Planning Council New Member Orientation

Orientation Objectives

Following this orientation, participants will be able to:

1. Describe the purpose and scope of the Ryan White HIV/AIDS Program (RWHAP)
2. List and describe at least 4 legislative roles and responsibilities of a Part A Planning Council (PC)
3. Differentiate PC and recipient roles
4. Explain the importance of data-based decision making
5. Describe the committee structure and operations of our PC
6. List expectations for individual PC members

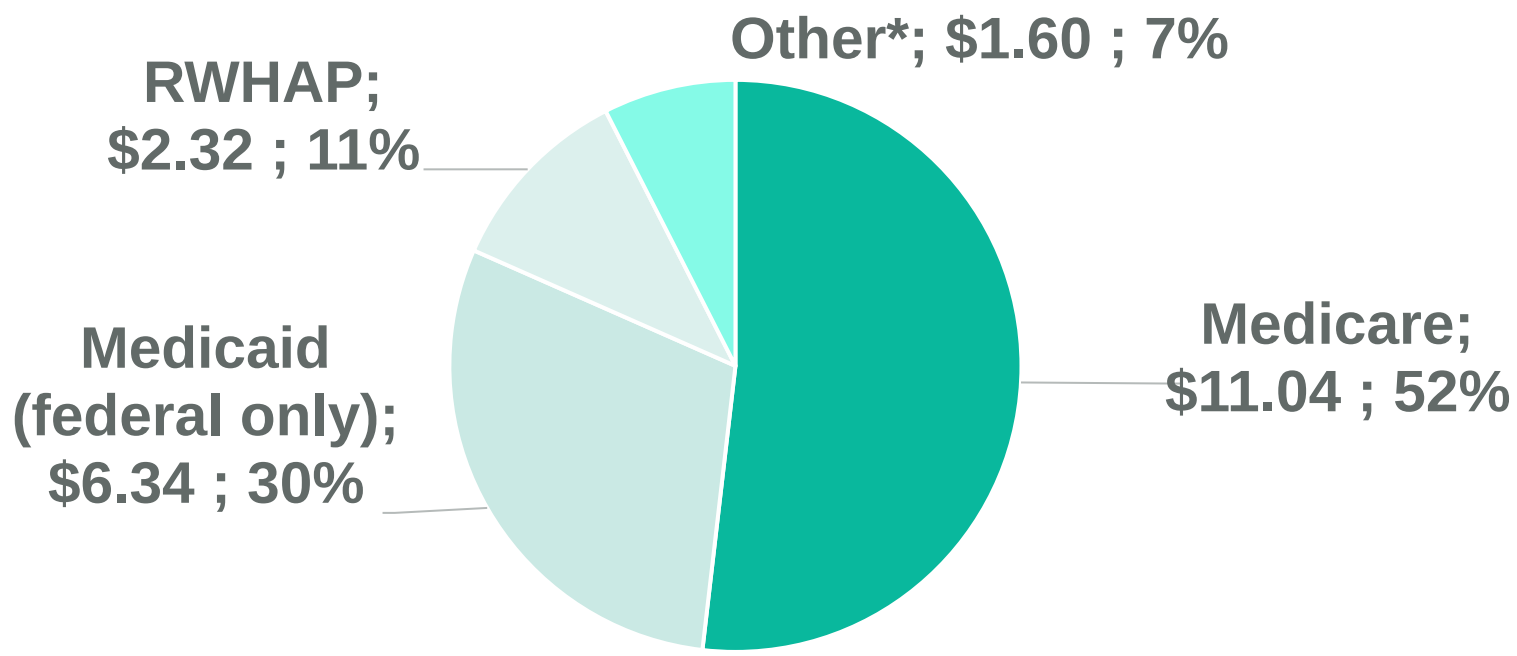
The Ryan White HIV/AIDS Program: What Every PC Member Should Know

- Understanding RWHAP Purpose and Scope
- Understanding Part A
- Part A Community Planning

The Ryan White HIV/AIDS Program

- Largest federal government program specifically designed to provide services for people living with HIV (PLWH) – $2.32 billion in funding in FY 2017
- Third largest Federal program serving PLWH – after Medicaid and Medicare
- First enacted as the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act in 1990
- Current legislation is the Ryan White HIV/AIDS Treatment Extension Act of 2009 (Title XXVI of the Public Health Service Act)

Federal Funding for HIV/AIDS Care in the U.S., by Program, FY 2019 [$ Billions]



*** Other** includes Veterans Administration (VA), Substance Abuse and Mental Health Services Administration (SAMHSA), and Federal Employees Health Benefits (FEHB) Plan

Source: Kaiser Family Foundation Fact Sheet, "U.S. Federal Funding for HIV/AIDS: Trends Over Time"

Purpose of RWHAP

- Began as “emergency relief” for overburdened healthcare systems at a time when effective medications were not available
- **Now:**
  - “Revise and extend the program for providing life-saving care for those with HIV/AIDS”
  - “Address the unmet care and treatment needs of persons living with HIV/AIDS by funding primary health care and support services that enhance access to and retention in care”

RWHAP Scope

- Includes 5 Parts: A, B, C, D, and F
- Administered by the HIV/AIDS Bureau (HAB), within the Health Resources and Services Administration (HRSA)
- RWHAP Parts designed to work together to ensure a comprehensive system of care in urban, suburban, and rural communities throughout the U.S.

RWHAP Facts

- RWHAP serves PLWH who are low-income and do not have insurance that covers their HIV care and medications – over 60% have incomes below the federal poverty line
- RWHAP is the payor of last resort – funds may not be used to pay for items or services that are eligible for coverage by other federal or state programs or private health insurance
- RWHAP is not an "entitlement" program: it must operate using the funds appropriated annually by Congress and awarded to recipients

RWHAP Part A Program

- Funding for 52 metropolitan areas hardest hit by the HIV epidemic, where nearly ¾ of PLWH live
  - **24 Eligible Metropolitan Areas (EMAs)**: ≥2,000 cases of AIDS reported in past 5 years and ≥3,000 people living with HIV
  - **28 Transitional Grant Areas (TGAs):** 1,000-1,999 cases of AIDS reported in past 5 years and ≥ 6,056 MO & ≥1,288 IL people living with HIV
- Administered by HAB Division of Metropolitan HIV/AIDS Programs (DMHAP)
- Service areas can include a single or multiple counties
- 11 Part A programs have service areas that cross state boundaries

RWHAP Part A Funding

RWHAP Part A programs receive both "formula" and "supplemental" funding:

- Part A formula funding is based on the number of living cases of HIV and AIDS in the EMA or TGA
- Minority AIDS Initiative (MAI) formula funding is based on the disproportionately affected minorities population living with HIV and AIDS
- Supplemental funding is competitive, based on demonstration of additional need in the annual application

Legislative Requirements for RWHAP Part A HIV Planning

- Chief Elected Official (CEO) in an Eligible Metropolitan Area must establish an "HIV health services planning council" [2007 legislation, §2602(b)]
- In a Transitional Grant Area established after 2006, CEO may choose a different process "to obtain community input (particularly from those with HIV) in the transitional area"
- TGAs established before 2006 not legislatively required to maintain planning councils after FY 2013, but have been "strongly encouraged to maintain that current structure" by HRSA/HAB

HRSA/HAB Suggested Principles for RWHAP Planning

RWHAP Planning:

- Is community-based, including diverse stakeholders
- Requires consumer input to needs assessment and decision making
- Is a collaborative partnership between the PC and the recipient
- Is designed to meet national goals for ending the epidemic and strengthen performance along the HIV care continuum
- Is an ongoing, cyclical process
- Requires data from multiple sources, gathered through varied methods
- Uses data-based decision making

Uniqueness of RWHAP Part A Planning Councils

RWHAP is the only federal health/human services program that requires such a planning body.

- Many programs require community planning, but planning bodies are usually advisory, not decision-making
- Federally funded nonprofits sometimes required to have clients on their boards (for example, community health center boards must be majority clients)
- Planning bodies may include consumers, but rarely require them to be such a high proportion of voting members (33%)
- Almost none have such specific legislative responsibilities – including decision-making about how service funds are to be used

Sum Up: Key Facts about RWHAP and Part A

- RWHAP:
  - Serves low-income uninsured and underinsured people with HIV
  - Is the payor of last resort
  - Has a fixed annual budget – not an entitlement
- Part A supports programs in hard-hit metropolitan areas
- Part A Planning Council:
  - Legislatively mandated for Part A EMAs; recommended for TGAs
  - A decision-making body – not advisory
  - At least 33% must be consumers of RWHAP Part A services

Overview of PC Roles, Responsibilities, and Boundaries

- PC-Recipient Relationship
- PC Duties
- Recipient Duties
- Shared Roles
- Boundaries

Recipient and Planning Council Roles and Responsibilities

- Recipient and planning council are two independent entities, both with legislative authority and roles
- Some roles belong to one entity and some are shared
- Effectiveness requires clear understanding of the roles and responsibilities of each entity, plus:
  - Frequent communications, information sharing, and collaboration between the recipient, planning council, and planning council support (PCS) staff
  - Ongoing consumer and community involvement

Planning Council, Recipient, & Chief Elected Official Roles & Responsibilities*

Task	CEO	Recipient	PC
Establishment of Planning Council*	✓		
Appointment of PC Members*	✓		
Needs Assessment		✓	✓
Integrated/Comprehensive Planning		✓	✓
Priority Setting*			✓
Resource Allocation*			✓
Directives*			✓
Procurement of Services*		✓	
Contract Monitoring*		✓	
Coordination of Services		✓	✓
Evaluation of Services		✓	Optional
Development of Service Standards		✓	✓
Clinical Quality Management		✓	Contributes
Assessment of Efficiency of the Administrative Mechanism*			✓
PC Operations & Support		✓	✓

*Sole responsibility of one entity

Responsibilities of the CEO

- CEO of a Part A program establishes the "HIV health services planning council" 2009 Legislation, §2602(b)
- CEO (Chief Elected Official) in *[the St. Louis TGA]* is *[the Mayor of City of St. Louis]*
- CEO appoints and removes members of the Planning Council
- In some jurisdictions, CEO also appoints the Chair or one Co-Chair

Responsibilities of the Planning Council

PC has sole responsibility for:

- Establishing "priorities for the allocation of funds"—Priority Setting and Resource Allocation (PSRA)
- Providing guidance to the recipient on "how best to meet these priorities" (Directives)
- Assessing the efficiency of the recipient's "administrative mechanism in rapidly allocating funds to the areas of greatest need" (AAM)
- **Scope of Work:** The objective of the Scope of Work is to provide support services for the Metro St. Louis HIV Health Services Planning Council.

Responsibilities of the Recipient

- **Recipient has sole responsibility for:**
  - **Procurement of services** including selection of and contracting with service providers (subrecipients)
  - **Contract monitoring**
- PC members may not participate in the selection of Part A subrecipients*
  - Involvement on a review/selection panel is identified as a conflict of interest in the legislation

* Part A-funded service providers are called subrecipients

Responsibilities of the Recipient

- **Directives to the Recipient-** Part A Planning Council are required to establish priorities for the allocation of funds within the eligible are, including how to best meet each such priority and additional factors that a [Recipient]grantee should consider in allocating funds… Directives indicate how best to meet the priorities.

Shared Roles

Shared responsibility with PC usually as lead, for:

- Determining service needs (needs assessment)
- Developing an integrated/comprehensive plan
- Developing service standards for funded services
- PC operations and support

PC participation with recipient in:

- Coordination of RWHAP with other services, including prevention (Coordination) [2009 Legislation, §2602(a)&(b)]

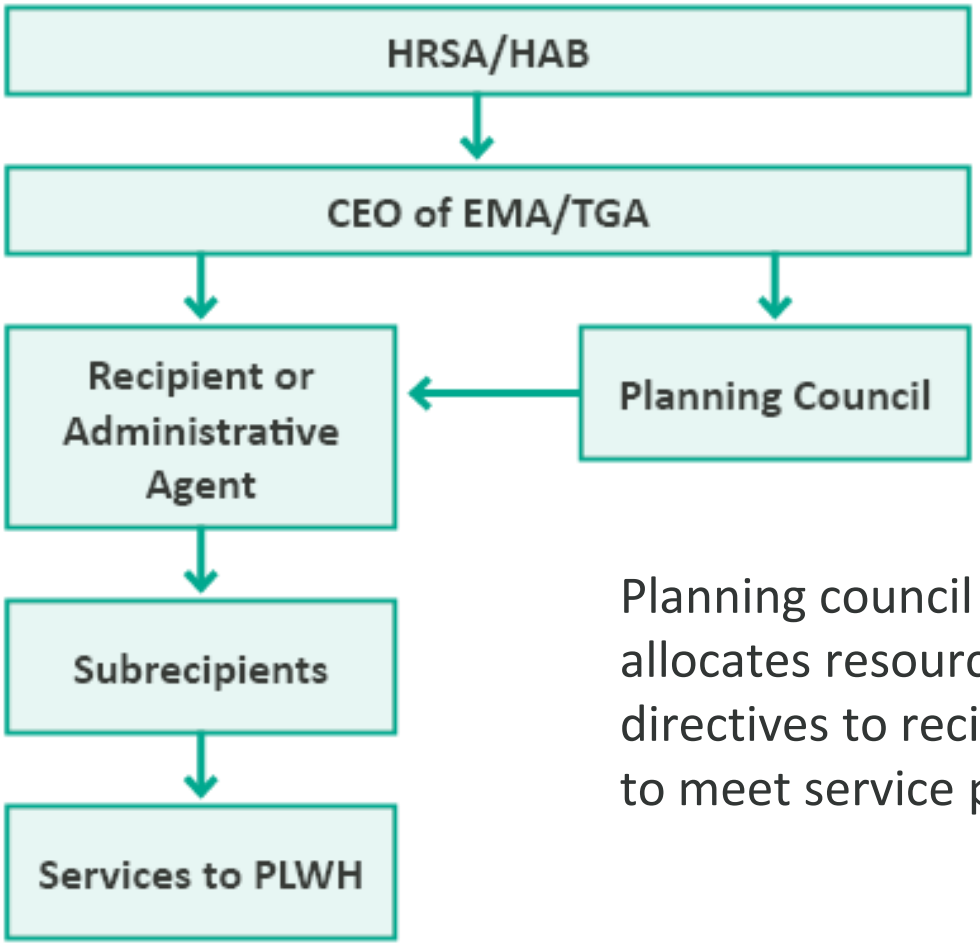
Recipient role, with optional PC involvement:

- Evaluation of service effectiveness
- Clinical Quality Management (CQM)

Boundaries: Separation of PC and Recipient Roles

- Division of roles between helps prevent actual or perceived conflict of interest
- Recipient chooses and manages RWHAP Part A service providers (subrecipients) with no PC involvement
- Data on subrecipients – e.g., funding, expenditures, performance – provided to PC by service category only, without provider names
- PC members should not discuss individual providers or refer to funded providers by name in PC work – focus should be on services and service categories
- Sound practice is to use a Memorandum of Understanding (MOU) to clarify PC and recipient roles, relationship, and data sharing

Flow of RWHAP Part A Decision Making & Funds



Planning council sets priorities, allocates resources, and gives directives to recipient on how best to meet service priorities

Planning Council, Recipient, & Chief Elected Official Roles & Responsibilities*

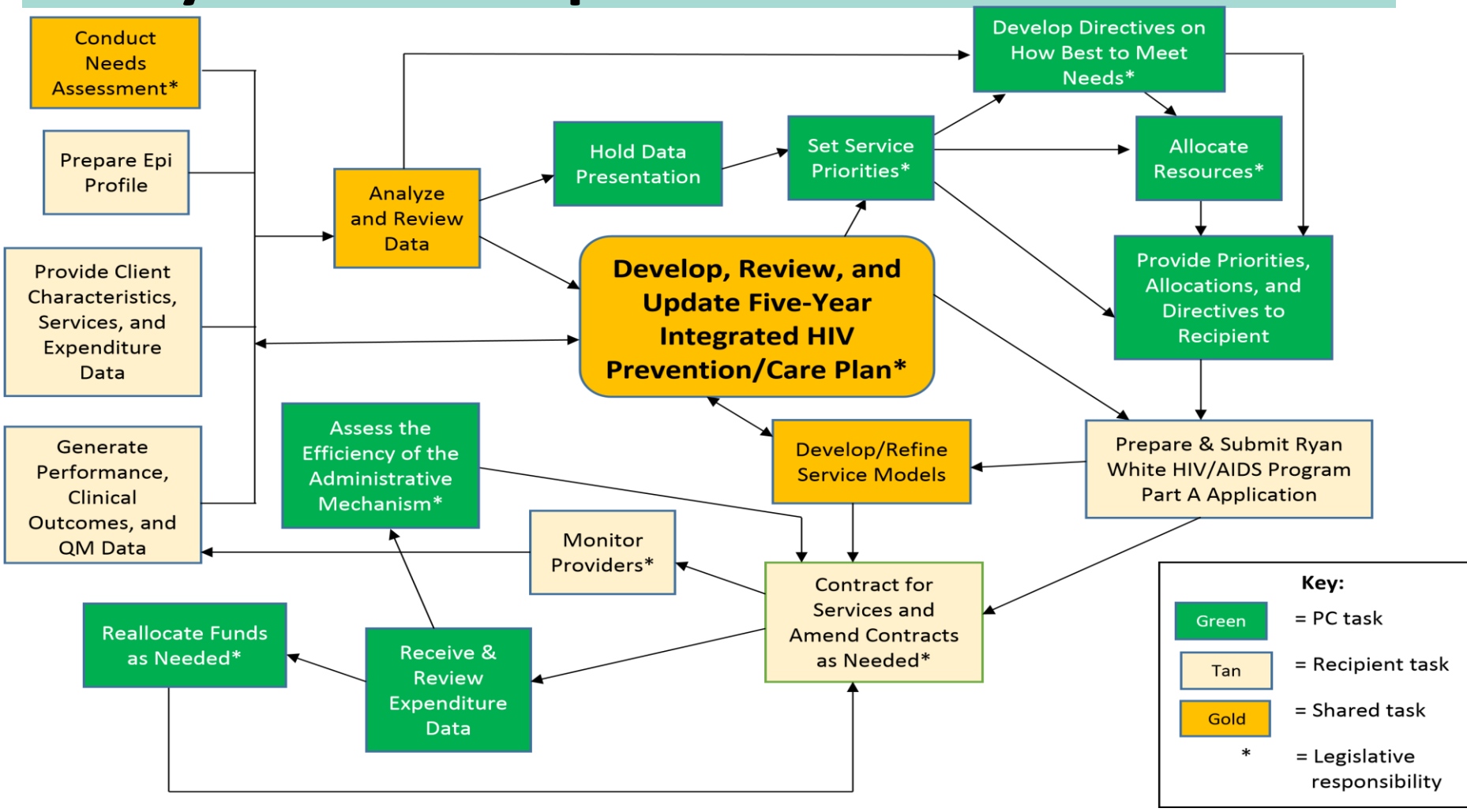
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Clinical Quality Management		✓	Contributes
Assessment of Efficiency of the Administrative Mechanism*			✓
PC Operations & Support		✓	✓

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Sum Up: Roles, Responsibilities, and Boundaries

- PC and recipient are separate bodies, each with legislative responsibilities/duties
- PC members need to understand the PC's duties, recipient duties, and shared duties
  - PC duties: PSRA and AAM
  - Recipient duties: procurement and contract monitoring
  - Shared duties: needs assessment, integrated/ comprehensive planning, coordination of services
- Part A programs work best when PC and recipient work collaboratively and respect each other's roles and contributions

Flow Chart: How a Planning Council Works with the Recipient to Carry Out Its Responsibilities



Planning Council, Recipient & CEO Responsibilities

Task	CEO	Recipient	Planning Council
Determine Planning Body [CEO of a TGA may choose to have a planning council or to use another process to obtain community input]	X		
Establish Planning Body and Appoint Members [based on an open nominations process]	X		
Carry Out Needs Assessment		X	X [Lead role]
Do Comprehensive Planning [including integrated plan review and updates]		X	X [Lead role]
Set Priorities among allowable core medical-related and support service categories, including how best to meet each priority (directives)*			X
Allocate Resources among Prioritized Service Categories* [≥75% to core medical-related services unless jurisdiction has a waiver]			X
Manage Procurement [includes developing RFPs, conducting TA and bidders' conferences, conducting application review, negotiating contracts, awarding funds, and developing reimbursement and accounting systems]		X	
Monitor Contracts [includes program and fiscal monitoring]		X	
Evaluate Effectiveness of Planning Activities [part of new annual planning cycle]		X	X
Evaluate Effectiveness of Care Strategies [includes performance along the HIV Care Continuum, clinical outcomes, other performance measures]		X	X [Optional]
Do Clinical Quality Management (CQM) [in collaboration with subrecipients/service providers]		X	[Care Standards** & CQM Committee Involvement]

The Planning Council and the System of Care

- Importance of the System of Care
- Understanding the System of Care
- Fundable Service Categories

Importance of the System of Care

- RWHAP exists to support a system of comprehensive, appropriate core medical and support services for people living with HIV who have limited financial resources
- Services should be culturally appropriate for diverse PLWH
- In its early years, RWHAP helped to establish a continuum or system of HIV care
- Current focus is on maintaining, assessing, and improving the system of care to reflect changes in the epidemic, prevention, treatment, and the broader health care system—and integrating prevention and care
- PC and recipient share responsibility for improving the system of care

Services Fundable under RWHAP Part A

- **Core medical-related services** identified in the legislation
  For example: Outpatient Ambulatory Health Services, Oral Health, Medical Case Management, Mental Health
- **Support services** to help PLWH stay in care and achieve positive medical outcomes
  For example: Medical Transportation, Emergency Financial Assistance, Food Bank/Home Delivered Meals
- HRSA/HAB provides service definitions and descriptions
  Refinements to service categories and definitions in 2016 and 2018 [Policy Clarification Notice (PCN) #16-02]

Funding for Medical Services

- Can be used to support both core medical-related services and support services
- Medical-related services:
  - Listed in the legislation
  - Must receive at least 75% of Part A funds unless your Part A program obtains a waiver
- PC decides which of the 13 allowable core medical-related services to prioritize and fund
- PC needs to know allowable service categories and their service definitions

Fundable Core Medical-Related Services

1. AIDS Drug Assistance Program (ADAP) Treatments
2. Local AIDS Pharmaceutical Assistance Program (LPAP)
3. Early Intervention Services (EIS)
4. Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals
5. Home and Community-Based Health Services
6. Home Health Care
7. Hospice
8. Medical Case Management, including Treatment Adherence Services
9. Medical Nutrition Therapy
10. Mental Health Services
11. Oral Health Care
12. Outpatient/Ambulatory Health Services
13. Substance Abuse Outpatient Care

Support Services

- **Must be:**
  - ≤25% of total service expenditures except when Part A program has a waiver
  - Service categories approved by the Secretary of Health and Human Services (HHS)
  - Needed to achieve medical outcomes
- **Medical outcomes** = outcomes involving the *HIV-related clinical status* of an individual with HIV
  - Recipient and PC need to be able to link funded support services to positive medical outcomes

Fundable Support Services

1. Child Care Services
2. Emergency Financial Assistance
3. Food Bank/Home Delivered Meals
4. Health Education/Risk Reduction
5. Housing
6. Linguistic Services
7. Medical Transportation
8. Non-Medical Case Management Services
9. Other Professional Services [e.g., Legal Services & Permanency Planning]
10. Outreach Services
11. Psychosocial Support Services
12. Referral for Health Care and Support Services
13. Rehabilitation Services
14. Respite Care
15. Substance Abuse Services (residential)

Some of these services will not be funded.

Sum Up: PCs and the System of Care

- Maintaining a comprehensive, high quality system of care is a key focus for both recipient and PC
- Part A funds can be used to support both core medical-related and support services
  - Support services must contribute to positive medical outcomes
- PC members need to understand the service categories since the PC decides which service categories to fund and how much money to allocate

Planning Council Operations

- Scope of PC Operations
- Planning Council Support (PCS) Roles
- Recipient Roles
- Expectations for PC Members
- Committee Structure

Scope of PC Operations

- Developing and updating Bylaws, policies and procedures to ensure fair, efficient operations
- Establishing and implementing grievance procedures
- Managing conflict of interest
- Recruiting new members – includes an open nominations process, orientation, and training
- Providing training to all members at least annually
- Leadership by the officers (usually Chair, Co-Chairs)
- Coordination of other committees by Executive Committee
- Assistance from PCS staff

PC Membership

- Membership must meet legislative requirements:
  - Representation (legislatively required categories)
  - 33% “unaligned” consumers of RWHAP Part A services
  - Reflectiveness of the epidemic in the TGA
- PC Bylaws sometimes specify number of members – must be sufficient to meet legislative requirements
- Membership/Operations Committee does outreach and interviews candidates using an open nominations process
- PC recommends candidates to the CEO

What is an "Unaligned" Consumer?

- Must be a RWHAP Part A client (receiving HIV-related services from a Part A-funded provider/subrecipient)
- Must not be an officer, board member, employee, or consultant of a RWHAP Part A subrecipient
- OK to be a volunteer for a Part A-funded subrecipient – as long as no stipend is involved

RWHAP 2007 Legislation, §2602(b)(5)(C)(1)

Role of the PC Chair or Committee Chair* in Successful Meetings

1. Recognize the importance of meetings
2. Work closely with PCS staff to plan the meeting
3. Help develop and fully understand the agenda
4. Be sure needed materials are provided – and when possible projected during the discussion
5. Be sure materials that might be needed for reference (such as Bylaws, policies & procedures) are readily available

* *Co-Chairs can share these roles*

Role of the PC Chair or Committee Chair in Successful Meetings (cont.)

6. Be sure meetings are open, accessible and welcoming, and provide an opportunity for public comment
7. Establish and consistently enforce a Code of Conduct for everyone present
8. Manage and facilitate the meeting – set a positive, tone, maintain order, and encourage participation
9. Learn from experience – ask for advice in improving meetings
10. Help ensure that minutes are completed, reviewed, approved, and posted promptly

Role of Planning Council Support (PCS) Staff

- Help the PC carry out its responsibilities and operate effectively
- Duties:
  - Staff committees and full meetings
  - Provide expert advice on RWHAP legislative requirements and HRSA/HAB regulations & expectations
  - Oversee a training program for members
  - Encourage member involvement and retention, with special focus on consumers
  - Serve as liaison with the recipient to obtain and provide information and materials
  - Help the PC manage its budget

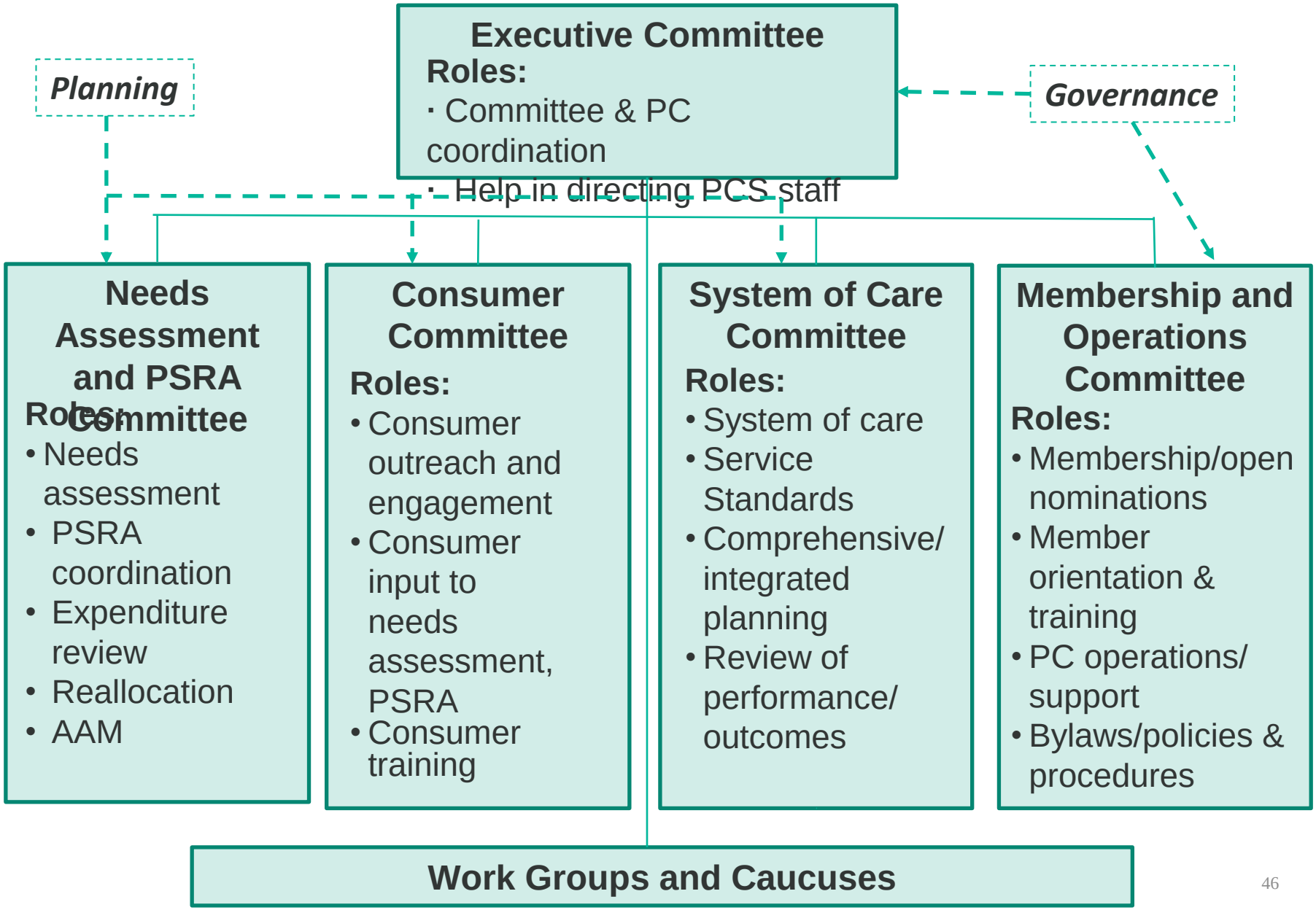
Recipient Staff Roles with the PC

- Attend and make a recipient report at PC meetings
- Regularly provide agreed-upon reports and agreed-upon data (e.g., service costs and utilization, client characteristics, epi data)
- Provide advice on areas of expertise without unduly influencing PC discussions or decisions
- Assign staff to attend most committees regularly
- Collaborate on shared roles
- Carry out joint efforts such as task forces and special analyses consistent with roles and resources
- Manage contracting for the PC using local procedures, with PC involvement (This section is directly related to the AAM)

Expectations for PC Members

- Attend all PC meetings, including special or additional meetings related to key tasks such as priority setting and resource allocation
- Participate actively in your assigned committee
- Read materials prior to meetings
- Follow and help enforce the Code of Conduct
- Attend PC-related retreats, training, or other events
- Ask PC leaders or PCS staff for training or support when you need it
- Mentor other members
- Recruit new members for the PC or committees

Sample PC Committee Structure



Sum Up: PC Operations

- PC operations make it possible for a PC to meet its legislative responsibilities
- PCS staff play a critical role – where resources are limited, PC needs clear priorities and effective use of staff
- Much of a PC's work can be done in committees if they are well-structured and coordinated by the Executive Committee
- Committee meetings and full PC meetings require careful planning, sound agendas, appropriate materials, and policies & procedures that are consistently followed
- The Chairs play a key role in making PC meetings successful

Understanding and Using Data

- Importance of Data
- Using Data in Decision Making
- The HIV Care Continuum

Importance of Data

- **Data-based decision making is:**
  - Guided and supported by documented information – data – rather than personal experience, anecdotes, or intuition
  - Essential to establishing, supporting, and improving a system of quality care
- **Data guide the entire planning process**:
  - Understanding service needs, barriers, and gaps in your service area – overall and for PLWH subpopulations
  - Making sound decisions about use of available funds
  - Targeting funds to particular service models, geographic areas, and PLWH subpopulations
  - Improving care for disproportionately affected groups

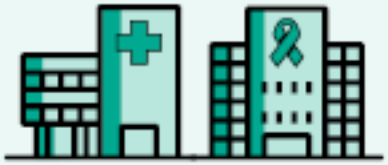
Purpose of the Planning Cycle: Putting the Pieces Together

Knowing who needs the services and how to reach them



+

Knowing who, where, what and to whom services are currently provided



=

Making data-driven decisions about which services are most needed and for whom



Role of Data in Implementing PC Tasks

PC Task	Role of Data in Implementing the Task
Needs Assessment	Collection and analysis of information about PLWH service needs, barriers, and gaps – a major source of data for decision making
Integrated/ Comprehensive Planning	Development of plan goals, objectives & strategies all based on data of many types and sources
PSRA including Directives	Decisions about service priorities, resource allocation, directives, and reallocations all expected to be data-based
System of Care	Many types of data needed to identify and address system of care weaknesses/gaps and improve services
Assessment of the Administrative Mechanism	Data from recipient (& often subrecipients) used to assess whether funds are getting to the community on a timely basis to support services

Some Data Used to Assess Care Quality and Outcomes

- Needs assessment data
- Client characteristics and service utilization
- HIV Care Continuum
- Performance measures related to individual service categories – for example:
  - Women receiving outpatient ambulatory health services (OAHS) have a Pap smear annually
  - All new OAHS or Medical Case Management (MCM) clients receive a behavioral health assessment
  - Home Delivered Meals meet established nutritional standards

Sum Up: Understanding and Using Data

- PC needs data on quality of care and client outcomes
- HIV care continuum provides valuable information about:
  - Linkage to care
  - Retention in care
  - Viral suppression
- PLWH who are RWHAP clients have much higher rates of viral suppression than other PLWH
- *[Add a bullet about local HIV care continuum data]*

Metro St. Louis HIV Health Services Planning Council (PC) Process to File an Internal Complaint

Background

- Internal complaints are filed when a person believes that a PC member has behaved in a way that violates the Member Code of Conduct. An internal complaint may be filed by PC members or by a member of the community. Complaints are different from grievances: grievances are filed when a person disagrees with the financial decision-making of the council, or when a person believes the council did not properly follow the Priority Setting and Resource Allocation (PSRA) process that is required by the Health Resource Services Administration (HRSA). Grievances are filed using the

Metro St. Louis HIV Health Services Planning Council (PC) Process to File an Internal Complaint

established grievance process. Internal complaints are also different from conflicts or disputes with the Department of Health (DOH). Depending on the nature as well as the severity of the interpersonal conflict that leads to the filing of the complaint, one or more parties may be asked to voluntarily suspend participation in PC meetings and activities until the complaint is resolved.

Metro St. Louis HIV Health Services Planning Council (PC) Process to File an Internal Complaint

Internal Complaint Filing

1. Any person wishing to file an internal complaint must:

    a. Complete the Internal Complaint Form.

    b. Sign it.

    c. Submit to the PC Support Office in person, via certified mail, or by fax or email containing a scanned copy of the signed form. In the absence of the Program Manager, forms are submitted to another member of the PC Support staff.

Metro St. Louis HIV Health Services Planning Council (PC) Process to File an Internal Complaint

2. The staff member who receives the complaint works with the complainant to resolve the problem. If a resolution is not able to be reached, PC staff provides copies to the PC Co-chairs within 2 business days of receiving the complaint. Once it has been decided who will conduct the initial investigation, PC staff notifies the person against whom the complaint is filed, and informs them of the nature of the complaint, who filed it, and the process.

Metro St. Louis HIV Health Services Planning Council (PC) Process to File an Internal Complaint

If the internal complaint involves one or both of the PC Co-chairs, the internal complaint goes to the Bylaws Workgroup. If applicable, please follow the process below:

a. The Bylaws Workgroup will initiate an investigation in a diligent and timely manner. The Bylaws Workgroup will attempt to resolve the complaint within 10 business days of their receipt of the complaint.

b. If this step of the process takes more than 10 business days, the Bylaws Workgroup notifies

Metro St. Louis HIV Health Services Planning Council (PC) Process to File an Internal Complaint

the Program Manager, the person filing the complaint, and the person against whom the complaint is filed to notify them of the cause(s) for delay and an anticipated time for resolution.

c. If the Bylaws Workgroup is unable to resolve the complaint or they choose to recuse themselves, the Bylaws Workgroup provides written communication to the Program Manager that includes the steps taken, information gathered, and any thoughts that may be helpful

Metro St. Louis HIV Health Services Planning Council (PC) Process to File an Internal Complaint

to the next stage of investigation. In the case of the Program Manager's absence, the Bylaws Workgroup notifies a PC staff member (ideally the person who received the initial complaint). Within 2 business days of notification from the Bylaws Workgroup, the Program Manager or PC staff member provides copies of the internal complaint to the members of the Executive Committee and notifies the person filing the complaint, and the person against whom the complaint is filed.

Metro St. Louis HIV Health Services Planning Council (PC) Process to File an Internal Complaint

d. If the issue is resolved, the process ends.

e. If either party disagrees with the resolution, they may appeal the decision by providing written notification to the Program Manager within 5 business days, and the process moves to the next step.

3. The PC Co-chairs initiate an investigation in a diligent and timely manner. The Co-chairs attempt to resolve the complaint within 10 business days of their receipt of the complaint. This should involve, at a minimum, a mediation session between the person

Metro St. Louis HIV Health Services Planning Council (PC) Process to File an Internal Complaint

filing the complaint and the person against whom the complaint is filed. If mediation is not possible or fails to resolve the issue, the investigation should proceed to the interviewing of witnesses.

a. If this step of the process takes more than 10 business days, the Cochairs notify the Program Manager, the person filing the complaint, and the person against whom the complaint is filed to notify them of the cause(s) for delay and an anticipated time for resolution.

Metro St. Louis HIV Health Services Planning Council (PC) Process to File an Internal Complaint

b. If the Co-chairs are unable to resolve the complaint or they choose to recuse themselves, the Co-chairs provide written communication to the Program Manager that includes the steps taken, information gathered, and any thoughts that may be helpful to the next stage of investigation. In the case of the Program Manager's absence, the Cochairs notify a PC staff member (ideally the person who received the initial complaint). Within 2 business days of notification from the Cochairs, the Program Manager or PC staff member provides copies of

Metro St. Louis HIV Health Services Planning Council (PC) Process to File an Internal Complaint

the internal complaint to the members of the Bylaws Workgroup and notifies the person filing the complaint, and the person against whom the complaint is filed.

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d. If either party disagrees with the resolution, they may appeal the decision by providing written notification to the Program Manager within 5 business days, and the process moves to the next step.

Metro St. Louis HIV Health Services Planning Council (PC) Process to File an Internal Complaint

4. The Executive Committee will add discussion of the internal complaint to the agenda of the next regularly scheduled Executive Committee meeting for the final decision making. The Executive Committee reviews the report(s) of the PC Co-chairs and, if applicable, the Bylaws Workgroup and makes the final decision. The Program Manager or PC staff provides written notification to the complainant within 2 business days including any plan for future action or remediation. Decisions of the Executive Committee are final. They may or may not conduct mediation and/or interview witnesses as they see fit.

Attendance

- **<u>Section B.5</u> Attendance Requirements**
- Regular attendance at PC meetings and regular attendance at one assigned committee are a requirement of continuing membership. Members are required to attend regularly-scheduled meetings of their assigned committee with the same minimum frequency as meetings of the PC.

a) All PC Members must attend at least two-thirds of regularly scheduled PC meetings and two-thirds of regularly-scheduled committee meetings each rolling calendar year, based on the date of appointment to the PC.

b) Members who are unable to attend regularly scheduled meetings for one of the following reasons may submit, in writing or by telephone to the PC Support office, a request for an excused absence, which, if approved, will not count against their maximum allowed absences.

1. Personal sickness;
2. Personal or family emergency;
3. Death in the family/funeral;
4. Vacation (with mandatory advanced notice); and
5. Conflicting work or advocacy commitments (with mandatory advanced notice).

Attendance

C. Members are allowed a maximum of three excused absences each for PC, Executive Committee, and PC committee meetings.

Leave of Absence

- **<u>Section B.6</u> Leave of Absence**
- A PC member may request a leave of absence from the Membership and Stakeholder
- Engagement Committee. A leave of absence may be not less than two or more than six months.
- A leave of absence may be granted by a majority vote of the committee for reasons included in Section B.5 (C). A member may request a leave of absence not more than twice within a two- year period and may not request a second leave of absence before returning to service and meeting attendance requirements for a period at least equal to the previous leave of absence. If unable to return by the date originally anticipated, a member may request extension of his/her leave of absence to the maximum duration of six (6) months. If granted by a majority vote of the committee, the total period will be considered a single leave of absence. A member who is on a leave of absence shall not be counted as an active member in determining quorum. If a member is unable to return to active membership in accordance with Section B.5, after the approved end date of leave of absence (maximum of 6 months from original approval), that person may be recommended for removal from the PC by the Membership and Stakeholder Engagement Committee. If there are consecutive excused absences prior to a leave of absence request, they will be included as part of the leave.