

MEMORANDUM OF UNDERSTANDING (MOU)

Between the Ryan White HIV/AIDS Program (RWHAP) Part A Planning Council and Recipient



Introduction

The Health Resources and Services Administration’s HIV/AIDS Bureau (HRSA HAB) has long recommended that Ryan White HIV/AIDS Program (RWHAP) Part A Recipients and Planning Councils develop a Memorandum of Understanding (MOU) that “identifies the individual and shared responsibilities of both parties, lists and provides a timeline for sharing of information or reports that will be regularly provided by each body, and specifies communication mechanisms and a process for solving conflicts,” as well as the role of Planning Council Support staff.¹ The MOU is typically developed jointly by the Recipient and Planning Council.

An MOU represents an agreement between the parties regarding how they will work together. It is not legally binding, but both parties should view it as a serious commitment and do their best to ensure that it is followed – and revised/updated regularly.

This document provides suggestions for development and maintenance of an MOU and an updated model MOU, as well as links to several MOUs. They were developed for use in Eligible Metropolitan Areas (EMAs) and Transitional Grant Areas (TGAs) of varying size; most are between Planning Councils and Part A Recipients, but one also includes the RWHAP Part B Recipient, and one is between a Planning Body and a Recipient.

Process for MOU Development and Updating



1

Become familiar with what these MOUs typically include.

Review the model MOU provided here, and the MOUs used by one or two other EMAs or TGAs (links provided on page 13 of the model MOU).



2

Agree on responsibilities for MOU development. The group developing the MOU should be small – with 2-3 representatives for each entity. Often the Planning Council Chair or a Co-Chair, the Chair of the committee responsible for bylaws and policies, and the Planning Council Support Manager represent the Planning Council, and the Manager and 1-2 other HIV or Department of Health staff represent the Recipient. Decide on how to prepare the initial draft and then negotiate needed revisions.



3

Establish a time frame for drafting the MOU – ideally 2-3 months, so the process gets priority during a specified period. It may be most practical to do it in the fall or winter, after the Part A application has been submitted. The approval process may take a while and is sometimes unpredictable.



4

Draft the MOU. Here are three possible approaches:

- Have one person or one entity “team” prepare the initial draft.
- Divide responsibility so each entity drafts certain sections, which are then integrated into a single full draft for review.
- Have everyone in the group do some individual preparation, and then hold working sessions to draft the MOU together.



5

Negotiate to resolve differences. Sometimes this simply requires discussion and compromise. It can also be helpful to review both the model MOU and the MOUs from other jurisdictions to see how they addressed similar issues. Use the Planning Council Primer and the Training Guide to identify sound practices and HRSA HAB requirements or preferences.

Sometimes the Recipient may need to consult with a senior Health Department or other local agency official about municipal procedures, particularly about questions like the best way to include Planning Council in the hiring of the Planning Council Support Manager – for example, whether a Planning Council member may sit on the interview panel.



6

Obtain needed reviews and approvals. Both entities may want to review the draft at the same time or one entity may do it first in case changes are required. Recipient approval processes vary and are sometimes more complicated than Planning Council review. Recipient review and approval may be needed by the director of the HIV unit, the Director of the Department of Health, or the Chief Elected Official (CEO). Sometimes the city or county attorney will want to review the draft, though this is not a legally binding document. Often the Planning Council uses the same approval process for the MOU as for recommendations from a committee: presentation to the Executive Committee, which may accept it or ask for revisions, and then to the full Planning Council.



7

Obtain signatures once the MOU is approved. Be sure both the Recipient and Planning Council have signed copies of the MOU in their files.



8

Assign responsibility for monitoring implementation. Someone at each entity needs to be sure that needed communications occur, procedures are followed, and promised materials are shared as agreed. For the Planning Council, this might be the Chair of the committee responsible for bylaws and policies or a member of the Executive Committee. For the Recipient, it is often the Part A Manager.



9

Be sure both the Planning Council and Recipient understand the MOU and its use. New Planning Council members and new Recipient staff should receive copies of the MOU and information on its importance and use.



10

At the end of each program year, review how the MOU has been used. If some aspects of the MOU are not being followed, agree on appropriate action.



11

Review and update the content of the MOU at least every two years – or whenever internal or external changes make this necessary. An MOU may need updating when the legislation is reauthorized or HRSA HAB makes significant changes in RWHAP Part A requirements. Changes may also be needed if Planning Council Support staffing or oversight arrangements change, or other structural changes occur within the unit responsible for Part A.

References

1 Ryan White HIV/AIDS Program Part A Manual, Revised 2013. See Section X, Chapter 3. Planning Council Responsibilities, p 104.

This resource was prepared by JSI Research & Training Institute, Inc. and EGM Consulting, LLC, and supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number U69HA30795: Ryan White HIV/AIDS Program Planning Council and Transitional Grant Area Planning Body Technical Assistance Cooperative Agreement. This information or content and conclusions are those of the author(s) and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.

