting between the parties to attempt to resolve the situation, within five working days after the issue or dispute arises.

2. If the situation cannot be resolved by these parties, hold a meeting of representatives of both parties and their supervisors, to discuss the issue and reach a resolution, if possible, within ten working days after the initial meeting.
3. If the situation still cannot be resolved, hold a meeting of representatives of the Recipient and Planning Council and their two supervisors with the Deputy City Manager or their representative. The decision of the Deputy City Manager will be final.

VI. Responsible Parties and Contact Information

Following are the responsible parties to this MOU, along with the names of the individuals in these positions at the time the MOU was adopted, and their contact information, including the individual within their office who should receive all communications related to this MOU and the RWHAP Part A program.

The MOU will continue in effect regardless of changes in the individuals who hold these positions. Their successors will be expected to follow the MOU pending the annual review.

For the Recipient:

Christine Carroll
Program Manager, Ryan White Part A Program
City of Norfolk
741 Monticello Avenue
Norfolk, VA 23450
757-823-4405
Christine.Carroll@norfolk.gov

For the Norfolk TGA Planning Council:

Gwendolyn Eillis-Wilson
Co-Chair, Norfolk TGA
gewilson@massva.org

Rachael Artise
Co-Chair, Norfolk TGA
forunme2c@aol.com

For the Norfolk TGA Planning Council Support Staff:

Thomas Schucker
Consultant, Planning Council Support Staff
Collaborative Research, Vice President of Client Services
1790 Holly Star Drive
Tyler, TX 75703
888-571-0001 x102
Thomas@CollaborativeResearch.us

VII. MOU Duration and Review

A. Effective Date

The MOU will become effective once all the authorized individuals representing the Recipient and Planning Council sign it.

B. Duration

The MOU will remain in effect unless or until the parties take action to end it or The Recipient is no longer Program Manager of RWHAP Part A funding for the Norfolk TGA.

C. Process for Reviewing and Revising the MOU

The MOU will be reviewed and revised periodically, with the involvement and approval of all parties. Reviews will occur:

1. Following each reauthorization or legislative revision of the Ryan White legislation by the U.S. Congress, to ensure that the MOU remains fully appropriate, updated, and reflective of the Act.
2. At least once every year at the first meeting of the parties to this MOU.

When the MOU has been reviewed and revised, the amended version will be signed and dated by all parties. The revised version will become effective once signed.

VIII. Signatures

Program Manager, Ryan White Part A Program

Date

Co-Chair, Norfolk TGA Ryan White Planning Council

Date

Co-Chair, Norfolk TGA Ryan White Planning Council

Date

Planning Council Support Staff, Norfolk TGA Ryan White Planning Council

Date