

Activity 2.2: Pre-Post Training Quiz Who Does What and Why?

TIPS FOR TRAINERS



Suggested Use

Use at the beginning, and again at the end of the training session on PC/PB and recipient roles and responsibilities, to help participants assess their own learning.



Time

30 minutes total:

- 10 minutes for taking quiz at the beginning of the session
- 20 minutes to retake and discuss the answers at the end of training



Materials

- Handout for Participants: Pre-Post Training Quiz
- Pens or pencils
- Handout for Participants: Pre-Post Training Quiz Answer Sheet



Knowledge or Skill Development

Participant awareness of their own knowledge and skills and what they need to learn in order to carry out their roles and responsibilities as PC/PB members, recipient staff, or PC/PB support staff.

Activity Steps

1. At the beginning of the session, ask participants to complete the quiz individually, circling questions they are unsure of. Remind them to read each question carefully. Ask participants to keep their completed quizzes.
2. At the end of the session, ask participants to take out the quiz, review their answers, and revise them as needed.
3. Ask participants how many responses they revised—just 1? 2 or 3? More?
4. Then ask different participants to provide their answers to one question each. If there are uncertainties, ask participants to explain their responses. Be sure participants leave the session confident that they know and understand the answers to all the quiz questions.
5. Provide copies of the answer sheet to all participants.



Activity 2.2: Pre-Post Training Quiz Who Does What and Why?

HANDOUT FOR PARTICIPANTS

Before the training: Please answer the questions below as a self-assessment of your knowledge about community planning and planning council/planning body roles and responsibilities. Please read each question carefully! When you are finished, circle the number of any question where you are not sure of the correct answer. You do not have to share your work with anyone else. Keep the quiz for use again at the end of the training.

After the training: Review your answers and revise any responses you feel were incorrect. Identify any questions where you remain unsure of the correct answer.

1. Which of the following is required to “establish priorities for the allocation of funds within the eligible area, including how best to meet each such priority...”?
 - a. The recipient
 - b. The planning council/planning body
 - c. The Chief Elected Official (CEO)
 - d. All three entities, working in partnership
2. The duties of RWHAP Part A planning councils are determined primarily through which one of the following documents:
 - a. RWHAP legislation
 - b. Policy Clarification Notices (PCNs) issued by HRSA/HAB
 - c. The Part A Manual
3. As of FY 2014, RWHAP Part A Transitional Grant Areas (TGAs) were no longer required to maintain planning councils, but HRSA/HAB has “strongly encouraged” TGAs with planning councils to “retain that current structure.” True or False?
 - a. True
 - b. False
4. Which of these planning tasks are joint responsibilities of the planning council and recipient? Check all that apply.
 - a. Needs assessment
 - b. Integrated/comprehensive planning
 - c. Priority setting and resource allocation
 - d. Procurement of services
 - e. Coordination of services
5. Each year, the planning council carries out an “assessment of the efficiency of the administrative mechanism in rapidly allocating funds to the areas of greatest need” within the EMA or TGA. This should include assessing how well the recipient carries out its responsibilities for procurement, monitoring, and program evaluation. True or False?
 - a. True
 - b. False
6. The legislation states that it is a conflict of interest for a planning council to designate, or otherwise be involved, in the selection of particular entities as recipients of Part A funding. True or false?
 - a. True
 - b. False

7. At least 33% of the voting members of Ryan White HIV/AIDS Program (RWHAP) Part A planning councils are required by the legislation to be people living with HIV (PLWH) who also: *Check all that apply.*
 - a. Are uninsured
 - b. Are current consumers of Part A services
 - c. Live in the Part A service area
 - d. Currently receive medical care through Part A-funded providers
 - e. Are not affiliated with a Part A-funded service provider as a director, employee, or consultant
8. Planning councils must allocate at least what percent of service dollars to core medical-related services, unless the program has received a waiver from this requirement?
 - a. 51%
 - b. 66%
 - c. 75%
9. The recipient oversees the planning council, but does not choose its members. True or False?
 - a. True
 - b. False
10. Which of the following statements is incorrect?
 - a. The Chief Elected Official (CEO) of the jurisdiction that receives the RWHAP Part A grant is responsible for appointing planning council members.
 - b. Planning council membership is expected to be representative of a number of legislatively required categories.
 - c. Though this does not apply to overall membership, consumer membership of the planning council must be reflective of the local HIV epidemic in characteristics such as race/ethnicity, age, and gender.
 - d. An employee of the Part A recipient may serve as a voting member of the planning council, but not as its sole Chair.
 - e. All planning council members appointed by the CEO must first go through the planning council's open nominations process.



Activity 2.2: Pre-Post Training Quiz

Who Does What and Why?

HANDOUT FOR PARTICIPANTS

Answer Sheet for Pre-Post Training Quiz

1. Which of the following is required to “establish priorities for the allocation of funds within the eligible area, including how best to meet each such priority...”?
 - a. The recipient
 - b. The planning council/planning body**
 - c. The Chief Elected Official (CEO)
 - d. All three entities, working in partnership

3. As of FY 2014, RWHAP Part A Transitional Grant Areas (TGAs) were no longer required to maintain planning councils, but HRSA/HAB has “strongly encouraged” TGAs with planning councils to “retain that current structure.” True or False?
 - a. True**
 - b. False

Option b, as stated in the legislation, §2602(b)(4)(C). This is not a shared responsibility.

2. The duties of RWHAP Part A planning councils are determined primarily through which one of the following documents:
 - a. RWHAP legislation**
 - b. Policy Clarification Notices (PCNs) issued by HRSA/HAB
 - c. The Part A Manual

Option a; planning council duties are stated in §2602(b)(4). The other documents help clarify these duties and provide guidance on how to implement them.

Section 2609(d)(1)(A-B) of the 2009 reauthorization allows the chief elected official (CEO) of a TGA not to establish and maintain a planning council if the CEO “provides documentation...that details the process used to obtain community input (particularly from those with HIV)...” However, a letter to RWHAP Part A recipients from the Director of the HAB Division of Metropolitan HIV/AIDS Programs (DMHAP) on December 4, 2013, “Transitional Grant Areas and Planning Councils Moving Forward,” indicated that “All TGAs that have operating PCs are strongly encouraged to maintain that current structure.” The letter has been referenced in RWHAP Part A Notices of Funding Opportunity since that time, including the FY 2018 NOFO (see page 13 and footnote #2 on page 40).

4. Which of these planning tasks are joint responsibilities of the planning council and recipient? Check all that apply.

- a. **Needs assessment**
- b. **Integrated/comprehensive planning**
- c. Priority setting and resource allocation
- d. Procurement of services
- e. **Coordination of services**

Options a, b, and e are shared responsibilities. Option c, priority setting and resource allocation, are carried out only by the planning council. Option d, procurement of services, is done only by the recipient, as specified in the legislation [Section 2602(b)(4) and (b)(5)(A)] and described in the Planning Council Primer.

5. Each year, the planning council carries out an “assessment of the efficiency of the administrative mechanism in rapidly allocating funds to the areas of greatest need” within the EMA or TGA. This should include assessing how well the recipient carries out its responsibilities for procurement, monitoring, and program evaluation. True or False?

- a. True
- b. **False**

How well the recipient does monitoring and program evaluation are not a part of the assessment of the efficiency of the administrative mechanism (AAM). As the Part A Manual indicates on page 103, the purpose of the AAM is very specific: “to assure that funds are being contracted for 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....”

6. The legislation states that it is a conflict of interest for a planning council to designate, or otherwise be involved, in the selection of particular entities as recipients of Part A funding. True or false?

- a. **True**
- b. False

This is stated in the legislation, in Section 2602(d)(5)(A), Conflicts of Interest.

7. At least 33% of the voting members of Ryan White HIV/AIDS Program (RWHAP) Part A planning councils are required by the legislation to be people living with HIV (PLWH) who also: *Check all that apply.*

- a. Are uninsured
- b. **Are current consumers of Part A services**
- c. **Live in the Part A service area**
- d. Currently receive medical care through Part A-funded providers
- e. **Are not affiliated with a Part A-funded service provider as a director, employee, or consultant**

As described in the legislation in §2602(b)(5)(C), Composition of Council, these members must be receiving RWHAP Part A services or be parents or caregivers for a minor child receiving such services, and are not officers, employees, or consultants of a Part A funded entity. To receive services, a PLWH must live in the service area. Options a and d do not apply. There are income requirements for RWHAP Part A service eligibility, but no requirement that an individual be uninsured, so being uninsured is not a requirement for consumer membership on the planning council. Some services provided under RWHAP Part A are not covered or not fully covered by insurance. Consumer members must receive one or more RWHAP Part A services, but there is no requirement that they receive their medical care through Part A.

8. Planning councils must allocate at least what percent of service dollars to core medical-related services, unless the program has received a waiver from this requirement?
- a. 51%
 - b. 66%
 - c. 75%**

This requirement is stated in Section 2651(c) of the 2009 legislation, Required Funding for Core Medical Services.

9. The recipient oversees the planning council, but does not choose its members. True or False?
- a. True
 - b. False**

The recipient neither oversees the planning council nor chooses its members. The planning council is expected to be an independent body that works closely with the recipient but not under its direction. Its members are selected by the chief elected official (CEO). However, a Part A planning body that is NOT a planning council may be overseen by the recipient, which may be permitted to choose its members, as determined by the CEO.

10. Which of the following statements is incorrect?
- a. The Chief Elected Official (CEO) of the jurisdiction that receives the RWHAP Part A grant is responsible for appointing planning council members.
 - b. Planning council membership is expected to be representative of a number of legislatively required categories.
 - c. Though this does not apply to overall membership, consumer membership of the planning council must be reflective of the local HIV epidemic in characteristics such as race/ethnicity, age, and gender.**
 - d. An employee of the Part A recipient may serve as a voting member of the planning council, but not as its sole Chair.
 - e. All planning council members appointed by the CEO must first go through the planning council's open nominations process.

Option c is incorrect, since BOTH the overall membership and the consumer membership of a planning council are expected to be reflective of the local epidemic.