MIAMI-DADE
HIV/AIDS PARTNERSHIP

New Member Orientation Manual

Revision August 2020

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1

Miami-Dade HIV/AIDS Partnership

The Partnership is the official Miami-Dade County Ryan White HIV/AIDS Planning Council.

Welcome and thank you for joining the Ryan White Planning Council. Whether you are a member of the Partnership, one of the committees or the subcommittees you are part of a group of dedicated people working to better the lives of hundreds of Ryan White clients in Miami-Dade County.

This manual will serve as your guide to all membership matters.

What is the Partnership?

The Partnership was created in 1998 to consolidate the work of four separate HIV/AIDS planning entities. It is composed of 39 voting members. Members are appointed by the Mayor. Terms are for three years. The maximum amount of time you can serve as a member is 6 years (2 full-terms).

The Partnership has committees and subcommittees which do the work of the planning body. There is a maximum of 24 members for this group. There are no assigned seats except for the Medical Care Subcommittee and the Prevention Committee. Committees can only have one representative per provider agency

Vision Statement: To eliminate disparities and improve health outcomes for all people living with or at risk for HIV/AIDS.

Membership

In order to qualify for membership you must 1) reside in Miami-Dade County and 2) be a registered voter. The exception to this rule is only for members of the affect community which are applying to the Partnership. These members do not have to meet the qualified elector requirement. All other applicants must meet the two qualifiers.

How do you join?

For the committees and subcommittee you complete an application. Turn in the application to planning council staff and attend the committee or subcommittee you have applied for so they can vote on your membership.

For the Partnership you complete an application but must present yourself to the Community Coalition Committee who will rank and score your application. The Community Coalition will then offer a recommendation to the Mayor. You will then have to attend a Partnership meeting to introduce yourself and the Partnership will vote to recommend you. Once voting is completed, your application will be forwarded to the Mayor's Office to undergo a background check. If the background check is clear, the Mayor will then appoint you as a member.

Who Does the Work?

Although the Partnership is the official planning board for the Ryan White Part A Program most of the work is conducted in committees or the subcommittee. There are six standing committees:

- Executive
- Care and Treatment
- Strategic Planning
- Housing Committee
- Prevention
- Community Coalition

And one subcommittee which reports to the Care and Treatment Committee:

- Medical Care Subcommittee.

Care & Treatment Committee

Conducts an annual needs assessment; sets service priorities for Ryan White Program (Part A/MAI) funds; plans for and allocates funds to provide services to people living with HIV/AIDS; improves planning and coordination of services; provides a forum for

public opinion; monitors and evaluates the effectiveness of the Ryan White Program in Miami-Dade County.

Community Coalition Committee

Collaborates and coordinates with other standing committees to ensure that decisions represent the needs of the affected communities of Miami-Dade County; recruits and recommends members for the Partnership; conducts community outreach activities; develops and implements education and outreach opportunities to educate the community about the Partnership and its activities.

Executive Committee

Comprised of officers from each standing committee and the full Partnership, acts on behalf of the Partnership in the event of any emergency that does not permit calling a special meeting of the Partnership, reviews grievances, acts as a steering committee, establishes rules of conduct and reviews and makes recommended changes to the Partnership Bylaws.

Housing Committee

Provides recommendations to the City of Miami regarding the local Housing Opportunities for People With AIDS (HOPWA) program; brings knowledge and expertise to the Partnership on special need and affordable housing; coordinates planning efforts to address housing and housing-related services for people living with HIV/AIDS.

Prevention Committee

Works in cooperation with the Miami-Dade Department of Health in determining data needs and community capacity for prevention; works in conjunction with the Strategic Planning Committee to review and oversee the Miami-Dade County Integrated Prevention and Care Plan for HIV/AIDS; coordinates with the Care and Treatment committee to ensure that the system of care is prepared to address the HIV/AIDS service needs of populations identified through prevention efforts.

Strategic Planning Committee

Works in conjunction with the Prevention Committee to review and oversee the Miami-Dade County Integrated Prevention and Care Plan for HIV/AIDS; develops periodic progress reports to the community and Partnership describing the local state of the epidemic; develops recommendations on legislative and regulatory issues regarding funding, policies and rule changes related to HIV/AIDS and Ryan White Program reauthorization.

Medical Care Subcommittee

A subcommittee of the Care & Treatment Committee: Reviews data and makes recommendations for the Ryan White Part A Prescription Drug Formulary; addresses issues of quality of care by providers; recommends treatment guidelines and standards of care for Partnership programs in Miami-Dade County.

Mission and Goals

The mission and goals of the Partnership are to:

1. Assess the community's needs with regard to HIV/AIDS prevention, housing, health, and support services. Establish methods for obtaining input on community needs and priorities which may include public meetings, conducting focus groups and convening ad hoc panels.

2. Develop a community-wide comprehensive plan for HIV/AIDS, consistent with that of the State of Florida and Miami-Dade County.

3. Establish service priorities for HIV/AIDS care and treatment.

4. Allocate funds to the areas of greatest need.

5. Serve in an advisory capacity to the Miami-Dade County Board of County Commissioners, the mayor of Miami-Dade County, and other governmental entities with respect to all issues affecting or relating to people living with or at risk of contracting HIV.

6. Participate in the development of the Statewide Coordinated Statement of Need initiated by the State of Florida's public health agency responsible for administering grants under the Ryan White Program.

7. Establish mechanisms for addressing grievances with respect to Part A funding.

8. Assess the efficiency of the administrative mechanism in rapidly allocating funds to the areas of greatest need with the County, and at the discretion of the Partnership, assess the effectiveness and quality either directly or through contractual arrangements of the services offered in meeting the identified needs.

9. Adhere to the National HIV/AIDS Strategy Vision.

10. Adhere to all applicable nondiscrimination laws and regulations.

The Partnership has additional responsibilities under each of the grant programs. And may perform any other duties conferred by the Code of Miami-Dade County and/or required by funding sources for Partnership programs.

Officers

The officers of the Partnership, committee and subcommittee are the chair and vice chair.

Partnership

- One officer is must be a member of the affected community
- Officers can't represent grantee organizations

Committee/Subcommittees

- One officer must be a Partnership member
- The other officer should be a member of the affected community.

Responsibilities

- Ensure discussions follow agenda
- Sign correspondence
- Control the floor
- Appoint members to committee (Partnership chair only with approval of Partnership)
- Represent at official functions with authorization of planning council

Member responsibilities

- Sign and abide by the Code of Conduct
- Read and abide by the Bylaws
- RSVP to meetings
- Read materials and be prepared at meetings
- Arrive on time and stay for the duration of the meeting
- Complete required paperwork and trainings

Reimbursement Policy

One of the benefits of being a member of the Miami-Dade HIV/AIDS Partnership is that you may be reimbursement for mileage to and from meeting. This is only available to unaligned (not employed by provider) member of the affect community. Additional details are available on the Partnership Expense form located in the Resources and Policy and Procedures sections of this manual.

Staff

The ordinance creating the Miami-Dade HIV/AIDS Partnership provides for administrative staff support. The Miami-Dade County Office of Management and Budget-Grants Coordination (OMB-GC) has a contract with the research firm of Behavioral Science Research (BSR) for Partnership staff support.

Contracted Services

- Provision of staff support services for the Ryan White Program planning council (The Miami-Dade HIV/AIDS Partnership) BSR staff works with the Chair of the Partnership and committees to develop meeting agendas and coordinate meeting logistics including public notice of all meetings and preparation and distribution of minutes in accordance with Florida's Government-in-the-Sunshine-Law.
- Outreach, public relations, recruitment and training BSR is implementing an outreach and public relations campaign to increase community awareness of the Ryan White Program planning process with the primary aim of recruiting prospective members, especially minorities and people with HIV/AIDS. BSR develops and presents training workshops for Partnership members on a variety of issues.
- Research, data collection, reporting and document production BSR conducts research and analysis, reports findings and makes recommendations in response to Partnership directives. BSR is also responsible for updating the County's Integrated Plan for HIV/AIDS Prevention and Care, preparing a Needs Assessment, conducting a client satisfaction survey, preparing sections of the County's annual competitive grant application, and developing other ad hoc reports and analysis. BSR provides technical assistance to the planning body, its committees, and the County.

Staff Support Activities

- Maintain and keep the records of the Partnership.
- Prepare, in cooperation with the chair, meeting agendas.
- Prepare minutes, reports, documents, resolutions and correspondence as directed by the Partnership.
- In accord with the original agreement creating the Partnership, and with the City of Miami, staff also provides professional support for the Housing Committee.
- Generally administer the Partnership's business.

Additional and Related Tasks

- Prepare technical and other support materials for Partnership and committee use in deliberations.
- Follow issues and events, and use them to develop issues and options for consideration by the Partnership.
- Keep the Partnership informed of all pertinent events and activities, and alert the Partnership to existing or potential issues and problems.
- Prepare the monthly calendar of Partnership/Ryan White Program meetings and trainings to facilitate scheduling.

- Prepare and submit written reports to the Partnership.
- Maintain the Partnership website: www.aidsnet.org.
- Assist with community events to recruit new members and increase awareness of the Partnership and the Ryan White Program.
- Prepare for annual needs assessment, including research and data collection.
- Assist with annual grant writing.
- Prepare a five-year Integrated HIV/AIDS Prevention and Care Plan for Miami-Dade County.
- Serve as institutional memory to the Partnership, reminding it of past actions taken. This is particularly important when a decision is about to be made which will overturn or be inconsistent with a previous one.

Partnership Staff Support

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Chapter

2

Partnership Rules

This section is comprised of three items: Bylaws, Conflict of Interest and Florida Government in the Sunshine.

BYlaws are the governing document of the planning council. Read them and familiarize yourself with the workings of the document. The bylaws contain the code of conduct which all members will need to sign as well a copy of the grievance procedure. As members of the planning council you will be required to complete an annual source of income form.

Rules to remember

The planning council follows Robert's Rules of Order.

Five missed meetings during the fiscal year (October 1-September 30) constitute grounds for removal.

If you do not attend 75% of your scheduled meeting, this will count as an absence.

Terms are for 6 years (two sets of three years). After your term finishes you must wait two years before reapplying.

Members are required to complete Ethics Training and New Member Orientation.

Members must complete an annual Source of Income Form and upon leaving complete a Final Source of Income Form

Conflict of Interest

All members must vote on items, there are no abstentions unless there is a conflict of interest. Members who work for a service provider may vote on funding recommendations affecting a service category in which they are a provider as long as the member is not the sole provider in the category and the funding recommendations does not designate amounts or percentages among the various providers in a particular service

category. In the event a member has a conflict, the member shall abstain from the vote. The member will need to announce their conflict, complete form 8B and leave the room. Once the vote is taken they will be allowed to enter the room.

Florida Government in Sunshine

All meetings are governed by Florida Government in the Sunshine. The law applies to any gatherings of two or more members discussing some matter which may foreseeably come before the governing board for action. It requires:

Meetings be open to the public;

Reasonable notice of meetings must be given. Notices are usually sent out at least 13 days before a meeting will be held; and

Minutes must be taken.

Full Manual is available at:

http://myfloridalegal.com/webfiles.nsf/WF/MNOS-B9QQ79/$file/SunshineManual.pdf

Chapter

3

Partnership Bylaws

MIAMI-DADE HIV/AIDS PARTNERSHIP

BYLAWS

Effective July 20, 2020

The Miami-Dade HIV/AIDS Partnership, having been duly established by the Board of County Commissioners of Miami-Dade County, Florida by Ordinance No. 98-127 codified in Chapter 2, Article LXXX of the Code, hereby adopts these Bylaws for the purpose of establishing the basic rules by which it shall conduct its business and discharge its obligations

BEHAVIORAL SCIENCE RESEARCH

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MIAMI-DADE COUNTY

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MIAMI-DADE COUNTY HIV/AIDS PARTNERSHIP BYLAWS

ARTICLE 1. Description of the Miami-Dade HIV/AIDS Partnership

SECTION 1.1. Name, Area of Service, Legal Location, Fiscal Year

A. Name: The name of the organization shall be the Miami-Dade HIV/AIDS Partnership (Partnership).

B. Area of Service: The area served by the Partnership shall be Miami-Dade County, Florida. The legislative and governing body of Miami-Dade County (County) is the Board of County Commissioners which, under the Miami-Dade County Home Rule Charter, has the power to provide health programs for all of Miami-Dade County including all municipalities located within Miami-Dade County.

C. Legal Location: The legal location for the Partnership shall be c/o Miami-Dade County, Office of Management and Budget, 111 N.W. 1st Street, 22nd Floor, Miami, Florida 33128.

D. Fiscal Year: The fiscal year of the Partnership shall begin on March 1 of the current year and end on the last day of February of the year following.

SECTION 1.2. Purpose and Duties

A. The purpose of the Miami-Dade HIV/AIDS Partnership is to enable the County and other governmental entities to apply for, receive, plan for, assess, and allocate financial assistance under Title XXVI of the Public Health Service Act as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009 (hereinafter called the "Ryan White Program"), Healthy Communities 2010 Objectives, AIDS Housing Opportunity Act, and the Housing and Community Development Act of 1992, State of Florida General Revenue care and treatment allocations, and other HIV/AIDS related funding as it becomes available; and to advise the Miami-Dade County Board of County Commissioners, the Mayor and other governmental entities on HIV/AIDS related issues.

B. The duties of the Partnership shall include, but not be limited to:

1. Establishing methods for obtaining input on community needs and priorities, which may include public meetings, conducting focus groups, and convening workgroups.

2. Developing and implementing a community-wide comprehensive plan for the organization and delivery of HIV-related health and supportive services that is compatible with State of Florida and county plans regarding the provision of health and supportive services to people with HIV.

3. Establishing service priorities for the allocation of Ryan White Part A and Minority AIDS Initiative (MAI) funds within the County as provided by the Ryan White Program of 1990, Public Law 101-381, as such Act may be amended from time to time or superseded by a new law, including how best to meet each such priority and individual factor that the County should consider in allocating funds under Part A of the Ryan White Program. Service priorities and recommendations for funding allocations shall be based on the:

   a. Documented needs of the population affected by HIV/AIDS within Miami-Dade County;

b. Priorities of the communities affected by HIV/AIDS for whom the services are intended;

c. Cost and outcome effectiveness of proposed strategies and interventions, to the extent that such data are available; and

d. Availability of other governmental and non-governmental resources.

4. Making recommendations for other HIV/AIDS programs.

5. Serving in an advisory capacity to the Board of County Commissioners, City of Miami, Florida Department of Health-Office of HIV/AIDS (at the state and local levels), the respective County and City mayors, the U.S. Health Resources and Services Administration (HRSA) and other public and governmental entities with respect to all issues affecting or relating to persons at risk of contracting or living with HIV/AIDS.

6. Participating in the development of the Statewide Coordinated Statement of Need initiated by the State of Florida's public health agency responsible for administering grants under the Ryan White Program.

7. Establishing mechanisms for addressing grievances with respect to Part A funding and any other matter deemed appropriate by the Partnership, including but not limited to procedures for submitting grievances for Part A allocations that cannot be resolved by binding arbitration as required by the Ryan White Program. Grievance procedures developed by the Partnership shall be submitted for review and approval to the appropriate federal agency. These grievance procedures are set forth in Addendum A to these Bylaws and are hereby incorporated by reference. These procedures shall become the sole dispute resolution mechanism and shall take precedence over all other County dispute resolution mechanisms including, but not limited to, the County bid protest procedures.

8. Assessing the efficiency of the administrative mechanism in rapidly allocating funds to the areas of greatest need within the County and, at the discretion of the Partnership, assessing the effectiveness, either directly or through contractual arrangements, of the services offered in meeting the identified needs.

9. Adhering to the national initiatives for care and treatment and prevention of HIV/AIDS.

10. Adhering to all applicable nondiscrimination laws and regulations. Consistent with the policies of the Miami-Dade Board of County Commission, as set forth in Chapter 11-A of the Code, the Partnership shall not discriminate against any person on the basis of race, color, religion, ancestry, national origin, sex, pregnancy, age, disability, marital status, familial status, sexual orientation, gender identity or gender expression, status as a victim of domestic violence, dating violence or stalking, or source of income. The Partnership shall also adhere to all other federal, state and local civil rights laws and regulations.

11. Performing any other duties conferred to the Partnership by the Code and/or required by funding sources for Partnership programs.

ARTICLE 2. Legal Compliance

SECTION 2.1. Code of Ethics

A. All members of the Partnership, standing committees, subcommittees, and workgroups (collectively referred to as "members") shall comply with all applicable federal, state and County Code of Ethics governing financial interest, ownership or other business disclosure and conflict of interest rules, including those which pertain specifically to the Ryan White Program and except those which are specifically excluded by the Ordinance creating the Miami-Dade HIV/AIDS Partnership or opinions rendered by the Miami-Dade Commission of Ethics and Public Trust.

SECTION 2.2. Conflict of Interest

A. Members shall abide by the state, county, and federal laws, Florida Statutes and the Code regarding conflicts of interest, except that Section 2-11.1 (c) and (d) of the Conflict of Interest and Code of Ethics Ordinance of the County are waived for members transactions arising from the exercise of those powers given the members by the Ryan White Program. Notwithstanding this, members are governed by all other sections of the Conflict of Interest and Code of Ethics ordinance.

B. Members may vote on funding recommendations that affect a specific category of service that includes themselves or their organization, but under federal law, they may not vote on any funding recommendation that will specifically and directly benefit their organization if they are the sole provider of that service, and the funding recommendation does not designate amounts or percentages among the various providers in a particular service category..

C. Pursuant to Miami-Dade Commission on Ethics and Public Trust Opinion Nos. 02-43 and 05-50, all members in specific service categories are prohibited from voting for funds in their specific service category if they are the sole subrecipient in that category.

D. Members with a conflict of interest must recuse themselves from discussion and voting on any subject matter pertaining to the allocation of funds for a service category where the member has a conflict of interest.

SECTION 2.3. Government in the Sunshine

A. Meetings: All meetings must be held in accordance with Florida's Government in the Sunshine Law, chapter 286, Florida Statutes, which prohibit discussion outside a properly noticed meeting between two or more members of the same board regarding any matter of business that may possibly come before the body for action (see 2.3.B, Members, below).

B. Members: All members of the Partnership and its standing committees, subcommittees, or workgroups must comply with Florida's Government in the Sunshine Law. This prohibition extends to all methods of communications between the parties, including but not limited to written communications, or communicatons via telephone, social media, texting or emailing. If a member is in doubt of the legal responsibilities under the Florida Sunshine law, s/he should consult directly with the County Attorney's Office.

SECTION 2.4. Grievances

A. The Partnership is required by the Ryan White Program to establish grievance procedures for addressing grievances with respect to funding. These grievance procedures are set forth in Addendum A to these Bylaws and are hereby incorporated by reference.

ARTICLE 3. Miami-Dade HIV/AIDS Partnership Composition

SECTION 3.1. The Partnership

A. Composition

1. The Partnership shall be composed of thirty-nine (39) voting members appointed by the Mayor;
2. Thirty-three percent (33%) of members must be HIV positive;
3. No organization shall have more than one representative or employee as a member, except as mandated by the legal requirements of Partnership programs; and
4. No more than fifteen (15) individuals shall be appointed who personally provide, who represent entities that provide, or who otherwise possess a financial relationship with entities that provide HIV related services funded by Partnership programs.
5. Pursuant to Section 2-1101(g) of the Code, the Partnership shall reflect in its composition the demographics of the epidemic in Miami-Dade County, with particular consideration given to disproportionately affected and historically underserved groups, subpopulations, and geographic areas in Miami-Dade County.

   a. Composition of the Partnership, including committee and subcommittee membership, shall strive to assure the following:

   (i) Parity, with each member having equal opportunity for input and participation as well as equal voice in voting and other decision making activities;

   (ii) Inclusiveness, that all affected communities are represented and involved in a meaningful manner in the community planning process;

   (iii) Representation, that members who represent a specific community truly reflect that community's values, norms and behaviors.

   b. The requirements set forth in subsection a, above, shall not apply to workgroups established by the Partnership.

B. Members

The Partnership shall include thirty-nine (39) members:

1. Fifteen (15) member representatives of affected communities, including thirteen (13) persons living with HIV/AIDS, who are not affiliated or employed by a Part A funded subrecipient and are recipients of Part A services, and historically underserved groups and

subpopulations that reflect the demographics of the population within the eligible metropolitan area;

2. One (1) health care organization representing a Federally Qualified Health Center;
3. One (1) Community Based AIDS Service Organization representative;
4. Two (2) housing, homeless or social service organizations;
5. One (1) mental health organization;
6. One (1) substance abuse organization;
7. One (1) HIV prevention service organization;
8. One (1) representative of a hospital or health care planning agency;
9. One (1) Ryan White Program Part A local Recipient representative;
10. One (1) state government Ryan White Program Part B grantee representative;
11. One (1) representative from agencies receiving grants under Ryan White Part C;
12. One (1) representative from agencies receiving grants under Ryan White Part D, or from organizations with a history of providing services to children, youth, and families, if funded locally;
13. One (1) State of Florida General Revenue grantee representative;
14. Four (4) grantee representatives of other federal HIV programs including, but not limited to, Centers for Disease Control and Prevention (CDC), HOPWA, Ryan White Part F, and Substance Abuse and Mental Health Services Administration (SAMHSA), if funded locally;
15. One (1) state government/Medicaid Agency representative;
16. One (1) local public health agency representative from the Florida Department of Health in Miami-Dade County;
17. One (1) Miami-Dade County Public Schools representative;
18. One (1) non-elected community leader who does not provide HIV related health care services subject to funding under the Partnership programs;
19. One (1) former inmate of a local, state, or federal prison released from the custody of the penal system during the preceding three (3) years and had HIV disease as of the date of release, or a representative of HIV positive incarcerated persons;
20. One (1) representative of a federally recognized Indian tribe as represented in the population from the affected community; and
21. One (1) representative co-infected with hepatitis B or C from the affected community.

C. Alternates

1. The Partnership shall include as alternates three (3) representatives of the affected community who are not affiliated or employed by a Part A funded subrecipient, and are recipients of Part A services.

2. Alternate members shall be appointed by the Mayor.
3. Alternate members may be assigned as voting members of committees, but are non-voting members of the full Partnership except when a voting member is unable to serve, at which time an alternate member designated by the Chair shall serve as voting member for the full Partnership and the Partnership's committees.

D. Ex-officio Representatives

1. The Partnership shall include two (2) ex-officio representatives:
   a. One (1) ex-officio representative from the Office of the Miami-Dade County Mayor; and
   b. One (1) ex-officio representative from the Board of County Commissioners.

SECTION 3.2. Standing Committees

A. Composition

1. The Partnership shall have standing committees.
2. The purpose of standing committees is to serve in an advisory capacity to the members of the Partnership.
3. Standing committees do not have the authority to bind the Partnership or the County. Accordingly, standing committees may only make recommendations and suggest motions that the Partnership and other standing committees, where applicable, may consider.

B. Membership

1. Each standing committee shall have a maximum of 24 members.
2. Pursuant to Section 2-1103 of the Code, the size and membership composition of the standing committees shall be vested solely in the Partnership, and members may be appointed who are not Partnership members.
3. Pursuant to Section 2-1103 of the Code, each standing committee shall strive to maintain no less than one-third (1/3) membership by representatives of the affected community.
4. Persons who are appointed to serve as members of standing committees must also meet the minimum requirements of Section 2-11.36 et seq. of the Code which sets forth the standards for County boards, including being a resident of Miami-Dade County and a qualified elector.
5. Quorum for each standing committee shall consist of one-third (1/3) plus one (1) of the current voting members.

C. Standing Committees

1. Executive Committee

The Executive Committee shall:

a. Be comprised of the Chair and Vice-Chair of the Partnership and the Chair and Vice-Chair of each standing committee;

b. Meet monthly, but may choose to cancel a scheduled meeting if there is no business to transact;

c. Act on behalf of the Partnership in the event of any emergency that does not permit holding a regular meeting or calling a special meeting of the Partnership;

d. Establish rules of conduct for all Partnership and committee meetings;

e. Act as a steering committee, delegating Partnership and standing committee responsibilities in order to ensure coordination and prevent duplication of activities;

f. Evaluate the work of the contracted Staff Support subrecipient with all standing committees, subcommittees, and work groups, reviewing the Staff Support subrecipient's budget in light of contractual obligations, federal mandates, and emergent Partnership needs;

g. Review proposed changes to Partnership Bylaws and make recommendations to the Partnership, as needed; and

h. Review grievances that arise from the Partnership or the community regarding whether the Partnership follows its policies and procedures. Such complaints shall be thoroughly reviewed and presented to the full Partnership for its consideration.

2. Care and Treatment Committee

The Care and Treatment Committee shall:

a. Meet monthly, including multiple dates during the Annual Needs Assessment, but may choose to cancel a scheduled meeting if there is no business to transact;

b. Develop and implement all care and treatment planning;

c. Conduct an annual comprehensive needs assessment;

d. Establish or revise Ryan White Part A service priorities and complete the priority setting and resource allocation processes for each fiscal year;

e. Make recommendations to the Partnership on service priorities and use of other funds to target the areas of greatest need; and

f. Make recommendations to appoint two (2) nominees to the Florida Comprehensive Planning Network's (FCPN) Patient Care Planning Group (PCPG). At least one (1) member selected for the planning group shall be a Partnership member.

3. Community Coalition Committee

The Community Coalition Committee shall:

a. Meet monthly, but may choose to cancel a scheduled meeting if there is no business to transact;

b. Recruit potential Partnership and committee members from the community and encourage others from the affected HIV/AIDS communities to become more involved in Partnership activities;

c. Publicize an open nominations process, review applications, and nominate candidates for Partnership membership;

d. Develop and implement education and recruitment programs for the community to learn more about the Partnership and its activities;

e. Develop and implement programs for training of Partnership and community members; and

f. Complete community outreach initiatives and report input and action items to the Partnership from community based organizations and other groups.

4. Housing Committee

The Housing Committee shall:

a. Meet monthly, but may choose to cancel a scheduled meeting if there is no business to transact;

b. Determine priorities and make funding and policy recommendations to the HOPWA grantee for the use of HOPWA funds;

c. Bring knowledge and expertise on financing, developing, and managing special need and affordable housing;

d. Coordinate planning efforts to address housing and housing-related services and identify opportunities to expand available housing for people with HIV in Miami-Dade County; and

e. Engage key policymakers and stakeholders from both the public and private sectors in identifying additional resources and solutions to housing and housing-related service needs of people with HIV.

5. Prevention Committee

The Prevention Committee shall:

a. Meet monthly as a standing committee, or with the Strategic Planning Committee to review and oversee the *Miami-Dade County Integrated Prevention and Care Plan for HIV/AIDS*, but may choose to cancel a scheduled meeting if there is no business to transact;

b. Review all pertinent data required to prioritize HIV prevention needs and collaborate with the FDOH-MDC, Office of HIV/AIDS on how to best obtain additional data and information;

c. Assess existing community resources to determine the community's capability to respond to the HIV/AIDS epidemic;

d. Identify unmet HIV/AIDS prevention needs within defined populations;

e. Prioritize HIV/AIDS prevention needs by target population and geographic areas, and propose high-priority strategies and interventions; and

f. Make recommendations to appoint two (2) nominees to the Florida Comprehensive Planning Network's Prevention Planning Group. At least one (1) nominee shall be a

Partnership member. Applicants must meet the requirements for nominees in accordance with the Centers for Disease Control and Prevention guidelines.

6. Strategic Planning Committee

The Strategic Planning Committee shall:

a. Meet monthly as a standing committee, or with the Prevention Committee to review and oversee the *Miami-Dade County Integrated Prevention and Care Plan for HIV/AIDS*, but may choose to cancel a scheduled meeting if there is no business to transact;

b. Develop an annual report for the community, including the Miami-Dade County Board of County Commissioners, describing the Partnership's activities and the state of the epidemic in Miami-Dade County;

c. Assess the efficiency of the administrative mechanism for rapidly allocating funds to the areas of greatest need within the County; and

d. Make recommendations to the Partnership regarding legislative and regulatory funding issues, and policy and rule changes related to HIV/AIDS and the Ryan White Program.

SECTION 3.3. Subcommittees

A. Composition

1. The Partnership may have one or more subcommittees.
2. Subcommittees are appointed as needed by the Partnership to assist a standing committee and the Partnership with a specific issue or need.
3. The purpose of subcommittees to serve in an advisory capacity to the members of the Partnership.
4. Subcommittees do not have the authority to bind the Partnership or the County. Accordingly, subcommittees may only make recommendations and suggest motions that the Partnership and standing committees, where applicable, may consider.
5. Subcommittees are expected to meet on a monthly basis and shall operate indefinitely or until such time as the Partnership determines they are no longer integral to the committee's functioning.

B. Membership

1. Each subcommittee shall have a maximum of 24 members.
2. Pursuant to Section 2-1103 of the Code, the size and membership composition of subcommittees shall be vested solely in the Partnership, and members may be appointed who are not Partnership members.
3. Pursuant to Section 2-1103 of the Code, each subcommittee shall strive to maintain no less than one-third (1/3) membership by representatives of the affected community.
4. Persons who are appointed to serve as members of subcommittees must also meet the minimum requirements of Section 2-11.36 et seq. of the Code which sets forth the

standards for County boards, including being a resident of Miami-Dade County and a qualified elector.

5. Quorum for each subcommittee shall consist of one-third (1/3) plus one (1) of the current voting members.

C. Subcommittees

1. Medical Care Subcommittee

   The Medical Care Subcommittee shall:

   a. Meet monthly from January through November, but may choose to cancel a scheduled meeting if there is no business to transact;

   b. Make recommendations to the Care and Treatment committee regarding medical policies and procedures, quality management and improvement, Ryan White Program treatment guidelines and standards, and outcome measures, performance measures, and standards of care related to the delivery of Outpatient Medical Care, Prescription Drugs and other core medical services; and

   c. Coordinate with State AIDS Drug Assistance Program (ADAP) and General Revenue to review formularies, expenditures, and utilization data patterns to make recommendations regarding the local Ryan White Part A Program Prescription Drug Formulary.

SECTION 3.4. Workgroups

A. Composition

1. The Partnership may have one or more workgroups.
2. Workgroups are appointed as needed by the Partnership to assist a standing committee and the Partnership with a specific issue or need.
3. The purpose of workgroups is to serve in an advisory capacity to the members of the Partnership.
4. Workgroups do not have the authority to bind the Partnership or the County. Accordingly, workgroups may only make recommendations and suggest motions that the Partnership and standing committees, where applicable, may consider.
5. Workgroups are expected to meet on a monthly basis and have a one-year term of existence or such other term as determined by the Partnership. Workgroups may request extensions of their term from the Partnership.

B. Membership

1. Each workgroup shall have a maximum of 24 members.
2. Pursuant to Section 2-1103 of the Code ("Code"), the size and membership composition of each workgroup shall be vested solely in the Partnership, and members may be appointed who are not Partnership members.

3. Under Section 2-1103 of the Code, workgroups are exempt from the requirement to strive to maintain no less than one-third (1/3) membership by representatives of the affected community.
4. Persons who are appointed to serve as members of workgroups must also meet the minimum requirements of Section 2-11.36 et seq. of the Code which sets forth the standards for County boards, including being a resident of Miami-Dade County and a qualified elector.
5. Quorum for each workgroup shall consist of one-third (1/3) plus one (1) of the current voting members.

SECTION 3.5. Dissolution

Upon a motion by the Partnership or upon a recommendation from a standing committee, subcommittee, or workgroup, the Partnership may consider the dissolution of such standing committee, subcommittee, or workgroup, upon completion of their assigned business or in the event their purpose for its existence no longer exists. A vote for dissolution must be carried by a two-thirds (2/3) majority at both the committee level and by the Partnership present at a properly constituted meeting.

ARTICLE 4. Membership

SECTION 4.1. The Partnership

A. Applications, Nominations, and Requirements

1. The Partnership shall maintain at all times a fair and open nominations process for the Partnership, standing committees, subcommittees, and workgroups.
2. Membership Requirements
    a. Pursuant to Section 2-11.36 et seq. of the Code, which sets forth the standards for County boards, all members of the Partnership shall:
        i. Be permanent residents of Miami-Dade County;
        ii. Be electors of Miami-Dade County, unless the Board of County Commissioners, by a two-thirds vote of its membership, waives this requirement; and
        iii. Have reputations for integrity and community service.
    b. Exemption: Notwithstanding the previous sentence, members who are appointed by the Mayor to fill one of the thirteen (13) representatives of the affected community seats and the seat of former inmate of a local, state, or federal prison shall be exempt from the qualified elector requirement as prescribed by Sections 2-11.38 and 2-1102(a) of the Code.
3. Nomination Process
    a. The Community Coalition Committee shall recruit, review and recommend nominees for initial appointment as general members on the Partnership. This committee shall

forward names of nominees to the Partnership for review and recommendation for appointment by the Mayor.

b. Support staff for the Partnership shall provide an analysis of current Partnership demographics for consideration in the review process; parity, inclusiveness, and representation (PIR) shall be taken into account.

4. Appointment Process

   a. The Partnership will forward recommended nominees to the Mayor.

   b. All Partnership members are appointed by the Mayor.

   c. The Mayor shall identify at the time of appointment to the Partnership which designated seat listed in Article 3 each member shall represent. The Mayor shall appoint at least one (1) member from each category.

   d. In the case of public agency representatives, the appropriate authority shall make the nomination subject to the review process and subsequent appointment by the Mayor.

5. Partnership Alternates

   a. Nominations for alternates shall follow the same process for initial appointment as that followed for general members.

B. Term of Office (Partnership)

1. Partnership Term Limits

   a. The term of office for all Partnership members shall be in accordance with Sections 2-11.38.2 and 2-1102(h) of the Code.

   b. Members shall be appointed to terms not to exceed three (3) years from the date of the Mayor's appointment of said member.

2. Partnership Second Term

   a. No Partnership member shall be permitted to serve more than two (2) consecutive and complete terms of three (3) years except as required by law.

   b. In the event a Partnership member seeks a second term of office, reappointment as a member of the Partnership shall comply with Section 4.1 of this article.

3. Exemptions

   a. Notwithstanding the above, for the purpose of continuity, a Partnership member's term may be extended beyond two terms specified in Section B.1, above, until the Mayor has appointed a replacement. Such persons may continue as members of the Partnership or of the committees, subcommittees or workgroups to which they had been appointed, and may serve as members of other committees or subcommittees at the discretion of the Partnership.

   b. Members serving an extended term may not stand for election for another term of office, nor may they stand for election as an officer of any committee, subcommittee or workgroup of which they are a member.

c. Notwithstanding B.2., above, in accordance with Section 2-1102 of the Code, members appointed to fill government, Recipient, or other grantee seats are exempted from these requirements and shall serve as members of the Partnership for as long as they are designated by their respective agencies to serve in this capacity.

4. Change in Representative Status

   a. If a member appointed to represent a category listed in subsection (a) or (b) above loses such representative status, fails to maintain the qualifications for membership set forth in Section 2-11.38, fails to maintain attendance requirements, voluntarily resigns, or for other good cause is removed, the member shall forfeit membership on the Partnership.

C. Duties and Responsibilities (Partnership)

1. General Requirements

   a. Serve on at least one (1) standing committee or subcommittee as suited to the member's interests, skills and needs of the Partnership.

   b. Devote a minimum of four (4) hours per month to Partnership and committee activities, including, but not limited to:

      i. Replying to Partnership, committee, subcommittee or workgroup meeting notices by confirming attendance with Partnership staff;

      ii. Preparing for meetings by reviewing agendas, minutes, and other materials distributed in advance of a meeting by Partnership staff, in order to facilitate the business of the Partnership;

      iii. Attending meetings; and, as appropriate

      iv. Submitting reports and/or feedback.

   c. Support the planning, needs assessment and priority setting processes of the Partnership.

   d. Contribute professional and personal expertise to further the work of the Partnership.

   e. Uphold the goals, objectives, policies, and procedures of the Partnership.

   f. Comply with attendance and training requirements detailed in these Bylaws;

   g. Submit an annual Financial Disclosure Statement (e.g., Source of Income form, etc.), required by Section 2-11.1(i) of the Code; and

   h. Adhere to all other federal, state and local civil rights laws and regulations.

2. Attendance Requirements

   a. All members shall comply with attendance requirements in accordance with Sections 2-11.39 and 2-1102G) of the Code, as follows:

      i. Five (5) absences from scheduled meetings in any County fiscal year (from October 1 of the current calendar year through September 30 of the year following) shall constitute grounds for removal.

ii. A member is counted as absent from a meeting if s/he attends the meeting for less than 75% of the scheduled or actual duration of the meeting, whichever is less;

iii. Absences which are due to Partnership business-related travel are not counted against the total of five (5) absences.

3. Training Requirements

   a. Attend Partnership New Member Orientation and Training within the first three (3) months of appointment;

   b. Attend Miami-Dade County Advisory Board Member Ethics Training within the first three (3) months of appointment;

   c. Attend Miami-Dade County Mandatory Advisory Board Sexual Harassment Prevention Training, as available; and

   d. Comply with all other Partnership and/or Miami-Dade County Government training requirements.

D. Vacancies (Partnership)

1. Public Notice of Vacancies

   a. As vacancies arise, they shall be publicly advertised.

   b. Applications for seats on the Partnership are accepted on an ongoing basis.

2. Applicant Notice of Vacancies

   a. Applicants shall be notified when a vacancy occurs for which an applicant is qualified or for which an applicant has applied (See Section 4.1).

3. Filling Vacancies

   a. All full member and alternate member vacancies on the Partnership shall be filled by appointees of the Mayor on the recommendation of the Partnership.

   b. Alternates shall be appointed to full membership status by the Mayor on the recommendation of the Partnership.

E. Removals (Partnership)

1. Resignation

   a. Any member may resign at any time by written notice delivered in person, sent by mail, or emailed to the relevant committee Chair or staff.

   b. Any such resignation shall take effect at the time specified in the notice or, if not so specified, immediately upon receipt of the notice.

   c. All resigning members are required to complete a Financial Disclosure Statement, as required by Section 2-11.1(i) of the Code.

2. Attendance Non-compliance

a. Five (5) absences in the County fiscal year (October 1 to September 30) shall constitute grounds for automatic removal from the Partnership, standing committee, subcommittee, or workgroup (see C.2, above). Notwithstanding the foregoing, the Board of County Commissioners may waive this provision as it relates to Partnership members in accordance with Section 2-11.39 of the Code. All members will be notified if their membership is at risk due to attendance non-compliance.

b. Members of the Partnership, standing committees, subcommittees, or workgroups removed for attendance non-compliance shall receive written notice by mail or email of their membership termination, and their removal will be reported to the appropriate body.

c. Members automatically removed for attendance non-compliance are required to complete a Final Financial Disclosure Statement, as required by Section 2-11.1(i) of the Code.

3. Change in Position

   a. At such time as a member changes their professional responsibilities so that they no longer represent the constituency for which they were originally appointed, that member shall immediately resign and their seat shall be filled in accordance with the provisions contained herein.

   b. All resigning members are required to complete a Final Financial Disclosure Statement, as required by Section 2-11.1(i) of the Code.

4. Political Office Qualification

   a. Pursuant to Section 2-11.38 of the Cod, "No member of any County board shall become a candidate for elective political office during his or her term. Should any member of a County board qualify as a candidate for elective political office, such qualification shall be deemed a tender of resignation from such board."

   b. All resigning members are required to complete a Final Disclosure Statement, as required by the Section 2-11.1(i) of the Code.

5. Cause

   a. Reasons for Removal

      i. If any member fails to maintain the qualifications for membership set forth in Sections 2-11.38 and 2-11-2 of the Code, fails to maintain attendance requirements, voluntarily resigns, violates the County and the Partnership's Code of Ethics (see Section 2.1), refuses to participate as a member of at least one (1) standing committee, subcommittee, or workgroup, or for other good cause is subject to removal, the Partnership shall recommend removal of the member only after such member has been notified in writing and offered an opportunity to request a waiver by a two-thirds vote of the Partnership members in attendance.

      ii. If a member loses representative status, the Partnership will seek removal as specified above and a waiver is not applicable.

   b. The Partnership shall have the authority to recommend to the Mayor the removal of any duly appointed board member and the Partnership, without the Mayor's approval,

may remove any non-member of a standing committee, subcommittee, or workgroup for any of the above reasons.

c. Recommendations for removal shall also be made for other good cause. Good cause means any cause consistent with all applicable Federal laws and guidelines governing the Ryan White Program, or other state or local laws.

d. Partnership members removed for cause shall receive written notice by mail or email of their membership termination.

e. All members removed for cause are required to complete a Final Financial Disclosure Statement, as required by Section 2-11.1(i) of the Code.

SECTION 4.2. Standing Committees

A. Applications, Nominations, and Requirements

1. Standing committees shall maintain at all times a fair and open applications process.
2. Membership Requirements
   a. Pursuant to Section 2-11.36 et seq. of the Code, which sets forth the standards for County boards, all members of standing committees shall:
      i. Be permanent residents of Miami-Dade County;
      ii. Be electors of Miami-Dade County, unless the Board of County Commissioners, by a two-thirds vote of its membership, waives this requirement;
      iii. Have reputations for integrity and community service;
      iv. Possess the knowledge, skills and expertise relevant to the position for which they are applying; and
      v. Be currently employed in the field of expertise they wish to represent (as applicable).
3. Standing Committee Appointments
   a. Partnership members who are not members of a committee, subcommittee, or workgroup shall be appointed to membership in a standing committee, subcommittee, or workgroup by the Partnership Chair.
   b. All appointees shall be approved for membership by the Partnership.
4. Standing Committee Representation by Subrecipients and Other Organizations
   a. Standing committees may not have representation by more than one (1) representative from a Part A funded subrecipient or other organization.
   b. Notwithstanding the previous sentence, one (1) representative from each organization contracted with the Florida Department of Health in Miami-Dade County may sit on the Prevention Committee.

B. Term of Office (Standing Committees)

1. Members may serve a maximum of six (6) consecutive years on one (1) or any combination of standing committees, subcommittees, or workgroups.
2. Any standing committee member who completes two consecutive terms [totaling six (6) years] on one (1) or any combination of standing committees, subcommittees, or workgroups shall be excluded from reapplying for membership of that standing committee, subcommittee, or workgroup for a period of (2) years, unless such term limit is waived by the Board of County Commissioners.
3. Change in Representative Status
    a. If a member appointed to represent a category listed in Section 3.1 (B) above loses such representative status, fails to maintain the qualifications for membership set forth in Section 2-11.38, fails to maintain attendance requirements, voluntarily resigns, or for other good cause is removed, the member shall forfeit membership on the Partnership.
4. Exemptions
    a. Notwithstanding the above, for the purpose of continuity, a committee member's term may be extended beyond the six years specified in Section B.1, above, until the Mayor has appointed a replacement. Such persons may continue as members of the committees to which they had been appointed, or may serve as members of other committees or subcommittees at the discretion of the Partnership.
    b. Members serving an extended term may not stand for election for another term of office, nor may they stand for election as an officer of any committee, subcommittee or workgroup of which they are a member.
    c. Notwithstanding the above, members appointed to a committee to fill government, Recipient, or other grantee seats may serve as members of the committee for as long as they are designated by their respective agencies to serve in this capacity.

C. Duties and Responsibilities (Standing Committees)

1. General Requirements
    a. Be able to devote a minimum of two (2) hours per month to committee activities, including, but not limited to:
        i. Replying to committee meeting notices by confirming attendance with Partnership staff;
        ii. Preparing for meetings by reviewing agendas, minutes, and other materials distributed in advance of a meeting by Partnership staff, in order to facilitate the business of the committee;
        iii. Attending meetings; and, as appropriate
        iv. Submitting reports and/or feedback.
    b. Contribute professional and personal expertise to further the work of the committee
    c. Uphold the goals, objectives, policies, and procedures of the committee

d. Comply with attendance and training requirements detailed in these Bylaws;

e. Submit an annual Financial Disclosure Statement, required by 2-11.1(i) of the Code; and

f. Adhere to all other federal, state and local civil rights laws and regulations.

2. Attendance Requirements

a. All members shall comply with attendance requirements in accordance with Sections 2-11.39 and 2-1102 (G) of the Code, as follows:

i. Five (5) absences from scheduled committee meetings in any County fiscal year (from October 1 of the current calendar year through September 30 of the year following) shall constitute grounds for removal.

ii. A member is counted as absent from a meeting if s/he attends the meeting for less than 75% of the scheduled or actual duration of the meeting, whichever is less;

iii. Absences which are due to Partnership business-related travel are not counted against the total of five (5) absences.

3. Training Requirements

a. Attend Partnership New Member Orientation and Training within the first three (3) months of joining;

b. Attend Miami-Dade County Advisory Board Member Ethics Training within the first three (3) months of joining; and

c. Comply with all other Partnership and/or Miami-Dade County Government training requirements.

D. Vacancies (Standing Committees)

1. All vacancies on standing committees shall be filled by qualified applicants as approved by each standing committee; or may be filled by appointment by the Partnership Chair as described in Section 4.2 (A.3), of these Bylaws.

2. Public Notice of Vacancies

a. As vacancies arise, they shall be publicly advertised.

b. Applications for seats on standing committees are accepted on an ongoing basis.

E. Removals (Standing Committees)

1. Resignation

a. Any member may resign at any time by written notice delivered in person, sent by mail, or emailed to the relevant standing committee Chair or staff.

b. Any such resignation shall take effect at the time specified in the notice or, if not so specified, immediately upon receipt of the notice.

c. All resigning members are required to complete a Final Financial Disclosure Statement, as required by Section 2-11.1(i) of the Code.

2. Attendance Non-compliance

    a. Five (5) absences in the County fiscal year (October 1 to September 30) shall constitute grounds for removal from the standing committee (see C.2, above). Members will be notified if their membership is at risk due to attendance non-compliance.

    b. Members of the standing committees removed for attendance non-compliance shall receive written notice by mail or email of their membership termination, and their removal will be reported to the appropriate body.

    c. Members terminated for attendance non-compliance are required complete a Final Financial Disclosure Statement, as required by Section 2-11.1(i) of the Code.

3. Change in Position

    a. At such time as a member changes their professional responsibilities so that they no longer represent the constituency for which they were originally appointed, that member shall immediately resign and their seat shall be filled in accordance with the provisions contained herein.

    b. All resigning members are required to complete a Final Financial Disclosure Statement, as required by Section 2-11.1(i) of the Code.

4. Political Office Qualification

    a. Pursuant to Section 2-11.38 of the Code, "No member of any County board shall become a candidate for elective political office during his or her term. Should any member of a County board qualify as a candidate for elective political office, such qualification shall be deemed a tender of resignation from such board."

    b. All resigning members are required to complete a Final Financial Disclosure Statement, as required by Section 2-11.1(i) of the Code.

5. Cause

    a. Reasons for Removal

        i. If any member fails to maintain the qualifications for membership set forth in Sections 2-11.38 and 2-11-2 of the Code, fails to maintain attendance requirements, voluntarily resigns, violates the Partnership's Code of Ethics (see Section 2.1), or for other good cause is subject to removal, the standing committee shall recommend removal of the member only after such member has been notified in writing and offered an opportunity to request a waiver by a two-thirds vote of the members in attendance.

        ii. If a member loses representative status, the Partnership will seek removal as specified above and a waiver is not applicable.

    b. Recommendations for removal shall also be made for other good cause. Good cause means any cause consistent with all applicable Federal laws and guidelines governing the Ryan White Program, or other federal, state or local laws.

    c. Members of a standing committee who fail to comply with the above requirements may be removed for cause upon majority vote by standing committee, subcommittee, or workgroup members, respectively, and without the Mayor's approval.

d. Standing committee members removed for cause shall receive written notice by mail or email of their membership termination.

e. All members removed for cause are required to complete a Final Financial Disclosure Statement, as required by Section 2-11.1(i) of the Code.

SECTION 4.3. Subcommittees

A. Applications, Nominations, and Requirements

1. Subcommittees shall maintain at all times a fair and open applications process.
2. Membership Requirements
   a. Pursuant to Section 2-11.36 et seq. of the Code, which sets forth the standards for County boards, all members of subcommittees shall:
      i. Be permanent residents of Miami-Dade County;
      ii. Be electors of Miami-Dade County, unless the Board of County Commissioners, by a two-thirds vote of its membership, waives this requirement;
      iii. Have reputations for integrity and community service;
      iv. Possess the knowledge, skills and expertise relevant to the position for which they are applying; and
      v. Be currently employed in the field of expertise they wish to represent (as applicable).
3. Subcommittee Appointments
   a. Partnership members who are not members of a committee, subcommittee, or workgroup shall be appointed to membership in a standing committee, subcommittee, or workgroup by the Partnership Chair.
   b. All appointees shall be approved for membership by the Partnership.
4. Subcommittees are exempt from the restriction to not have representation by more than one (1) representative from a Part A funded subrecipient or other organization.

B. Term of Office (Subcommittees)

1. Members may serve a maximum of six (6) consecutive years on one (1) or any combination of standing committees, subcommittees, or workgroups.
2. Any subcommittee member who completes two consecutive term limits [totaling six (6) years] on one (1) or any combination of standing committees, subcommittees, or workgroups shall be excluded from reapplying for membership as a Partnership member or member of a standing committee, subcommittee, or workgroup for a period of (2) years, unless such term limit is waived by the Board of County Commissioners.
3. Change in Representative Status
   a. If a member appointed to represent a category listed in Section 3.1 (B) above loses such representative status, fails to maintain the qualifications for membership set forth in

Section 2-11.38, fails to maintain attendance requirements, voluntarily resigns, or for other good cause is removed, the member shall forfeit membership on the Partnership.

4. Exemptions

   a. Notwithstanding the above, for the purpose of continuity, a subcommittee member's term may be extended beyond the six years specified in Section B.1, above, until the Mayor has appointed a replacement. Such persons may continue as members of the subcommittee to which s/he had been appointed.

   b. Members serving an extended term may not stand for election for another term of office, nor may they stand for election as an officer of any committee, subcommittee or workgroup of which they are a member.

   c. Notwithstanding the above, members appointed to a subcommittee to fill government, Recipient, or other grantee seats may serve as members of the subcommittee for as long as they are designated by their respective agencies to serve in this capacity.

C. Duties and Responsibilities (Subcommittees)

1. General Requirements

   a. Be able to devote a minimum of two (2) hours per month to subcommittee activities, including, but not limited to:

      i. Replying to subcommittee meeting notices by confirming attendance with Partnership staff;

      ii. Preparing for meetings by reviewing agendas, minutes, and other materials distributed in advance of a meeting by Partnership staff, in order to facilitate the business of the subcommittee;

      iii. Attending meetings; and, as appropriate,

      iv. Submitting reports and providing feedback.

   b. Contribute professional and personal expertise to further the work of the subcommittee.

   c. Uphold the goals, objectives, policies, and procedures of the subcommittee.

   d. Comply with attendance and training requirements detailed in these Bylaws;

   e. Submit an annual Financial Disclosure Statement, required by Section 2-11.1(i) of the Code; and

   f. Adhere to all other federal, state, and local civil rights laws and regulations.

2. Attendance Requirements

   a. All members shall comply with attendance requirements in accordance with Sections 2-11.39 and 2-1102 (G) of the Code, as follows::

      i. Five (5) absences from scheduled subcommittee meetings in any County fiscal year (from October 1 of the current calendar year through September 30 of the year following) shall constitute grounds for removal.

ii. A member is counted as absent from a subcommittee meeting if s/he attends the meeting for less than 75% of the scheduled or actual duration of the meeting, whichever is less;

iii. Absences which are due to Partnership business-related travel are not counted against the total of five (5) absences.

3. Training Requirements

   a. Attend the Partnership New Member Orientation and Training and Miami-Dade County Advisory Board Member Ethics Training within the first three (3) months of joining.

   b. Subcommittee members shall comply with all other Partnership and/or Miami-Dade County Government training requirements, as required.

D. Vacancies (Subcommittees)

1. All vacancies on subcommittees shall be filled by qualified applicants as approved; or may be filled by appointment by the Partnership Chair as described in Section 4.3 (A.3), of these Bylaws.

2. Public Notice of Vacancies

   a. As vacancies arise, they shall be publicly advertised.

E. Removals (Subcommittees)

1. Resignation

   a. Any member may resign at any time by written notice delivered in person, sent by mail, or emailed to the relevant standing committee Chair or staff.

   b. Any such resignation shall take effect at the time specified in the notice or, if not so specified, immediately upon receipt of the notice.

   c. All resigning members are required to complete a Final Financial Disclosure Statement, as required by Section 2-11.1(i) of the Code.

2. Attendance Non-compliance

   a. Five (5) absences in the County fiscal year (October 1 to September 30) shall constitute grounds for removal from the subcommittee (see C.2, above). Members will be notified if their membership is at risk due to attendance non-compliance.

   b. Members of the subcommittees removed for attendance non-compliance shall receive written notice by mail or email of their membership termination, and their removal will be reported to the appropriate body.

   c. Members terminated for attendance non-compliance are required to complete a Final Financial Disclosure Statement, as required Section 2-11.1(i) of the Code.

3. Change in Position

   a. At such time as a member changes their professional responsibilities so that they no longer represent the constituency for which they were originally appointed, that

member shall immediately resign and their seat shall be filled in accordance with the provisions contained herein.

b. All resigning members are required to complete a Final Financial Disclosure Statement, as required by Section 2-11.1(i) of the Code.

4. Political Office Qualification

   a. Pursuant to Section 2-11.38 of the Code, "No member of any County board shall become a candidate for elective political office during his or her term. Should any member of a County board qualify as a candidate for elective political office, such qualification shall be deemed a tender of resignation from such board."

   b. All resigning members are required to complete a Final Financial Disclosure Statement, as required by Section 2-11.1(i) of the Code.

5. Cause

   a. Reasons for Removal

      iii. If any member fails to maintain the qualifications for membership set forth in Sections 2-11.38 and 2-11-2 of the Code, fails to maintain attendance requirements, voluntarily resigns, violates the Partnership's Code of Ethics (see Section 2.1), or for other good cause is subject to removal, the subcommittee shall recommend removal of the member only after such member has been notified in writing and offered an opportunity to request a waiver by a two-thirds vote of the members in attendance.

      iv. If a member loses representative status, the Partnership will seek removal as specified above and a waiver is not applicable.

   b. Recommendations for removal shall also be made for other good cause. Good cause means any cause consistent with all applicable Federal laws and guidelines governing the Ryan White Program, or other state or local laws.

   c. Members of a subcommittee who fail to comply with the above requirements may be removed for cause upon majority vote by standing committee, subcommittee, or workgroup members, respectively, and without the Mayor's approval.

   d. Subcommittee members removed for cause shall receive written notice by mail or email of their membership termination.

   e. All members removed for cause are required to complete a Final Financial Disclosure Statement, as required by Section 2-11.1(i) of the Code.

SECTION 4.4. Workgroups

A. Applications, Nominations, and Requirements

1. Workgroups shall maintain at all times a fair and open appointment process.
2. Workgroups are appointed as needed by the Partnership to assist a standing committee and the Partnership with a specific issue or need.
3. Membership Requirements

a. Pursuant to Section 2-11.36 et seq. of the Code, which sets forth the standards for County boards, all members of workgroups shall:

   i. Be permanent residents of Miami-Dade County;

   ii. Be electors of Miami-Dade County, unless the Board of County Commissioners, by a two-thirds vote of its membership, waives this requirement;

   iii. Have reputations for integrity and community service;

   iv. Possess the knowledge, skills and expertise relevant to the position for which they are applying; and

   v. Be currently employed in the field of expertise they wish to represent (as applicable).

4. Workgroup Appointments

   a. Partnership members who are not members of a committee, subcommittee, or workgroup shall be appointed to membership in a standing committee, subcommittee, or workgroup by the Partnership Chair.

   b. All appointees shall be approved for membership by the Partnership.

5. Workgroups are exempt from the restriction to not have representation by more than one (1) representative from a Part A funded subrecipient or other organization.

6. Workgroups are exempt from the requirement to include a minimum number of persons from the affected community.

B. Term of Office (Workgroups)

1. Members may serve a maximum of six (6) consecutive years on one (1) or any combination of standing committees, subcommittees, or workgroups.

2. Any workgroup member who completes two consecutive term limits [totaling six (6) years] on one (1) or any combination of standing committees, subcommittees, or workgroups shall be excluded from reapplying for membership as a Partnership member or member of a standing committee, subcommittee, or workgroup for a period of (2) years, unless such term limit is waived by the Board of County Commissioners.

3. Change in Representative Status

   a. If a member appointed to represent a category listed inSection 3.1 (B) above loses such representative status, fails to maintain the qualifications for membership set forth in Section 2-11.38, fails to maintain attendance requirements, voluntarily resigns, or for other good cause is removed, the member shall forfeit membership on the Partnership.

4. Exemptions

   a. Notwithstanding the above, for the purpose of continuity, a workgroup member's term may be extended beyond the six years specified in Section B.1, above, until the Mayor has appointed a replacement. Such persons may continue as members of the workgroup to which s/he had been appointed.

b. Members serving an extended term may not stand for election for another term of office, nor may they stand for election as an officer of any committee, subcommittee or workgroup of which they are a member.

c. Notwithstanding the above, members appointed to a subcommittee to fill government, Recipient, or other grantee seats may serve as members of the subcommittee for as long as they are designated by their respective agencies to serve in this capacity.

C. Duties and Responsibilities (Workgroups)

1. General Requirements

   a. Be able to devote a minimum of two (2) hours per month to workgroup activities, including, but not limited to:

      i. Replying to subcommittee meeting notices by confirming attendance with Partnership staff;

      ii. Preparing for meetings by reviewing agendas, minutes, and other materials distributed in advance of a meeting by Partnership staff, in order to facilitate the business of the subcommittee;

      b. Attending meetings; and, as appropriate

      c. Submitting reports and providing feedback.

   b. Contribute professional and personal expertise to further the work of the Partnership.

   c. Uphold the goals, objectives, policies, and procedures of the Partnership.

   d. Comply with attendance and training requirements detailed in these Bylaws;

   e. Submit an annual Financial Disclosure Statement, required by Section 2-11.1(i) of the Code; and

   f. Adhere to all other federal, state, and local civil rights laws and regulations.

2. Attendance Requirements

   a. All members shall comply with attendance requirements in accordance with Sections 2-11.39 and 2-1102 (G) of the Code, as follows::

      i. Five (5) absences from scheduled workgroup meetings in any County fiscal year (from October 1 of the current calendar year through September 30 of the year following) shall constitute grounds for removal.

      ii. A member is counted as absent from a workgroup meeting if s/he attends the meeting for less than 75% of the scheduled or actual duration of the meeting, whichever is less;

      iii. Absences which are due to Partnership business-related travel are not counted against the total of five (5) absences.

3. Training Requirements

a. Workgroup members are exempt from the Partnership New Member Orientation and Training and Miami-Dade County Advisory Board Member Ethics Training requirements.

b. Workgroup members shall comply with all other Partnership and/or Miami-Dade County Government training requirements, as required.

D. Vacancies (Workgroups)

1. All vacancies on workgroups shall be filled by qualified applicants as approved ; or may be filled by appointment by the Partnership Chair as described in Section 4.3 (A.3), of these Bylaws.
2. As vacancies arise, they shall be publicly advertised.
3. Workgroup members are selected on recommendation from the Partnership, standing committees, or subcommittees, as appropriate.

E. Removals (Workgroups)

1. Resignation
   a. Any member may resign at any time by written notice delivered in person, sent by mail, or emailed to the relevant standing committee Chair or staff.
   b. Any such resignation shall take effect at the time specified in the notice or, if not so specified, immediately upon receipt of the notice.
   c. All resigning members are required to complete a Final Financial Disclosure Statement, as required by Section 2-11.1(i) of the Code.
2. Attendance Non-compliance
   a. Five (5) absences in the County fiscal year (October 1 to September 30) shall constitute grounds for removal from the workgroup (see C.2, above). Members will be notified if their membership is at risk due to attendance non-compliance.
   b. Members of the workgroups removed for attendance non-compliance shall receive written notice by mail or email of their membership termination, and their removal will be reported to the appropriate body.
   c. Members terminated for attendance non-compliance are required to complete a Final Financial Disclosure Statement, as required by Section 2-11.1(i) of the Code.
3. Change in Position
   a. At such time as a member changes their professional responsibilities so that they no longer represent the constituency for which they were originally appointed, that member shall immediately resign and their seat shall be filled in accordance with the provisions contained herein.
   b. All resigning members are required to complete a Final Financial Disclosure Statement, as required by Section 2-11.1(i) of the Code.
4. Political Office Qualification

a. Pursuant to Section 2-11.38 of the Code, "No member of any County board shall become a candidate for elective political office during his or her term. Should any member of a County board qualify as a candidate for elective political office, such qualification shall be deemed a tender of resignation from such board."

b. All resigning members are required to complete a Final Financial Disclosure Statement, as required by Section 2-11.1(i) of the Code.

5. Cause

a. If any member fails to maintain the qualifications for membership set forth in Sections 2-11.38 and 2-11-2 of the Code, fails to maintain attendance requirements, voluntarily resigns, violates the Partnership's Code of Ethics (see Section 2.1), or for other good cause is subject to removal, the workgroup shall recommend removal of the member only after such member has been notified in writing and offered an opportunity to request a waiver by a two-thirds vote of the members in attendance.

b. Recommendations for removal shall also be made for other good cause. Good cause means any cause consistent with all applicable Federal laws and guidelines governing the Ryan White Program, or other state or local laws.

c. Members of a workgroup who fail to comply with the above requirements may be removed for cause upon majority vote by standing committee, subcommittee, or workgroup members, respectively, and without the Mayor's approval.

d. Workgroup members removed for cause shall receive written notice by mail or email of their membership termination.

e. All members removed for cause are required to complete a Final Financial Disclosure Statement, as required by Section 2-11.1(i) of the Code.

ARTICLE 5. Officers

The Partnership, standing committees, subcommittees, and workgroups shall have an elected Chair and Vice-Chair (Officers).

SECTION 5.1. Officers

A. The Partnership

1. The Partnership shall elect a Chair and a Vice-Chair from among its members; they shall serve at the will of the Partnership.
2. Officers shall be full voting members.
3. At least one (1) officer of the Partnership must be a person with HIV.
4. The Chair and Vice-Chair of the Partnership shall not be representatives of a grantee organization, and shall not personally provide, represent entities that provide, or otherwise possess a financial relationship with entities that provide HIV-related services funded by programs under the purview of the Partnership.

5. No individual shall serve concurrent terms as an officer of the Partnership and an officer of a standing committee or subcommittee. The exception to this rule is for officers of workgroups, which may be led by the Chair or Vice-Chair of the committee under whose purview the workgroup was authorized.

B. Standing Committees, Subcommittees, and Workgroups

1. Each standing committee, subcommittee, or workgroup shall elect a Chair and a Vice-Chair from among its members; they shall serve at the will of the standing committee, subcommittee, or workgroup.
2. Officers shall be full voting members.
3. At least one (1) officer of each standing committee must be a Partnership member who shall be designated to report committee activities to the Partnership.
4. Standing committees, subcommittees, and workgroups shall strive to elect at least one (1) officer who is a person with HIV.
5. No individual shall serve concurrent terms as an officer of the Partnership and an officer of a standing committee or subcommittee. The exception to this rule is for officers of workgroups, which may be led by the Chair or Vice-Chair of the committee under whose purview the workgroup was authorized.

SECTION 5.2. Officer Responsibilities

A. All Chairs

1. Preside at all meetings at which they are present;
2. Exercise their right to vote at their respective meetings;
3. Maintain decorum;
4. Ensure the participation of all members; and
5. Facilitate the enactment of business at all meetings.

B. The Partnership Chair

1. Have full voting rights at Partnership meetings and at all other committee, subcommittee, and workgroup meetings;
2. Sign correspondence and documents required by the Recipient, as approved by the Partnership; and
3. Appoint, as necessary, Partnership members to standing committees, subcommittees, or workgroups. All appointments must be approved by the Partnership.
4. The Chair or Vice-Chair of the Partnership shall present to the Miami-Dade County Board of County Commissioners, the Florida Department of Health in Miami-Dade County, the City of Miami Commissioners, and the general community on an annual basis a written report describing the Partnership's activities related to HIV/AIDS in housing, care and treatment services and prevention in Miami-Dade County.

5. Subject to the approval of the Partnership, from time to time as the need arises, the Chair or Vice-Chair of the Partnership may also present oral presentations and/or reports to the Miami-Dade Board of County Commissioners, the Florida Department of Health in Miami-Dade County, the City of Miami Commissioners, and the general community.

C. The Vice-Chair

1. The Vice-Chair shall act as Chair in the Chair's absence or inability to conduct business.

SECTION 5.3. Term of Office

A. Elected officers of the Partnership, standing committees, subcommittees, and workgroups shall serve a one (1) year term. No elected officer may serve more than two (2) consecutive one-year terms.

B. The terms of office of elected Chairs of workgroups may be for less than one year depending on expiry date of such workgroup.

C. Upon conclusion of the first one-year term in the month preceding election of new officers, elections shall be held in accordance with Section 5.4 of these Bylaws. If eligible, the current Chair of the Partnership, a standing committee, or a subcommittee may be nominated at this time to be elected for a second term. Other eligible members of the Partnership, standing committees or subcommittees, including but not limited to the Vice-Chair, may also be nominated regardless of whether the current Chair has elected to seek a second term.

D. Approval of a second one-year term requires a majority vote.

E. An individual who has served as an officer of a committee may reapply to be nominated as an officer of the same committee after a minimum of one (1) year following completion of the second term.

SECTION 5.4. Nominations and Elections of Officers

A. Partnership

1. Nominations for Partnership Chair and Vice Chair shall be made in February of each year.
2. Elections for Partnership Chair and Vice Chair shall be held in March of each year.

B. Standing Committees and Subcommittees

1. Nominations of standing committee and subcommittee officers shall be made in the meeting prior to the scheduled election.
2. Elections of officers to standing committees and subcommittees shall be held in January of each year.

C. Workgroups

1. Elections of officers to workgroups shall be held at the first meeting of such workgroup.

SECTION 5.5. Officer Removals and Vacancies

A. An officer may be removed for good cause, subject to approval of the Partnership. Said officer may be removed for cause demonstrated by failure to execute their duties and responsibilities of office or flagrant or repeated violations of Article 6 of these Bylaws and the Code of Conduct approved by the Partnership.

B. Recommendations for officer removal shall be forwarded to the Executive Committee for consideration prior to being presented to the Partnership. This may occur only after the officer has been duly noticed of the charges and has been afforded the right to a hearing before the Executive Committee and/or the Partnership.

C. In order to vote on the removal of an officer, a minimum of two-thirds of the Partnership must be in attendance.

D. A vacancy in any office resulting from death, resignation, removal, expiration of term or other cause may be filled upon the nomination and election of a successor by the committee with the vacancy. The successor shall serve for the remainder of the predecessor's term.

ARTICLE 6. Meetings

SECTION 6.1. Public Notice of Meetings

A. Public notice of all meetings shall be given in accordance with state and local requirements. Meetings shall be open to the public.

B. The records, reports, transcripts, minutes, agenda and other documents which are made available to or prepared for or by the Partnership shall be made available for public inspection and copying at a single location consistent with Chapter 119, Florida Statutes, and the Federal Advisory Council Act.

C. Written notice shall be given at least thirteen (13) days in advance of any regularly scheduled Partnership meeting date.

SECTION 6.2. Reasonable Opportunity to Be Heard

A. Members of the public shall be given a reasonable opportunity to be heard on any matter that is before the Partnership, a committee, a subcommittee, or a workgroup pursuant to section 286.0114, Florida Statutes, as such may be amended from time to time. Each member of the public shall be given a minimum of three (3) minutes to speak during the designated time appearing on the agenda of the Partnership, committee, subcommittee, or workgroup.

B. The reasonable opportunity to be heard shall not be extended to the public on any official act of the Partnership, a committee, a subcommittee or a workgroup, such as approval of minutes and ceremonial proclamations; procedural motions, including but not limited to, motions to defer an item, recess or adjourn; and propositions before the Partnership, the committee, the subcommittee, or the workgroup, when there was a previous opportunity to be heard.

C. All remarks shall be addressed to the Partnership, a committee, a subcommittee, or a workgroup.

D. No person, other than Partnership, committee, subcommittee, or workgroup members and the person having the floor, shall be permitted to enter into any discussion, either directly or through members of the Partnership, committee, subcommittee, or workgroup, without the permission of the presiding officer.

E. No questions shall be asked of a Partnership, a committee, a subcommittee, or a workgroup member except through the presiding officer.

SECTION 6.3. Code of Conduct

A. The Partnership has established and approved a Code of Conduct, which is attached hereto as Addendum B and incorporated herein by reference. All Partnership members shall sign a statement of intent to abide by the Code of Conduct. Failure of a member to abide by the Partnership's Code of Conduct may result in expulsion of the member from a meeting.

B. All members shall ensure compliance with the following:

1. To notify the Partnership when they no longer meet the requirements for membership as set forth in Sections 2-1102 and 2-11.38 of the Code and the Partnership Bylaws.
2. To respect the Chair and Vice-Chair's authority.
3. To refrain from interrupting any meeting or engaging in conversations on the record between two or more members without the consent of the Chair or the Vice-Chair.
4. To refrain from any off the record comments between two or more members.
5. To refrain from lobbying the Partnership, or any committee, subcommittee, or workgroup concerning any matter deemed to be of a personal nature.
6. To refrain from engaging in any negligent activities in the performance of any duty assigned to them by law.

C. When parliamentary procedures are not specified, Robert's Rules of Order shall prevail.

D. The Partnership Chair, or five (5) Partnership members upon written request to the Chair, may call for a special Partnership meeting.

E. A standing committee or subcommittee Chair, or five (5) standing committee or subcommittee members upon written request to the Chair, may call for a special committee or subcommittee meeting.

F. The Partnership shall not transact business or exercise its powers unless a majority of the quorum in attendance agrees to the activity.

SECTION 6.4. Quorum

A. In order to transact any business or to exercise any power vested in the Partnership, a quorum of no less than thirteen (13) voting Partnership members shall be present at a Partnership meeting.

B. In order to transact any business or to exercise any power vested in a standing committee, subcommittee, or workgroup, a quorum shall consist of one-third (1/3) plus one (1) of the current voting members of that standing committee, subcommittee, or workgroup.

ARTICLE 7. Staff Support

A. The Partnership, standing committees, subcommittees, and workgroups shall have assistance from staff designated by the Mayor or the Mayor's designee and other governmental agencies, and legal representation from the County Attorney's Office.

B. The Partnership may allocate additional funds to provide for additional professional support for keeping the organizational records and carrying out its policies, procedures and programs in accordance with these Bylaws and in conformity with applicable state laws and regulations, County ordinances, and applicable contracts.

C. Staff shall maintain and keep the records of the Partnership; prepare, in cooperation with the Chair, the agenda for each meeting; be responsible for the preparation of reports, minutes signed by the Partnership Chair or Vice-Chair, documents, resolutions or correspondence as the Partnership may direct; and generally administer the business and affairs of the Partnership subject to budgetary restrictions.

D. Staff assignments over and above duties described in the staff support contract for the corresponding grant fiscal year require approval by the respective funding entity.

ARTICLE 8. Amendments

A. These Bylaws may be adopted, amended, or repealed by a two-thirds (2/3) vote of members present at a properly constituted meeting of the Partnership.

B. Notice of all proposed amendments shall be emailed and/or mailed to each Partnership member at least five (5) business days prior to the meeting at which such amendment(s) is/are to be considered for adoption.

C. Following approval by two-thirds (2/3) of Partnership members present at a properly constituted meeting and upon County Attorney approval of legal form and sufficiency, these Bylaws and subsequent amendments shall be effective immediately.

Addendum A

Miami-Dade HIV/AIDS Partnership
Grievance Procedures and Process

ARTICLE I: Preamble

The Miami-Dade County HIV/AIDS Partnership (hereinafter "the Partnership") adopts the following Grievance Procedures to provide, in accordance with the Ryan White Program (42 USC § 300f-12 (a) (6) and 42 USC § 300f-12 (c) (A) and (B), an orderly procedure for resolving disputes concerning deviations from an established, written priority setting or resource allocation process (e.g., failure to follow established conflict of interests procedures), and deviations from an established, written process for any subsequent changes to priorities or allocations and those attendant rules and regulations that may affect such deviations from established processes, priorities, or allocations.

It is the policy of the Partnership that an equitable solution of any grievance should be secured at the most immediate administrative level. These procedures should not be construed as limiting the right of the Recipient to discuss any concern with any member of the Partnership. Nothing in this procedure shall be interpreted to limit the Partnership's exclusive final authority over the establishment of service priorities and allocation of funds under the Ryan White HIV/AIDS Treatment Extension Act of 2009.

ARTICLE II: Definitions

1. **Arbitration:** The submission of a dispute to an impartial or independent individual or panel for a binding determination. Arbitration is usually carried out in conformity with a set of rules. The decision of an arbitrator generally has the force of law, although it generally does not set a precedent.
2. **Arbitrator:** An individual or panel of individuals (usually three) selected to decide a dispute or grievance. Arbitrators may be selected by the parties or by an individual or entity.
3. **Binding:** A process in which parties agree to be bound by the decision of an arbitrator or other third party.
4. **County:** Miami-Dade County.
5. **Costs:** Charges for administering a dispute settlement process.
6. **Day:** Refers to a calendar day or a business day, as specified, but excludes weekends and the County's recognized holidays. Either reference point can be used, as long as the Grievant and the person or group against which the grievance is brought understand the applicable time frame.
7. **Dispute Prevention:** Techniques or approaches that are used by an organization to resolve disagreements at as early and informal a stage as possible to avoid or minimize the number of disputes that reach the grievance process.

8. **Elements of Due Process:** An activity in which the following procedural safeguards are required: (a) adequate notice to the affected individual or organization; (b) right of the individual or organization to be represented by counsel; (c) opportunity for the individual to refute the evidence presented by the Partnership or the basis of the action taken by the Partnership including the right to confront and cross-examine witnesses and to present any affirmative legal or equitable defense which the individual or organization may have; and (d) a decision on the merits.
9. **Facilitation:** A voluntary process involving the use of techniques to improve the flow of information and develop trust between the parties to a dispute. Involves a third party (facilitator) who, as in mediation, uses a process to assist the parties in reaching an agreement that is acceptable to the parties.
10. **Facilitator:** A third party who works with the parties to a dispute, providing direction to a process. A facilitator may be independent or may be drawn from one of the parties, but must maintain impartiality on the topics under discussion.
11. **Grievance:** A complaint or dispute that has reached the stage where the affected party seeks a structured approach to its resolution.
12. **Grievant:** A person or entity who's a complainant seeking a structured resolution of a grievance.
13. **Hearing Officer:** Shall mean a person selected in accordance with this policy to hear grievances and render a decision with respect thereto.
14. **Hearing Panel:** Shall mean a panel selected in accordance with this policy to hear grievances and render a decision with respect thereto.
15. **Individual:** An adult person (or persons) organization, agency, or governmental entity who is the direct object of the Partnership's action, ruling or policy.
16. **Mediation:** A voluntary process in which an impartial and usually independent third party assists parties to a dispute in reaching an acceptable resolution to the issues in the dispute. Mediation may involve meetings held by the mediator with the parties together and separately. The results of mediation can become binding on the parties if the parties agree to make it binding.
17. **Mediation/arbitration (med/arb):** A mixed approach in which parties agree to mediate their differences and submit those issues that cannot be resolved through mediation to arbitration. This technique helps to narrow the issues submitted to arbitration. The parties may agree to use separate mediators and arbitrators for different stages of the process, or they may use the same third party.
18. **Mediator:** A trained, impartial and usually independent third party selected by the parties to the dispute or by another entity to help the parties reach an agreement on a determined set of issues.
19. **Neutral:** An independent third party, including a mediator or arbitrator, selected to resolve a dispute or grievance.
20. **Non-binding:** Techniques in which the parties to a dispute attempt to reach an agreement. The results must be agreed to by both parties; results are not imposed by the third party as they are in binding arbitration or in a judicial proceeding.
21. **Organization:** An organized provider, agency, consumer group, advocacy or service organization under incorporation with an adopted set of by-laws and elected officers.
22. **The Partnership:** Miami-Dade County HIV/AIDS Partnership.

23. **Party:** One of the participants in the grievance process. This includes the Grievant (or person or group) who brings the grievance action, and the person or group against which the grievance is brought.
24. **Recipient:** Locally, with respect to the Partnership and the Ryan White Part A Program, the Recipient is Miami-Dade County.
25. **Remedy:** Relief or result sought by a Grievant in bringing a grievance. It can include money damages, a process change or a reversal of a decision. Whether it applies prospectively only or retroactively as well is up to the drafters of each local grievance procedure.
26. **Standing:** The eligibility of an individual or entity to bring a grievance. In the case of locally drafted grievance procedures under the Ryan White HIV/AIDS Treatment Extension Act of 2009, as amended, standing refers to a directly affected individual or entity challenging a decision with respect to funding.
27. **Third Party:** An independent or impartial person, including a facilitator, mediator, ombudsman or arbitrator, selected to resolve a dispute or grievance or assist the parties in resolving a dispute or grievance.
28. **With respect to funding:** The Partnership's priority setting and allocation processes (including any language regarding how best to meet the priorities), and any subsequent change to the priorities.

ARTICLE III: The Grievance Process

Requests for Grievances and Notice of Hearing

1. Requests for Grievance: A Grievant shall have thirty (30) calendar days from the date of the alleged incident giving rise to the grievance to file a written grievance with the Partnership. The grievance shall set forth with particularity the dispute to be addressed by the Partnership, Mediator, Hearing Officer, hearing Panel or Arbitrator. The Grievant is required to complete and submit a Grievance Registration Form (a sample attached hereto as Exhibit I). All grievances which are timely filed are deemed sufficient if made in writing and delivered personally or sent by certified mail, return receipt requested, postage prepaid, to the Partnership at the following address: (or to such other address to be determined by the Partnership):

Miami-Dade HIV/AIDS Partnership
c/o Behavioral Science Research Corp.
2121 Ponce de Leon Boulevard, Suite 240
Coral Gables, FL 33134
Attn: Dr. Robert Ladner

Failure to timely file said grievance shall result in a refusal by the Partnership, Mediator, Hearing Officer, hearing Panel or Arbitrator to consider the merits of the grievance. A Grievant's failure to timely file Exhibit I shall result in and be deemed a waiver of any and all rights afforded herein.

2. Determination of Ripeness and Jurisdiction: All grievances shall be reviewed by the Recipient's contracted staff support subrecipient, Behavioral Science Research Corporation, in consultation with the Recipient and the County Attorney's Office to determine the ripeness of the grievance and/or jurisdictional issues. In the event it is determined that the grievance is not ripe or that there is a lack of jurisdiction, Behavioral Science Research Corporation or other successor agency shall notify the Grievant in writing within ten (10) business days of receipt of the grievance. A copy of said notice shall be sent to the Chair of the Partnership.

Notice of Hearing: At least twenty (20) business days prior to any procedure described below, the Partnership shall deliver a notice of hearing to the parties by personal service or certified mail. Such notice shall include the date, time and place at which the hearing is held.

Types of Grievances Covered and Who May Bring a Grievance

1. Types of Partnership Grievances

The following Partnership processes may be grieved:

a. The process of establishing priorities.

b. The process of allocating funds to the established priorities.

c. Any subsequent process to change already established priorities or allocations (e.g., the process used to reallocate funds to another category for service). [NOTE: Given that the Partnership processes above are time-sensitive and cannot be repeated within a grant cycle (one year – March to February), remedies to grievances concerning these processes are limited to future action and will not be applied to reverse decisions retroactively.]

2. Who May Grieve

The following individuals or entities may file a grievance with the Partnership:

a. Subrecipients eligible to receive Ryan White Program funding within the Miami-Dade County EMA.

b. Individual consumers of Ryan White Program services.

c. An individual or entity directly affected by the outcome of the decision related to funding as defined herein.

d. Community and Advocacy groups.

Grievance Initiation and Preliminary Direct Meeting

[Maximum amount of time to complete once initiated: twenty (20) business days.]

Throughout the grievance process (including both non-binding and binding resolution), the following is considered to be public information: the specific process being grieved, the identity of the party submitting the grievance, and the resolution agreed upon. However, any other information shared during the grievance process is considered confidential and shall not be shared with parties who are not involved in the process.

(1) Step 1 – Submittal of Grievance

Individuals or entities wishing to grieve a Partnership process must: (a) complete the Grievance Registration Form (Exhibit I); (b) submit it in accordance with the provisions set forth in Article III within thirty (30) business days after the completion of the Partnership process that is the subject of the grievance; (c) each grievance requires a separate grievance form.

(2) Step 2 – Review for Allowance

Staff will distribute a copy of the submitted Grievance Registration Form to the Executive Committee. The Executive Committee shall appoint a Grievance Committee composed of the Chair of the Partnership and two (2) additional members.

The Grievance Committee members must be:

(a) Familiar with the work of the Partnership and the local HIV/AIDS service delivery system;

(b) Independent of the specific process that is the subject of the grievance; and

(c) Free of direct interest in the outcome of the process being grieved.

The Executive Committee will determine whether the grievance is allowable as defined by section B(1) of these Procedures.

Within ten (10) business days from its submittal date, the Grievant must be notified in writing whether or not the grievance is allowable.

(3) Step 3 – Direct Meeting

Within ten (10) business days after Step 2 is completed, the Grievant will meet with the Partnership's Chair and at least two (2) representatives from the Partnership's committee most appropriate to address the concerns of the Grievant (i.e., an individual grieving the needs assessment process would meet with the Care and Treatment Committee). This meeting will take place at a location agreed to by all parties. The purpose of the direct meeting is to address the concerns of the Grievant and, if possible, make mutually satisfactory adjustments to the grieved process for future implementation. The Grievant shall bear their own expenses with respect to Paragraph C, Steps 1, 2 and 3 of the Procedures for Grievances.

Non-Binding Mediation

[Maximum amount of time to complete: twenty (20) business days.]

(1) Step 4 – Selection of Mediator

If resolution of the grievance is not achieved through Step 3, a mediator will be chosen. Selection of this mediator must take place **within ten (10) business days** of the end of Step 3.

The mediator must be:

(a) Certified as a mediator by the Florida Supreme Court;

(b) Not a Partnership member;

(c) Independent of the specific issues that are the subject of the grievance;

(d) Free of direct interest in the outcome of the process being grieved; and

(e) Approved by both the Grievant and Partnership before beginning the mediation.

In order to expedite the Grievance Process, the Partnership's contracted staff support subrecipient will create and maintain a list of at least five (5) non-Partnership Florida-certified mediators and document their compensation rates. These persons may be from outside the Miami-Dade EMA. The staff support subrecipient will coordinate the mediation meetings with the Grievant and the Partnership. The mediator's compensation will be paid through the Partnership's staff support budget. The expenses of the mediator shall be borne one-half by the Grievant and one-half by the Partnership. The Grievant's share of the estimated costs of mediation must be paid directly to the mediator before mediation begins.

The Grievant and the Partnership shall bear their own expenses; however, the Partnership shall bear the expenses of any Partnership members. Each party shall be responsible for producing their own witnesses and shall bear expenses for same.

(2) Step 5 – Mediation

Once the mediator is selected, mediation will take place within a period of **ten (10) business days** at a location agreed to by both parties. During this time, the mediator is responsible for:

(a) Investigating the grievance;

(b) Mediating between the Partnership and the Grievant; and

(c) Pursuing a solution that is mutually satisfactory to both parties.

Informal Hearing

(1) Step 6 – Hearing

(a) The following expedited grievance procedure shall apply to those grievances concerning an action of the Partnership under its rules concerning conflicts of interest, conduct of Partnership members and removal of Partnership members and officers for cause.

(b) When the Partnership notifies the individual of an action the Partnership shall also include in that notice that any grievance hearing requests shall be in accordance with the expedited grievance procedure.

(c) The Grievant shall have seven (7) calendar days from the date of the notice in which to file a written request for an informal expedited non-binding arbitration hearing to the Partnership. The written request shall specify: (a) The reasons for the grievance; and (b) The action or relief sought.

(d) The Grievant shall NOT have the grievance informally discussed as outlined in Section C of this Grievance Procedures and Process.

(e) Within ten (10) business days of receipt by the Partnership of the Grievant's request for a hearing, the Executive Committee or its designee shall notify the individual of the selection of a Hearing Officer or Hearing Panel. The individual has five (5) calendar days from the date of the notice to submit comments as to the selection of the Hearing Panel or Hearing Officer. Upon expiration of the five (5) calendar day comment period, the Executive Committee or its designee shall have one (1)

business day to review the comments and make a final selection as to the member(s) of the Hearing Panel or Hearing Officer.

(f) Upon Grievant's compliance with subsection 3 of this section, a hearing shall be scheduled by the Hearing Officer or Hearing Panel promptly for a time and place reasonably convenient to both the Grievant and the Partnership, not in excess of five (5) business days of the selection of the Hearing Officer or Hearing Panel. A written notification specifying the time, place and the procedures governing the hearing shall be delivered to the Grievant and the appropriate Partnership official.

(g) The hearing shall be held before a Hearing Officer or Hearing Panel, as determined by the Executive Committee.

(h) The Grievant shall be afforded a fair hearing, which shall include: (1) the opportunity to examine before the grievance hearing any Partnership documents, including records and regulations, that are directly relevant to the hearing. The Grievant shall be allowed to copy any such document at the Grievant's expense. If the Partnership does not make the document available for examination upon request by the Grievant, the Partnership may not rely on such document at the grievance hearing; (2) the right to be represented by counsel or other person chosen as the Grievant's representative, and to have such person make statements on the Grievant's behalf; (3) the right to a public hearing; (4) the right to present evidence and arguments in support of the Grievant's grievance, to controvert evidence relied on by the Partnership, and to confront and cross-examine all witnesses upon whose testimony or information the Partnership or project management relies; and (5) a decision based solely and exclusively upon the facts presented at the hearing.

(i) The Hearing Officer or Hearing Panel may render a decision without proceeding with the hearing if the Hearing Officer or Hearing Panel determines that the issue has been previously decided in another proceeding.

(j) Except in the case of an expedited grievance procedure, if the Grievant or the Partnership fails to appear at a scheduled hearing, the Hearing Officer or Hearing Panel may make a determination to postpone the hearing for not more than five (5) business days or may make a determination that the party has waived his right to a hearing. The Hearing Officer or Hearing Panel shall notify both the Grievant and the Partnership of the determination.

(k) At the hearing, the Grievant must first make a showing of an entitlement to the relief sought and thereafter the Partnership must sustain the burden of justifying the Partnership action or failure to act against which the grievance is directed.

(l). **Conduct of the Hearing:** The hearing shall be conducted informally by the Hearing Officer or Hearing Panel and oral or documentary evidence pertinent to the facts and issues raised by the complaint may be received without regard to admissibility under the rules of evidence applicable to judicial proceedings. The Hearing Officer or Hearing Panel shall require the Partnership, the Grievant, counsel and other participants or spectators to conduct themselves in an orderly fashion. Failure to comply with the directions of the Hearing Officer or Hearing Panel to obtain order may result in exclusion from the proceedings or in a decision

adverse to the interests of the disorderly party and granting or denial of the relief sought, as appropriate.

(1) Any party, Hearing Officer or Hearing Panel member may call, examine and cross-examine witnesses, and introduce documentary and other evidence into the record. Upon offering an exhibit into evidence at a hearing, a party shall provide an original and four copies to the Hearing Officer or Hearing Panel, and simultaneously furnish copies to all parties.

(2) All relevant and material evidence, oral or written, may be received. Hearsay evidence shall be accorded such weight as the circumstances warrant. In its discretion, the Hearing Officer or hearing Panel may exclude irrelevant, immaterial or unduly repetitious evidence. A party is entitled to present his or her case by oral and documentary evidence, to submit rebuttal evidence, and to conduct cross-examination. Both parties may appear in person or through any duly authorized representative.

(3) The burden of persuasion, or duty of producing evidence to substantiate any allegation raised in the grievance, remains with the Grievant in all hearings before the Hearing Officer or Hearing Panel.

(m) The Hearing Officer or Hearing Panel shall open the hearing at the time and place specified in the notice of hearing, or soon thereafter as a Hearing Officer or Hearing Panel can be obtained. After a reasonable time, if it is determined by the Executive Committee that no Hearing Officer or Hearing Panel can be obtained, the hearing shall be continued until such time as a Hearing Officer or Hearing Panel can be obtained.

(n) Either party may request a continuance. A continuance may be granted solely at the discretion of the Hearing Officer or Hearing Panel.

(o) The Grievant or the Partnership may arrange, in advance and at the expense of the party making the arrangement, for a transcript of the hearing. Any interested party may purchase a copy of such transcript.

(p) The Partnership must provide reasonable accommodation for persons with disabilities to participate in the hearing. A reasonable accommodation may include qualified sign language interpreters, readers, accessible locations, or attendants. If the Grievant is visually impaired, any notice to the Grievant, which is required under this section, must be in an accessible format.

(q) The Hearing Officer or Hearing Panel shall prepare a written decision, together with the reasons therefore, within a reasonable time after the hearing, but not in excess of seven (7) business days for a standard hearing and not excess of three (3) business days in the case of an expedited grievance hearing. A copy of the decision shall be sent to the Grievant and the Partnership. The Partnership shall retain a copy of the decision in the Grievant's folder. A copy of such decision, with all names and other personal identifying references redacted, where applicable, shall also be maintained on file by the Partnership and made available for inspection by a prospective Grievant, his representative, or the Hearing Panel or Hearing Officer.

(r) The decision of the Hearing Officer or Hearing Panel shall be binding on the Partnership which shall take all actions, or refrain from any actions, necessary to carry out the decision unless the Partnership determines within a reasonable time, not to exceed thirty (30) business days, and promptly notifies the Grievant of its determination, that (1) the grievance does not concern Partnership action or failure to act which adversely affect the Grievant's rights, duties, welfare or status; or (2) the decision of the Hearing Officer or Hearing Panel is contrary to applicable Federal, State or local law, regulations or requirements of the contract between the HRSA and the Miami-Dade County.

(s) A decision by the Hearing Officer or Hearing Panel in favor of the Partnership or which denies the relief requested by the Grievant in whole or in part shall not constitute a waiver of, nor affect in any manner whatever, any rights the Grievant may have to a trial de novo or judicial review in any judicial proceedings, which may thereafter be brought in the matter.

(t) **Expenses:** The Partnership shall bear the administrative costs of the hearing as described above, including location costs and any costs related to the Hearing Officer or hearing panel. All other expenses, including the expense of counsel for the Complainant, personal transportation, and meals shall be borne by the Complainant.

Binding Arbitration

[Maximum amount of time to complete once initiated: 20 calendar days.]

If a mutually satisfactory resolution of the grievance is not achieved within the period allotted for mediation, the Grievant may seek to resolve the grievance through binding arbitration.

(1) Step 7 – Submittal of Request for Binding Arbitration

The Grievant must submit a completed Request for Binding Arbitration Form (a sample hereto attached as Exhibit II) to the Chair of the Partnership **within ten (10) calendar days** of the conclusion of mediation. **Within five (5) business days** of submittal of the Request for Binding Arbitration Form, the Partnership's Chair will (a) notify the Partnership that a Request for Binding Arbitration Form has been submitted; (b) notify the Partnership's staff support contractor to arrange for arbitration and determine whether the grievance is eligible for binding arbitration; and (c) notify the Grievant in writing whether or not the grievance is eligible for binding arbitration.

The request for Binding Arbitration will be considered eligible as long as steps 1 through 5 have already been completed.

(2) Step 8 – Arbitration

Within five (5) business days from the date the Request for Binding Arbitration Form (Exhibit II) is submitted, the third-party arbitrator will forward to both the Grievant and the Partnership's Chair previously established rules of arbitration, which will be followed through the remainder of the arbitration process. The arbitration process will include steps which the arbitrator deems necessary to reach a decision, according to the arbitrator's previously established rules, provided such rules are satisfactory to both parties. The Partnership's contracted staff support subrecipient will coordinate the arbitration meetings with the Grievant and the Partnership. The Grievant and the Partnership shall agree as to a date, place and time for meeting with the arbitrator.

The arbitrator's compensation will be paid through the Partnership's staff support budget. The expenses of the arbitrator shall be borne one-half by the Grievant and one-half by the Partnership. The Grievant's share of the estimated costs of mediation must be paid directly to the mediator before mediation begins. The Grievant and the Partnership shall bear their own expenses; however, the Partnership shall bear the expenses of any Partnership members. Each party shall be responsible for producing their own witnesses and shall bear expenses for same.

The arbitrator must complete the arbitration process and provide a binding decision for future implementation **within fifteen (15) business days** of notification.

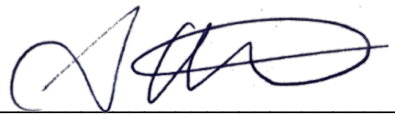
ARTICLE IV: Sunshine Laws and Public Records Act

All meetings concerning any grievance filed under this Grievance Procedures and Process must comply with Florida's Government in the Sunshine laws, the Florida Public Records Act and Article 6 of the Bylaws of the Partnership. Public notice of all meetings shall be given in accordance with State and local requirements. Meetings shall be open to the public. Written notice shall be given at least thirteen (13) business days in advance of any regularly scheduled Partnership meeting date. Additionally, written minutes shall be taken during such grievance.

ARTICLE V: Amendments

Any amendments that need to be made to these procedures shall only be made after a thirty (30) business day public comment period is allowed and then only after the Partnership has considered the comments received.

These Bylaws and Grievance Procedures
were reviewed and approved for form and
legal sufficiency

By: 

Terrence A. Smith
Assistant County Attorney

Date: July 21, 2020

EXHIBITS

EXHIBIT I (Attached): Sample Grievance Registration Form

EXHIBIT II (Attached): Sample Request for Binding Arbitration Form

Acknowledgement of Receipt of Grievance Procedures:

IN WITNESS WHEREOF, the undersigned hereby acknowledges that they have received a copy of this procedure and have read the procedures outlined in this Grievance Procedure.

_____ _____

Signature Date

Addendum B

Code of Conduct

The Partnership, standing committees, subcommittees, and workgroups are governed by the Florida Sunshine Law, the Public Records Act and the ordinances enacted by the Miami-Dade Board of County Commissioners (the "Board"). Accordingly, all such entities must

1. Notice their meetings,
2. Make all meetings open to the public; and
3. Prepare written minutes of each meeting.

The records, reports, transcripts, minutes, agenda and other documents which are made available to or prepared for or by the Partnership and for the work of Partnership committees shall be available for public inspection and copying at a single location consistent with chapter 119, Florida Statutes, the Federal Advisory Council Act and Miami-Dade County Administrative Order No. 4-48. If two or more persons who are members of the Partnership or its duly constituted committees meet, they must do so in compliance with the Florida Sunshine Law.

Miami-Dade HIV/AIDS Partnership

Code Of Conduct

This Code of Conduct shall apply to all members of the Partnership and to the Partnership's standing committees, sub-committees, ad hoc committees and workgroups, which are collectively referred to herein as the "Partnership."

Meetings are conducted according to Robert's Rules of Order. The length of time Partnership members are allowed to speak may be limited. Use of cell phones and pagers is also restricted.

Each Partnership member shall cooperate with the presiding officer in preserving order and decorum as set forth in the Partnership Bylaws. No member shall delay or interrupt the proceedings, or disturb any member while the member is speaking, except that the presiding officer may interrupt for the purpose of calling a member or members to order.

Members should be aware that they serve the interest of the Miami-Dade HIV/AIDS community as a whole. Members do not serve private or personal interests, and shall endeavor to treat all persons, issues and business in a fair and equitable manner. Accordingly, members are prohibited from lobbying the Partnership or any member of the Partnership regarding any matter that is of a personal nature.

Members, when voting on allocation of funding, must vote in accordance with the Miami-Dade County Commission on Ethics and Public Trust's Advisory Opinion 05-50, which states in pertinent part: "...the Partnership member may vote on funding recommendations affecting a service category in which they are a provider as long as the member is not the sole provider in the particular category and the recommendation does not provide amounts or percentages among the providers in a particular service category." In the event a member has a conflict, the member shall abstain from the vote and step outside of meeting room prior to the vote. The member shall return to the room after the remaining members have voted. Prior to departing the meeting room all members with a conflict shall state on the record the nature of the conflict.

All members must comply with Florida's Government in the Sunshine Law and Public Records Act as further described in the Partnership Bylaws.

Presiding Officers' Duties:

1. The presiding officers are responsible for the orderly conduct of business at each meeting and shall preserve order and decorum.
2. The presiding officers shall ensure Partnership business is conducted efficiently by enforcing the rules of debate; the presiding officer shall not monopolize discussion.

Governance Rules:

1. Remarks are addressed through the presiding officer, not to individual members or members of the public without the presiding officer's consent.
2. Members of the Partnership may speak in turn as recognized by the presiding officer.
3. Members of the public may be permitted to address the Partnership as appropriate and as recognized by the presiding officer.
4. When more than one individual requests the floor, the presiding officer shall establish a queue.

5. Time limits for speaking may be established by the presiding officer.
6. The presiding officer may restrict an individual from speaking when the individual's comments are repetitive or not germane to the issue. Restrictions shall not be applied so as to limit the public's right to participate.
7. Partnership members may overturn a decision of the presiding officer by a majority vote.

General Conduct:

1. Partnership members shall adhere to the Rules of decorum set forth in the Partnership's Bylaws.
2. Electronic communication devices shall be set on mute or vibrate.
3. At no time shall the presiding officer, a Partnership member engage in any personally offensive or abusive remarks.
4. Members shall inform themselves on issues, listen attentively to discussion, and review relevant materials distributed prior to meetings.
5. There shall be no interruptions and no private conversations while business is conducted.
6. The presiding officer shall call any member to order who violates any section of this Code of Conduct. If a member is called to order while speaking, that person shall cease speaking until the question of order is determined.

Staff support personnel and County employees are present to assist the process, the presiding officer and Partnership members. Support personnel and County employees are entitled to be treated with courtesy and respect. Accordingly, the presiding may issue warnings to Partnership members and may also take other appropriate action to ensure compliance with this Code of Conduct and the Partnership's Bylaws.

Members shall agree:

1. To refrain from engaging in improper or illegal voting on Partnership matters.
2. To refrain from engaging in improper or illegal representation as an agent of the Partnership on fiscal, legal and/or other Partnership matters.
3. To refrain from engaging in fighting, threatening behavior and other gross violations of proper conduct at Partnership or committee meetings.
4. To refrain from receipt of gifts, favors or promises of future benefits.
5. To refrain from engaging in any breach of the public trust.
6. To comply with the attendance requirements and other Partnership requirements, as provided for in Sections 2-11.39 and 2-1102 of the Code and further set forth herein.
7. To refrain from engaging in any negligent or criminal activities in the performance of any duty assigned to them by law.
8. To comply with the Partnership's Bylaws.

Any violation of this code of conduct may result in the Partnership taking appropriate action against the Partnership member, including but not limited to making a recommendation to the County Mayor for the removal of Partnership member.

I affirm that I have read, understand and shall abide by the Miami-Dade HIV/AIDS Partnership Code of Conduct.

_____ _____

Signature Date

Addendum C

Miami-Dade HIV/AIDS Partnerhsip

Prevention Committee Policies and Procedures

PURPOSE: To set forth the policies and procedures relative to the functions of the Miami-Dade HIV/AIDS Partnership's Prevention Committee (PC). The PC's purpose, its policies and procedures are guided by the National HIV/AIDS Strategy and implementation of High Impact Prevention interventions. These policies and procedures shall be made a part of and incorporated by reference into the HIV/AIDS Partnership's (Partnership) Bylaws.

A. FUNCTIONS

1. Coordinate with the Partnership's Strategic Planning Committee to review and oversee the Miami-Dade County Integrated Prevention and Care Plan for HIV/AIDS in coordination with the Florida Department of Health in Miami-Dade County (FDOH-MDC), as specified by the Centers for Disease Control and Prevention (CDC) and the Health Resources and Services Administration (HRSA). This plan serves to guide the FDOH-MDC in the allocation of federal and state funds for HIV/AIDS education and prevention to specific target populations in Miami-Dade County that are at high risk for HIV infection or transmission. PC activities include but are not limited to:

    a. Assessing the community's HIV prevention and education resources available to respond to the HIV epidemic.

    b. Identifying unmet HIV prevention needs within defined populations at high risk for HIV infection.

    c. Reviewing the potential impact of emerging educational approaches and interventions.

    d. Prioritizing high-risk target populations.

    e. Identifying evidence-based educational approaches and interventions to be used.

    f. Making recommendations regarding allocation of funds to each high-risk target population prioritized.

    g. Evaluating the effectiveness of the planning process.

2. Coordinate with the Partnership's Strategic Planning Committee to guider and oversee the completion of goals and objectives of Miami-Dade County's Integrated Prevention

and Care Plan for HIV/AIDS, including periodic progress reports to the community and the Partnership.

3. Providing a forum for the exchange of information through:

    a. Sharing of outreach plans.

    b. Planning strategic activities.

    c. Maximizing community resources.

    d. Engaging in problem-solving activities.

    e. Evaluating ongoing activities and needs for capacity building.

4. Assessing and developing community education protocols to ensure the continuity and consistency of information being disseminated in the community.

5. Recommending appointments of two (2) nominees to the Florida Comprehensive Planning Network's Prevention Planning Group. At least one nominee shall be a Partnership member. Applicants must meet the requirement for nominees in accordance with the Centers for Disease Control and Prevention guidelines.

B. OFFICERS:

1. There shall be two officers of this committee, a chair and vice-chair:

    a. To the extent possible, the officers shall represent the diversity of the HIV/AIDS epidemic in Miami-Dade County, e.g., gender, ethnicity, sexual orientation.

    b. The FDOH-MDC shall appoint a department employee, or a designated representative, as chair of the committee. The term and tenure of this appointment shall be determined by the FDOH-MDC.

    c. The vice-chair shall be elected by PC members. The vice-chair shall be elected to serve a one (1) year term. The vice-chair may serve up to two (2) consecutive terms. The vice-chair must stand down for one (1) year before being eligible for another term as vice-chair. The election of the vice-chair shall coincide with the election of the chair and vice-chair of the Partnership's standing committees as outlined in the Partnership Bylaws, which shall take place no later than January of each year.

    d. The committee shall, through a nomination process, elect a vice-chair annually or as set forth in Section B.1.C. Committee members shall make nominations.

e. The committee may hold a special election in order to fill a vice-chair vacancy. The elected individual shall complete the term of the person he or she is replacing.

2. The officers' duties and responsibilities shall include:

   a. Facilitating each meeting of the committee.

   b. Participating in briefings prior to each committee meeting for the purpose of planning the agenda.

   c. Managing and resolving committee conflicts and dissent.

   d. Reviewing the draft minutes of each meeting and ensuring that an accurate portrayal of the deliberations of the committee has been captured.

   e. Leading the committee in developing policies and procedures.

   f. Ensuring that the Miami-Dade County Integrated Plan for Prevention and Care for HIV/AIDS is implemented, monitored, and periodically updated.

   g. Attending Miami Dade HIV/AIDS Partnership meetings for the purposes of reporting Prevention activities by at least one vice-chair of the PC.

C. RECRUITMENT

1. Recruitment and nomination of members:

   a. The PC shall manage membership recruitment. The management of membership recruitment shall reflect an open, candid, and participatory process in which differences in applicants' backgrounds, perspectives, and experiences shall be valued and viewed as essential. The PC shall strive to follow the fundamental tenets of community planning; Parity, Inclusion and Representation (PIR):

      - Parity is defined as the ability of members to equally participate and carry out planning tasks/duties.

      - Inclusion is defined as meaningful involvement of all members in the process with an active voice in decision making.

      - Representation is defined as the act of serving as an official member reflecting the perspective of a specific community.

   b. The committee shall strive to conduct targeted membership recruitment at least once a year.

c. The PC shall accept applications for membership throughout the year and make recommendations as needed.

d. Applicants may submit applications directly to the Prevention Committee for consideration and recommendation for membership by a majority vote.

D. MEMBERSHIP

1. Committee membership shall include persons who reflect the characteristics of the current and projected HIV/AIDS epidemic in Miami-Dade County in terms of age, gender, race or ethnicity, socioeconomic status, geographic distribution, HIV/AIDS expertise or knowledge and risk of HIV infection.

2. The PC shall reflect the local epidemic by involving representatives of populations with increased prevalence of HIV infection and should include HIV service providers (e.g., community-based organizations (CBOs), care providers from the public and private sectors, community health centers, mental health and substance abuse services, and other governmental and non-governmental entities.)

3. Membership seats may be amended by the committee based on the current trends and priorities of the epidemic.

4. Members are expected to attend regular monthly meetings and commit to serve on the committee for up to two (2) three (3) year terms.

5. Behavioral Science Research Corporation staff shall notify members when membership needs to be renewed.

6. Members shall be approved for terms not to exceed three (3) years from the date of the PC's approval of said member. No PC member shall be permitted to serve more than two (2) consecutive and complete terms of three (3) years except as required by the Partnership Bylaws. (Article 3, Section 3.2, Paragraph 1)

7. A member may resign by submitting a written resignation to staff of Behavioral Science Research Corporation.

E. VOTING

1. All business that may come before the PC shall be conducted according to the procedures established in Robert's Rules of Order.

2. All PC members, including officers, shall have one (1) vote.

3. The PC may not have more than one (1) representative as a member from a provider agency.

4. There shall be no alternate or proxy voting system.

5. In the event of a conflict of interest (see Section J, below), the conflicted member(s) shall disclose the conflict in discussions and abstain from voting. Discussions and abstention(s) shall be recorded in the minutes.

6. When it is time to vote, members are expected to vote on what they believe to be best for the community at large. This means that there may be times when a member shall cast a vote that is not in the best interests of the particular population or perspective that he or she represents.

F. REMOVAL

Members may be removed from the committee for the following reasons:

1. Five (5) absences total in the Miami-Dade County Fiscal Year (October 1st to September 30th).

2. Conduct that violates the Miami-Dade HIV/AIDS Partnership's Code of Conduct.

3. Conduct which would have a negative impact on the integrity of the community's confidence in the committee; said conduct shall be reviewed by the full PC in order to determine appropriate action.

4. Prior to any member being removed based on Paragraphs #2 and/or #3 above, he or she shall receive written notice of the intent to remove and the reasons for removal. The member shall be given fifteen (15) days in which to respond in writing or to respond in person at the next PC meeting. Upon receipt of the response or after thirty (30) days from the date of notice, the members of the PC shall vote or come to consensus on the matter. Notwithstanding the foregoing removal process, PC members who are also members of the Partnership may only be removed from the PC in the Partnership's sole discretion.

G. GUESTS

Subject to Section 286.011 commonly known as the Florida Sunshine Law, participation on the committee shall be as open and inclusive as possible. Subject to the rules of decorum and the PC officers' prerogative, guests may participate at any of the committee meetings. However, depending on time constraints, discussion may at any time be limited by the co-chairs to members only.

H. PUBLIC COMMENT

Any guest choosing to speak to an item not on the agenda shall be limited to making his/her comments only during the "Announcements" section of the agenda and shall be subject to a specified time limit set by the officers. An extension of time may be granted if the PC votes to extend the time limit. The officers may also recognize members of the public to comment on agenda items during the discussion of that agenda item.

I. CONFLICT OF INTEREST

The PC has members who are professionally or personally affiliated with organizations that have or might request or receive funds for HIV/AIDS prevention services. Subject to the Miami-Dade Commission on Ethics and Public Trust Opinion Nos. 02-43 and 05-50, members who represent organizations that can or may receive funds shall disclose their conflict of interest and abstain from voting in the event the organization represented by the member is the sole provider receiving prevention services. Members of the committee are required to comply with the conflict of interest policy. Any and all PC members shall be bound by and adhere to chapter 112, Florida Statutes (2019).

NOTE: It is important to avoid not only conflict of interest, but also the appearance of conflict of interest. Thus, if there is any possibility of financial benefit to an agency or individual, the conflict should be disclosed.

J. MEETING TIME, DATE, and LOCATION

The Committee shall meet at times, on dates, and at locations as determined by the committee officers in consultation with committee members. Subject to the requirements set forth in section 286.011, Florida Statutes, PC meetings shall be open to the public, reasonable notice of such meetings shall be given and minutes of said meetings shall be taken and promptly recorded.

K. REIMBURSMENT

All PC members shall serve without compensation. PC members who are PLWHA shall be entitled to reimbursement for necessary authorized expenses incurred in the discharge of their duties pursuant to policies and procedures of the Miami-Dade HIV/AIDS Partnership. (Article 8, Section 8.5)

L. AMENDMENT

Although the PC may recommend an amendment or modification to these policies and procedures, the Partnership shall have the sole discretion to approve said amendment or modification.

Addendum D

General Terminology

AIDS Drug Assistance Program (ADAP)

The AIDS Drug Assistance Program (ADAP) provides medications for the treatment of HIV disease. Program funds may also be used to purchase health insurance for eligible clients and to pay for services that enhance access, adherence, and monitoring of drug treatments. The program is funded through Part B of the Ryan White Program, which provides grants to states and territories. Program funds for ADAP are managed through the State of Florida.

Alternate Member

Non-voting members of the Partnership designated to fill particular membership slots. Alternates are appointed as voting members of a membership category only if the representative is unable to serve. Alternates may be assigned to vote at the committee level as needed. An alternate cannot be elected to serve in the capacity of Chair or Vice-Chair of the Partnership.

Board of County Commissioners (BCC)

Miami-Dade County Board of County Commissioners.

Committee/Standing Committee

A body of more than one (1) person, appointed by the Partnership or committee (in the case of non-Partnership members), to consider, investigate or take action on certain matters or subjects, or to do all of those things. Committees that are "standing committees" are constituted to perform a continuing function, and remain in existence permanently or for the life of the Partnership. Standing committees can only exist if they are constituted by specific provisions of the Bylaws.

County

Miami-Dade County, Florida.

Eligible Metropolitan Area (EMA)

A metropolitan area with a cumulative total of more than 2,000 cases of AIDS during the most recent five-year period and a population of 50,000 or more and is therefore eligible for Ryan White Part A funding.

Ex-Officio Member

Partnership members by virtue of holding a particular public office: a representative from the Office of the Mayor and a representative from the Board of County Commissioners. Ex-officio members do not count as voting members or towards a quorum.

Federally Qualified Health Center (FQHC)

Federally Qualified Health Centers are "safety net" organizations such as community health centers, public housing centers, outpatient health programs funded by the Indian Health Service, and programs serving migrants and the homeless.

Funded Provider or Provider (see also, Subrecipient)

Any Partnership member who is, or any member with an immediate family member who is, an employee of an organization which receives funding from a Partnership program. A Partnership program is one of the following: Ryan White Part A, Ryan White Part B, HOPWA, State of Florida General Revenue, and HIV Prevention Planning. A funded provider is also any Partnership member who is, or any member with an immediate family member who is, a lobbyist, consultant, or sub-contractor for an organization which receives funding from a Partnership program.

General Member

Members, alternates and ex-officio members and/or membership categories representing private, non-governmental organizations and constituencies, including, but not limited to, persons representing the affected community, Part A funded subrecipients and other organizations, and community leaders.

General Revenue

State funds allocated to the networks and County health departments used to establish patient care clinics or programs to provide comprehensive health care services for persons living with HIV/AIDS.

Grantee or Recipient

The applicable government entities receiving and dispensing funds.

Housing Opportunities for Persons with AIDS (HOPWA) Program

A program administered by the U.S. Department of Housing and Urban Development, which supports housing assistance for persons living with HIV/AIDS. Currently, this program is locally administered by the City of Miami, and is limited to clients with an AIDS diagnosis.

HRSA HAB

U.S. Department of Health and Human Services, HIV/AIDS Bureau.

Mayor

The Mayor of Miami-Dade County

Miami-Dade HIV/AIDS Partnership (Partnership)

The unified planning body/advisory board created pursuant to Section 2-1101, et seq. of the Code to consolidate the activities of the HIV Health Services Planning Council (HHSPC) and the South Florida AIDS Consortium (SFAC), as required under Part A and Part B of the Ryan White Program, as well as the Miami-Dade County HIV/AIDS Prevention Community Planning Group (PCPG), as required by regulations governing federal prevention funds; and to provide policy recommendations and advice to the City of Miami for the use of HOPWA Program funds.

Minority AIDS Initiative (MAI)

MAI is a program under Part F of the Ryan White Program that provides funding for activities to evaluate and address the disproportionate impact of HIV/AIDS on racial and ethnic minorities. Metropolitan areas and states compete for funding to address disparities in access, treatment, care and health outcomes.

Non-Elected Community Leader

A person not affiliated with a funded organization, who does not hold a publicly elected seat, and who can represent a substantial segment of the community and is recognized as such.

Officers

Chairs and chai-elects of the Partnership, a standing committee, and a subcommittee.

Parity, Inclusiveness and Representation (PIR)

Parity is the condition whereby all members of the planning group have equal opportunity and capacity to provide input and to participate, as well as an equal voice in voting and other decision making activities. *Inclusiveness* is assurance that all affected communities are represented in the community planning process. *Representation* is assurance that those who are representing a specific community truly reflect that community's values, norms and behavior (i.e., representation shall reflect gender, ethnicity, and geographic area of the Miami-Dade County HIV/AIDS population).

The Partnership

Miami-Dade HIV/AIDS Partnership.

PLWHA

Persons/People Living With HIV/AIDS.

Prevention

Actions taken to reduce the incidence of HIV infection (i.e., new infections) through education, information and outreach aimed at persons exhibiting high-risk behaviors for HIV infection and persons already HIV positive.

Recipient

Miami-Dade County Office of Management and Budget Grants Coordination/Ryan White Program.

Ryan White CARE Act

The Ryan White Comprehensive AIDS Resources Emergency (CARE) Act. Federal legislation created in 1990 to address the emergency health care and service needs of people living with HIV/AIDS. This legislation was renewed in 1996 and 2000. It was reauthorized in 2006 as the Ryan White HIV/AIDS Treatment Modernization Act of 2006. It was extended in 2009 as the Ryan White HIV/AIDS Treatment Extension Act of 2009.

Ryan White HIV/AIDS Treatment Extension Act of 2009 (Ryan White Program)

Formerly the Ryan White HIV/AIDS Treatment Modernization Act of 2006. Federal legislation designed to provide flexibility to respond effectively to the changing HIV/AIDS epidemic with an emphasis on providing life-saving and life-extending services for people living with HIV/AIDS across this country.

Ryan White Part A

Ryan White Program funding awarded to Eligible Metropolitan Areas and Transitional Grant Areas that are most severely affected by the HIV/AIDS epidemic. Locally, these funds are awarded to the Mayor and administered by the Miami-Dade County Office of Management and Budget-Grants Coordination.

Ryan White Part B

Ryan White Program funding awarded to states and territories to improve the quality, availability, and organization of health care and support services to individuals living with HIV or AIDS. Part B also supports the AIDS Drug Assistance Program. ADAP Part B funds are awarded to the Florida Department of Health and administered by the Florida Department of Health in Miami-Dade County.

Ryan White Part C - Capacity Building Grant Program

Ryan White Program funding to eligible entities in their efforts to strengthen their organizational infrastructure and enhance their capacity to develop, enhance or expand high quality HIV primary health care services in rural or urban underserved areas and communities of color. Capacity building grant funds are intended for a fixed period of time (one to three years) and not for long-term activities. Capacity building grants do not fund any service delivery or patient care.

Ryan White Part C - Early Intervention Services (EIS)

Ryan White Program funding for comprehensive primary health care for individuals living with HIV disease.

Ryan White Part D

Ryan White Program funding for support services for women, infants, children and youth. Part D grants fund primary and specialty medical care, psychosocial services, logistical support and coordination, and outreach and case management. Currently, Part D funds are awarded locally to the University of Miami.

Ryan White Part F

Ryan White Part F comprises Special Projects of National Significance (SPNS), AIDS Education and Training Centers (AETC), Dental Programs and the Minority AIDS Initiative (MAI).

Ryan White Part F - Dental Reimbursement Program

The HIV/AIDS Dental Reimbursement Program supports access to oral health care for individuals living with HIV infection by reimbursing dental education programs for non-reimbursed costs incurred in providing such care.

Special Projects of National Significance (SPNS)

The SPNS Program is considered the research and development arm of the Ryan White Program and provides the mechanisms to assess the effectiveness of particular models of care, support innovative program designs and promote duplication of effective program outcomes

Stakeholder

An individual or member of an identifiable group having an interest in the issue of HIV/AIDS in Miami-Dade County.

State

State of Florida.

Subcommittee

A body created specifically by the Bylaws or appointed by a committee to fulfill certain tasks of that committee. The subcommittee does not report directly to the Partnership, but only to that committee. Members of a subcommittee shall be members of the appointing committee, unless otherwise authorized by the Partnership in cases where the committee is appointed to take action that requires the assistance of others.

Subrecipient

Any organization funded under Part A of the Ryan White Program.

Transitional Grant Area (TGA)

Cities that have at least 1,000, but not more than 1,999 cumulative AIDS cases during the most recent five years, and a population of 50,000 or more persons, and are therefore eligible for Ryan White Part A funding.

Workgroup

A group of individuals formed and used to address specific or immediate issues or needs and dissolved once the issue has been resolved. Such workgroup shall not exist for more than one year unless extended by the Partnership.

Chapter

4

Policy and Procedure Manual

MIAMI-DADE HIV/AIDS PARTNERSHIP

MIAMI-DADE HIV/AIDS PLANNING COUNCIL

POLICY AND PROCEDURES MANUAL

Approved June 15, 2020

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INTRODUCTION

This manual outlines the Policies and Procedures of the Miami-Dade HIV/AIDS Partnership (hereafter, the Partnership), its committees, subcommittees, and workgroups; and of Partnership Staff in their work with the Partnership. The Miami-Dade HIV/AIDS Partnership is the Ryan White HIV/AIDS Program planning council for Miami-Dade County.

All duties, responsibilities and assignments of tasks are detailed in the Miami-Dade HIV/AIDS Partnership Bylaws. In any case where there is a discrepancy between these Policies and Procedures and the Bylaws, the Bylaws prevail.

Unless otherwise indicated, the following terms and definitions apply:

- The **Recipient** is the Miami-Dade County Office of Management and Budget - Grants Coordination/Ryan White Program.

- **County** is Miami-Dade County, Florida.

- **Representatives of the affected community** indicates persons with HIV/AIDS who may or may not receive Ryan White Program services.

- **Staff** refers to persons who are employed by Behavioral Science Research Corporation (BSR), operating under contract with the Recipient to provide administrative support to the Partnership. At the present time, the persons employed by BSR to provide this administrative support include:

  - Dr. Robert Ladner, President, rladner@behavioralscience.com
  - Marlen Meizoso, M.A., Project Manager/Research Associate, marlen@behavioralscience.com
  - Christina Bontempo, Project Manager/Community Liaison, cbontempo@behavioralscience.com
  - Petra Brock, M.S., Director of Research, pbrock-getz@behavioralscience.com
  - Morela Lucas, Fiscal Administrator and Office Manager, mlucas@behavioralscience.com
  - Abigail Schmelz, Research Assistant, aschmelz@behavioralscience.com

- The **contact address** of Partnership Staff Support is Behavioral Science Research Corp., 2121 Ponce de Leon Boulevard, Suite 240, Coral Gables, FL 33134.

- **Subrecipients** are Ryan White Program Part A/Minority AIDS Initiative direct service providers.

- **FDOH** is the Florida Department of Health in Miami-Dade County.

- Where items are indicated as being posted **online**, the website is www.aidsnet.org.

MEETINGS

A. SCHEDULES

- The Partnership and its committees meet monthly, unless there is no business on the agenda, or there is a local or national emergency that would preclude holding a meeting.

- The Subcommittee meets monthly January-November, unless no business is on the agenda, or there is a local or national emergency that would preclude holding a meeting.

- A meeting may be cancelled upon consultation and concurrence of the Chair (for Community Coalition Committee); and/or Recipient (for Partnership, Care and Treatment Committee, Strategic Planning Committee, and Medical Care Subcommittee meetings); and/or grantees (FDOH for Prevention Committee meetings; City of Miami for Housing Committee meetings).

- The Partnership Chair, or five (5) Partnership members upon written request to the Chair, may call for a special Partnership meeting.

- A committee or subcommittee Chair, or five (5) committee or subcommittee members, upon written request to the Chair, may call for a special committee or subcommittee meeting.

- Meetings are publicly noticed via email at least 13 calendar days before the scheduled meeting date.

- Meetings are posted to the County calendar quarterly.

- Each calendar year's meeting dates are posted online annually in January.

B. MINUTES

- Audio recordings are made of all Partnership, committee, subcommittee, and workgroup meetings.

- Audio recordings and distributed materials are kept on file by Staff for no less than six (6) years and are available by written request.

- Minutes are drafted by Staff memorializing the decisions made at each meeting. Drafted minutes are approved by members in each group's subsequent meeting. Approved minutes are posted online for up to one year. Older minutes are available by request.

C. PROTOCOL

- All meetings must comply with Florida's Government in the Sunshine Laws (Florida Statute, Chapter 286).

- The *Miami-Dade HIV/AIDS Partnership Bylaws* (Bylaws) are the governing document of the Partnership, its committees, subcommittees, and workgroups.

- Meetings are scheduled with specified start and end times. Meetings must start on time and end no later than the scheduled end time.

    - A meeting may be extended by a motion made by any voting member, upon approval by a majority of those present.

- A meeting without quorum (see below) can be cancelled at the Chair's discretion.

D. QUORUM

- Quorum is the minimum number of voting members who must be present at a meeting in order to conduct business.
  - Quorum for the Partnership is thirteen (13) voting members.
  - Quorum for each standing committee, subcommittee, and workgroup is one-third (1/3) of the voting members plus one (1).
  - The Partnership Chair counts toward quorum at all Partnership, committee, subcommittee, and workgroup meetings which s/he attends.
- No agenda items can be addressed without a quorum.
- If a quorum is not present at the start time of a meeting, the Chair will determine how long to wait for a quorum to be established before dismissing the meeting.
- If a meeting is cancelled for lack of quorum, no audio recording or minutes are taken.

E. VOTING

Voting shall be by voice vote, raised hand, or paper ballot.

Standing committees, subcommittees and workgroups may only make recommendations and suggest motions that the Partnership and other standing committees or workgroups, where applicable, may consider. They do not have the authority to bind the Partnership or the County.

PRIORITY SETTING AND RESOURCE ALLOCATIONS (PSRA)

The Care and Treatment Committee (Committee) shall recommend Ryan White Part A/MAI Program service priorities and resource allocations to the Miami-Dade HIV/AIDS Partnership, as needed to ensure Health Resources and Services Administration (HRSA) mandates are met.

All resource allocation rrecommendations are tied to service categories only, and not to individual subrecipients.

A. PRIORITY SETTING AND INITIAL ALLOCATION

Annual Needs Assessment for the Next Fiscal Year

- Staff will provide training on Needs Assessment expectations and understanding data.

- Staff will provide a comprehensive manual to Committee and Partnership members, including, but not limited to:
  - Epidemiology Data
  - Ryan White Program HIV Care Continuum Data
  - Ryan White Program Service Utilization Data
  - Ryan White Program Demographic Data

- Based on data analysis, the Committee will use established principles to determine service priorities and resource allocations.

- Recommendations will be approved by motion and forwarded to the Partnership for final approval.

B. REVISED ALLOCATIONS

Following receipt of the actual HRSA Ryan White Program Part A/MAI grant award, resource allocations may be adjusted.

- The Recipient will present the actual grant award totals.

- The Committee may adjust service category allocations, taking into account Needs Assessment data and decisions, service priorities, prior expenditures and any expenditure request to allocate funding to service categories.

- Recommendations will be approved by motion and forwarded to the Partnership for final approval.

C. SWEEPS AND REALLOCATIONS

Throughout the year, the Recipient will report over- and under-spending by service category and the Committee will hold additional resource allocations ("sweeps") as often as needed in order to maximize expenditures prior to the end of the fiscal budget year (end of February, annually).

- The Recipient will present to the Committee sweeps/reallocations expenditure spreadsheets, which include requests by subrecipient reported in aggregate by service categories.

- The Committee will use Needs Assessment data and decisions, service priorities, and expenditures to reallocate funding to service categories.

- Recommendations will be approved by motion and forwarded to the Partnership for final approval.

D. FINAL REALLOCATIONS

For the final reallocation of the year, the Recipient will request authorization to move funds expeditiously to needed service categories in order to maximize expenditures.

- The recommendation will be approved by motion and forwarded to the Partnership for final approval.

- The Recipient will provide the Committee and the Partnership with final allocations and expenditures at the close of the fiscal year's finances.

REIMBURSMENTS

Persons with HIV who are members of the Partnership, its committees, subcommittees, and workgroups are eligible to be reimbursed for expenses related to their participation.

A. ALLOWABLE EXPENSES

Allowable reimbursements include:

- Mileage reimbursement for the member's driving his or her automobile to and from Partnership, committee, subcommittee, and workgroup meetings, and approved events at which the member is acting as a designated representative of the Partnership.

- The rate of reimbursement will be on a per-mile basis, documented by a door-to-door mileage calculation by Google Maps. The amount will be based on the allowable IRS rate for use of privately owned vehicles as updated annually by the County.

- Toll charges, as documented by SunPass receipts referencing the specific trip.

- Parking expenses, as documented. A receipt must be submitted for all parking expenses. Note that:

  - Garage parking at the 2121 Ponce de Leon Blvd building is free for meetings held at the BSR offices.
  - Garage parking and outside parking lot parking at the United Way Ansin Building is free for meetings held at the United Way.
  - Parking at the Edison Neighborhood Center lot is free.

- Other expenses (only with written prior approval):

  - Bus, rail, shuttle, ride-share (Uber, Lyft), or taxi expenses
  - Lost wages
  - Telephone
  - Babysitting fees
  - Out-of-town conference attendance (registration fees, meals, travel, lodging) when this attendance is specifically approved by the Partnership.

B. PROCEDURES FOR OBTAINING REIMBURSEMENTS

- Staff will provide members with the Expense Report Form by request. The forms are available at all meetings and can be emailed.

- Expense Report Forms must be submitted no more than four (4) months after the expense was incurred.

- Expense Report Forms can be mailed, faxed, emailed, or provided to staff.

- Expense Report Forms shall be signed and dated and include receipts, if applicable.

- Staff will calculate mileage based on the shortest driving route indicated on Google Maps.

- Allow fifteen (15) business days for processing. Checks will be mailed to the address listed on the expense report.
- Staff is not required to replace checks that have been misplaced or lost by the member.
- Checks that have not been cashed within six months of being issued will be voided.

CONFLICT OF INTEREST

Conflict of interest exists when a member works for a subrecipient which is the sole provider of services in a Ryan White Part A/MAI funded service category.

Conflicted members shall:

- Refrain from participating in the discussions concerning the designated conflict of interest services category, and from voting on motions related to that service category;
- Immediately identify the nature of his/her conflict, when the service category comes to discussion, and step out of the room before discussion begins;
- Remain outside the room until business – including motions – related to the relevant service category is completed; and
- Complete Form 8B - *Memorandum of Voting Conflict for County, Municipal and other Local Public Officers* and provide it to Staff before the meeting is adjourned.

Staff shall:

- Ensure conflicted members follow the above protocol, notifying them in the course of the meeting if necessary;
- Inform the conflicted member when business related to the relevant service is completed, so that s/he may return to the meeting;
- Collect the completed Form 8B; and
- Include the completed Form 8B in the meeting minutes.

If quorum will be broken due to a member leaving the meeting because of a conflict of interest, action on the item must be tabled.

ATTENDANCE

Regular meeting attendance is vital to the success of the work of the Partnership, committees, subcommittees, and workgroups.

- Members must comply with the attendance requirement (Sections 2-11.39 and 2-1102(j) of the Code of Miami-Dade County), namely:

  - Five (5) absences in the County fiscal year (October 1 of the current year through September 30 of the following year) shall constitute grounds for removal, and members with five (5) absences are automatically removed from the Partnership, committee, or subcommittee.

  - Members must be in attendance for at least 75% of the announced duration of any scheduled meeting in order to be counted as present at the meeting. A member is counted as absent from a meeting if s/he attends the meeting for less than 75% of the scheduled or actual duration of the meeting, whichever is less.

- Absences due to Partnership-approved business/travel are not counted against the total of five (5) absences.

- Staff will monitor attendance monthly:

  - An attendance reminder will be sent via email – with read receipt – to any member who misses three (3) meetings in the County fiscal year (October 1 of the current year through September 30 of the following year).

  - A warning of removal for absenteeism will be sent via email – with read receipt – to any member who misses four (4) meetings in the County fiscal year (October 1 of the current year through September 30 of the following year).

  - Notification of removal will be sent via email – with read receipt – to members with five (5) absences.

PUBLIC COMMENT

Guests and members of the public shall be given a reasonable opportunity to be heard on any matter *that is on the agenda* at a Partnership, committee, subcommittee, or workgroup meeting, pursuant to section 286.0114, Florida Statutes. "Public" specifically refers to persons in attendance who are not voting members of the assembled group.

This opportunity shall be a standing item on every meeting agenda.

The Chair will read the following into the record to open this portion of the meeting:

> "Pursuant to Florida Sunshine Law, I want to provide the public with a reasonable opportunity to be heard on any item on our agenda today. If there is anyone who wishes to be heard, I invite you to speak now. Each person will be given three minutes to speak. Please begin by stating your name and address for the record before you talk about your concerns."

Members of the public indicating a desire to speak will be recognized by the Chair.

- Each member of the public shall be given a minimum of three (3) minutes to speak, and shall begin by identifying themselves fully, including name and address, to the members present.
- Staff will keep track of the time limit and memorialize comments in the meeting minutes.
- If there is no public to comment, or following comments, the Chair will declare that the floor is closed.

RULES OF DEBATE

All members shall comply with the following rules of debate, abstracted from Robert's Rules of Order:

- **Questions under Debate**
  When a motion is presented and seconded, it is under consideration and no other motion shall be received thereafter, except to adjourn, lay on the table, to postpone, or to amend, until the question is decided. These motions shall have preference in the order in which they are mentioned and the first two shall be decided without debate. Final action upon a pending motion may be deferred until a date certain by the majority of the members present.

- **As to the Chair or Vice-Chair**
  The Chair, upon relinquishing the Chair, may move, second, debate and vote, subject only to such limitations as are by these rules imposed upon all members. Otherwise, the Chair may not move or second any motion.

- **Getting the Floor; Improper References to be Avoided**
  Every member desiring to speak for any purpose shall address the presiding officer, and upon recognition, shall be confined to the question under debate avoiding all personalities and indecorous language.

- **Interruption; Call to Order; Appeal a Ruling of the Chair**
  A member, once recognized, shall not be interrupted when speaking unless it be a call to order as herein otherwise provided.

  If a member is called to order, the member shall cease speaking until the question of order is determined by the presiding officer, and if in order, the member shall be permitted to proceed.

  Any member may appeal to the Partnership, standing committee, subcommittee, or workgroup from the decision of the presiding officer upon a question of order, when, without debate, the presiding officer shall submit to the Partnership, standing committee, subcommittee, or workgroup, as applicable, the question, "Shall the decision of the chair be sustained?" and the Partnership, standing committee, subcommittee, or workgroup shall decide by a majority vote.

- **Privilege of Closing the Debate**
  The member sponsoring or moving the adoption of a motion shall have the privilege of closing the debate.

- **Method of Voting**
  Voting shall be by voice vote, raised hand, or paper ballot.

- **Conflicts of Interest**
  Any member with a conflict of interest on a particular matter shall refrain from participating in the proceedings related to that matter, and from voting on that matter. (See Conflict of Interest, above).

- **The Votes**
  Whenever action cannot be taken because the vote of the members has resulted in a tie, and no other available motion on an item is made and approved before the next item is called for consideration or before a recess or adjournment is called, whichever occurs first, then the item shall be removed from the agenda.

- **Vote Change**
  Any member may change their vote before the next item is called for consideration, or before a recess or adjournment is called, whichever occurs first, but not thereafter.

- **No Motion or Second**
  If an agenda item fails to receive a motion or second, it shall be removed from the agenda.

- **Reconsideration**
  An action of the Partnership, a standing committee, subcommittee, or workgroup may be reconsidered only at the same meeting at which the action was taken or at the next regular meeting thereafter.

  A motion to reconsider may be made only by a member who voted on the prevailing side of the question and must be concurred by a majority of those present at the meeting.

  A motion to reconsider an item resulting in a tie vote is not in order, and no such motion shall be reconsidered.

  A motion to reconsider shall not be considered unless at least the same number of members are present as participated in the original vote.

- **Recording of Motions and Votes**
  Staff will record all motions and memorialize in the minutes.

  Names of members voting "against" a motion will be memorialized in the minutes, regardless of the outcome of the vote.

  Any person whose name is not indicated as voting "against" a motion is, by virtue of being marked as present, counted as being "for" that motion.

- **Adjournment**
  A motion to adjourn shall always be in order and decided without debate.

RULES OF DECORUM

The following rules of decorum shall apply to all meetings:

- Any person making impertinent or slanderous remarks or who becomes boisterous while addressing any person in attendance shall be barred by the presiding officer from further appearance at that meeting, unless permission to address the members is granted by the majority vote of the members present.

- No clapping, applauding, heckling or verbal outbursts in support or opposition to a speaker for their remarks shall be permitted. No signs or placards shall be allowed in the meeting. Persons exiting the meeting shall do so quietly.

- The use of cell phones in the meetings is not permitted. Ringers must be set to silent mode to avoid disruption of the proceedings. Individuals, including those on the dais, must exit the meetings to answer incoming cell phone calls.

BYLAWS APPROVAL

The Bylaws are the governing document of the Miami-Dade HIV/AIDS Partnership and as such will be reviewed by the Executive Committee, at an interval determined by the committee. The process for review will be as follows:

1. The Executive Committee will review the Bylaws and recommend changes.

2. Staff will memorialize recommended changes in the meeting minutes and generate a revised draft based on recommendations.

3. The Committee will review the revised draft Bylaws, and may make additional changes. This process may be repeated until the Committee is satisfied that the draft is ready to be adopted as final.

4. The Committee will make a formal motion to adopt the draft Bylaws, subject to review for legal sufficiency.

5. The draft Bylaws will be provided to the (Assistant) County Attorney for legal sufficiency review.

6. The final draft Bylaws and response from the County Attorney on suggested changes will be provided to the Partnership no less than five (5) days prior to their next scheduled meeting.

7. A motion will be called to adopt the revised Bylaws.

8. The revised Bylaws will be adopted with a 2/3 vote of the current members and will become official at the conclusion of that vote and signature by the County Attorney.

REPRESENTATION OF PARTNERSHIP

Any Partnership member, including Chairs or Vice-Chairs, must be authorized by the Partnership to act as an official representative of the Partnership.

This policy applies to members attending local and/or national events, such as the Ryan White All Parts Program Conference, even when the rationale for the member's attendance is grounded on the member being affiliated with the Partnership.

A Partnership member may say that s/he is "attending as a member [or officer] of the Miami-Dade HIV/AIDS Partnership, the Miami-Dade Ryan White Planning Council," but s/he may not say that s/he "speaks for the Partnership" on a particular issue unless the position that is being taken has been authorized by the Partnership.

In the event that a Partnership member or officer is attending a specific event as a representative of the Partnership, and there are financial costs involved, the Partnership must authorize the reimbursement of these costs in advance of the attendance, and staff will advise on funding availability and limitations.

This policy also applies to communication on behalf of the Partnership. No letter, email, or other public statement may be made or published by a Partnership member or officer in his/her official capacity as a Partnership member or officer without the express authorization of the Partnership.

Notwithstanding the above, Partnership members are always encouraged to identify themselves as members of the Partnership, particularly in regards to recruitment efforts.

FLORIDA COMMUNITY PLANNING NETWORK (FCPN)

The Care and Treatment Committee makes recommendations to appoint two nominees for the FCPN Patient Care Planning Group. At least one member selected shall be a Partnership member.

The Prevention Committee makes recommendations to appoint two nominees for the FCPN Prevention Planning Group. At least one member selected shall be a Partnership member. At least one member shall be a representative from FDOH (this can be the same person).

Members serving an extended term may not be considered for nomination.

Staff will inform each relevant committee when the FCPN is seeking nominations.

Both committees shall nominate FCPN representatives by majority vote. The vote will then go before the Partnership.

Following nominations, staff will assist with the application process.

PLANNING COUNCIL (PARTNERSHIP) APPOINTMENTS

Members of the Miami-Dade HIV/AIDS Partnership are appointed by the Mayor of Miami-Dade County.

A. APPLICATION PROCESS

- Interested applicants will complete a Partnership Membership application and submit it to staff.
- Staff will verify that the application is complete, including signatures, dates and including current copy of voter's registration, as applicable.
- For applicants of the Representative of the Affected Community category, staff will verify that: 1) the applicant is non-conflicted, meaning s/he is not employed by a Ryan White Program Part A/MAI subrecipient; and 2) the applicant has been a recipient of Ryan White Part A and/or MAI program services within the previous 12 months.
- Staff will notify applicants that their application will be reviewed by the Community Coalition Committee and secure the applicant's attendance at the next Community Coalition Committee meeting.

B. NOMINATION PROCESS – STEP 1

- Staff will prepare an application score sheet, including PIR, for each applicant for Community Coalition Committee member review.
- Applicant(s) will be introduced, state their interest in serving on the Partnership, and answer any questions posed by voting members.
- Committee members will rank and score application(s) using the score sheet.
- Staff will tally the scores and present them to committee.
- A voting member of the Community Coalition Committee will make a motion to *recommend the applicant's appointment to the Partnership*, and the vote will be recorded.

C. NOMINATION PROCESS – STEP 2

- Staff will secure the applicant's attendance at the next Partnership meeting.
- Staff will prepare a new member packet – including two (2) copies of the recommended appointment memorandum, current parity, inclusion and representation (PIR) scores, current list of Partnership members, authorization to conduct a background check and affiliation of nominees, as applicable, to be given to the Recipient upon a majority vote in favor of a recommended appointment.
- During Committee Reports, applicant(s) will be introduced, state their interest in serving on the Partnership, and answer any questions posed by voting members.
- A voting member will make a motion to *recommend the applicant's appointment to the Mayor of Miami-Dade County.*

D. APPOINTMENT

- The County will deliver the new member packet to the Office of the Mayor.
- At his/her discretion, the Mayor will appoint (or not appoint) members to the Partnership by issuing a memo to the County, who will inform Staff and – if the member has been approved by the Mayor – furnish a welcome packet to the approved member(s).
- Newly appointed members need to complete the Oath of Office prior to their first meeting in order to complete the appointment process.
- Staff will forward a welcome packet outlining member expectations and responsibilities.
- If not already serving on a committee or subcommittee, the Partnership Chair will appoint a new member to a committee or subcommittee. The appointments will be ratified by majority vote of the Partnership.
- Additional training and filing requirements for new members are outlined in the Partnership Bylaws.

COMPOSITION OF PARTNERSHIP

The Miami-Dade HIV/AIDS Partnership is comprised of 39 members, three (3) alternate members, and two (2) Ex-officio members as follows:

A. MEMBERS

- Fifteen (15) member representatives of affected communities, including thirteen (13) persons living with HIV/AIDS, who are not affiliated or employed by a Part A funded provider and are recipients of Part A services, and historically underserved groups and subpopulations that reflect the demographics of the population within the eligible metropolitan area;
- One (1) health care provider representing a Federally Qualified Health Center;
- One (1) Community Based AIDS Service Organization representative;
- Two (2) housing, homeless or social service providers;
- One (1) mental health provider;
- One (1) substance abuse provider;
- One (1) HIV prevention service provider;
- One (1) representative of a hospital or health care planning agency;
- One (1) Ryan White Program Part A local grantee representative;
- One (1) state government Ryan White Program Part B grantee representative;
- One (1) representative from agencies receiving grants under Ryan White Part C;
- One (1) representative from agencies receiving grants under Ryan White Part D, or from organizations with a history of providing services to children, youth, and families, if funded locally;
- One (1) State of Florida General Revenue grantee representative;
- Four (4) grantee representatives of other federal HIV programs including, but not limited to, Centers for Disease Control and Prevention (CDC), HOPWA, Ryan White Part F, and Substance Abuse and Mental Health Services Administration (SAMHSA), if funded locally;
- One (1) state government/Medicaid Agency representative;
- One (1) local public health agency representative from the Florida Department of Health in Miami-Dade County;
- One (1) Miami-Dade County Public Schools representative;
- One (1) non-elected community leader who does not provide HIV related health care services subject to funding under the Partnership programs;
- One (1) former inmate of a local, state, or federal prison released from the custody of the penal system during the preceding three (3) years and had HIV disease as of the date of release, or a representative of HIV positive incarcerated persons;
- One (1) representative of a federally recognized Indian tribe as represented in the population from the affected community; and
- One (1) representative co-infected with hepatitis B or C from the affected community.

B. ALTERNATES

The Partnership membership shall include three (3) representatives of the affected community who are not affiliated or employed by a Part A/MAI- funded subrecipient, and who are recipients of Part A/MAI services.

- Alternate members are subject to the same application, nomination, and appointment process as outlined, above.
- Alternate members are non-voting members of the full Partnership except when a voting member is unable to serve, at which time an alternate member designated by the Chair shall serve as voting member for the full Partnership and the Partnership's committees.

C. EX-OFFICIO REPRESENTATIVES

The Partnership membership shall include two (2) ex-officio representatives:

- One (1) ex-officio representative from the Office of the Miami-Dade County Mayor; and
- One (1) ex-officio representative from the Board of County Commissioners.

COMMITTEE AND SUBCOMMITTEE APPLICATION AND NOMINATIONS PROCESS

Persons interested in committee or subcommittee membership will complete a committee/subcommittee application and submit it to staff.

Staff will check that the application is complete, signed, and dated, and verify that the applicant is a qualified Miami-Dade County elector.

Staff will notify potential nominee(s) when their application(s) will be reviewed by the committee/subcommittee of interest, and will invite nominee(s) to that meeting.

Nominees will present themselves to the committee/subcommittee to indicate their interest.

The committee/subcommittee will vote to either accept or reject membership. If accepted, staff will generate a welcome packet to forward to new members informing them of membership requirements, and invite them to the next scheduled New Member Orientation.

STANDING, SUBCOMMITTEES AND WORKGROUP COMPOSITION

A. STANDING COMMITTEES

Standing committees may have up to 24 members.

Standing committees shall strive to include 1/3 of members who are representatives of the affected community.

There are six standing committees:

1. Executive
2. Care and Treatment
3. Community Coalition
4. Housing
5. Prevention
6. Strategic Planning

B. SUBCOMMITTEESS

A Subcommittee can have a total of 24 members.

There is one subcommittee:

1. Medical Care Subcommittee

Should additional subcommittees be formed, their formation and composition shall be ratified by the Partnership.

The Medical Care Subcommittee has representation of membership, at a minimum as follows:

- Eight (8) Representatives of Affected Community
- Four (4) Licensed Medical Providers (MD, DO, APRN, PA)
- Two (2) Pharmacists
- One (1) Nutritionist
- One (1) Psychiatrist/Mental Health Professional
- One (1) ADAP representative
- One (1) General Revenue representative
- Two (2) Nurse/Medical Case Manager
- One (1) Substance Abuse Treatment
- As available General Seats

C. WORKGROUPS

Committees and subcommittees may request the Partnership create a workgroup to address a specific issue.

The recommendation to create a workgroup will include the purpose of the workgroup, duration of authorization, and membership composition.

Once approved, the workgroup will report to the authority that requested its creation.

MEMBERSHIP TERMS

A. PARTNERSHIP MEMBERS

Members shall be appointed to terms not to exceed three (3) years from the date of the Mayor's appointment of said member.

No Partnership board member shall be permitted to serve more than two (2) consecutive and complete terms of three (3) years except as required by law.

Notwithstanding the prior sentence, for the purpose of continuity, an appointed Partnership member's term can be extended until the Mayor has appointed a replacement.

Members who have served six (6) years on one (1) or any combination of committee(s) or subcommittee(s) must wait two (2) years before reapplying to any standing committee, subcommittee, workgroup, or the Partnership.

B. STANDING COMMITTEES AND SUBCOMMITTEES MEMBERS

For standing committees and subcommittees, members may serve a maximum of six (6) years on one (1) or any combination of committee(s) or subcommittee(s).

Government or grantee seats are exempted from the above; those members may serve as long as they are designated by their respective agencies to serve.

Members who have served six (6) years must wait two (2) years before reapplying to any standing committee, subcommittee, workgroup, or the Partnership.

C. WORKGROUP MEMBERS

Workgroups shall not exist for more than one year unless extended by the Partnership.

Once their work is concluded the workgroup will dissolve.

Members who have served six (6) years on one (1) or any combination of committee(s) or subcommittee(s) must wait two (2) years before reapplying to any standing committee, subcommittee, workgroup, or the Partnership.

ROLES AND RESPONSIBILITIES OF ALL MEMBERS

All members of the Partnership, standing committee(s), subcommittee, or workgroup(s) shall abide by the following

- Read and abide by the Miami-Dade HIV/AIDS Partnership Bylaws.
- RSVP and attend meeting(s) of groups of which one is a member.
- Read materials provided in advance.
- Participate in meetings, remembering you are serving the HIV positive community in Miami-Dade and not your personal interest.
- Read, sign and abide by the Code of Conduct
- Complete New Member Orientation within three months.
- Complete Ethics Training.
- Complete Sexual Harassment training (Partnership members only).
- Complete yearly source of income form and if vacating a committee, complete a final source of income form.
- For Subcommittee members, complete an annual Conflict of Interest form in January.

OFFICERS

The Partnership, committees, and subcommittees shall elect a Chair and Vice-Chair (Officers) from among its members.

All officers are full voting members.

Members serving an extended term may not be considered for officer roles.

A. COMPOSITION

- The Partnership

    1. At least one (1) officer of the Partnership must be a person with HIV.
    2. The Chair and Vice-Chair of the Partnership shall not be representatives of a grantee organization, and shall not personally provide, represent entities that provide, or otherwise possess a financial relationship with entities that provide HIV-related services funded by programs under the purview of the Partnership.
    3. No individual shall serve concurrent terms as an officer of the Partnership and an officer of a standing committee or subcommittee. The exception to this rule is for officers of workgroups, which may be led by the Chair or Vice-Chair of the committee under whose purview the workgroup was authorized.

- Standing Committees, Subcommittees, and Workgroups

    1. Each standing committee, subcommittee, or workgroup shall elect a Chair and a Vice-Chair from among its members; they shall serve at the will of the standing committee, subcommittee, or workgroup.
    2. At least one (1) officer of each standing committee must be a Partnership member who shall be designated to report committee activities to the Partnership.
    3. Standing committees, subcommittees, and workgroups shall strive to elect at least one (1) officer who is a person with HIV.
    4. No individual shall serve concurrent terms as an officer of the Partnership and an officer of a standing committee or subcommittee. The exception to this rule is for officers of workgroups, which may be led by the Chair or Vice-Chair of the committee under whose purview the workgroup was authorized.

B. NOMINATIONS AND ELECTIONS

- Nominations for Officers shall be held in the month prior to elections. Members may also be nominated from the floor on the date of elections.

- The Partnership shall hold elections in March of each calendar year.

- Standing committees and subcommittees shall hold elections in January of each calendar year.

- Workgroups shall designate Officers when they convene. Officers of standing committees may also serve as Officers of the workgroup(s) which report to their committee.

- Upon conclusion of the first one-year term in the month preceding election of a new Vice-Chair, elections shall be held in accordance with the Bylaws.

  The Chair of the Partnership, standing committee, or subcommittee may be nominated at this time to be elected for a second term.

- Other eligible members of the Partnership, standing committee, or subcommittee, including but not limited to the Vice-Chair, may also be nominated regardless of whether the current Chair has elected to seek a second term as Chair of the Partnership, standing committee or subcommittee.

C. TERM OF OFFICE

- Officers of the Partnership, standing committees, and subcommittees shall serve a one (1) year term.

- No Officer may serve more than two (2) consecutive one-year terms.

- Notwithstanding the foregoing, the terms of office of elected Chairs of workgroups may be for less than one year depending on expiration date of the workgroup.

- An individual who has served for two (2) years as an officer of a committee may reapply to be nominated as an officer of the same committee after a minimum of one year following completion of the prior term.

OFFICER RESPONSIBILITIES

A. ALL CHAIRS

All Chairs shall:

- Preside at meetings at which they are present and have been elected an officer.
- Exercise their right to vote at their respective meetings.
- Maintain decorum, ensure the participation of all members, and facilitate the enactment of business at all meetings.
- Complete the annual Officer Training.

B. THE PARTNERSHIP CHAIR

The Partnership Chair:

- Has full voting rights at Partnership meetings and at all other committee meetings they attend.
- May make appointments of Partnership members to standing committees, subcommittees, or workgroups. The appointments will be ratified by majority vote of the Partnership.

C. THE VICE-CHAIR

The Vice-Chair shall act as Chair in the Chair's absence or inability to conduct business.

PARTNERSHIP GRIEVANCE PROCEDURE

The Partnership has adopted Grievance Procedures to provide, in accordance with the Ryan White Program (42 USC § 300f-12 (a) (6) and 42 USC § 300f-12 (c) (A) and (B), an orderly procedure for resolving disputes concerning deviations from an established, written priority setting or resource allocation process (e.g., failure to follow established conflict of interests procedures), and deviations from an established, written process for any subsequent changes to priorities or allocations and those attendant rules and regulations that may affect such deviations from established processes, priorities, or allocations.

See Addendum A of the Bylaws for the complete Grievance Procedures.

ROLES AND RESPONSIBILITES OF PLANNING COUNCIL STAFF SUPPORT

The work of the Partnership and its standing committees, subcommittees, and work groups is facilitated by the Partnership Staff Support (PSS) subrecipient under contract with Miami-Dade County, Office of Management and Budget – Grants Coordination. Staff Support provides professional and clerical support to the Partnership, standing committees, subcommittees, and workgroups as part of the provision of services by the Mayor's designee (Office of Management and Budget-Grants Coordination).

Staff shall:

- Arrange for meeting space.
- Maintain and keep the records of the Partnership.
- Prepare, in cooperation with the Chair, the agenda for each meeting.
- Prepare reports, minutes, documents, or correspondence as the Partnership may direct.
- Assist the Partnership, its standing committees, subcommittees and workgroups in the conduct of various evaluations and research projects intended to provide the Partnership and its committees with the information they need to conduct meaningful discussion and prioritize and allocate resources. This assistance facilitates the creation of the Annual State of the HIV/AIDS Epidemic in Miami-Dade Report, the Miami-Dade HIV/AIDS Integrated Plan, Assessment of the Administrative Mechanism, and various other important documents which are spearheaded by various committees but whose actual production remains largely with the Support Staff subrecipient.
- Maintain a comprehensive website, www.aidsnet.org, including approved Partnership and committee meeting agendas and minutes, and other documents as directed by the planning council or the Recipient.
- Perform general administration of the business and affairs of the Partnership subject to budgetary restrictions.

Staff assignments over and above duties described in the County's Ryan White Program Administrative contract for staff support require approval by the respective funding entity.

The Partnership may allocate additional funds to provide for additional professional support for keeping the organizational records and carrying out its policies, procedures and programs in accordance with the Bylaws and in conformity with applicable state laws and regulations, County ordinances, and applicable contracts.

Staff maintains the records of the Partnership, including this document. Public records requests must be made to staff. All request should be made in writing. All requests will be reviewed to ensure compliance with local, state, and federal regulations.

EVALUATION OF CONTRACTED PARTNERSHIP STAFF SUPPORT SUBRECIPIENT AND REVIEW OF SUBRECIPIENT'S BUDGET

The work of the Partnership and its standing committees, subcommittees, and work groups is facilitated by the Partnership Staff Support (PSS) subrecipient under contract with Miami-Dade County, Office of Management and Budget – Grants Coordination. The Partnership is tasked with assessing, evaluating and reviewing the work of this contracted PSS organization. This oversight and review is accomplished in several ways:

1. The Strategic Planning Committee, through its annual Assessment of the Administrative Mechanism, surveys the individual members of the Partnership and direct service subrecipients funded by the Ryan White Program (RWP) as to their satisfaction with the performance of the administrative infrastructure of the RWP. Some of the questions on this survey pertain to the level of satisfaction of the Partnership members and direct services subrecipients with the work of the PSS subrecipient. The findings from this survey are shared with the Partnership and the Recipient, and are incorporated in the annual Ryan White Program grant application.

2. The Executive Committee, as part of its annual review of the administrative structure of the Partnership, reviews the PSS subrecipients funded scope of work and operating budget. This review is conducted in two parts:

    - The annual PSS scope of work for the March – February RWP fiscal year is reviewed by the Executive Committee in January of the program year, prior to the scope of work being submitted to the Recipient as part of the PSS subrecipient's annual contract renewal with the Recipient. The Executive Committee is made cognizant of the statutory obligations for specific services necessarily included in the PSS subrecipient's scope of work, and the fact that the work undertaken in the scope of work must be accomplished within a fixed budget specified by Miami-Dade County Office of Management and Budget for the conduct of these activities. While the Executive Committee may provide comments and suggestions on the scope of work, the final decisions concerning the content of the scope remain with the Recipient as the contracting entity.

    - The operating budget for the PSS subrecipient is reviewed in March of the program year, subsequent to its submission to the Recipient as part of the annual contracting process between the PSS subrecipient and the Recipient. The budget will be provided in narrative form, with salary information redacted, so that the Executive Committee may see the way in which the PSS subrecipient seeks to accomplish the work specified in the scope of work within the budget limitations specified by the Recipient, in light of contractual obligations, federal mandates, and emergent Partnership needs.

Chapter

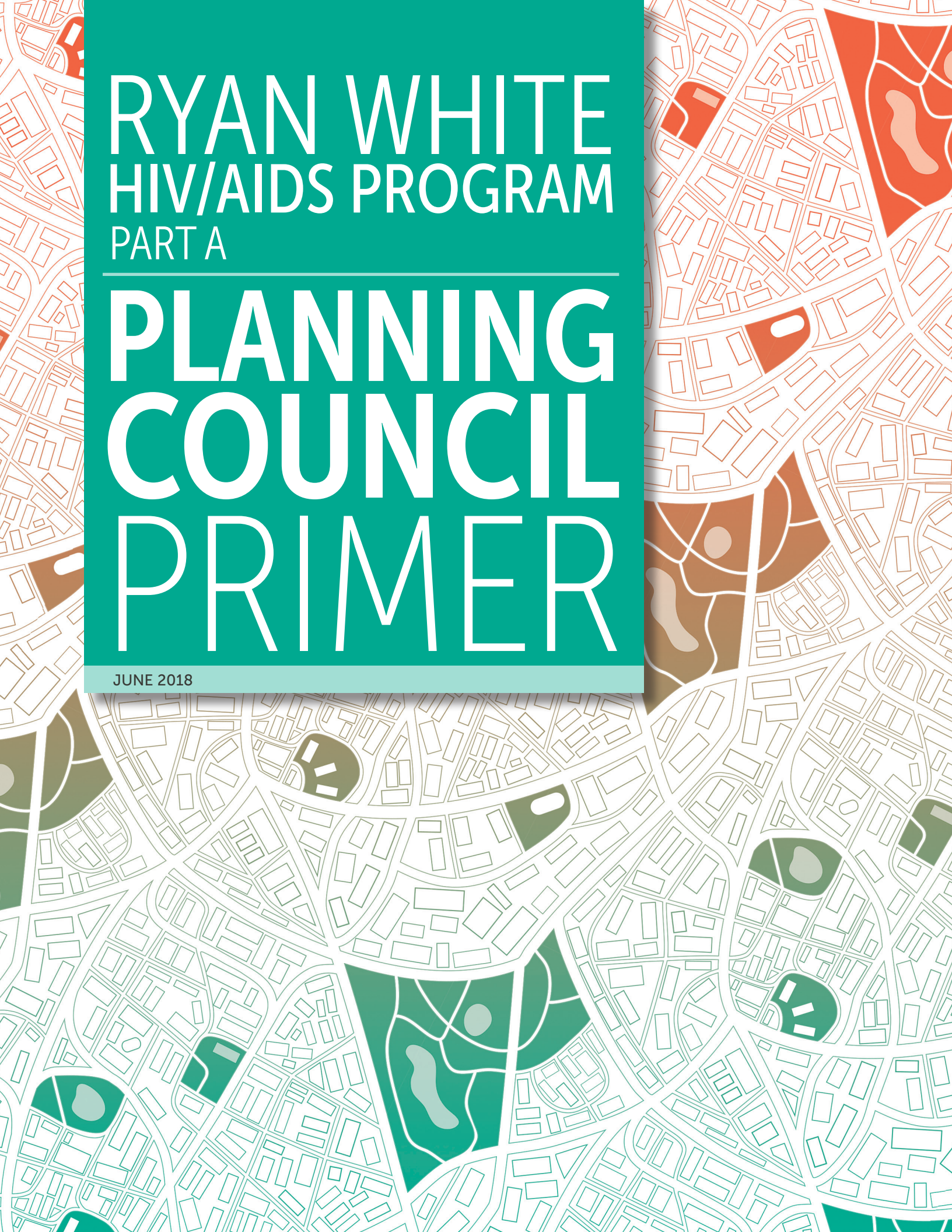
5

Planning Council Primer

RYAN WHITE HIV/AIDS PROGRAM PART A

PLANNING COUNCIL PRIMER

JUNE 2018



PLANNING
CHATT
Community HIV/AIDS
Technical Assistance & Training

This resource was prepared by JSI Research & Training Institute, Inc. in collaboration with 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 authors 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.

JSI

EGM Consulting, LLC

Contents

Introduction

Uniqueness and Value of Planning Councils

One of the important aspects of the Ryan White HIV/AIDS Program (RWHAP) is its focus on community health planning for HIV care and treatment. Community health planning is a deliberate effort to involve diverse community members in "an open public process designed to improve the availability, accessibility, and quality of healthcare services in their community."[1] The process involves "identifying community needs, assessing capacity to meet those needs, allocating resources, and resolving conflicts." For RWHAP Part A, planning councils/planning bodies play that role.

RWHAP planning councils are unique. No other federal health or human services program has a legislatively required planning body that is the decision maker about how funds will be used, has such defined membership composition, and requires such a high level of consumer participation (at least 33 percent). When more than 100 recipients, planning council leaders, and planning council support staff were asked in a recent national assessment[2] about the greatest value of planning councils, they most often identified the following benefits:

- Community involvement in decision making about HIV services
- A consumer voice in decisions about services
- Collaboration among diverse stakeholders, including consumers and other people living with HIV, providers, the local health department, researchers, and other community members, with everyone sitting at the same table and working together to make the best decisions for the community
- Positive impact on the service system, including improvements in access to and quality of care, and contributions to positive client outcomes including viral suppression.

Individuals who serve as RWHAP planning council members make a vital contribution to their communities by helping to strengthen and improve the service system for people living with HIV.

1 Stern J. Community Planning, American Health Planning Association, 2008. available at http://www.ahpanet.org/files/community_health_planning_09.pdf

2 McKay E., et al. Engaging RWHAP Consumers in Planning and Needs Assessment, 2016 National Ryan White Conference on HIV Care & Treatment. available at https://careacttarget.org/sites/default/files/supporting-files/6746McKay.pdf

Purpose of the Primer

This Primer is designed to help Ryan White HIV/AIDS Program (RWHAP) Part A planning council members better understand the roles and functioning of planning councils.

The Primer explains what RWHAP does, and describes what planning councils do in helping make decisions about what RWHAP services to fund and deliver in their geographic areas. The Primer is intended to be a basic reference to help prepare planning council members to actively engage in planning council activities, and effectively carry out their legislatively defined community health planning duties.

While most RWHAP Part A jurisdictions have planning councils, a few smaller areas have planning bodies, which serve the same purpose but are not subject to the same legislative requirements as planning councils. This Primer describes the expectations for planning councils; there are no specific requirements for other types of planning bodies. However, Health Resources and Services Administration (HRSA) encourages such planning bodies to be as similar as possible to planning councils in their membership, and to carry out the same activities as planning councils[3], as outlined in the legislation. Therefore this Primer should be useful to planning bodies as well as planning councils.

3 HRSA/HAB Letter to RWHAP Part A Grantees, 2013. Available at https://hab.hrsa.gov/sites/default/files/hab/Global/transitionalgrantareasplanningcouncilsmoving-forward.pdf

The Ryan White HIV/AIDS Program

The Ryan White HIV/AIDS Program (RWHAP) provides a comprehensive system of care that includes primary medical care and essential support services for people living with HIV who are uninsured or underinsured. The Program works with cities, states, and local community-based organizations to provide HIV care and treatment services to more than half a million people each year. The Program reaches over half of all people diagnosed with HIV in the United States.

The majority of Ryan White HIV/AIDS Program funds support primary medical care and essential support services. A smaller but equally critical portion is used to fund technical assistance, clinical training and the development of innovative models of care. The Program serves as an important source of ongoing access to HIV medications that can enable people living with HIV to live close to normal lifespans.

The RWHAP legislation is known as the Ryan White HIV/AIDS Treatment Extension Act of 2009, and is also Title XXVI of the Public Health Service Act. The legislation was first passed in 1990 as the Ryan White CARE (Comprehensive AIDS Resources Emergency) Act. The 2009 law is the fourth reauthorization of RWHAP by Congress. The program helps people living with HIV get into care early, stay in care, and remain healthy.

Most RWHAP funds are used for grants to local and state areas to address the needs of people living with HIV. Many decisions about how to use the money are made by local planning councils/planning bodies and state planning groups, which work as partners with their governments.

RWHAP is administered by the HIV/AIDS Bureau (HAB) of the Health Resources and Services Administration (HRSA). The Health Resources and Services Administration, an agency of the U.S. Department of Health and Human Services, is the primary federal agency for improving access to health care by strengthening the healthcare workforce, building healthy communities and achieving health equity.

The RWHAP legislation supports grants under the five sections of the Act: Parts A, B, C, D, and F. Below is a short description of each. The majority of the funding that goes to RWHAP Part A and Part B is awarded under a formula based on the number of living HIV and AIDS cases in these areas.

RYAN WHITE HIV/AIDS PROGRAM FUNDING

- **RWHAP Part A:** Grants to metropolitan areas hardest hit by the epidemic for HIV medical care and support services
- **RWHAP Part B:** Grants to states and territories for HIV medical care and support services, including HIV-related medications through the AIDS Drug Assistance Program (ADAP)
- **RWHAP Part C:** Community-based early intervention services grants for HIV medical care and support services
- **RWHAP Part D:** Community-based grants for family-centered primary and specialty medical care and support services for infants, children, youth, and women living with HIV
- **RWHAP Part F:** Support for five programs—Special Projects of National Significance (SPNS), AIDS Education and Training Centers (AETCs), HIV Dental Programs, and the Minority AIDS Initiative (MAI)

RWHAP Part A: Grants to Eligible Metropolitan and Transitional Areas

RWHAP Part A funds go to local areas that have been hit hardest by the HIV epidemic. The goal of RWHAP Part A is to provide optimal HIV care and treatment for low-income and uninsured people living with HIV to improve their health outcomes.

Almost three quarters of people living with HIV in the U.S. live in RWHAP Part A-funded areas. These areas are called eligible metropolitan areas (EMAs) or transitional grant areas (TGAs):

- EMAs are metropolitan areas with at least 2,000 new cases of AIDS reported in the past five years and at least 3,000 cumulative living cases of AIDS as reported by the Centers for Disease Control and Prevention (CDC) in the most recent calendar year for which data are available. As of early 2018, there were 24 EMAs.
- TGAs are metropolitan areas with between 1,000 and 1,999 new cases of AIDS reported in the past five years and at least 1,500 cumulative living cases of AIDS as reported by the CDC in the most recent calendar year for which data are available. As of early 2018, there were 28 TGAs.

RWHAP Part A funds go to the ***chief elected official (CEO)*** of the major city or county government in the EMA or TGA. The CEO is usually the mayor; however sometimes the CEO is the county executive, chair of the board of supervisors, or county judge. 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 ***recipient***. The recipient manages the grant by making sure RWHAP funds are used according to the RWHAP legislation, program policy guidance, and grants policy. The recipient works with the ***RWHAP Part A planning council/planning body***, which is responsible for making decisions about service priorities and resource allocation of RWHAP Part A funds.

RWHAP Part A funds are used to develop or enhance access to a comprehensive system of high quality, community-based care for low-income people living with HIV. RWHAP Part A recipients must provide comprehensive primary health care and support services throughout the entire geographic service area. RWHAP Part A funds may be used for HIV primary medical care and other medical-related services and for support services (like medical transportation) that are needed by people living with HIV in order to stay in care, and linked to positive medical outcomes.

At least 75 percent of service funds must be used for core medical-related services, and up to 25 percent may be used for approved support services, unless the EMA or TGA successfully

applies for a waiver. A limited amount of the money (up to 10 percent of the total grant) can be used for administrative costs, which include planning, managing, monitoring, and evaluating programs. Administrative funds are also used to support a comprehensive community planning process, through the work of a planning council or other planning body. In addition, some funds (up to 5 percent of the total grant or $3 million, whichever is less) are set aside for clinical quality management, to ensure service quality.

RWHAP Part B: Grants to States and Territories

RWHAP Part B provides funds to improve the quality, availability, and organization of HIV health care and support services in states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, Guam, and the U.S. Pacific Territories and Associated Jurisdictions.

Like RWHAP Part A funds, RWHAP Part B funds are used for medical and support services. A major priority of RWHAP Part B is providing medications for people living with HIV. The RWHAP legislation gives states flexibility to deliver these services under several programs:

- Grants for medical and support services for people living with HIV
- The AIDS Drug Assistance Program (ADAP), which provides access to HIV-related medications through the purchase of medications and the purchase of health insurance
- Grants to states with emerging communities that have a growing rate of HIV/AIDS.

States can receive ADAP funds through three types of grants:

- Formula funding that goes to every state and territory based on the number of living HIV/AIDS cases reported by the CDC in the most recent calendar year
- Competitive ADAP supplemental funding, supported through a five percent set aside of the ADAP base award and provided to states and territories that meet RWHAP legislative eligibility criteria and apply for additional funds to address a severe need for medications
- Competitive ADAP Emergency Relief Funding (ERF), available to states and territories that can demonstrate the need for additional resources to prevent, reduce, or eliminate waiting lists, including through cost-containment measures.

ADAP funds are used to provide HIV antiretroviral medications to low-income people living with HIV. Funds may also be used to pay for health coverage, copays, and deductibles* for eligible clients and for services that enhance access and adherence to drug treatments, or monitor drug treatments.

ADAP FORMULARY REQUIREMENTS

Each ADAP must cover at least one drug from each class of HIV antiretroviral medications on its ADAP formulary. RWHAP funds may only be used to purchase FDA-approved medications. Within these requirements, each ADAP decides which medications to include on its formulary and how those medications will be distributed. ADAP eligibility criteria must be consistently applied across the state or territory, and all formulary medications and ADAP-funded services must be equally and consistently available to all eligible enrolled people throughout the state or territory.

As with RWHAP Part A, 75 percent of RWHAP Part B service dollars must be used for core medical-related services unless the state obtains a waiver. RWHAP Part B recipients can use no more than 10 percent of their grants for administration, including indirect costs. They can also use up to 10 percent for planning and evaluation, but the total for both types of activities must be no more than 15 percent of the RWHAP Part B grant. As with RWHAP Part A, recipients may also spend up to 5 percent of their grant or up to $3 million, whichever is less, for the establishment and implementation of a clinical quality management program.

States are required to conduct a needs assessment to determine service needs of people living with HIV. Based upon needs assessment results, states must set priorities and allocate resources to meet these needs. States must also prepare an integrated HIV prevention and care plan, including a ***Statewide Coordinated Statement of Need (SCSN)***, which is a guide on how to meet these needs.

Planning is an essential part of determining how to use limited RWHAP Part B funds in providing a system of HIV/AIDS care. States are required to obtain community input as a component of planning for the use of RWHAP Part B resources, and many states do this through RWHAP Part B advisory groups. A state can choose to oversee planning itself through statewide or regional planning groups, or can assign the responsibility to consortia. Consortia are associations of public and nonprofit healthcare and support service providers and community-based organizations that the state contracts with to provide planning, resource allocation and contracting, program and fiscal monitoring, and required reporting. Some are statewide groups, while others cover specific local areas or regions. Some regional consortia also directly deliver medical and support services.

Some states also receive ***Emerging Communities*** grants to establish and support systems of care in metropolitan areas that are not eligible for RWHAP Part A funding but have a growing rate of HIV. To be eligible for these funds, a metropolitan area must have between 500 and 999 AIDS cases reported in the past five years. To stay eligible, it must have at least 750 cumulative living AIDS cases as of the most recent calendar year. Some Emerging Communities eventually become eligible for RWHAP Part A funding.

RWHAP Part C: Community-Based Early Intervention Services

RWHAP Part C funds local, community-based organizations to provide comprehensive primary health care and support services in an outpatient setting for people living with HIV.

RWHAP Part C funding is through ***Early Intervention Services (EIS)*** program grants. RWHAP Part C funds also help organizations more effectively deliver HIV care and services. Unlike RWHAP Part A and Part B, these funds are awarded competitively and go directly to community agencies like community health centers, rural health clinics, health departments, and hospitals. While RWHAP Part C funds many locations around the nation, a funding priority under the legislation is support for HIV-related primary care services in rural areas or for populations facing high barriers to access.

RWHAP Part C recipients must use at least 50 percent of the grant for EIS. They may use no more than 10 percent of their grants for administration, including indirect costs. In addition, RWHAP Part C recipients must use at least 75 percent of their grant funds for core medical services and up to 25 percent for support services. This is the same requirement that applies to Parts A and B.

RWHAP Part C also provides Capacity Development grants. ***Capacity Development*** grants help public and nonprofit entities strengthen their organizational infrastructure and improve their capacity to provide high-quality HIV primary care services.

RWHAP PART C EARLY INTERVENTION REQUIRED SERVICES

EIS programs must include the following components:

- HIV counseling
- High-risk targeted HIV testing
- Referral and linkage of people living with HIV to comprehensive care, including outpatient/ ambulatory health services, medical case management, substance abuse treatment, and other services
- Other HIV-related clinical and diagnostic services

RWHAP Part D: Services for Women, Infants, Children, and Youth

RWHAP Part D funds are used to provide family-centered primary medical care and support services to women, infants, children, and youth living with HIV. RWHAP Part D funds are competitive grants that go directly to local public or private healthcare organizations including hospitals, and to public agencies.

RWHAP Part D grants are used for medical services, clinical quality management, and support services, including services designed to engage youth living with HIV and retain them in care. Recipients must coordinate with HIV education and prevention programs designed to reduce the risk of HIV infection among youth. RWHAP Part D recipients can use no more than 10 percent of their grants for administration, including indirect costs.

RWHAP Part F: SPNS, AETC, Dental Programs, and MAI

RWHAP Part F provides grant funding that supports several research, technical assistance, and access-to-care programs.

- **Special Projects of National Significance (SPNS):** SPNS funds are awarded competitively to organizations that are developing new and better ways of serving people living with HIV and addressing emerging client needs. Projects include a strong evaluation component.
- **AIDS Education and Training Centers (AETCs):** AETC regional and national centers train health care providers treating people living with HIV. AETCs train clinicians and multidisciplinary HIV care team members. They help to increase the number of health care providers prepared and motivated to counsel, diagnose, treat, and medically manage people living with HIV.
- **HIV/AIDS Dental Reimbursement Program:** These funds go to dental schools and other dental programs to help pay for dental care for people living with HIV.
- **Community Based Dental Partnership Program:** These funds are used to deliver community-based dental care services for people living with HIV while providing education and clinical training for dental care providers, especially in community-based settings.
- **Minority AIDS Initiative (MAI):** MAI funds are used to improve access to health care and medical outcomes for racial and ethnic minorities— communities that are disproportionately affected by HIV. RWHAP Part A programs apply for MAI funds as part of their annual applications, and receive funds on a formula basis. They are expected to administer MAI activities as an integral part of their larger programs.

How RWHAP Part A Works

The goal of RWHAP Part A is to provide optimal HIV care and treatment for low-income and uninsured people living with HIV residing in the EMA/TGA, in order to improve their health outcomes. This section of the Primer describes the people and entities that participate in RWHAP Part A and what they do.

Participants

Participants in the RWHAP Part A grant for the EMA or TGA include the following:

- The chief elected official (CEO), who receives the funds on behalf of the EMA or TGA
- The recipient, the entity chosen by the CEO to manage the grant and make sure funds are used appropriately
- The planning council (or planning body), which conducts planning, decides how to allocate resources, and works to ensure a system of care that provides equitable access to care and needed services to all eligible people living with HIV in the EMA or TGA
- The HRSA HIV/AIDS Bureau's Division of Metropolitan HIV/AIDS Programs (HAB/DMHAP), the federal government entity within HRSA that makes sure the RWHAP Part A program is implemented appropriately.

The Chief Elected Official (CEO)

The CEO is the person who officially receives the RWHAP Part A funds from HRSA. The CEO is the chief elected official of the major city or urban county in the EMA or TGA that provides HIV care to the largest number of people living with HIV. The CEO may be a mayor, chair of the county board of supervisors, county executive, or county judge. The CEO is responsible for making sure that all the rules and standards for using RWHAP Part A funds are followed. The CEO usually designates an agency to manage the RWHAP Part A grant—generally the county or city health department. The CEO establishes the planning council/planning body and appoints its members.

The Recipient

As the person who receives RWHAP Part A funds, the CEO is the recipient. However, in most EMAs and TGAs, the CEO delegates responsibility for administering the grant to a local government agency (such as a health department) that reports to the CEO. This agency is called the recipient. The word "recipient" means the person or organization that actually carries out RWHAP Part A tasks, whether that is the CEO, the public health department, or another agency that reports to the CEO.

THE RWHAP PART A AWARDS PROCESS

Each year Congress appropriates funds for the Ryan White HIV/AIDS Program, including RWHAP Part A. The money for RWHAP Part A is divided into formula and supplemental funds and Minority AIDS Initiative (MAI) funds.

- **Formula funds** are awarded to EMA or TGAs based on the number of persons living with HIV and AIDS in the EMA or TGA.
- **Supplemental funds** are awarded to the EMA or TGA based on increasing prevalence rates, documented demonstrated need and service gaps, and a demonstrated disproportionate impact on vulnerable populations.
- **RWHAP Part A MAI funds** are allocated based on each EMA's or TGA's percentage of all living HIV disease cases among racial and ethnic minorities.

EMAs or TGAs must submit a grant application to HRSA to receive RWHAP Part A formula, supplemental, and MAI funds.

The recipient should prepare the application with planning council/planning body input. The funding year begins on March 1.

The Planning Council

Before an EMA/TGA can receive RWHAP Part A funds, the CEO must appoint a planning council. The planning council must carry out many complex planning tasks to assess the service needs of people living with HIV living in the area, and specify the kinds and amounts of services required to meet those needs. The planning council is assisted in fulfilling these complex tasks by ***planning council support (PCS) staff*** whose salaries are paid by the grant.

The RWHAP legislation requires planning councils to have members from various types of groups and organizations, including people living with HIV who live in the EMA/TGA. A key function of the planning council is to provide the consumer and community voice in decision-making about medical and support services to be funded with the EMA/TGA's RWHAP Part A dollars.

TGAs do not have to follow the legislative requirements related to planning councils, but must provide a process for obtaining consumer and community input. TGAs that have currently operating planning councils are strongly encouraged by the HIV/AIDS Bureau to maintain that structure.

HRSA/HAB

The HRSA HIV/AIDS Bureau (HAB) is the office in the federal government that is responsible for administering RWHAP Part A throughout the country. The HRSA/HAB office is located in Rockville, Maryland. HRSA develops policies to help implement the legislation, and provides guidance to help recipients understand and implement legislative requirements. These include Policy Clarification Notices (PCNs), related Frequently Asked Questions (FAQs), and Program Letters.

Each EMA or TGA is assigned a ***Project Officer*** who works in HRSA/HAB. Project Officers help the recipient and planning council do their jobs and make sure that they are running the local RWHAP Part A program as the RWHAP legislation, National Monitoring Standards, and other federal regulations say they should. Project Officers make periodic site visits and hold monthly monitoring calls with the recipient. The planning council Chair is sometimes included on a part of these calls.

Planning Council and Recipient: Separate Roles and Mutual Goals

The RWHAP Part A planning council and the recipient have separate roles that are stated in the RWHAP legislation, but they also share some duties.

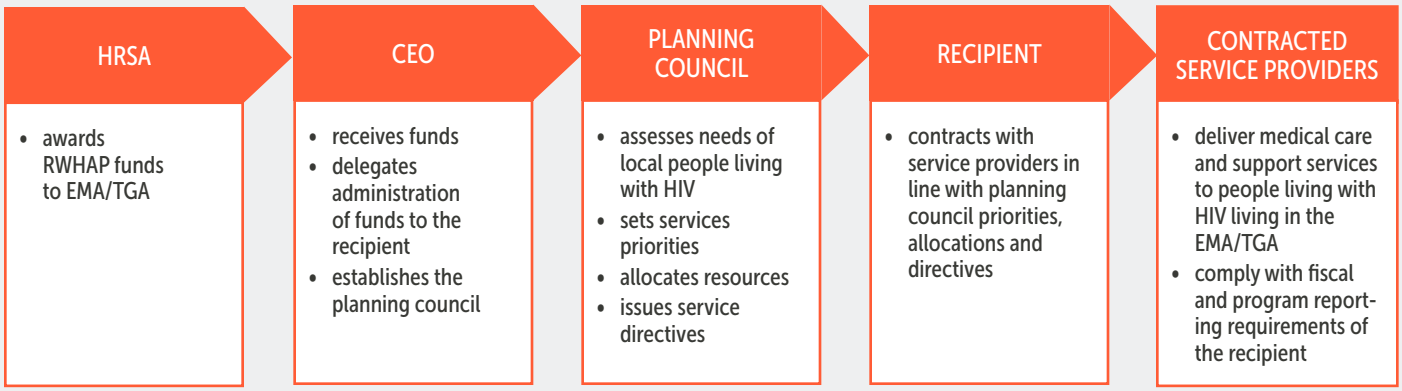
The planning council and the recipient work together on identifying the needs of people living with HIV (by conducting a needs assessment) and preparing a ***CDC and HRSA Integrated HIV Prevention and Care Plan***, formerly known as a comprehensive plan (which is a long-term guide on how to meet those needs).

Both also work together to make sure that other sources of funding work well with RWHAP funds and that RWHAP is the "payor of last resort." This means that other available funding should be used for services before RWHAP dollars are used to pay for them.

The planning council decides what services are priorities for funding and how much funding should be provided for each service category, based upon the needs of people living with HIV in the EMA/TGA. The recipient is accountable for managing RWHAP Part A funds and awarding funds to agencies to provide services that are identified by the planning council as priorities, usually through a competitive "Request for Proposals" (RFP) process.

The planning council cannot do its job without the help of the recipient, and the recipient cannot do its job without the help of the planning council. Some of the responsibilities are identified clearly in the RWHAP legislation. Others must be decided locally. It is important that the planning council and the recipient work together and come to an agreement about their duties. This agreement should be written in planning council bylaws and in a memorandum of understanding (MOU) between the recipient and the planning council.

How RWHAP Part A Improves Access and Services for People Living with HIV



The table below shows which RWHAP Part A participant has responsibility for specific roles and duties. Each of these roles/duties is described in detail in the following sections of the Primer.

Roles/Duties of the CEO, Recipient, and Planning Council

ROLE/DUTY	RESPONSIBILITY		
	CEO	Recipient	Planning Council
Establishment of Planning Council/ Planning Body	✓		
Appointment of Planning Council/ Planning Body Members	✓		
Needs Assessment		✓	✓
Integrated/Comprehensive Planning		✓	✓
Priority Setting			✓
Resource Allocations			✓
Directives			✓
Procurement of Services		✓	
Contract Monitoring		✓	
Coordination of Services		✓	✓
Evaluation of Services: Performance, Outcomes, and Cost-Effectiveness		✓	*Optional*
Development of Service Standards		✓	✓
Clinical Quality Management		✓	*Contributes but not responsible*
Assessment of the Efficiency of the Administrative Mechanism			✓
Planning Council Operations and Support		✓	✓

Planning Council Duties

The planning council (and its staff) must carry out many complex tasks, summarized in the box and described below.

The first step is to set up rules and structures to help the planning council to operate smoothly and fairly (***planning council operations***). This includes bylaws, grievance procedures, conflict of interest policies and procedures, procedures that ensure open meetings, and an open nominations process to identify nominees for the planning council. It also includes a committee structure. Planning councils must be trained in planning, and new members must receive orientation to their roles and responsibilities and those of the recipient.

The planning council must find out about what services are needed and by which populations, as well as the barriers faced by people living with HIV in the EMA or TGA (***needs assessment***). Next—based on needs assessment, utilization, and epidemiologic data—it decides what services are most needed by people living with HIV in the EMA or TGA (***priority setting***) and decides how much RWHAP Part A money should be used for each of these service categories (***resource allocations***).

The planning council may also provide guidance to the recipient on service models, targeting of populations or service areas, and other ways to best meet the identified priorities (***directives***). The planning council works with the recipient to develop a long-term plan on how to provide these services (***integrated/comprehensive planning,*** formerly called comprehensive planning). The planning council reviews service needs and ways that RWHAP Part A services work to fill gaps in care with other RWHAP Parts through the Statewide Coordinated Statement of Need (SCSN) as well as with other programs like Medicaid and Medicare (***coordination***).

The planning council also evaluates how providers are selected and paid, so that funds are made available efficiently where they are most needed (***assessment of the efficiency of the administrative mechanism***). All of these roles are described below.

PLANNING COUNCIL ROLES AND RESPONSIBILITIES

- Planning council operations: structure, policies, and procedures, and membership tasks
- Needs assessment
- Integrated/comprehensive planning
- Priority setting and resource allocations
- Directives: guidance to the recipient on how best to meet priorities
- Coordination with other RWHAP Parts and other HIV-related services
- Assessment of the efficiency of the administrative mechanism
- Development of service standards
- Evaluation of program effectiveness (optional)

Planning Council Operations

Planning councils must have procedures to guide their activities. Planning council operations are usually outlined in their bylaws and described in greater detail in policies and procedures covering the following areas:

MEMBERSHIP

The planning council needs a membership committee and a clear and open nominations process to choose new planning council

members and to replace members when a member's term ends or the person resigns. This includes making sure that the planning council membership overall and the consumer membership meet the requirements of ***reflectiveness***—having characteristics that reflect the local epidemic in such areas as race, ethnicity, gender, and age, and ***representation***—filling the required membership categories as stated in the legislation (See page 17). Particular attention should be paid to including people from disproportionately affected and "historically underserved"[4] groups and subpopulations. At least 33 percent of voting members must be consumers of RWHAP Part A services who are *"unaffiliated"* or *"unaligned."* This means they do not have a conflict of interest, meaning they are not staff, paid consultants, or Board members of RWHAP Part A-funded agencies.

Open nominations require member vacancies and nomination criteria to be widely advertised. The announcement of an opening on the planning council should include the qualifications and other factors that are considered when choosing members. Nomination criteria must include a conflict of interest standard so that planning council members make decisions that are best for people living with HIV in the EMA or TGA, without considering personal or professional benefits for themselves or their families. The planning council reviews nominations against vacancies and recommends members to the CEO for appointment.

LEADERSHIP

Every planning council has a leader, usually called the Chair. This responsibility may be shared by two or more persons, called Co-Chairs, or there may be a Chair and Vice Chair(s). HRSA suggests that the Chair of the planning council be elected by its members. Sometimes a Chair or one Co-Chair is appointed by the recipient from the list of members recommended by the planning council. A person who works for the recipient may not be the only Chair of the council—in this case, there must be Co-Chairs.

COMMITTEES

Planning councils do much of their work in committees. Most planning councils require each member to participate actively on one committee and to attend full planning council meetings. Bylaws usually specify several permanent "standing committees," and may permit special ad hoc temporary or time-limited committees or caucuses as well. Committee structures vary, but most planning councils have an executive or steering committee, a membership committee (sometimes also responsible for operations such as policies and procedures), and a people living with HIV or consumer committee or caucus. In addition, they usually have one or several committees responsible for carrying out major legislative responsibilities related

4 Ryan White HIV/AIDS Treatment Extension Act of 2009 www.hab.hrsa.gov/sites/default/files/hab/About/RyanWhite/legislationtitlexxvi.pdf

Required Planning Council Membership Categories

PEOPLE LIVING WITH HIV & COMMUNITY

- Members of affected communities*
- Non-elected community leaders
- Representatives of recently incarcerated people living with HIV
- Unaffiliated consumers

PUBLIC HEALTH & HEALTH PLANNING

- Public health agencies
- Healthcare planning agencies
- State agencies**

HEALTH & SOCIAL SERVICE PROVIDERS

- Healthcare providers, including FQHCs
- Community-based organizations and AIDS service organizations
- Social service providers
- Mental health and substance abuse treatment providers

FEDERAL HIV PROGRAMS

- RWHAP Part B recipients
- RWHAP Part C recipients
- RWHAP Part D recipients†
- Recipients under other federal HIV programs‡

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* Including people living with HIV, members of a federally recognized Indian tribe as represented in the population, individuals co-infected with hepatitis B or C, and "historically underserved[4] groups and subpopulations

** Including state Medicaid agency and agency administering the RWHAP Part B program

† If there is no RWHAP Part D recipient in the EMA or TGA, representatives of organizations with a history of serving children, youth, and families living with HIV

‡ Including HIV prevention services

PLANNING COUNCIL BYLAWS

Each planning council must have written rules, called bylaws, which explain how the planning council operates. Bylaws must be clear and exact. They should include at least the following:

- Mission of the planning council
- Member terms and how members are selected (open nominations process)
- Duties of members
- Officers and their duties
- How meetings are announced and run, including how decisions are made
- What committees the planning council has and how they operate
- Conflict of interest policy
- Grievance procedures
- Code of Conduct for members
- How the bylaws can be amended

to needs assessment, integrated/comprehensive planning, priority setting and resource allocations, and maintaining and improving the system of care. Committees typically discuss issues, develop plans or recommendations, and bring them to the executive/steering committee for review and possible revision. Then the recommendations go to the full planning council for final discussion and action.

TRAINING

Members need to learn how to participate in the many tasks involved in RWHAP planning. Planning councils must provide orientation for new members, covering topics such as the legislation and their roles and responsibilities in planning, as well as those of the recipient. All planning council members should receive periodic training to help them carry out their roles. HRSA requires planning councils to confirm in the annual RWHAP Part A application that training for all members occurred at least once during the year.[5]

GROUP PROCESS

This includes a Code of Conduct, as well as rules for committee and full planning council operations, meeting times, and locations. These decisions are usually summarized in the bylaws and detailed in official policies and procedures.

DECISION MAKING

The planning council needs to agree on how decisions will be made—for example, by voting or consensus—and how grievances related to funding decisions and conflict of interest will be managed (see Planning Council Bylaws). For example, the planning council needs to decide whether its meetings will follow *Robert's Rules of Order.* These rules and procedures are usually included in the bylaws and further described in separate policies and procedures.

CONFLICT OF INTEREST

The planning council must define ***conflict of interest*** and determine how it will be handled as the planning council carries out its duties. The planning council must develop procedures to assure that decisions concerning service priorities and funding allocations are based upon community and client needs and not on the financial interests of individual service providers or the personal or professional interests of individual planning council members. Conflict of interest procedures generally include a disclosure form completed by all members that states in writing any affiliations that could create a conflict of interest.

5 The FY 2018 Notice of Funding Opportunity (NOFO) for RWHAP Part A requires that the letter of assurance from the planning council or the letter of concurrence from the planning body leadership provide evidence that "ongoing, annual membership training occurred, including the date(s)" [p 15].

Usually, conflict of interest policies also apply to specified family members. Thus, planning councils must decide how planning council members may or may not participate in making decisions about specific services if they or close family members are staff, consultants, or Board members of agencies that are receiving RWHAP Part A funds for these specific services, or are competing for such funds. For example, if a planning council member works for a substance abuse treatment provider receiving RWHAP Part A funds, the member may not participate in decision making about priorities, allocations, or directives related to substance abuse treatment. However, members may freely share their insights and expertise at appropriate times in a non-voting context, such as during data presentations or community input sessions, since all members can benefit from hearing a variety of perspectives and expertise.

GRIEVANCE PROCEDURES

The planning council must develop ***grievance procedures*** to handle complaints about how it makes decisions about funding. The grievance procedures must specify who is allowed to file a grievance, types of grievances covered, and how grievances will be handled. The recipient must also have its own grievance procedures, which focus on handling of complaints about the process used for funding of ***subrecipients*** who provide services. The two sets of grievance procedures should be written to be in alignment with each other so that they do not conflict.

PLANNING COUNCIL SUPPORT

Planning councils need personnel to assist them in their work, and money to pay for things like a needs assessment and meeting costs. This is called ***planning council support***. Planning council support should cover reasonable and necessary costs associated with carrying out legislatively mandated functions. The planning council's budget is a part of the recipient's administrative budget, so the planning council and recipient decide together what funds are needed. The planning council then works with its support staff to develop its own budget and monitor expenses, but must meet RWHAP and recipient rules regarding use of funds. In deciding how much planning council support to pay for, planning councils and recipients should balance the need for support in order to meet planning requirements with the need for other administrative activities and for direct services for people living with HIV.

HRSA encourages planning councils to use some planning council support funds to reimburse unaffiliated consumer members for their actual expenses related to participation in the planning council, such as travel or child/dependent care. However, RWHAP funds may not be used to provide stipends to members.

Needs Assessment

The planning council works with the recipient to identify service needs by conducting a needs assessment. This involves first finding out how many persons living with HIV (both HIV/non-AIDS and AIDS) are in the area through an ***epidemiologic profile***. Usually, an epidemiologist from the local or state health department provides this information. Next the council determines the needs of populations living with HIV and the capacity of the service system to meet those needs. This assessment of needs is done through surveys, interviews, key informant sessions, focus groups, or other methods.

The needs assessment seeks to determine:

- Service needs and barriers for people living with HIV who are in care
- The number, characteristics, and service needs and barriers of people living with HIV who know their HIV status and are not in care
- The estimated number, probable characteristics, and barriers to testing for individuals who are HIV-infected but unaware of their status
- The number and location of agencies providing HIV-related services in the EMA or TGA—a resource inventory of the local "system of care"
- Local agencies' capacity and capability to serve people living with HIV, including capacity development needs
- Service gaps for all people living with HIV and how they might be filled, including how RWHAP service providers need to work with other providers, like substance abuse treatment services and HIV prevention agencies.

The needs assessment must include direct input from people living with HIV. Needs assessment is usually a multi-year task, with different components updated each year.

The needs assessment should be a joint effort of the planning council and recipient, with the planning council having lead responsibility. It is sometimes implemented by an outside contractor under the supervision of the planning council. Usually the costs for needs assessment are part of the planning council support budget. Regardless of who does this work, it is important to obtain many perspectives, especially those of diverse groups of people living with HIV, and to consider the needs of people living with HIV in and out of care, including the need to identify those who do not know their status. Results should be carefully analyzed and compared with other data, such as information from the recipient on client characteristics and utilization of funded services. (See Appendix I for a description of the multiple data sources the planning council reviews in making its decisions.)

Priority Setting and Resource Allocations

The planning council uses needs assessment data as well as data from a number of other sources to set priorities and allocate resources. This means the members decide which services are most important to people living with HIV in the EMA or TGA (priority setting) and then agree on which service categories to fund and how much funding to provide (resource allocations). In setting priorities, the planning council should consider what service categories are needed to provide a comprehensive system of care for people living with HIV in the EMA or TGA, without regard to who funds those services.

The planning council must prioritize only service categories that are included in the RWHAP legislation as core medical services or support services. These are the same service categories that can be funded by RWHAP Part B and RWHAP Part C programs. (See page 22 for a list of service categories eligible for RWHAP Part A funding.)

After it sets priorities, the planning council must allocate resources, which means it decides how much RWHAP Part A funding will be used for each of these service priorities. For example, the planning council decides how much funding should go for outpatient/ambulatory health services, mental health services, etc. In allocating resources, planning councils need to focus on the legislative requirement that at least 75 percent of funds must go to cover medical services and not more than 25 percent to support services, unless the EMA or TGA has obtained a waiver of this requirement. Support services must contribute to positive medical outcomes for clients. Typically, the planning council makes resource allocations using three scenarios that assume unchanged, increased, and decreased funding in the coming program year.

The planning council makes decisions about priorities and resource allocations based on many factors, including:

- Needs assessment findings
- Information about the most successful and economical ways of providing services
- Actual service cost and utilization data (provided by the recipient)
- Priorities of people living with HIV who will use services
- Use of RWHAP Part A funds to work well with other services like HIV prevention and substance abuse treatment services, and within the changing healthcare landscape
- The amount of funds provided by other sources like Medicaid, Medicare, state and local government, and private funders—since RWHAP is the "payor of last resort" and should not pay for services that can be provided with other funding.

ELIGIBLE RWHAP PART A & PART B SERVICES

Core medical-related services, including:

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 Services
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, including:

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 [for example, Legal Services and Permanency Planning]
10. Outreach Services
11. Psychosocial Support Services
12. Referral for Healthcare and Support Services
13. Rehabilitation Services
14. Respite Care
15. Substance Abuse Services (residential)

The planning council also has the right to provide directives to the recipient on how best to meet the service priorities it has identified. It may direct the recipient to fund services in particular parts of the EMA or TGA (such as outlying counties), or to use specific service models. It may tell the recipient to take specific steps to increase access to care (for example, require that Medical Case Management providers have bilingual staff or that primary care facilities be open one evening or weekend a month). It may also require that services be appropriate for particular subpopulations—for example, it may specify funding for medical services that target young gay men of color. However, the planning council cannot pick specific agencies to fund, or make its directives so narrow that only one agency will qualify. The planning council may review sections of the Request for Proposals (RFP) the recipient develops for RWHAP Part A services, to ensure that directives are appropriately reflected, but it cannot be involved in any aspect of contractor selection (***procurement***) or in managing or monitoring RWHAP Part A contracts. These are recipient responsibilities.

The planning council allocates RWHAP Part A service funds only. The planning council's own budget is a part of the recipient's administrative budget (as described in the Planning Council Operations section above). The planning council does not participate in decisions about the use of administrative funds other than planning council support, or in the use of clinical quality management (CQM) funds. These decisions are made by the recipient.

Once the EMA or TGA receives its grant award for the upcoming year, the planning council usually needs to adjust its allocations to fit the exact amount of the grant. During the year, the recipient usually asks the planning council to consider and approve some ***reallocation*** of funds across service categories, to ensure that all RWHAP Part A funds are spent and that priority service needs are met, or establishes a standard mechanism to reallocate up to some agreed-upon percentage.

Integrated/Comprehensive Planning

The planning council works with the recipient in developing a written plan that defines short- and long-term goals and objectives for delivering HIV services and strengthening the system of care in the EMA or TGA. This is called a comprehensive plan in the legislation, but is now called the CDC and HRSA Integrated HIV Prevention and Care Plan, including the Statewide Coordinated Statement of Need (SCSN).

The legislation gives the planning council a lead role in the planning process, which must be carried out in close coordination with the recipient. The EMA or TGA may submit a joint plan with the state RWHAP Part B program. The plan is based, in part, on the results of the needs assessment and other information such as client utilization data. It is used to guide decisions about how to deliver HIV services for people living with HIV. The plan should be consistent with other existing local or state plans and with national goals to end the HIV epidemic.

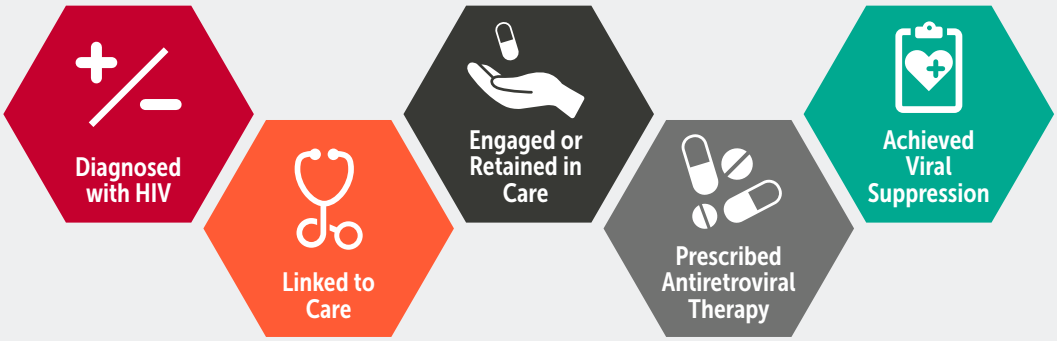
The plan should ensure attention to each stage of the ***HIV care continuum***, which measures the steps or stages of HIV medical care from diagnosis to linkage to care, retention in care and treatment, prescribing of HIV medications, and achieving the goal of viral suppression (a very low level of HIV in the body).

CDC and HRSA/HAB provide joint guidance on what the integrated HIV Prevention and Care Plan should include and when it needs to be completed. The first Integrated Prevention and Care Plan was submitted to CDC and HRSA on September 30, 2016 as a five-year plan covering the years 2017–2021. The plan should be reviewed, and where necessary updated, annually, and should be used as a roadmap for implementation of the jurisdiction's RWHAP Part A programs.

NATIONAL GOALS TO END THE HIV EPIDEMIC

- Reduce new HIV infections
- Increase access to care and improve health outcomes for people living with HIV
- Reduce HIV-related health disparities
- Achieve a more coordinated national response to HIV

HIV Care Continuum



Coordination with Other RWHAP Parts and Other Services

The planning council is responsible for ensuring that RWHAP Part A resource allocation decisions account for and are coordinated with other funds and services. The planning tasks described earlier (needs assessment, priority setting and resource allocation, integrated/comprehensive planning) require getting lots of input, including finding out what other sources of funding exist. This information helps avoid duplication in spending and reduce gaps in care. For example, the needs assessment should find out what HIV prevention and substance abuse treatment services already exist. Integrated/comprehensive planning helps the planning council consider the changing healthcare landscape and the implications for HIV services.

The ***Statewide Coordinated Statement of Need***, called the SCSN, is a way for all RWHAP activities in a state to work together to identify and address significant HIV care issues related to the needs of people living with HIV, and to use that information to maximize coordination, integration, and effective linkages across programs. Representatives of the planning council—and the recipient—must participate with other RWHAP Parts (Parts B, C, D and F) in the state to develop a written SCSN. The SCSN is a part of each state's Integrated HIV Prevention and Care Plan.

Assessment of the Efficiency of the Administrative Mechanism

The planning council is responsible for evaluating how rapidly RWHAP Part A funds are allocated and made available for care. This involves ensuring that funds are being contracted for quickly and through an open process, and that providers are being paid in a timely manner. It also means reviewing whether the funds are used to pay only for services that were identified as priorities by the planning council and whether the amounts contracted for each service category are the same as the planning council's allocations. The results of this ***assessment of the efficiency of the administrative mechanism*** are shared with the recipient, who develops a response including corrective actions if needed. Both the results of the assessment and the recipient response are summarized in the RWHAP Part A funding application for the following year.

Development of Service Standards

Establishing service standards is a shared responsibility of the recipient and the planning council. While it is ultimately the responsibility of the recipient to ensure that service standards are in place, the planning council typically takes the lead in developing service standards for funded service categories.[6] ***Service standards*** guide providers in implementing funded services. They typically address the elements and expectations for service delivery, such as service components, intake and eligibility, personnel qualifications, and client rights and responsibilities. The service standards set the minimum requirements of a service and serve as a base on which the recipient's clinical quality management (CQM) program is built. Developing service standards is usually a joint activity; the planning council works with the recipient, providers, consumers, and experts on particular service categories. These service standards must be consistent with HHS guidelines on HIV care and treatment as well as HRSA/HAB standards and performance measures, including the National Monitoring Standards.

Evaluation of Services

The planning council may choose to evaluate how well services funded by RWHAP Part A are meeting identified community needs, or it can pay someone else to do such an evaluation. The Part A recipient's CQM program can provide information on clinical outcomes that informs the planning council about the impact of services. The recipient may include planning council members on its CQM committee. In addition, most planning councils regularly review EMA/TGA performance along the HIV care continuum. The planning council uses evaluation findings in considering ways to improve the system of care, including changing service priorities and allocations and developing directives.

To carry out the array of planning tasks described above the planning council meets regularly throughout the year, as a whole and in committees. See Appendix II for a sample calendar describing the approximate timing of various planning council activities by months of the year.

6 Service Standards: Guidance for Ryan White HIV/AIDS Program Grantees/ Planning Bodies. 2014. Available at www.targethiv.org/servicestandards

CEO and Recipient Duties

CEO Duties Related to the Planning Council

The CEO has three important duties related to the planning council:

- **Establish the Planning Council:** The CEO must establish and maintain the planning council—or, in the case of a TGA, some other process to obtain community input, particularly from people living with HIV. This includes making sure that the planning council membership meets requirements related to representation, reflectiveness, and participation of unaffiliated consumers. The CEO should ensure that these requirements are specified in planning council bylaws.
- **Choose Planning Council Members:** The CEO establishes the first planning council. After that, the council itself is responsible for identifying and screening candidates and forwarding their names, the membership categories they will fill, and other requested information to the CEO so they can be considered for appointment. The CEO retains sole responsibility for appointment and removal of planning council members. If some nominees submitted by the planning council are not appointed, the CEO informs the planning council, and it provides additional nominees.
- **Review and Approve Bylaws and Other Processes:** The CEO establishes the planning council and thus has the authority to review and approve planning council bylaws and other policies. Often, the planning council is considered an official board or commission of the city or county. Its bylaws and procedures must fit the policies established for these bodies as well as meeting RWHAP legislative requirements.

Recipient Duties

The recipient has several planning duties that are shared with the planning council. These include assisting the planning council with needs assessment and integrated/comprehensive planning and providing information the planning council needs to carry out its priority setting and resource allocation responsibilities. It also shares responsibility for coordination with other RWHAP activities and services. In addition, the recipient has administrative duties, which means that it is responsible for making sure that RWHAP Part A funds are fairly and correctly managed and used. The main duties of the recipient are described below.

ADDITIONAL RECIPIENT ADMINISTRATIVE DUTIES

- ☐ Establish intergovernmental agreements (IGAs) with other cities/counties in the EMA or TGA
- ☐ Establish grievance procedures to address funding-related decision making
- ☐ Ensure delivery of services to women, infants, children, and youth with HIV
- ☐ Ensure that RWHAP funds are used to fill gaps and do not pay for care that can be supported with other existing funds
- ☐ Ensure that services are available and accessible to eligible clients
- ☐ Control recipient and provider administrative costs
- ☐ Prepare and submit the annual RWHAP Part A funding application
- ☐ Meet HRSA/HAB reporting requirements

Appendix III briefly describes these duties.

RECIPIENT ADMINISTRATIVE DUTIES

Below are the major RWHAP Part A recipient duties designed to make sure that funds are used fairly and appropriately, in a way that maximizes linkage of people living with HIV to care, retention in care, and positive medical outcomes. Additional duties are listed in the box and described in Appendix III.

Procurement of Services

The recipient is responsible for identifying and selecting qualified service providers for delivering RWHAP Part A services. The recipient must award service funds to eligible providers (***subrecipients***) based on a fair and equitable system, usually through a competitive Request for Proposals (RFP) process.

In contracting for services, the recipient must distribute RWHAP Part A funds according to the priority setting and resource allocation decisions of the planning council. The recipient can only spend the amount of money that the planning council decides should be used for each funded service category. In addition, the recipient must follow planning council directives about "how best to meet" priority needs.

The planning council has no say about how the recipient uses funds for its own administrative expenses.

Contract Monitoring

Once subrecipient contracts have been awarded, the recipient must manage them and regularly monitor subrecipients. The recipient must make sure that the providers who receive RWHAP Part A funds use the money according to the terms of the subrecipient contract they signed with the recipient and meet RWHAP Part A National Monitoring Standards and other federal requirements established by HRSA/HAB. The recipient monitors subrecipients to determine how quickly they spend RWHAP Part A funds, and if they are providing the contracted services, providing services only to eligible clients, using funds only as approved, and meeting reporting and other requirements. Contract monitoring is solely a recipient responsibility.

The planning council receives monitoring results only by service category, not by subrecipient.

The recipient must keep track of how rapidly RWHAP Part A money is, or isn't, being spent. If funds are not being spent in a timely fashion, there are two options:

1. The recipient may reallocate the funds to another provider within the same service category, or
2. The planning council may agree to reallocate funds to a different prioritized service category.

The recipient and the planning council must share information and work together to ensure that any changes are in agreement with the priorities and allocations established by the planning council.

Clinical Quality Management Activities and Evaluation of Performance and Outcomes

The recipient must establish a ***clinical quality management (CQM)*** program, designed to improve patient care, health outcomes, and patient satisfaction. Components include infrastructure, performance measurement, and quality improvement.

- An ideal ***infrastructure*** includes leadership, dedicated staffing and resources, a quality management plan that covers all funded medical and support services, a CQM committee, consumer and stakeholder involvement, and assessment of the CQM program.
- ***Performance measurement*** is the process of collecting, analyzing, and reporting data regarding patient care, health outcomes, and patient satisfaction with the services they receive. Recipients select a portfolio of performance measures based on funded services, local HIV epidemiology, the identified needs of PLWH, and the national goals to end the epidemic.
- Based on performance measurement results, recipients work with subrecipients in the development and implementation of ***quality improvement*** activities to make changes to the program to improve services.

Subrecipients must be actively involved in CQM activities. Recipients are expected to ensure that subrecipients have the capacity to contribute to the CQM program, have the resources to conduct CQM activities, and implement a CQM program in their organization.

Recipients can use up to 5 percent of the award or $3 million (whichever is less) to conduct CQM programs. The recipient shares with the planning council the results of its CQM activities. The planning council receives information by service category, but not about individual providers/subrecipients. These CQM data help the planning council in future cycles of priority setting and resource allocation.

QUALITY MANAGEMENT, QUALITY ASSURANCE, AND QUALITY IMPROVEMENT

Clinical Quality Management is the coordination of activities aimed at improving patient care, health outcomes, and patient satisfaction, as described in this section.

Quality Assurance refers to activities aimed at ensuring compliance with minimum quality standards. Quality assurance activities include the process of looking back to measure compliance with standards (e.g., HHS guidelines, professional guidelines, service standards). Site visits and chart reviews are examples of commonly used quality assurance activities.

Quality Improvement is a part of CQM. It uses CQM performance data as well as data collected as part of quality assurance processes to strengthen patient care, health outcomes, and patient satisfaction.

As part of, or along with, CQM, the recipient often evaluates clinical outcomes. These outcomes are often measured using the HIV care continuum, with its focus on linkage to care, retention in care, use of antiretroviral therapy, and viral suppression. These results may be reviewed for all people living with HIV in the service area, for all RWHAP clients, and for key client subpopulations. Subpopulations may be defined by characteristics such as race/ethnicity, gender, age, place of residence, and/or risk factor. This helps the planning council in future decision making.

RECIPIENT DUTIES SHARED WITH THE PLANNING COUNCIL

Support for Planning Council Operations

The recipient must cooperate with the planning council by negotiating and managing its budget, providing staff expertise to support committees, and providing information the planning council needs to carry out its responsibilities. This includes data on client characteristics, service utilization, and service costs, as well as information for assessing the efficiency of the administrative mechanism.

Both the planning council and the recipient have the responsibility to support participation of people living with HIV on the planning council, although primary responsibility lies with the planning council. Examples include reimbursing expenses of consumer members such as travel and child care costs. The planning council establishes reimbursement policies; the recipient helps to ensure timely payment of reimbursements. The recipient assists in training planning council members by explaining recipient roles and helping planning council members understand information provided by the recipient such as data on service costs and client utilization of funded services.

Needs Assessment

The recipient works with the planning council to assess the needs of communities affected by HIV. It usually arranges for an epidemiologic profile to be provided by its surveillance unit or by the state's surveillance unit, and it ensures that funded providers cooperate with needs assessment efforts such as surveys and focus groups of people living with HIV and providers.

Integrated/Comprehensive Planning

The recipient and planning council work together to develop, review, and periodically update the CDC and HRSA Integrated HIV Prevention and Care Plan for the organization and delivery of HIV services. The recipient helps develop goals and objectives, and works with the planning council to ensure a workable joint plan for implementing them. Usually the recipient plays a key role in arranging to collect performance and outcomes data to evaluate progress towards the goals and objectives of the plan. Both recipient and planning council participate in reviewing and updating the plan.

Coordination with Other RWHAP Parts and Other Services

The recipient and planning council work together to make sure that RWHAP Part A funds are coordinated with other services and funders. This coordination occurs partly through planning, including needs assessment and the Statewide Coordinated Statement of Need. Throughout the year, the recipient helps keep the planning council informed about changes in HIV-related prevention and care services and funding, as well as the evolving healthcare landscape.

RECIPIENT PLANNING DUTIES SHARED WITH THE PLANNING COUNCIL

- ☐ Needs assessment
- ☐ Integrated/comprehensive planning
- ☐ Development of service standards
- ☐ Coordination with other RWHAP activities and other services, including:
  - – Participation in the Statewide Coordinated Statement of Need (SCSN)
  - – Ensuring that use of RWHAP funds is coordinated with other funding sources and with other healthcare systems and services

Technical Assistance

The RWHAP Part A recipient and the planning council/planning body may request technical assistance from HRSA to help them develop the knowledge and skills needed to meet the responsibilities outlined in this Primer. Examples of the kinds of technical assistance that HRSA can provide include: supporting participation of people living with HIV in RWHAP planning, training the planning council on using data for decision making, helping in the design of a needs assessment, assisting the planning council to refine committee structures and operations, and providing training to help the planning council and recipient understand their roles and work well together. HRSA can provide information describing what other EMAs or TGAs have done, offer model training materials, or provide experts to work with the planning council and recipient either long distance or on-site.

RWHAP Part A recipients and planning councils may seek and request technical assistance through the following channels:

- **HRSA/HAB Project Officer:** HRSA federal Project Officers are the first point-of-contact for RWHAP recipients in accessing technical assistance. Requests for technical assistance for the recipient or the planning council must be made in writing by the recipient to the HRSA/HAB Project Officer. For more information, visit the HAB Web Site at www.hab.hrsa.gov
- **TargetHIV.org** The TargetHIV website is the central source and "one-stop shop" for finding technical assistance and training resources for the Ryan White HIV/AIDS Program. Among the website's key features are a resource library, a calendar of technical assistance and training events, contact information for RWHAP recipients, a Help Desk, and information about specific programs and services including tools and tips. Users can search for information on a particular topic or directed at a particular audience. Visit the TargetHIV website at www.targetHIV.org
- **Planning CHATT:** The *Community HIV/AIDS TA and Training for Planning* project (*Planning CHATT*) builds the capacity of RWHAP Part A planning councils and planning bodies across the U.S. to meet their legislative requirements, strengthen consumer engagement, and increase the involvement of community providers in HIV service delivery planning. The Planning CHATT project provides training and technical assistance to support the work of planning council/planning body members, staff, and RWHAP Part A recipients. Find Planning CHATT on the TargetHIV website: www.targetHIV.org/planning-chatt

References and Resources for Further Information

Descriptions of Ryan White HIV/AIDS Treatment Extension Act of 2009

Materials available on the HRSA/HAB website describing the Ryan White HIV/AIDS program (RWHAP), including each of its Parts:

Overview

- About the Ryan White HIV/AIDS Program
  www.hab.hrsa.gov/about-ryan-white-hivaids-program/about-ryan-white-hivaids-program

RWHAP Fact Sheets

Fact sheets on all RWHAP Parts

www.hab.hrsa.gov/publications/hivaids-bureau-fact-sheets

- Part A: Eligible Metropolitan Areas and Transitional Grant Areas
- Part B: States and U.S. Territories
- Part B: AIDS Drug Assistance Program
- Part C: Early Intervention Services and Capacity Development
- Part D: Women, Infants, Children, and Youth
- Part F: Special Projects of National Significance
- Part F: AIDS Education and Training Centers Program
- Part F: Dental Programs

RWHAP Part A

- RWHAP Part A: Grants to Eligible Metropolitan and Transitional Areas, including list of current Eligible Metropolitan Areas (EMAs) and Transitional Grant Areas (TGAs)
  www.hab.hrsa.gov/about-ryan-white-hivaids-program/part-a-grants-emerging-metro-transitional-areas

RWHAP Part B

- RWHAP Part B: Grants to States & Territories
  www.hab.hrsa.gov/about-ryan-white-hivaids-program/part-b-grants-states-territories
- RWHAP Part B: AIDS Drug Assistance Program
  www.hab.hrsa.gov/about-ryan-white-hivaids-program/part-b-aids-drug-assistance-program

RWHAP Part C

- RWHAP Part C: Early Intervention Services and Capacity Development Program Grants
  www.hab.hrsa.gov/about-ryan-white-hivaids-program/part-c-early-intervention-services-and-capacity-development-program-grants

RWHAP Part D

- RWHAP Part D: Services for Women, Infants, Children, and Youth
  www.hab.hrsa.gov/about-ryan-white-hivaids-program/part-d-services-women-infants-children-and-youth

RWHAP Part F

- Special Projects of National Significance
  www.hab.hrsa.gov/about-ryan-white-hivaids-program/part-f-special-projects-national-significance-spns-program
- AIDS Education and Training Centers
  www.hab.hrsa.gov/about-ryan-white-hivaids-program/part-f-aids-education-and-training-centers-aetc-program
- Dental Programs
  www.hab.hrsa.gov/about-ryan-white-hivaids-program/part-f-dental-programs
- Minority AIDS Initiative
  www.hab.hrsa.gov/about-ryan-white-hivaids-program/part-f-minority-aids-initiative

RWHAP Recipients

- Recipient lists and addresses by RWHAP Part, and list of RWHAP Part A planning councils/planning bodies
  www.targethiv.org/content/grantees-part

Planning Council Legislative Requirements

Current legislation, which is a part of the Public Health Service Act

- Ryan White HIV/AIDS Treatment Extension Act of 2009
  www.hab.hrsa.gov/sites/default/files/hab/About/RyanWhite/legislationtitlexxvi.pdf
- Title XXVI, HIV Health Care Services Program, of the Public Health Service Act
  www.legcounsel.house.gov/Comps/PHSA-merged.pdf

Service Standards

- Service Standards: Guidance for Ryan White HIV/AIDS Program Grantees/Planning Bodies. December 2, 2014
  www.targetHIV.org/ServiceStandards

The Planning Process

Strengthening the Healthcare Delivery System through Planning: a three-part planning institute at the 2016 National Ryan White Conference on HIV Care and Treatment

www.targetHIV.org/planning-CHATT/planning-institute-2016

- Planning Bodies 101
- Planning Infrastructures 201
- Data-Driven Decision Making 301

Planning Council Roles, Responsibilities, and Operations

RYAN WHITE HIV/AIDS PROGRAM PART A MANUAL, REVISED 2013

A primary source of information about requirements, expectations, and suggested practices for planning council operations and for implementation of legislative responsibilities. Chapters identified below address legislative duties and some key aspects of planning council operations.

www.hab.hrsa.gov/sites/default/files/hab/Global/happartamanual2013.pdf

Implementing Legislative Responsibilities

- Planning Council Responsibilities: Section X. Chapter 3
- Needs Assessment: Section XI. Chapter 3
- Priority Setting and Resource Allocations: Section XI. Chapter 4
- Integrated/Comprehensive Plan: Section XI. Chapter 5
- Effectiveness of Funded Services to Meet Identified Need: Section X. Chapter 9
- Outcomes Evaluation: Section X. Chapter 10

Planning Council Operations

Membership

- Planning Council Membership: Section X. Chapter 4
- Planning Council Nominations: Section X. Chapter 5
- Member Involvement and Retention: Section XI. Chapter 8

People living with HIV/Consumer Participation

- Section X. Chapter 6
- Section XI. Chapter 9

Policies and Procedures

- Grievance Procedures: Section X. Chapter 7
- Conflict of Interest: Section X. Chapter 8

Federal Regulations and Guidelines

National Monitoring Standards (NMS)

See Monitoring Standards Guidance under www.hab.hrsa.gov/program-grants-management/ryan-white-hivaids-program-recipient-resources

- Frequently Asked Questions www.hab.hrsa.gov/sites/default/files/hab/Global/programmonitoringfaq.pdf
- Universal Monitoring Standards www.hab.hrsa.gov/sites/default/files/hab/Global/universalmonitoringpartab.pdf
- RWHAP Part A Fiscal Monitoring Standards www.hab.hrsa.gov/sites/default/files/hab/Global/fiscalmonitoringparta.pdf
- RWHAP Part A Program Monitoring Standards www.hab.hrsa.gov/sites/default/files/hab/Global/programmonitoringparta.pdf

Policy Clarification Notices (PCNs) and Program Letters

www.hab.hrsa.gov/program-grants-management/policy-notices-and-program-letters

Among the PCNs and program letters most important to Planning Councils are the following:

- *Transitional Grant Areas and Planning Councils Moving Forward, Program Letter,* December 4, 2013. Clarifies expectations and recommendations around the continued maintenance of planning councils by Transitional Grant Areas (TGAs) that were formerly Eligible Metropolitan Areas (EMAs) after Fiscal Year 2013.
- *Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Uses of Funds* Policy Clarification Notice (PCN) #16-02, Revised December 5, 2016 and effective for awards made after October 1, 2016. Identifies eligible individuals, describes allowable service categories for RWHAP, and provides program guidance for implementation.
- *Clinical Quality Management,* Policy Clarification Notice (PCN) #15-02, undated. Clarifies HRSA RWHAP expectations for clinical quality management (CQM) programs.

Uniform Guidance

- For all federal awards, *OMB Uniform Guidance: Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Guidance), 2 CFR [Code of Federal Regulations] Part 200.* The Guidance will supersede and streamline requirements from OMB Circulars A-21, A-87, A-110, A-122, A-89, A-102 and A-133 and the guidance in Circular A-50 on Single Audit Act follow-up.
  www.bit.ly/2EJqWwt
- For HHS Programs: *45 CFR Part 75—Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards*
  www.bit.ly/2GX2Cc9

RWHAP Part A Application Requirements

Ryan White HIV/AIDS Program Part A, HIV Emergency Relief Grant Program, Notice of Funding Opportunity (NOFO) No. HRSA-18-066

www.targetHIV.org/library/funding-opportunity-rwhap-fy18-part-hrsa-18-066

Program Use and Impact

- *Annual Client-Level Data Report: Ryan White HIV/AIDS Program Services Report (RSR) 2015.* Health Resources and Services Administration, December 2016.
  www.hab.hrsa.gov/sites/default/files/hab/data/datareports/2015rwhapdatareport.pdf

Appendix I: Types of Data Reviewed by Planning Councils for Priority Setting and Resource Allocation

Epidemiologic profile: A description of the HIV epidemic in the EMA or TGA, usually prepared annually by local or state HIV surveillance staff, for use in both HIV prevention and HIV care planning. It usually describes characteristics of the general population, persons newly diagnosed with HIV infection, persons living with HIV disease, and persons at risk for HIV. Data help planning councils identify trends in the epidemic that will affect service needs.

Needs assessment data: Information about the number, characteristics, and service needs and barriers of people living with HIV, both in and out of care; current provider resources available to meet those needs; and service gaps. These data help the planning council improve service access and quality, overall and for specific subpopulations.

Service expenditure and cost data: Information provided by the recipient showing how much money is spent for each funded service category and what it costs to provide one "unit" of service or to serve one client for a year. Planning councils use this information in funding decisions and estimating the costs of serving additional clients.

Client characteristics and service utilization data: Data on the total number and characteristics of local RWHAP clients, including the number and characteristics of RWHAP Part A clients served in each service category. Data usually come from the annual Ryan White Services Report (RSR). Data help planning councils understand the demand for specific services and identify subpopulations facing barriers to access.

HRSA performance measures and clinical outcomes data: Data used to monitor and improve the quality of care across the EMA/TGA and in individual provider organizations, usually based on the percent of clients that meet the goal or service standard. Measures may relate to a process (such as frequency of medical visits or development of a case management care plan) or clinical outcome (such as viral suppression). Data help planning councils make funding decisions and agree on changes in service standards or models of care.

Clinical Quality Management (CQM) data: Information on patient care, health outcomes, and patient satisfaction. Performance measures are gathered through CQM processes. Then subrecipients work together on structured quality improvement projects that make changes to address identified weaknesses. CQM data help planning councils decide whether program or funding changes are needed to improve service quality and outcomes.

Testing/EIIHA data: Data on the number of people who receive HIV tests, the number and percent testing positive and their characteristics, and the number referred to needed services. HRSA/HAB requires RWHAP Part A programs to implement a strategy for the Early Identification of Individuals with HIV/AIDS (EIIHA). This includes identifying key target populations, locating individuals with HIV who do not know their HIV status, informing them of their status through testing, and helping link them to medical care and support services.

Unmet Need data: An estimate of the number of people living with HIV in the service area who know they are HIV-positive but are not receiving HIV-related medical care. May also include an assessment of the characteristics of individuals with unmet need and their service barriers and gaps. Planning councils use this information to make decisions about use of funds to find people with unmet need and link or relink them to care.

HIV care continuum data: Data that outline the steps or stages of HIV care that people living with HIV go through, and the number and proportion of individuals at each stage in the EMA or TGA. The continuum may begin with the estimated total number of people living with HIV (including those unaware of their status) or with the number diagnosed and living with HIV. Typical steps include diagnosis, linkage to care, retention in care (based on doctor visits and/or laboratory tests), treatment with antiretroviral therapy, and viral suppression (a very low level of HIV in the body). Planning councils use this information to improve services all along the continuum, often based on HIV care continuum data for specific RWHAP Part A subpopulations (for example, young gay men of color or African American women).

Appendix II: Sample Planning Council/ RWHAP Part A Program Calendar

Most planning councils operate on a RWHAP Part A program year, which runs from March through February. The chart below provides a "typical" annual calendar, though of course planning councils vary in their timing of key activities. Recipient activity is included in the chart, since some tasks, especially priority setting and resource allocations (PSRA), need to link to recipient deadlines, especially submission of the RWHAP Part A application. The application is usually due in September. The chart does not include regular committee meetings, but most planning councils have them monthly except in December. Most planning councils also have a retreat and/or some training during the year, but there is no set time for them.

MONTH	PLANNING COUNCIL ACTIVITY	RECIPIENT ACTIVITY
January	• Beginning of member terms [most frequent date] • Orientation for new members • Needs assessment	• Final reallocations • Review of RWHAP Part A competitive applications and selection of subrecipients for program year beginning March 1
February	• Election of officers [date varies] • Needs assessment (continued) • Committee development/approval of work plans for coming year	• Receipt of Notice of Award (NOA) for program year starting March 1—often a partial award
March	• Final allocations based on actual award amount [if full award is received; happens later if a partial award is received because there is not yet a final federal HHS budget] • Needs assessment (continued) • Review of progress on Integrated Plan	• Initial closeout of prior program year • Submission of Ryan White Services Report (RSR) • Review/preparation of response to conditions of award • Contracting with providers
April	• Town halls for input to PSRA • Obtain and review/integration of data from various sources • Directives development • Updating of Integrated Plan work plan as needed, with assignments to committees [process more complicated if joint plan was developed with state]	• Review of performance and outcome measures for prior year • Input to Integrated Plan update • Completion or obtaining of epi profile/ trends report
May	• Identification of any data problems or gaps • Assessment of the efficiency of the administrative mechan ism (AAM) begins • Data presentation	• Final closeout of prior year • Submission of Annual Progress Report for prior year • Submission of Program Expenditure Report for prior year
June	• Directives development (continued) • Priority setting and resource allocation (PRSA) begins	• Review of first quarter expenditures • Subrecipient monitoring [ongoing]

MONTH	PLANNING COUNCIL ACTIVITY	RECIPIENT ACTIVITY
July	• PSRA work sessions and final approval • Presentation/adoption of directives • Submission of PSRA results to recipient	• Submission of Annual Federal Financial Report • Planning for submission of RWHAP Part A application
August	• Presentation/discussion of AAM report • PC sections of RWHAP Part A application • Negotiation of PC budget amount with recipient • Development of PC budget • Reallocation of funds if needed based on expenditures	• Preparation of RWHAP Part A application • Negotiation of PC budget amount • Recommendations for reallocation of funds if needed based on expenditures • Response to AAM report
September	• Review of draft application • Preparation of PC letter to accompany application, signed by Chair/Co-Chairs	• Completion and submission of RWHAP Part A application
October	• Review of service standards	• Issuance of RFP for RWHAP Part A services (selected services each year; often a 3-year cycle)
November	• Rapid reallocations • Planning for needs assessment	• Rapid reallocations • Receipt of provider applications in response to RFP for RWHAP Part A services
December	• Planning for new program year, including committee work plans	• Estimated Unobligated Balance (UOB) and estimated carryover request

Appendix III: Additional Recipient Administrative Duties

Establish Intergovernmental Agreements (IGAs): The recipient must make sure that RWHAP Part A funds reach all communities in the EMA or TGA where need exists. Thus, it must establish formal, written agreements with cities and counties within the EMA or TGA that provide HIV-related services and also account for at least 10 percent of the EMA's or TGA's reported AIDS cases. This agreement is called an Intergovernmental Agreement (IGA.) An IGA should describe how RWHAP Part A funds will be distributed and managed.

Establish Grievance Procedures: The recipient must develop grievance procedures to handle complaints about funding, such as the process by which contractors (subrecipients) are chosen. Like the planning council's grievance procedures, they must specify who is allowed to file a grievance, types of grievances covered, and how grievances will be handled.

Ensure Services to Women, Infants, Children, and Youth with HIV/AIDS: The recipient must assure that the percentage of money spent on serving women, infants, children, and youth with HIV is at least in proportion to each group's percent of the total number of cases of HIV disease in the EMA or TGA. An exception is allowed when the recipient can show that their needs are met through other programs like Medicaid, Medicare, or RWHAP Part D. The planning council must consider this requirement when setting priorities and allocating resources.

Ensure that RWHAP Funds are Used to Fill Gaps: RWHAP Part A recipients must ensure that RWHAP Part A funds do not pay for services that are funded by other sources and are not used to replace local spending on HIV care. The legislation requires that RWHAP be the "payor of last resort." This means, for example, that the recipient must require subrecipients such as clinics to make sure clients are not eligible for Medicaid or some other source of funding before they use RWHAP Part A funds to pay for their care. This requirement makes sure that RWHAP funds are used to assist people living with HIV who do not have any other source of payment for the services they need.

Ensure Availability and Accessibility of Services to Eligible Clients: Recipients must ensure that RWHAP Part A services are available regardless of an individual's health condition or ability to pay and in settings that are accessible to low-income people living with HIV.

Outreach must be provided to inform people of the availability of services and to link them to care. One of the most important

priorities of the RWHAP legislation is to identify people who are unaware of their HIV status and need to be tested, help them determine their status, and refer and link people newly diagnosed with HIV to care. (This process is called Early Identification of Individuals with HIV and AIDS, or EIIHA.) Another priority is to find people who know their HIV status but are not receiving regular HIV-related medical care (people with "unmet need") and help them to enter and stay in care.

Subrecipients receiving RWHAP Part A funds must be required to work with other providers so that people living with HIV have access to services. This network of providers is called a "continuum of care" or "system of care." As part of this, providers should prioritize getting people into care as soon after diagnosis as possible by maintaining what the legislation calls "appropriate relationships with entities that constitute key points of access to the health care system." Key points of access include, for example, testing sites, emergency rooms, substance abuse treatment programs, and sexually transmitted disease clinics. Processes must be in place to ensure that people newly diagnosed with HIV are immediately referred and linked to care and helped to remain in care.

Control Administrative and Quality Management Costs: The recipient may use up to 10 percent of the RWHAP Part A grant for managing the RWHAP Part A program and for other administrative activities, including planning council support, and up to 5 percent of the grant for Clinical Quality Management. Examples of administrative duties include writing applications, preparing reports, and activities related to procurement and contract monitoring (including reviewing provider applications, negotiating and monitoring contracts, and paying subrecipients). The recipient must control those costs, and also ensure that local subrecipients, contractors, and other entities, collectively, spend no more than 10 percent of total RWHAP Part A service funds for administrative expenses.

Prepare and Submit the RWHAP Part A Application: The recipient is responsible for preparing and submitting a RWHAP Part A application to the federal government each year. Although this is the recipient's responsibility, the planning council should participate in the preparation of this application because the application requires information about the planning council and how it works, as well as the planning council's priorities and proposed resource allocations for the coming year. The Chair or Co-Chairs of the planning council must certify in writing to HRSA that the priorities in the application are the ones developed by the planning council. They must also verify that the recipient spent funds in the past year according to the planning council's allocation decisions and indicate how the planning council established priorities for the upcoming program year.

Meet HRSA/HAB Reporting Requirements: As a federal grantee, the recipient is required to meet a variety of HRSA/HAB requirements, including submission of data, programmatic, and fiscal reports. Some reports include input from the planning council/planning body or reflect its decisions. For example, the Program Terms Report and the Program Submission are due 90 days after the final Notice of Award. The Program Terms Report includes information such as a consolidated list of contractors (subrecipients). Among the information required for the Program Submission are a signed endorsement letter from the planning council Chair or Co-Chairs endorsing the priorities and allocations submitted by the recipient, and a planning council membership roster and information on member reflectiveness. The recipient also submits an Estimated Unobligated Balance (UOB) and an estimate of anticipated carryover funding to HRSA by December 31, a RWHAP Part A and Minority AIDS Initiative Final Expenditure Report and an Annual Progress Report 90 days after the end of the program period, and a Carryover Request for any unspent funds within 30 days after the Final Expenditure Report.

All recipients under RWHAP Parts A-D, along with their contracted subrecipients, must also submit an annual client-level data report called the Ryan White Program Services Report (RSR) that covers the calendar year. The RSR provides data on the characteristics of RWHAP recipients, providers, and clients served. RSR data document program performance and accountability. RSR data on client characteristics and service utilization are used by the planning council and recipient in decision making about use of funds and the system of care. Because it provides data from all recipients, the RSR provides information used by HRSA/HAB for monitoring client health outcomes, assessing organizational capacity and service utilization, monitoring the use of RWHAP to address HIV in the U.S., and tracking progress toward the national goals to end the epidemic.

PLANNING
CHATT

Community HIV/AIDS
Technical Assistance & Training

Chapter

6

Resources

The following resources are being included for your information and use.

- Partnership Expense Report
- New Member Orientation Power Points

Miami-Dade HIV/AIDS Partnership Expense Report
Summary of Reimbursement Policy

The following is a ***summary*** of the Miami-Dade HIV/AIDS Partnership Reimbursement Policy. For a copy of the complete policy, or if you have questions, please contact Staff Support at Behavioral Science Research, (305) 445-1076.

Eligible Members

- Miami-Dade HIV/AIDS Partnership members living with HIV/AIDS.
- Partnership committee members living with HIV/AIDS.
- Partnership and committee members who are directly affected by HIV/AIDS *may* be eligible for the purposes of these policies *if they demonstrate financial need*. For instance, members who have a family member or significant other living with HIV/AIDS.

Expenses submitted more than four (4) months after the expense date will not be reimbursed.

Allowable Expenses

Members are strongly urged to contact Staff Support at Behavioral Science Research, (305) 445-1076, with questions about allowable expenses, prior to incurring those expenses.

Transportation

- Transportation expenses to and from Partnership and committee meetings, including taxi (*requires prior approval*), tolls, bus or shuttle, mileage (based on the current U.S. General Services Administration reimbursement rate).

Parking

- For Partnership meetings at Behavioral Science Research, BSR validates parking in the 2121 Ponce de Leon garage or pays for metered parking if the garage is full.
- For all other Partnership meetings, you must get a receipt and fill out the Expense Report.

Other Expenses (May be reimbursed ***WITH PRIOR APPROVAL***)

- Lost wages
- Telephone
- Babysitting fees
- Conference expenses ➔ ***Attendance must be approved by the Partnership*** ←
  - Registration fees | Meals | Travel | Lodging

Instructions

- Save all receipts and attach to your completed Expense Report.
  - Expense Reports without receipts *will not be processed*.
- Complete, *sign and date* one Expense Report each month.
  - Expenses submitted more than four (4) months after the expense date *will not be reimbursed*.
- Submit completed Expense Reports by mail, email, fax, or give directly to Staff Support.
  - Allow up to fifteen (15) business days for processing.
  - Checks will be mailed to the address listed on the top of your completed Expense Report.

Mail
Behavioral Science Research
Attn: Partnership
2121 Ponce de Leon Boulevard, Suite 240
Coral Gables, FL 33134

Email
cbontempo@behavioralscience.com

Fax
(305) 448-3325

MIAMI-DADE HIV/AIDS PARTNERSHIP

EXPENSE REPORT

Name
Street Address
City/State/Zip Code
Phone
Check will be mailed to the above address. Sign and date the completed form below.

Expenses must be submitted no later than the 20th day of the month following the month in which the meeting expense was incurred. Allow up to fifteen (15) business days for processing. See reverse for details on eligibility and allowable expenses. For assistance completing this form, contact Christina Bontempo at BSR, (305) 445-1076; cbontempo@behavioralscience.com.

			Receipt required								
		1	2	3	4			5	6	Add 1 through 6	
Date	**Expense Description**	**Taxi**	**Tolls**	**Bus or Shuttle**	**Parking**	**MILEAGE # of Miles**	**Rate**	**Total $**	**Receipt required Other**	**Subtotal**	
							$0.575	$ -		$	-
							$0.575	$ -		$	-
							$0.575	$ -		$	-
							$0.575	$ -		$	-
							$0.575	$ -		$	-
							$0.575	$ -		$	-
							$0.575	$ -		$	-
							$0.575	$ -		$	-
	Subtotals	-	-	-	-	0.0		$ -	$ -	$	-

Send completed Expense Reports with receipts to Behavioral Science Research, Attn. Partnership, 2121 Ponce de Leon Boulevard, Suite 240, Coral Gables, FL 33134; by email to cbontempo@behavioralscience.com; or by fax to (305) 448-3325. Expense Reports without receipts will not be processed.

Subtotal	**$ -**
Less cash advance	
Grand Total	**$ -**

I hereby certify that the reimbursement requested above is a true and correct statement of expenses incurred in the conduct of Miami-Dade HIV/AIDS Partnership business.

Signature _____ **Date:** _____

For office use:

AUTHORIZED BY _____ **DATE** _____

Behavioral Science Research Corp.

Effective January 1, 2020

MIAMI-DADE HIV/AIDS PARTNERSHIP

New Member Orientation

Part I

Our Vision is to eliminate disparities and improve health outcomes for all people living with or at risk for HIV/AIDS.

aidsnet.org

Sections of this presentation have been adapted from the Target HIV-Planning CHATT

New Member Orientation Objectives

1. Introduce Ryan White Program functions, rules and terminology.
2. Introduce the Partnership's functions, goals, missions and committees.
3. Review Partnership members' responsibilities.
4. Review essential processes of the Partnership.
5. Introduce terms, concepts, and governing documents.
6. Familiarize new Partnership members with some HIV/AIDS data elements and how to use them.

Note: The Partnership is the official Ryan White HIV/AIDS Planning Council

RYAN WHITE LEGISLATION

WHAT EVERY PLANNING COUNCIL MEMBER SHOULD KNOW

Ryan White Treatment Extension Act

- Largest Federal government program *specifically designed* to provide services for people living with HIV/AIDS – $2.3 billion in funding in FY 2019
- Third largest Federal program serving people living with HIV/AIDS – after Medicaid and Medicare
- Enacted as the Ryan White Comprehensive AIDS Resources Emergency Act in 1990
- Amended in 1996, 2000, 2006, 2009 – no longer an "emergency" act; currently the Ryan White HIV/AIDS Treatment Extension Act of 2009 (Title XXVI of the Public Health Services Act

Importance of Ryan White HIV/AIDS Program (RWHAP)

- More than 1.1 million people in the U.S. are living with HIV.
- About 1 in 7 (nationally) do not know their status.
- About half of people with HIV who know their status receive at least one medical, health, or related support service from a Ryan White HIV/AIDS Program provider – over 551,000 nationwide in 2016.

Revised Purpose of Ryan White Legislation

- No longer "emergency relief" for overburdened health care systems.
- 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."

Ryan White Programs: Part A

- Funding for 52 **E**ligible **M**etropolitan **A**reas (EMAs) and **T**ransitional **G**rant **A**reas (TGAs) that are severely and disproportionately affected by the HIV epidemic:
  - **24 EMAs**

    ≥2,000 cases of AIDS reported in past 5 years and ≥3,000 living cases
  - **28 TGAs**

    1,000–1,999 cases reported in past 5 years and ≥1,500 living cases
- Administered by the Division of Metropolitan HIV/AIDS Programs (DMHAP) a division of the Health Resources and Services Administration (HRSA).

Ryan White Programs: Part B

- Grants to all 50 States, DC, Puerto Rico, territories and jurisdictions:
  - Base Award
  - Supplemental Award (competitive)
  - AIDS Drug Assistance Program (ADAP)
  - Supplemental ADAP Award
  - Grants to Emerging Communities (500-999 new cases in past 5 years)
- Administered by the Division of State HIV/AIDS Programs (DSHAP) a division of the Health Resources and Services Administration (HRSA).

Parts C and D

- **Part C**
  - Funding to local community-based organizations, community health centers, health departments, and hospitals to support comprehensive primary health care and support services in an outpatient setting.
  - Planning grants and capacity development grants to more effectively deliver HIV care and services.
- **Part D** Family-centered HIV primary medical and support services for women, infants, children, and youth living with HIV and their affected family members.

Part F Dental Services

- **Part F** Dental Reimbursement Programs and Community Based Dental Partnership.
- Administered by the Division of Community HIV/AIDS Programs (DCHAP) a division of the Health Resources and Services Administration (HRSA).

Part F Minority AIDS Initiative (MAI)

- Congress authorized MAI in 1999 to improve access to HIV care and health outcomes for disproportionately affected minority populations.
- Allowable uses of MAI funds vary by Ryan White Program Part.
- Ryan White HIV/AIDS Program (RWHAP) Part As receive MAI formula grants to use for core medical and related support services designed to improve access and reduce disparities in health outcomes.
- Funding formula is based on the number of racial and ethnic minority individuals with HIV/AIDS in the jurisdiction.

Other Part F Programs

- **Special Projects of National Significance (SPNS)** Supports the development of innovative models of care and effective delivery systems for HIV care, and the dissemination of successful models.
- **HIV/AIDS Education and Training Centers (AETCs)** Supports a network of regional centers that conduct targeted, multidisciplinary education and training programs for health care providers serving people with HIV.
- Administered by the Office of HIV/AIDS Training and Capacity Development (OHATCD).

LEGISLATIVE CONTEXT

FACTS AND FACTORS IMPORTANT TO PLANNING COUNCILS/BODIES

Factors Affecting HIV/AIDS Services Nationally

1. The epidemic continues, especially among traditionally underserved and hard-to-reach populations – but important progress has been made in prevention, (PrEP, U=U).
2. Because of available and emerging therapies, people with HIV/AIDS can live long and productive lives.
3. Treatment IS prevention – virally suppressed people with HIV rarely transmit HIV to other people, which means an increased focus on coordination and collaboration between prevention and care.
4. Changes in the larger health care system and financing affect HIV services.
5. Policy and funding increasingly are determined by clinical outcomes.

Medical Model

Major focus on core medical services (medical model)

- 75% of funds must be spent on core medical services.
- Support services must contribute to positive clinical outcomes.
- Refinements to service categories and definitions in 2016 (PCN #16-02).

Eligible Core Medical Services: Parts A and B

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 Services
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;
  - Approved by the Secretary of HHS; and
  - Needed to achieve medical outcomes.
- **Medical outcomes**
  - Outcomes affecting the *HIV-related clinical status* of an individual with HIV/AIDS.

Allowable Support Services: Parts A and B

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 and 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)

Focus on National HIV/AIDS Strategy (NHAS) Goals and HIV Care Continuum

NHAS 2020 Goals

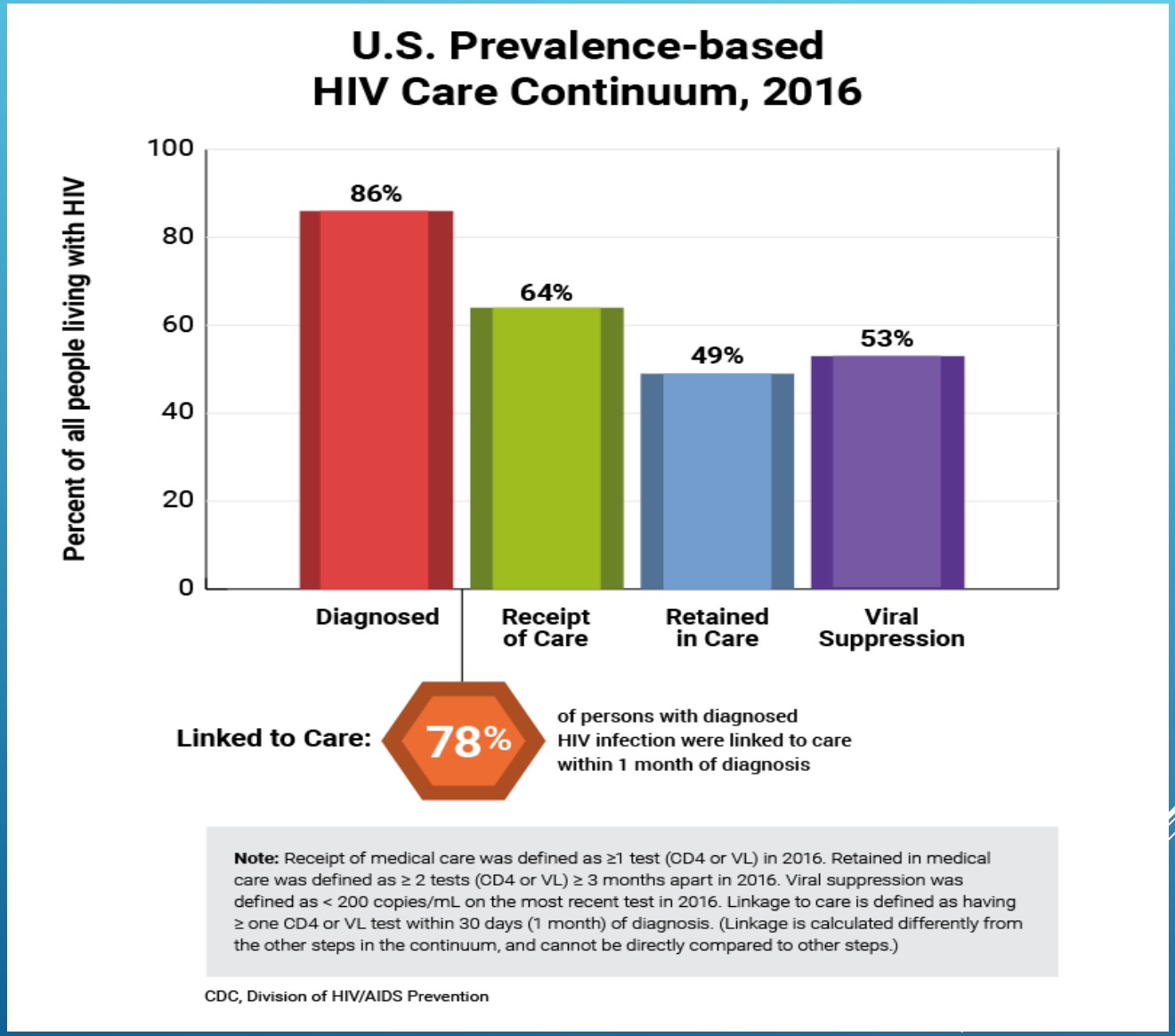
1. Reducing new HIV cases.
2. Increasing access to care and improving health outcomes for people with HIV.
3. Reducing HIV-related disparities and health inequities.
4. Achieving a more coordinated national response to the HIV epidemic.

HIV Care Continuum

Definitions:

- Receipt of medical care
  - At least 1 test (CD4 or Viral Load) in 2016
- Retained in medical care
  - At least 2 tests (CD4 or VL) at least 3 months apart in 2016.
- Viral Suppression
  - <200 copies/ml on the most recent viral load test in 2016.
- Linkage to care
  - Having at least 1 CD4 or VL test within 30 days (1 month) of diagnosis.

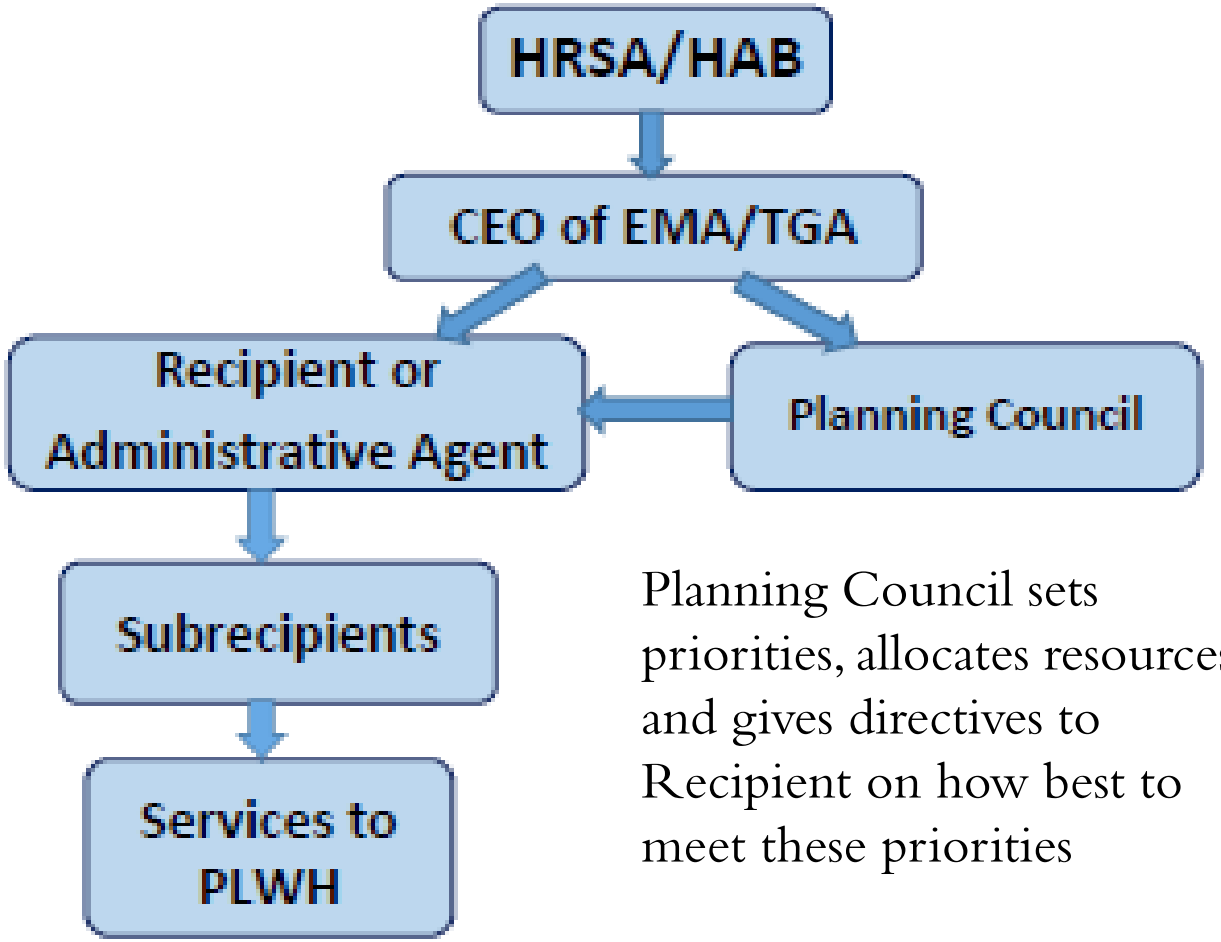
National HIV Care Continuum



Limits on Non-Service Funding

- Focus
  - Maximize funding for direct services.
- 10% Administrative Cap
  - For administrative costs, including Planning Council(Miami-Dade HIV/AIDS Partnership) support costs.

Flow of RWHAP Part A Decision Making and Funds



Planning Council sets priorities, allocates resources, and gives directives to Recipient on how best to meet these priorities

Questions?

Thank you for your time!

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www.instagram.com/hiv_partnership

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MIAMI-DADE HIV/AIDS PARTNERSHIP

New Member Orientation

Part II

Our Vision is to eliminate disparities and improve health outcomes for all people living with or at risk for HIV/AIDS.

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Sections of this presentation have been adapted from the Target HIV-Planning CHATT

New Member Orientation Objectives

1. Introduce Ryan White Program functions, rules and terminology.
2. Introduce the Partnership's functions, goals, missions and committees.
3. Review Partnership members' responsibilities.
4. Review essential processes of the Partnership.
5. Introduce terms, concepts, and governing documents.
6. Familiarize new Partnership members with some HIV/AIDS data elements and how to use them.

Note: The Partnership is the official Ryan White HIV/AIDS Planning Council

ROLES AND RESPONSIBILITIES OF PLANNING COUNCILS

Recipient and Planning Council Roles and Responsibilities

- Recipient and Planning Council
  - Two independent entities, both with legislative authority and roles
  - Recipient: "The County" Miami-Dade County Office of Management and Budget (OMB)
  - Planning Council: Miami-Dade HIV/AIDS Partnership
- Some roles belong to one entity alone and some are shared.
- Effectiveness requires clear understanding of the roles and responsibilities of each entity, *plus:*
  - Communications, information sharing, and collaboration between the Recipient, Planning Council, and Planning Council support (PCS) staff
  - Ongoing consumer and community involvement

Roles and Responsibilities

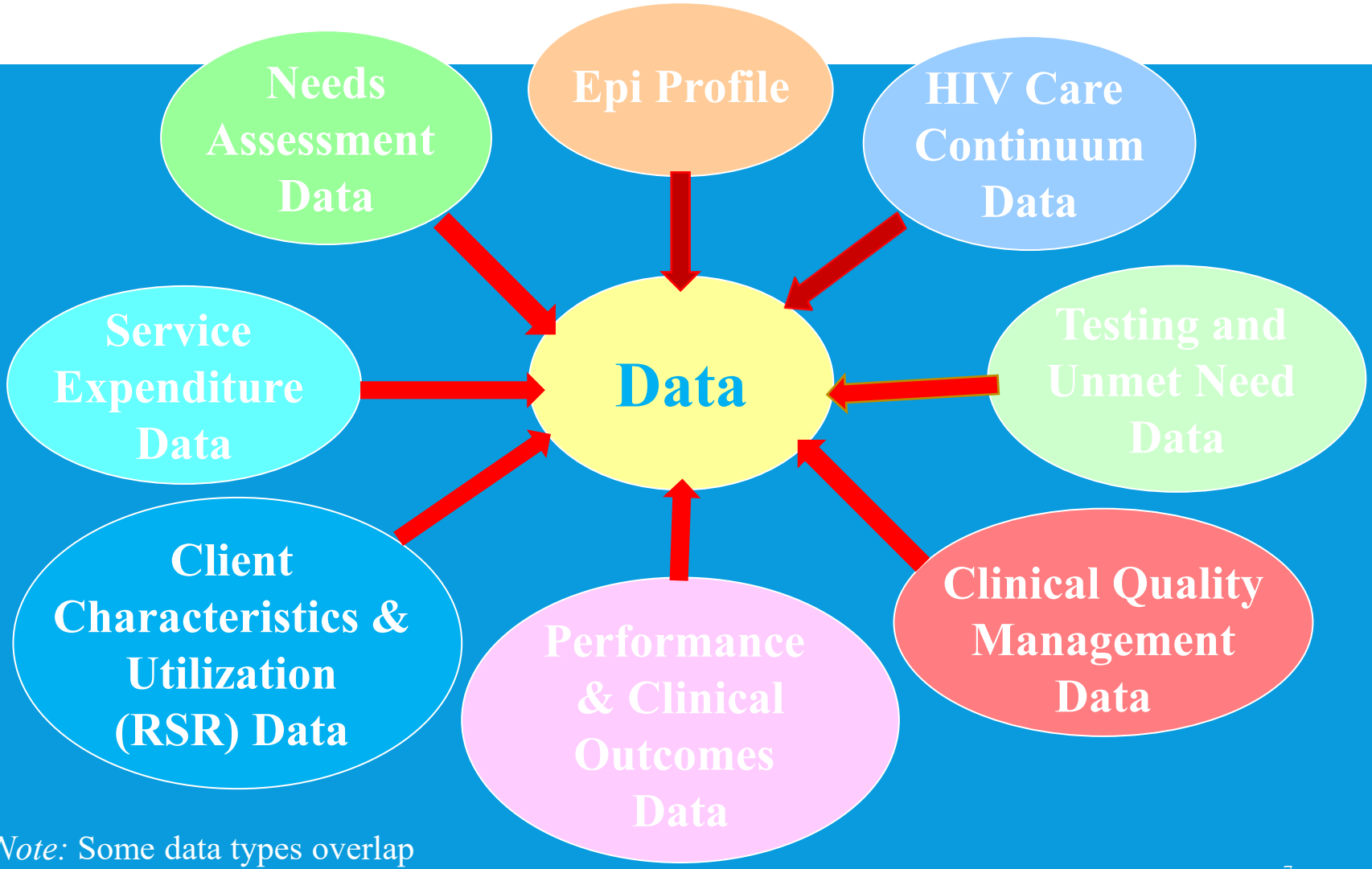
Roles/Duties of the CEO, Recipient, and Planning Council

ROLE/DUTY	RESPONSIBILITY		
	CEO	Recipient	Planning Council
Establishment of Planning Council/ Planning Body	✓		
Appointment of Planning Council/ Planning Body Members	✓		
Needs Assessment		✓	✓
Integrated/Comprehensive Planning		✓	✓
Priority Setting			✓
Resource Allocations			✓
Directives			✓
Procurement of Services		✓	
Contract Monitoring		✓	
Coordination of Services		✓	✓
Evaluation of Services: Performance, Outcomes, and Cost-Effectiveness		✓	*Optional*
Development of Service Standards		✓	✓
Clinical Quality Management		✓	*Contributes but not responsible*
Assessment of the Efficiency of the Administrative Mechanism			✓
Planning Council Operations and Support		✓	✓

Planning Council Formation and Membership

- Planning Council (Partnership) established by Chief Elected Official (CEO).
  - Mayor appoints all members
- Membership must meet legislated requirements:
  - Representation (legislatively required categories)
  - 33% unaffiliated consumers of Ryan White HIV/AIDS Program (RWHAP) Part A services
  - Reflectiveness (of the epidemic in the EMA/TGA)
- Must use an open nominations process
- Recipient (The County) has no role in membership selection
- Bylaws may call for a Recipient representative on the Council
- The Planning Council (Partnership) may not be chaired solely by an employee of the Recipient (The County)

Data Needs for Ryan White Planning



Note: Some data types overlap

Expectations: Needs Assessment

- Process to determine:
  - What services are needed?
  - What services are being provided?
  - What service gaps exist?
- Reviews services and expenditures overall *and* for identified target populations (in and out of care).
- Includes obtaining input of people with HIV on service needs and gaps.

Components of Needs Assessment

1. **Epi profile**
   - HIV & AIDS cases and trends
2. **Estimate & assessment of unmet need and undiagnosed**
   - People with HIV who know their status but are not in care and people with HIV who do not know their status
3. **Service needs and barriers**
   - For people with HIV in and out of care, including those who don't know their status
4. **A resource inventory**
   - Existing services
5. **Profile of provider capacity and capability**
   - Availability, accessibility and appropriateness overall and of specific populations
6. **Service gaps for those in and out of care, including disparities in access to services for subpopulations**

Needs Assessment

- Planning Council (Partnership) has primary responsibility.
- Recipient (The County) provides support – data, procurement if a consultant is needed, and staff assistance.
- Need active community involvement – especially people with HIV and service providers.
- Need multi-year plan for assessing needs of people with HIV, in and out of care.
- Findings go in user-friendly formats as input to decision-making, especially priority setting and resource allocation.

Comprehensive Planning

- Legislation requires RWHAP Part A and Part B Programs prepare comprehensive plans that set goals and objectives and guide the work of the Program.
- All Parts are expected to participate in the Statewide Coordinated Statement of Need (SCSN) process.
- In 2016, RWHAP Part A and Part B Recipients prepared ***integrated plans*** based on a combined guidance from CDC and HRSA to submit 5-year Integrated HIV Prevention and Care Plans, including the Statewide Coordinated Statement of Need (SCSN).
- Plans for 2017-2021 were submitted in September 2016 and are now being implemented.

Comprehensive Plan, Cont.

- Combined guidance designed to help reach the goals of the National HIV/AIDS Strategy (NHAS) and improve performance along the HIV Care Continuum (HCC)/Treatment Cascade.
- Programs are expected to regularly review Plan progress and refine objectives and strategies as needed.
- The Comprehensive Plan should be a living document that guides the annual planning cycle.
- Collaborative implementation and monitoring of the plan between prevention and care (and between RWHAP Part A and Part B) encouraged.

Priority Setting and Resource Allocations (PSRA)

The most important legislative responsibility of Planning Councils – *PSRA should involve all members*

- **Priority Setting**
  - Deciding what service categories are most important for people with HIV in the Eligible Metropolitan Area (EMA), locally, Miami-Dade County
- **Resource Allocations**
  - Deciding how much RWHAP Part A funding to provide for each service priority (best done in both dollars and percent) – including separate allocation of RWHAP Part A and RWHAP Minority AIDS Initiative funds.
- **Directives to the Recipient**
  - How to best to meet these priorities, e.g., what service models for what populations in what geographic areas.
- **Reallocation of Funds**
  - Completed throughout the program year to ensure all funds are expended on needed services.

Priority Setting

- Planning Council (Partnership) responsibility.
- Determining what service categories are most important for people with HIV in the EMA (Miami-Dade County) – unrelated to who provides the funding for these services.
- Recipient (The County) provides service utilization data and advice.
- The Partnership must establish a sound, fair process for priority setting and ensure that decisions are data based.
- Important to prioritize needed service categories even if there may not be enough money to fund all categories.

Directives

- Planning Council (Partnership) role.
- Providing guidance to the Recipient (The County) on how best to meet the priorities and other factors to consider in procurement.
- Often specify use or non-use of a particular service model, or address geographic access to services, language issues, or specific target populations.
- Must not have the effect of limiting open procurement by making only 1-2 providers eligible.
- Planning Council needs to be aware of cost implications.
- Recipient must follow Planning Council directives in procurement and contracting (but cannot always guarantee full success).

Resource Allocation

- Planning Council (Partnership) responsibility.
- Process of deciding how much funding to allocate to each priority service category or sub-category:
  - No **less** than 75% of service dollars must go to core services (unless program has a waiver); and
  - No **more** than 25% to support services needed for achieving medical outcomes.
- Recipient (The County) provides data and advice, but has no decision-making role
- Need a fair, data-based process that controls conflict of interest.
- Consider other funding streams, cost per client, plans for bringing people into care – *so some highly ranked service categories may receive little or no funding.*

Non-Service Funds

- Recipient (The County) may take 10% for administrative costs.
- Planning Council (Partnership) support (PCS) budget comes out of 10% administrative costs.
- Recipient may take up to 5% for Clinical Quality Management (CQM) activities.
- Planning Council has no say in the amount or use of other administrative or CQM funds.

Unobligated Funds

- If an EMA (Miami-Dade County) or TGA has more than 5% of its formula grant unspent at the end of the program year (as determined when Financial Status Report is submitted):
  - Amount over 5% is deducted from the grant awarded the following fiscal year.
  - EMA/TGA cannot compete for supplemental funds in the next application cycle.
  - Recipient can apply for carryover, and funds must be used the next year.

Reallocation

- Planning Council (Partnership) role – must approve any reallocation of funds among service categories.
- Reallocation usually means moving funds:
  - From underspent providers to those *in the same service category* spending at a higher level (Recipient decision); or
  - From underspent service categories to *different service categories* spending at a higher level or with additional need (Planning Council must approve).
- Recipient (The County) provides expenditure data by service category to Planning Council, usually monthly, and requests permission for reallocations as needed.
- Some Recipients do regular "sweeps" or request reallocation permission at set times each year – *rapid reallocations process ia very important to avoid unobligated funds and ensure funds are used to address priority service needs.*

Coordination of Services

- Shared responsibility of Planning Council (Partnership) and the Recipient (The County).
- Focus on ensuring that RWHAP Part A funds fill gaps, do not duplicate other services, and make Ryan White the payer of last resort.
- Involves coordination in planning, funding, and service delivery.
- Partnership reviews other funding streams as input to resource allocation.
- Recipient ensures that providers have linkage agreements and use other funding where possible, for example, helping clients apply for entitlements like Medicaid.

Procurement

- Recipient (The County) role.
- No Planning Council (Partnership) involvement
- Involves:
  - Publicizing the availability of funds;
  - Writing Requests for Proposals (RFPs);
  - Using a fair and impartial review process to choose providers; and
  - Contracting with providers – and requiring that they follow standards of care (SOC) and meet reporting and quality management (QM) requirements.
- Contract amounts by service category or sub-category must be consistent with Planning Council allocations and directives.

Contract Monitoring

- Recipient (The County) role.
- No Planning Council (Partnership) involvement, except that standards of care (approved by Planning Council) are typically included in contracts and therefore a basis for monitoring.
- Involves site visits/document review for monitoring of:
  - Program quality and quantity of services; and
  - Finances/fiscal management, including expenditure patterns and adherence to Health Services Resources Administration-HIV/AIDS Bureau (HRSA/HAB) and municipal regulations in use of funds.
- Aggregate findings (by service category or across categories) shared with the Planning Council as input to decision-making.

Clinical Quality Management (CQM)

- Recipient (The County) plays primary role.
- Involves ensuring that:
  - Services meet clinical guidelines and local standards of care;
  - Supportive services are linked to positive medical outcomes; and
  - Demographic, clinical, and utilization data are used to understand and address the local epidemic.
- Recipient requires providers to develop CQM plans, monitors providers based on quality standards, and recommends improvements.
- Council establishes standards of care for use in CQM.
- Recipient reports to Planning Council on CQM findings by service category or across categories for use in decision-making.

Cost-Effectiveness and Outcomes Evaluation

- Planning Council (Partnership) has the option of assessing the effectiveness of services offered – usually best done in coordination with CQM.
- Recipient (The County) monitors performance, clinical outcomes, and cost effectiveness of services as part of CQM.
- Major focus on HIV Care Continuum.
- Findings used by Recipient in selecting and monitoring providers.
- Findings used by Planning Council in priority setting, resource allocation, and development of directives on service models.

Assessment of the Efficiency of the Administrative Mechanism

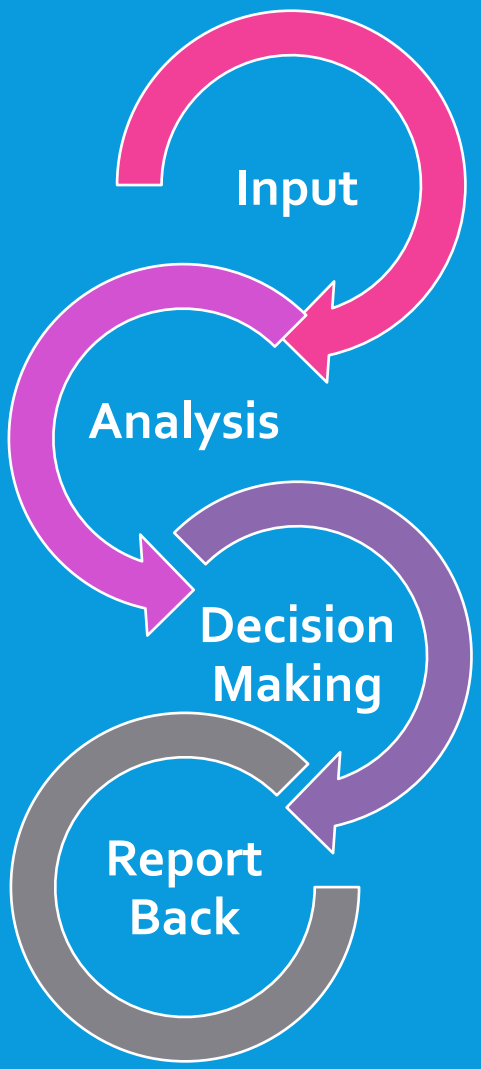
- Planning Council (Partnership) responsibility
- Legislation requires Planning Councils to "assess the efficiency of the administrative mechanism in rapidly allocating funds to the areas of greatest need within the eligible area."
- Should be done annually.
- Involves assessing how efficiently the Recipient (The County) does procurement, disburses funds, supports the Planning Council's planning process, and adheres to Planning Council priorities and allocations.
- Written report goes to Recipient; Recipient then indicates what action it will take to address any identified problem or areas for improvement.

THE ANNUAL PLANNING CYCLE

Updated Annual Planning Cycle

- Core responsibility of a Planning Council (Partnership).
  - Carry out community planning to establish and maintain the best possible system of care for people with HIV in the jurisdiction, through a well-defined and fully-implemented planning cycle.
- Central to the comprehensive/integrated plan.
- Importance of needs assessment.
- Critical need for access to many types of data for decision-making.

Feedback Loop



Includes obtaining input from stakeholders

analyzing that information

using it for decision making

and reporting back to the community

PLANNING COUNCIL
(Miami-Dade HIV/AIDS Partnership)
OPERATIONS

Roles of Planning Council Support (PCS) Staff

- Assist the Planning Council (Partnerhsip) to carry out its legislative responsibilities and to operate effectively as an independent planning body.
- Staff committees and Planning Council meetings.
- Provide expert advice on Ryan White legislative requirements and HRSA/HAB regulations and expectations.
- Oversee a training program for members.
- Encourage member involvement and retention, with special focus on consumers.
- Serve as liaison with the Recipient (The County).
- Help the Planning Council manage its budget.
- Be involved *only* with supporting RWHAP Part A-related activities.

Recipient Staff Roles with Planning Council

- Attend meetings and report to Planning Council (Partnership).
- Regularly provide agreed-upon reports and data, e.g., costs and service utilization.
- Provide advice on areas of expertise without unduly influencing discussions or decisions.
- Assign staff for regular attendance at committee meetings.
- Collaborate on shared roles.
- Carry out joint efforts such as task forces and special analyses consistent with roles and resources.

Questions?

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MIAMI-DADE HIV/AIDS PARTNERSHIP

New Member Orientation

Part III

Our Vision is to eliminate disparities and improve health outcomes for all people living with or at risk for HIV/AIDS.

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New Member Orientation Objectives

1. Introduce Ryan White Program functions, rules and terminology.
2. Introduce the Partnership's functions, goals, missions and committees.
3. Review Partnership members' responsibilities.
4. Review essential processes of the Partnership.
5. Introduce terms, concepts, and governing documents.
6. Familiarize new Partnership members with some HIV/AIDS data elements and how to use them.

Note: The Partnership is the official Ryan White HIV/AIDS Planning Council

LOCAL PLANNING COUNCIL

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MEMBERSHIP

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Eligibility to Join the Partnership

- To join the Partnership (the Planning Council), you must:
  - Be a registered voter in Miami-Dade County★
  - Be a resident of Miami-Dade County
  - Pass the County Mayor's background screening
  - Join a Partnership standing committee or subcommittee
- To join a standing committee or subcommittee, you must:
  - Be a registered voter in Miami-Dade County
  - Be a resident of Miami-Dade County

★Some exclusions apply for people with HIV and Formerly Incarcerated Partnership vacancies

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Designated Seats on the Partnership

Partnership (Planning Council) membership should reflect PIR*

- **P**arity: No group overrepresented
- **I**nclusion: Members who have characteristics reflecting the epidemic
- **R**epresentation: Filled membership categories.

GENDER

- 75% Male
- 25% Female

RACE/ETHNICITY

- 42% Black/Non-Hispanic

  Includes Haitians
- 46% Hispanic
- 12% White/Non-Hispanic & Other

  Includes Asian/Pacific Islanders and American Indians/Alaskan Natives (<1%)

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* Based on the 2018 Epidemiological Profile for Miami-Dade County.

Assigned Seats Elsewhere or Not?

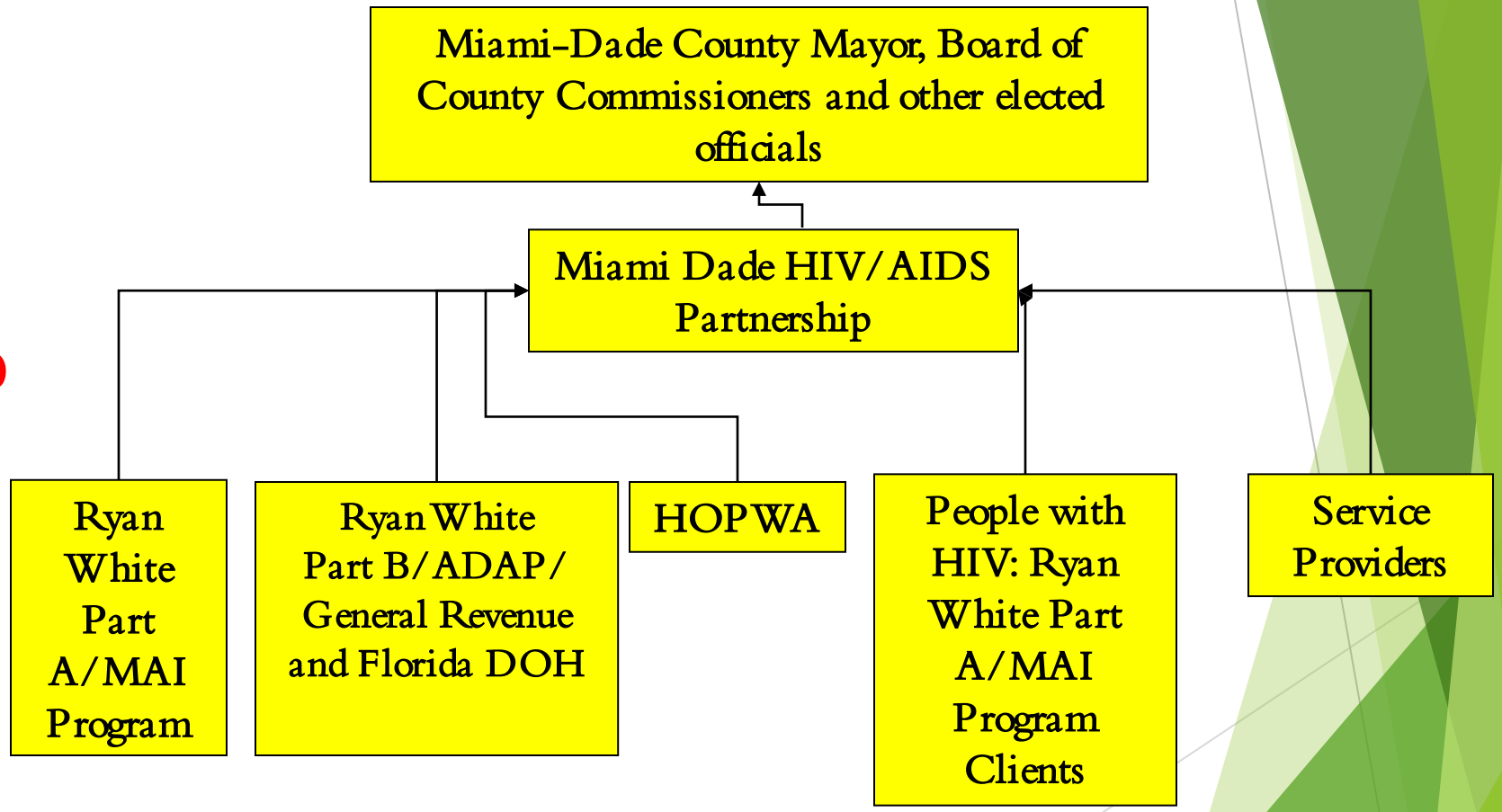
- The Full Partnership has 39 assigned seats, including 13 people with HIV who are RWP clients.
- The Medical Care Subcommittee has 24 assigned seats, including seats designated for people with HIV
- All other committees have 24 general/non-assigned seats, including seats designated for people with HIV
- Committees can only have one representative per provider agency.

ROLES AND RESPONSIBILITIES

Partnership's Purpose

- Assess the HIV/AIDS community's needs for prevention of new HIV cases, housing, health and support services.
- Establish methods for collecting input on the HIV/AIDS community needs and priorities.
- Develop a County-wide Integrated HIV Prevention and Care and Treatment Plan that aligns with the United States National HIV/AIDS Strategy.
- Assess Miami-Dade County's Ryan White Part A Recipient, the Office of Management and Budget-Grants Coordination (OMB-GC), a.k.a "The County", to determine if they are following the Planning Council's recommendations on allocation of Part A funds and prioritization of Part A services.
- Educate the Miami-Dade County Mayor and Board of County Commissioners on HIV/AIDS issues specific to Miami-Dade.

Feedback Flow of Partnership



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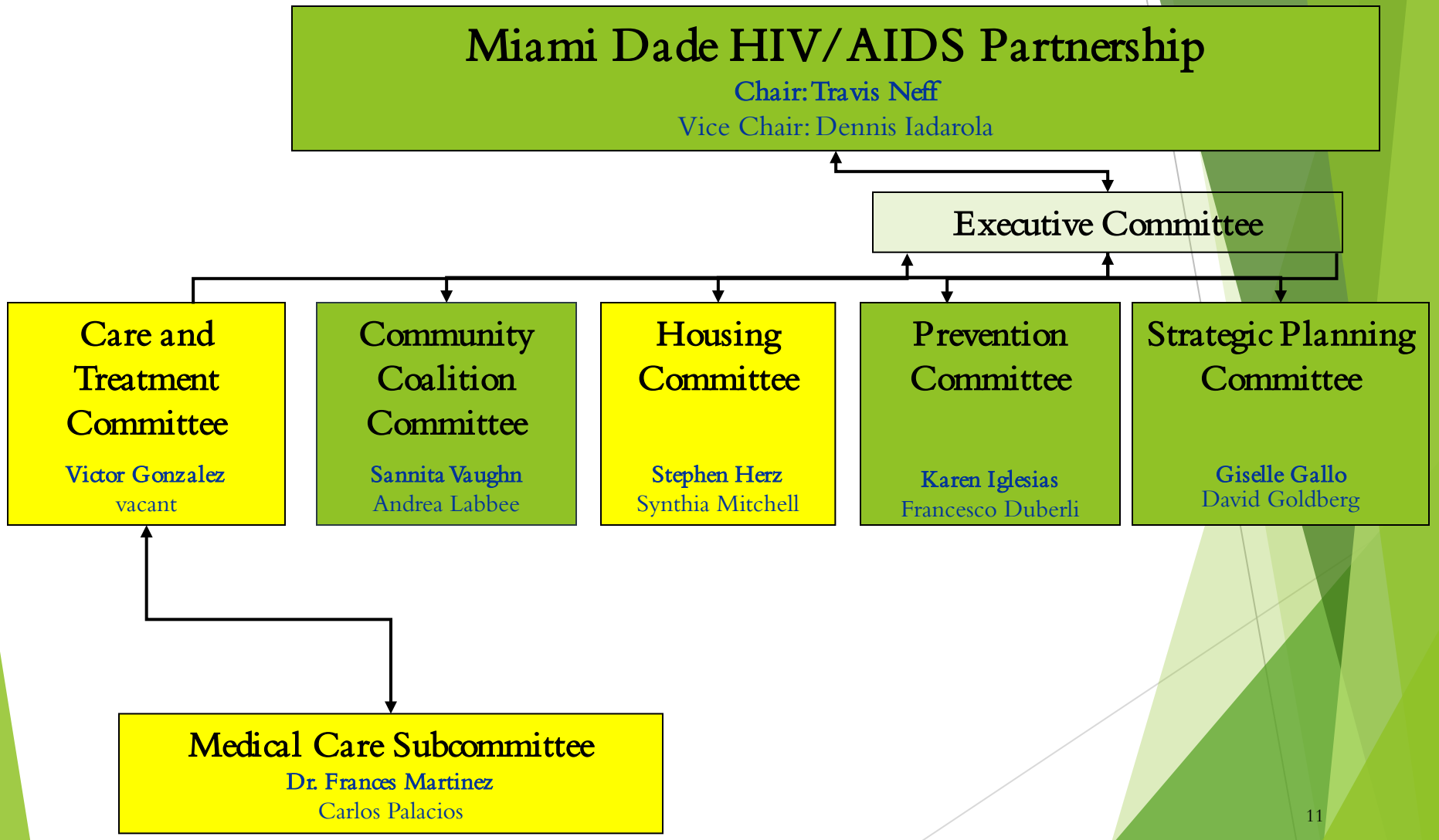
The Partnership is an advisory board to the Miami-Dade County Mayor and the Miami-Dade County Board of County Commissioners (BCC)

Partnership Organization



HIV/AIDS Partnership Composition

- 39 Voting Members
  - Chair: Travis Neff; Vice-Chair: Dennis Iadarola
- 24 seats are designated for federal grantees, health care providers, special demographic groups, federal and local agencies, and community based organizations.
  NOTE: Only one representative from each provider agency can sit on the full Partnership
- 15 seats are designated for representatives of affected communities:
  - 33% (13) must be people with HIV receiving Ryan White Program services and must reflect PIR.
  - 2 seats are designated for caregivers of people with HIV and historically underserved groups/subpopulations that reflect the demographics of the population within the affected community.
- 3 alternate seats are designated for people with HIV (RWP clients)

Committee Composition

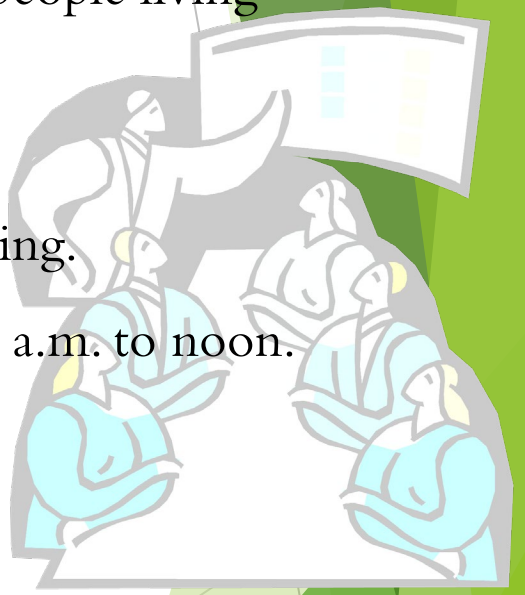
- Standing Committees and Subcommittees
  - Each has 24 members including Chair and Vice-Chair, except for Executive which has 12 members
  - Current Standing Committees:
    - Executive
    - Care and Treatment
    - Community Coalition
    - Housing
    - Prevention
    - Strategic Planning
  - Current Subcommittee
    - Medical Care

Executive Committee

- 12 Members
  - Partnership Chair and Vice-Chair are Executive Committee Chair and Vice-Chair
  - Standing committee Chairs and Vice-Chairs
- Revises Bylaws.
- Reviews grievances regarding the Partnership's operating procedures.
- Coordinates activities within committees.
- Establishes rule of conduct for all Partnership and committee meetings.
- Acts on behalf of the full Partnership in the event of an emergency when the Partnership cannot meet.
- Meets the first Monday of each month.

Care & Treatment Committee

- Conducts an annual needs assessment.
- Sets service priorities for RWP funds.
- Plans for and allocates funds to provide services to people living with HIV/AIDS.
- Improves planning and coordination of services.
- Develops and implements care and treatment planning.
- Meets the first Thursday of each month from 10:00 a.m. to noon.



Ryan White Part A/MAI Needs Assessment

- Decision-making meetings to determine Ryan White Part A and MAI funds allocation and priorities for the following fiscal year.
- Based on consumer and provider survey data, current epidemiological and demographic data, and other data relevant to the EMA.
- Funds are allocated and priorities are set for the following fiscal year.
- This process is central to the development of the annual grant.
- Annual Needs Assessment meetings are usually held in the Summer (three meetings in June).

Community Coalition Committee

- Collaborates and coordinates with other standing committees to ensure that decisions represent the needs of the affected communities of Miami-Dade County.
- Recruits for and recommends members to the Partnership.
- Conducts community outreach activities.
- Develops and implements education and outreach opportunities to educate the community about the Partnership and its activities.
- Meets monthly the last Monday, from 6:00 p.m. to 8:00 p.m. or noon to 2:00 p.m. *(except for December)*

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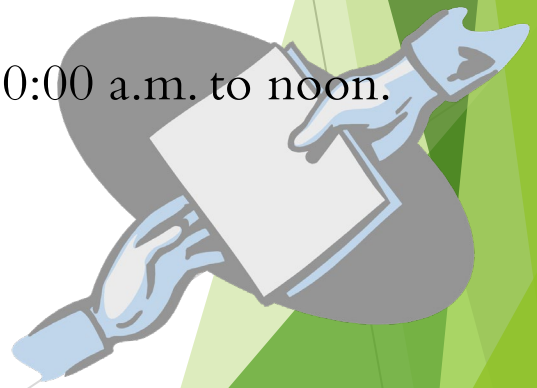
Housing Committee

- Conducts an annual housing needs assessment.
- Provides recommendations to the City of Miami regarding HOPWA (Housing Opportunities for Persons with AIDS) funding allocations and policies.
- Evaluates the effectiveness of the local HOPWA program.
- Coordinates planning efforts to address housing and housing-related services for people living with HIV/AIDS.
- Meets the third Thursday of each month from 2:00 p.m. to 4:00 p.m.

Prevention Committee

- Collaborates with the Strategic Planning Committee to monitor and revise the Miami-Dade County HIV Integrated Plan for Prevention and Care.
- Works with the Florida Department of Health to identify prevention needs and resources, and review data as part of the HIV/AIDS community planning process.
- Prioritizes HIV/AIDS prevention needs by target population and geographic areas, and propose high-impact strategies and interventions.
- Meets the fourth Thursday of each month from 10:00 a.m. to noon.

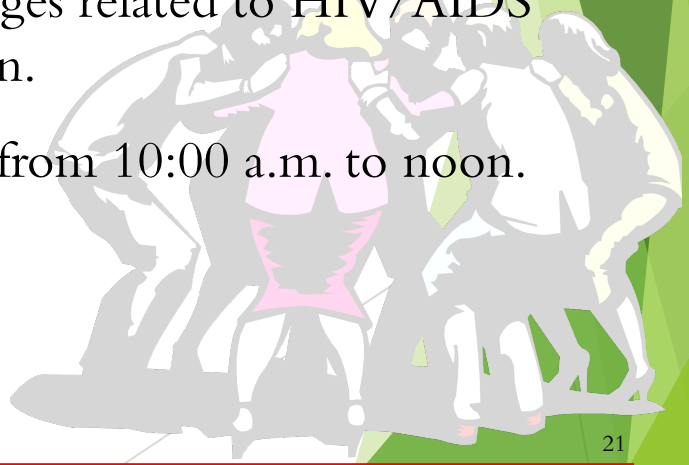


Integrated Plan

- **Develop and monitor Miami-Dade County Integrated HIV/AIDS Prevention and Care Plan activities**
  - Plan was developed jointly by the Strategic Planning and Prevention Committees, both of which monitor its progress.
  - The plan combines prevention and care and treatment strategies following the National HIV/AIDS Strategy to reduce HIV cases, link and retain clients in care, and achieve viral suppression.

Strategic Planning Committee

- Collaborates with the Prevention Committee to monitor and revise the Miami-Dade County Integrated HIV Plan for Prevention and Care.
- Develops, administers and evaluates the Assessment of Administrative Mechanism.
- Develops and presents the annual report to the community and the Partnership describing the local state of the epidemic.
- Develops recommendations on legislative and regulatory issues regarding funding, policies and rule changes related to HIV/AIDS and Ryan White Program reauthorization.
- Meets the second Friday of each month from 10:00 a.m. to noon.



Assessment of the Administrative Mechanism

- Survey of Partnership members and Ryan White Part A/MAI Program (RWP) providers to:
  - Evaluate how the Ryan White Program (RWP) Recipient contracts with RWP providers and responds to the Planning Council's recommendations on service priorities.
  - Assess whether or not RWP funds are disbursed in a timely manner consistent with the Planning Council's recommendations.
  - Determine if the RWP Recipient is providing necessary reporting to the Planning Council and providers about the RWP and policy changes that impact Ryan White clients.
  - Determine if the RWP Recipient is effectively administering the RWP and related functions.
- RWP Recipient receives findings to:
  - Provide feedback on the RWP Recipient's challenges faced to administer the RWP.
  - Comment on previous survey findings.

HIV/AIDS Annual Report

- The Partnership's educational report presented to the Board of County Commissioners, City of Miami Commissioners, and Miami-Dade County Mayor
  - Summarizes the HIV/AIDS epidemic in Miami-Dade County
  - Details important trends and statistics about co-morbidities commonly coupled with HIV, housing needs for people with HIV, special populations

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Medical Care Subcommittee

- Review data and make recommendations on the Ryan White Program Prescription Drug Formulary.
- Address issues identified with the quality of care provided by Ryan White Program providers.
- Recommend treatment guidelines and standards of care for the Ryan White Program in Miami-Dade County.
- Meets the fourth Friday of each month from 9:00 a.m. to 11:00 a.m. *(except for December)*

Workgroups

- Workgroups address specific or immediate issues or needs.
- As necessary, the Partnership will authorize a workgroup to assist a committee or subcommittee with an issue.
- The workgroup dissolves once the issue has been addressed.

Partnership Member Responsibilities

- Read and abide by the Partnership Bylaws
  - ***The Bylaws are the governing document of the Partnership***
- Sign and abide by the Code of Conduct
- Attend New Member Orientation within 3 months of membership
- Attend Ethics Training within 3 months of membership
- Complete an annual source of income form
- Attend meetings of committees of which they are members. For members of the Partnership this means attending both the Partnership meeting *and* a committee meeting.

Member's Meeting Responsibilities

- Reply to meeting notices.
- Review materials in advance.
- Come prepared to meetings.
- Arrive at meetings on time and stay throughout the entire meeting.
- Speak only after being acknowledged by the Chair.
- Listen when others are speaking.
- Allow other speakers to finish their comments without interruptions.
- Treat others with respect.

Meeting Notices

MIAMI-DADE HIV/AIDS PARTNERSHIP

Meeting Notice

Miami-Dade HIV/AIDS Partnership

Monday, July 15, 2019

The Partnership is the official county planning board for HIV/AIDS. It sets priorities and allocates funds for Ryan White Part A and the Minority AIDS Initiative (MAI), plans for services and housing and makes recommendations for Ryan White Part B, General Revenue and HOPWA. It also serves as an advisory board to the Miami-Dade County Mayor and Board of County Commissioners.

LEARN MORE! www.aidsnet.org JOIN THE COMMITTEE! Membership Application

Date and Time:
Monday, July 15, 2019
10:00 a.m. – 12:00 p.m.

Location:
United Way Ansin Building
3250 SW 3rd Avenue
Ryder Conference Room
Miami, FL 33129

RSVP
305-445-1076 (phone) or 305-448-3325 (fax)
Aschmelz@behavioralscience.com

It is the responsibility of Partnership members to RSVP to Partnership meeting notices. Thank you for your assistance.

____ I ***will*** attend the Partnership meeting.

____ I ***will not*** attend the Partnership meeting.

Your name:

CALENDAR: Ryan White Program and Miami-Dade HIV/AIDS Partnership

In accordance with the Americans with Disabilities Act of 1990, persons needing special accommodations to participate in any meeting of the Miami-Dade HIV/AIDS Partnership should contact Ms. Carla Valle-Schwenk, Program Administrator, Ryan White Program, Miami-Dade County Office of Management and Budget-Grants Coordination at (305) 375-4742 no later than seven (7) days prior to the scheduled meeting.

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Partnership Member Dos and Don'ts

Don't

Lobby

Receive donations

Raise funds

Do

Bring input from the community

Make recommendations

Fulfill duties as outlined in the Bylaws

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Important Things To Know

- All meetings are publicly noticed, free, and opened to the public.
- Meetings are held in accordance with Florida Sunshine Laws.
- Members are required to attend scheduled meetings.
  - ❖ Five (5) absences total per County Fiscal Year constitutes violation of the attendance requirements.
  - ❖ Failure to comply with attendance requirements will result in removal from the Partnership or committee/subcommittee.
  - ❖ Members shall be deemed absent from a meeting when they are not present at the meeting for at least seventy-five (75) percent of the time.
- All committee business is reported to the Partnership for approval in the *Committee Report*.
- All Partnership approved committee business is reported back to committees in a *Partnership Report*.
- All meeting members and guests must adhere to the Code of Conduct and follow proper decorum. Failure to do so may result in being removed per the Chair's direction.

PARTNERSHIP PROCESSES

Who Runs the Meetings? Officers!

- The officers of the Partnership, committees and subcommittees are the Chair and Vice-Chair.
- No officer shall serve as Chair or Vice-Chair of more than one committee.
- On The Partnership:
  - One officer must be a person with HIV
  - Officers cannot be representatives of a grantee organization or funded Ryan White agencies
- On Standing Committees
  - One officer must be a Partnership member
  - One officer should be a person with HIV

Officer's Responsibilities

- Preside at all meetings, including:
  - Making sure the discussion follows the agenda
  - Controlling the floor so that members speak one at a time and in the order of the queue
  - Ensuring that the meeting follows Robert's Rules of Order
- Sign correspondence which the Partnership has authorized.
- Partnership chair can appoint members to committees with ratification by full board.
- Represent the Partnership at public or official functions with Partnership approval.

MEETINGS: FLOW, ORDER AND DOCUMENTS

Agenda

MIAMI-DADE HIV/AIDS PARTNERSHIP

Housing Committee

Thursday, July 19, 2018

2:00 p.m. – 4:00 p.m.

Edison Neighborhood Center
150 NW 79 Street, Conference Room
Miami, FL 33150

AGENDA

I.	Call to Order/Introductions	James Ausborn
II.	Resource Persons	John McFeely
III.	Review/Approve Agenda	All
IV.	Floor Open to the Public	James Ausborn
V.	Review/Approve Minutes of May 17, 2018	All
VI.	Membership	Marlen Meizoso
VII.	Reports	
	▪ HOPWA Programs Updates (LTRA, Project Based, STRMU)	Roberto Tazoe
	▪ Partnership Report (**reference only**)	James Ausborn
VIII.	Standing Business	
	▪ HOPWA Clients Transitioning from Medicaid Managed Care Plans	Alicia Apfel
IX	New Business	
X.	Announcements	Marlen Meizoso
XI.	Next Meeting: ***August 16, 2018*** *at* ***Edison Neighborhood***	James Ausborn
XII.	Adjournment	All

Please turn off or mute cellular devices – Thank you

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Agenda Basics

- Agendas outline the topics and leaders of discussion at meetings.

- All agendas have a similar structure consisting of:
  - Call to order/introductions
  - Resource person identification
  - Review of agenda/minutes
  - Floor open to the public
  - Reports
  - Old business
  - New business
  - Announcements
  - Adjournment

- Items on a typical agenda which require motions:
  - Agenda
  - Minutes
  - Business items requiring action
  - Adjournment *(presiding officer can declare the meeting adjourned)*

Minutes

MIAMI-DADE HIV/AIDS PARTNERSHIP

Housing Committee Meeting
Edison Neighborhood Service Center, 150 NW 79nd Street,
Conference Room, Miami, FL 33150
July 19, 2018 Minutes

Approved October 18, 2018

#	Members	Present	Absent
1	Alleyne, Karen	x	
2	Ausborn, James	x	
3	Barcenas, Rosalind		x
4	Gallardo, Enrique		x
5	Stephen Herz	x	
6	Howell, Jonathan	x	
7	Laso, Carlos	x	
8	McFeely, John		x
9	Mitchell, Synthia	x	
10	Powell, James L.		x
11	Tazoe, Roberto	x	
12	Williams, April	x	
Quorum: 5			

Guests	
Rob Collins	
Maria Perez	
Patera Robinson	
Stephen Williams	
Staff	
Marlen Meizoso	

I. Call to Order

James Ausborn, the Chair, called the meeting to order at 2:03 p.m. He welcomed everyone and asked for introductions.

II. Resource Persons

Mr. Ausborn identified Mrs. Marlen Meizoso, Behavioral Science Research (BSR) staff, as the resource individual.

III. Review/Approve Agenda

The committee reviewed the agenda. Several changes were offered. Resource Persons was presented by James Ausborn, there is no Partnership report -- a copy will be emailed by staff -- and Roberto Tazoe will discuss the report Alicia Apfel was going to present.

Motion to approve the agenda as discussed by staff.
Moved: Roberto Tazoe **Second: Karen Alleyne** **Motion: Passed**

IV. Floor Open to the Public

Mr. Ausborn read the following:

Pursuant to Florida Sunshine Law, I want to provide the public with a reasonable opportunity to be heard on any items on our agenda today. If there is anyone who wishes to be heard, I invite you to speak now. Each person will be given three minutes to speak. Please begin by stating your name and address for the record before you talk about your concerns.

There were no comments so the floor was closed.

Reports

Fiscal Reports:

- Part A/MAI Expenditure Report
- Part B
- ADAP
- General Revenue

Status Reports:

- Partnership Membership Vacancy
- PIR Report
- Partnership Report to Committees

Part A Program Report

FY 2019 Part A

RYAN WHITE PART A GRANT AWARD (BU0329)
EARMARK ALLOCATION AND EXPENDITURE RECONCILIATION SCHEDULE YR29
FORMULA AND SUPPLEMENTAL FUNDING
Per Resolution#s: R-957-18, R-1072-12, AND R-471-19

GRANT #: BU0329	AWARD AMOUNTS	GRANT DETAILS		
Grant Award Amount Formula	15,480,828.00	01FORM		
Grant Award Amount FY'18 Formula	831.00	01FOR2		
Grant Award Amount Supplemental	8,496,870.00	01SUPP		
Grant Award Amount FY'18 Supplemental	5,053.00	01SUP2	23,983,182.00	Part A Award (No C/O)
Carryover Award FY'17 Formula	700,792.00	01CYOV		
Total Award	$ 24,683,974.00			

Please note, the Recipient has fully expended DIRECT SERVICE dollars budgeted under the Formula award. The remaining Formula dollars are allocated for ADMINISTRATIVE expenditures. The Recipient projects meeting the 95% minimum expenditure requirement for this grant period.

CONTRACT ALLOCATIONS/ FORMULA & SUPPLEMENTAL AWARDS

DIRECT SERVICES:

Core Medical Services	Allocations	
Outpatient/Ambulatory Health Svcs	8,848,373.00	
AIDS Pharmaceutical Assistance	87,000.00	
Oral Health Care	3,666,830.00	
Health Insurance Services	372,974.00	
Mental Health Therapy/Counseling	172,190.00	
Medical Case Management	5,172,739.00	
Substance Abuse - Outpatient	37,166.00	18,357,272.00

Support Services	Allocations	
Food Bank	1,851,588.00	
Other Professional Services	189,000.00	
Medical Transportation	151,873.00	
Outreach Services	281,643.00	
Substance Abuse - Residential	895,280.00	3,369,384.00
DIRECT SERVICES TOTAL:		$ 21,726,656.00

Total Core Allocation	18,357,272.00	
Target at least 80% core service allocation	17,381,324.80	
Current Difference (Short) / Over	$ 975,947.20	
Grantee Admin. (GC, ACMS, BSR Staff)	$ 2,398,318.00	
Quality Management	$ 559,000.00	
(+) Unobligated Funds / (-) Over Obligated:		
Unobligated Funds (Formula & Supp)	$ -	
Unobligated Funds (Carry Over)	$ -	2,957,318.00 24,683,974.00

Core medical % against Total Direct Service Allocation (Not including C/O): Cannot be under 75%	87.31%	Within Limit
Quality Management % of Total Award (Not including C/O): Cannot be over 5%	2.33%	Within Limit
OMB-GC Administrative % of Total Award (Cannot include C/O): Cannot be over 10%	10.00%	Within Limit

CURRENT CONTRACT EXPENDITURES

DIRECT SERVICES:

S/O	Core Medical Services	Expenditures	Carryover Expenditures	
60681	Outpatient/Ambulatory Health Svcs	4,835,990.65		
49212	AIDS Pharmaceutical Assistance	38,767.29		
21810	Oral Health Care	2,482,848.00		
22355	Health Insurance Services	227,804.66		
11404	Mental Health Therapy/Counseling	99,365.00		
21110	Medical Case Management	3,570,342.90		
21812	Substance Abuse - Outpatient	17,730.00		11,272,448.50

S/O	Support Services	Expenditures	Carryover Expenditures		
49225	Food Bank	524,578.80	483,212.60	1,007,791.20	
21210	Other Professional Services	132,021.00			
60240	Medical Transportation	43,168.69	33,943.28	77,111.97	
22470	Outreach Services	98,347.80			
22413	Substance Abuse - Residential	747,625.00			2,062,896.97
TOTAL EXPENDITURES DIRECT SVCS & % :				$ 13,335,343.47	61.38%

Formula Expenditure %	89.86%		
Grantee Administration	1,613,587.33		
Quality Management	439,750.00	2,053,337.33	
Grant Unexpended Balance	9,295,293.20		
Total Grant Expenditures & %		$ 15,388,680.80	62.34%

Core medical % against Total Direct Service Expenditures (Not including C/O): Cannot be under 75%	87.71%	Within Limit
Quality Management % of Total Award (Not including C/O): Cannot be over 5%	1.83%	Within Limit
OMB-GC Administrative % of Total Award (Cannot include C/O): Cannot be over 10%	6.73%	Within Limit

FY 2019 Part A/MAI Total Unduplicated Client Count, as of 01/06/2020 = 8,560*

(*subject to change)

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Part B Report

Provider Agency Name & Address
FDOH in Miami-Dade County
1350 N.W. 14th St.,
Miami, 33125

Contract Name: 2019-2020 Miami-Dade CHD RW Consortia

Florida Department of Health
Expenditure/Invoice Report
Program Name: Patient Care-Consortia
Area Name:AREA 11A
Month: November
Year: 2019-2020

Report generated on: 01/07/2020

Contract Services	Expended Month	# of Clients	# of Service Units	Approved Budget	Expended Budget	Expended Y-T-D	Rate of Expend
Administrative Services	November	0	0	$96,815.00	$12,195.86	$78,590.93	81%
Medical Nutrition Therapy	November	9	24	$18,900.00	$599.12	$5,445.05	29%
Outpatient Ambulatory Health Service	November	12	12	$42,133.00	$1,571.11	$26,148.88	62%
Emergency Financial Assistance	November	26	26	$1,291,440.00	$61,397.56	$591,902.67	46%
Non-Medical Case Management Services	November	132	132	$159,549.00	$13,026.87	$107,547.51	67%
Referral for Health Care/Supportive Services	November	25	25	$75,059.00	$10,268.83	$44,124.10	59%
Clinical Quality Management	November	0	0	$43,370.00	$3,371.18	$23,143.13	53%
Planning and Evaluation	November	0	0	$27,874.00	$3,176.61	$15,604.63	56%
Totals		204	219	$1,755,140.00	$105,607.14	$892,506.90	

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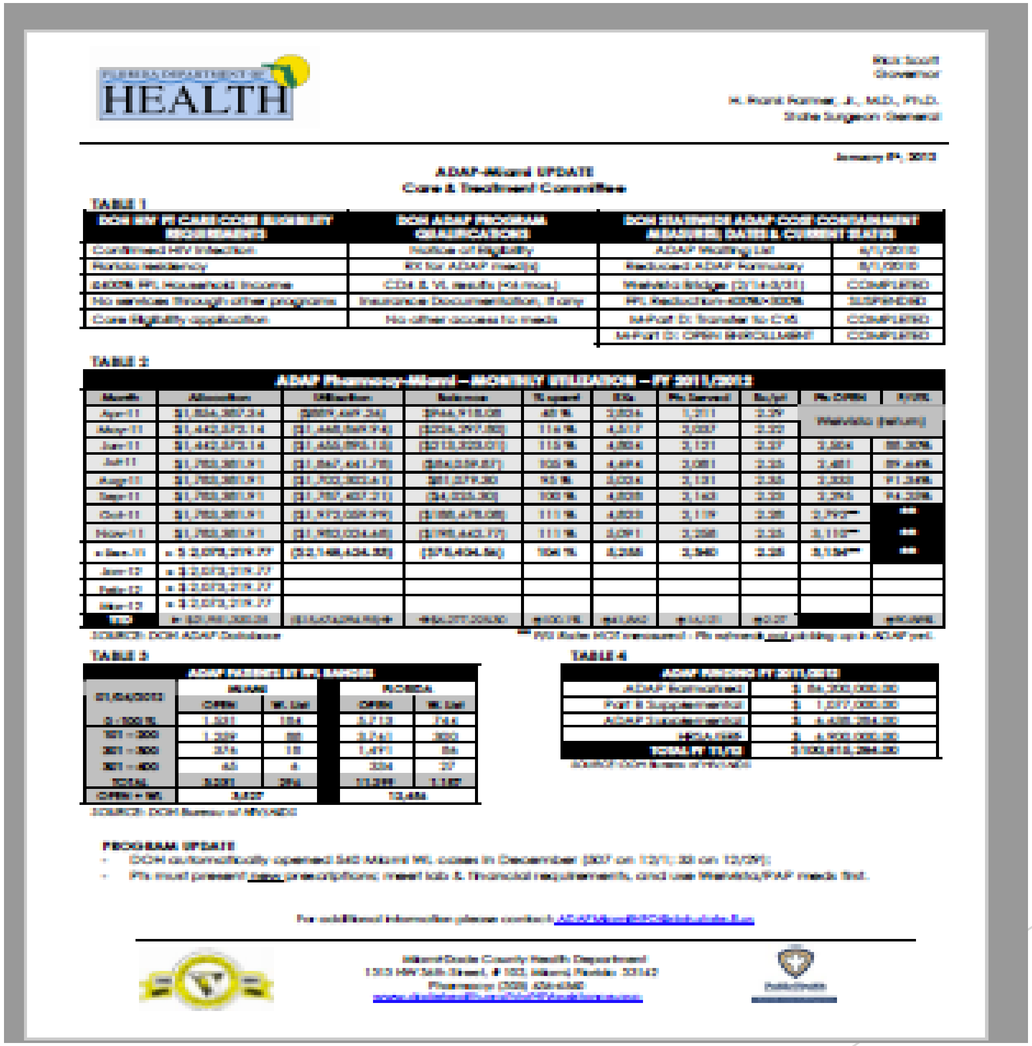
ADAP



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General Revenue

General Revenue July 2019 - June 2020
HIV/AIDS Demographic Data for PHTSFAN

	MAY-20			Year To Date Data		
	Unduplicated Client Count	Units	Dollar Amt.	Total Dollar Amt.	Annual Budget	YTD Units
Ambulatory - Outpatient Care	180	289	86,950	884,886.39	1,503,964	5,054
Medical Case Management	130	133	101,786	1,204,141.07	1,388,300	1,579
Non-Medical Case Management	192	196	20,201	129,498.68	187,784	1,887
Drug Pharmaceuticals	74	200	34,289	556,785.43	668,000	3,865
Early Intervention Services				-		-
Health Insurance Premium / Cost Sharing				-		-
Home & Community Base Services	1	1	90	704.85	11,000	7
Home Health Care	-	-	-	14,061.00	70,000	439
Hospital Services	43	351	33,330	666,667.43	1,119,900	731
Mental Health Services	-	-	-	34,736.79	38,000	308
Nursing Home Care	6	182	44,503	410,257.99	450,000	1,672
Nutrition Counseling	-	-	-	531.40	6,500	4
Other Support Services / Emergency Fin. Assistance	-	-	-	145,386.60	382,000	70
Referral for Health Care / Supportive Services	250	295	32,840	491,888.60	625,589	4,172
Residential Care - Children	-	-		-		-
Residential Care - Adult	13	793	34,099	170,495.00	204,035	3,965
Substance Abuse Outpatient	-			-		-
Substance Abuse Residential	6	235	52,393	335,316.80	420,000	1,766
Transportation	-	-	-	43,023.65	61,000	751
	875	2,675	440,482	5,096,181.68	7,096,072.00	26,270

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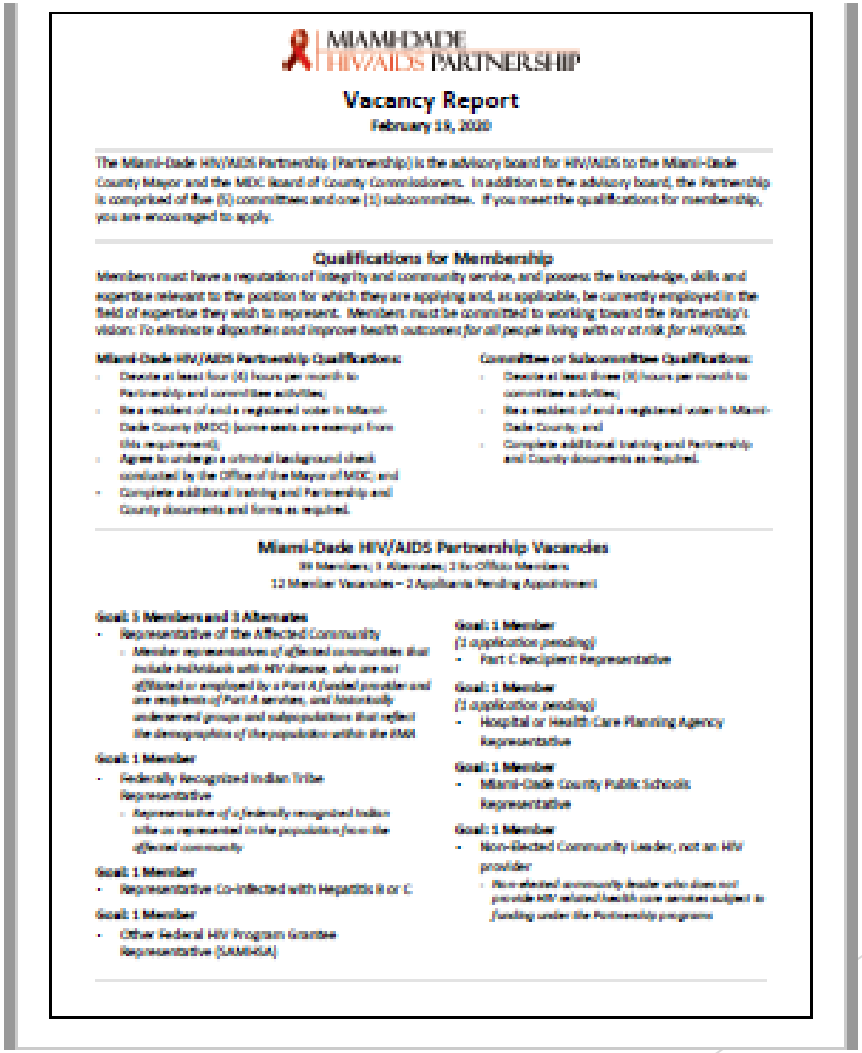
Vacancy



MIAMI-DADE HIV/AIDS PARTNERSHIP

Vacancy Report

February 18, 2020

The Miami-Dade HIV/AIDS Partnership (Partnership) is the advisory board for HIV/AIDS to the Miami-Dade County Mayor and the MDC Board of County Commissioners. In addition to the advisory board, the Partnership is comprised of five (5) committees and one (1) subcommittee. If you meet the qualifications for membership, you are encouraged to apply.

Qualifications for Membership

Members must have a reputation of integrity and community service, and possess the knowledge, skills and expertise relevant to the position for which they are applying and, as applicable, be currently employed in the field of expertise they wish to represent. Members must be committed to working toward the Partnership's vision: To eliminate disparities and improve health outcomes for all people living with or at risk for HIV/AIDS.

Miami-Dade HIV/AIDS Partnership Qualifications:

- Devote at least four (4) hours per month to Partnership and committee activities;
- Be a resident of and a registered voter in Miami-Dade County (MDC) (committees are exempt from this requirement);
- Agree to undergo a criminal background check conducted by the Office of the Mayor of MDC; and
- Complete additional training and Partnership and County documents and forms as required.

Committee or Subcommittee Qualifications:

- Devote at least three (3) hours per month to committee activities;
- Be a resident of and a registered voter in Miami-Dade County; and
- Complete additional training and Partnership and County documents as required.

Miami-Dade HIV/AIDS Partnership Vacancies

30 Members; 3 Alternates; 2 Ex-Officio Members

12 Member Vacancies – 2 Applicants Pending Appointment

Goal: 3 Members and 3 Alternates

- Representative of the Affected Community
  - *Member representatives of affected communities that include individuals with HIV disease, who are not affiliated or employed by a Part A funded provider and are recipients of Part A services, and historically underserved groups and subpopulations that reflect the demographics of the population within the EMA*

Goal: 1 Member

- Federally Recognized Indian Tribe Representative
  - *Representative of a federally recognized Indian tribe as represented in the population from the affected community*

Goal: 1 Member

- Representative Co-Infected with Hepatitis B or C

Goal: 1 Member

- Other Federal HIV Program Grantee Representative (UAMHGA)

Goal: 1 Member
(1 application pending)

- Part C Recipient Representative

Goal: 1 Member
(1 application pending)

- Hospital or Health Care Planning Agency Representative

Goal: 1 Member

- Miami-Dade County Public Schools Representative

Goal: 1 Member

- Non-Elected Community Leader, not an HIV provider
  - *Non-elected community leader who does not provide HIV related health care services subject to funding under the Partnership programs*

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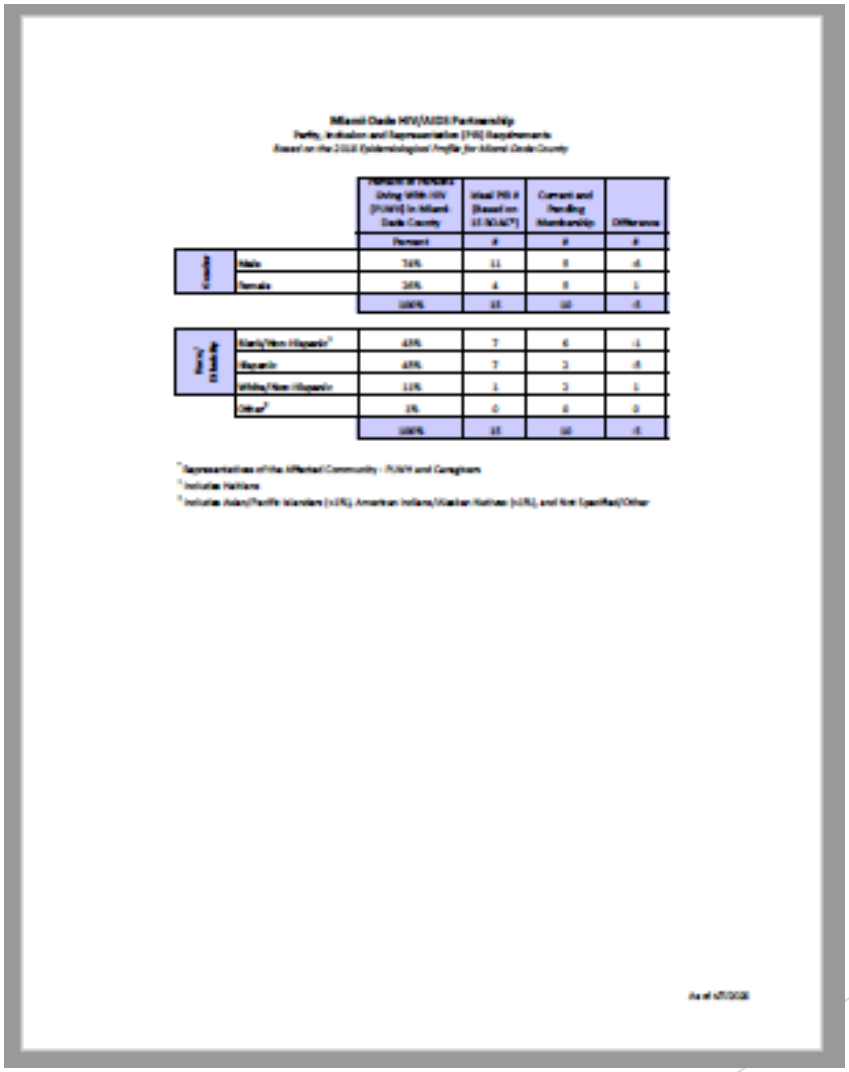
PIR Report



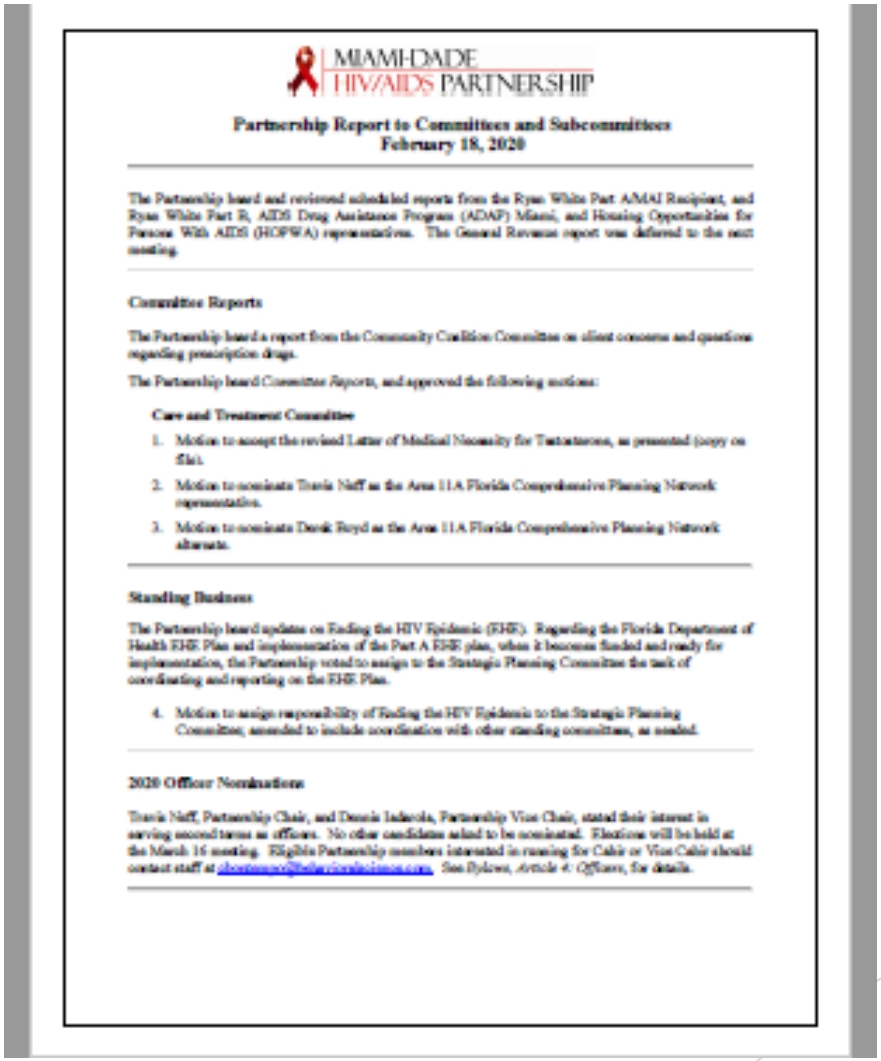
Miami-Dade HIV/AIDS Partnership
Parity, Inclusion and Representation (PIR) Requirements
Based on the 2018 Epidemiological Profile for Miami-Dade County

		Percent of Persons Living With HIV (PLWH) in Miami-Dade County	Ideal PIR # (Based on 13 SEATS*)	Current and Pending Membership	Difference
		Percent	#	#	#
Gender	Male	74%	11	9	-4
	Female	26%	4	5	1
		100%	15	14	-1
Race/ Ethnicity	Black/Non-Hispanic[1]	43%	7	6	-1
	Hispanic	43%	7	3	-4
	White/Non-Hispanic	11%	1	2	1
	Other[2]	3%	0	0	0
		100%	15	14	-1

[1] Representatives of the Affected Community - PLWH and Caregivers
[2] Includes Haitians
[3] Includes Asian/Pacific Islanders (<1%), American Indians/Alaskan Natives (<1%), and Not Specified/Other

As of 4/7/2018

Partnership Report to Committees



MIAMI-DADE HIV/AIDS PARTNERSHIP

Partnership Report to Committees and Subcommittees
February 18, 2020

The Partnership heard and reviewed scheduled reports from the Ryan White Part A/MAI Recipient, and Ryan White Part B, AIDS Drug Assistance Program (ADAP) Miami, and Housing Opportunities for Persons With AIDS (HOPWA) representatives. The General Revenue report was deferred to the next meeting.

Committee Reports

The Partnership heard a report from the Community Coalition Committee on client concerns and questions regarding prescription drugs.

The Partnership heard Committee *Reports*, and approved the following motions:

Care and Treatment Committee

1. Motion to accept the revised Letter of Medical Necessity for Testosterone, as presented (copy on file).
2. Motion to nominate Travis Neff as the Area 11A Florida Comprehensive Planning Network representative.
3. Motion to nominate Derek Boyd as the Area 11A Florida Comprehensive Planning Network alternate.

Standing Business

The Partnership heard updates on Ending the HIV Epidemic (EHE). Regarding the Florida Department of Health EHE Plan and implementation of the Part A EHE plan, when it becomes funded and ready for implementation, the Partnership voted to assign to the Strategic Planning Committee the task of coordinating and reporting on the EHE Plan.

4. Motion to assign responsibility of Ending the HIV Epidemic to the Strategic Planning Committee, amended to include coordination with other standing committees, as needed.

2020 Officer Nominations

Travis Neff, Partnership Chair, and Dennis Iadevaia, Partnership Vice Chair, stated their interest in serving second terms as officers. No other candidates asked to be nominated. Elections will be held at the March 16 meeting. Eligible Partnership members interested in running for Chair or Vice Chair should contact staff at [redacted]. See *Bylaws, Article 4: Officers*, for details.

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Robert's Rules of Order

- The Partnership and its committees all abide by Robert's Rules of Order.
- Action items require a motion.
- A member must be recognized by the chair in order to make a motion.
- A motion must be moved (stated clearly) and then seconded.
  - If no one "seconds the motion", the motion dies.
  - If a motion does not carry a majority vote, the motion dies.
- Motions should not be made in the negative.

Questions?

Thank you for your time!

Follow us on social media!

www.facebook.com/HIVPartnership
www.twitter.com/HIVPartnership
www.instagram.com/hiv_partnership

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MIAMI-DADE HIV/AIDS PARTNERSHIP

New Member Orientation

Part IV

Our Vision is to eliminate disparities and improve health outcomes for all people living with or at risk for HIV/AIDS.

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New Member Orientation Objectives

1. Introduce Ryan White Program functions, rules and terminology.
2. Introduce the Partnership's (local planning council) functions, goals, missions and committees.
3. Review Partnership members' responsibilities.
4. Review essential processes of the Partnership.
5. Introduce terms, concepts, and governing documents of the Partnership.
6. Familiarize Partnership new members with some HIV/AIDS data elements and how to use them.

Note: The Partnership is the official Ryan White HIV/AIDS Planning Council

DATA ELEMENTS AND PLANNING TOOLS

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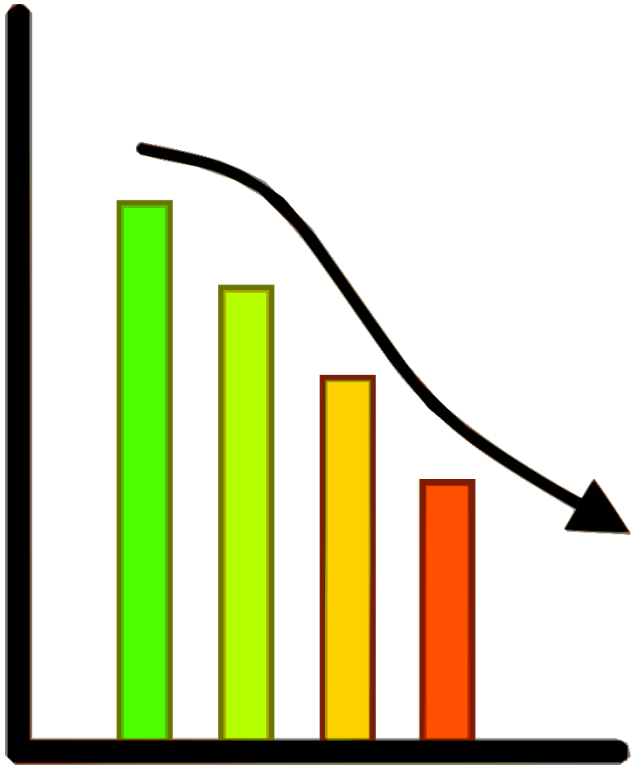
Data

- Can be presented various ways (charts, tables, pies, etc).
- What are the sources?
- Are there any patterns?
  - Do numbers go up?
  - Do numbers go down?
- How can I use this data?



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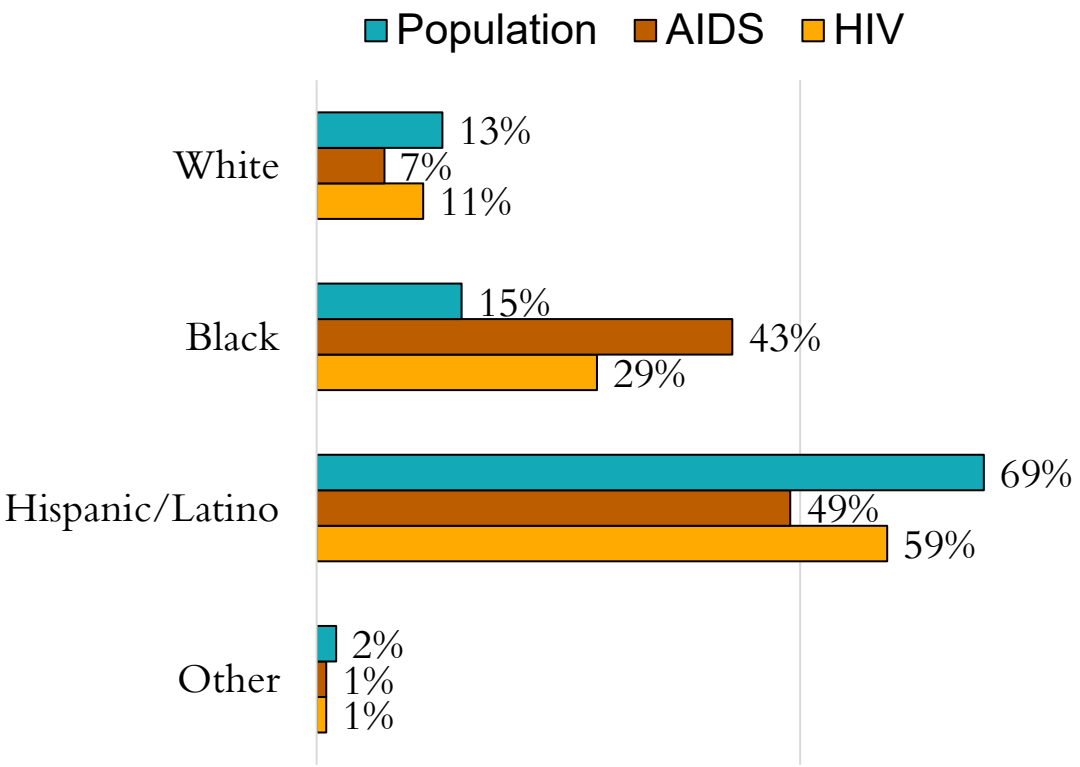
EPIDEMIOLOGICAL DATA (EPI DATA)

Percentage of Adult (Age 13+) HIV and AIDS Diagnoses and Population[1], by RPercentage of Adult (Age 13+) HIV and AIDS Diagnoses and Population[1], by Race/Ethnicity, 2018, Miami-Dade County Race/Ethnicity, 2018, Miami-Dade County



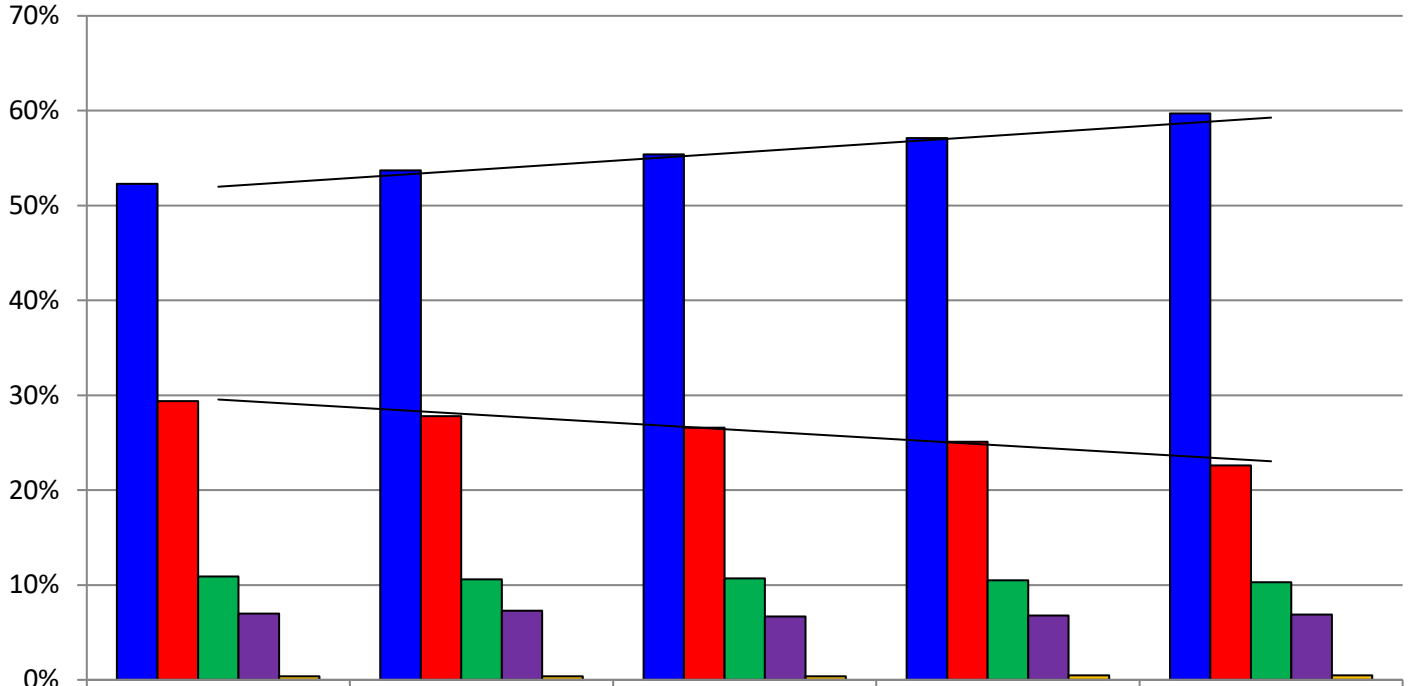
Miami-Dade County Adult Population Estimates
N=2,394,118

HIV
N=1,224

AIDS
N=402

DEMOGRAPHICS

Race/Ethnicity
People with HIV In Care, Ryan White Program
2015 to 2019



	2015	2016	2017	2018	2019
Hispanic	52%	54%	55%	57%	60%
Black, non-Hispanic	29%	28%	27%	25%	23%
Haitian	11%	11%	11%	11%	10%
White, non-Hispanic	7%	7%	7%	7%	7%
Other	0%	0%	0%	1%	1%

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SERVICE UTILIZATION

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Total Clients by Service Category

SERVICE CATEGORY	2015	2016	2017	2018	2019
MCM/PESN	8,700	9,009	8,656	8,496	8,116
Outpatient/Ambulatory Hlth Svcs	5,410	5,278	5,021	5,447	5,317
Oral Health Care	3,567	3,966	3,500	3,381	3,170
Health Ins Premium & Cost Sharing Assist	1,243	1,331	1,415	1,307	1,335
AIDS Pharmaceutical Assistance (Local)	1,534	1,352	1,162	697	605
Mental Health Services	517	366	349	327	274
Substance Abuse Outpatient Services	59	83	120	115	55
Medical Transportation Services	722	703	733	638	720
Food Bank	784	769	709	701	715
Substance Abuse Services (Residential)	235	207	214	169	95
Other Professional Svcs - Legal Services	131	119	100	76	66
Outreach Services	1,060	1,208	965	624	472

Outpatient/Ambulatory Health Services

	2015	2016	2017	2018	2019
Total Clients	5,410	5,278	5,021	5,447	5,317
% of All RW Clients	55.9%	52.0%	50.8%	56.9%	58.9%
Total Cost	$6,635,024	$6,158,906	$6,847,772	$9,112,521	$9,391,615
% of Total Costs	31.3%	26.3%	29.2%	41.5%	40.9%

Average Cost/Client	$1,226	$1,167	$1,364	$1,673	$1,766
Median Cost/Client	$915	$889	$1,036	$1,378	$1,434
Max. Cost/Client	$10,344	$11,156	$52,534	$17,910	$27,256

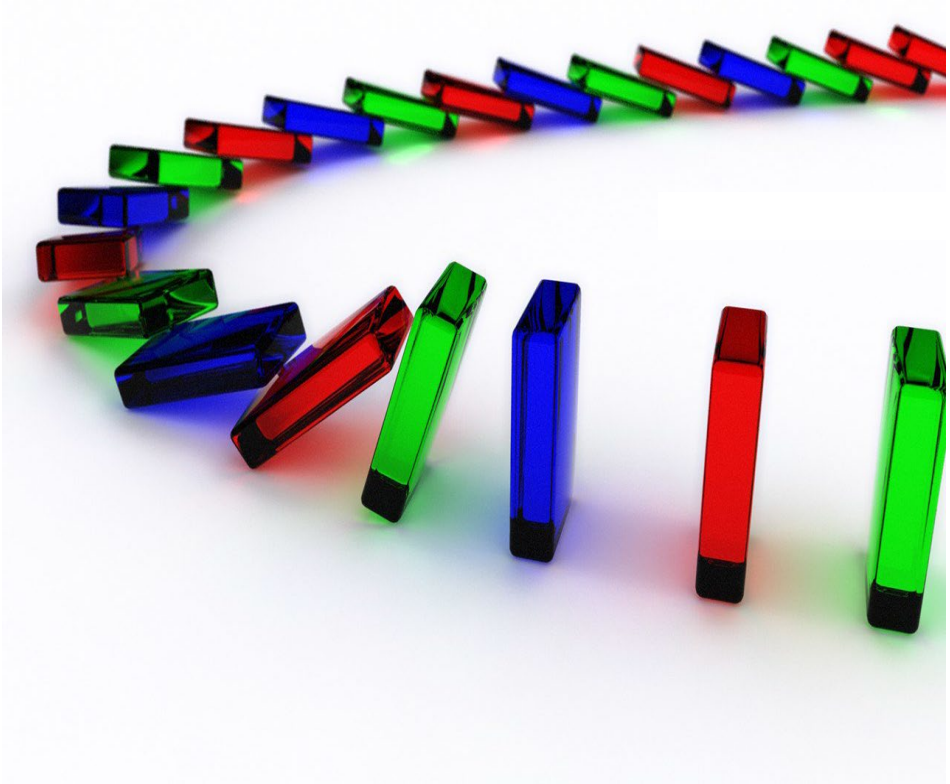
OTHER FUNDING

Other Funding Streams: AIDS Pharmaceutical Assistance (Prescription Drugs)

Other Funding Streams

	Funder	Expended	Number of Clients	Cost per Client
1	ADAP-Pt B	$30,971,755.55	4,647	$6,664.89
2	General Revenue	$616,070.89	680	$905.99
3	Medicaid	$7,882,537.47	409	$19,272.71
4	Part B	$379,131.81	185	$2,049.36
5	Part C	$22,511.00	NA	NA

TREATMENT CASCADE



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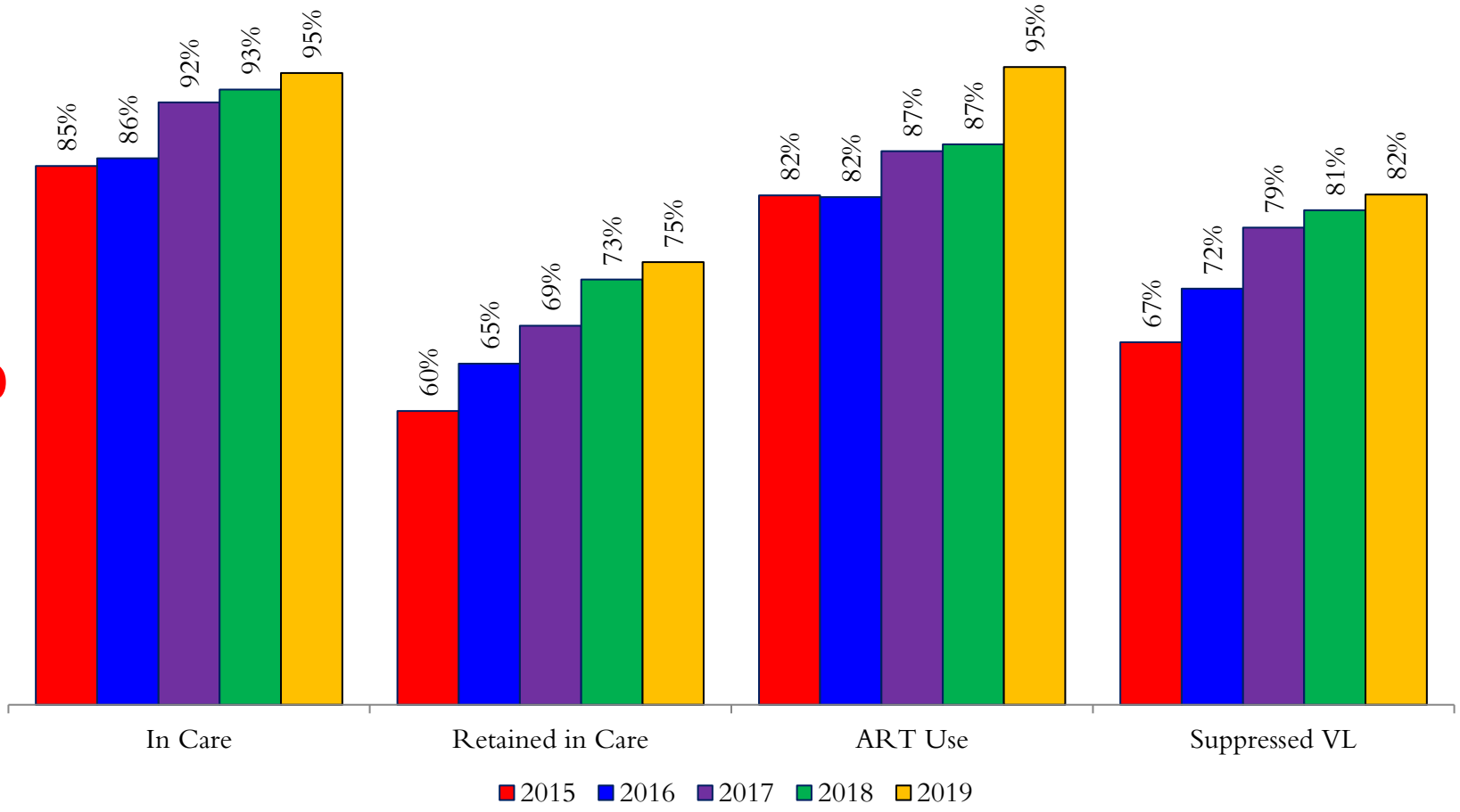
RWP HIV Care Continuum
FYs 2015 thru 2019



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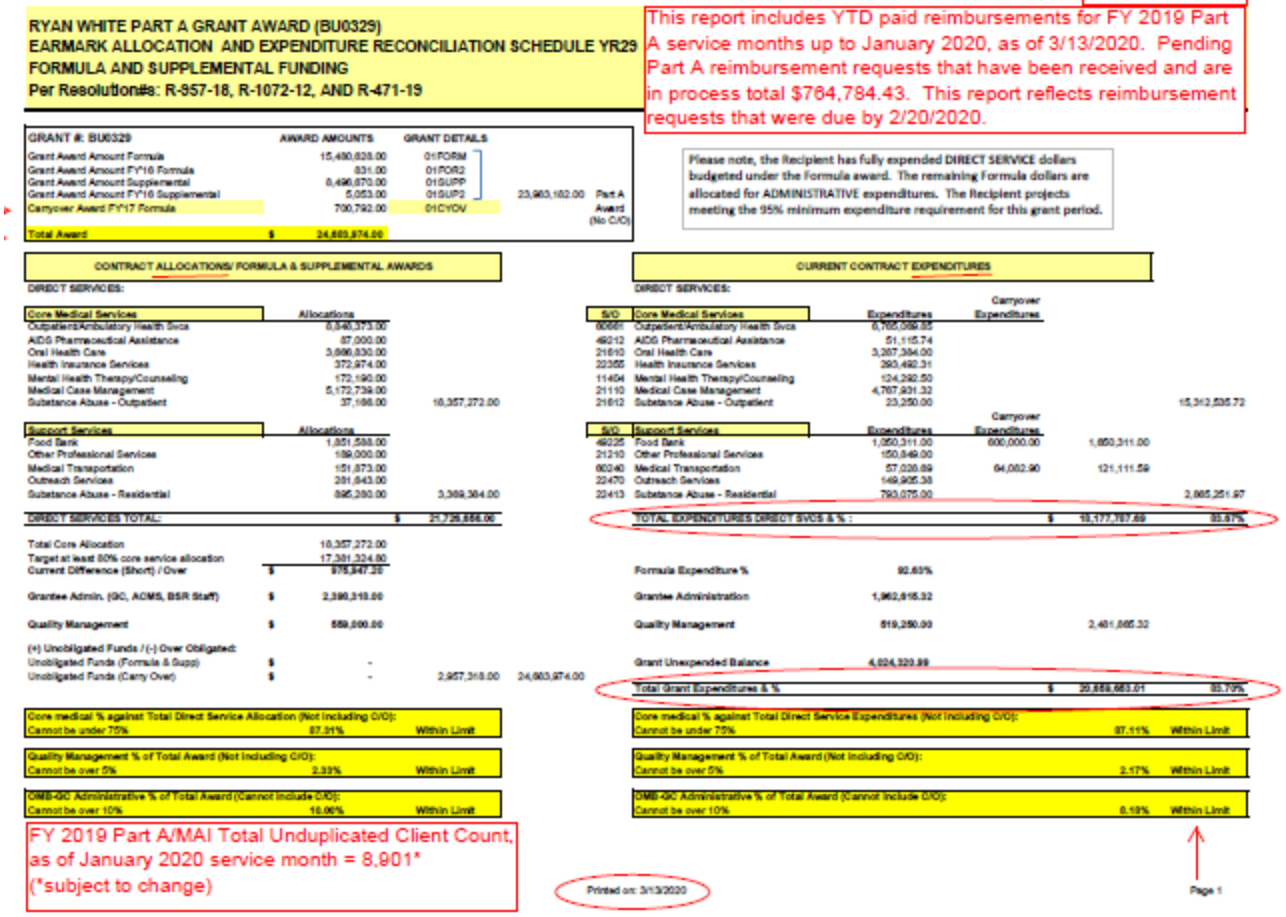
MONTHLY REPORTS

Part A/Minority AIDS Initiative (MAI)

FY 2019 Part A

This report includes YTD paid reimbursements for FY 2019 Part A service months up to January 2020, as of 3/13/2020. Pending Part A reimbursement requests that have been received and are in process total $764,784.43. This report reflects reimbursement requests that were due by 2/20/2020.



RYAN WHITE PART A GRANT AWARD (BU0329)
EARMARK ALLOCATION AND EXPENDITURE RECONCILIATION SCHEDULE YR29
FORMULA AND SUPPLEMENTAL FUNDING
Per Resolution#s: R-957-18, R-1072-12, AND R-471-19

Please note, the Recipient has fully expended DIRECT SERVICE dollars budgeted under the Formula award. The remaining Formula dollars are allocated for ADMINISTRATIVE expenditures. The Recipient projects meeting the 95% minimum expenditure requirement for this grant period.

GRANT #: BU0329	AWARD AMOUNTS	GRANT DETAILS		
Grant Award Amount Formula	15,480,028.00	01FORM		
Grant Award Amount FY16 Formula	831.00	01FOR2		
Grant Award Amount Supplemental	8,496,670.00	01SUPP		
Grant Award Amount FY16 Supplemental	5,053.00	01SUP2	23,983,182.00	Part A Award (No C/O)
Carryover Award FY17 Formula	700,792.00	01CYOV		
Total Award	$ 24,680,974.00			

CONTRACT ALLOCATIONS/ FORMULA & SUPPLEMENTAL AWARDS

DIRECT SERVICES:

Core Medical Services	Allocations	
Outpatient/Ambulatory Health Svcs	8,848,373.00	
AIDS Pharmaceutical Assistance	87,000.00	
Oral Health Care	3,666,830.00	
Health Insurance Services	372,974.00	
Mental Health Therapy/Counseling	172,190.00	
Medical Case Management	5,172,736.00	
Substance Abuse - Outpatient	37,166.00	18,357,272.00

Support Services	Allocations	
Food Bank	1,851,588.00	
Other Professional Services	189,000.00	
Medical Transportation	151,873.00	
Outreach Services	281,843.00	
Substance Abuse - Residential	895,280.00	3,369,384.00
DIRECT SERVICES TOTAL:		$ 21,726,656.00

Total Core Allocation	18,357,272.00	
Target at least 60% core service allocation	17,381,324.80	
Current Difference (Short) / Over	$ 975,947.20	
Grantee Admin. (GC, ACMS, BSR Staff)	$ 2,390,310.00	
Quality Management	$ 559,000.00	
(+) Unobligated Funds / (-) Over Obligated:		
Unobligated Funds (Formula & Supp)	$ -	
Unobligated Funds (Carry Over)	$ -	2,957,310.00 24,683,974.00

Core medical % against Total Direct Service Allocation (Not including C/O):		
Cannot be under 75%	87.31%	Within Limit
Quality Management % of Total Award (Not including C/O):		
Cannot be over 5%	2.33%	Within Limit
OMB-GC Administrative % of Total Award (Cannot include C/O):		
Cannot be over 10%	10.06%	Within Limit

CURRENT CONTRACT EXPENDITURES

DIRECT SERVICES:

S/O	Core Medical Services	Expenditures	Carryover Expenditures	
00001	Outpatient/Ambulatory Health Svcs	8,705,599.55		
49212	AIDS Pharmaceutical Assistance	51,115.74		
21610	Oral Health Care	3,267,384.00		
22355	Health Insurance Services	293,492.31		
11404	Mental Health Therapy/Counseling	124,292.50		
21110	Medical Case Management	4,767,931.32		
21612	Substance Abuse - Outpatient	23,250.00		15,312,535.72

S/O	Support Services	Expenditures	Carryover Expenditures		
49225	Food Bank	1,050,311.00	600,000.00	1,650,311.00	
21210	Other Professional Services	150,849.00			
60240	Medical Transportation	57,026.69	64,062.90	121,111.59	
22470	Outreach Services	149,905.38			
22413	Substance Abuse - Residential	793,075.00			2,865,251.97
	TOTAL EXPENDITURES DIRECT SVCS & % :			$ 18,177,787.69	83.67%

Formula Expenditure %	92.63%	
Grantee Administration	1,962,915.32	
Quality Management	519,250.00	2,481,665.32
Grant Unexpended Balance	4,024,320.99	
Total Grant Expenditures & %	$ 20,659,953.01	85.73%

Core medical % against Total Direct Service Expenditures (Not including C/O):		
Cannot be under 75%	87.11%	Within Limit
Quality Management % of Total Award (Not including C/O):		
Cannot be over 5%	2.17%	Within Limit
OMB-GC Administrative % of Total Award (Cannot include C/O):		
Cannot be over 10%	9.18%	Within Limit

FY 2019 Part A/MAI Total Unduplicated Client Count, as of January 2020 service month = 8,901* (*subject to change)

Printed on: 3/13/2020

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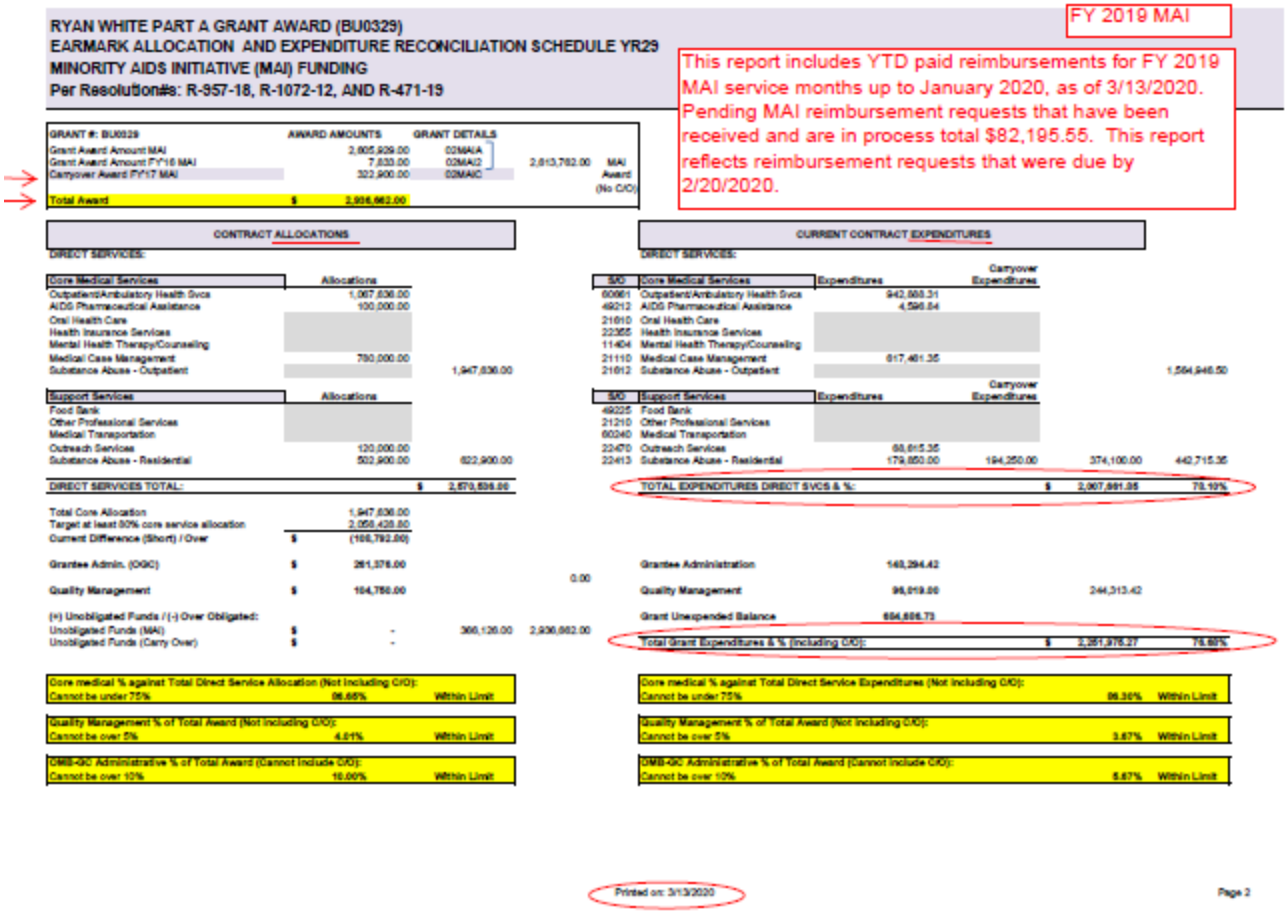
Part A/Minority AIDS Initiative (MAI)



RYAN WHITE PART A GRANT AWARD (BU0329)
EARMARK ALLOCATION AND EXPENDITURE RECONCILIATION SCHEDULE YR29
MINORITY AIDS INITIATIVE (MAI) FUNDING
Per Resolution#s: R-957-18, R-1072-12, AND R-471-19

FY 2019 MAI

This report includes YTD paid reimbursements for FY 2019 MAI service months up to January 2020, as of 3/13/2020. Pending MAI reimbursement requests that have been received and are in process total $82,195.55. This report reflects reimbursement requests that were due by 2/20/2020.

GRANT #: BU0329	AWARD AMOUNTS	GRANT DETAILS		
Grant Award Amount MAI	2,605,929.00	02MAIA		
Grant Award Amount FY16 MAI	7,833.00	02MAI2	2,613,762.00	MAI Award (No C/O)
Carryover Award FY17 MAI	322,900.00	02MAIC		
Total Award	$ 2,936,662.00			

CONTRACT ALLOCATIONS

DIRECT SERVICES:

Core Medical Services	Allocations	
Outpatient/Ambulatory Health Svcs	1,057,830.00	
AIDS Pharmaceutical Assistance	100,000.00	
Oral Health Care		
Health Insurance Services		
Mental Health Therapy/Counseling		
Medical Case Management	790,000.00	
Substance Abuse - Outpatient		1,947,830.00

Support Services	Allocations	
Food Bank		
Other Professional Services		
Medical Transportation		
Outreach Services	120,000.00	
Substance Abuse - Residential	502,900.00	622,900.00
DIRECT SERVICES TOTAL:		$ 2,570,730.00

Total Core Allocation	1,947,830.00		
Target at least 80% core service allocation	2,056,420.80		
Current Difference (Short) / Over	$ (108,792.80)		
Grantee Admin. (OGC)	$ 261,376.00		
Quality Management	$ 104,750.00	0.00	
(+) Unobligated Funds / (-) Over Obligated:			
Unobligated Funds (MAI)	$ -	306,126.00	2,936,662.00
Unobligated Funds (Carry Over)	$ -		

Core medical % against Total Direct Service Allocation (Not Including C/O): Cannot be under 75%	86.66%	Within Limit
Quality Management % of Total Award (Not Including C/O): Cannot be over 5%	4.01%	Within Limit
DMB-GC Administrative % of Total Award (Cannot Include C/O): Cannot be over 10%	10.00%	Within Limit

CURRENT CONTRACT EXPENDITURES

DIRECT SERVICES:

S/O	Core Medical Services	Expenditures	Carryover Expenditures		
60061	Outpatient/Ambulatory Health Svcs	942,888.31			
49212	AIDS Pharmaceutical Assistance	4,596.84			
21010	Oral Health Care				
22355	Health Insurance Services				
11404	Mental Health Therapy/Counseling				
21110	Medical Case Management	617,461.35			
21012	Substance Abuse - Outpatient				1,564,946.50

S/O	Support Services	Expenditures	Carryover Expenditures		
49225	Food Bank				
21210	Other Professional Services				
60340	Medical Transportation				
22470	Outreach Services	68,615.35			
22413	Substance Abuse - Residential	179,850.00	194,250.00	374,100.00	442,715.35
TOTAL EXPENDITURES DIRECT SVCS & %:				$ 2,007,661.85	78.10%

Grantee Administration	140,294.42			
Quality Management	96,019.00		244,313.42	
Grant Unexpended Balance	684,686.73			
Total Grant Expenditures & % (Including C/O):			$ 2,251,975.27	76.68%

Core medical % against Total Direct Service Expenditures (Not Including C/O): Cannot be under 75%	86.36%	Within Limit
Quality Management % of Total Award (Not Including C/O): Cannot be over 5%	3.67%	Within Limit
DMB-GC Administrative % of Total Award (Cannot Include C/O): Cannot be over 10%	5.67%	Within Limit

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Part B

Provider Agency Name & Address
FDOH in Miami-Dade County
1350 N.W. 14th St.,
Miami, 33125

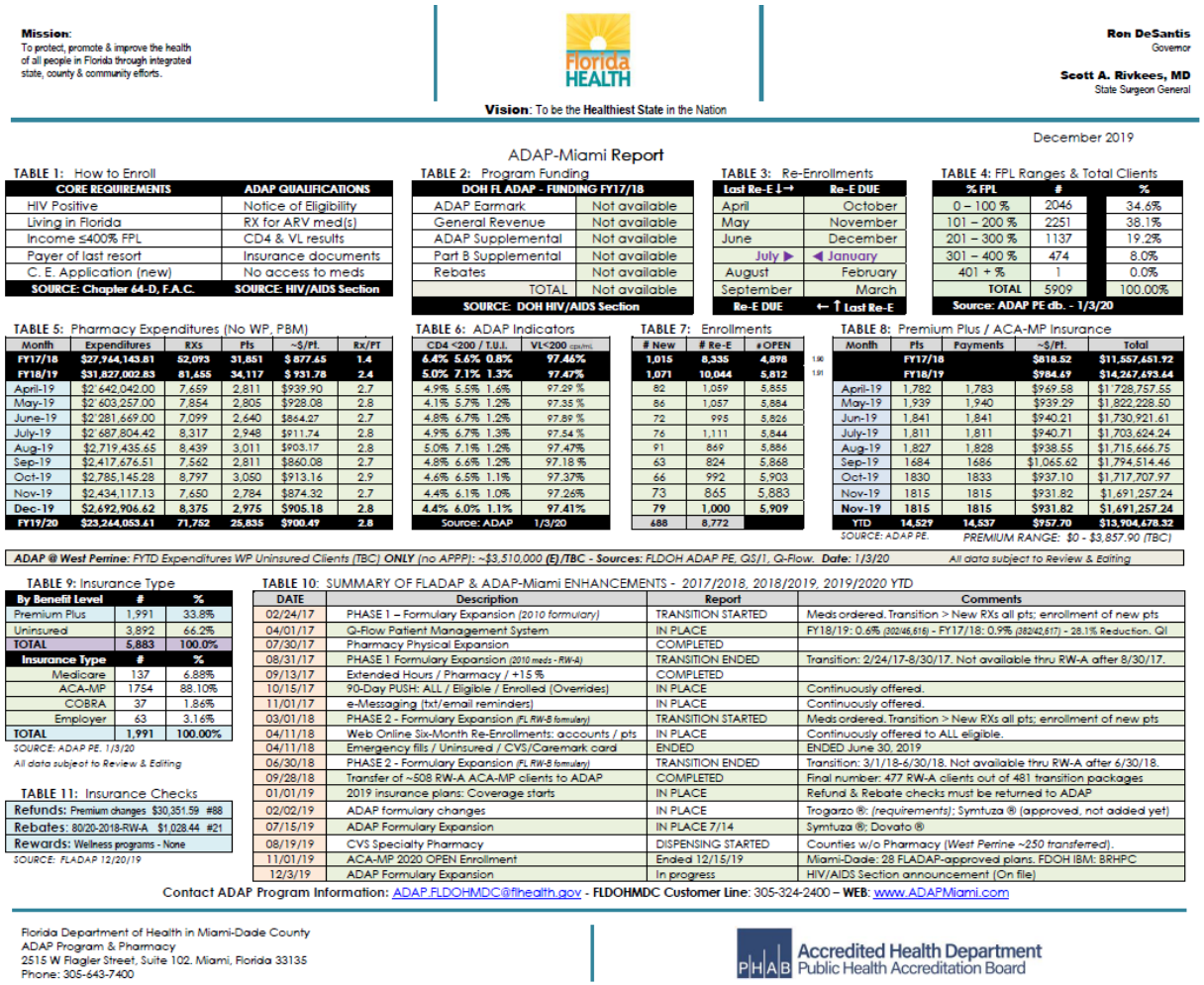
Contract Name: 2020-2021 Miami-Dade CHD RW Consortia

Florida Department of Health
Expenditure/Invoice Report
Program Name: Patient Care-Consortia
Area Name:AREA 11A
Month: June
Year: 2020-2021

Report generated on: 08/14/2020

Contract Services	Expended Month	# of Clients	# of Service Units	Approved Budget	Expended Budget	Expended Y-T-D	Rate of Expend
Administrative Services	June	0	0	$125,364.00	$4,276.30	$20,628.82	16%
Home and Community-Based Services	June	0	0	$10,000.00	$0.00	$0.00	0%
Medical Case Management (including treatment adherence)	June	24	24	$175,390.00	$14,646.47	$16,037.83	9%
Mental Health Services - Outpatient	June	1	1	$35,523.00	$126.00	$126.00	0%
Outpatient Ambulatory Health Service	June	0	0	$303,868.00	$0.00	$0.00	0%
Emergency Financial Assistance	June	19	19	$925,583.00	$45,639.31	$192,536.68	21%
Medical Transportation Services	June	0	0	$15,000.00	$0.00	$0.00	0%
Non-Medical Case Management Services	June	10	10	$91,135.00	$6,139.77	$22,213.36	24%
Clinical Quality Management	June	0	0	$32,153.00	$2,184.82	$7,881.43	25%
Planning and Evaluation	June	0	0	$41,124.00	$2,794.46	$10,080.62	25%
Totals		**54**	**54**	**$1,755,140.00**	**$75,807.13**	**$269,504.74**	

AIDS Drug Assistance Program (ADAP)



Mission: To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.

Florida HEALTH

Vision: To be the Healthiest State in the Nation

Ron DeSantis, Governor

Scott A. Rivkees, MD, State Surgeon General

December 2019

ADAP-Miami Report

TABLE 1: How to Enroll

CORE REQUIREMENTS	ADAP QUALIFICATIONS
HIV Positive	Notice of Eligibility
Living in Florida	RX for ARV med(s)
Income ≤400% FPL	CD4 & VL results
Payer of last resort	Insurance documents
C. E. Application (new)	No access to meds
SOURCE: Chapter 64-D, F.A.C.	SOURCE: HIV/AIDS Section

TABLE 2: Program Funding

DOH FL ADAP - FUNDING FY17/18	
ADAP Earmark	Not available
General Revenue	Not available
ADAP Supplemental	Not available
Part B Supplemental	Not available
Rebates	Not available
TOTAL	Not available
SOURCE: DOH HIV/AIDS Section	

TABLE 3: Re-Enrollments

Last Re-E ↓ →	Re-E DUE
April	October
May	November
June	December
July ▶	◀ January
August	February
September	March
Re-E DUE	← ↑ Last Re-E

TABLE 4: FPL Ranges & Total Clients

% FPL	#	%
0 – 100 %	2046	34.6%
101 – 200 %	2251	38.1%
201 – 300 %	1137	19.2%
301 – 400 %	474	8.0%
401 + %	1	0.0%
TOTAL	5909	100.00%

Source: ADAP PE db. - 1/3/20

TABLE 5: Pharmacy Expenditures (No WP, PBM)

Month	Expenditures	RXs	Pts	~$/Pt.	Rx/PT
FY17/18	$27,944,143.81	52,093	31,851	$ 877.65	1.4
FY18/19	$31,827,002.83	81,655	34,117	$ 931.78	2.4
April-19	$2`642,042.00	7,659	2,811	$939.90	2.7
May-19	$2`603,257.00	7,854	2,805	$928.08	2.8
June-19	$2`281,669.00	7,099	2,640	$864.27	2.7
July-19	$2`687,804.42	8,317	2,948	$911.74	2.8
Aug-19	$2,719,435.65	8,439	3,011	$903.17	2.8
Sep-19	$2,417,676.51	7,562	2,811	$860.08	2.7
Oct-19	$2,785,145.28	8,797	3,050	$913.16	2.9
Nov-19	$2,434,117.13	7,650	2,784	$874.32	2.7
Dec-19	$2,692,906.62	8,375	2,975	$905.18	2.8
FY19/20	$23,244,053.61	71,752	25,835	$900.49	2.8

TABLE 6: ADAP Indicators

CD4 <200 / T.U.I.	VL<200 cps/mL
6.4% 5.6% 0.8%	97.46%
5.0% 7.1% 1.3%	97.47%
4.9% 5.5% 1.6%	97.29 %
4.1% 5.7% 1.2%	97.35 %
4.8% 6.7% 1.2%	97.89 %
4.9% 6.7% 1.3%	97.54 %
5.0% 7.1% 1.2%	97.47%
4.8% 6.6% 1.2%	97.18 %
4.6% 6.5% 1.1%	97.37%
4.4% 6.1% 1.0%	97.26%
4.4% 6.0% 1.1%	97.41%
Source: ADAP	1/3/20

TABLE 7: Enrollments

# New	# Re-E	#OPEN	
1,015	8,335	4,898	1.90
1,071	10,044	5,812	1.91
82	1,059	5,855	
86	1,057	5,884	
72	995	5,826	
76	1,111	5,844	
91	869	5,886	
63	824	5,868	
66	992	5,903	
73	865	5,883	
79	1,000	5,909	
688	8,772		

TABLE 8: Premium Plus / ACA-MP Insurance

Month	Pts	Payments	~$/Pt.	Total
	FY17/18		$818.52	$11,557,651.92
	FY18/19		$984.69	$14,267,693.64
April-19	1,782	1,783	$969.58	$1`728,757.55
May-19	1,939	1,940	$939.29	$1,822,228.50
Jun-19	1,841	1,841	$940.21	$1,730,921.61
July-19	1,811	1,811	$940.71	$1,703,624.24
Aug-19	1,827	1,828	$938.55	$1,715,666.75
Sep-19	1684	1686	$1,065.62	$1,794,514.46
Oct-19	1830	1833	$937.10	$1,717,707.97
Nov-19	1815	1815	$931.82	$1,691,257.24
Nov-19	1815	1815	$931.82	$1,691,257.24
YTD	14,529	14,537	$957.70	$13,904,678.32

SOURCE: ADAP PE. PREMIUM RANGE: $0 - $3,857.90 (TBC)

ADAP @ West Perrine: *FYTD Expenditures WP Uninsured Clients (TBC)* ***ONLY*** *(no APPP): ~$3,510,000* ***(E)/TBC - Sources:*** *FLDOH ADAP PE, QS/1, Q-Flow.* ***Date:*** *1/3/20* *All data subject to Review & Editing*

TABLE 9: Insurance Type

By Benefit Level	#	%
Premium Plus	1,991	33.8%
Uninsured	3,892	66.2%
TOTAL	5,883	100.0%
Insurance Type	**#**	**%**
Medicare	137	6.88%
ACA-MP	1754	88.10%
COBRA	37	1.86%
Employer	63	3.16%
TOTAL	1,991	100.00%

SOURCE: ADAP PE. 1/3/20

All data subject to Review & Editing

TABLE 11: Insurance Checks

Refunds:	Premium changes $30,351.59 #88
Rebates:	80/20-2018-RW-A $1,028.44 #21
Rewards:	Wellness programs - None

SOURCE: FLADAP 12/20/19

TABLE 10: SUMMARY OF FLADAP & ADAP-Miami ENHANCEMENTS - *2017/2018, 2018/2019, 2019/2020 YTD*

DATE	Description	Report	Comments
02/24/17	PHASE 1 – Formulary Expansion *(2010 formulary)*	TRANSITION STARTED	Meds ordered. Transition > New RXs all pts; enrollment of new pts
04/01/17	Q-Flow Patient Management System	IN PLACE	FY18/19: 0.6% *(302/46,616)* - FY17/18: 0.9% *(382/42,617)* - 28.1% Reduction. QI
07/30/17	Pharmacy Physical Expansion	COMPLETED	
08/31/17	PHASE 1 Formulary Expansion *(2010 meds - RW-A)*	TRANSITION ENDED	Transition: 2/24/17-8/30/17. Not available thru RW-A after 8/30/17.
09/13/17	Extended Hours / Pharmacy / +15 %	COMPLETED	
10/15/17	90-Day PUSH: ALL / Eligible / Enrolled (Overrides)	IN PLACE	Continuously offered.
11/01/17	e-Messaging (txt/email reminders)	IN PLACE	Continuously offered.
03/01/18	PHASE 2 - Formulary Expansion *(FL RW-B formulary)*	TRANSITION STARTED	Meds ordered. Transition > New RXs all pts; enrollment of new pts
04/11/18	Web Online Six-Month Re-Enrollments: accounts / pts	IN PLACE	Continuously offered to ALL eligible.
04/11/18	Emergency fills / Uninsured / CVS/Caremark card	ENDED	ENDED June 30, 2019
06/30/18	PHASE 2 - Formulary Expansion *(FL RW-B formulary)*	TRANSITION ENDED	Transition: 3/1/18-6/30/18. Not available thru RW-A after 6/30/18.
09/28/18	Transfer of ~508 RW-A ACA-MP clients to ADAP	COMPLETED	Final number: 477 RW-A clients out of 481 transition packages
01/01/19	2019 insurance plans: Coverage starts	IN PLACE	Refund & Rebate checks must be returned to ADAP
02/02/19	ADAP formulary changes	IN PLACE	Trogarzo ®: *(requirements)*; Symtuza ® (approved, not added yet)
07/15/19	ADAP Formulary Expansion	IN PLACE 7/14	Symtuza ®; Dovato ®
08/19/19	CVS Specialty Pharmacy	DISPENSING STARTED	Counties w/o Pharmacy (*West Perrine ~250 transferred*).
11/01/19	ACA-MP 2020 OPEN Enrollment	Ended 12/15/19	Miami-Dade: 28 FLADAP-approved plans. FDOH IBM: BRHPC
12/3/19	ADAP Formulary Expansion	In progress	HIV/AIDS Section announcement (On file)

Contact ADAP Program Information: ADAP.FLDOHMDC@flhealth.gov - **FLDOHMDC Customer Line:** 305-324-2400 – **WEB:** www.ADAPMiami.com

Florida Department of Health in Miami-Dade County
ADAP Program & Pharmacy
2515 W Flagler Street, Suite 102. Miami, Florida 33135
Phone: 305-643-7400

PHAB Accredited Health Department
Public Health Accreditation Board

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AIDS Drug Assistance Program (ADAP)

Mission:
To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.

Florida HEALTH

Vision: To be the Healthiest State in the Nation

Ron DeSantis
Governor

Scott A. Rivkees, MD
State Surgeon General

June 2020

ADAP-Miami Report

- Enrollments

MONTH	New	Re-Enrollments	TOTAL
April-20	60	340	6,352*
May-20	61	548	6,401*
June-20	49	1143	4,414**
TOTAL	170	2,031	5,016 (7/10)

* COVID19 Extension
** COVID19 Extension ended: 1,987 cases closed on 6/1

- Expenditures

PERIOD	Expenditures	Benefit Level / Service
FY19/20	$30'985,085.34	Direct Dispense / Uninsured
	$21'582,414.99	Premium Plus / Insured
	$ 3'697,006.32	West Perrine / Uninsured – CVS Specialty
TOTAL	$56'264,506.65	TOTAL / FY19/20 – Subject to Review & Editing

MONTH	Expenditures	RXs	Patients	RX/Pt
April-20	$ 4,333,133.87	8,271	2,815	2.9
May-20	$ 1,434,289.65	2,605	1,014	2.6
June-20	$ 2,895,422.35	5,514	1,882	2.9
TOTAL	$ 8,662,845.87	16,390	5,711	2.9

- Indicators

VL < 200	Emergency Order: 60-day Suspension Lab Requirement (9/7/20)
CD 4	Emergency Order: 60-day Suspension Lab Requirement (9/7/20)

- ADAP-Miami Emergency Response

03/11/20	Social Distancing. Reduced Contact	Ongoing	No Face2Face to contact Phone, email, Fax, Mail. IVR, Online refills
03/25/20	Emergency Order Extension to May 31st CD4, VL lab requirements	Ongoing	Pharmacy Drive-Thru & Walk-Up Services ONLY. Closed Flagler St building to clients. Delivery services (3/25-4/10) ~19% (195/1,392 clients; stigma)
04/07/20	60-day dispensing	Ongoing	Drive-Thru & Walk-Up & Delivery. CHD Pharmacy Mail Order (TBC)
07/07/20	Executive Order 20-166 Additional Extension	Ongoing	60-day Suspension of ADAP Lab requirement September 7, 2020

Day #	DATE	Walk-In Cumulative**		Drive-Thru Cumulative		TOTAL Cumulative	
		#	%	#	%	#	%
Day 80	07/15/20	2,062	26.4%	5,753	73.6%	7815	100.0%

Day 1: March 25th, 2020

Day 80	07/15/20	ADAP Program Delivery of Medications by UPS Services	414 clients

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General Revenue (GR)

General Revenue July 2019 - June 2020
HIV/AIDS Demographic Data for PHT/SFAN

	MAY-20			Year To Date Data		
	Unduplicated Client Count	Units	Dollar Amt.	Total Dollar Amt.	Annual Budget	YTD Units
Ambulatory - Outpatient Care	180	289	86,950	884,886.39	1,503,964	5,054
Medical Case Management	130	133	101,786	1,204,141.07	1,368,300	1,579
Non-Medical Case Management	192	196	20,201	129,498.68	187,784	1,887
Drug Pharmaceuticals	74	200	34,289	556,785.43	668,000	3,865
Early Intervention Services				-		-
Health Insurance Premium / Cost Sharing				-		-
Home & Community Base Services	1	1	90	704.85	11,000	7
Home Health Care	-	-	-	14,061.00	70,000	439
Hospital Services	43	351	33,330	666,667.43	1,119,900	731
Mental Health Services	-	-	-	34,736.79	38,000	308
Nursing Home Care	6	182	44,503	410,257.99	450,000	1,672
Nutrition Counseling	-	-	-	531.40	6,500	4
Other Support Services / Emergency Fin. Assistance	-	-	-	145,386.60	362,000	70
Referral for Health Care / Supportive Services	230	295	32,840	491,688.60	625,589	4,172
Residential Care - Children	-	-		-		-
Residential Care - Adult	13	793	34,099	170,495.00	204,035	3,965
Substance Abuse Outpatient	-	-	-	-		-
Substance Abuse Residential	6	235	52,393	335,316.80	420,000	1,766
Transportation	-	-	-	43,023.65	61,000	751
	875	2,675	440,482	5,088,181.68	7,096,072.00	26,270

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PRIORITIES

Part A Program
Service Categories

MIAMI-DADE COUNTY - RYANWHITE PROGRAM FY 2021-22 (YR 31) PART A PRIORITY RANKING	
Ranking	Services
1	Medical Case Management, including Treatment Adherence Services [C]
2	Outpatient/Ambulatory Health Services [C]
3	Mental Health Services [C]
4	Oral Health Care [C]
5	Food Bank [S]
6	Health Insurance Premium and Cost-Sharing Assistance for Low-Income Individuals [C]
7	Substance Abuse Outpatient Care [C]
8	Substance Abuse Services (Residential) [S]
9	AIDS Pharmaceutical Assistance (Local Pharmacy Assistance Program) [C]
10	Medical Transportation (Vouchers) [S]
11	Outreach Services [S]
12	Emergency Financial Assistance [S]
13	Other Professional Services (Legal Assistance and Permanency Planning) [S]

ALLOCATIONS

Part A Program
YR 31 Allocations

SERVICE CATEGORIES (ALPHABETIC ORDER)	YR 31 RECOMMENDATION	YR 31 %
AIDS PHARMACEUTICAL ASSISTANCE [C]	$ 88,255	0.40%
EMERGENCY FINANCIAL ASSISTANCE [S]	$ 88,253	0.40%
FOOD BANK [S]	$ 529,539	2.41%
HEALTH INSURANCE PREMIUM AND COST SHARING FOR LOW-INCOME INDIVIDUALS [C]	$ 595,700	2.71%
MEDICAL CASE MANAGEMENT, INC. TREATMENT ADHERENCE SERVICES [C]	$ 5,869,052	26.67%
MEDICAL TRANSPORTATION [S]	$ 154,449	0.70%
MENTAL HEALTH SERVICES [C]	$ 132,385	0.60%
ORAL HEALTH CARE [C]	$ 3,088,975	14.04%
OTHER PROFESSIONAL SERVICES (LEGAL SERVICES AND PERMANENCY PLANNING) [S]	$ 154,449	0.70%
OUTPATIENT/AMBULATORY HEALTH SERVICES [C]	$ 8,847,707	40.21%
OUTREACH SERVICES [S]	$ 264,696	1.20%
SUBSTANCE ABUSE OUTPATIENT CARE [C]	$ 44,128	0.20%
SUBSTANCE ABUSE SERVICES (RESIDENTIAL) [S]	$ 2,145,426	9.75%
SUBTOTAL	$ 22,003,014	100.00%
ADMINISTRATION	$2,511,445	
CLINICAL QUALITY MANAGEMENT	$600,000	
TOTAL	$25,114,459	

SWEEPS / RAPID REALLOCATIONS

MIAMI DADE COUNTY
FY 2012-13 (YR 22)
SWEEPS #1

SAMPLE - SAMPLE - SAMPLE - SAMPLE - SAMPLE - SAMPLE - SAMPLE - SAMPLE - SAMPLE

RANKING ORDER	SERVICE CATEGORIES	YR 22 Allocation	SWEEPS 1 AVAILABLE	SWEEPS 1 REQUESTS	SWEEPS 1 AWARDS
1	OUTPATIENT MEDICAL CARE	$442,607	$18,000	$2,000	
2	PRESCRIPTION DRUGS	$386,793	$1,500		
3	MEDICAL CASE MANAGEMENT	$543,054	$2,000	$15,000	
4	ORAL HEALTH CARE	$37,490	$1,000	$30,000	
5	OUTREACH	$137,320	$1,500		
		$1,547,264	$24,000	$47,000	**$24,000**
6	QUALITY MANAGEMENT	$104,750	$0		
7	ADMINISTRATION	$253,442	$0		
	GRAND TOTAL	**$1,905,456**	**$24,000**	**$47,000**	**$24,000**

SAMPLE - SAMPLE - SAMPLE - SAMPLE - SAMPLE - SAMPLE - SAMPLE - SAMPLE - SAMPLE - SAMPLE

Current Core Services Allocation %: 88.70%

Sweeps Exercise

The committee received sweeps of $24,000 in ***three*** service categories. A decision was made to place the funding equally in the **two** highest need categories: oral health care and medical case management.

Make a motion for the funding allocation.

MIAMI DADE COUNTY
FY 2012-13 (YR 22)
SWEEPS #1

SAMPLE - SAMPLE - SAMPLE - SAMPLE - SAMPLE - SAMPLE - SAMPLE - SAMPLE - SAMPLE

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3	MEDICAL CASE MANAGEMENT	$543,054	$2,000	$15,000	$12,000
4	ORAL HEALTH CARE	$37,490	$1,000	$30,000	$12,000
5	OUTREACH	$137,320	$1,500		
		$1,547,264	$24,000	$47,000	**$24,000**
6	QUALITY MANAGEMENT	$104,750	$0		
7	ADMINISTRATION	$253,442	$0		
	GRAND TOTAL	**$1,905,456**	**$24,000**	**$47,000**	**$24,000**

SAMPLE - SAMPLE - SAMPLE - SAMPLE - SAMPLE - SAMPLE - SAMPLE - SAMPLE - SAMPLE - SAMPLE

Current Core Services Allocation %: 88.70%

Thank you for your time!

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