



Building Strong Planning Councils/Planning Bodies Parts I & II Questions and Answers

FEBRUARY 21ST AND 28TH, 2018

ROLES

What is a “recipient”?

The CEO is legally the recipient of the grant, but usually chooses a lead agency such as a department of health or other entity to manage the grant. That entity is also called the Ryan White HIV/AIDS Program (RWHAP) Part A recipient. The RWHAP Part A recipient manages the grant by making sure RWHAP funds are used correctly. The RWHAP Part A recipient works with the Part A planning council/Planning Body (PC/PB), which is responsible for making decisions about service priorities and use of Part A funds. The RWHAP Part A recipient was previously referred to as the “grantee”.

Does the RWHAP Part A recipient supervise the planning council Support Staff (PCS)?

There are several models for supervision of PCS staff. They can be hired through the government system or through a contractor but, as the *Part A* Manual indicates, measures must be taken to ensure that the planning council, not the recipient, directs their work. The planning council is responsible for evaluating the efficiency of the administrative mechanism of the recipient, and this makes it important to maintain distance between the recipient and planning council support. Models for planning council support staffing and their benefits and challenges can be found in the [Compendium](#).

RESPONSIBILITIES

Do PC/PBs have a say in the writing of an RFP to procure services, to ensure concurrence with service directives?

No. Procurement is the responsibility of the RWHAP Part A recipient. In some instances, PCS staff may be asked to look over the RFP to see if it aligns with the recommendations/directives of the planning council.

Should the RWHAP Part A recipient hold voting rights on all committees of the PC/PB?

No, that would be a conflict of interest.

Is the response to the HRSA Notice of Funding Opportunity (NOFO) the responsibility of the PC/PB, the RWHAP recipient, or both? What is contribution of the PC/PB to the response process?

The RWHAP Part A recipient has primary responsibility for responding to the HRSA NOFO, but cannot submit an application without the support of PC/PB leadership, committees, and the broader PC/PB. NOFOs traditionally cover a wide range of areas related to the epidemic and need in the jurisdiction. The RWHAP Part A recipient should ask the PC/PB about Priority Setting and Resource Allocations (PSRA), how the council went through that process to arrive at stated

priorities, and how they will implement in order to respond to the NOFO. In addition, the application must include a letter of concurrence from the PC or a letter of assurance from the PB, signed by its leadership, addressing several topics including how the current year's Part A funds are being expended according to the priorities established by the PC/PB.

What should the PC/PB do if during their assessment of the administrative mechanism, they find that the RWHAP Part A recipient's contracting processes have not occurred in a timely manner? How should the PC/PB address the situation while still maintaining friendly relations with the RWHAP Part A recipient?"

We hope that there is a positive relationship between the RWHAP Part A recipient and the planning council. The assessment of the efficiency of the administrative mechanism is a legislative responsibility for the planning council. To avoid misunderstandings, there should be communication between the PC/PB and recipient before the assessment begins, and agreement on the process and scope, including responsibilities for data gathering and data sharing, deliverables, and timeline. The report should present findings objectively and include recommendations for resolving the problems, and the recipient is expected to respond in writing to those recommendations. Having a clear process will help avoid problems that cannot be resolved. If they do occur, it would be best if the PC/PB were to go to the RWHAP Part A recipient, discuss the matter, and work together to improve the process.

How can the PC/PB assess the administrative mechanism independently of the RWHAP Part A recipient?

The assessment is not meant to be done without data and other cooperation from the recipient, which usually provides aggregate time-framed data procurement, expenditure, and reimbursement processes. There are multiple means by which the administrative mechanism can be assessed from the perspective of subrecipients. For example, PC/PB staff can use an anonymous survey of subrecipients (in person or web-based) or the PC/PB can engage an outside consultant. PC/PB members should receive and review aggregate data.

Regarding the Evaluation of the Administrative Mechanism, is it necessary to obtain and include comments from sub-recipients?

Periodically, yes, it is appropriate to do so. But it should never be done in a way that PC/PB members will see the individual comments or data from a single subrecipient.

Can the RWHAP Part A recipient award subcontractors more funds than allocated?

The RWHAP Part A recipient should not exceed line item allocations for the service category without approval for reallocation by the PC/PB. It is best to have some flexibility built in for timely re-allocations. The PC/PB allocates funds only by service category, not to a particular agency. The PC/PB has no involvement in deciding which service providers receive funding. That is a part of Procurement, which is the responsibility of the recipient.

Should a PC/PB's needs assessments be in accordance with the RWHAP Part A recipient's goals, or should be totally independent?

There should be coordination between the two entities. Needs assessment is a shared responsibility and the PC/PB normally takes the lead. The needs assessment should be designed to determine service needs, barriers, and gaps, from the perspective of consumers, other PLWH, service providers, and the recipient. A PC/PB committee normally plans the needs assessment, often using a multi-year plan. The recipient should participate in this planning and share with the PC/PB

committee its perspectives on information needed for decision making, to be considered as decisions are made about the scope and focus of the needs assessment.

Who enforces the PC/PB's ground rules?

Ideally, PC/PB leadership, with the support of the PCS, enforces the ground rules. It is good practice for PC/PB members to be provided with a copy of the ground rules at the start of each meeting. Many PC/PBs project or post ground rules in their meeting rooms. It is also appropriate for PCS – or the Parliamentarian, if the PC/PB has one – to remind the PC/PB members of rules of order. PC/PB leadership should receive training for their roles, including how to enforce the ground rules.

What is the distinction between the Service Standard crafted by the Local planning council/planning body and those drafted by the State &/or HRSA?

There is no single set of national/HRSA service standards, because of the differences in state and local requirements and regulations. Medical care service standards must be consistent with U.S. Department of Health and Human Services care and treatment guidelines as well as other clinical and professional standards. For non-clinical services, service standards may be developed using evidence-based best practices, the Part A and B National Monitoring Standards, and guidelines developed by the state and local government. Access great guidance from HRSA about [service standards](#) (December 2014) on the TARGET Center. A [Policy Clarification Notice](#) is also available. These should be used together with [PCN 15-02](#) and the [FAQs for 15-02](#), which address Clinical Quality Management.

Is there a standard timeline for the planning council Committee work product deliverables?

There is no standard timeline, but HRSA sets certain deadlines that affect the PC/PB timeline. For example, the due date for the annual RWHAP Part A application helps determine when needs assessment findings need to be available and the priority setting and resource allocations process needs to be completed, since both must be included in the application. The Compendium [flow chart](#) can be helpful to your jurisdiction in establishing a timeline.

What is PSRA?

PSRA means Priority Setting and Resource Allocations, which is a legislative responsibility of the planning council that is carried out as part of the annual planning cycle. PSRA involves deciding which of the medical and support service categories that may be funded through RWHAP Part A are most important for people living with HIV in the service area and putting them in order of priority, deciding how much Part A program service funds should be provided to priority service categories, and providing guidance (“directives”) to the recipient on how best to meet the identified service needs. Some service categories will not receive allocations, either because other funding sources can pay for these services or because they are not high enough priority, given funding limitations.

Does Need Assessment need to be done every year?

Sound practice is for a PC/PB is to develop a multi-year plan for needs assessment, and to carry out at least one component of that plan each year. For example, the PC/PB might do a survey of people living with HIV every three years, and carry out other types of needs assessment the other two years, such as a study of people living with HIV who are out of care or development of a profile of provider capacity and capability. An epidemiological profile is prepared or updated every year.

Note: Needs Assessment and PSRA will be covered in detail in future Planning CHATT webinars.

MEMBERSHIP

What does “unaligned” consumer mean?

An unaligned consumer must be a person who receives RWHAP Part A services, and who does not have a conflict of interest, meaning they are not staff, paid consultants, or Board members of Part A-funded agencies. At least 33 percent of voting members must be consumers of Part A services who are “unaffiliated” or “unaligned.”

Who determines the membership of the PC/PB’s clinical quality management (CQM) committee?

CQM is the responsibility of the RWHAP Part A recipient. The PC/PB receives CQM data from the RWHAP Part A recipient. The recipient is expected to have a CQM committee, and it may choose to include some PC/PB members on the committee, but it is not required to do so. If the PC/PB chooses to have a committee working on CQM, membership of the committee should be open. Since CQM is the responsibility of the RWHAP Part A recipient, the PC/PB CQM committee will have no authority over the legislative requirements for CQM, and funds allocated for CQM cannot be used to pay for administrative tasks such as PC/PB planning.

Are the membership requirements for planning councils the same as those for planning bodies?

Since the end of FY 2013, Part A Transitional Grant Areas (TGAs) have a choice about establishing a planning council or using some other approach to obtain community input, especially from people living with HIV. HRSA wrote a letter in December 2013 strongly encouraging TGAs to retain their planning councils. HRSA has not issued separate guidance for planning bodies. But HRSA prefers that RWHAP Part A programs that have planning bodies rather than planning councils have their planning bodies look as much like planning councils as possible, with regard to both their membership and their roles and responsibilities.

How do membership requirements for RWHAP PC/PBs work in areas that have integrated RWHAP and Prevention PC/PBs?

The RWHAP legislative requirements with regard to membership should be followed, including the 33% unaligned consumers, since the PC/PB directives must still be fulfilled. Additional membership categories are often added to integrated bodies.

What are some effective recruitment strategies being utilized by PC/PBs who have met or exceeded the requirement that 33% of membership be unaligned consumers?

To the extent possible, have an open door policy to invite people living with HIV (PLWH) and their social networks and support to attend meetings. In addition to regular meetings, invite community members to attend other events that the PC/PB might sponsor or participate. Reach out to existing groups of consumers, have an active PLWH committee or caucus that is open to all, include non-PC/PB members on non-governance committees, and provide solid orientation and training to consumers who want to serve. Be sure consumers are welcomed and are viewed by all as full participants in all aspects of planning and decision making.

What is the most important role of a consumer member of PC/PB?

The most important role of a consumer member of a PC/PB is to be a voice. It is important to be present in the room, and to make a conscious decision to be engaged in the conversation and the PC/PB.

How can planning council staff help new members understand the scope of the planning council? How can we keep members from becoming frustrated when the issues they bring up are outside of the planning council's purview?

It is important for new PC/PB members to receive orientation immediately after appointment to the PC/PB. That orientation should focus on the roles and responsibilities of the PC/PB, the limits on those roles, and the functions that are the sole responsibility of the recipient. Training should always include discussion of the legislative and practical reasons for these roles and boundaries. The training should include interactive exercises that help new members test and apply this knowledge in realistic situations, through scenarios or role plays, and it should include opportunities to discuss areas of concern or uncertainty. This includes addressing issues like the code of conduct, conflict of interest, and why PC/PBs do not discuss individual subrecipients. Mentoring by veteran members can also be helpful. PC/PB members are also less likely to become frustrated about what they should not address if they are asked to participate in important tasks that can improve services to people living with HIV.

Does the 33% consumer membership apply to Consumer Advisory Boards (CABs)?

Consumer Advisory Boards, which are established by individual service providers, have no legislative requirements related to their membership composition and are not required under the RWHAP Part A program. That decision is made by the agency. However, CABs are made up largely or entirely of individuals who receive services from that agency.

STRATEGIES FOR SUCCESSFUL COLLABORATION

What does it mean to “separate the issue from the individual”?

It is important that dissenting views be voiced and respected. When a difference in opinion is expressed, it is important for PC/PB members to recognize that all are working for the collective benefit of people living with HIV, and differences of opinion on how to achieve goals are valid and valuable. In addition, sometimes PC/PB members or members of the public raise issues based on their own experience, but this does not make them invalid. It's important that the PC/PB and recipient hear from consumers when they voice these needs and be open to exploring solutions that might benefit the community, rather than dismissing the concerns.

What is meant by “confidentiality,” when all PC/PB meetings are public?

Even though the meeting is open, it is important that those present understand that PC/PB meetings do have rules of confidentiality to which those participating are expected to adhere. It can be helpful to remind participants of these rules at the beginning of each meeting. Not sharing private health information or the HIV status of individuals who have not publicly disclosed their status, is key. Though some PC/PBs require that all consumer members be publicly disclosed, HRSA only requires that two consumer members be publicly disclosed. Confidentiality is often addressed in a PC/PB's ground rules or code of conduct, and some PCs have confidentiality agreements that members sign.

Can sub-recipients (funded providers) be discussed during committee meetings?

In both PC/PB and committee meetings, HAB guidance is that information should be presented and discussed by service category, and that individual subrecipient names should not be used. The RWHAP Part A recipient has the responsibility of overseeing the individual subrecipients.

What are some examples of conflicts of interest or inappropriate behavior?

Some examples include undisclosed conflicts or voting by conflicted members when they should abstain. If a PC/PB member is an employee, consultant, or Board member of a Part A-funded agency, that member should not advocate or vote on matters related to that funding. If such events occur, appropriate action should be taken, in accordance with local policies. Policies need to be enforced across the board in accordance with bylaws.

How often should the memorandum of understanding (MOU) between the PC/PB and the RWHAP Part A recipient be updated?

It is a best practice to review annually and update if necessary. This helps to keep information such as personnel or chairpersons up to date. It also helps to keep all parties informed of and in agreement with the parameters of the MOU.