

Ryan White Part A: Planning Council Operations Manual

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Manual developed by:



COLUMBUS
PUBLIC HEALTH

Purpose

The purpose of the Ryan White Part A: Planning Council Operations Manual is to provide information about the structure, roles, and responsibilities of COHPA (the Columbus TGA Ryan White Part A Planning Council). It is intended to serve as a resource and guide. It is important to note that this Manual is a “living” document; as updates are made to bylaws and/or procedures, the Manual will be updated accordingly.

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The following resources were used in the development of this manual:

1. Health Resources & Services Administration. *Ryan White Program Legislation*. Accessed from: <http://hab.hrsa.gov/abouthab/legislation.html>.
2. City of Austin. *Ryan White Part A Planning Council Primer*. Accessed from: https://www.austintexas.gov/sites/default/files/files/Health/HIV_Planing_Council/Part_A_Planing_Council_Primer.pdf.
3. Nashville Regional HIV Planning Council. *Nashville TGA Ryan White – Part A Planning Council New Member Orientation Manual*. Access from: http://static1.squarespace.com/static/54ecb29fe4b0b080e168fc09/t/55687081e4b0f08b0b2a41fc/1432907905046/6.Orientation+Manual_v4_2015_05.pdf

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Section I:

Ryan White Program

Background

The Ryan White HIV/AIDS Program is the largest federal program focused exclusively on providing HIV care and treatment services to people living with HIV. The program provides a comprehensive system of care for people living with HIV who are uninsured or underinsured.

The Ryan White Comprehensive AIDS Resources Emergency (CARE) Act was first authorized by the United States Congress in 1990 and then re-authorized in 1996, 2000, 2006 and 2009. The legislation provides federal funds for the treatment of HIV/AIDS in the medically uninsured or underinsured population. The legislation consists of five parts that serve different populations and regions based on HIV incidence rates.

Overview of Program Parts

Ryan White HIV/AIDS Program legislation is divided into five parts: A, B, C, D, and F. Dividing the legislation into parts provides a flexible structure to address HIV care needs on the basis of:

- different geographic areas;
- varying populations hardest hit by the HIV epidemic;
- types of HIV-related services; and
- service system needs.

Ryan White Part A

Ryan White Part A provides funding to locations that are most severely affected by the HIV/AIDS epidemic. These locations are called Eligible Metropolitan areas (EMAs) and Transitional Grant Areas (TGAs). Grants are awarded to the CEO of the city or county that provides health care services to the greatest number of people living with HIV/AIDS in the EMA or TGA.

Due to rising numbers of new infections, Columbus was identified in 2013 as an eligible recipient for Part A of the Ryan White Treatment Extension Act of 2009. Columbus Public Health is the recipient of Part A funding for the Columbus TGA, which includes Delaware, Fairfield, Franklin, Licking, Madison, Morrow, Pickaway, and Union counties.

Ryan White Part B

Ryan White Part B provides funding to States and Territories to improve the quality, availability, and organization of HIV healthcare and support services. All 50 states, the District of Columbia, Puerto Rico, Guam, the US Virgin Islands, and the six US Pacific Territories/Associated Jurisdictions are eligible for Part B funding. In Ohio, the Ohio Department of Health is the recipient of Part B funding.

Ryan White Part C

Ryan White Part C provides funding to local community-based organizations to support outpatient HIV early intervention services and ambulatory care. In Central Ohio, for FY2017, Equitas Health and the Nationwide Children's Hospital FACES Program are the recipients of Part C funding.

Ryan White Part D

Ryan White Part D provides funding to local community-based organizations to support outpatient ambulatory and family-centered primary medical care for women, infants, children, and youth living with HIV. Part D funds both family-centered primary and specialty medical care and support services. In Central Ohio, there are currently no agencies funded under Part D.

Ryan White Part F

Ryan White Part F (Special Projects of National Significance Program) provides funding to public and private non-profit organizations that serve people living with HIV for the development of innovative models of HIV care and treatment in order to quickly respond to emerging needs of clients served by Ryan White HIV/AIDS Programs. In Central Ohio, the Midwestern Aids Education and Training Center (AETC), located at The Ohio State University Wexner Medical Center, Division of Infectious Diseases, utilizes Part F funding to deliver clinical education to providers and direct service professionals who serve individuals living with HIV/AIDS.

Payer of Last Resort

The Ryan White HIV/AIDS Program is the "payer of last resort". This means all funded service providers, regardless of which Part they are funded under, must make reasonable efforts to identify and secure other funding sources outside of Ryan White legislation funds, whenever possible. Funded service providers are responsible for verifying an individual's eligibility by investigating and eliminating other potential billing sources for each service, including public or private insurance programs.

Section II:

Ryan White Part A

Ryan White Part A

Ryan White Part A provides funding to locations (Eligible Metropolitan areas {EMAs} and Transitional Grant Areas {TGAs}) most severely affected by the HIV/AIDS epidemic. Grants are awarded to the Chief Executive Officer (CEO) of the city/county that provides health care services to the greatest number of people living with HIV/AIDS in the EMA or TGA. Funding for the Columbus TGA is awarded to the Mayor of Columbus, as the CEO of the city, who then directs Columbus Public Health to administer the grant.

Part A Eligibility Requirements

Ryan White Part A funded services are available to any individual who meets the following guidelines:

- diagnosis of HIV/AIDS;
- resides within the Columbus TGA (Delaware, Fairfield, Franklin, Licking, Madison, Morrow, Pickaway or Union county); and
- low-income as defined as less than 300% of federal poverty level (FPL), (or with Columbus Public Health exception, less than 500% of FPL).

Eligible clients may have health insurance through public and private sources. Ryan White services are available to meet unmet medical and support service needs, as payer of last resort.

Part A Services

Part A services must be used to provide medical and support services to people living with HIV. Columbus Public Health funds the following Ryan White service categories:

- Core Medical Services:
 - *Outpatient/Ambulatory Medical Care*: provision of professional diagnostic and therapeutic services provided directly to a client by a licensed healthcare provider in an outpatient medical setting.
 - *Early Intervention Services*: provision of a combination of service categories including:
 - ❖ referral services to improve HIV care and treatment services at key points of entry;
 - ❖ access and linkage to HIV care and treatment services such as HIV outpatient ambulatory health services, medical case management, and other support services;
 - *Mental Health Services*: provision of outpatient psychological and psychiatric treatment and counseling services offered to clients with a diagnosed mental illness (conducted in a group or individual setting) and provided by a mental health professional licensed or authorized within the State of Ohio to render such services.

- *Medical Case Management, including treatment-adherence services*: provision of a range of client-centered activities focused on improving health outcomes in support of the HIV care continuum.
- **Support Services:**
 - *Case Management (Non-Medical - Housing)*: provision of guidance and assistance to clients with securing and maintaining safe and appropriate housing with the ultimate goal of ensuring HIV infected persons are able to maintain stable housing arrangements and remain within the care system.
 - *Non-Medical Case Management–Support Services*: provision of guidance and assistance in accessing medical, social, community, legal, financial, and other needed services.
 - *Emergency Financial Assistance*: provision of limited one-time or short-term payments to assist clients with an emergent need for paying for essential utilities and housing.
 - *Housing Services*: provision of limited, short-term housing assistance to support emergency, temporary, or transitional housing to enable a client or family to gain or maintain outpatient/ambulatory health services.
 - *Medical Transportation Services*: provision of non-emergency transportation services that enables an eligible client to access or be retained in core medical and support services.
 - *Psychosocial Support Services*: provision of group or individual support and counseling services to assist eligible people living with HIV to address behavioral and physical health concerns.

Grievance Procedures

Part A

All Ryan White Part A service providers must adhere to their established system for grievances about the operation of the service program. Complaints and grievances against the service provider related to Ryan White Part A funded services should be properly recorded and communicated to Columbus Public Health upon request. Additionally, case management service providers are required to inform clients that unresolved grievances related to Ryan White Part A funded services can be directed to 614.645.2273 (CARE) for further instructions.

Section III:

Ryan White Part A Planning Council Structure, Mission and Bylaws

Formation

Columbus Public Health administers the Ryan White Part A program, HIV Prevention program, and Housing Opportunities for Persons with AIDS (HOPWA) program. To reduce duplication of leadership and planning efforts and to reflect the recommendations of both the CDC and HRSA, the Ryan White Part A Planning Council combined with the HIV Prevention Planning Body. The name of the Columbus TGA Ryan White Part A Planning Council and HIV Prevention Planning Body is the Central Ohio HIV Planning Alliance (COHPA)¹. Members of COHPA are appointed by the Mayor of Columbus.

Mission

The mission of COHPA is to improve access to and the quality of care/life for people living with HIV/AIDS and at risk of acquiring HIV/AIDS. COHPA works to accomplish this through collaboration, accountability, and communication.

Governance

COHPA has an established set of bylaws that guide its structure, purpose, and operations. Included in the bylaws are:

- name and service area;
- mission and responsibilities;
- membership;
- planning council co-chairs;
- organizational structure;
- meetings;
- reimbursement; and
- conflict of interest/change in affiliation/grievance.

COHPA and its committees are governed by these bylaws. The bylaws may be amended, revised, or otherwise changed at any regularly scheduled meeting of the membership. Amendments and revisions are accepted upon consensus or membership vote. Please see *Section V* for additional information.

Membership

Appointed Members

The Ryan White legislation requires planning councils (COHPA) to consist of membership appointed by the city's Chief Executive Officer that is:

¹ The terms "COHPA" and "planning council" will be used interchangeably throughout this manual.

- at least one third (33%) people living with HIV/AIDS who receive Ryan White Part A services (consumers) and are “unaffiliated”. This refers to consumers who do not have a conflict of interest. For example, they are not staff, consultants, or board members of Ryan White Part A-funded agencies.
- representative of any of the following:
 - people living with HIV/AIDS who receive Ryan White Part A services;
 - health care providers;
 - community-based organizations;
 - social service providers;
 - mental health providers;
 - substance abuse providers;
 - local public health agencies;
 - hospital planning agencies;
 - affected communities;
 - non-elected community leaders;
 - state Medicaid agency;
 - Ryan White Parts B, C, or D;
 - formerly incarcerated people living with HIV/AIDS; and/or
 - grantees of other federal HIV programs.
- reflective of the population served by Ryan White Part A funds.

COHPA uses an open nominations process. Please see *Section V* for additional information.

Membership Application

Individuals invited by COHPA or Columbus Public Health and/or individuals interested in becoming an appointed member of COHPA must complete the Columbus Ryan White Part A Planning Council Membership Application (please see *Section V* for more information).

COHPA’s Membership Committee is responsible for reviewing all applications, meeting individually with each candidate, and making recommendations on perspective members. Applications of candidates recommended by the Membership Committee are sent to the Mayor of Columbus for consideration and appointment to COHPA.

Non-Appointed Members

Non-appointed members include individuals interested in the Ryan White program and may include representatives from service organizations, individuals who participate on a more occasional basis, and/or other interested parties.

Responsibilities of Members

Attendance and participation are vital to being a strong COHPA member. COHPA members are responsible for:

- upholding the goals, objectives, and mission of COHPA;
- attending COHPA meetings and participating in the decision-making of COHPA;
- contributing professional and personal expertise to further the work of COHPA;

- actively supporting the planning, needs assessment, priority-setting, and evaluation processes of COHPA; and
- learning about the Ryan White Part A planning process and soliciting community involvement.

Membership Term

COHPA appointed members serve for a two (2) year term. Appointed members may serve consecutive terms if they meet all membership requirements, successfully complete the application and nomination process, and are reappointed by the Mayor of Columbus. Please see the bylaws in *Section V* for more information on COHPA's term limits.

Support of COHPA Members

Both COHPA and Columbus Public Health are responsible for supporting the participation of people living with HIV on COHPA. Examples of support include reimbursement for travel and provision of food and training at meetings.

Co-Chairs

COHPA has three co-chairs, who are current members in good standing:

- Columbus Public Health appoints one chair to represent HIV care;
- one chair is a person living with HIV, nominated and approved by consensus of the COHPA membership; and
- one chair represents HIV prevention, nominated and approved by consensus of the COHPA membership.

The co-chairs are responsible for guiding and facilitating the planning process. As few as one, or as many as all, of the co-chairs preside at all of the COHPA and executive committee meetings.

Committees

COHPA has five standing committees and may create ad-hoc committees to address specific needs or complete specific tasks.

Executive Committee

The purpose of the Executive Committee is to:

- review the appropriateness of COHPA's calendar of activities;
- discuss, for appropriateness of presentation to COHPA for discussion, review or action, issues, concerns in the community, and/or developing situations; and
- establish and review the agenda for COHPA meetings.

Membership Committee

The purpose of the Membership Committee is to:

- review COHPA membership for appropriateness in the areas of composition and reflectiveness of the population served by Ryan White Part A funds;
- recruit, screen, interview, and recommend potential candidates for membership to COHPA;
- provide orientation and training for new COHPA members, as needed; and
- develop and maintain new membership packets.

Consumer Caucus

The purpose of the Consumer Caucus is to:

- serve as voices for people living with HIV/AIDS in the community;
- advocate for improving the quality and/or process of care in Central Ohio;
- serve as a safe space for peer support and interaction;
- ensure scholarship and education programming information is shared with consumers; and
- ensure there are education resources for clients and staff about HIV and the services available in Central Ohio.

Finance Committee

The purpose of the Finance Committee is to:

- prioritize service categories using identifiable source, needs, and trend data;
- allocate Ryan White funds among priority goals using all available information regarding community service needs, current funding for HIV/AIDS services from all identifiable sources, and trend data; and
- monitor Ryan White expenditures or service delivery and make recommendations on the reallocation of Ryan White Part A funds.

Needs Assessment Committee

The purpose of the Needs Assessment Committee is to:

- oversee the development and implementation of the community needs assessment; and
- prepare a needs assessment report that includes:
 - updated information about local HIV/AIDS demographics;
 - needs of people living with HIV/AIDS, especially those who know their status and are not in care;
 - disparities in access to services among people living with HIV/AIDS;
 - capacity development needs of HIV service providers;
 - need for early intervention services and outreach services; and
 - needed coordination with other programs, such as prevention and substance abuse treatment.

Support Staff

Columbus Public Health assigns a staff member to provide support to COHPA. The COHPA support professional is responsible for:

- securing and facilitating space, food, and supplies for COHPA meetings, committee meetings, and activities;
- maintaining the COHPA listserv to assure all members and attendees receive communication in a timely manner;
- preparing and distributing information for COHPA members including agendas, minutes, and other pertinent information;
- providing annual planning council training;
- facilitating review of bylaws, standards of care, consensus or votes on election of COHPA chairperson(s) and other voting activities;
- facilitating member application process, appointments, and new member training;
- planning, implementing, and/or facilitating capacity building, trainings, events, and educational information for COHPA members and/or consumers;
- assuring and retaining conflict of interest and confidentiality forms are signed; and
- distributing Ryan White promotional materials.

Please see *Section V* for more detailed information.

Meetings

All COHPA meetings are open to the public, except under circumstances and procedures prescribed by state or local policies. Regular COHPA meetings occur eight (8) times a year, however, the co-chairs may cancel or schedule additional meetings based upon need. An annual schedule of regular meetings is made available to all members, funded service providers, and relevant agencies. A notice of COHPA and/or committee meetings is typically sent seven (7) days prior to the date of the meeting by email (but may also be sent through US mail, hand delivery, website postings, or other reasonable alternatives to reach members).

Meeting Agendas, Attendance, Minutes, and Materials

Agendas are prepared for all meetings and indicate the subject matter of the meeting. Members and non-members interested in having an item on the agenda are responsible for submitting information and supporting paperwork to the COHPA co-chairs at least five (5) days before a regularly scheduled COHPA or committee meeting. To be considered for inclusion on the agenda, the item must be relevant and within the scope of COHPA practice and decision-making. Agendas are posted at least two (2) business days prior to the meeting and distributed to members. It is the responsibility of each member to review materials and come to COHPA meetings prepared for discussion. Please see *Section V* for a sample agenda.

All members and non-members present at COHPA meetings indicate their attendance by signing in on Columbus Public Health's Multi-Agency Sign-In Sheet. Please see *Section V* for a sample sign-in sheet. Minutes are documented for all meetings and distributed to respective committees for approval. Additionally, minutes and materials from regular COHPA meetings are provided to all members and are open to the public, except as allowed by law to be confidential.

Decision-Making

In an effort to provide everyone with a voice, voting is done by consensus. All attendees vote, whether an appointed or non-appointed member. In instances when consensus is not reached after further discussion of the issue or concern, appointed members will hold a deciding vote. The issue will be determined by a majority vote.

- Appointed members may hold a deciding vote as long as a quorum (more than 50% of the appointed membership, with at least 25% of members present being people living with HIV/AIDS, and at least one co-chair) is present.
- If a quorum is not present, the meeting may be conducted, but all decisions will remain pending until ratified by a quorum.

Orientation and Training

COHPA is committed to providing training and education to its members both on how to participate in Ryan White planning, as well as the role of serving as a member. An annual orientation is organized and provided as a part of a COHPA meeting.

Information covered in the orientation includes:

- background of the Ryan White Program, including the five Parts and service categories;
- information about the Columbus TGA;
- roles and responsibilities of Columbus Public Health, COHPA, and support staff;
- formation and membership of COHPA;
- managing conflicts of interest; and
- supporting COHPA members.

Additionally, educational presentations are provided as a part of each COHPA meeting to increase the knowledge of members and to assist with understanding Ryan White legislation and community resources.

Managing Conflicts of Interest

In order to prevent the existence, or the appearance of the existence, of a conflict of interest, all COHPA members complete a Ryan White Part A TGA Conflict of Interest and Statement of Commitment Form on an annual basis. A conflict of interest can occur when a COHPA member has a monetary, personal, and/or professional interest in a decision to vote. Please note, being a consumer of a specific provider is not considered a conflict of interest. Additionally, COHPA does not discuss specific providers (but

instead uses aggregate data) and members do not advocate for specific providers. In the event that a matter raises a potential conflict of interest, the disclosure is presented to COHPA or a committee for consideration, recommendation, and decision. Please see *Section V* for additional information.

Confidentiality

It is imperative that COHPA protects the confidentiality of client/consumer names and related information contained in documents/records or discussed during interviews, meetings, or other situations that may arise as COHPA carries out its responsibilities. All COHPA members agree to keep confidential any concerns or recommendations voiced by any member of COHPA along with individual views of COHPA members, HIV/health status, and/or other sensitive information obtained due to membership on COHPA. All COHPA members agree to keep this information confidential and sign a Statement of Confidentiality Form annually. Please see *Section V* for additional information.

Grievance Procedures

COHPA has established grievance procedures to address complaints related to COHPA. COHPA is committed to providing a fair solution to conflicts that may arise during the operation of the planning council. The COHPA co-chairs are responsible for serving as a neutral body to resolve conflicts that arise. COHPA will attempt to resolve conflicts through informal support resolution. If the conflict cannot be resolved through informal discussion, mediation is also available.

Any individual or entity directly affected by the outcome of a decision of COHPA regarding priorities or allocation of resources may file a grievance. COHPA only accepts grievances under the following circumstances, where COHPA may have:

- deviated from or exceeded its established, written procedures for setting funding priorities;
- deviated or exceeded its established, written procedures for allocating funding priorities; and/or
- deviated from or exceeded its established, written procedures for making subsequent changes to priorities, funding percentages, or allocations of funds.

Grievances must be filed within 30 days of the alleged infraction.

Separate grievance procedures have been established for Ryan White Part A grant-supported services. Please see page 6 for additional information.

Section IV:

Roles and Responsibilities of the Ryan White Part A Planning Council

Roles and Responsibilities

COHPA and Columbus Public Health, as the Ryan White Part A grantee, have separate roles that are stated in the Ryan White legislation, but also share some responsibilities. The table below illustrates each of the roles and functions and indicates the responsible party(ies).

Role/Function	CEO/Columbus Public Health	COHPA
COHPA Formation/Membership	X	
Needs Assessment	X	X
Integration Planning	X	X
Priority Setting		X
Directives		X
Resource Allocation		X
Coordination of Services	X	X
Procurement	X	
Contract Monitoring	X	
Clinical Quality Management	X	X
Cost-Effectiveness and Outcomes Evaluation	X	X
Assessment of the Efficiency of the Administrative Mechanism		X

Needs Assessment

COHPA and Columbus Public Health work together to conduct a needs assessment and prepare a report that includes:

- updated information about local HIV/AIDS demographics;
- needs of people living with HIV/AIDS, especially those who know their status and are not in care;
- disparities in access to services among people living with HIV/AIDS;
- capacity development needs of HIV service providers;
- need for early intervention and outreach services; and
- need for coordination with other programs such as prevention and substance abuse treatment.

Integrated Plan

COHPA and Columbus Public Health, along with Ohio Department of Health, work together to develop a written plan that defines short- and long-term goals for the TGA. This plan is based on results of the needs assessment and is used to guide decisions on how to deliver HIV services to people living with HIV/AIDS.

Priority Setting and Resource Allocation

COHPA is responsible for deciding what services are priorities for funding and how much funding should be provided for each service category. COHPA makes these decisions based upon:

- results of the needs assessment;

- information about the most successful and economical ways of providing services;
- actual cost and utilization data provided by Columbus Public Health;
- priorities of people living with HIV/AIDS who will use services;
- making Ryan White Part A funds work well with other services, such as prevention and substance abuse;
- amount of funds from other sources such as Medicaid; and
- capacity for HIV services in historically underserved communities.

COHPA follows the legislative requirement that at least 75% of Ryan White funds go to core medical services and not more than 25% of funds go to supportive services. After priorities for services are set, COHPA allocates resources (*i.e.*, decides how much funding will be used for each of the service priorities).

- Core Medical Services:
 - AIDS Drug Assistance Program Treatments
 - AIDS Pharmaceutical Assistance
 - Early Intervention Services
 - Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals
 - Home and Community-Based Health Services
 - Home Health Care
 - Hospice
 - Medical Case Management
 - Medical Nutrition Therapy
 - Mental Health Services
 - Oral Health Care
 - Outpatient/Ambulatory Health Services
 - Substance Abuse Outpatient Care
- Supportive Services:
 - Child Care Services
 - Emergency Financial Assistance
 - Food Bank/Home Delivered Meals
 - Health Education/Risk Reduction
 - Housing
 - Legal Services
 - Linguistic Services
 - Medical Transportation
 - Non-Medical Case Management Services
 - Other Professional Services
 - Outreach Services
 - Permanency Planning
 - Psychosocial Support Services
 - Referral for Health Care and Support Services
 - Rehabilitation Services

- Respite Care
- Substance Abuse Services

COHPA provides “directives” to Columbus Public Health on how best to meet the service priorities. COHPA is also involved with approving reallocation of funds to ensure all Ryan White Part A funds are spent and that priority service needs are met.

Columbus Public Health is accountable for managing Ryan White Part A funds and awarding funds to agencies to provide services that are identified as priorities through a competitive bid process. COHPA is not involved in selecting agencies to fund or any aspect of contractor selection (procurement) or management or monitoring Ryan White Part A contracts.

Coordination of Services

Ryan White funds are designed to fill gaps in services for people living with HIV/AIDS and must be used as the payer of last resort. COHPA makes sure that Ryan White Part A funds work well with other funds. Through the needs assessment, priority setting and resource allocation, and integration planning, COHPA obtains input and explores the existence of other funding sources. This helps avoid duplication in spending and ensures coordination between HIV prevention and care.

Representatives of COHPA and Columbus Public Health participate with other Ryan White programs in Ohio to develop a statewide coordinated statement of need, which is a way to plan how to use Ryan White funds to avoid duplication of services

Development of Standards of Care and Evaluation of Services (Clinical Quality Management)

Columbus Public Health develops, and COHPA provides input and approves, standards of care to guide funded providers in delivering services. Columbus Public Health uses the standards of care to monitor funded agencies and determine service quality as part of its clinical quality management.

Columbus Public Health is responsible for measuring how funded providers use standards of care for their services and if services are consistent with these guidelines. Client satisfaction and outcomes are also monitored. Columbus Public Health shares with COHPA aggregate results of its quality management activities (by service category, not by individual providers or clients) and COHPA uses this information in priority setting and resource allocation.

Procurement

Columbus Public Health is responsible for writing Requests for Proposals (RFPs), publicizing the availability of funds, using a fair and impartial review process to choose providers, and writing and monitoring contracts with providers. COHPA determines the amount of funding available per service category through the priority setting and resource allocation process.

Contract Monitoring

Columbus Public Health is responsible for making sure funded providers use Ryan White Part A funds according to the terms of their contract. Columbus Public Health monitors providers to determine how quickly providers spend Ryan White Part A funds, if they are performing the services, if they are using funds only as approved, and meeting reporting and contract requirements.

Cost-Effectiveness and Outcomes Evaluation

Columbus Public Health is responsible for monitoring cost-effectiveness of service and clinical outcomes as part of quality management. Findings are used in selecting providers through the procurement process and used by COHPA in priority setting, resource allocation, and development of directives on service models.

Assessment of the Efficiency of the Administrative Mechanism

COHPA is responsible for evaluating how well Columbus Public Health gets funds to providers. This includes reviewing the timeframe contracts are signed with service providers, as well as the timeframe it takes Columbus Public Health to pay providers. Additionally, COHPA also reviews whether funds are used to pay only for services that were identified as priorities and the amounts contracted for each service category match the allocations determined by COHPA.

Section V: Documents and Forms

This section contains the following documents and forms:

1. COHPA Bylaws
2. Columbus Ryan White Part A Planning Council 2017 Membership Application
3. Support Staff Job Description
4. Columbus Public Health Multi-Agency Sign-In Sheet
5. Sample COHPA Meeting Agenda
6. 2017 Ryan White Part A TGA Conflict of Interest and Statement of Commitment
7. Statement of Confidentiality

Central Ohio Transitional Grant Area

Ryan White Part A Planning Council

Article I- Name and Service Area

Section 1.1 Name

The name of the Council shall be the Central Ohio HIV Planning Alliance (COHPA). As used in these Bylaws, the words "Planning Council" and "Council" mean and refer to COHPA.

Section 1.2 Service Area

The area served by the Council shall be the same as those established by the Transitional Grant Area (TGA). The eight county TGA includes: Delaware, Fairfield, Franklin, Licking, Madison, Morrow, Pickaway, and Union.

Article II- Mission and Responsibilities

Section 2.1 Mission Statement

The mission of the Ryan White Part A Planning Council is to improve access to and the quality of care/life for people living with HIV/AIDS and at risk of acquiring HIV/AIDS. We do this through collaboration, accountability, and communication.

Section 2.2 Responsibilities of the Planning Council

These mandated activities will adhere to the guidelines for each activity as identified by the Health Resources and Services Administration (HRSA).

The Planning Council shall execute the following activities:

- Develop and implement policies and procedures for planning council operations and meaningful involvement of stakeholders including PLWHA
- Conduct a community needs assessment
- Contribute to and utilize the Statewide Integrated Plan
- Set priorities and allocate resources to service categories and provide guidance (directives) to the grantee on how best to meet these priorities, in accordance with all Ryan White policies and rules as established in the Notice of Grant Award
- Coordinate with other Ryan White and other HIV/public health –related care and prevention services
- Assess the administrative mechanisms of the grantee
- Develop service standards for core medical and support service categories

Article III- Membership

Section 3.1 Composition of Voting Membership

The composition of the Planning Council membership should adhere to the mandates for membership required by the Health Resources Service Administration (HRSA). The specific membership requirements are:

- Health care providers, including federally qualified health centers
- Community-based organizations serving affected populations and AIDS service organizations
- Social service providers, including providers of housing and homeless services
- Mental health providers
- Substance abuse providers
- Hospital planning agencies or health care planning agencies
- Affected communities, including people with HIV/AIDS, members of a Federally recognized Indian tribe as represented in the population, individuals co-infected with hepatitis B or C, and historically underserved groups and subpopulations
- Non-elected community leaders
- State government (including the State Medicaid agency)
- Grantees under part C
- Grantees under part D, or , if none are operating in the area, representatives of organizations with a history of serving children, youth, women, and families living with HIV and operating in the area
- Grantees of other Federal HIV programs, including but not limited to providers of HIV prevention services
- Representatives of individuals who formerly were Federal, State, or local prisoners, were released from the custody of the penal system during the preceding 3 years, and had HIV/AIDS as of the date on which the individuals were so released
- Grantees of publicly funded public health prevention services

No less than 33 percent of the council must be consumers who:

- Are receiving HIV-related services from Ryan White Part A-funded providers
- Are not officers, employees, or consultants to any providers receiving Ryan White Part A funds
- Reflect the demographics of the population of individuals with HIV/AIDS in the TGA

The demographics of the HIV/AIDS epidemic must be reflected by the whole planning council membership and by the consumer membership. In addition, at least two of the consumer representatives must publicly disclose their HIV status.

Additional individuals may be considered for the planning council at the discretion of the membership committee. Only 1 voting member is allowed per agency.

Section 3.2 Composition of Non-Voting Membership

Non-voting members may include other non-voting representatives from service organizations, occasional participants and other interested parties.

Section 3.3 Nominations

Anyone interested in serving on the planning council shall obtain, complete, and submit an application for membership with planning council staff. All applicants will be reviewed by the membership committee.

1. Applicants must fit one of the membership positions in section 3.1 that has a vacancy to be considered for nomination;
2. Applicants must also be in compliance with outlined term limits in section 3.5 to be considered.

Those receiving the majority of recommendations from the membership committee selection process will be moved forward and voted on by the full Planning Council. Official membership status will commence upon approval by the CITY OF COLUMBUS MAYOR.

Section 3.4 Terms of Members

All terms of voting membership shall be for two years and shall begin once approved by the CITY OF COLUMBUS MAYOR. Members may serve consecutive terms if they meet all membership requirements, successfully complete the application and nomination process, and are reappointed by the CITY OF COLUMBUS MAYOR. Term limits for the planning council members shall be as follows:

1. No planning council member shall hold a voting seat for more than four consecutive years in any six year period;
2. Those members representing the Ohio State Medicaid, State Ryan White Part B, Part C, Part D, and Part F programs, and Public Health agencies are exempt from these term limit restrictions since their respective agencies nominate individuals who can adequately represent them, and may have a limited pool of potential candidates;
3. All other voting members shall be held to term limits unless no pool of potential candidates is identified for a specific membership position. At that time Planning Council can decide to renew membership by consensus or vote for an additional term.

Section 3.5 Responsibilities of Members

Members shall:

1. Uphold the goals, objectives, and mission of the Planning Council;
2. Attend Planning Council meetings and participate in the decision making of the Planning Council;
3. Contribute professional and personal expertise to further the work of the Planning Council;

4. Actively support the planning, needs assessment, priority-setting, and evaluation processes of the Planning Council;
5. Learn about the Ryan White Part A planning process and solicit community involvement.

Section 3.6 Voting

Each voting member of the Planning Council shall be entitled to one vote upon any matter before the Council as long as they do not have a conflict of interest. Voting upon any issue shall be by show of hands of the members. Members must be present to vote. Vote by proxy is not allowable. An abstention is considered a vote.

Section 3.7 Attendance

In order to maintain membership, Planning Council members shall miss no more than 50 percent of regularly scheduled meetings within any Ryan White Part Afiscal year.

1. Attendance is to be recorded at all Planning Council and Committee meetings. The Executive Committee will review attendance records and committee participation and will notify any member who is in jeopardy of forfeiting their membership.
2. Members that are clinical providers are exempt of this absentee requirement.

If a voting member knows that she/he is or will have a difficult time attending meetings because of health or other extreme reasons, the member may take a leave of absence to be reviewed on a case by case basis by the Executive Committee.

Section 3.8 Standards of Conduct

A member or attendee of the Planning Council may be removed from the Planning council, ad-hoc, or subcommittee meeting by a Co-Chair or majority vote of the members present for disruptive, rude, insulting, or unethical behavior.

Anyone may call a point of order during any meeting by raising their hand and indicating the inappropriate behavior. All infractions called must be addressed at the time called by the Planning Council/individual Planning Council member. All infractions will be recorded in the minutes of the applicable meeting.

If a member is removed from a meeting, the Co-Chairs must meet with that individual within 30 days privately and explain what standard of behavior is expected. If the disruptive, rude, or insulting behavior continues, the co-chairs may recommend a member's removal from the Planning Council. If such an instance occurs, the Planning Council shall send a written notice to the member to include the reasoning behind the recommendation. The member will have 15 days from the receipt of notice to respond in writing to the membership committee. The membership committee will discuss the response and make a recommendation to the planning council. The planning council will vote on the individual's membership at the next regularly scheduled meeting. If the vote removes the member from the planning council, written notice will be sent to the member, CITY OF COLUMBUS MAYOR, and grantee.

The above procedure also applies to members who improperly represent council policy or act on behalf of the council for media inquiries without prior authorization from the Council.

The CITY OF COLUMBUS MAYOR shall have the power to remove Planning Council members or attendees without the approval of the Planning Council.

Section 3.9 Resignation

Members may resign at any time by giving written notice to the Planning Council Co-Chairs or Planning Council Staff. Resignation will take effect immediately upon submission of the written resignation.

Section 3.10 Termination

Any member who fails to perform their responsibilities, Section 3.5 Responsibilities of Members, may be subject to removal without further cause. This may include:

1. Failure to meeting Section 3.7 Attendance policy;
2. Failure to adhere to Section 3.8 Standards of Conduct;
3. Loss of membership status, i.e. member no longer represents the category for which they were appointed to the Planning Council and there is no appropriate open membership category;
4. Conduct or behavior that interferes with the business of the Planning Council or is violation of conflict of interest or breach of confidentiality.

Article IV- Planning Council Co-Chairs

Section 4.1 Planning Council Co-Chairs

The Co-Chairs of the Planning Council must include three Chairs. One Chair will be appointed by the Grantee to represent HIV care, one chair will be a person living with HIV, and one chair will represent HIV prevention. The Chairs must be current Planning Council members in good standing. The chair representing HIV prevention and the chair represented by someone living with HIV must be nominated and approved by consensus or by the voting Planning Council membership.

Section 4.2 Terms of Office

Commencement of term is immediate upon election. Each term shall be for two years. No planning council chair shall hold a seat for more than four consecutive years in any six year period.

Section 4.3 Responsibilities of Planning Council Co-Chairs

The Planning Council Co-Chairs shall share responsibility to guide and facilitate the planning process. One or all of the Planning Council Co-Chairs shall preside at all meetings of the Planning Council and the Executive Committee.

Section 4.4 Resignations

A Co-Chair may resign at any time by giving written notice to the Planning Council, Planning Council Staff or a representative of the Grantee. Such resignation shall take effect upon submission of written resignation to any of the parties identified above.

Section 4.5 Termination

An Officer may be removed under circumstances and by the same process established for members in Section 3.9, Termination. Planning Council Co-Chairs may also be removed for failure to comply with the requirements, perform the duties and responsibilities, or exercise the leadership necessary for the position. Removal of any Planning Council Officer shall require a two-thirds vote of the Planning Council members present at a regular or special meeting of the Planning Council or at any time by the CITY OF COLUMBUS MAYOR without the consent of the Planning Council.

ARTICLE V - ORGANIZATIONAL STRUCTURE

Section 5.1 Committees

Standing and ad hoc committees of the Planning Council may be created at any time to meet the operational needs of the Planning Council. The Planning Council shall establish by consensus or membership vote the need, specific functions and responsibilities and scope of authority for each committee. An existing Standing or ad-hoc Committee may be made inactive at any time by consensus or majority vote of the Planning Council.

Section 5.2 Committee Membership

Each planning council member is encouraged to join a committee.

Section 5.3 Executive Committee

The Executive Committee of the Planning Council may meet regularly as needed to support new and transitioning chairs.

The purpose of the Executive Committee shall be as follows:

1. To review the appropriateness of the Planning Council Calendar of Activities;
2. Discuss issues, concerns in the community, or developing situations for appropriateness of presentation to the Planning Council for discussion, review or action;
3. Establish and review the agenda for COHPA meetings.

The Executive Committee membership may include the following:

1. The three Planning Council Chairs;
2. One or more Planning Council member(s) in good standing that represents the HIV provider community;
3. One or more Planning Council member(s) in good standing that represents the HIV/AIDS client community;
4. One or more Planning Council member(s) in good standing that represents the public health community;
5. One or more Planning Council staff;
6. One or more Planning Council member(s) in good standing that represents the HIV prevention community.

The Executive Committee membership shall be selected by the Planning Council through consensus or formal vote.

Section 5.4 Membership Committee

The purpose of the membership committee is to:

1. To review Planning Council membership for appropriateness in the areas of composition and reflectiveness;
2. Recruit, screen, interview, and recommend potential candidates for membership to the Planning Council;
3. May provide appropriate orientation and training for new Planning Council members;
4. Develop and maintain new membership packet;
5. May include a Co-Chair.

Section 5.5 Consumer Caucus

The Consumer Caucus committee shall:

1. Serve as voices for PLWHA in the community;
2. Advocate for improving the quality and/or process of care in Central Ohio;
3. Serve as a safe space for peer support and interaction;
4. Ensure scholarship and education programming information is told to consumers;
5. Ensure there are education resources for clients and staff about HIV and the services available in Central Ohio.

Section 5.6 Finance Committee

The Finance Committee shall make recommendations to the Planning Council regarding:

1. Prioritization of services categories utilizing identifiable sources, needs and trend data;
2. Allocation of Ryan White funds among priority goals using all available information regarding community service needs, current funding for HIV/AIDS services from all identifiable sources, and trend data;

3. Monitoring of Ryan White expenditures of service delivery and making recommendations on the reallocation of Part A funds.

Section 5.7 Needs Assessment Committee

The Needs Assessment Committee shall:

1. Oversee the development and implementation of the community Needs Assessment, which is a collaborative activity that is used as the basis for other Ryan White planning activities, including priority setting and resource allocation and planning. Prepare a Needs Assessment report that includes:
 - a. Updated information about local HIV/AIDS demographics;
 - b. Needs of PLWHA, especially those who know their status and are not in care;
 - c. Disparities in access to services among PLWHA;
 - d. Capacity development needs of HIV service providers;
 - e. Need for EIS and outreach services; and
 - f. Needed coordination with other programs like prevention and substance abuse treatment.

Section 5.8 Ad-hoc Committees

Planning Council may create ad-hoc committees to address specific needs or to complete special tasks as assigned. Ad-hoc committees shall be time limited and shall exist for a period not to exceed six months unless otherwise approved through consensus or membership vote by the Planning Council.

1. The Chair of an ad-hoc committee may be a Planning Council Co-Chair or their designee;
2. Ad-hoc committees shall be composed of a minimum of three Planning Council members;
3. All recommendations shall be presented to the Planning Council for review and approval.

ARTICLE VI - MEETINGS

Section 6.1 Open Meetings

The Planning Council and its committees shall conduct official business, deliberations, and actions only at meetings according to guidelines established by the Planning Council in the Bylaws.

1. All meetings shall be open to the public, except under circumstances and procedures prescribed by state or local policies.
2. The Planning Council shall meet according to the annual planning calendar, at places as it may determine appropriate. Additional meetings may be called by the CITY OF COLUMBUS MAYOR, Planning Council Co-Chairs, or by at least four voting members of the Planning Council.

Section 6.2 Frequency of Meetings

Regular meetings of the Planning Council occur 8 times per year. The co-chairs have the right to cancel or schedule additional meetings based upon need.

The annual schedule of regular meetings will be made available to all HIV/AIDS service providers, Council members and participants, and relevant agencies.

Section 6.3 Emergency Meetings

The Planning Council or its committees may hold an emergency meeting if a matter is truly unforeseen and of such a nature that immediate action is required. All members shall be notified by telephone, email, hand delivery, or other reasonable alternative. The Planning Council shall provide as much notice to members and the public as is reasonably possible under the circumstances.

Section 6.4 Notice of Meetings

Notice of Planning Council and Committee meetings shall be sent by email, hand delivery, US Mail, website or other reasonable alternative to each Planning Council or Committee member at least seven business days prior to the date of the meeting.

Section 6.5 Agendas

Agendas shall be prepared for all meetings and shall specifically state the subject matter of the meeting. Other items may be introduced or considered. Planning Council members or non-planning council members wishing to include an item on the agenda are encouraged to submit that item and any supporting paperwork to Planning Council Co-chairs no later than five days prior to any regularly scheduled Planning Council or committee meeting. To be considered for inclusion on the agenda, the item must be relevant to and within the scope of Planning Council practice and decision making. If the Co-chairs question the relevance of the item, the Executive Committee shall discuss if the item is within the scope of Planning Council practice and decision making. Agendas shall be posted at least two business days prior to the date of the meeting and distributed to members on or before the date of the meeting.

Section 6.6 Decision Making

Decisions of the Planning Council will try to be made by consensus. If consensus cannot be reached a quorum of voting members must be present and a vote will be taken. A quorum is defined as more than one-half of the membership and at least one Co-Chair. Also, at least 25% of members present must be PLWHA. Absentee votes shall not be permitted.

If a quorum is not present, those in attendance may conduct the meeting, but all decisions shall remain pending until ratified by a quorum at a subsequent meeting. Consensus will be the desired outcome of any Planning Council meeting not achieving a quorum.

Section 6.7 Voting

If the planning council is unable to reach consensus, a vote will be taken. Each voting member shall be entitled to one vote on any matter, provided a quorum exists and they do not have a direct conflict of interest. Voting shall be conducted publicly and shall be recorded in the minutes of each meeting in which a vote is taken by the Planning Council.

Section 6.8 Minutes and Materials

Written minutes shall be kept of all meetings and distributed to respective Committees for approval at the next scheduled meeting.

1. Minutes and materials shall be open and public, except as allowed by law to be confidential.
2. Public documents shall be available for public inspection during normal office hours and shall be supplied upon request.
3. Public documents shall be retained according to federal and state record retention requirements.

Section 6.9 Bylaws

The Planning Council and its committees shall be governed by these Bylaws established by the Planning Council. These bylaws may be amended, revised, or otherwise changed at any regularly scheduled meeting of the membership. Amendments and revisions will be accepted upon consensus or membership vote.

ARTICLE VII – Reimbursement

Section 7.1

Members shall serve without compensation from the Planning Council. Ryan White Part A consumers may receive reimbursement for reasonable and actual out-of-pocket expenses incurred solely as a result of attending a scheduled Planning Council or Committee meeting.

ARTICLE VIII Conflict of Interest, Change in Affiliation, Grievance

Section 8.1 Conflict of Interest

In order to prevent the existence, or the appearance of the existence of a conflict of interest, all Planning Council members must complete a yearly disclosure form. In the event that a matter raises a potential conflict of interest, the disclosure shall be presented to the Council or a committee for consideration, recommendation, and decision.

Section 8.2 Change in Affiliation

A member whose affiliation changes and any unaffiliated consumer who becomes affiliated with a funded Part A provider must inform the Planning Council co-chairs and the Planning Council support staff of this change within two weeks and a new disclosure must be submitted.

Section 8.3 Grievances

The purpose of the grievance procedure is to provide a fair solution to conflicts that arise during the operation of the Planning Council. The Co-Chairs are to serve as a neutral body to resolve any conflicts that arise.

The Planning Council will attempt to resolve grievances through informal support resolution. Where grievances cannot be resolved through informal discussion, mediation is also available.

Any individual or entity that is directly affected by the outcome of a decision of the Planning Council regarding priorities or allocations of resources may file a Grievance. The Planning Council will only accept grievances for the following:

1. Deviated from or exceeded its established, written procedures for setting funding priorities
2. Deviated or exceeded its established, written procedures for allocating funding priorities
3. Deviated from or exceeded its established, written procedures for making subsequent changes to priorities, funding percentages, or allocations of funds.

Grievances about a funded Ryan White Part A service are to be directed to the agency that provided the service. If the grievance cannot be resolved to the client's satisfaction, they have the option of calling 614-645-CARE(2273) and grieving to Columbus Public Health. A summary of grievances made to Columbus Public Health and the outcomes of each case will be provided to the Consumer Caucus on a yearly basis.

Any grievance must be filed within 30 days of the alleged infraction.

Columbus Ryan White Part A Planning Council

2017 Membership Application

Thank you for your interest in the Columbus Transitional Grant Area (TGA) Ryan White Part A Planning Council! The Planning Council is an independent planning body appointed by the Mayor of Columbus, working with Columbus Public Health to organize, evaluate, and prioritize Ryan White HIV treatment funding in Central Ohio.

Mission and Principles

The mission of the Ryan White Part A Planning Council is to improve access to and the quality of care/life for people living with HIV/AIDS.

We do this through:

- Collaboration
- Accountability
- Communication

Commitment

Planning Council meetings are currently scheduled for 6 times per year lasting for approximately 2 hours.

Application Process

Please complete the following application. Once your application is received, you will be contacted to confirm we have received it and schedule a time to meet with the Membership Committee.

The Membership Committee reviews all applications, meets with each candidate, and makes recommendations on perspective members. Candidates recommended by the Membership Committee will be sent to the Mayor of Columbus for consideration of appointment to the Planning Council.

If your application is not selected for Planning Council membership, your application will be kept on file and considered in the event that a vacancy becomes available. We encourage you to still take part in any Planning Council and/or Committee meetings.

If you have questions, comments, or requests for additional information about Planning Council membership, contact Mary Roberts at (614) 645-6861 or meroberts@columbus.gov.

Please send your completed application to:

Columbus Public Health
Attn: Mary Roberts
Ryan White Part A Program
240 Parsons Avenue
Columbus, OH 43215

Received: _____

Receipt notification: _____

Reviewed: _____

Follow-up notification: _____

Columbus TGA Ryan White Part A Planning Council

2017 Application for Membership

To the greatest extent possible under current law, all information that is provided in this application will be kept confidential. It will be viewed by the Grantee (Columbus Public Health, the Membership Committee of the Planning Council, and the Mayor's office as needed during the nomination/selection process.

Section 1: Contact Information (please print)

Name: _____

Home Address: _____

City _____ State _____ Zip _____

Home Phone: _____ Cell Phone _____

Personal Email Address: _____

Section 2: Residency

Within the Part A TGA, I am a resident of:

- | | | |
|---|---|--|
| <input type="checkbox"/> Delaware County | <input type="checkbox"/> Licking County | <input type="checkbox"/> Pickaway County |
| <input type="checkbox"/> Fairfield County | <input type="checkbox"/> Madison County | <input type="checkbox"/> Union County |
| <input type="checkbox"/> Franklin County | <input type="checkbox"/> Morrow County | |

Section 3: Employer Information (Optional)

Employer: _____ Title/Position _____

Address: _____

City _____ State _____ Zip _____ County _____

Work Phone: _____ Work Email _____

Section 4: Demographic Information

The Planning Council must report certain information about the makeup of members. Please check all that apply.

Gender:

- Female Male Transgender

Sexual Orientation (Optional):

- Heterosexual Gay/Lesbian Bisexual Asexual

My Age Range is :

- 19 and under 20-29 30-39 40-49 50-59 60+

I am a person living with Hepatitis B Yes No

I am a person living with Hepatitis C Yes No

I am a person living with HIV/AIDS Yes No (skip to Race/Ethnicity section)

If yes, how old were you when diagnosed? _____

Are you willing to self-identify for Planning Council activities? (Disclosure of HIV status is not required for membership) Yes No Not Sure

Race/Ethnicity

Hispanic or Latino/a <i>(You must check one)</i>	Federal Race Category <i>(Choose as many as applicable)</i>
<input type="checkbox"/> Hispanic or Latino/a <input type="checkbox"/> Not Hispanic or Latino/a <input type="checkbox"/> Unknown/Unreported	<input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Unknown/Unreported* <input type="checkbox"/> Two or more (please specify) _____

Is there any special assistance/accommodations (transportation, childcare, interpreter services, etc.) that we might provide that would help you to fully participate in the activities of the Planning Council?

No Yes, I need assistance with the following:

Section 5: Categories for Membership

The Planning Council must include persons representing specific membership categories. Please check all categories of which you are qualified to represent

- Person Living with HIV/AIDS who receives Part A Services
- Health care providers, including federally qualified health centers
- Community Based Organizations serving affected populations and AIDS service organizations
- Social Service Providers, including housing and homeless service providers
- Mental Health Provider
- Substance Abuse Provider
- Local Public Health Agencies
- Hospital planning agency or health care planning agency
- Affected communities, including Persons Living with HIV/AIDS, individuals co-infected with hepatitis B or C, and historically underserved populations
- Non-Elected Community Leader
- State Medicaid Agency
- State Ryan White Part B
- Ryan White Part C Grantee
- Ryan White Part D Grantee, or other organization addressing the needs of children/youth, and families with HIV
- Grantees of other Federal HIV programs
 - Federally Funded HIV prevention services
 - AIDS Education and Training Center
 - HOPWA
 - Other Federal Program
- Representatives of individuals who formerly were Federal, State, or local prisoners, were released from the custody of the penal system during the preceding 3 years, and had HIV/AIDS as of the date on which the individuals were released

If any of your categories for membership are located outside of the Columbus TGA, please note the category and location below:

Section 6: Interests or Experience

For each area or population group for which you have interest/experience, enter a 1, 2, or 3, with "1" being the highest ranking)

- | | |
|---|---|
| <input type="checkbox"/> Men of color who have sex with men | <input type="checkbox"/> Outpatient primary medical care |
| <input type="checkbox"/> White men who have sex with men | <input type="checkbox"/> Antiretroviral therapies |
| <input type="checkbox"/> Women, Children, and Youth | <input type="checkbox"/> Substance use/abuse services |
| <input type="checkbox"/> Injecting drug users | <input type="checkbox"/> Mental health services |
| <input type="checkbox"/> PLWA aged 55 or older | <input type="checkbox"/> Non-medical support services |
| <input type="checkbox"/> African American | <input type="checkbox"/> HIV prevention |
| <input type="checkbox"/> Hispanics/Latinos | <input type="checkbox"/> Needs assessment |
| <input type="checkbox"/> Immigrants and refugees | <input type="checkbox"/> Comprehensive planning |
| <input type="checkbox"/> Asians/Pacific Islanders | <input type="checkbox"/> Performance standards and service outcomes |
| <input type="checkbox"/> American Indians/Alaskan Natives | <input type="checkbox"/> Quality Management |
| <input type="checkbox"/> LGBTQ populations | <input type="checkbox"/> Program evaluation |
| <input type="checkbox"/> General Public Health | |

Section 7: Conflict of Interest

I am an employee, consultant, or board member with the following types of organizations, agencies, or programs that receive Part A funding:

- | | |
|--|--|
| <input type="checkbox"/> AIDS Healthcare Foundation | <input type="checkbox"/> Nationwide Children's Hospital |
| <input type="checkbox"/> AIDS Resource Center Ohio | <input type="checkbox"/> Ohio State University Hospital |
| <input type="checkbox"/> Columbus Public Health | <input type="checkbox"/> Ohio State University Reference Lab |
| <input type="checkbox"/> Fairfield Healthcare Professionals | <input type="checkbox"/> OSU Internal Medicine, LLC |
| <input type="checkbox"/> Fairfield Medical Center | <input type="checkbox"/> Pediatric Pathology Associates of Columbus, Inc |
| <input type="checkbox"/> James Cancer Hospital | <input type="checkbox"/> Southeast, Inc. |
| <input type="checkbox"/> Laboratory Corporation of America Holdings | |
| <input type="checkbox"/> I am not affiliated as an employee, consultant, or board member of any of the agencies listed above | |

If yes, please state the nature of the relationship below:

Are you a volunteer or board member of any other organization?

If yes, please list the organization(s) below:

Section 8: Statement of Commitment

Please initial by each of the statements below

If I am appointed as a member of the Planning Council, I agree to:

- Assist the Planning Council to meet its goals and objectives as directed by the US Department of Health and Human Services Administration (HRSA)
- Consider the best interest of the HIV/AIDS community as a whole when making decisions
- Attend regularly scheduled meetings
- Prepare for meetings by reading all pre-distributed materials
- Follow the Planning Council bylaws
- Disclose any conflicts of interest I may have on issues that come before the Planning Council
- Keep sensitive information I learn about other Planning Council members, including HIV status, confidential, unless given permission by them to share

I certify that all statements and representations made in this application are correct.

Signature

Date (mm/dd/yy)

Please send your completed application to:

Columbus Public Health
Attn: Mary Roberts
Ryan White Part A Program
240 Parsons Avenue
Columbus, OH 43215

Job Duties for RWA Planning Council Support Person

Job Duties	Expected Outcomes	Allocation of time
Planning Council Job Duties	Outcomes	20%
Plan, prepare, implement and facilitate Planning Council meetings and activities to assure RWA grant compliance	<ol style="list-style-type: none"> 1. Determine annual meeting frequency for Planning Council 2. Secure and facilitate space, food and supplies for Planning Council meetings and activities, including the creation and management of purchase orders, event set up and take down 3. Prepare and distribute information for Planning Council members including agendas, minutes and other pertinent information 4. Provide annual Planning Council training 5. Research and implement techniques for continuous improvement to improve group facilitation skills to manage conflict and increase collaboration of Planning Council members. 6. Facilitate annual review of bylaws 7. Facilitate Planning Council review and approval of standards of care. 8. Facilitate Planning Council consensus or votes on elections of chairs and other voting activities 9. Facilitate member application process, appointments and new member trainings 10. Other duties as assigned 	
Facilitate assigned Planning Group sub-committees	<ol style="list-style-type: none"> 1. Secure and facilitate space for Planning Council sub-committee meetings 2. Organize capacity building information based on requests from Planning Council sub-committees 3. Facilitate Planning Council sub-committee consensus or vote decisions 4. Prepare and distribute information for Planning Council sub-committee members 5. Other duties as assigned 	
Educate and support RWA Planning Council consumer members and RWA consumers	<ol style="list-style-type: none"> 1. Prepare and distribute information 2. Plan, implement or facilitate capacity building, trainings, events and educational information for consumers 3. Distribute Ryan White promotional items 4. Other duties as assigned 	
Represent Ryan White Part A Planning Council in the community	<ol style="list-style-type: none"> 1. Attendance and participation in other community groups, committees and organizations as assigned 3. Other duties as assigned 	
Other program or department duties as assigned	<ol style="list-style-type: none"> 1. Attendance at CPH required trainings or events. 2. Professional development. 3. Other duties as assigned. 	5%

MULTI-AGENCY SIGN IN SHEET

Meeting Title: _____

Date: _____

Facilitator(s): _____

Time: _____

Program Name: _____ Division: _____

614-645- _____

	PRINT NAME	AGENCY	POSITION	SIGNATURE
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AGENDA

DATE & TIME

January 24, 2017

12:00 pm - 3:00 pm

LOCATION

LifeCare Alliance, 670 Harmon Ave., Columbus, OH 43223

AGENDA

12:00 **Lunch & Networking**

12:25 **Introductions**

12:30 **Updates: Administrative** (All Ryan White Parts)

- -Ryan White Part A (PC Chair Nomination and update – Sean, Fiscal update- Audrey, update of current survey's circulating our community – Sean, Standard of Care – Housing & Emergency Financial Assistance, Non-medical Case Management (Housing) – Caitlin)
- -Ryan White Part B
- -Ryan White Part C
- -Ryan White Part F

1:14 **Updates: From PLWHA – POZ Initiative**
January was cancelled

1:15 **Updates: Across the Continuum**

1. Primary Prevention: PrEP, Syringe Exchange/Access, Community Data Info
2. Diagnoses: Testing Efforts
3. Linkage to Care: ARTAS, Project INK
4. Retention in Care: MCM, Housing, Substance Abuse, & Mental Health
5. Viral Suppression
6. Research
7. Advocacy
8. Other topic across the Continuum

2:05 **Educational Presentation**
Injectable PrEP – Dr. Bazan

3:00pm **Check-Out**

**2017 Ryan White Part A TGA
Conflict of Interest and Statement of Commitment**

Conflict of Interest

I am an employee, consultant, or board member with the following types of organizations, agencies, or programs that receive Part A funding:

- | | |
|--|---|
| <input type="checkbox"/> AIDS Healthcare Foundation | <input type="checkbox"/> Nationwide Children's Hospital |
| <input type="checkbox"/> Equitas Health | <input type="checkbox"/> Ohio State University Hospital |
| <input type="checkbox"/> Columbus Public Health | <input type="checkbox"/> Ohio State University Reference Lab |
| <input type="checkbox"/> Fairfield Healthcare Professionals | <input type="checkbox"/> OSU Internal Medicine, LLC |
| <input type="checkbox"/> Fairfield Medical Center | <input type="checkbox"/> Pediatric Pathology Associates of
Columbus, Inc |
| <input type="checkbox"/> James Cancer Hospital | <input type="checkbox"/> Southeast, Inc. |
| <input type="checkbox"/> Laboratory Corporation of America
Holdings | |

I am not affiliated as an employee, consultant, or board member of any of the agencies listed above

If yes, please state the nature of the relationship below:

Statement of Commitment

Please initial by each of the statements below

As a member of the Planning Council, I agree to:

- _____ Assist the Planning Council to meet its goals and objectives as directed by the US Department of Health and Human Services Administration (HRSA)
- _____ Consider the best interest of the HIV/AIDS community as a whole when making decisions
- _____ Prepare for meetings by reading all pre-distributed materials
- _____ Follow the Planning Council bylaws
- _____ Disclose any conflicts of interest I may have on issues that come before the Planning Council
- _____ Keep sensitive information I learn about other Planning Council members, including HIV status, confidential, unless given permission by them to share

I certify that all statements and representations made above are correct.

Signature

Date (mm/dd/yy)

Statement of Confidentiality

For COHPA Council Members

The undersigned member of the Ryan White Part A Columbus TGA Central Ohio HIV Planning Alliance (COHPA) Council hereby affirms and supports the legal and ethical imperative to protect the confidentiality of client/consumer names and related information contained in documents or records, or discussed during interviews, assessments, meetings or other situations which may arise as the Council carries out its mandated responsibilities. The undersigned affirms that any concerns or recommendations voiced by any member(s) of COHPA, either as a group or as individuals, shall also be held in strict confidence. The undersigned will not share with anyone outside the COHPA Council the individual views of a Planning Council member, his or her HIV or health status or other sensitive information obtained because of his/her membership on the Planning Council.

By signing this Statement of Confidentiality, the undersigned acknowledges receiving a copy of this statement and having an opportunity to discuss it with a member of the Planning Council Executive Committee or a member of the Planning Council Support Staff.

Violation of any conditions of this agreement may result in disciplinary procedure(s) against the undersigned and may include removal from the Planning Council. The Executive Committee shall determine such disciplinary procedures.

I, the undersigned, hereby acknowledge and agree to the conditions set forth in this Statement of Confidentiality.

Print name

Signature

Date

