

METROPOLITAN ATLANTA HIV HEALTH SERVICES PLANNING COUNCIL

Fulton County Department of Health & Wellness

99 Jesse Hill Jr., Drive

Atlanta, GA 30303

August 20, 2015

9:00 a.m.

APPROVED

Please set Cell Phones/Pagers on Silent or Vibrate

AGENDA

8:40 a.m.	Continental Breakfast	
9:00 a.m.	Call to Order/ Opening Remarks	Dazon Dixon Diallo
	Adoption of Agenda	
	Adoption of July 16, 2015 Planning Council Minutes	
	Consumer Caucus Update	Tim Webb, Consumer Caucus Chair
	AAOI Update	Freda Jones
	Grantee Update	Jeff Cheek, Ryan White Director
	Adoption of MOU – <i>Action Item</i>	Dazon Dixon-Diallo
	Adoption of Annual Administrative Assessment – <i>Action Item</i>	Ruby Hardy, Evaluations Chair
	Committee Updates	
	Public Forum	
	Adjournment	

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Sign-in Sheets Collected @ 10:00 a.m.

Please remove all trash from your area before leaving the meeting.

Metropolitan Atlanta HIV Health Services Planning Council

Fulton County Health and Human Services Building

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Atlanta, GA 30303

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METROPOLITAN ATLANTA HIV HEALTH SERVICES PLANNING COUNCIL
Fulton County Department of Health & Wellness
99 Jesse Hill Jr. Drive
4th Floor Conference Room
Atlanta, GA 30303
9:00 a.m.
August 20, 2015
(Corrections/Additions)

APPROVED

VOTING MEMBERS PRESENT

Charles Fuller	Lisa Roland
Cheryl Courtney-Evans	Larry Lehman
David Reznik	Michael DeMayo
Dazon Dixon-Diallo, Chair	Nicole Roebuck
Deb Bauer	Phyllis Malone
Denise Ziegler	Reggie Dunbar, III
Gene Farber	Ruby Lewis Hardy
Harvinder Makkar	Sanjay Sharma
James Lark	Stephanie Laster
Jeanette Nu'Man	Steven Bales
Jeff Graham	Terry Stidom
Jerona Blue	Timothy Webb
Katherine Lovell	Timothy Young
Katrina Barnes	Trevor Pearson, 1st Vice-Chair
Ken Lazarus, 2nd Vice-Chair	Tracie Graham
Kim Moon	

VOTING MEMBERS NOT PRESENT

Albert Mitchell	Joaquin Hubert
Andre Johnson	Kedric Williams
Ashley Hall	Marisol Lopez
Acuff Burgess	Moneta Sinclair
Carolyn Stephens	Nacaela Penn
Dazon Dixon Diallo, Chair	Norris Williams
Dwight Anderson	Raymond Mace
Shiley Hartsel	Denise Zeigler
Jeff Graham	Robert Anderson
Sharon Fickling	Sean Williams
Sonya Chapman	Tammy Kinney
Thomas Green	

The August 20th Planning Council Meeting was called to order at 9:05 a.m. by Chair, Dazon Dixon-Diallo.

A motion was made by Dwight Anderson and seconded by Jeanette Nu'Man to adopt the August Planning Council agenda. The motion carried.

A motion was made by Jeff Graham and seconded by David Reznik to adopt the July 16th Planning Council minutes. The motion carried.

Today marked the last day of over a decade of service provided by Chair Dazon Dixon-Diallo. Presentations (flowers and commemorative award) were made by Jeff Graham and Jeanette Nu'man on behalf of the Executive Committee detailing the significant accomplishments made by Dazon during her tenure. Much appreciation and well wishes were shared by those in attendance with the hallmark of Dazon's leadership being summarized as her ability to establish consensus and collaboration. Many of the attending members wore the color purple as an outward expression of support, solidarity, and appreciation for Dazon's years of service. Much appreciation and success was wished by all.

Consumer Caucus Update: Timothy Webb- The Caucus met on Wednesday, August 19th at AID Atlanta located at 1650 Peachtree St, from 12:00 p.m. – 2:00p.m. The Caucus is requesting each funded agency to send a representative to a caucus meeting to allow consumers to find out what services that agency provide. The next caucus meeting will be held Wednesday, September 16th at AID Atlanta.

AAOI Update: No Report

Grantee Update: Jeff Cheek – The Grantee's Office submitted FY14 closeout report to HRSA. The Grantee is currently working on FY15 Service Report, which is due at the end of the month. Staff is currently reviewing applications for residual funding. Applicants will be notified of their award in the coming weeks. The Grantee is in the process of interviewing for the Database and Administrative Coordinator positions.

Adoption of MOU: Dazon Dixon-Diallo, Chair – The Planning Council and the Grantee have developed a Memorandum of Understanding (Agreement) for both parties on roles/duties that participants will carry out. (See Attachment)

A motion was made by James Lark and seconded by David Reznik to adopt the Memorandum of Understanding as presented. Yes: 28 No: 0. The motion carried.

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Adoption of Annual Administrative Assessment: Sandra Vincent-

On behalf of the Chair of the Executive Committee Sandra Vincent, Planning Council Project Officer provided the results of the FY2015 Evaluation of the Administrative Assessment. Results follow:

During this evaluation period the EMA's application for FY14 was received electronically by HRSA prior to the deadline. The Award amount for FY14 was \$22,285,910.00 with \$13,765,356.00 allocated to Formula, \$6,421,008.00 to Supplemental, and \$2,099,546 to Minority AIDS Initiative (MAI). The Grantee met all HRSA deadlines for the submission of FY14 reporting requirements.

The Atlanta EMAs RFP for FY2014 funding included the Priority Categories and funding amounts as approved by the Planning Council. The Grantee widely advertised the FY2014 RFP including FY2014 Planning Council Directives:

FY2014 PLANNING COUNCIL DIRECTIVES	
AIDS Pharmaceutical Assistance	Any unallocated dollars remaining in this category during the Outside Review Process may be moved to the Primary Care category for Primary Care medications.
Mental Health/Substance Abuse	Due to the inter-relationship between MH and SA, funds may be moved between categories, IF all approved services have been funded at some level under the Priority Category. Example: if all initiative under MH have been at least partially funded, remaining MH funds may be moved to fund SA initiatives.
Support Services	Individual SS categories must be funded at a level no less than 50%; if funding remains above 50% and Outside Review Committee did not approve additional applicants/services; then funding may be moved to other SS categories.

Proposals were received for all the established Priority Categories. The Grantee held two mandatory Technical Assistance Workshops, one for continuing applicants and another one for new applicants to review the application guidance and answer questions. Additional information was provided to all applicants to assist with the preparation of the application including the needs assessment, comprehensive plan, epidemiology data, unmet need data, and standards of care along with indicators. Questions regarding the application were emailed to the Ryan White Program and all designated workshop participants received the same response. The allocations

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process is governed by Standard Operating Procedures of the Outside Review Committee (ORC). The ORC is made up of persons without conflict of interest, from various disciplines, as well as Consumers. The dates for meetings of the ORC were announced at Executive and Planning Council meetings and notification was provided to all applicants. Attendance during the ORC process was open to the public and agency representatives to hear strengths and weaknesses provided by the reviewers along with the funding recommendations.

The Grantee gave a program update at each of the Executive and Planning Council meetings. Agency budget revision requests that were between Priority categories were brought to the Executive Committee and Planning Council for approval. All Part A funded agencies received a financial and programmatic site visit to closeout FY2014 and to review contractual requirements.

With this assessment each FY2014 Service Provider completed and submitted a confidential fourteen question assessment which covered the following categories: "Request for Proposal", "Contract", and "Financial". Each agency was asked to score each question in accordance to their experience with the Grantee. The scoring ranges were:

- 1. Met None
- 2. Met Some
- 3. Met Most
- 4. Met All or Exceeded

Due to requirements for agency confidentiality, all responses were compiled and presented in aggregate¹. The results of the FY2014 Administrative Assessment revealed no remarkable deficiencies. There were however two areas of concern identified by the Evaluations Committee. The Grantee was informed of the results and expressed challenges associated with hiring a data base manager with CareWare experience. The Grantee is currently in the process of filling the database position. The position is expected to be filled within 30-60 days. This should address agency concerns in association with CareWare.

QUESTION	SCORING	
Q4 The Grantee provided our agency with a clear explanation of the reporting requirements included in the contract (i.e., client-level data collections [CAREWare], expenditure reports, quarterly reports, etc.).	7.14%	1
	Met None	
	7.14%	1
	Met Some	
	21.43%	3
	Met Most	
	64.29%	9
	Met All or Exceeded	
Q5 The Grantee provided timely technical assistance to our agency for day-to-day completion of invoices, client-level data collection [CAREWare], expenditure reports, quarterly reports, etc.).	14.29%	2
	Met None	
	7.14%	1
	Met Some	
	35.71%	5
	Met Most	
	42.86%	6
	Met All or Exceeded	

A motion was made by Chuck Fuller and seconded by the Planning Council to accept the Administrative Assessment as presented. Yes: 29 No: 0. The motion carried.

Committee Updates:

Public Policy Committee: Jeff Graham - The Public Policy Committee is hosting training on the federal budget. Action Alerts will be coming forth regarding the budget. The federal budget will be approved by Thursday, October 1st. The Committee is monitoring the budget closely and does not anticipate cuts to Part A. The Committee is urging everyone to sign the Medicaid expansion letter.

Assessment Committee: Jeanette Nu'Man - The Assessment Committee did not meet in August. The September Committee meeting will be a working session to discuss/ follow up on the health disparate health outcomes results from the Consumer survey that was administered through SEATEC. The Committee will also discuss the Pilot Patient Navigation Program results. The next Committee meeting will be held on Wednesday, September 2nd from 9:30 a.m. – 11:30 a.m. at Positive Impact Health Centers.

Comprehensive Planning Committee: Katherine Lovell – The next Committee meeting will be held Wednesday, September 16th from 9:30 a.m. – 11:30 a.m. at Grady IDP, room 354. The Committee will discuss be discussing the integrated Comprehensive Plan.

Council Procedures Committee: Larry Lehman – The Council Procedures Committee will meet after the seating of the new Planning Council in September. The Committee will review the By-Laws and review Grievance procedures.

Evaluation Committee: Quincy Jackson – The Evaluation Committee completed is the Annual Assessment for FY14-15 Grant year. The Committee will require more detail information when responding to the survey.

Housing Committee: James Lark – The Housing Committee hosted Housing Fair on July 24th at the Loudermilk center. There were 300 individuals in attendance. The Committee will meet in October after the setting of the new Planning Council.

Membership Committee: Stephanie Laster – The Membership Committee is currently taking membership applications for the 2015- 2016 Planning Council year. Stephanie Laster is the new chair of the Membership Committee. The Committee is accepting co-chair nominations.

Priorities Committee: Timothy Young - No Report.

Quality Management Committee- Nicole Roebuck - The Quality Management Committee is reviewing primary care standards and indicators. The Committee will have final reports on Primary care chart review. During the next Quality Management Committee meeting the Committee will review Mental Health & Substance Abuse

standards. The next Committee meeting will be held Thursday, September 3rd at Grady IDP.

Public Forum:

Dwight Curry Anderson informed the Planning Council “Together for Life” support group meets on Monday’s from 5:30 p.m. - 7:00 p.m. at Fulton Department of Health and Wellness in the 4th floor Conference Room. On Monday, September 14th thru Monday October 26th from 5:30 p.m. -7:30 p.m. Fulton County will be hosting a class on “How to Cook Healthy, Affordable and Tasty Meals. For more information, Contact Phyllis Powell at 404.613.1468.

Jenetter Lee Richburg informed the Planning Council that on Wednesday, August 26th from 10:00a.m. – 11:00a.m. AID Atlanta will host Insurance Marketplace informational session.

Sharron Fickling informed the Planning Council of 6th Annual “2020 Leading Women’s Society” event will be held at the Georgia Aquarium. The event will take place on Friday, October 16th. Donations are welcomed. The Society is hosting a fundraiser event to purchase a table for participates. The cost to purchase a table is \$160. For more information regarding the event contact Sharron Fickling at (404) 254-4734.

The meeting was adjourned at 10:31 a.m.

Meeting Date: August 20, 2015

Minutes Approval Date: September 17, 2015

Attested By:

{Ken Lazarus – Electronic Signature}

Ken Lazarus, Planning Council Chair

Phyllis Powell, Secretary



MEMORANDUM OF UNDERSTANDING

BETWEEN

FULTON COUNTY RYAN WHITE PART A PROGRAM

AND

METROPOLITAN ATLANTA HIV HEALTH SERVICES PLANNING COUNCIL

I. PARTIES

The Metropolitan Atlanta HIV Health Services Planning Council (hereinafter "Planning Council") and the Fulton County Office of the County Manager, Ryan White Part A Program (hereinafter "Grantee") have individual and shared responsibilities under Part A of the Ryan White Treatment Extension Act of 2009 and need to discharge these duties in the most effective and efficient manner possible on behalf of the residents of the 20 county Atlanta Eligible Metropolitan Area (hereinafter "EMA").

II. PURPOSE

This Memorandum of Understanding (hereinafter "MOU") entered into for the purpose of:

1. Creating a shared understanding of the relationship between the Planning Council and the Grantee;
2. Delineating the roles and responsibilities of each entity; and,
3. Encouraging a mutually beneficial relationship between these partners.

The Planning Council cannot do its job without the help of the Grantee, and the Grantee cannot do its job without the help of the Planning Council. Some of the responsibilities are identified clearly in the Ryan White legislation while others must be decided locally.

This MOU describes the currently legislated responsibilities and roles of each party, the locally defined roles, and 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 EMA. For further information on roles and responsibilities please refer to: "Ryan White HIV/AIDS Program Part A Manual", U.S. Department of Health and Human Services, Health Resources and Services Administration, HIV AIDS Bureau, Revised 2013¹ and "Ryan White Part A Planning Council Primer" U.S. Department

¹ <http://hab.hrsa.gov/manageyourgrant/files/happartamanual2013.pdf>

of Health and Human Services, Health Resources and Services Administration, HIV AIDS Bureau, Revised 2008², both of which are incorporated herein by reference.

This MOU does not replace or alter the "Metropolitan Atlanta HIV Health Services Planning Council By-Laws" adopted on December 14, 1990 and revised on November 20, 2014 but serves as a companion to the By-Laws.

III. GOAL

The goal of this effort is to provide coordinated and collaborative approaches for meeting the requirements and objectives set forth in the Ryan White Treatment Extension Act of 2009 (hereinafter "Act") and through guidance/directives from the US Department of Health and Human Services, Health Resources and Services Administration (hereinafter "HRSA"), HIV/AIDS Bureau (hereinafter "HAB") related to the same.

IV. PARTY RESPONSIBILITIES

A. **Planning Council Responsibilities**

The Planning Council is solely responsible for the following tasks, as specified in the Act:

1. **Membership:** Planning Council membership must reflect the local epidemic demographically and include members with specific expertise in health-care planning, housing for the homeless, health care for incarcerated populations, and substance abuse and mental health treatment or members who represent other Ryan White and Federal programs. At least 33 percent of the members must be consumers of Ryan White HIV/AIDS Program services.
2. **Priority Setting and Resource Allocation:** The priority setting and resource allocation process includes four components:
 - a. Priority setting is the process of deciding which HIV/AIDS services are the most important according to established criteria.
 - b. Guidance to the grantee on how to meet priorities (Directives): This guidance involves instructions for the grantee to follow in developing requirements for providers for use in procurement and contracting. This guidance usually addresses populations to be served, geographic areas to be targeted, and/or service models or strategies to be used.
 - c. Resource allocation is the process of distributing available Ryan White Part A program funds across the prioritized service categories. Through resource allocation, the planning council instructs the grantee how to distribute the funds in contracting for different types of services.

² <http://hab.hrsa.gov/abouthab/files/pcprimer2008.pdf>

- d. Reallocation is the process of moving program funds across service categories after the initial allocations are made.

Setting priorities among service categories, ranking priorities according to importance, allocating funds to these ranked service categories, ensuring no less than 75% of funds are allocated to core medical services, and providing directives to the Grantee on how to best meet these priorities. This responsibility includes acting upon Grantee recommendations for reallocation of funds as required during the project year as well as allocation of carryover funds which may from time to time become available.

Section 2602(b)(4)(C) of the PHS Act requires planning councils to “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 based on the:

- i. size and demographics of the population of individuals with HIV/AIDS and the needs of such population;
- ii. demonstrated (or probable) cost effectiveness and outcome effectiveness of proposed strategies and interventions, to the extent that data are reasonably available;
- iii. priorities of the communities with HIV/AIDS for whom the services are intended;
- iv. coordination in the provision of services to such individuals with programs for HIV prevention and for the prevention and treatment of substance abuse, including programs that provide comprehensive treatment for such abuse;
- v. availability of other governmental and nongovernmental resources, including the State Medicaid plan under Title XIX of the Social Security Act and the State Children’s Health Insurance Program under Title XXI of such Act to cover health care costs of eligible individuals and families with HIV/AIDS; and
- vi. capacity development needs resulting from disparities in the availability of HIV-related services in historically underserved communities...”

3. **Directives:** Directives provide guidance to the grantee on how best to meet the established priorities. The development of Directives, may be done as part of the priority setting or as a separate process. Directives often address populations or geographic areas to be served, promising service models, or needed provider capability and experience.
4. **Contracting:** A planning council is not permitted to be directly involved in selecting particular entities to receive Ryan White funding for services, but it can be involved with selecting entities and people to carry out activities directly related to planning council functioning and responsibilities, such as planning council support staff and consultants. The Executive Committee of the Planning Council determines the scope of work, sets criteria for selection, and evaluates proposals, while the grantee ensures that these procedures meet its procurement requirements.

5. **Planning Council Grievance:** Grievances against the Planning Council, in whole or in part, shall be submitted to the Director, Ryan White Program and processed according to adopted Grievance Procedures. Grievances against the grantee, in whole or in part, shall be submitted to Secretary of the Planning Council (Planning Council Project Officer) and processed in accordance with adopted Grievance Procedures.

6. **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.”
The purpose is to assure that funds are being contracted quickly and through an open process, and that providers are being paid in a timely manner. The planning council should not be involved in how the administrative agency monitors providers, nor should the names or situations of individual providers be included in the assessment.

Generally, assessments are based on time-framed observations of procurement, expenditure, and reimbursement processes. This information is usually obtained from the grantee in aggregate form. Sometimes the planning council will arrange to obtain information directly from providers. In such situations, it is important that someone other than a planning council member receives and aggregates the information so the planning council receives only the combined data.³ The responsibility for aggregating said data rests with the Planning Council Project Officer.

The grantee must communicate back to the planning council the results of its procurement process. The planning council may then assess the consistency of the contracted service dollars with its stated service priorities and allocations. If the council finds that the existing mechanism is not working effectively, it is responsible for making formal recommendations for improvement and change, and the grantee is responsible for responding in writing, indicating how it will address these recommendations.

The planning council may also assess whether the services that have been procured by the grantee are consistent with stated planning council priorities, resource allocations, and instructions as to how to meet these priorities. However, assessing the administrative mechanism is not an evaluation of individual service providers or of other functions of the Grantee. The Planning Council shall not be involved in how the Grantee monitors providers.

³ “Assessment of the Administrative Mechanism”, Ryan White HIV/AIDS Program Manual – Revised 2013, pages 102-3.

B. Grantee Responsibilities

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

1. **Procurement:** Establishing the administrative mechanism for disseminating funds. Managing the process for selecting service providers according to the priorities, allocations, and directives of the Planning Council.
2. **Contracting:** Managing the process for awarding contracts. The Grantee must distribute Part A funds according to the priority setting and resource allocations decided by the Planning Council. (An exception is funds that the grantee decides to use for its own administrative expenses and for clinical quality management.) In addition, the Grantee must follow Planning Council directives about “how best to meet” priority needs. In contracting for services, the Grantee can only spend the amount of money that the Planning Council decides should be used for that priority.
3. **Contract Monitoring:** Evaluating contractors to ensure they are meeting their contractual responsibilities and are in compliance with established standards of care. Evaluating expenditures and fiscal needs and recommending reallocation of funds during the grant year.
4. **Technical Assistance to Service Providers:** Providing guidance, training and technical assistance on an as-needed basis in order to build/strengthen capacity and to improve contract compliance and service delivery.
5. **Clinical Quality Management:** 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. The Grantee is responsible for developing and evaluating outcomes and indicators based on HRSA-specified performance measures.

The grantee shares with the planning council the results of its quality management activities. The planning council receives information by service category, but not information about individual providers. This quality management data helps the planning council in priority setting and resource allocations.

6. **Consumer Grievances:** Establish and carry out a mechanism to assist consumers with grievances about the services they receive as well as complaints about funding (such as the process by which vendors are selected).
7. **Advice:** The grantee is responsible for providing expert advice to the Planning Council regarding grantee roles and responsibilities.

C. Planning Council Support Responsibilities

Planning Council Support (PCS), which includes the Planning Council Project Officer and the Administrative Assistant, is responsible for supporting the work of the Planning Council and its Committees and any designated Task Forces, Caucuses, or Initiatives in order to enable the Planning Council to meet its responsibilities under the Act and HRSA/HAB guidelines. The responsibilities listed herein shall augment, but shall not define or limit, the employee job duties as defined by the Director, Ryan White Program, or those items to be evaluated under the employee performance review.

1. PCS provides expert advice to the Planning Council regarding Ryan White legislation and guidelines, including Planning Council roles and responsibilities.
2. In collaboration with the Director and Assistant Director, PCS manages and prioritizes the day-to-day Planning Council support operations.
3. PCS approves Planning Council reimbursements; expenditures, and transportation (including MARTA) costs prior to submitting to grantee.
4. In coordination and collaboration with the Accountant II and the Grantee, PCS oversees the Planning Council support budget in accordance with HRSA and Fulton County regulations and assists in the development of the line-item budget for approval by the Executive Committee. The grantee will ensure that the budget meets both Ryan White Part A and grantee requirements
5. PCS develops and oversees planning council communication, assists in the development of Standard Operating Procedures, and other policy documents, as well as performing such duties as designated by the Executive Leadership of the Planning Council.
6. In collaboration with Committee Chairs, PCS assists in monitoring Committee activities in relation to the Planning Council's Comprehensive Plan.
7. PCS in conjunction with the Membership Committee and the Chairman of Fulton County assists with the annual membership and nomination processes and maintains the database used to demonstrate Planning Council membership reflectiveness and representation.
8. PCS maintains and makes recommendations on policies and by-laws for the Planning Council.
9. PCS supports the Quality Management Committee in the development of Standards of Care in compliance with Public Health Service Guidelines and/or other guidelines.

10. PCS compiles, prepares and modifies appropriate documents and spreadsheets for Priorities Committee members necessary for the establishment of priority rankings and resource allocations for the EMA.
11. PCS assists volunteers in understanding and carrying out their responsibilities, provides coaching and training for new Chairs and Vice-Chairs as needed.
12. PCS provides assistance with other Planning Council functions as requested/needed.
13. PCS provides logistical support, research, and coordination for all Planning Council meetings and authorized meetings of committees, task forces, caucuses, and initiatives. Logistical support shall include, but not be limited to: arranging for meeting spaces and ensuring for the necessary audio-visual support; ordering reasonable amounts of food and drink as directed by the Planning Council Chair or the Chair/Vice-Chair of any committee and, task force, caucus, or initiative in a manner which complies with Fulton County procurement processes; arranging for transportation reimbursement.
14. PCS works with the Planning Council to ensure that data needed for the members to make data driven health planning decisions are available.
15. In coordination with Planning Council members, PCS ensures member orientation and training, including development and implementation of a training plan, membership handbook, and other materials as needed.
16. PCS assists in the development and execution of Committee annual work plans
17. PCS serves as the official custodian of all Planning Council applications including confidential health information
18. PCS organizes and assists in the development of various Planning Council care and retention Initiatives
19. PCS provides expert advice to the Planning Council regarding Ryan White legislation and guidelines, including Planning Council roles and responsibilities. Expert advice to the Planning Council regarding Grantee roles and responsibilities shall be deferred to the Grantee or Grantee staff.
20. PCS shall have responsibility for recording and maintaining minutes of all proceedings of the Planning Council, Executive Committee and such other books and records, including attendance records, as may be required for the proper conduct of the Planning Council's business and affairs; all records shall comply with the requirements of the State of Georgia's Open Meetings and Open Records laws.

- Detailed minutes of each meeting of the Planning Council shall be kept. The accuracy of all minutes shall be certified by the Chair of the Planning Council.
- This subparagraph 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.

21. PCS shall have the responsibility of posting minutes on the Ryan White web page.
22. PCS shall have the responsibility for maintaining records, reports, transcripts, minutes, agenda, or other documents which were made available to or prepared for or by the Planning Council which shall be available for public inspection and copying at a single location.
23. PCS shall have responsibility for maintenance of membership rosters for Planning Council, committees and task forces.
24. PCS shall have responsibility for the public announcement/advertisement of the meeting dates, times, and locations for all Planning Council meetings. The meetings of the council shall be open to the public and shall be held only after adequate notice to the public.
25. PCS shall have responsibility for providing Planning Council Support budget updates to the Planning Council and Executive Committee of the Planning Council.
26. PCS shall provide staffing to the Planning Council and its Committees and any designated Task Forces, Caucuses, or Initiatives.
27. PCS shall provide the Grantee with attendance rosters from each Planning Council and Committee meeting at which Part A funded agencies are contractually required to have representation.
28. PCS represents the Planning Council as a Community and organizational liaison.
29. PCS assists the grantee with the Planning Council portion of the EMA's grant application to HRSA.

D. Shared Responsibilities

Shared responsibilities of the Planning Council and Grantee are legislatively as set forth below (with one entity having the lead for each role as indicated):

1. **Needs Assessment:** Determining the size and demographics of the EMA's population of individuals living with HIV disease. The Planning Council has primary responsibility for needs assessment with the Grantee participating in the process and providing the Planning Council with information it maintains such as service utilization data and expenditures by priority category.

Section 2602(b)(4) of the Public Health Service (PHS) Act requires the planning council to:

- A. "determine the size and demographics of the population of individuals with HIV/AIDS, as well as the size and demographics of the estimated population of individuals with HIV/AIDS who are unaware of their HIV status;
- B. "determine the needs of such population, with particular attention to:
 - i. individuals with HIV/AIDS who know their HIV status and are not receiving HIV-related services;
 - ii. disparities in access and services among affected subpopulations and historically underserved communities; and,
 - iii. individuals with HIV/AIDS who do not know their HIV status."

Section 2602(b)(4)(G) of the PHS Act requires planning councils to "establish methods for obtaining input on community needs and priorities which may include public meetings, conducting focus groups, and convening ad-hoc panels."

The needs assessment should be a joint effort of the planning council and grantee but should be led by the planning council. It is sometimes done by an outside contractor under the supervision of the planning council. 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.

2. **Comprehensive Planning:** Developing a Comprehensive Plan for the organization and delivery of health and support services within the EMA. The purpose of this multi-year plan is to assist grantees and planning councils in the development of a comprehensive and responsive system of care that addresses needs and challenges as they change over time. The Planning Council takes the lead in developing the Plan, with the Grantee providing information, input, and other assistance. The Grantee has the opportunity to review and suggest changes to the draft Comprehensive Plan. HRSA requires Ryan White Part A grantees to submit an updated Comprehensive Plan every three years.

Section 2602(b)(4)(D) of the PHS Act requires the planning council to "develop a comprehensive plan for the organization and delivery of health and support services described in section 2604 that:

- i. includes a strategy for identifying individuals who know their HIV status and are not receiving such services and for informing the individuals of and

enabling the individuals to utilize the services, giving particular attention to eliminating disparities in access and services among affected subpopulations and historically underserved communities, and including discrete goals, a timetable, and an appropriate allocation of funds;

- ii. includes a strategy to coordinate the provision of such services with programs for HIV prevention (including outreach and early intervention) and for the prevention and treatment of substance abuse (including programs that provide comprehensive treatment services for such abuse); and
- iii. is compatible with any State or local plan for the provision of services to individuals with HIV/AIDS; and
- iv. includes a strategy, coordinated as appropriate with other community strategies and efforts, including discrete goals, a timetable, and appropriate funding, for identifying individuals with HIV/AIDS who do not know their HIV status, making such individuals aware of such status, and enabling such individuals to use the health and support services described in section 2604, with particular attention to reducing barriers to routine testing and disparities in access and services among affected subpopulations and historically underserved communities.

3. Statewide Coordinated Statement of Need:

The planning council makes sure that Part A funds work well with other funds. The planning tasks described earlier (needs assessment, priority setting and resource allocation, comprehensive planning) require getting 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 grantee—must participate with other Ryan White programs in the State to develop a written SCSN.

Section 2602(b)(4)(F) of the PHS Act calls for the planning council and grantee to “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.”

- 4. Evaluation:** The Grantee is responsible for measuring the program’s success in meeting performance measures provided by HRSA. Determination of the impact services are having on overall client health outcomes and cost effectiveness of services are shared responsibilities with the Grantee taking the lead. Both parties assess the effectiveness of the services offered in meeting the identified needs

through the use of aggregated data provided by the Grantee and which may incorporate the findings of special studies.

5. **Early Identification of Individuals with HIV and AIDS (EIHA):** As specified in the 2009 Ryan White legislation, the EMA is required to develop and implement a plan for the early identification of individuals with HIV and AIDS who are unaware of their status. Working in collaboration with the Grantee, the Planning Council develops a strategy for identifying individuals of their HIV status, referring individuals to care, linking them to care, ensuring appropriate relationships, and attempting to overcome legal barriers.

The Grantee estimates the number of HIV-positive/unaware individuals in the EMA, implements the EIHA strategy, ensures documentation EIHA-related activities, and monitors and reports progress. The Planning Council works with the Grantee to refine its strategy annually in time for inclusion in the Part A funding application.

6. **Standards of Care:** Developing and maintaining standards of care and indicators in accordance with best practice standards, where available, for the relevant service categories. Usually the planning council develops standards of care to guide providers in delivering services. The grantee uses these standards of care in monitoring contractors and in determining service quality, as part of its Clinical Quality Management function (described below). Developing standards of care is usually a joint activity, but the Planning Council takes the lead. To do this, it works with the grantee, providers, consumers, and experts on particular service categories. (Note: These standards of care must be consistent with HHS guidelines on HIV/AIDS care and treatment as well as HRSA/HAB standards and performance measures.) The Grantee is responsible for ensuring that these Standards of Care are implemented. The Grantee uses these standards of care in monitoring contractors and in determining service quality, as part of its Clinical Quality Management function.

The Planning Council may also decide to evaluate how well services funded by Part A are meeting community needs—through chart review or other mechanism – or pay someone else to do such an evaluation.

7. **Reallocation of Funds:** The Grantee and the Planning Council must keep track of how rapidly Part A money is, or isn't, being spent. If funds are not being spent in a timely fashion, there are two options:
 - a. the Grantee may reallocate the funds to another provider within the same service priority, or
 - b. the Planning Council may agree to reallocate funds to a different service priority. The grantee and the planning council must work together to share information and ensure that any changes are in agreement with the priorities and allocations established by the Planning Council.

8. **Planning Council Support Budget:** The Planning Council needs funding to carry out its responsibilities. HAB 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 Ryan White Part A program. 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. During the planning process for each program year, the grantee and planning council will determine the amount or percentage of administrative funds to be used for planning council support. The Planning Council, with the help of its support staff, will then develop a budget that enables it to complete its legislative responsibilities and provide that budget to the grantee. The grantee will ensure that the budget meets both Ryan White Part A and grantee requirements, and will allocate and manage those funds, providing regular reports to the planning council. The planning council will be responsible for determining the need for any budget modifications during the program year.

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. These activities include:

- General planning council administrative duties.
- Needs assessments, such as PLWHA surveys and studies of barriers to care.
- Assessment of service delivery patterns.
- Planning activities such as writing the comprehensive plan.
- Assessment of the administrative mechanism.
- Technical assistance.
- Program evaluation.

In making determinations about who will carry out these activities, the Planning Council should be keenly attuned to potential conflicts of interest (real or perceived). The Planning Council must use an open, public process to contract for planning council support services – preferably a competitive RFP process under the direction of the Grantee.

If the Planning Council’s procedures allow Planning Council members or the agencies they represent to compete in this process, the Planning Council must define specific parameters and processes to manage real or perceived conflicts of interest. A Planning Council member who has a financial interest in, is an employee of, or is a member of that entity should not be involved or otherwise participate in the selection process.

E. Administrative Responsibilities

In addition to the aforementioned legislative roles, the Planning Council and the Grantee share certain responsibilities related to Part A planning and management:

1. **Fiscal Management of Planning Council Support Funds:** The Planning Council Support staff and the Executive Committee share responsibility for monitoring Planning Council expenditures, based on reports provided by Planning Council Support staff. The Grantee is responsible for ensuring that all expenditures meet Ryan White guidelines as well as Fulton County financial management regulations.
2. **Contracting for Planning Council Consultants or Services:** The Grantee provides contracting services when the Planning Council needs to hire consultants or other contractors. The Planning Council makes the decisions about the qualifications of the provider and the scope of work required of the consultants and other contractors that are paid through Planning Council funds. This contracting must meet Fulton County procurement requirements as well as Ryan White guidelines. The process, including oversight, is managed by Planning Council Support staff.
3. **Hiring of Planning Council Support Staff:** Currently, both Grantee and Planning Council Support staffs are employees of the Grantee. When Planning Council Support positions are advertised, all Fulton County procedures shall be followed. Unless otherwise prohibited by Fulton County rules or regulations the Planning Council Chair or the Chair's designee may be invited to participate in the interview process.
4. **Annual application process:** The Grantee has primary responsibility for preparation and submission of the Part A application. Planning Council Support staff provides information for the application sections related to Planning Council membership and responsibilities (such as priority setting and resource allocations). The Planning Council approves action by the Chair to sign a letter accompanying the application that indicates whether the Grantee has expended funds in accordance with Planning Council priorities, allocations, and directives.

F. Principles for Effective Communications

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

1. All parties shall 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. To foster communication and the sharing of information, the Grantee shall assign a staff member to attend meetings of the Planning Council, Executive Committee, Priorities Committee, Comprehensive Planning Committee, Quality Management Committee, and Assessment Committee. As requested, the Grantee shall assign staff to attend meetings of the Public Policy Committee, Council Procedures Committee, Housing Committee, Evaluation Committee and the Consumer Caucus.
3. Each Planning Council Meeting shall have time allotted on the agenda for a Grantee Update.
4. The Grantee 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, the designated liaison will ensure that they are addressed in a timely manner. For the Planning Council, the designated liaison will be the Planning Council's Project Officer (PCS); for the Grantee it will be the Administrative Coordinator.
5. Both entities will use designated liaisons as channels of communication. When someone needs information or materials beyond those that are listed on the deliverables table noted in Section V, Subsection D: Deliverables, Timelines and Responsible Party, s/he will make the request through the designated liaison, and the request will be made in writing (via e-mail or letter) and will contain the specific request and why the information is needed. For information beyond the normal reports, it is the responsibility of the PCS staff and Grantee to determine whether the Grantee is the appropriate source for the information and whether the information is available and can be provided within the Grantee's resources. When the Grantee believes the request cannot be met, the Grantee or designee will notify the PCS and provide the reason the request cannot be met.
6. Staff of both entities and Planning Council members will avoid inappropriate communication requests or channels which includes 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 Part A program.
7. Communications and problem solving will protect the separation of roles between the Planning Council and Grantee. 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 through the Public Records and Freedom of Information Act.
9. The Planning Council will not become involved in consumer complaints or grievances about services. If the Planning Council or its Support staff receives 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 or grievances process. If the Planning Council or Support staff receives broader complaints or concerns about services of an identified provider, it will refer them to the Grantee. The Planning Council should address systemic concerns, which relate to an entire service category or the system of care.

G. Implementing these Principles

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

1. The signatories to this agreement will participate in a face-to-face planning meeting including both entities before the program year begins and at least quarterly throughout the year. The first meeting, held just before the beginning of the Part A planning year in September, will be used to lay out specific mutual expectations for the year, ensure a mutual understanding of the Part A program's status and directions, set a calendar for the year including dates when materials and information will be shared, and address potential issues or problems – including 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 which may have arisen in the relationship between the Grantee and the 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. Both parties commit themselves to responding in a timely manner to any requests pertaining to the Planning Council, satisfying other HRSA/HAB requirements or requests, and addressing other matters that may affect the funding or reputation of the Atlanta EMAs' Part A program.

V. INFORMATION/DOCUMENT SHARING AND REPORTS/DELIVERABLES

- A. 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 Grantee

The Planning Council will provide the Grantee with the following information and materials:

1. Planning Council Membership Roster and Reflectiveness Report indicating the number of PC members as required in the By-Laws and includes the mandated membership category, name, agency affiliation, and term of office. Included with the roster is a report on the reflectiveness of the PC based on the prevalence of HIV disease in the EMA/TGA as reported in the most recent grant application. This report shall be provided annually and updated as needed throughout the year, in accordance with current Notice of Grant Award (NGA) guidelines and conditions of award.
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 Executive Committee, Planning Council members and/or the public.
3. The meeting notice, agenda, and information package for each Planning Council meeting, to be provided at the same time they are provided to the Planning Council's Executive Committee and Planning Council members.
4. The annual list of service priority categories, rankings and resource allocations and directives to the Grantee on how to best meet these priorities. This information shall distinguish between Part A non-MAI, MAI, and Carry-over. This information will be provided within two weeks after the Planning Council has approved the priorities, allocations, and directives.
5. A letter from the PC Chair(s) indicating endorsement of the rankings and allocations categories in accordance with current Notice of Grant Award (NGA) guidelines and conditions of award.
6. A detailed description of the process used to establish service priority categories, rankings and resource allocations and directives to the Grantee on how to best meet these priorities which is the same information that is submitted to HRSA/HAB as part of the annual Part A application. Additionally, a chart indicating the information used for priority setting and use of funds and the month/year of the data used shall be provided to the Grantee. This information will be provided within two weeks after the Planning Council has approved the priorities, allocations, and directives.
7. Part A MAI Annual Plan is prepared for the current grant year and describes how the EMA will use the funds. It also reports on the estimated number of unduplicated

clients expected to receive funded services, client demographics, and anticipated outcomes. HAB distributes detailed reporting instructions each year.

8. Any revisions to the annual list of service priority categories, rankings and resource allocations and directives to the Grantee on how to best meet these priorities which is the same information that is submitted to HRSA/HAB as part of the annual Terms Report. This information will be provided within two weeks after the Planning Council has approved the priorities, allocations, and directives.
9. Copies of final planning documents prepared for the Planning Council, such as needs assessment reports and the Comprehensive Plan, within five days after their completion and approval by the Planning Council.
10. Information or documents needed by the Grantee 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.
11. Planning Council Activities is a narrative report on planning council accomplishments and challenges related to implementation of legislative requirements and efforts to address unmet need.

C. Information to be provided by the Grantee to the Planning Council

The Part A Grantee will provide the PCS 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, or as may from time to time come up between quarterly meetings and agreed upon by both parties.

1. A copy of any Conditions of Award pertaining to the Planning Council within five days of receipt.
2. Utilization data by service category, including client numbers and demographics to be provided quarterly.
3. An oral and written financial report to the Priorities Committee providing information on contracted amounts by service category, amount spent to date, over- and under-expenditures, and any unobligated balances by service category and suggested reallocations, will be provided on a quarterly basis by the Grantee.
4. An oral and written report to the Executive Committee on suggested reallocations related to agency budget revision requests will be presented to the Executive Committee when the Grantee determines that a reallocation of funds between categories is necessary.

5. 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 Grantee 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, 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 Grantee will attend the data presentations with the Priorities Committee and the Planning Council at mutually agreed upon dates and times.
6. 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 Grantee on the procurement and grants award process; statistics (such as number of applications received, number of awards made, key dates and number of new providers funded), and reimbursement procedures and timelines.
7. Carryover information as it becomes available. This includes the actual carryover from the Financial Status Report, and the approved carryover plan submitted to HRSA/HAB. Each document will be provided to the Planning Council at the next business meeting following submission or receipt.
8. The Final Allocations Report, as submitted to HRSA/HAB in the final progress report each year. The Planning Council will receive this information at the business meeting following submission.
9. When the Planning Council or a Committee requests special or additional information from the Grantee, the request will always be made to the Planning Council Support Project Officer who will forward the request to the grantee. If the request comes from a subcommittee of the Council, the request must come from the Chairperson of the committee.

D. Deliverables, Timelines and Responsible Party

Reports and materials will be shared based on the timeline below. Materials provided to the Planning Council for review monthly will be made available at least two days before the committee or Planning Council meeting at which they will be reviewed with the exception of the Expenditure Report. The Grantee and Planning Council will work together to ensure that meeting schedules allow time for preparation of these reports.

DELIVERABLE	FREQUENCY	RESPONSIBLE PARTY
Expenditure Report	Quarterly	Grantee
Utilization Report	Quarterly	Grantee
Reallocation Recommendation	Quarterly	Grantee
Implementation Plan	Annually	Grantee
Part A MAI Plan	Annually	Grantee/Planning Council
Data presentation/Needs Assessment	Annually	Planning Council/PCS
Priority Setting and Resource Allocation	Annually and as revisions are adopted	Planning Council/PCS
Assessment of the Administrative Mechanism for Rapidly Disbursing Funds	Annually	Planning Council/PCS
Planning Council Membership Roster and Reflectiveness Report	Annually	Planning Council/PCS
Planning Council Activities Narrative Report	Annually	Planning Council/PCS

E. 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 Grantee or with other Planning Council members except those involved in the Open Nominations Process.
2. The Grantee will not share information about individual applicants for service provider contracts or about the performance of individual contractors – information will be shared by service category only. If there is only one provider in a service category the information will be shared, but without identifying information.

VI. Settling Disputes or Conflicts

A. If conflicts or disputes arise with regard to the roles and responsibilities specified in this Memorandum of Understanding, the signatories will use the following procedures to resolve them:

1. Begin with a face-to-face meeting between the signatories to attempt to resolve the situation, within five working days after the issue or dispute arises.
2. If the situation cannot be resolved, hold a meeting of representative signatories of the Grantee, Planning Council Support and Planning Council with the Chief Elected Official or his/her representative and/or the County Manager and his/her designee.

The decision of the CEO or the County Manager will be final unless the conflict arises from legislative responsibility issues.

VII. Responsible Parties

- A. 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 Ryan White Part A program.
 - 1. 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.
 - a. For the Grantee:
 - i. Grantee
 - b. For the Planning Council:
 - i. Planning Council Chair
 - ii. Planning Council Support

VIII. Duration and Review

- A. **Effective Date:** The MOU will become effective once signed by all the authorized individuals representing the Grantee and Planning Council.
- B. **Duration:** the MOU will remain in effect unless or until the parties take action to end it or the Grantee is no longer the recipient of Part A funding for the EMA.
- C. **Process for reviewing and revising the MOU:** The MOU will be reviewed 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. This meeting shall occur in September after the new Planning Council is seated.
 - 3. 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.

[SIGNATURES FOLLOW]

For the Grantee:



Jeff Cheek, Director
Fulton County Office of the County Manager
Ryan White Part A Program



Date

For the Planning Council:



Dazon Dixon Diallo, Chair
Metropolitan Atlanta HIV Health Services Planning Council



Date

Planning Council Support:



Sandra Vincent, Project Officer
Metropolitan Atlanta HIV Health Services Planning Council



Date