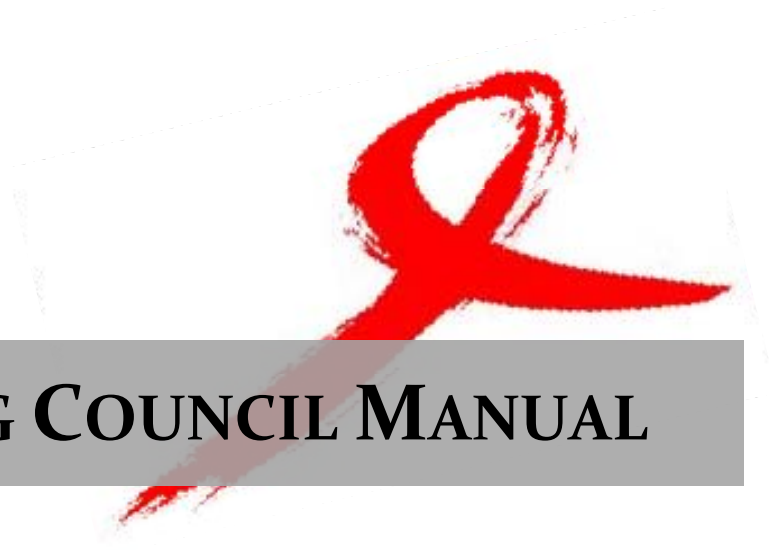


RYAN WHITE PART A HIV/AIDS PROGRAM

LAS VEGAS TGA

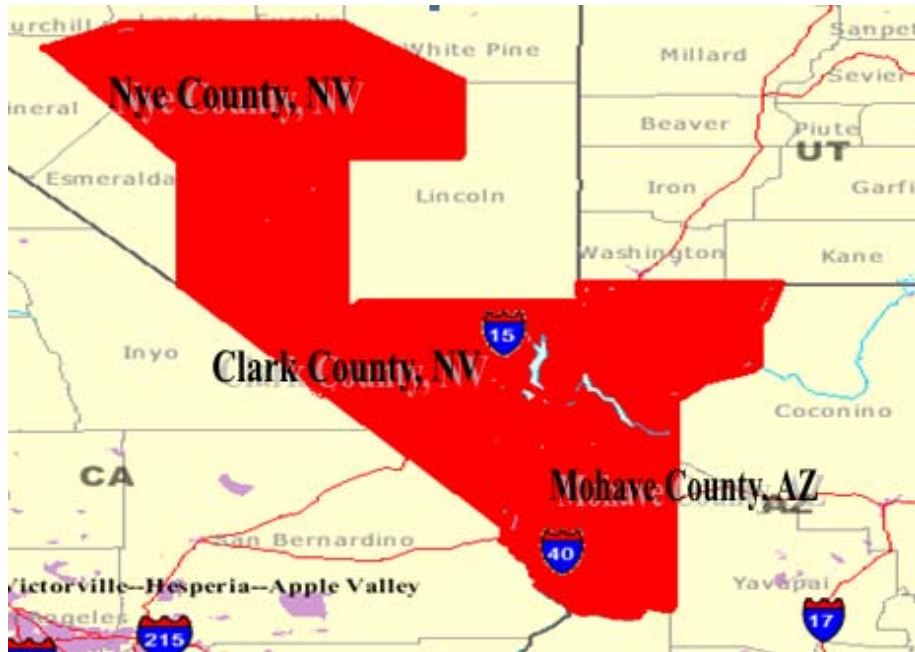


**GRANT YEAR
2010-2011**

PLANNING COUNCIL MANUAL

RYAN WHITE HIV/AIDS TREATMENT MODERNIZATION ACT

**LAS VEGAS TRANSITIONAL GRANT AREA
CLARK COUNTY, NEVADA - NYE COUNTY, NEVADA - MOHAVE COUNTY, ARIZONA**



Ryan White Part A HIV/AIDS Program
Las Vegas TGA
Clark County Social Services
1600 Pinto Lane, Las Vegas, NV 89106
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THE RYAN WHITE HIV/AIDS PROGRAM

The Ryan White HIV/AIDS Program (previously known as the Ryan White CARE Act) is a Federal program that funds services for people living with HIV/AIDS (PLWH/A). Ryan White services are to be used only for those who cannot pay for the care they need, funds are to be used as the “payer of last resort”. It only pays for care that is not covered by other programs like Medicaid and Medicare.

The legislation was first passed in 1990 as the Ryan White CARE Act. The 2009 law is the fourth time that Ryan White programs have been reauthorized as Federal legislation since its initial enactment. The legislation spells out who is eligible for services and describes how the money can be used. Most Ryan White funds go to pay for medical and support services for PLWH/A and their families. The major goal of this program is to get PLWH/A into care early and help them stay there and remain healthy.

Ryan White legislation awards grants under the five sections of the Act: Part A (which is what the Las Vegas TGA Planning Council deals with), Part B, Part C, Part D, and Part F (formerly Title I, Title II, Title III, Title IV, and Part F). Below is a short description of each. Part of the funds that go to Part A and Part B are funded under a formula that relates to the number of living HIV and AIDS cases in these areas.

- **Part A:** Local areas hardest hit by the epidemic
- **Part B:** States, including AIDS Drug Assistance Programs (ADAP)
- **Part C:** Community early intervention services
- **Part D:** Services for children, youth, women with HIV disease and their families
- **Part F:** Includes Special Programs of National Significance (SPNS) models of care, AIDS Education and Training Centers (AETC) training for health care providers, HIV/AIDS Dental Reimbursement Program (DRP) for agencies to reimburse the uncompensated costs incurred by agencies in providing oral health treatment to PLWHA, Community Based Dental Partnership Program (CBDPP) to provide oral health care in the community and train dental professionals; and the Minority AIDS Initiative (MAI) to reduce racial/ethnic disparities in service access and outcomes

THE AWARD PROCESS

Each year Congress approves different amounts of funds for Ryan White programs, including Part A. The money for Part A is divided into formula and supplemental funds. Minority AIDS Initiative (MAI) funds are awarded separately.

Formula funds are awarded to EMAs 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 demonstrated need and other factors. EMAs or TGAs must submit a grant application to HAB/DSS each year to receive formula and supplemental Part A funds. Grants are written by the Grantee and submitted each September. The grant year or fiscal year runs from March 1st to

February 28th each year. The annual planning cycle, which the Planning Council operates on, is from September to June each year.

PARTICIPANTS

Participants in the Part A grant include the following:

1. **The CEO**, who receives the funds on behalf of the EMA or TGA. In our TGA the CEO is Clark County Commissioner Rory Reid.
2. **The grantee**, the entity chosen by the CEO to manage the grant and make sure funds are used fairly and appropriately. In our TGA the grantee is Clark County Social Services.
3. **HAB/DSS**, the Federal government entity within HRSA that makes sure the Ryan White Part A program is implemented correctly.
4. **The planning council**, which conducts planning, decides how to use funds, and works to ensure a system of care that effectively serves all eligible people living with HIV/AIDS in the EMA or TGA.

Planning council membership and consumer membership must be similar to the demographics of people living with HIV/AIDS locally (for example, race, ethnicity, age). This is called membership reflectiveness, the reflectiveness table can be found in appendix A. Planning councils must also include people with specific expertise and backgrounds. This is called representation, the representation table can be found in appendix B. Current membership representation and reflectiveness can be requested from planning council staff at anytime and will be reviewed annual by the planning council. The following are mandated categories that make up planning council membership:

- 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-services providers)
- Mental health providers
- Substance abuse providers
- Local public health agencies
- Hospital planning agencies or health-care planning agencies
- Affected communities, including individuals with HIV disease or 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 Medicaid agency
- State agency administering the Part B program

- Ryan White grantees under Part C and Part D (If there is no Part D grantee in the EMA or TGA, representatives of organizations in the EMA or TGA with a history of serving children, youth, and families living with HIV)
- Grantees under other Federal HIV programs (including HIV prevention programs)
- Formerly incarcerated PLWHA or their representatives
- Consumer participation or affected community members. By law, at least 33% of the planning council must be PLWHA who receive Part A services. They must also be “unaligned,” meaning they are not staff, paid consultants, or Board members of Part A-funded agencies. These consumers must be reflective of the demographics of PLWHA locally.

DUTIES OF THE PLANNING COUNCIL

Set Up Planning Council Operations

Planning councils must have procedures to guide their activities, including;

- Membership
- Training
- Group Process
- Decision Making
- Conflict of Interest
- Grievance Procedures

Planning council operating procedures for the Las Vegas TGA can be found in the bylaws, appendix C.

Assess Needs

The planning council works with the grantee to identify HIV needs by conducting a comprehensive needs assessment at least every three years with a targeted needs assessment on each off year. This involves first finding out how many persons living with HIV disease (both HIV infection and AIDS) are in the area through an epidemiologic profile. Usually, an epidemiologist associated with the health department provides this information. Next the council determines the needs of populations living with HIV disease and the capacity of the service system to meet those needs, through focus groups, surveys, or other methods. This includes determining: (1) the number, characteristics, and service needs of PLWHA who know their HIV status and are not in care; (2) the service needs of people with PLWHA who are in care, including differences in care and needs, particularly for historically underserved populations; (3) the number and location of agencies providing HIV-related services in the TGA; (4) their capacity and capability to serve PLWHA, including capacity development needs; and (5) availability of other resources and how Ryan White services need to work with these other services, like substance abuse services and HIV prevention agencies.

The needs assessment should be a joint effort of the planning council and grantee. It is sometimes done 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 and to carefully analyze the results. Prior needs assessment documents are available from planning council staff or online at www.LasVegasEMA.org.

Set Priorities and Allocate Resources

The planning council must also set priorities and allocate resources on an annual basis. This means the members decide which services to fund by service category based on HRSA defined service categories which can be found at www.hab.hrsa.gov. The planning council makes these decisions about priorities for funding based on many factors: (1) the needs assessment; (2) information about the most successful and economical ways of providing services; (3) actual cost and utilization data provided by the grantee; (4) priorities of people living with HIV who will use services; (5) making Part A funds work well with other services like HIV prevention and substance abuse; (6) the amount of funds from other sources like Medicaid, Medicare, and the State Children's Health Insurance Program; and (7) developing capacity for HIV services in historically underserved communities.

The Planning Council must prioritize only service categories that are included in the Ryan White legislation as core medical services or as approved by the Secretary of Health and Human Services as support services. In setting priorities, planning councils need to focus on the legislative requirement that at least 75% of funds go to core medical services and not more than 25% to supportive services. Support services must contribute to positive medical outcomes for clients.

After it sets priorities, the planning council must allocate resources, which means it decides how much funding will be used for each of these service priorities. For example, the planning council decides how much funding should go for primary care services, mental health services, etc.

The planning council also has the right to provide “directives” to the grantee on how best to meet the service priorities it has identified. It may direct the grantee 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 grantee 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 populations—for example, it may specify funding for primary care services that target 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 cannot be involved in any aspect of contractor selection (procurement) or in managing or monitoring Part A contracts.

The planning council works with the grantee to decide on the amount and use of funding needed to support the work of the planning council, to pay for staff, cover planning council and committee costs including PLWHA expenses, and contract for help with activities such as needs

assessment. This is called “planning council support,” and it is a part of the EMA or TGA administrative budget.

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 grantee usually asks the planning council to approve some reallocation of funds, to ensure that all Part A funds are spent and that priority service needs are met.

Assess the Efficiency of the Administrative Mechanism

The planning council is responsible for evaluating how well the grantee gets funds to providers on an annual basis. This means reviewing how quickly contracts with service providers are signed and how long the grantee takes to pay these providers. It also means reviewing whether the funds are used to pay only for services that were identified as priorities by the planning council and the amounts contracted for each service category are the same as the planning council's allocations.

The assessment of the administrative mechanism is done utilizing the online survey tool, Survey Monkey in the form of an anonymous survey to all Ryan White Part A funded providers in the TGA for that grant year. This survey is developed and disseminated by planning council staff following phase #3 of the annual planning cycle each year for the grant year finishing the prior February. Results are compiled in report format and delivered to each planning council member prior to beginning phase #1 of the next cycle.

Develop the Comprehensive Plan

The planning council works with the grantee in developing a written plan that defines short- and long-term goals for delivering HIV services in the TGA. This is called a comprehensive plan. This plan is based, in part, on the results of the needs assessment. It is used to guide decisions about how to deliver HIV/AIDS services for people living with HIV. This plan should be updated every three years, and it should work well with other existing local or State plans. HAB/DSS provides guidance on what the plan should include and when it needs to be completed. Copies of the most current comprehensive care plan for 2008-2011 are available from planning council staff or online at www.LasVegasEMA.org.

Coordinate with Other Ryan White Programs and Other Services

The planning council is also to ensure that Part A funds work well with other funds, as follows:

- The planning tasks described earlier (needs assessment, priority setting and resource allocation, comprehensive planning) require getting lots of input and finding out what other sources of funding exist. This helps avoid duplication in spending and to reduce gaps in care, and helps ensure coordination between HIV prevention and care.
- The Statewide Coordinated Statement of Need, called the SCSN, is a way for all Ryan White programs in a State to work together in planning how to use Ryan White funds and avoid duplication of services. Representatives of the planning council, and the grantee, must participate with other Ryan White programs in the State to develop a written SCSN. This is done in concurrence with the comprehensive care plan every three years.

Develop Standards of Care and Evaluate Services

The planning council develops and updates standards of care to guide providers in delivering services on an as needed basis. The grantee uses these standards of care in monitoring contractors and in determining service quality, as part of its Clinical Quality Management function (described below). Developing standards of care is a joint activity. To do this, it works with the grantee, providers, consumers, and experts on particular service categories. (Note: These standards of care must be consistent with HHS guidelines on HIV/AIDS care and treatment as well as HRSA/HAB standards and performance measures.)

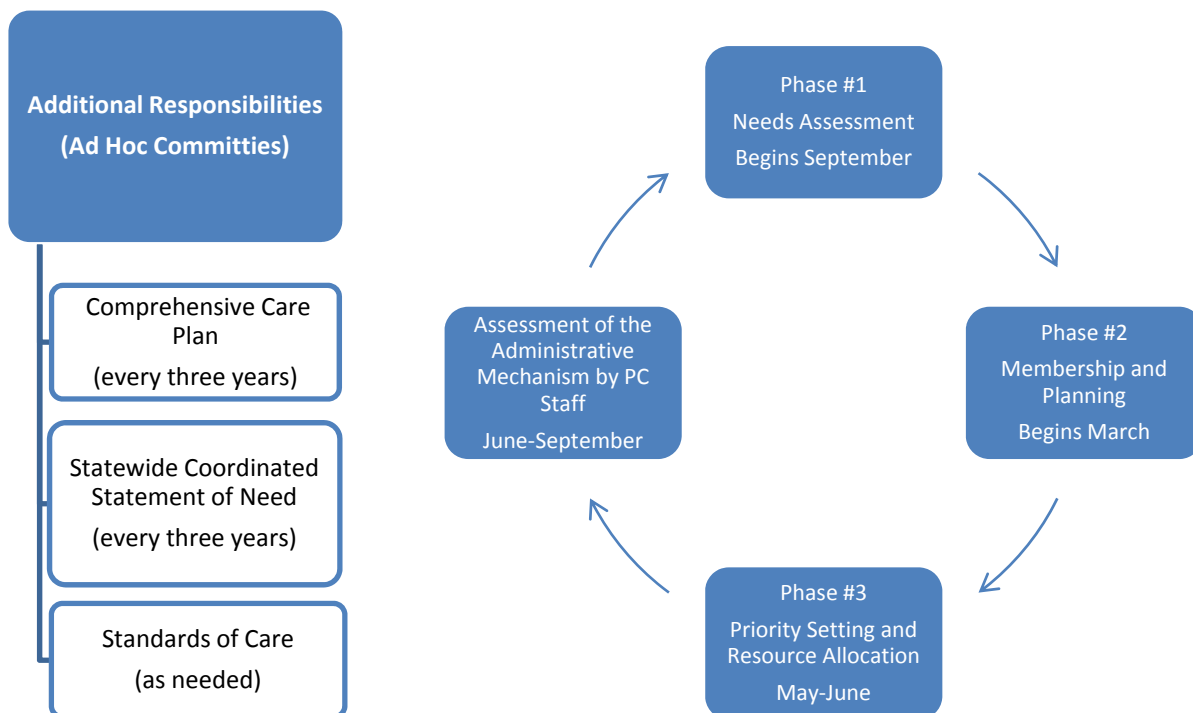
The planning council may also decide to evaluate how well services funded by Part A are meeting community needs, or pay someone else to do such an evaluation.

For a copy of the current standards of care for the Las Vegas TGA please contact planning council staff or download it online at www.LasVegasEMA.org.

ANNUAL PLANNING CYCLE

In order to accomplish the planning councils mandated tasks in an efficient manner the annual planning cycle is used. The council operates with strict adherence to this cycle.

Annual Planning Cycle



Phase #1 Needs Assessment

The annual planning process will begin each September with the Needs Assessment phase; the council will meet the fourth Wednesday of that month. Duties outlined for accomplishment at that meeting include;

- I. Needs Assessment Plan and Design
 - a. Determine the following; scope, timetable and budget, responsibilities for conducting and overseeing the process, establish a process for community input, select methodology, data collection instruments, methods of analysis
- II. Membership Recruitment
 - a. Determine the following; current vacancies, consider requirements of reflectiveness, recruitment strategies, recruitment assignments
- III. Co-Chair Elections
 - a. Open nominations process for election of Planning Council Co-Chair
- IV. Assessment of the Administrative Mechanism Review
 - a. Review the results of the Assessment of the Administrative Mechanism conducted in June/July

Phase #2 Membership and Planning

The second phase of the planning process will begin in March; the council will meet the fourth Wednesday of that month. Duties outlined for accomplishment at that meeting include;

- I. Planning Cycle Budget
 - a. Determine and approve budget for the following grant year planning cycle
- II. Membership Interview and Nominations Process
 - a. Council will review applications for new members against current openings, reflectiveness requirements, and term limit requirements. Following approval by the Council new members will be presented to the Board of County Commissioners for appointment effective date September 1 (beginning of the planning cycle). The planning council membership application can be found in appendix D.
- III. Needs Assessment Update
 - a. Including; current status of the Needs Assessment, establishing dates, time, and location of Priority Setting and Resource Allocation phase.

Please note that a group interview will be held for potential members **ONCE** per year at the phase #2 meeting which will be held the fourth Wednesday of March each year. Membership applications (appendix D) must be received by planning council staff no later than 24 hours prior to this meeting. Members will be appointed by the Clark County Board of Commissioners (CEO) at their first meeting immediately following selection.

Phase #3 Priority Setting and Resource Allocation

The third phase of the planning process will begin in May and continue no later than through the end of June; the council will meet according to the format determined during the second phase. These meetings include;

- I. Data Presentation
 - a. Presentation of all relevant data to the priority setting and resource allocation process, including; epidemiologic data, service utilization and cost data, needs assessment data, historical priorities and allocations

- II. Priority Setting
 - a. Establish priorities relative to HIV/AIDS service that are most important in the Las Vegas TGA
- III. Resource Allocation
 - a. Distribute available Ryan White Part A funds in the TGA across eligible service categories

Planning Council Staff will prepare and disseminate relevant information and updates through email, regular U.S. mail or via the Planning Council website as needed, on no less than a quarterly basis.

SEPARATE ROLES AND MUTUAL GOALS

The Part A planning council and the grantee have separate roles that are stated in the Ryan White legislation, but they also share some duties. The planning council and the grantee work together on identifying PLWHA needs (by conducting a needs assessment) and preparing 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 Ryan White funds and so that Ryan White is the “payer of last resort.” This means that other available funding should be used for services before Ryan White dollars are used to pay for them.

The planning council alone decides what services are priorities for funding and how much funding should be provided for each service category. The grantee is accountable for managing Part A funds and awarding funds to agencies to provide services that are identified as priorities, usually through a competitive "Request for Proposals" (RFP) process.

The planning council cannot do its job without the help of the grantee, and the grantee cannot do its job without the help of the planning council. It is important that the planning council and the grantee work together and understand their duties.

Additionally, the grantee is responsible for the following duties on a continually basis:

- Establish intergovernmental agreements (IGAs) with other cities/counties in the EMA or TGA where required
- Distribute funds according to planning council priorities and allocations
- Establish grievance procedures to address funding-related decisions
- Ensure delivery of services to women, infants, children, and youth with HIV disease
- Ensure that Ryan White funds do not pay for care that is paid for elsewhere
- Ensure that services are available and accessible to eligible clients
- Carry out clinical quality management activities to ensure that services are of high quality
- Prepare and submit Part A funding application
- Limit grantee and provider administrative costs
- Monitor contracts
- Reallocate funds with the approval of the planning council, to ensure that all funds are spent and used efficiently and appropriately

- Various required reports throughout the year

The following table depicts the roles of each member in the Part A grant.

Role of CEO/Grantee and Planning Council

Role/Task	CEO/Grantee	Planning Council
Planning Council Formation/Membership	X (CEO)	
Needs Assessment	X	X
Comprehensive 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 (Standards of Care)
Cost-Effectiveness and Outcomes Evaluation	X	X
Assessment of the Efficiency of the Administrative Mechanism		X

TECHNICAL ASSISTANCE

The grantee and planning council may ask their Project Officer for technical assistance from HAB/DSS to help them develop skills needed to meet the responsibilities outlined in this guide. If the grantee or the planning council needs help in fulfilling its duties, HAB/DSS can provide it. HAB/DSS can provide information that describes what other EMAs or TGAs have done, or it can provide experts to work over the phone or on-site with the grantee or the planning council. Examples of technical assistance include supporting participation of people living with HIV in Ryan White planning, needs assessment, committee structures and operations, and working effectively with the grantee.

Requests for technical assistance must be made in writing to the HAB/DSS Project Officer, either by the grantee or by the planning council with grantee approval or notification. For more information, visit the TARGET Center, the HRSA HIV/AIDS Bureau's website for accessing Ryan White TA and training, tools, and useful information at <http://careacttarget.org>. Also, if you

would like to learn more about the Ryan White HIV/AIDS Program overall visit <http://hab.hrsa.gov>.

If you have any questions about any of this information please contact the Planning Council Coordinator Shayla Streiff at SlC@Co.Clark.NV.US or by phone at 702-455-7255.

Planning Council Membership Representation Table

Las Vegas TGA Planning Council Membership Matrix						
Membership Category	Name	R	G	1st Term	2nd Term	3rd Term
1	Health-care Provider (including federally qualified health centers)					
2	Community Based Organization or AIDS Service Organization					
3	Social Service Provider (including Housing and Homeless Services)					
4	Mental Health Provider* (can be represented by the same person)					
5	Substance Abuse Provider* (can be represented by the same person)					
6	Local Public Health Provider					
7	Clark County Representative					
8	Nye County Representative					
9	Mohave County Representative					
10	Hospital Planning Agency or Healthcare Planning Agencies					
11	State Medicaid Agency					
12	State Agency Administering Part B Program					
13	Ryan White Grantee under Part C or Part D					
14	Grantee under other Federal HIV Program (including HIV prevention)					
15	Director of Social Services Appointed Co-Chair					
16	Non-Elected Community Leader -This could be a long- term board member of an organization (not necessarily an ASO), someone with long-term, high-level HIV volunteer experience, a corporate executive with ties to HIV fundraising efforts, a well known clergy member, etc.					
17						
18						
19	Affected Community Members (33%) (must be accessing the care system, cannot be employees of any agency receiving Part A funding, must equal 33% of the council and reflect the population of the epidemic, should include; Formerly incarcerated PLWH/A or their representative, an individual co-infected with hepatitis B or C)					
20						
21						
22						
23						
24						
25						

Planning Council Membership Reflectiveness Table

Las Vegas TGA Planning Council Reflectiveness Table						
Race/Ethnicity	PLWH/A in the Las Vegas TGA through 12/2009		Total Members of the Planning Council		PLWH/A Representation on Planning Council	
	Number	Percentage	Number	Percentage	Number	Percentage
White, not Hispanic						
Black, not Hispanic						
Hispanic						
Asian/Pacific Islander						
American Indian/ Alaska Native						
Multi-Race						
Not Specified						
Total						
Gender	Number	Percentage	Number	Percentage	Number	Percentage
Male						
Female						
Total						
Percentage of Council Members that Self Identify as HIV Positive						

**LAS VEGAS TRANSITIONAL GRANT AREA
RYAN WHITE PART A PLANNING COUNCIL**

BYLAWS

ARTICLE I - NAME AND SERVICE AREA

Section 1.1 Name

The name of this entity shall be Las Vegas Transitional Grant Area Ryan White Part A Planning Council, hereinafter referred to as “Planning Council”.

Section 1.2 Service Area

The Transitional Grant Area (TGA) served by the Planning Council shall be Clark and Nye Counties of Nevada and Mohave County of Arizona, hereinafter referred to as “TGA”.

ARTICLE II - AUTHORITY, MISSION, AND RESPONSIBILITIES

Section 2.1 Legal Authority

The Planning Council was created by, and functions pursuant to, the requirements of the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act. It was established and appointed by the Clark County Board of Commissioners, Clark County, Nevada on July 7, 1998.

Section 2.2 Mission Statement

The Planning Council is dedicated to develop and coordinate an effective and comprehensive plan for healthcare and support services in the Las Vegas TGA to improve the quality and availability of care for individuals and families with HIV, including hard-to-reach and traditionally underserved populations.

Section 2.3 Responsible Entities

The process of applying for, receiving, and administering Part A funds requires a collaborative relationship among three parties: the Chief Elected Officer (CEO – which shall be the Chair of the Clark County Board of Commissioners), the Ryan White Part A Program staff, also known as the “Grantee”, and the Las Vegas TGA Planning Council. Each has complementary duties as defined in the CARE Act legislation. For all matters related to Planning Council membership, management and activities, the CEO has designated the Director of Social Service as an official representative of the CEO in matters related to the Planning Council.

Section 2.4 Responsibilities of the Planning Council

The Planning Council shall execute the activities mandated by the Ryan White HIV/AIDS Treatment Extension Act of 2009 (CARE Act). These mandated activities are as follows:

1. Develop, review and implement by-laws covering the operations of the planning council,
2. Conduct a community needs assessment,
3. Develop a comprehensive services plan for the TGA,
4. Set service category priorities and service category allocations,
5. Seek coordination with other Ryan White and other HIV related services,

6. Assess the administrative mechanism of the grantee,
7. Develop standards of care for service categories.

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

ARTICLE III - MEMBERSHIP

Section 3.2 Composition of Voting Membership

1. The composition of the Planning Council membership shall adhere to the mandates for membership listed in the CARE Act. The specific membership requirements are:
 - Health-care Providers, including federally qualified health centers,
 - Representatives of this category should be from the following communities: FQHC, FQHC look-a-likes, HIV physicians, HIV nurses, HIV dentists, hospitals providing care to HIV clients.
 - Community-based organizations serving affected populations and AIDS service organizations,
 - Representatives of this category should be from the following communities: AIDS Services Organizations (ASOs), Community Based Organizations (CBO) providing direct services to HIV clients, {representatives need not be Ryan White funded providers}.
 - Social service providers (including housing and homelessness services providers),
 - Representatives of this category should be from the following communities: Clark County Social Service, individuals representing the Homelessness Continuum of Care, other defined supportive service providers providing services to HIV clients, {representatives need not be Ryan White funded providers}.
 - Mental health providers,
 - Representatives of this category should be licensed by the State of Nevada to provide mental health services. Can also represent Substance Abuse category, and need not be Ryan White funded providers.
 - Substance abuse providers,
 - Representatives of this category should be licensed by the State of Nevada to provide mental health services. Can also represent Mental Health category, and need not be Ryan White funded providers.
 - Local public health providers,
 - This category should be reserved for representatives from one of the three public health agencies in the TGA: 1) Southern Nevada Health District, 2) Nye County Department of Health and Human Services, or 3) Mohave County Department of Health and Human Services.
 - Hospital planning agencies or health-care planning agencies,
 - This category should be reserved for representatives from actual health care planning bodies (i.e., internal hospital planning bodies or AIDS Education and Training Center (AETC) representatives.
 - Affected communities, including:
 - Individuals living with HIV or AIDS,
 - Members of a federally recognized Indian tribe as represented in the population, (identify the recognized tribes in the TGA).
 - Individuals co-infected with hepatitis B or C,
 - Historically underserved groups and subpopulations,
-

- Non-elected community leaders,
 - This could be a long-term board member of an organization (not necessarily an ASO), someone with long-term, high-level HIV volunteer experience, a corporate executive with ties to HIV fundraising efforts, a well known clergy member, etc.
- State Medicaid agency,
- State agency administering the Part B program,
- Ryan White grantees under Part C and/or Part D, (if no Part D provider, an agency with a history of serving children, youth and families living with HIV),
 - This category is reserved for Part C or D grantees. Currently no Part D providers exist in the TGA. This would then be the category for the only Part C provider.
- Grantee under other Federal HIV programs (including HIV prevention),
 - Representatives of this category should be from the following communities: State designated HIV Prevention contractor, the State representative supervising the HIV Prevention grant from CDC, a member of the HIV Prevention Community Planning Group (CPG), a representative of a HIV Prevention funded Prevention agency in the TGA.
- Formerly incarcerated PLWHA or their representatives.

2. Persons living with HIV/AIDS must represent a minimum of 33% of the Planning Council. Any PLWH/A who counts as part of the 33 percent;

- Shall serve solely as a representative of the category reserved for affected communities.
- Shall not be an employee, consultant, or officer of an organization that receives, or is eligible to receive Ryan White Part A funds.
- Shall be a recipient of services paid for by Ryan White Part A funds.
- Shall fully disclose their HIV status.

Section 3.3 Composition of Non-Voting Membership

The membership of the Planning Council can include representatives of the CEO Office as well as the Grantee.

Section 3.4 Nominations

Members shall be nominated through an open process as established by the Planning Council. Anyone interested in serving on the planning council shall obtain, complete, and submit an application for membership with planning council staff. This process shall be completed no later than 24 hours prior to the scheduled planning council meeting conducted on the fourth Wednesday of March. Applications will be reviewed by the entire council to ensure members selected comply with applicable statutory and regulatory requirements. Nominations shall be approved by a majority vote of the Planning Council and appointed by the Clark County Board of County Commissioners to commence official voting membership status upon approval by the Board of County Commissioners.

Section 3.5 Terms of Members

All terms of voting membership shall be for two years and shall commence upon the date of CEO approval. Members may serve consecutive terms if they meet all membership requirements, successfully complete the application and nomination process, and are reappointed by the CEO. Term limits for 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, and,
2. No planning council member shall hold a voting seat for more than eight years total.

Those members representing the Nevada State Medicaid, State Ryan White Part B program, Part C and/or D programs, and Public Health and Social Service 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.

Section 3.6 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 policy-making decisions 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. Be knowledgeable about the Ryan White Part A planning process and solicit community involvement.

Section 3.7 Voting

Planning Council members shall have voting privileges on the Planning Council during all Planning Council meetings, unless identified conflicts of interest exist. In accordance with Nevada Open Meeting Law, the action of any public body taken in violation of any provision of the Open Meeting Law is void, i.e. has no legal force or binding effect (NRS 241.036).

Section 3.8 Attendance

Members shall attend all Planning Council meetings with no more than three absences within any calendar year.

1. Members may participate via conference call. Arrangements with Planning Council Staff in advance of the meeting should be made.
2. Attendance shall be recorded at all Planning Council and Committee meetings. The Executive Committee shall review attendance records and committee participation and shall notify any member who is in jeopardy of forfeiting their membership. Notification shall also be sent to the Planning Council Co-Chairs.

Section 3.9 Resignation

Members may resign at any time by giving written notice to Planning Council Co-Chairs, Planning Council Staff or a Grantee representative. Resignation shall take effect immediately upon submission of the written resignation to a party identified above.

Section 3.10 Termination

Any member who fails to perform their responsibilities, **Section 3.6 Responsibilities of Members**, shall be subject to removal without further cause. This shall include:

1. Unapproved absence from three Planning Council or Executive Committee meetings within any calendar year, **Section 3.9 Attendance**;
-

2. 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 in which to move the Planning Council member;
3. Conduct or behavior that interferes with the business of the Planning Council; and
4. Conduct that would have a negative impact on the community's confidence in the Planning Council, such as a violation of conflict of interest, or breach of confidentiality.

Section 3.11 Planning Council Professionalism

The goal of disciplinary action is to ensure inappropriate and unacceptable behavior does not occur and/or repeat and that all members and participants, and the business of the Council, is protected from inappropriate/unacceptable behavior in the course of doing the Council's work.

- ***NRS 241.030(3) (b) states; If a person willfully disrupts a meeting to the extent that it's orderly conduct is made impractical; the person may be removed from the meeting. The chair of the public body may, without vote of the body, declare a recess to remove a person who is disrupting the meeting.***

Anyone may call a point of order during any meeting by raising their hand and indicating the infraction. All infractions called must be addressed at the time called by the Planning Council/individual Planning Council member.

In the event that disruptive behavior occurs during the process of conducting Planning Council business, the Grantee, or their designee, shall implement disciplinary action against the offending individual. Disciplinary action shall consist of the following steps/actions:

1. For a first offense, the Grantee shall provide a verbal warning of the offending action. This verbal warning will be followed up with a written notification of the verbal warning.
2. For a second offense, the Grantee shall provide a second verbal notification of the offending action. The second verbal warning will be followed up with a written correspondence.
3. If an individual commits a third offense, or if a first or second offense rises to the level of verbal and/or physical aggressive behavior, or is so grievous as to disrupt the processes of the Planning Council, the Grantee shall take action as necessary to immediately stop the offending action. Additionally, the offending member will be immediately terminated from Planning Council member status (if applicable), and/or will not be allowed to attend Planning Council events for a period of one year. The offending member shall be notified by the Grantee in writing of the termination and barring from Planning Council activities and events.

The CEO shall have the power to remove Planning Council members without the approval of the Planning Council.

Section 3.12 Vacancies

Vacancies, from resignation or expiration of term, shall be filled as soon as possible according to the guidelines established by the Planning Council in **Section 3.2 - Nominations**. Nominees filling such vacancies shall be expected to serve a full 2-year term, commencing on the date of approval by the CEO.

ARTICLE IV – PLANNING COUNCIL CO-CHAIRS

Section 4.1 Planning Council Co-Chairs

The Co-Chairs of the Planning Council must include two Co-Chairs. One Co-Chair shall be appointed by the CEO or their designee. The second Co-Chair must be a current Planning Council member in good standing, nominated and approved by the voting Planning Council membership.

Section 4.2 Term of Office

Commencement of term is immediate upon election. Each term shall be for two years. Planning Council Co-Chairs may serve two consecutive terms if they continue to meet all membership requirements during the specified time period and are re-elected by simple majority vote by the Planning Council.

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 both of the Planning Council Co-Chairs shall preside at all meetings of the Planning Council and the Executive Committee, and shall serve as ex-officio members.

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 3.11, 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 CEO 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 the purpose, composition, specific functions and responsibilities, voting membership, quorum requirements, frequency of meetings, and scope of authority for each committee.

Section 5.2 Committee Membership

Each committee shall have no fewer than three Planning Council members.

1. Each committee shall have a Chair who is a member of the Planning Council and who is appointed by the Planning Council. Election of Planning Council Committee Officers will take place at the September Planning Council Meeting.
2. Committee membership shall be drawn from the membership of the Planning Council.
3. Only Planning Council members shall be voting members of a Committee.
4. One Planning Council Co-Chair shall serve as a non-voting ex-officio member of any committee.

Section 5.3 Executive Committee

The Executive Committee of the Planning Council shall meet regularly and all recommendations shall be presented to the Planning Council for review and approval.

The purpose of the Executive Committee shall be as follows:

1. To review Planning Council membership for appropriateness in the areas of composition and reflectiveness,
2. To annually review the By-laws of the Planning Council to ensure relevancy and appropriateness in relation to CARE Act language and intent,
3. To review the appropriateness of the Planning Council Calendar of Activities,
4. Discuss issues, concerns in the community, or developing situations for appropriateness of presentation to the Planning Council for discussion, review or action.

Section 5.4 Executive Committee Membership

The Executive Committee membership shall be comprised of the following:

1. The two Planning Council Grantee Co-Chairs,
2. One Planning Council member in good standing that represents the provider community,
3. One Planning Council member in good standing that represents the HIV/AIDS client community,
4. One Planning Council member in good standing that represents the public health community.

The Executive Committee membership, aside from the Grantee Co-Chair, shall be selected by the Planning Council through consensus vote.

Section 5.5 Ad hoc Committees

The Executive Committee 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.

1. The Chair of an ad hoc committee shall be a Planning Council Co-Chair;
2. Ad hoc committees shall be composed of a minimum of three Planning Council members;
3. Community members may serve on an ad hoc committee to provide input;
4. Only Planning Council members shall be voting members of an ad hoc committee; and
5. 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 Meetings, Agendas, and Minutes Policy and Procedure.

1. All meetings shall be open to the public, except under circumstances and procedures prescribed by state or local policies. Closed sessions shall be conducted according to the guidelines established by the Planning Council in the Executive Session Policy and Procedure.
2. Meetings shall comply with all requirements of the Nevada Open Meeting Law.
3. The public shall have an opportunity to speak at every meeting during the Public Comment period. Such presentations may be subject to time limits according to guidelines established by the Planning Council in the Public Comment Policy and Procedure.

Section 6.2 Frequency of Meetings

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 CEO, Planning Council Co-Chairs, or by at least four voting members of the Planning Council.

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, as defined by Nevada Open Meeting Law. All members shall be notified by telephone, facsimile, 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 facsimile, hand delivery, US Mail, or other reasonable alternative to each Planning Council or Committee member at least three 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. No other items may be introduced or considered. Agendas shall be posted at least three business days prior to the date of the meeting and distributed to members on or before the date of the meeting.

Section 6.6 Quorum

A quorum shall be present to conduct business and engage in formal decision-making.

1. At a Planning Council meeting, the presence of a majority of voting members, including at least one Planning Council Co-Chair, shall constitute a quorum.
2. For an Executive Committee meeting, the presence of a majority of voting members, including one Planning Council Co-Chair, shall constitute a quorum.

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

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 (**Article VIII Conflict of Interest**).

1. Planning Council members are eligible to vote at Planning Council meetings.
-

2. Planning Council members are eligible to vote only at meetings of the Executive Committee.
3. 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 Conduct of Meetings

The Planning Council and its committees shall conduct meetings according to all Nevada Open Meeting laws and via modified parliamentary procedures, based on Robert's Rules of Order.

Section 6.10 Policies and Procedures

The Planning Council and its committees shall be governed by these Bylaws and any other policies and procedures established by the Planning Council. The Bylaws shall be reviewed annually and revised as needed by the Executive Committee.

Section 6.11 Planning Council Planning Process

The Planning Council shall conduct its federally mandated planning activities based on an annual planning calendar. The planning calendar will be reviewed by the Executive Committee prior to the commencement of the annual planning cycle. The planning cycle is outlined below, and will serve as the guiding principles by which the planning council will conduct its activities.

The planning council will fulfill their mandated responsibilities by engaging in an annual planning process implemented in three separate phases that consist of the following four steps; Needs Assessment, Priority Setting, Resource Allocation, and the Assessment of the Administrative Mechanism. Additionally, the planning council will participate in the development of a Comprehensive Care Plan, and the Statewide Coordinated Statement of Need whereas meetings will be determined accordingly by the Executive Committee. All other activities of the planning body should be conducted in an effort to make the planning process more effective.

Phase One: Needs Assessment

The annual planning process will begin each September with the Needs Assessment phase; the council will meet the fourth Wednesday of that month. Duties outlined for accomplishment at that meeting include;

V. Needs Assessment Plan and Design

- a. Determine the following: scope, timetable and budget, responsibilities for conducting and overseeing the process, establish a process for community input, select methodology, data collection instruments, and methods of analysis

VI. Membership Recruitment

- a. Determine the following: current vacancies, consider requirements of reflectiveness, recruitment strategies, and recruitment assignments
-

- VII. Co-Chair Elections
 - a. Open nominations process for election of Planning Council Co-Chair
- VIII. Assessment of the Administrative Mechanism Review
 - a. Review the results of the Assessment of the Administrative Mechanism conducted in June/July

Phase Two: Membership and Planning

The second phase of the planning process will begin in March; the council will meet the fourth Wednesday of that month. Duties outlined for accomplishment at that meeting include;

- IV. Planning Cycle Budget
 - b. Determine and approve budget for the following grant year planning cycle
- V. Membership Interview and Nominations Process
 - b. Council will review applications for new members against current openings, reflectiveness requirements, and term limit requirements. Following approval by the Council new members will be presented to the Board of County Commissioners for appointment effective immediately.
- VI. Needs Assessment Update
 - b. Including; current status of the Needs Assessment, establishing dates, time, and location of Priority Setting and Resource Allocation phase.

Phase Three: Priority Setting and Resource Allocation

The third phase of the planning process will begin in May and continue no later than through the end of June; the council will meet according to the format determined during the second phase. These meetings include;

- IV. Data Presentation
 - a. Presentation of all relevant data to the priority setting and resource allocation process, including; epidemiologic data, service utilization and cost data, needs assessment data, historical priorities and allocations
- V. Priority Setting
 - a. Establish priorities relative to HIV/AIDS service that are most important in the Las Vegas TGA
- VI. Resource Allocation
 - a. Distribute available Ryan White Part A funds in the TGA across eligible service categories

Planning Council Staff will prepare and disseminate relevant information and updates through email, regular U.S. mail or via the Planning Council website as needed, on no less than a quarterly basis.

ARTICLE VII - REIMBURSEMENT

Section 7.1 Attending Meetings

Members shall serve without compensation from the Planning Council. Members may receive reimbursement, as described in the Clark County reimbursement policy, 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

Section 8.1 Recognition of Conflict

The Planning Council recognizes that members represent interests of individuals and organizations who ultimately receive benefits of the Ryan White CARE Act. The Planning Council shall maintain conflict of interest policies and procedures to ensure that individuals and organizations that best serve the needs of the community will not be denied funds because of their active participation on the Planning Council, and to confirm that members serve the needs of the community and not the interests of any organization or entity.

Section 8.2 Definition

A Planning Council member has an actual or perceived conflict of interest when the member's actions result, or appear to result, in personal, organizational, or professional gain for the Planning Council member. An actual or perceived conflict of interest occurs when:

1. The member is a salaried employee of any organization that receives, or is eligible to receive, Ryan White Part A funds;
2. The member serves on the Board of Directors or as a Trustee of any organization that receives, or is eligible to receive, Ryan White Part A funds; and
3. The member has a relative or close personal relationship with a person who is employed, or serves on the Board at any organization that receives, or is eligible to receive, Ryan White Part A funds.

A Planning Council member who receives goods and services as a client of an organization that receives, or is eligible to receive, Part A funds is not deemed to have a direct conflict of interest unless the member may receive differential treatment as a result of their position on the Planning Council.

Section 8.3 Requirements

Planning Council members are expected to develop priorities or allocate funds without undue regard for the benefit of specific agencies or programs.

1. Members shall comply with Nevada Legislative and Clark County ethical standards specific to members of boards serving as “public officers and officials”, CARE Act Amendments of 1996, 2000, 2006 and 2009, Nevada State Statutes, and Clark County codes.
2. Planning Council members shall abstain from voting on business matters in which they have a conflict of interest.
3. The Planning Council shall not be directly involved in grant administration and shall not designate, or otherwise select recipients of grant funds.

Section 8.4 Disclosure

Members shall complete and sign a new Conflict of Interest Disclosure form at the time of new appointment, or as otherwise precipitated by a change in employment, Board service, consultative service, or other status. Completed forms shall be kept on file and shall be available for public inspection.

Planning Council members may participate in discussion and debate about community needs, service priorities, or allocation of funds to service categories. Members shall draw upon their lay and professional experiences and their knowledge of HIV service delivery, but shall disclose verbally any potential conflicts of interest at the beginning of such discussion.

Section 8.5 Voting

It shall be each member's responsibility to understand the definition of conflict of interest and to determine whether a direct conflict requiring disqualification exists.

1. If a conflict of interest occurs, Planning Council members shall not participate in decision-making or voting.
2. Failure to recuse oneself from any business related to an identified conflict of interest may result in removal from the Planning Council. **Section 3.11 Termination.**

ARTICLE IX - CONFIDENTIALITY

Section 9.1 Confidentiality

No member shall disclose any confidential information acquired during their official duties. Grantee shall ensure that information is accessible to only those with authorized access and on a "need-to-know" basis. This will be strictly enforced. Each planning council member during and subsequent to their time of service has an obligation to uphold planning council confidentiality standards. Each planning council member will sign a confidentiality agreement upon appointment or as otherwise deemed necessary.

Section 9.2 Confidential Information

Confidential information shall include, but is not limited to:

1. Information concerning the medical condition, HIV status, substance abuse history, or sexual orientation of any member, or recipient of a service provided by Ryan White CARE Act or MAI funds.
2. Any other confidential information of an official nature.
3. Information not generally known, which may have been acquired during the period of service on the council.

ARTICLE X - GRIEVANCE

Section 10.1 Grievance

The purpose of the grievance procedure is to provide an equitable and amenable solution to conflicts which arise through the conduct of Planning Council business. The Executive Committee is to serve as a neutral body to resolve conflicts which arise. Nothing in these procedures is to be interpreted as giving the Executive Committee the responsibility to protect any agency, the administrative agency, or the funding process. In all interpretations or applications of the provisions of this grievance procedure, the cardinal rules shall be liberality of construction, fundamental fairness, equity and justice in making decisions affecting individuals and agencies. The procedure shall be applied in such a way as to assure a fair opportunity for presenting and resolving the complaints and grievances of the grievant. A grievant shall not be

discriminated against nor suffer retaliation as a result of filing a grievance in good faith, nor as a result of participation in the investigation of a grievance.

10.2 Eligible Parties

Parties who may file a grievance include; individuals or entities directly affected by the outcome of a decision related to funding decisions made by the planning council. Directly affected individuals or entities include the following:

- Providers eligible to receive Ryan White Part A funding
- Consumer groups/PLWH coalitions and caucuses
- Planning Council members
- Ryan White Part A Grantee
- Other local individuals and entities who can demonstrate that they are directly affected by a decision of the Planning Council

Any grievance brought to the attention of the Planning Council which falls under the proper jurisdiction of the Grantee will be referred to the Grantee.

10.3 Grievance Procedure

The grievant may withdraw at any point during this process.

Table 1: Planning Council Grievance Procedure and Timeline		
Action	Step-by -Step Timeline	Total Allotted Time
1. Point of Contact-Intake Process		
a) Any grievant may contact the Planning Council staff to obtain grievance procedure information and a grievance intake form. (Attachment A)	must file grievance within 30 days of alleged infraction	no more than 90 days to complete 1. a) – f).
b) Intake form must be filled with Planning Council staff by fax at (702) 868-2527 or by mail at CCSS Ryan White Part A Grievance Filing Department, 1600 Pinto Lane, Las Vegas, NV 89104. Only complete forms will be accepted. Incomplete forms will be returned to the grievant for proper filing.	incomplete forms returned to grievant within 5 business days	
c) Planning Council staff will date stamp and notify grievant and Executive Committee upon receiving the intake form.	within 5 business days	
d) The Executive Committee will meet to deliberate		

according to Nevada Open Meeting Law. They will: 1) determine if the grievance is eligible for consideration based on the requirements outlined in this document, and 2) finalize a resolution for the grievance.	meet within 30 days of notification	
e) The decision of the Executive Committee will be presented in writing to the grievant and Planning Council.	within 5 business days of decision	
f) The grievant may accept the Executive Committees decision or reject it. If it is rejected, the grievant may request a mediation form from Planning council Staff. All correspondence must be done in writing.		
2. Mediation Process		
a) Request for mediation forms can be obtained and must be filled with Planning Council staff by fax at (702) 868-2527 or by mail at CCSS Ryan White Part A Grievance Filing Department, 1600 Pinto Lane, Las Vegas, NV 89104. Only complete forms will be accepted. Incomplete forms will be returned to the grievant for proper filing. (Attachment B). ***\$200 initial filing fee and \$140-\$325 per hour mediation fee	file no more than 120 days after initial filing of grievance	no more than 90 days to complete 2. a) – c)
b) Planning Council staff will select a certified professional mediator or mediation agency who may not be a member of the Planning Council, affiliated with the grievant, a recipient of a current Part A funding contract, or representative of the Grantee. The schedule and location will be determined by the mediator in consultation with all parties. The mediator will inform the grievant and the Planning Council of the rules of conduct and presentation for the mediation process.	within 30 days of filing	no more than 180 days after initial grievance submission – sections 1. and 2.
c) Once mediation is held there will be four possible outcomes: 1) a party may withdraw with no resolution, 2) there may be an agreement, 3) there may be no agreement and no willingness to proceed with next step, 4) there may be a request for binding arbitration.	binding arbitration must be requested in writing within 10 business days of mediation	

	outcome	
3. Binding Arbitration		
a) Binding arbitration forms can be obtained and must be filled with Planning Council staff by fax at (702) 868-2527 or by mail at CCSS Ryan White Part A Grievance Filing Department, 1600 Pinto Lane, Las Vegas, NV 89104. Only complete forms will be accepted. Incomplete forms will be returned to the grievant for proper filing. (Attachment C)	binding arbitration must be requested in writing within 10 business days of mediation outcome	no more than 90 days total to complete 3. a)-d) no more than 270 days after initial grievance submission – sections 1-3
b) The completed request will be forwarded to the program manager who will select an arbitrator who may not be a member of the Planning Council, affiliated with the grievant, a recipient of a current Part A funding contract, or representative of the Grantee. The schedule and location will be determined by the arbitrator in consultation with all parties.	arbitration must take place within 30 days of filing	
c) The arbitrator will inform the grievant and the Planning Council of the rules of conduct and presentation for the arbitration process. All parties will complete all appropriate filing and information forms as selected by the arbitrator.	as requested by arbitrator	
d) The Arbitrator is in charge of the process and will submit written report of arbitration findings and rulings, copies of which will be given to all parties by the Planning Council Staff.	30 days of arbitration hearing	

10.4 Grievance Cost

The estimated costs, broken out by steps in the Grievance Process are as follows:

Table 2: Planning Council Grievance Procedure Cost		
Action	Cost	Cost Coverage
Intake form	No-cost	
<u>Mediation/Arbitration</u>		The administrative fee includes coordination and scheduling time, use of facilities, document handling and exchange facilitation, copying, faxing, postage and

Administrative fee charged by Mediation/Arbitration agency	\$200	administrative support. Courier service, express or overnight mail charges are not covered and will be invoiced to the party requesting or incurring same.
<u>Mediation/Arbitration</u> Mediation fee, charged by Mediation/Arbitration agency	\$140-\$325 per hour	Arbitrators and Mediators set their own hourly rate and professional time incurred by said neutral can include, but is not limited to, preparation time, the mediation or arbitration session, extra sessions or follow-up time, and any expected research or reading time incurred. Depending on the distance traveled, arbitrators and mediators may charge for travel time and expenses.

In most cases, there will be no charge of an administrative fee if a case is withdrawn before an arbitration hearing or mediation session has been scheduled. However, if a case settles or is withdrawn after a date has been confirmed with the parties, mediator/arbitrator may be entitled to its administrative fee and the neutral may be entitled to a cancellation charge and/or may bill for any time actually spent on the case, dependent upon the organization's policy. A case that has been scheduled for more than one day which is cancelled, settled or withdrawn within ten business days of the confirmed date may also be assessed a cancellation charge for the neutral in addition to any time actually incurred by the neutral and the administrative fee.

ARTICLE XI – NON DISCRIMINATION

Section 11.1 Non-Discrimination

Members shall not discriminate against any person due to their; race, gender, religious belief, national origin, age, physical or mental disability, sexual orientation, HIV status, or political affiliation.

ARTICLE XII – SPECIAL ACCOMODATION

Section 12.1 Accommodation

The Planning Council shall accommodate the special needs of members or guests who identify themselves as disabled, according to guidelines established by the Planning Council in the Reasonable Accommodation Policy and Procedure.

Section 12.2 Disclosure

Members may complete a Confidential Disclosure of Need for Accommodation form to identify their particular needs for accommodation. The Planning Council shall use this information to ensure reasonable accommodation for those members whose disability might otherwise limit

their participation. The information contained on the form shall remain confidential and shall be made known only to those who are directly involved in making necessary arrangements.

ARTICLE XIII – OFFICIAL COMMUNICATIONS AND REPRESENTATIONS

Section 13.1 Official Communication and Representation

No Officer or member of the Planning Council shall act or make any statement(s) or communication(s) under circumstances that might reasonably give rise to an inference that they are representing the Planning Council, including, but not limited to, communications on Planning Council stationery or public acts, statements, or communications in which they are identified as representing the Planning Council, except under one or more of the following circumstances:

1. Conducting the day-to-day business of the Planning Council according to these Bylaws.
2. Taking an action or issuing a communication that is clearly within the policies of the Planning Council or pursuant to a resolution of the Planning Council, or has been otherwise authorized in advance by the Planning Council.
3. Taking an action or issuing a communication when such action or communication on the part of the Planning Council Co-Chairs or Chair of any committee is necessary for, or incidental to, the discharge of duties imposed on such individual by these Bylaws or by a resolution of the Planning Council.
4. Issuing a communication addressed to other members of the Planning Council or to its staff.

Section 13.2 Media Contact and Public Information

The Planning Council shall maintain positive media relations and accurate public information messages through designated spokesperson(s), professional media contacts, coordinated and reviewed information, and consistent marketing strategies.

Planning Council members shall refer any need for media contact or public information to the Planning Council Co-Chairs. The Co-Chair(s) shall select the appropriate spokesperson(s).

ARTICLE XIV – USE OF INFORMATION

Section 14.1 Use of Information

Members shall be free to extract information and specific language from the comprehensive plan, grant application, surveys, or any Planning Council materials, except confidential files or records, for planning and evaluation purposes, local programs, or to secure additional funding.

ARTICLE XV - AMENDMENTS

Section 15.1 Revisions

The Planning Council shall have the power to recommend alterations, amendments, or the repeal of these Bylaws at any meeting at which a quorum is present. Changes shall be consistent with the Ryan White CARE Act.

Section 15.2 Vote

Any such changes of these Bylaws shall require a two-thirds vote of Planning Council members present at any regular or special meeting of the Planning Council.

Section 15.3 Distribution

The Bylaws shall be available for inspection during normal office hours or will be supplied upon request.

ARTICLE XVI - RATIFICATION

Section 16.1 Ratification

These Bylaws shall go into effect upon approval of the CEO. All future changes, unless specified, shall be effective upon vote of the Planning Council and subsequent approval by the CEO.

ARTICLE XVII - DISSOLUTION

Section 17.1 Dissolution

The Planning Council was established to conduct a comprehensive planning and priority-setting process for Ryan White Part A CARE Act fund distribution. Unless the CEO determines otherwise, this entity shall continue for as long as the TGA receives Part A funding. Upon termination of funding, the Grantee and CEO shall satisfy any and all outstanding obligations or liabilities of the Planning Council and shall dispose of qualifying assets according to applicable federal guidelines and regulations.

Ryan White Part A Planning Council of the Las Vegas TGA

Membership Application



*Planning
Council*
*Ryan White Part A HIV/AIDS Program
Las Vegas TGA*

This program is funded by a grant through Clark County Social Services by the Ryan White Part A HIV/AIDS Program provided by the Health Resources and Services Administration.

Dear Planning Council Applicant:

Thank you for your interest in joining the Las Vegas Transitional Grant Area (TGA) Ryan White Part A Planning Council. Please get to know more about our Planning Council through this application before applying to ensure it is a good fit for you.

PLANNING COUNCIL RESPONSIBILITIES

The Planning Council is an appointed planning body by the Clark County Board of Commissioners (CEO) that has seven specific responsibilities associate with the Ryan White Part A HIV/AIDS Program, which are;

1. Reviewing and implementing by-laws covering the operations of the Planning Council.
2. Conduct an annual HIV/AIDS Community Needs Assessment.
3. Develop a Comprehensive HIV/AIDS Services Care Plan for the TGA every three years.
4. Complete an annual Priority Setting and Resource Allocations process for Ryan White grant funding.
5. Seek coordination with other Ryan White and non-Ryan White HIV related resources to build a cohesive Continuum of HIV/AIDS Care on a continual basis.
6. Annually assess the Administrative Mechanism.
7. Review and implement the Standards of Care for service categories.

YOUR TIME COMMITMENT ON THE COUNCIL

To accomplish these mandated tasks meetings will be held four to five times per year with strict adherence to the outlined planning cycle. Meetings will be held on the following dates;

- Wednesday, September 22nd, 2010-beginning of the planning cycle (Phase One)
- Wednesday, March 23rd, 2011-(Phase Two)
- Two meetings during the months of May 2011 and June 2011-end of the planning cycle (Phase Three)

Note: All locations, dates and times are to be determined and members will be notified prior. Depending on the number of agenda items meetings may last the entire day.

Please be aware that members who miss three Planning Council or committee meetings during any calendar year will be removed from the council. Additionally, membership shall be for two years and shall commence upon the date of CEO approval. Members may serve consecutive terms if they meet all membership requirements, successfully complete the application and nomination process, and are reappointed by the CEO. However, no member may hold a voting seat for more than four consecutive years in any six year period, and may not hold a voting seat for more than eight years total.

MEMBER SELECTION PROCESS

Members are interviewed and selected **ONCE** per year, this year group interviews will take place at the Wednesday, March 23rd 2011 meeting of which you must attend if you are an applicant. If you are interested in participating as a member of the Planning Council please return this application completed to:

Clark County Social Services
Ryan White Part A HIV/AIDS Program
C/O Planning Council Coordinator
1600 Pinto Lane
Las Vegas, NV 89106
Or by fax or email to:
702-868-2527 or SlC@Co.Clark.NV.US

Once your application is received it will be kept on file and you will be notified by March 1st, 2011 of the time and location of the group interview meeting on March 23rd, 2011. We are mandated and committed to assuring that our membership is reflective of our local epidemic and all required membership positions are filled. New and returning members will be selected with heavy emphasis on; 1) membership positions available, and 2) ensuring the local epidemic is reflective.

During the March group interview meeting you may be asked questions by members of the Planning Council so therefore it is imperative that you are in attendance at that meeting. During that meeting the Planning Council will also hold a vote on new and returning members. Please note that you will not become a voting member until your name is presented to the CEO for approval. If approved by the CEO your membership will be effective immediately therefore allowing you to become a full voting member at the priority setting and resource allocation process for utilization in the following grant year.

SPECIAL NOTICE FOR PERSONS LIVING WITH HIV/AIDS

HIV infected persons may serve on the Planning Council without fully disclosing their HIV status.

- If you would like to serve as a representative of the Affected Community, you *must* disclose your HIV status.
- If you would like to serve as a representative of another category, you do not need to disclose your HIV status.

The Application for Membership asks whether you *do* or *do not* self-identify as HIV positive.

- If you check the box that says you self-identify as HIV positive, your HIV status *will not be confidential* and it may be released to the public.
 - If you are HIV positive and you want to keep that information confidential, check the box that says you do not identify as HIV positive.
-

We sincerely appreciate your interest in serving on the Ryan White Part A Planning Council. If you have any questions please contact the Planning Council Coordinator, Shayla Streiff by phone: 702-455-7255 or email: SiC@Co.Clark.NV.US. More information can be found at our website www.LasVegasEMA.org.

-The Ryan White Part A Planning Council
Of the Las Vegas TGA

Applicant Information

NAME _____

OCCUPATION/POSITION/TITLE _____

EMPLOYER (if applicable) _____

HOME

WORK

Address _____

Address _____

Phone _____

Phone _____

Fax _____

Fax _____

Cell _____

Cell _____

E-mail _____

E-mail _____

Please contact me at home

Please contact me at work

- I am applying to the Planning Council as a new member never having served on the Las Vegas TGA Planning Council before.
- I am applying to the Planning Council as a returning member having had a break in service of _____ years.
- I am applying for a consecutive term on the Planning Council.

DEMOGRAPHICS

For the purpose of meeting the reflectiveness requirements for the Planning Council (which means the demographics of the planning council membership must look like the epidemic of HIV disease in the TGA we are required to ask the following information.

Gender:

- Male
- Female
- Transgender

Age:

- <13
- 13-19 years
- 20-44 years
- 45-65 years
- 65+

Race:

- White, Not Hispanic
- Black, Not Hispanic
- Hispanic
- Asian/Pacific Islander
- American Indian/Alaska Native
- Multi-racial
- Not Specified

Which of the following categories are you qualified to represent? *(Check all that apply)*

- Health-care Providers, including Federally Qualified Health Center's
- Community-based organizations serving affected populations and AIDS service organizations.
- Social Service Provider (including housing and homeless services providers).
- Mental Health Provider
- Substance Abuse Provider
- Local Public Health Provider
- Hospital Planning Agency or Health-care Planning Agency
- State Medicaid Agency
- State Agency administering the Part B Program
- Ryan White Grantee's under Part C and/or Part D
- Grantee under other Federal HIV program (including HIV prevention)
- Non-elected Community Leader (clergy, someone with high level HIV fundraising experience, a corporate executive with ties to HIV fundraising, ect.)

Affected Community Member Positions

- Person Living with HIV or AIDS (PLWH/A)
- Formerly incarcerated PLWH/A or their representative
- Individual Co-infected with Hepatitis B or C
- Member of a historically underserved group or subpopulation.

Please explain: _____

Please check any areas in which you have an educational background, professional affiliation, or personal experience. *(Check all that apply)*

- Gay/Bisexual Men's HIV Health Needs
 - Women's HIV Health Needs
 - Pediatric HIV Health Needs
 - Adolescent HIV Health Needs
 - General Public Health
 - Substance Use/Abuse Services & IDU HIV Health Needs
 - Mental Health Services
 - Other Non-Medical Support Services
 - Evaluation
 - Health Planning
 - Primary Care – Ambulatory/Outpatient
 - Primary Care – Antiretroviral Therapies
 - Other: _____
-

HIV STATUS:

Do you self-identify as HIV positive?

- Yes
- No

If yes, Age at Diagnosis:

- < 13 years
- 13-19 years
- 20-44 years
- 45-65
- 65+

REFERENCES

Please provide three (3) personal references of individuals that you have known for one or more years who are not related to you.

Name	Occupation	Address	Phone
			()
			()
			()

EDUCATIONAL BACKGROUND

Are you a High School Graduate?

- Yes
- No

If no, do you possess a GED or High School equivalency?

- Yes
- No

Names of School(s) Attended	Semester or Quarter Credits/Units Completed	Major(s) Do Not Abbreviate	Did you Graduate?	Degrees or Certificates Completed
Trade/Vocational (City, State):			<input type="checkbox"/> YES <input type="checkbox"/> NO	
College/University (City, State):			<input type="checkbox"/> YES <input type="checkbox"/> NO	

Please describe why you are interested in serving on the Ryan White Part A Planning Council.

Please describe your current or previous volunteer/community service experience.

Please describe any formal or informal HIV/AIDS training you have received.

Please describe your special talents, e.g., computer skills, newsletter design, web pages, brochures, database development, survey design, public relations, etc.

What languages do you speak and/or read and write other than English?

CERTIFICATION AND SIGNATURE

I hereby certify that I have, to the best of my knowledge, accurately completed this application, and believe it meets the requirements of the Las Vegas TGA Ryan White Part A Planning Council.

Signature _____ Date _____

You may attach a resume, but it is not required.

The information you provide on this application is subject to Nevada Public Records Law.

**LAS VEGAS TGA RYAN WHITE PART A PLANNING COUNCIL
CONFLICT OF INTEREST DISCLOSURE**

NAME: _____

In the spirit of full disclosure and to assure that all people are aware of any connection or special interest that members have with any agency or service funded by the Ryan White Program, all Planning Council members shall provide the following information.

AGENCY AFFILIATION

Please check the agencies with which you/are have been personally or professionally affiliated in the current fiscal year (March 2010 – February 2011).

- | | |
|--|---|
| <input type="checkbox"/> AFAN | <input type="checkbox"/> Nye County Health and Human Services |
| <input type="checkbox"/> Community Counseling Center | <input type="checkbox"/> Southern Nevada Health District |
| <input type="checkbox"/> Community Outreach Medical Center | <input type="checkbox"/> UMC-Wellness Center |
| <input type="checkbox"/> Clark County Social Services | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Golden Rainbow | |
| <input type="checkbox"/> Mohave County Department of Public Health | |

Are you employed by an agency or organization that receives, or is a current applicant to receive, Ryan White Part A funds?

- Yes No

I am employed at _____

Are you on the Board of Directors or are you a Trustee, etc. of any agency or organization that receives, or is a current applicant to receive, Ryan White funds?

- Yes No

I am _____ of _____

Do you volunteer at an agency or organization that receives, or is a current applicant to receive, Ryan White funds?

- Yes No

I volunteer at _____

Do you have a relative or a close personal relationship with a person who would answer yes to one of the above questions?

- Yes No

please specify agency) _____

If you answered "YES" to any of the above questions, you may have a direct conflict of interest. Please refer to the Planning Council Bylaws for guidance on how and when you should declare your conflict and abstain from voting.

I hereby certify that I will declare my Conflict of Interest as appropriate, I will abstain from voting when required, and I will focus on improving the quality and availability of care for all individuals and families affected by HIV disease, without regard for the benefits received by specific agencies or programs.

Signature

Date

The information you provide on this form is subject to Nevada Public Records Law. Forms must be updated by all Planning Council members each March at the beginning of the new Grant Year.