**MODEL MEMORANDUM OF UNDERSTANDING (MOU)**

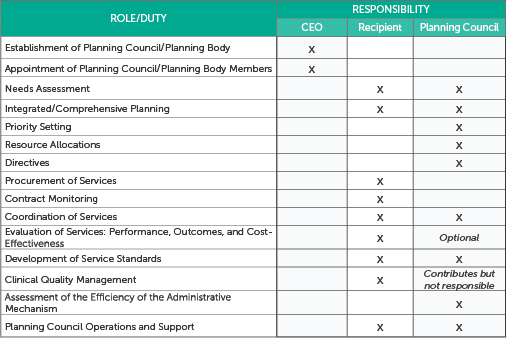
1. Purpose Statement

This Memorandum of Understanding (MOU) between the *[name of]* Planning Council and Recipient *[name of agency]* is designed to:

* Create a shared understanding of the relationship between the Part A Recipient and the Planning Council;
* Specify the legislatively mandated and locally defined roles and responsibilities of each entity;
* Establish shared expectations for how the two entities will work together to share information and implement these roles and responsibilities; and
* Support a mutually beneficial relationship between these important partners.

1. Roles and Responsibilities

The roles and duties of the CEO, Recipient, and Planning Council as specified in the legislation (Title XXVI of the Public Health Service Act) and in guidance from the Health Resources and Services Administration’ HIV-AIDS Bureau (HRSA HAB) are summarized below, as provided in the *Planning Council Primer*:



1. **Roles and Responsibilities of the Planning Council**

The Planning Council is solely responsible for the following legislatively mandated responsibilities:

1. **Priority setting and resource allocation:** Set priorities among service categories, allocate funds to those service categories, and provide directives to the Recipient on how best to meet these priorities. This includes reallocation of funds as required during the program year and allocation of carryover funds.
2. **Assessment of the administrative mechanism:** Assess the Recipient’s process for procurement of services and timely disbursement of funds to the areas of greatest need within the service area *[EMA/TGA]*.
3. **Roles and Responsibilities of the Recipient**

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

1. **Procurement:** Manage the process for awarding contracts to specific service providers.
2. **Contracting:** Distribute funds according to the priorities, allocations, and directives of the Planning Council.
3. **Contract monitoring:** Monitor contracts to be sure that subrecipients are meeting their contractual responsibilities and are in compliance with federal requirements and locally established service standards. Recommend re-allocations to the Planning Council during the grant year based on service category performance and expenditures and/or emerging needs.
4. **Technical Assistance to Service Providers:** Provide technical assistance to subrecipients on as needed to build capacity and improve contract compliance and service delivery.
5. **Clinical Quality Management:** Maintain a clinical quality management program to measure subrecipient performance based on established performance measures and service standards. Includes quality improvement activities to improve patient care, health outcomes, and patient satisfaction.
6. **Shared Responsibilities**

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

1. **Needs Assessment:** Determine the size and demographics of the population of individuals with HIV in the EMA/TGA, and their service needs, barriers, and gaps. The Planning Council has primary responsibility for needs assessment, with the Recipient assisting with the process and providing an epidemiologic profile, estimate of unmet need, and information such as service utilization data and expenditures by service category.
2. **Integrated/Comprehensive Planning:** Develop an Integrated HIV Prevention and Care Plan for the organization and delivery of health and support services within the EMA/TGA. The Plan may be developed independently or in collaboration with the State Department of Health and/or other RWHAP Part A programs in the state. The Planning Council takes the lead in developing the Plan, with the Recipient providing information, input, and review. The Plan is developed every five years or as specified by HRSA HAB. The Planning Council and Recipient work together to implement the Plan, monitor progress and evaluate results, and meet reporting requirements.
3. **Service Standards:** Develop and regularly review and update service standards for all funded service categories. The Planning Council typically takes the lead in this effort, with extensive Recipient involvement. The Recipient has ultimate responsibility for ensuring the development, distribution, and use of service standards.
4. **Evaluation:** Evaluate the effectiveness of services in meeting identified needs of people with HIV, through use of special studies or aggregate data provided by the Recipient. The Recipient takes the lead on evaluation based on HRSA-specified performance measures. As stated in the legislation, the Planning Council has the option of evaluating service effectiveness.

**D. Administrative Duties/Operations**

In addition to their legislatively specified roles, the Recipient and Planning Council share the following administrative duties related to RWHAP Part A planning and management:

*If the Planning Council Support is managed through the City or County:*

1. **Fiscal Management of Planning Council Support Funds:** The Recipient provides fiscal management of Planning Council Support funds. The annual Planning Council Support budget is part of the Recipient’s administrative budget. The amount to be used for Planning Council Support is negotiated between the Recipient and Planning Council each year. The Planning Council Support Manager *[title]* works with the *[name of]* Committee to develop the Planning Council budget, which is reviewed by the Recipient to ensure proposed use of funds meets federal and municipal requirements. The Planning Council Support Manager *[title]* works with the *[name of}* Committee to monitor Planning Council expenditures, based on monthly reports provided by the Recipient through Planning Council Support staff. The Recipient is responsible for ensuring that all expenditures meet RWHAP guidelines as well as local financial management regulations.
2. **Contracting for Planning Council Consultants or Contract Services:** The Recipientprovides contracting services when the Planning Council needs to hire consultants or other contractors, with Planning Council Support staff helping to manage the process. This contracting must meet both local procurement requirements and RWHAP and other federal guidelines. The Planning Council helps to develop the scope of work and participates in selection of consultants and other contractors that are paid with Planning Council Support funds. Planning Council Support staff ensure ongoing oversight and monitoring of consultants and other contractors.
3. **Office and Meeting Space:**  The Recipient and Planning Council maintain separate and distinct offices within the same building where feasible. The Recipient arranges appropriate office space for both entities. Office space for the Planning Council should meet all Americans with Disabilities Act (ADA) requirements. If ADA-compliant and readily accessible meeting space for the Planning Council and its committees is not available in the building where office space is located, the Planning Council arranges meeting space in the community that is accessible and appropriate for encouraging member and community attendance.
4. **Planning Council Support Staff**: *[Describe staff supervision and hiring for Planning Council and relation to Recipient staff. Here is an example for an EMA where both Planning Council and Recipient are located in the Department of Health.]* Both Recipient and Planning Council Support staff are employees of the Department of Health, but are hired and supervised by different units to maintain the independence of the two entities with their complementary but different legislative responsibilities. The Recipient Manager is supervised by the Director of the *[HIV/STD Division]*. The Planning Council Support Manager is supervised by the Director of the *[Community Health Division]*  When the Planning Council Manager is hired, at least one member of the Executive Committee who is not a local government employee participates on the panel on behalf of the Planning Council and is consulted throughout the hiring process. This is generally the Planning Council Chair or a Co-Chair. The Planning Council Support Manager has primary responsibility for selecting other Planning Council Support staff, within the local personnel system. The Planning Council Support staff is responsible for supporting the work of the Planning Council and its committees, to enable the Council to meet its legislative duties. The Planning Council guides the work of the Planning Council Support Manager through the Chair/Co-Chairs. The Planning Council Chair or Co-Chairs participate in evaluation of the performance of the Planning Council Support Manager, which follows local procedures. Where questions or concerns arise regarding the roles and responsibilities of Planning Council Support staff, the ultimate decision maker is *[supervisor title and unit]*. However, the Planning Council Chair/Co-Chairs are consulted and the Recipient RWHAP Part A Manager is kept informed about major Planning Council Support staff issues or staffing changes.

*If Planning Council Support is contracted out:*

1. **Contracting for Planning Council Consultants or Contract Services:** The Recipientprovides procurement services in the hiring of a Planning Council Support contractor and ensures that it meets both local procurement requirements and RWHAP and other federal guidelines. The Planning Council helps to develop the scope of work and participates in selection of the Planning Council Support contractor, which is paid with Planning Council Support funds. If the Planning Council requires other consultants or subcontractors to meet its legislative responsibilities and funding is available through the Planning Council Support budget, hiring and supervision is done by the Planning Council Support contractor. The Planning Council participates in development of the statement of work and selection of the consultant or subcontractor through its Chair/Co-Chairs or the appropriate committee Chair/Co-Chairs.
2. **Fiscal Management of Planning Council Support funds:** The Planning Council Support Contractor provides fiscal management of Planning Council Support funds. The annual Planning Council Support budget is part of the Recipient’s administrative budget. The amount to be used for Planning Council Support is negotiated between the Recipient, Planning Council, and contractor. The contractor’s Planning Council Support Manager *[title]* works with the *[name of]* Committee to determine how available funds will be used, and to ensure that proposed use of funds meets federal and municipal requirements and is consistent with the terms of its contract. The Planning Council Support Manager *[title]* works with the *[name of]* Committee to monitor Planning Council expenditures, based on monthly reports provided by the contractor. The contractor is responsible for ensuring that all expenditures meet RWHAP guidelines as well as local financial management regulations.
3. **Office and Meeting Space:**  The contractor is responsible for arranging office and meeting space for the Planning Council. This space should meet all Americans with Disabilities Act (ADA) requirements and be safe and readily accessible at meeting times. If ADA-compliant and readily accessible meeting space for the Planning Council and its committees is not available in the building where office space is located, the contractor works with the Planning Council to select and arrange meeting space in the community that is accessible and appropriate for encouraging member and community attendance.
4. **Planning Council Support Staff**: Planning Council Support staff are assigned by the contractor. Either as part of the contractor selection process or separately, Planning Council leadership has the opportunity to review the qualifications of the proposed Planning Council Support Manager and has the right of disapproval. Planning Council Support staff is responsible for supporting the work of the Planning Council and its committees, to enable the Council to meet its legislative duties. The contractor selects and assigns other Planning Council Support staff, within the local personnel system. The Planning Council Support Manager is supervised by the contractor, but the Planning Council guides that individual’s work through the Chair/Co-Chairs. The Planning Council Chair or Co-Chairs also participate in evaluation of the performance of the Planning Council Support Manager. Where questions or concerns arise regarding the roles or performance of Planning Council Support staff, Planning Council Chair or Co-Chairs contact the responsible contractor official. If the situation cannot be resolved at this level, the ultimate decision maker is *[city or county official who oversees the contract]*. Both the Recipient RWHAP Part A Manager and the Planning Council are kept informed about Planning Council Support personnel issues or changes. If a new Planning Council Support Manager is hired during the contract period, the Planning Council participates in the hiring process and has the right of disapproval.

*For all MOUs:*

1. **RWHAP Part A Application Process:** The Recipient has responsibility for preparation and submission of the RWHAP Part A application. Planning Council Support staff provides information for the application sections related to Planning Council membership and duties and a list of priorities and allocations as established by the Planning Council. [*Optional:* *To the maximum extent possible given time constraints, the Planning Council Chair or Co-Chairs and the Executive Committee have an opportunity to review the application before submission and make suggestions for its improvement.]* The Planning Council approves a letter of assurance to be signed by the Planning Council Chair or Co-Chairs that must accompany the application. The letter describes whether the Recipient has expended formula, supplemental, and Minority AIDS Initiative (MAI) funds in accordance with Planning Council priorities and allocations and provides other information from the Planning Council as specified in the RWHAP Part A Notice of Funding Opportunity (NOFO).
2. **Subrecipient RFP for Part A Services:** Procurement is the Recipient’s responsibility. The recipient may allow up to two members of the Planning Council who have no actual or perceived conflict of interest to review in draft either the entire narrative or the portions of the Request for Proposals (RFP) that address service standards and current Planning Council directives.
3. Communications

Both Recipient and Planning Council recognize the importance of regular and open communications and timely sharing of information. If issues or problems arise, both parties agree to work together to clarify and address the situation. Communications will meet the following guidelines:

1. **Most Planning Council standing committees will have a Recipient staff member with appropriate skills who is assigned to it and attends meetings regularly.** That staff member will serve as liaison to the Recipient for that committee and will be responsible for all regular communications and information requests related to that committee; the committee Chair/Co-Chairs and the Planning Council Support Manager will initiate or be cc’ed on all Planning Council requests.
2. **The Recipient and Planning Council will each have a designated liaison responsible for sharing and receiving information to meet other requests, and for disseminating information within their entity.** For the Planning Council, the designated liaison will be *[title – usually the Planning Council Support Manager]*. For the Recipient, it will be the *[title – usually the RWHAP Part A Manager]*. Requests will be made in writing through the liaison; requests from the Planning Council that are not initiated by the Chair/Co-Chairs will cc them. When questions or concerns arise about a request, the designated liaison will ensure that they are addressed in a timely manner.
3. **Both entities will use designated liaisons and channels of communication.** For information beyond normal reports and information, it is the responsibility of the designated liaisons to determine whether the Recipient is the appropriate source for this information and whether the information is available and can be provided within the Recipient’s resources. Where the Recipient feels it cannot meet the request, the liaison will consult with the Planning Council liaison and the Planning Council or Committee Chair or Co-Chairs.
4. **Staff of both entities and Planning Council members will avoid inappropriate communication requests or channels.** This means not asking for information from individuals other than those designated, not bypassing established communication channels, and maintaining the confidentiality of information that should not be shared outside the RWHAP Part A program.
5. **Requests for information will be handled as quickly as possible.** Both parties will provide the other party as much lead time as possible when making a request and share requested information as quickly as possible.
6. **Information received by one entity but important to both will normally be shared within 3-5 business days.** This includes Conditions of Award, new or revised HRSA HAB regulations or expectations, and the RWHAP Part A Notice of Funding Opportunity (NOFO), as well as new or updated Policy Clarification Notices (PCNs).  Both parties commit themselves to responding rapidly to requests that involve satisfying HRSA HAB requirements or requests or addressing other matters that may affect the funding or reputation of the EMA/TGA’s RWHAP Part A program.
7. **When policies or procedures appear problematic, the parties will work together to clarify and, if appropriate, refine them –** while adhering to legislative requirements, HRSA/HAB guidance and expectations as stated in RWHAP Part A-related manuals, policy statements, and guidance, and state and local statutes and policies.
8. **The Planning Council will not request or receive data about the performance or expenditures of individual providers; it will receive 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.
9. **Planning Council members will not discuss or use in decision making any information about individual providers.** Members will refrain from requesting such information in their capacity as Planning Council members, even if it is available to members as individuals through public records or freedom of information laws or policies.
10. **The Planning Council will not become involved in individual consumer complaints about services.** Individuals with complaints will be informed about the subrecipient complaints process. Broader, systemic complaints or concerns about services will be referred by the Planning Council to the Recipient.
11. Information/Document Sharing
12. **Overview**

It is the intent of this MOU to encourage regular sharing of information and materials throughout the year. This section specifies a set of materials to be provided and information to be shared. 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.

1. **Information to be Provided by the Planning Council to the Recipient**

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

1. A dated **list of Planning Council members and their terms of office**, with primary affiliations as appropriate, to be provided annually and updated as needed throughout the year, in accordance with Conditions of Award or other HRSA HAB requirements.
2. **Notification of the Planning Council’s monthly meetings, retreats, orientation and training sessions, and other Council events,** at the same time such notification goes to Planning Council members.
3. The **meeting notice, agenda, and information package for each Planning Council meeting**, to be provided at the same time they are provided to Council members.
4. **The Council’s approved service priorities and resource allocations**, along with the process used to establish them and directives to the Recipient on how best to meet these priorities. This information will be provided within five business daysafter the Planning Council has made these decisions.
5. **Copies of final planning documents prepared by the Planning Council**, such as needs assessment reports, within five business days after their completion and approval by the Planning Council.
6. **Information or documents needed by the Recipient to complete Planning Council-related sections of the Part A application**, on a mutually agreed-upon schedule.

1. **Information to be Provided by the Recipient to the Planning Council**

The RWHAP Part A Program Director will provide the Planning Council Support Manager 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. *[Use list or chart specifying data or document to be provided, frequency, and timing for providing the information to the Planning Council.]*

1. A **copy of the annual Notice of Grant Award (NGA)** including Conditions of Award, a copy of any approved carryover request, and a copy of other official communications from HRSA HAB that directly involve the Planning Council, within three business days after they are received.
2. A written **monthly expenditures report by service category**, including comparisons between projected and actual expenditures, provided in writing at least *[five]* business days before the meeting of the appropriate committee.
3. A report to the Planning Council summarizing and explaining **over- and under-expenditures by service category and any suggested reallocations**, to be provided *[quarterly]*, at least *[five]* business days before the meeting of the Allocations *[or* *related]* Committee.
4. **Utilization data by service category**, including client numbers and demographics for each service category and for mutually determined special populations requiring additional analysis, to be provided *[monthly, quarterly]*, including end-of-year data consistent with the Ryan White Services Report (RSR). Annual data will be provided within 30 days after the RSR is submitted; due dates for more complex analyses will be mutually determined annually based on the schedule for priority setting and resource allocation.
5. **Performance and clinical outcomes data including measures specified by HRSA HAB**,, collected by the Recipient, to be provided at least annually.
6. **Other information and recommendations to assist the Planning Council** in carrying out its responsibility to set priorities among service categories, allocate funds to those service categories, and prepare directives to the Recipient on how best to meet these priorities. The content and format for this information will be mutually agreed upon each year, but will typically include epidemiologic data, additional cost and utilization data, HIV Care Continuum (HCC) data, and an estimate of unmet need for primary health care among people who know their status but are not in care. If some of these data are obtained from the State, the Recipient will arrange for the state to ensure timely sharing of these data. If the Planning Council Chair/Co-Chairs and/or Support Manager do not participate in the monthly calls with the HRSA HAB Project Officer, information relevant to Planning Council decision making will be shared at the next Planning Council meeting, as part of the Recipient’s report.
7. **Information requested 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.
8. **The Final Financial Report (FFR)** submitted to HRSA following the end of each program year, to be provided within five business days after the report is submitted to HRSA HAB.
9. **Carryover information** as it becomes available. This includes the estimated carryover as submitted to HRSA HAB at the end of the calendar year, the actual carryover from the Financial Status Report, the carryover plan submitted to HRSA HAB, and the approved carryover plan. Each document will be provided to the Planning Council within five business days after it is submitted or received.
10. **The Financial Status Report (FSR) and other end-of-year reports including the Final Implementation Plan and Final Allocations Report**, as submitted to HRSA/HAB in the final progress report each year, providing information on the number of individuals served and costs per client for each service category. The Planning Council will receive this information within ten business days after the Recipient submits the final progress report to HRSA/HAB, based on the Conditions of Award, in time for use in priority setting and resource allocation.

When the Planning Council or a Committee requests special or additional information from the Recipient, the request will always be listed in the summary minutes of the meeting. In addition, Planning Council Support staff will provide a list of requests in a follow-up e-mail within two business days, with a copy to the Committee Chair and Planning Council Chair *[or Co-Chairs]*. 

1. **Documents and Information that will Not be Shared**

To maintain the confidentiality of sensitive information, the following will not be shared:

1. Information on the HIV status of members of the Planning Council who are not publicly disclosed as people with HIV.
2. Information about individual applicants for service subrecipient contracts or about the performance of individual subrecipients.
3. Information about the individual salaries of Recipient and Planning Council Support staff. Except for the Chair *[or Co-Chairs]*, the Planning Council will receive staff salary data on Planning Council Support staff only as submitted in the RWHAP Part A application or in the aggregate. The Planning Council will not have access to the Recipient’s detailed operational budget; a summary version may be shared.
4. Settling Disputes or Conflicts

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

1. Begin with a face-to-face meeting between the parties to attempt to resolve the situation, within five working days after either party identifies an issue.
2. If the situation cannot be resolved by these parties, hold a meeting of representatives of both parties, within ten working days after the initial meeting, to discuss the issue and reach resolution if possible.
3. If the situation still cannot be resolved, hold a meeting that includes representatives of the Recipient and Planning Council and the Chief Elected Official or designee [*and the HRSA HAB Project Officer]*. The decision of the CEO or designee will be final.
4. Responsible Parties and Contact Information

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

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

**For the CEO:**

* CEO or designee

**For the Recipient:**

* Supervisor of RWHAP Part A Program Director
* RWHAP Part A Program Director (Principal Contact)

**For the Planning Council:**

* Planning Council Chair or Co-Chairs
* Planning Council Support Manager (Principal Contact)

1. MOU Duration and Review
   1. **Effective Date**

The MOU will become effective once all the authorized individuals sign it.

1. **Duration**

The MOU will remain in effect unless or until the parties act to end it or the Recipient is no longer the recipient of RWHAP Part A funding for the EMA/TGA.

1. **Process for Reviewing and Revising the MOU**

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

* 1. Following each reauthorization or legislative revision of the Ryan White HIV/AIDS Program legislation by the U.S. Congress, to ensure that the MOU remains fully appropriate, updated, and reflective of the Act.
  2. Once every two years, at least one month before the new funding year begins.

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.

1. Signatures

CEO or Designee

Recipient

Planning Council Chair or Co-Chairs

Planning Council Support Manager

Links to RWHAP Part A MOUs

Following are links to recently adopted or updated MOUs that are available on local websites.

* 1. **New Haven-Fairfield County TGA –** signed August 2020; available at <http://nhffryanwhitehivaidscare.org/assets/resources/nhff_FinalMOU_08-2020.pdf>
  2. **New York EMA** – Updated MOU signed May 2019; available at: <https://nyhiv.org/wp-content/uploads/2019/12/Memorandum-of-Understanding_Approved-Final-2019.pdf>
  3. **Minneapolis-St. Paul TGA** – MOU between the Minnesota HIV Services Planning CouncilPlanning Council, which does planning for both RWHAP Part A and Part B, and the Recipient, Hennepin County Human Services and Public Health Department, which manages both Part A and Part B services in the area; available at:  <http://www.mnhivcouncil.org/uploads/3/4/7/5/34759483/part_a_mou_2010_signed.pdf>
  4. **Charlotte TGA** – MOU between the Recipient and the Planning Body. Signed May 2019; available at: <https://www.mecknc.gov/HealthDepartment/RyanWhite/Documents/Memorandum%20of%20Understanding%20-%20Recipient%20and%20Planning%20Body%202019.pdf>

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