Committee Members | Planning Council Members | Recipient Staff | Guests
---|---|---|---
Eric Moore | Randall Furrow | Carmen Batista | Yanitza Soto
Duvia Lozano | Jason Vail Cruz | Jeremy Hyvarinen
Daniel Iniguez (alt) | Christie Blanda (alt) | 
Ricardo Fernandez | 
Jimmy Borders (alt) | 
Erica Tekampe | 
Chuck Albrecht | 
Eric Eason | 
Deborah Reardon-Maynard | 
P = Present  A = Absent  📞 = Phone/Zoom

Support Staff: Jason Landers and Carmen Batista

Call to order
Eric Moore, called the meeting to order at 2:35 pm

Determination of Quorum
8 of 9 members present at 2:34 pm QUORUM ESTABLISHED

Welcome and Introductions
The Chair welcomed Planning Council members and guests. Planning Council Support introduced each attendee and asked for any conflicts of interest.

Approval of the Minutes from January 25, 2021
A motion to approve the January 25, 2022 minutes was made by; C. Albrecht. Seconded by E. Eason. The minutes were approved by unanimous vote.
<table>
<thead>
<tr>
<th>Business Item</th>
<th>Discussion &amp; Notes</th>
<th>Action/Motion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chair Update</td>
<td>Chair Update</td>
<td>Discussion Only. No Action</td>
</tr>
<tr>
<td></td>
<td>Chuck Albrecht has let Mr. Moore know that this will be his last STaR meeting. Mr. Moore thanks Mr. Albrecht for his participation and contributions over many meetings and invited him to rejoin whenever he likes.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Welcomed Mr. Landers to the team. He is interested in helping and giving all the support/help that he can.</td>
<td></td>
</tr>
<tr>
<td>RWHAP Part A Recipient Update</td>
<td>• Policy Clarification Notice 21-002 (credit to ADHS)</td>
<td>Discussion Only. No Action</td>
</tr>
<tr>
<td></td>
<td>• Planning Council Transition Plan Update</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• ESCALATE: Cultural Humility and Antiracism Technical Assistance</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• AHCCCS transition</td>
<td></td>
</tr>
<tr>
<td>Review Bylaws</td>
<td>The Committee finished their review of the bylaws. A vote on these were tabled until the next meeting. These bylaws must be presented to the Planning Council no later than April 12th these must be released to the Planning, pending formatting review from the Recipient’s office. Will include a red-line and a clean copy. Any proposed amendments will be considered at the Planning Council members are encouraged to send advance comments to Jason Landers in advance of the meeting.</td>
<td>Motion to approve the bylaws with the suggested revisions and submit them to the Planning Council for review. Moved: C. Albrecht. Seconded: E. Eason. Passes unanimously.</td>
</tr>
<tr>
<td></td>
<td>Mr. Moore reviewed next steps. The Bylaws will be passed to the Council for review. Once approved, they will be submitted to the County Attorney’s Office for review. Once reviewed, the County Attorney’s Office will come back with any questions. Once reconciled, will move forward to the Board of Supervisors to be agenized voted upon (Note: may take anywhere from 6 weeks to 2 years, will operate as usual until approved).</td>
<td></td>
</tr>
<tr>
<td>Extension of the meeting by 10 minutes.</td>
<td>Request to extend the meeting an additional 10 minutes.</td>
<td>Motion to extend the meeting by 10 minutes. Moved: E. Eason Seconded: C. Albrecht Passes unanimously.</td>
</tr>
<tr>
<td>Review Substance Use Services Service Standard</td>
<td>The Committee tabled this item for the next meeting.</td>
<td>Discussion Only. No Action</td>
</tr>
<tr>
<td>Business Item</td>
<td>Discussion &amp; Notes</td>
<td>Action/Motion</td>
</tr>
<tr>
<td>-------------------------------------------</td>
<td>-------------------------------------------------------------------------------------</td>
<td>--------------------------------------</td>
</tr>
<tr>
<td>Review Psychosocial Services Service Standard</td>
<td>The Committee tabled this item for the next meeting.</td>
<td>Discussion Only. No Action</td>
</tr>
<tr>
<td>Review Housing Services Service Standard</td>
<td>The Committee tabled this item for the next meeting.</td>
<td>Discussion Only. No Action</td>
</tr>
<tr>
<td>Review items for Next Agenda</td>
<td>• Move the housing standards to the May meeting.</td>
<td>Discussion Only. No Action</td>
</tr>
<tr>
<td></td>
<td>• Bylaws review will be complete.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Will put the <strong>TEAM committee policies and procedures</strong> towards the <strong>end of the meeting</strong>.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Review the scope of work and planning council activity timelines.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• July meeting will be the Rapid Start process. Requested that U = U education could be incorporated (through EIS and through Health Education and Risk Reduction)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Afterwards doing a review of the Statewide Acuity Scale for Case Management services.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Optional to have the bylaws added as a line item on the executive committee.</td>
<td></td>
</tr>
</tbody>
</table>
### Current Event Summaries

Planning Council is partnering with Positively You for the Rainbow Festival and Pride. Will be sending an email out for volunteers.

Loss of Glen Spencer who was a member of the Planning Council. Remember Glen and Mark Allen, his widower.

Also, the Loss of Robert Lofton. Held a moment of silence in reembrace of those the Council have lost.

### Call to the Public

None

### Schedule of Next Meetings

<table>
<thead>
<tr>
<th>Day</th>
<th>Date</th>
<th>Time</th>
<th>Committee</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday</td>
<td>April 25, 2022</td>
<td>12:30 p.m.</td>
<td>Executive Committee</td>
<td>VIA ZOOM</td>
</tr>
<tr>
<td>Tuesday</td>
<td>April 26, 2022</td>
<td>2:30 p.m.</td>
<td>Planning Council</td>
<td>VIA ZOOM</td>
</tr>
<tr>
<td>Tuesday</td>
<td>May 24, 2022</td>
<td>10:00 a.m.</td>
<td>TEAM Committee</td>
<td>VIA ZOOM</td>
</tr>
<tr>
<td>Tuesday</td>
<td>May 24, 2022</td>
<td>12:00 p.m.</td>
<td>CHPS Committee</td>
<td>VIA ZOOM</td>
</tr>
<tr>
<td>Tuesday</td>
<td>May 24, 2022</td>
<td>2:30 p.m.</td>
<td>STaR Committee</td>
<td>VIA ZOOM</td>
</tr>
<tr>
<td>Monday</td>
<td>June 27, 2022</td>
<td>12:30 p.m.</td>
<td>Executive Committee</td>
<td>VIA ZOOM</td>
</tr>
<tr>
<td>Tuesday</td>
<td>June 28, 2022</td>
<td>2:30 p.m.</td>
<td>Planning Council</td>
<td>VIA ZOOM</td>
</tr>
<tr>
<td>Tuesday</td>
<td>July 26, 2022</td>
<td>10:00 a.m.</td>
<td>TEAM Committee</td>
<td>VIA ZOOM</td>
</tr>
<tr>
<td>Tuesday</td>
<td>July 26, 2022</td>
<td>12:00 p.m.</td>
<td>CHPS Committee</td>
<td>VIA ZOOM</td>
</tr>
<tr>
<td>Tuesday</td>
<td>July 26, 2022</td>
<td>2:30 p.m.</td>
<td>STaR Committee</td>
<td>VIA ZOOM</td>
</tr>
<tr>
<td>Monday</td>
<td>August 29, 2022</td>
<td>12:30 p.m.</td>
<td>PSRA Training Session</td>
<td>VIA ZOOM</td>
</tr>
<tr>
<td>Tuesday</td>
<td>August 30, 2022</td>
<td>2:30 p.m.</td>
<td>PSRA Session</td>
<td>VIA ZOOM</td>
</tr>
</tbody>
</table>

### Adjournment

4:30 pm

Randall Furrow (May 26, 2022 19:46 PDT)
Planning Council Bylaws

Approve by STaR Committee 3.29.22
Approved by Maricopa County Attorney PNDG
Approved by Planning Council PNDG
Amended and Approved by Maricopa Board of Supervisors PNDG - C-95-19-014-M-00

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Planning Council Bylaws

GLOSSARY OF TERMS

Acquired Immune Deficiency Syndrome (AIDS)
A disease of the immune system caused by infection with HIV.

Administrative Agent/Administrative Agency (AA)
The entity that functions to assist the Recipient, consortium, or other planning body to carry out administrative activities (e.g., disbursing program funds, developing reimbursement and accounting systems, developing Requests For Proposal (RFPs), and monitoring contracts).

Administrative Mechanism
The process used by the Administrative Agent through which service providers are selected, paid, and monitored. The administrative mechanism also includes a process for the timely obligation of funds after receipt of the Notice of Grant Award.

Agenda
A written list of matters needing attention, discussion and/or action at a meeting. Matters not appearing on the agenda may not be discussed; nor may any action be taken concerning matters not appearing of the agenda.

AIDS Drug Assistance Program (ADAP)
Provides FDA-approved medications to low-income people living with HIV/AIDS who have limited or no coverage from private insurance, AHCCCS, or Medicare. This program is authorized under Part B of the Ryan White legislation and, in Arizona, is administered by the Arizona Department of Health Services.

AIDS Education and Training Center (AETC)
Regional centers providing education and training for primary care professionals and other AIDS-related personnel. The main AETC in Arizona is at the University of Arizona in Tucson.

Alternate
An individual chosen by a Council member, and approved by the Board of Supervisors, who may attend a limited number of Council meetings and vote on the member’s behalf.

Arizona Department of Health Services (ADHS)
The programmatic unit of the Arizona State government charged with the administration of public health services. Within ADHS, the Office of HIV Services administers the Ryan White Part B program and state AIDS Drug Assistance Program (ADAP).

Arizona Health Care Cost Containment System (AHCCCS)
A Medicaid waiver program funded by the United States government and the state of Arizona, administered by the Arizona Department of Economic Security, that pays the medical expenses of people with limited income or resources.

Approve by STaR Committee 3.29.22
Approved by Maricopa County Attorney PNDG
Approved by Planning Council PNDG
Amended and Approved by Maricopa Board of Supervisors PNDG - C-95-19-014-M-00
Board Designee
An individual designated by the Chair of the Maricopa County Board of Supervisors (Board) to serve as a liaison to the Council. The Board Designee serves a one-year term and can be reappointed for an unlimited number of terms.
Planning Council Bylaws

Bylaws
The written rules and regulations that govern the internal affairs of the Council. The Bylaws are drafted by the Rules Committee and must be approved by the full Council and the Maricopa County Board of Supervisors.

Centers for Disease Control and Prevention (CDC)
A Federal agency that administers disease prevention programs including HIV/AIDS prevention.

Chief Elected Officer (CEO)
The official Recipient of Legislation funds. The Chief Elected Officer for the Phoenix Eligible Metropolitan Area - Metropolitan Area (EMA) is the Chair of the Maricopa County Board of Supervisors. The CEO is ultimately responsible for administering all aspects of their Legislation funding and ensuring that all legal requirements are met.

Community-Based Organization (CBO)
An organization that provides services to locally defined populations, which may or may not include populations infected with or affected by HIV.

Comprehensive Plan
A document developed by the Council every three years that defines the goals of the Council related to improving service delivery and reducing gaps in care and/or barriers in accessing care.

Conflict of Interest
Council members and Alternates will be considered to have a conflict of interest if they themselves, their relative, spouse, or domestic partner have an interest in issues to be discussed that might affect:

- A profit or non-profit organization in which he/she has a financial interest in or is serving as an officer, director, trustee, partner, paid employee, or consultant; and
- Any person or organization with whom he/she is negotiating or has an existing arrangement concerning prospective employment.

Consumer
PLWH who receive services funded by Ryan White Part A. While this term is most often used to describe Part A-clients, it is occasionally used to describe any person living with HIV that is receiving HIV-related care.

Care Continuum
A full range of emergency and long-term service resources to address the various needs of people living with HIV.

Approve by STaR Committee 3.29.22
Approved by Maricopa County Attorney PNDG
Approved by Planning Council PNDG
Amended and Approved by Maricopa Board of Supervisors PNDG - C-95-19-014-M-00
Planning Council Bylaws

Board Designee
An individual designated by the Chair of the Maricopa County Board of Supervisors (Board) to serve as liaison to the Council. The Board Designee serves a one-year term and can be reappointed for an unlimited number of terms.

Division of Metropolitan HIV/AIDS Programs
The division within HRSA's HIV/AIDS Bureau that administers the Ryan White Part A legislation.

- Eligible Metropolitan Area (EMA)/Transitional Grant Area (TGA)
These terms describe geographic areas highly impacted by HIV/AIDS that are eligible to receive funds under Part A of the Ryan White legislation. EMAs typically have large, established HIV epidemics. TGAs are areas that are experiencing increased infection rates (transitioning to an EMA), or for a variety of reasons, have decreasing HIV populations (transitioning toward losing their eligibility to apply for Legislation funding).

- Epidemiological Data
Information and statistics from the branch of medical science that studies the incidence, distribution, and control of diseases in a population.

- Grantor
The agency of the Federal government that makes annual Legislation grant awards. The Legislation grantor is the Health Resources Services Administration (HRSA).

- Health Resources Services Administration (HRSA)
A United States Health and Human Services agency that administers various primary care programs for the medically underserved, including the Legislation.

- Housing Opportunities for People with AIDS (HOPWA)
A program administered by the United States Department of Housing and Urban Development that provides funding to support housing for PLWH and their families.

- Human Immunodeficiency Virus (HIV)
A retrovirus that destroys the immune system’s CD4 helper cells, the loss of which causes AIDS.

- Maricopa County Board of Supervisors (Board)
The Board of Supervisors is the elected governing body for Maricopa County. The Board has a designee from among its members who acts as the Designee for the Council. The Board appoints all Council members and their alternates.

- Medicaid
Medicaid is a governmental health care program for eligible individuals and families with low incomes and resources. It is funded through Federal and state resources.

- Medicare
Medicare is a governmental health care program for eligible individuals who are retired and/or disabled.

Minority AIDS Initiative (MAI)
Planning Council Bylaws

The Federal Minority AIDS Initiative provides additional financial resources to Ryan White Recipients so they may address the disproportionate impact of HIV/AIDS in communities of color. Goals of the initiative include reducing the spread of HIV/AIDS and improving health outcomes for people of color living with HIV.

Needs Assessment
A process of collecting information about the health care and supportive service needs of local people living with HIV.

Notice of Award (NOA)
The legal document issued to notify the Recipient that an award has been made and that funds may be requested from the HHS payment system.

Open Meeting Law
A state law (Arizona Revised Statutes, Section 38-431 et seq.) which governs how all meetings of any public body shall be conducted.

Person Living with HIV (PLWH)
Any Individual diagnosed as HIV positive or as having AIDS.

Planning Council
A community group, appointed by the Maricopa County Board of Supervisors, to plan the organization and delivery of HIV health care and social services funded by the Legislation.

Planning Council Support
Planning Council Support staff serve as experts on the Legislation and Council Bylaws and policies.

Planning Process
Activities taken to assess a local HIV service needs, establish priorities for the allocation of Legislation funds, and develop a comprehensive plan for the organization and delivery of local HIV services.

Priority Setting and Resource Allocation (PSRA)
The process used to 1) establish priorities among service categories to best meet locally identified needs, and 2) determine the amount of funding that can be used to provide services within those categories.

Public Notice
Entities whose activities are governed by Arizona Open Meeting Law must post a notice of the intention to meet at least 24 hours in advance of the meeting. The posting must include the time and location of the meeting and the items to be discussed. The location of the posting must be accessible to the public during normal business hours.

Recipient
The entity who is the Recipient of Legislation funds for an EMA/TGA. The Recipient is responsible for administering the grant award according to HRSA rules and regulations. The Recipient for the PhoenixEMA is Maricopa County, Arizona.

Reflectiveness
The extent to which the demographics of the Council match the demographics of the HIV epidemic in the EMA.

Approve by STaR Committee 3.29.22
Approved by Maricopa County Attorney **PNDG**
Approved by Planning Council **PNDG**
Amended and Approved by Maricopa Board of Supervisors **PNDG** - C-95-19-014-M-00
Planning Council Bylaws

• **Request for Proposals (RFP)**
  An open and competitive process for the procurement of goods and services. An RFP is an appeal for entities to apply to be Part A contractors. Part A notifies the provider community that funding is available to provide Ryan White services. Organizations then respond with a proposal that usually includes a service delivery plan, budget, and other background information. An independent committee reviews the proposals and determines which organizations to award Ryan White contracts to.

• **Residency**
  Living in a place permanently or for an extended period of time.

• **Ryan White Legislation**
  Federal legislation that addresses the unmet health needs of people living with HIV by funding primary medical care and support services.
  - **Part A**: A section of the Ryan White legislation that provides emergency assistance to geographic areas disproportionately affected by the HIV/AIDS epidemic.
  - **Part B**: A section of the Ryan White legislation that provides funds to States and Territories for primary health care, including AIDS Drug Assistance Programs (ADAP), and support services that enhance access to care by people living with HIV and their families.
  - **Part C**: A section of the Ryan White legislation that supports outpatient primary medical care and Early Intervention Services (EIS) to people living with HIV through grants to public and private nonprofit organizations. Part C also funds capacity development and planning grants to prepare EIS programs.
  - **Part D**: A section of the Ryan White legislation that supports coordinated services and access to research for women, infants, children, and youth with HIV/AIDS and their families.
  - **Part F**: A section of the Ryan White legislation that includes the AIDS Education and Training Center (AETC) Program, the Special Projects of National Significance (SPNS) Program, and the HIV/AIDS (HIV) and Dental Reimbursement Program.

• **Quorum**
  A numerical majority of voting members that must be present at a meeting in order to take action on agenda items.

• **Service Categories**
  The types of services defined by the Health Resources and Services Administration (HRSA) that Legislation funds can be used to provide in an EMA/TGA.

• **Service Gaps**
  Ideally, all of the service needs of all PLWH in the community should be met. When there are PLWH that have service needs that are not being met, there is a service gap.

• **Special Projects of National Significance (SPNS)**
  A health services demonstration, research, and evaluation program funded under Part F of the Ryan White legislation to identify innovative models of HIV care.

*Approve by STaR Committee 3.29.22*
*Approved by Maricopa County Attorney PNDG*
*Approved by Planning Council PNDG*
*Amended and Approved by Maricopa Board of Supervisors PNDG - C-95-19-014-M-00*
Planning Council Bylaws

Statewide Coordinated Statement of Need (SCSN)
A written statement of need for an entire state developed through a process designed to collaboratively identify significant HIV issues and maximize the Legislation program coordination.

Technical Assistance (TA)
The delivery of practical program and organizational support to Legislation Recipients, planning bodies, and affected communities. TA is used to assist in the design, implementation, and evaluation of Ryan White-supported planning and primary care service delivery systems.

United States Department of Health and Human Services (HHS)
A Federal agency responsible for protecting the health of all Americans and providing essential human services, including administration of the Ryan White legislation.

United States Department of Housing and Urban Development (HUD)
A Federal agency responsible for administering community development, affordable housing, and other programs including Housing Opportunities for People with AIDS (HOPWA).

Unmet Need
The unmet need for primary health services among individuals who know their HIV status but do not receive primary health care.

Approve by STAR Committee 3.29.22
Approved by Maricopa County Attorney PNDG
Approved by Planning Council PNDG
Amended and Approved by Maricopa Board of Supervisors PNDG - C-95-19-014-M-00
Planning Council Bylaws

The name of this planning body shall be the Greater Phoenix Ryan White HIV Services Planning Council, representing Maricopa and Pinal Counties, hereafter referred to as the “Council.”

OUR MISSION

The mission of the Greater Phoenix Ryan White HIV Services Planning Council is to ensure an integrated, holistic, and comprehensive system of health care for people living with HIV that is culturally appropriate, multilingual, full-service, family-friendly, and accessible to the entire community.

OUR VISION

All people living with HIV/AIDS in Maricopa and Pinal Counties will have unfettered access to high quality health care and social services.

No discrimination shall be exercised by the Council or by any person subject to its direction against any person because of race, gender, religious belief, color, national origin, ancestry, age, physical or mental disability status, sexual orientation, and gender identity. Special consideration shall be given to ensure the diversity of the Council as outlined in Article III of these Bylaws.

I. AUTHORITY AND PURPOSE

Section 1: Authority.

Under Part A of the Ryan White HIV/AIDS Treatment Modernization Act of 2006 (the Legislation), a local area HIV health services Council is to be established by the Chief Elected Official (CEO) of the political entity administering the public health agency that provides outpatient and ambulatory services to the greatest number of HIV-positive persons in the Eligible Metropolitan Area (EMA).

As legislated, the Council will work in cooperation with Maricopa County Part A Recipient, the local administrative agency designated by the Maricopa County Board of Supervisors (Board). The Council and Part A Recipient seek to ensure access of HIV-positive persons to quality service delivery by a comprehensive network of care providers.

Section 2: Purpose.

In order to improve the lives of people affected by HIV throughout both urban and rural areas of the EMA and, as mandated under the Legislation, the Council’s responsibilities shall be to:

• Determine the size and demographics of the population of individuals with HIV-disease;
• Determine the needs of such population;

Approve by STaR Committee 3.29.22
Approved by Maricopa County Attorney PNDG
Approved by Planning Council PNDG
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Planning Council Bylaws

- Establish priorities for the allocation of funds within the eligible area, including how best to meet each such priority and additional factors that a Recipient should consider in allocating funds under a grant;
- Develop a comprehensive plan for the organization and delivery of health and support services;
- Assess the efficiency of the administrative mechanism in rapidly allocating funds to the area of greatest need within the eligible area, and at the discretion of the Council, assess the effectiveness, either directly or through contractual arrangements, of the services offered in meeting the identified need;
- Participate in the development of the Statewide Coordinated Statement of Need initiated by the State public health agency responsible for administering grants under Part B;
- Establish methods for obtaining input on community needs and priorities which may include public meetings, conducting focus groups, and convening ad-hoc panels; and
- Coordinate with Federal Recipients that provide HIV-related services within the eligible area.

II. MEMBERSHIP

Section 1: Size and Composition.
Council membership shall include representation as mandated by the Legislation. Council members will be appointed by the Board, which receives and considers recommendations endorsed by the Council to identify suitable candidates for Council membership. The Council shall consist of a minimum of twenty-one (21) members and a maximum of twenty-seventy (270) members residing throughout the EMA. Exceptions are made to ensure mandated representation as outlined below in the Federal Mandates.

The Council shall identify representatives from each of the following mandated representation categories as candidates for Council membership:

Federal Mandates
In accordance with the Ryan White legislation the Council must fill each of the following representation categories by a person residing within the EMA:

- 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 and substance abuse providers;
- Local public health agencies;
- 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;

Approve by STaR Committee 3.29.22
Approved by Maricopa County Attorney PNDG
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Planning Council Bylaws

- Non-elected community leaders;
- State government (including the State Medicaid agency and the agency administering the program under Part B);
- Recipients under subpart II of Part C;

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Planning Council Bylaws

- Recipients under section 300ff-71, 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;
- Recipients under other Federal HIV programs, including but not limited to providers of HIV prevention services; and
- 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.

Community Representation
Council members representing the general public shall strive to include representatives of the following groups as necessary to create a membership reflective of the epidemic in the EMA:

- African Americans
- Asian/Pacific Islanders
- Hispanic-Americans, Latinos and Latinas
- Women
- Gay/Bisexual and other Men who have Sex with Men (MSM)
- Transgender communities
- Persons with hemophilia
- Residents of rural communities
- People who Inject Drugs
- Parents/Guardians of children living with HIV/AIDS

Section 2: Consumer Mandates.
Per mandates of the Legislation, individuals having HIV disease who also access Part A-funded services but are not board members or paid employees of or have a financial interest in an entity providing Part A-funded services, shall constitute no less than thirty-three percent (33%) of all Council members. Consumers shall reflect the demographics of the population of individuals living with HIV in the EMA.

Section 3: Nomination Process.
The Council shall recommend a slate of nominees, consistent with the criteria set out in Sections 1 and 2 of this Article, to the Board. The Board shall have final appointing authority and may conduct additional screening or interviews prior to a final decision.

All members of the public residing in either Maricopa or Pinal County shall be eligible for membership consideration.

Nominations shall be made in accordance with the open process defined in these Bylaws and detailed in the Policies and Procedures of the Membership relevant Committee.
Planning Council Bylaws

- Only one Board member, paid employee of, or an individual who has a financial interest in a particular Ryan White Part A Sub-recipient may serve on the Council as a voting member. Exceptions are made to ensure mandated representation as outlined in Section 1 of this Article.

- **Section 4: Confidentiality.**
  While individual Council members may opt to disclose publicly that they have been diagnosed as HIV positive, the Council as an entity, shall not release any information relating to any member’s HIV status or any other medical condition.

- All information presented at a Council or Committee meeting is part of the public record. Council members are encouraged to exercise discretion when discussing confidential or sensitive information, most notably an individual’s HIV-status.

- **Section 5: Alternates.**
  A Council member may nominate an alternate to be designated to attend Council meetings and participate in all Council activities in the event of the member’s absence. An alternate may not attend more than three (3) consecutive meetings in place of the Council member. The fourth (4) consecutive meeting attended by the alternate shall be considered an unexcused member absence.

  Nomination of an alternate shall be made by the Council member for whom the alternate is being selected; the alternate may not be an existing Council member and the alternate must be representative of the same membership category. The names of all alternates must also be submitted to the Board or its designee for prior approval.

- **Section 6: Terms.**
  Members shall be appointed for up to three (3) years, effective on approval by the Board. If a member is completing the term of a former Council member, the term shall expire on the date of the former member’s appointment. Members may be reappointed for additional terms upon the recommendation of the Council and on approval of the Board.

  Terms of Alternates appointed in accordance with Section 5 of this article shall coincide with the term of the Council member for whom the Alternate has been appointed.

  For appointments that begin in 2022 or after, members may serve a maximum of two (2) consecutive terms. Following serving two (2) consecutive terms, Individuals may reapply to the Council after a waiting period of at least one (1) calendar year.

- **Section 7: Vacancies.**
  A Council vacancy in any Federally mandated category, with the exception of individuals living with or affected by HIV, shall be filled for the unexpired term by approval of the Board.

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Section 8: Attendance.
Council members are expected to attend regular council meetings. If a Council member is unable to attend a meeting, they should notify the Chair. Planning Council support staff. If a member misses 3 consecutive Council meetings without notifying Council support, the Council Chair will contact the member in writing to confirm their ability to attend future meetings.

Exceptions: If a Council member is absent due to illness or other mitigating circumstances, the member may request that the Council Chair approve a leave of absence. If the Council Chair declines the request, the member may appeal the decision to the Executive Committee. The Board Designee or the Designee’s alternate are exempted from attendance requirements under this Section.

Absences from a total of three (3) meetings within any rolling twelve (12) month period will be deemed to be a voluntary resignation of Council membership. Following the second absence in a rolling twelve-month period, support staff will contact the member via their preferred method of communication to remind them of this policy. Missing the third meeting will be considered a voluntary resignation.

EXCEPTIONS: If a Council member is absent due to illness or other mitigating circumstances, the member may request that the Council Chair approve a leave of absence. If the Council Chair declines the request, the member may appeal the decision to the Executive Committee. The Board Designee or the Designee’s alternate are exempted from attendance requirements under this Section.

Section 9: Resignation.
Council members may resign at any time during their term. Resignation is immediate upon written or verbal confirmation by notice to the Council Chair.

Section 10: Removal.
Members of the Council may be removed by the Board, or its designee, for any of the following reasons:

• Change of affiliation that qualified the member for appointment to the Council;
• Residency outside the geographical boundaries of the EMA;
• Conduct or behavior which habitually disrupts the Council and interferes with the business of the Council; and/or
• Conduct or behavior in office which would have a negative impact on the integrity of and/or the community’s confidence in the Council including, but not limited to, conflict-of-interest violations, conviction of a felony offense and/or any instance of illegal behavior, malfeasance or conduct which violates these Bylaws.

Upon recommendation of the Executive Committee, the Council may move to recommend to the Board a member’s removal. In such instances, the following procedure shall be followed:

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1) A written complaint shall be submitted by anyone to the Executive Committee through Planning Council Support Council Support outlining the rationale for the removal.

2) The Executive Committee shall provide at least a twenty-four (24) hour notice to the member who is the subject of the complaint to permit the member to determine whether she/she would prefer that the meeting occur in an open meeting.

3) The Executive Committee shall meet to discuss the written complaint in Executive Session in accordance with the Arizona Open Meeting Law, Arizona Revised Statute §38-431, et seq. After the Executive Committee has deliberated, upon a two-thirds majority vote of members in attendance in open meeting, a recommendation for removal may be made to the full Council.

2) If the Executive Committee recommends removal, the Council shall meet and discuss the written complaint in Executive Session in accordance with the Arizona Open Meeting Law, Arizona Revised Statute §38-431, et seq. After the Council has deliberated, upon two-thirds majority vote of members in attendance in open meeting, for removal, the Council shall issue to the member a written notice of its intent and the reasons for the recommendation.

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4) The member shall have ten (10) business days to respond in writing.

5) Upon receipt of the response or after ten (10) business days from the date of the notice, the Council shall, Council shall, vote on the matter at the next full Council meeting.

6) Upon a two-thirds majority vote of members in attendance in open meeting, for removal, written notification of said action shall be forwarded to the Board or its designee.

7) The effective date of removal shall be that date of acceptance of the recommendation by the Board or its designee. If the Board or its designee declines to accept the recommendation of the Council, the individual shall remain a full Council member, with all the rights and responsibilities thereunto pertaining.

Section 11: Public Information.
The Council Chair is the sole official spokesperson of the Council. Whenever Council members speak to the media and/or in public on matters relating to Part A related business, they shall clearly articulate that they are speaking strictly on behalf of themselves, and that their opinions are not necessarily shared by the Council or the Board. Should the Council Chair fail to speak on behalf of the Council on a critical issue, the Executive Committee may, by simple majority vote of members in attendance in open meeting, issue a written statement.

III. MEETINGS

Section 1: Open Meeting Law and Meeting Notices.
All meetings shall be conducted in accordance with the Arizona Open Meeting Law, Arizona Revised Statute §38-431 et seq and 42 USCA § 300ff-12(b)(7). Public notices shall be posted as required.

Section 2: Meeting Agendas.
All meetings shall be conducted following a published agenda. While Council meetings are in session, the Council is precluded by law from commenting, deliberating, or acting on any matter not appearing on the meeting agenda. Meeting agendas may provide for public comment.

Section 3: Council Meetings.
The Council shall meet at least once each calendar quarter. Subject to the open meeting law, special meetings may be called by the Chair, Executive Committee and/or the Board or its designee and shall be held upon no less than 48 hours advance notice of any special meetings to be conducted. The absence of the Council Chair from any meeting shall not be sole grounds for the cancellation of that meeting.

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**Section 4: Quorum.**
The presence of a quorum for the transaction of business at any meeting of the Council and Committees will consist of a numerical majority of all voting members of the council or committee, at their respective meetings, will constitute a quorum for the transaction of business, regardless of whether or not those members are in attendance.

The presence of an alternate shall be considered as constituting a presence for purposes of establishing a quorum if both the member and alternate are in attendance only one person counts towards a quorum.

**Section 5: Voting.**
A quorum for the transaction of business at any meeting of the Council and Committees will consist of a numerical majority of voting members. The presence of an alternate shall be considered as constituting a presence for purposes of establishing a quorum.

**Section 6: Agenda Requests.**
Members of the Council or the public may request that items be placed on the agenda by notifying the Chair and providing supporting documentation for action items. Written requests and supporting documentation must be received a minimum of nine (9) business days before a meeting agenda is published. The Chair may disallow any such request to place an item on the agenda. The Chair’s disallowance of said request may be appealed to the Executive Committee, which may reverse the decision upon a simple majority vote of members in attendance in open meeting.

**Section 7: Public Participation.**
Public participation in Council and Committee meetings shall be invited and encouraged provided that participation does not interfere with the conduct of the meeting. The Chair may invite members of the public attending Council meetings to address the Council pursuant to the inclusion of a call for public comment on the meeting’s agenda. In such instances, the Chair shall establish a fixed time limit for public comment unless a simple majority vote of members in attendance in open meeting, to extend the time limit.

**IV. EXECUTIVE COMMITTEE**

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Section 1: Composition.
The Executive Committee shall consist of:

- Council Chair
- Council Vice Chair
- Most recent Past Council Chair who shall be if they are a current Council member
- Two (2) individuals that are elected as Positive Community Representatives as outlined in Article 5
  Section 5
- Committee Chairs
- Designee of the Board
- Additionally, up to two (2) individuals may be elected to serve as Community Representatives.
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Section 2: Meetings.
Subject to the Arizona Revised Statute §38-431, et seq. and 42 USCA § 300ff-12(b)(7), the Executive Committee may be convened by the Council Chair, the Council Vice Chair, the Board or its designee.

Every effort shall be made to keep the full membership informed of events necessitating Executive Committee action. If the Executive Committee desires to poll the full membership regarding specific issues and/or positions, a special meeting of the Council shall be convened in compliance with the open meeting law.

A Council Officer shall make a full report on all Executive Committee actions at the next scheduled meeting of the full Council.

V. OFFICERS - DUTIES AND RESPONSIBILITIES

Section 1: Officers.
A Chair, Vice Chair, two (2) Positive Community Representatives and up to two (2) Community Representatives shall be elected by the Council membership by a simple majority of voting members present.

Section 2: Vacancies.
A vacancy in any elected office, other than Council Chair, shall be filled for the unexpired term by a special election.

Section 3: Council Chair.
The Chair shall serve for a three-year term. No Chair shall hold office for more than two (2) consecutive terms. A vacancy in the office of Chair shall be filled for the unexpired term by automatic advancement of the Vice Chair.

Eligibility. In order to hold the office of Council Chair, an individual, at a minimum, shall have been a member of the Council for at least one (1) year immediately prior to election.

Duties. The Council Chair’s duties and responsibilities include, but are not limited to:

- Serving as official Council spokesperson, representing the Council to the Part A Recipient, Federal grantor, media, other interested parties, and the general public;
- Advising the Board designee of on-going Council activities and actions;
- Directing the Council affairs as its chief administrative officer;
- Presiding over Council meetings;
- Presiding over Executive Committee meetings;
- Preside as Interim Committee Chair if there are no Committee Members eligible to be the Chair.

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- Appointing Committee Chairs and Vice Chairs, upon approval of the Council; and
- Cast a deciding vote in the event of a tie.
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Section 4: Council Vice Chair.
The Vice Chair shall serve for a three-year term. No Vice Chair shall hold the office for more than two (2) consecutive terms.

Eligibility. In order to hold the office of Council Vice Chair, an individual, at a minimum, shall have been a member of the Council for at least one (1) year immediately prior to election.

Duties. The Vice Chair’s duties and responsibilities include, but are not limited to:

- Presiding over any scheduled Council or executive committee meeting and fulfilling the duties of the Chair in the absence of the Chair;
- Assisting the Chair by assuming such other duties as are assigned by the Executive Committee; and
- Assuming the position of Council Chair in the event of a mid-term vacancy of the position.

At meetings where both the Chair and Vice Chair are present, the Vice Chair may cast a vote as an ordinary member of that body.

Section 5: Positive Community Representatives.
Positive Community Representatives are elected from the Council membership and shall serve for a three-year term. No general public members shall hold the office for more than two (2) consecutive terms. Council members interested in running for this office must nominate themselves during Executive Committee elections.

Eligibility. In order to hold the office of Positive Community Representative, an individual, at a minimum, shall:

- Have been a member of the Council for at least six (6) months immediately prior to election;
- Publicly identify themselves as an HIV-positive individual who accesses Part A-funded services; and
- Not currently be a paid employee or board member of or have a financial interest in an entity providing Part A-funded services.

Section 6: Community Representatives.
Community Representatives are elected from the Council membership to represent special populations within the EMA as defined in Article 2 Section 1 and shall serve for a three-year term. No individuals shall hold the office for more than two (2) consecutive terms. Council members interested in holding this office must nominate themselves during Executive Committee elections and identify the special population they represent. Individuals from underrepresented communities are encouraged to seek this position.

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Eligibility. In order to hold the office of Community Representative, an individual, at a minimum, shall:

- Have been a member of the Council for at least six (6) months immediately prior to election,
- Shall publicly identify themselves as member of a specific special population; and
- Not currently be a paid employee or board member of or have a financial interest in an entity providing Part A funded services.

Section 7: Removal from Office. Council Officers may be removed from office by a two-thirds majority vote of members in attendance in open meeting for any of the following reasons:

- Conduct or behavior which habitually disrupts the Council and interferes with the business of the Council;
- Conduct or behavior in office which would have a negative impact on the integrity of and/or the community’s confidence in the Council including, but not limited to, conflict-of-interest violations, conviction of a felony offense and/or any instance of illegal behavior, malfeasance or conduct which violates these Bylaws;
- Dereliction of duty or failure to carry out the responsibilities of the elected office; and
- In the case of Positive Community Representatives or Community Representatives, employment by, election to the Board of Directors of, or obtaining a financial interest in an entity providing Part A funded services.

Upon recommendation of the Executive Committee, the Council may, upon a two-thirds majority vote of members present, remove an Officer from office. In such instances, the following procedure shall be followed:

1. A written complaint shall be submitted by anyone to the Executive Committee through Council Support outlining the rationale for removal. A written complaint is a public record.

2. The Executive Committee shall meet to discuss the written complaint in Executive Session in accordance with the Arizona Open Meeting Law, Arizona Revised Statute §38-431, et seq. After the Executive Committee has deliberated, upon a two thirds majority vote of Executive Committee members present in open meeting, a recommendation for removal may be made to the full Council.

3. If the Executive Committee recommends removal, the Officer who is the subject of the complaint shall have five (5) calendar days after the Executive Committee vote to respond to the complaint in writing.

4. Upon receipt of the written response, or after five (5) calendar days have passed, the Council shall meet in Executive Session in accordance with the Arizona Open Meeting Law, Arizona Revised Statute §38-431, et seq and discuss the written complaint and the Officer’s written response, if any.

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5) After its deliberations, the Council shall vote on the matter in open session. If the Officer is removed from office, they shall remain a Council member and be entitled to the rights and responsibilities of Council membership. If the Officer is removed from office, the council will forward a recommendation to the board of supervisors for removal from Council Membership.

4) Upon removal from office, the vacancy shall be filled in accordance with Section 2 of this Article.

5) In the event the complaint is against the Council Chair, the Council Vice Chair shall preside over the portions of any meeting at which a complaint of this nature is discussed.

VI. RESPONSIBILITIES OF THE BOARD DESIGNEE

Section 1. Appointment
The Board may appoint a representative from among their members or from a programmatic unit of Maricopa County government to serve on its behalf as Designee. Each year in January, the Chairman of the Board shall nominate a representative, such nomination subject to the approval of the Board. The term of the appointment shall be from the first day of March to the last day of the following February each year or until his/her successor has been appointed.

Section 2. Duties and Responsibilities
The Board Designee’s duties and responsibilities in this regard may include, but are not limited to:

- Serving as liaison to the Board and making routine administrative decisions on its behalf regarding Council operations. This may include accepting member resignations and approving member alternates, if the Board, under a separate and specific resolution, opts to delegate these functions; and
- Directing that technical assistance be provided to Council members and committees regarding Federal grants policy and legislative mandates of the Act.

VII. RESPONSIBILITIES OF PLANNING COUNCIL SUPPORT

Section 1. Personnel
Subject to Article XI and the availability of funds from the Legislation, the Part A Recipient may provide for the services of professional and clerical personnel to support the work of the full Council and all its Committees in meeting their legislatively mandated responsibilities.

Section 2. Staff Expertise
Council Support staff serve as experts on the Legislation and Council Bylaws and policies. This expertise...
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serves to ensure that the Council understands and follows its policies and meets its legislated responsibilities.

Section 3: Duties and Responsibilities.
Duties and responsibilities of support personnel may include, but are not limited to:

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- Assisting with the development of needs assessments and the comprehensive, long-term service delivery plan and statewide integrated plan;
- Preparing and submitting all Council reports required by HRSA.
- Negotiating a budget proposal with the Administrative Agency Recipient’s Office for Council operations and support, to be presented for approval to the Executive Committee and full Council membership;
- Overseeing the maintenance of an itemized expenditure log detailing all costs incurred;
- Directing the safeguarding of original invoices and receipts for costs incurred;
- Directing the preparation of monthly expenditure reports and forwarding copies of expenditure logs to the Part A Recipient for reimbursement out of pre-allocated Legislation funds;
- Reviewing and approving all expenditures and reimbursement requests;
- Ensuring the maintenance of all financial records in a manner that is consistent with Generally Accepted Accounting Principles and requirements of the Board.
- Posting public notices of all Council meetings pursuant to the open meeting law (Arizona Revised Statute §38-431, et seq.);
- Recording the minutes of all Council, Executive Committee and committee meetings;
- Distributing copies of all summary minutes to committee members prior to the next regularly scheduled meeting;
- Notifying all Council members of the date, time, and place of upcoming meetings;
- Maintaining the roll of Council members, their addresses, telephone numbers, and membership representation categories;
- Maintaining member’s conflict of interest forms;
- Recording attendance at Council and committee meetings;
- Generating and distributing all correspondence; and
- Performing other duties as delegated by the Chair or Executive Committee.

Section 4. Council Responsibilities
The development of Council operating policies and procedures for the fulfillment of Council responsibilities rests with Council members, not the administrative staff.

VIII. COMMITTEES

Section 1: Membership.
All Council members are strongly encouraged to be voting members of at least one (1) Council committee.

Section 2: Committee Meetings.
Each Committee shall meet as deemed necessary by the Committee Chair. Subject to the Open Meeting Law, special meetings may be called by the Chair or Executive Committee and shall be held upon no less
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than forty-eight
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Section 3: Committee Chair and Vice Chair.
The Council shall appoint all Committee Chairs and Vice Chairs subject to the approval of the Council. The Committee Chair’s duties and responsibilities include, but are not limited to:

- Directing the Committee’s affairs as its administrative officer;
- Presiding over Committee meetings;
- Setting the agenda for each Committee meeting;
- Ascertaining if a quorum is present for the transaction of business at all Committee meetings;
- Designating a Committee Member to preside over a Committee meeting in the absence of the Committee Chair.

The Committee Vice Chair’s duties and responsibilities include, but are not limited to,

- Assigning additional duties to the Vice Chair, within reason; and
- Completing the Committee Chair’s responsibilities when the Committee Chair cannot be present.

Section 4: Chair Eligibility
Any Council member is eligible for appointment as a Committee Chair if they meet the following eligibility criteria:

- The individual is a voting member of the Committee; and
- The individual has been a full Council member for a minimum of six (6) months prior to their appointment.

Section 5: Chair Removal.
Committee Chairs may be removed from their positions for any of the following reasons:

- Interference with the work of the Committee and/or the Council;
- Conduct in office which would have a negative impact on the integrity of and/or the community’s confidence in the Committee and/or the Council;
- Acting in a unilateral fashion contrary to the expressed intent of the Committee; Violation of these Bylaws and/or the Arizona Open Meeting Statute; and/or — Conviction of a criminal offense while in office.

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The removal as of a Committee Chair shall be approved by two-thirds majority vote of members in attendance in an open Planning Council meeting.

Section 6: Voting.
All Council members may attend any Committee meeting at any time but have no voting privileges unless they are a member of the Committee. If a Council member attends two consecutive Committee meetings the Council member may choose to become a voting member of that Committee.
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Section 7: Council Authority.
Except as provided in Article XII of these Bylaws, all decisions of any Council Committee, including the Executive Committee, Committee Chair, and/or Council Officer are subject to the approval of the full Council by simple majority vote of the members in attendance in open meeting.

Section 8: Responsibilities.
The Council may establish committees and/or work groups at any time to address its goals, activities, and new and emerging needs. Individual committees are responsible for developing and maintaining policies and procedures.

Section 9: Quorum.
In the event a committee cannot meet quorum and, as a result, is unable to vote on a matter of critical importance to the Council, the Executive Committee may decide the matter at its next scheduled meeting. The action of the Executive Committee taken under this section shall also be submitted to the full Council for approval by simple majority vote of the members in attendance in open meeting.

Committee membership may not constitute a numerical majority of the Planning Council members.

IX. COMPENSATION

Section 1. Reimbursement
Members of the Council shall serve without compensation, but may be reimbursed for any preapproved, actual, and necessary expenses incurred in connection with their duties as a Council member. Consumers of Ryan White services may be reimbursed for reasonable travel expenses to facilitate their participation in the planning process.

Section 2. Reimbursement Process
Reimbursements approved under Section 1 of this Article shall be forwarded to the Part A Recipient for payment upon submission and approval of an invoice and/or receipt for transportation.

X. CONTRACTS

The Council and/or members shall not have the power or authority to bind Maricopa County or the Board by any contract.

XI. GRIEVANCES

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Section 1: Grievances.
The Council shall provide an appropriate administrative channel by which individuals and/or organizations may appeal allocation decisions of the Council.
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Types of grievances to be addressed by the Council include only decisions with respect to funding:

- Process of establishing service priorities (including how best to meet those priorities);
- Service priorities allocations;
- Process involving revising priorities or allocations;
- Deviation from established, written priority setting or resources allocation process (e.g., failure to follow established conflict of interest procedures);
- Deviation from established, written process for revising priorities or allocations; and/or –
  - Failure of the Council to exercise its powers to grieve the Recipient.

Grievances against service providers are specifically excluded from discussion, consideration, or action on the part of the Council and/or any of its Committees. Grievances against service providers should be filed in accordance with the grievance procedure of the service provider involved.

Section 2: Early Intervention.
The Council shall endeavor to foster a successful grievance process through the concerted prevention of disputes by addressing issues as early as possible.

Early interventions shall be extensively utilized to ensure as few disputes as possible, and include, but are not limited to:

- Open, honest communication;
- Council Bylaws assuring inclusive participation in decision-making processes and effective conflict of interest management;
- Public input is encouraged throughout each Council and Committee meeting with no prior clearances/arrangements necessary;
- Council members and public participants shall make every attempt to resolve any disputes to their mutual satisfaction prior to the filing of a formal grievance; and
- Council members and public participants shall encourage diverse expression and full dialogue at Council meetings.

Individuals or entities in Maricopa or Pinal County affected by the outcome of Council decisions may grieve Council decisions. Affected parties may include, but are not limited to, HIV service providers, providers eligible to receive Ryan White HIV/AIDS program funding, persons living with HIV and consumer groups including but not limited to PLWH coalitions and caucuses. Any party believing themselves to constitute an individual or entity affected by the outcome of a Council decision may bring a grievance in accordance with this Article.

Section 4: Informal Resolution.

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Prior to filing a written grievance, the grieving party shall make every reasonable effort to resolve the dispute informally.

Section 5: Rules for Grievance Process.
The following ground rules shall apply to the entire grievance process:

1) Grievances must be submitted in writing and must contain the following information:
   - A detailed description of the nature of the complaint;
   - The reasons for the complaint;
   - The specific process alleged to have been violated;
   - The desired resolution;
   - Any supporting documentation; and
   - The name and contact information of the grieving party.

2) Grievances must be submitted within ten (10) business days following Council action.

3) Grievances must be submitted to Council Support.

4) If the request is for non-binding mediation, the grieving party must fully document attempts to resolve the complaint informally in accordance with Section 4.7 of this Article.

5) If the request is for binding arbitration, the grieving party must fully document attempts to resolve the complaint both informally and through non-binding mediation in accordance with Section 4.8 of this Article.

6) The Council may revise previous decisions retroactively based on the outcome of grievance processes.

7) No administrative filing fee shall be imposed.

8) The fees and costs of the Arbitrator or Mediator may be paid at the discretion of the Board from funds budgeted for that purpose in accordance with the fees and cost schedules set forth by the rules of either the Mediation Service of the Volunteer Lawyers Program of Maricopa County or the American Arbitration Association. Neither the grieving party nor the respondent, unless the Council itself is responding to a grievance, shall be responsible for the arbitrator’s or mediator’s fees and costs. No decision issued by an arbitrator or mediator shall include an assessment of fees and costs against either the grieving party or the respondent.

Section 6: Who Shall Resolve Disputes.
Third parties for formal dispute resolution shall be selected by a process whereby the Council Chair will provide a pre-selected list of eight (8) impartial mediators/arbitrators certified by either the Mediation Service, Mediation Service of the Volunteer Lawyers Program of Maricopa County or the American...
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Arbitration Association to the involved parties. Each party shall have one (1) opportunity to strike no more than two names from the aforementioned list. The Council Chair shall select one mediator/arbitrator from the remaining list of names. Selection of an impartial third party must be completed within ten (10) business days of a determination that both the grieving party and the grievance are qualified, and that the grievance was filed in a timely manner.

Section 7: Non-Binding Mediation Processes.
After unsuccessful informal attempts to resolve the dispute and before filing a request for binding arbitration, a request for non-binding mediation must be submitted to Council Support within ten (10) business days of the Council action being grieved.

The following additional rules shall be followed for non-binding mediation:

1. Council Support shall notify the Council Chair within two (2) business days as to the nature and scope of the grievance as well as the resolution sought.

2. Upon receipt of the grievance, the Council Chair shall immediately refer the matter to the appropriate committee for determination of the eligibility of the grievance party to initiate nonbinding mediation, whether the grievance is within the scope of the processes, and whether the grievance has been filed in a timely manner. If the committee determines that both the grieving party and grievance are qualified and that the grievance has been filed in a timely manner, the matter shall proceed with the mutual selection of a mediator to occur within ten (10) business days.

3. If the grievance request is denied the grieving party wishes to proceed, they may appeal the denial to the Executive Committee. The Executive Committee may, upon a simple majority vote of the members in attendance in open meeting, reverse the denial. The decision of the Executive Committee regarding the denial of a grievance request shall be final.

4. If the grieving party fails to respond within ten (10) business days after notification of the decision, the grievance will be deemed to have been resolved to the satisfaction of the grieving party.

5. Non-binding mediation may include any of the types of grievances listed in Section 1 of this Article including protesting and appealing allocations decisions.

6. The mediator shall be responsible for initiating a meeting of all relevant parties to the grievance within ten (10) business days of selection and designating a mutually agreeable meetingplace. If a mutually agreeable decision is not reached within five (5) business days following the

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Section 8: Binding Arbitration.

After both unsuccessful informal attempts and unsuccessful non-binding mediation to resolve the dispute have been exhausted, a written request for binding arbitration must be submitted to Council Support within five (5) business days following a mediator’s declaration of an impasse. The following additional rules shall be followed for binding arbitration:

1) Council Support shall notify the Council Chair within two (2) business days as to the request for binding arbitration. Strict confidentiality shall be maintained by all parties involved in accordance with the rules of the American Arbitration Association and Section 5 of this Article.

2) An arbitrator shall be selected in accordance with Section 6 of this Article within ten (10) business days.

3) The arbitrator shall designate a mutually agreeable meeting place and resolve the dispute in accordance with American Arbitration Association rules.

4) The arbitrator is responsible for notifying both parties and the Council Chair of his/her decision.

5) The decision shall be made promptly by the arbitrator and, unless otherwise agreed by the parties or specified by law, no later than thirty (30) calendar days from the date of the closing of the hearing, or, if oral hearings have been waived, from the date of the American Arbitration Association’s transmittal of the final statements and proofs to the arbitrator.

6) The decision of the arbitrator is final and may not be appealed.

XII. CONFLICT OF INTEREST

Section 1: Definitions.

Conflict of interest is defined as an actual or perceived interest by a Council member in an action that results or has the appearance of resulting in personal, organizational, or professional gain. A Council member shall be deemed to have a conflict of interest if the member, and/or the member’s relative is a director, trustee, member, paid employee of, or has a financial interest in any entity seeking funding or providing services funded by Federal Ryan White legislation.

For the purposes of these Bylaws, a relative is the spouse, child, child’s child, parent, grandparent, brother or sister of the whole or half blood and their spouses and the parent, brother, sister or child of a...
Planning Council Bylaws

spouse of a Council member. Unmarried domestic partners of Council members are regarded in the same manner as a spouse.
Planning Council Bylaws

Section 2: Grant Administration.
The Council shall not be directly involved in the administration of a grant, nor shall the Council designate or otherwise be involved in the selection of particular entities as sub-Recipients of any of the amounts in the Part A grant. The Council may be involved in selecting particular entities or individuals to carry out activities directly related to Council functions and responsibilities.

Section 3: Contract Selection.
An individual shall serve on the Council only if the individual agrees that if the individual has a financial interest in an entity, if the individual is an employee of a public or private entity, or if the individual is a member of a public or private organization, and that entity or organization is seeking Part A funding, the individual will not, with respect to the purpose for which the entity seeks such amounts, participate, either directly or in an advisory capacity, in the process of selecting entities to receive such amounts for such purposes.

Section 4: Directives.
The Council may, at its choosing, provide guidance to the Recipient regarding the types of organizations that may best meet each service priority established by the Council in an effort to help guide the Recipient in how best to meet the established service priorities. However, the Council shall not select which particular organizations receive funding, either by specific direction or by narrowly describing a type of organization.

Section 5: Council Support.
Council members who have a conflict of interest by providing Council Support Services to the Council will be ineligible to serve as an officer on the Council’s Executive Committee.

Section 6: Consumers.
Conflict of interest generally does not refer to persons living with HIV whose sole relationship to a Part A service provider is as a client receiving services or serving as an uncompensated volunteer working fewer than thirty (30) hours per week.

Section 7: Part A Service Provider Affiliation.
Members of the Council affiliated with a Part A Sub-Recipient shall state the name of the organization and declare conflicts of interest during introductions at every Council or Committee meeting. Members shall abstain from votes which would appear to result in personal, professional, or organizational gain. Members may respond to specific questions asked about a service category in which the individual’s organization provides services, but the member may not initiate such a discussion.

Section 8: Disclosure Forms.
All Council members must sign a Conflict of Interest and Affiliations Disclosure Form indicating their willingness to disassociate from any actual or perceived special interests during Council deliberations.

Approve by STaR Committee 3.29.22
Approved by Maricopa County Attorney PNDG
Approved by Planning Council PNDG
Amended and Approved by Maricopa Board of Supervisors PNDG - C-95-19-014-M-00
Planning Council Bylaws

and agreeing to act only on behalf of the broadly affected HIV community in its totality. It is the.
Planning Council Bylaws

responsibility of the Council member to update his/her Conflict of Interest and Affiliations form as necessary, and at a minimum, once every six months.

Section 9: Voting.
Any Council member with a real or perceived conflict of interest shall be prohibited from voting on issues related to a particular organization or category of service, except as provided in this Article.

Section 10: Determinations.
The Council Chair, other Council members or the person alleged to have a conflict of interest may call for a vote to determine whether a member will have voting privileges on any issues in question.

Section 11: Violations.
Council members found to be in violation of the Council’s Conflict of Interest Policy may be subject to disciplinary action. Disciplinary action under this Section shall include, but not be limited to, the following:

• Asking the member to leave the room during the discussion of and/or the voting on a particular service category or organization;
• Removal of the member from a Committee membership; and/or –
• Removal of a member from the Council membership.

XIII. EFFECTIVE DATE
These Bylaws shall become effective as of August 1, 1996 or sooner, upon adoption by the Board. All future amendments thereto, unless specified, shall become effective upon adoption by the Board.

XIV. AMENDMENTS

Section 1. Authority
These Bylaws shall only be amended, suspended, or changed in any manner by the Board.

Section 2. Amendment Process
Proposed amendments shall be submitted to the appropriate committee for consideration. Proposed amendments shall be submitted in writing to the full Council a minimum of two weeks prior to the next scheduled meeting at which the amendments will be considered. Any amendments must be consistent with the Legislation. The Council may propose amendments to these Bylaws by submitting written recommendations to the Board or its designee. Once quorum is established, a two-thirds majority vote

Approve by STaR Committee 3.29.22
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Planning Council Bylaws

of members in attendance in open meeting, shall be required to recommend amending the Bylaws.
Planning Council Bylaws

Section 3. Availability
The Council Chair, Council Support and the Recipient shall keep updated copies of the Council Bylaws and Glossary and shall make the most current version available to all Council members and the public upon request.
A. DEFINITION:
Substance Abuse Outpatient Care is the provision of outpatient services for the treatment of drug or alcohol use disorders. Activities under Substance Abuse Outpatient Care service category include:
• Screening
• Assessment
• Diagnosis, and/or
• Treatment of substance use disorder, including:
  o Pretreatment/recovery readiness programs
  o Harm reduction
  o Behavioral health counseling associated with substance use disorder.
  o Outpatient drug-free treatment and counseling
  o Medication assisted therapy.
  o Neuro-psychiatric pharmaceuticals
  o Relapse prevention

Program Guidance:
Acupuncture therapy may be allowable under this service category only when, as part of a substance use disorder treatment program funded under the RWHAP, it is included in a documented plan. Syringe access services are allowable, to the extent that they comport with current appropriations law and applicable HHS guidance, including HRSA- or HAB-specific guidance.

Syringe access services are allowable, to the extent that they comport with current appropriations law and applicable HHS guidance, including HRSA- or HAB-specific guidance.

B. INTAKE AND ELIGIBILITY
Clients seeking Ryan White A, B, and ADAP services must be determined “eligible” under the Arizona statewide criteria. Arizona has a RWISE (Ryan White Integrated Statewide Eligibility) status for Ryan White Parts A and B HIV Care Services and a separate ADAP eligibility status. The eligibility requirements are mostly the same. Any differences in Part A eligibility requirements will be outlined in this document and reinforced in the Arizona Ryan White Parts A, B, and ADAP Application Processing Guide.
To be or remain eligible and billable to Part A, B, or ADAP, a client must meet and have on file verification of the following conditions:

1. **Proof of HIV diagnosis.** Collected once at start of Ryan White services.
2. **Household income under 400% of the federal poverty level.** Some services may have lower income thresholds as outlined in the Ryan White Part A Planning Council’s Menu of Services.
3. **Proof of residency in Arizona,** must be outside Maricopa and Pinal Counties for Part B clients.
4. **Screening and documentation for applicable payer sources.** At minimum, includes AHCCCS determinations for clients under 150% of the federal poverty level and screening for other insurance programs, as applicable.
5. **HIV labs** from the past 6 months. Viral load labs are mandatory. CD4 labs are not required for eligibility but are included in RSR reporting.
6. **Completed Arizona Ryan White and ADAP Application** in English or Spanish, required support documentation and required addendums. Most recent copy on [www.azadap.com](http://www.azadap.com).

**C. KEY SERVICE COMPONENTS AND ACTIVITIES:**

**Program Outcome:**
- 90% of clients receive an assessment prior to implementing the treatment plan.
- 90% of clients have an initial written treatment plan within 30 days from the clients’ first visit.
- 90% of client assessments address primary medical care needs and make appropriate referrals as needed.
- 90% of treatment goals are addressed in the course of Substance Use treatment.
- 70% of clients show decreased drug use frequency or adoption of harm reduction strategies in a 6-month time frame demonstrated through self-report.

**Indicators:**
- Number of clients attending Substance Use services who are engaged in treatment. *
- Number of clients who have addressed at least 2 treatment goals.

*Engaged=individual invested in treatment and attends a minimum of 50% of substance abuse services appointments

**Service Unit(s):**
- Face-to-face and/or Tele-health Individual level Treatment Session (An individual visit where the Treatment Plan is discussed)
- Face-to-face and/or Tele-health Group Level Treatment Session (A group counseling session)
- Face-to-face Medication Assisted Treatment Visit (A visit where medication for substance abuse treatment is dispensed)
<table>
<thead>
<tr>
<th>Standard of Care</th>
<th>Outcome Measure</th>
<th>Numerator</th>
<th>Denominator</th>
<th>Data Source</th>
<th>Goal/Benchmark</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial contact with client made within 5 business days upon referral to agency.</td>
<td>Client chart documents initial client contact and initial Substance Use treatment services appointment in compliance with established timeframe.</td>
<td>Number of compliant client charts</td>
<td>Number of clients referred to substance use treatment services.</td>
<td>Client Files</td>
<td>90% of client charts have documentation of contact made with client within 5 business days of referral.</td>
</tr>
<tr>
<td>Initial Substance Use treatment appointment scheduled within 7 business days of contact with client.</td>
<td>Documentation regarding initial contact or initial Substance Use treatment services appointment not in compliance with established timeframe exists per agency policy.</td>
<td>Number of compliant client charts</td>
<td></td>
<td>CAREWARE</td>
<td>90% of client charts have documentation of scheduled Substance Use treatment appointment within 7 business days of contact with client</td>
</tr>
</tbody>
</table>
Assessment will occur that is compliant with ADHS guidelines A.A.C. Title 9 Chapter 10. A comprehensive assessment including the following will be completed within seven (7) business days of initial substance use treatment appointment or no later than the third counseling session:

- Presenting Problem
- Developmental/Social History
- Social support and family relationships
- Medical history
- Substance abuse history
- Psychiatric history (including perceptual disturbances, obsessions/compulsions, phobias, panic attacks)
- Complete mental status evaluation (including appearance and behavior, talk, mood, self-attitude, suicidal tendencies)
- Cognitive assessment (level of consciousness, orientation, memory, and language)
- Psychosocial history (Education and training, employment, Military service, Legal history, Family history and constellation, Physical, emotional and/or sexual abuse history, Sexual and relationship history and status, Leisure and recreational activities, General psychological functioning).

<table>
<thead>
<tr>
<th>Documentation in client record, which must include DSM-V diagnosis or diagnoses, utilizing at least one Axis code.</th>
<th>Number of new client charts with assessment completed within 7 business days of intake or no later than the third counseling session.</th>
<th>Number of new clients</th>
<th>Client Files CAREWARE</th>
</tr>
</thead>
</table>

90% of new client charts have documented comprehensive assessments initiated within seven (7) business days of intake or no later than the third counseling session.
Treatment plans are developed jointly with the counselor and client and must contain all the elements set forth per that is compliant with ADHS guidelines A.A.C. Title 9 Chapter 10. The plan must also address the full range of substances the client is using.

Treatment plans must be completed no later than seven (7) business days of admission and the client must be provided a copy of the plan.

The treatment plan duration and review interval must be stated in the treatment plan. The process must be identified in the agency policies and procedures and must follow criteria outlined in ADHS Board of Behavioral Health Examiners Title 4, Professions and Occupations Chapter 6. Article 11 Standards Practice

<table>
<thead>
<tr>
<th>Client chart contains documentation of client’s treatment plan and that client was given a copy of the plan.</th>
<th>Number of clients with treatment plans completed no later than 7 business days after admission.</th>
<th>Number of clients</th>
<th>Client Files CAREWARE</th>
<th>90% of client charts have documentation of treatment plans completed no later than 7 business days after admission.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Documentation of agency treatment review policies and procedures on file at site.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The treatment plan shall be reviewed every six months and must reflect ongoing reassessment of client’s problems, needs and response to therapy.

<table>
<thead>
<tr>
<th>Documentation of treatment plan review in client’s file.</th>
<th>Number of clients with updated/reviewed treatment plans</th>
<th>Number of clients</th>
<th>Client Files CAREWARE</th>
<th>90% of client charts will have documentation of updated treatment plans every six months.</th>
</tr>
</thead>
</table>
A client may be discharged from substance use treatment services through a systematic process that includes a discharge or case closure summary in the client’s record. The discharge/case closure summary will include:

- Circumstances of discharge
- Summary of needs at admission
- Summary of services provided.
- Goals completed during counseling.
- Counselor signature and credentials and date.
- A transition plan to other services or provider agencies, if applicable
- Consent for discharge follow up

Discharge from substance use treatment services must be compliant with ADHS Board of Behavioral Health Examiners Title 4. Professions and Occupations Chapter 6. Article 11 Standards Practice

<table>
<thead>
<tr>
<th>Documentation of case closure in client’s record.</th>
<th>Number of discharged clients</th>
<th>Number of clients</th>
<th>Client Files</th>
<th>CAREWARE</th>
<th>90% of discharged client charts have documentation of case closure or reason for discharge.</th>
</tr>
</thead>
</table>
D. PERSONNEL QUALIFICATIONS
Substance Abuse Outpatient Care must be provided by trained licensed or certified health care workers to include:
1. Individual clinicians shall have documented unconditional licensure/certification or is supervised by a clinician who has unconditional licensure/certification in their area of practice in the State of Arizona; and
2. Subrecipients shall employ clinical staff who are knowledgeable and experienced regarding their area of clinical practice as well as in HIV clinical practice. All staff without direct experience with HIV shall be supervised by one who has such experience; and
3. Staff participating in the direct provision of services to patients must satisfactorily complete all appropriate CEUs/CMEs based on individual licensure requirements.

E. ASSESSMENT AND SERVICE PLAN:
See applicable standards above regarding assessment and service plan requirements.

F. TRANSITION AND DISCHARGE:
Each Subrecipient providing services should have a Transition and Discharge protocol on file. The reason for transition or discharge must be properly documented in each client file. If a client chooses to receive services from another provider, the Subrecipient must honor the request from the client.

G. CASE CLOSURE PROTOCOL:
Each subrecipient providing services should have a case closure protocol on file. The reason for case closure must be properly documented in each client file. If a client chooses to receive services from another provider, the subrecipient must honor the request from the client. Follow the Phoenix EMA Ryan White Part A Services Program Policy on Client Transfer Process.

H. CLIENTS RIGHTS AND RESPONSIBILITIES:
Subrecipients providing services are required to have a statement of client rights and responsibilities posted and/or accessible to all clients. Each subrecipient will take all necessary actions to ensure that services are provided in accordance with the client rights and responsibilities statement and that each client understands fully their rights and responsibilities.

I. CLIENT GRIEVANCE PROCESS:
Each subrecipient must have a written grievance policy in place which provides for the objective review of client grievances and alleged violations of service standards. A signed document acknowledging receipt of the grievance policy must be included in the client’s record. Clients will be informed about and assisted in utilizing this procedure and shall not be retaliated against for filing a grievance.
J. CULTURAL AND LINGUISTIC COMPETENCY:
Subrecipients providing services must adhere to the National Standards on Culturally and Linguistically Appropriate Services (CLAS). Subrecipients must complete annual CLAS training.

K. CLIENT RECORDS, PRIVACY, AND CONFIDENTIALITY:
Subrecipients providing services must comply with the Health Insurance Portability and Accountability Act (HIPAA) provisions and regulations and all federal and state laws concerning confidentiality of clients Protected Health Information (PHI). Subrecipients must have a client release of information policy in place and review the release regulations with the client before services are provided. Additional releases of information, beyond the Ryan White Release of Information required for eligibility, should be kept on file according to subrecipient policies. Information on all clients receiving Ryan White Part A funded services must be entered in the approved data system.

L. RECERTIFICATION REQUIREMENTS:
Client eligibility must be reviewed at least every six months and when there is a change to residency, income, or health insurance, per HRSA guidance. At the start of services and before the end of the client’s birthday month, all residency, income, and health insurance documents will be collected and reviewed. Before the end of the client’s ½ birthday month, clients must complete the ½ birthday attestation. Changes to residency, income, and/or insurance will require support documentation. Client eligibility status, HIV Diagnosis, residency, household income, initial/ongoing screening of third-party payer and HIV labs will be uploaded to the approved data system.
A. Definition:
Psychosocial Support Services provide group or individual support and counseling services to assist HRSA RWHAP-eligible PLWH to address behavioral and physical health concerns. Activities provided under the Psychosocial Support Services may include:
• Bereavement counseling
• Caregiver/respite support (HRSA RWHAP Part D)
• Child abuse and neglect counseling
• HIV support groups
• Nutrition counseling provided by a non-registered dietitian (see Medical Nutrition Therapy Services)
• Pastoral care/counseling services

Program Guidance:
Funds under this service category may not be used to provide nutritional supplements (See Food Bank/Home Delivered Meals). HRSA RWHAP-funded pastoral counseling must be available to all eligible clients regardless of their religious denominational affiliation. HRSA RWHAP Funds may not be used for social/recreational activities or to pay for a client’s gym membership. For HRSA RWHAP Part D recipients, outpatient mental health services provided to affected clients (people not identified with HIV) should be reported as Psychosocial Support Services; this is generally only a permissible expense under HRSA RWHAP Part D.

B. INTAKE AND ELIGIBILITY
Clients seeking Ryan White A, B, and ADAP services must be determined “eligible” under the Arizona statewide criteria. Arizona has a RWISE (Ryan White Integrated Statewide Eligibility) status for Ryan White Parts A and B HIV Care Services and a separate ADAP eligibility status. The eligibility requirements are mostly the same. Any differences in Part A eligibility requirements will be outlined in this document and reinforced in the Arizona Ryan White Parts A, B, and ADAP Application Processing Guide.

To be or remain eligible and billable to Part A, B, or ADAP, a client must meet and have on file verification of the following conditions:
1. **Proof of HIV diagnosis.** Collected once at start of Ryan White services.
2. **Household income under 400% of the federal poverty level.** Some services may have lower income thresholds as outlined in the Ryan White Part A Planning Council’s Menu of Services.
3. **Proof of residency in Arizona,** must be outside Maricopa and Pinal Counties for Part B clients.
4. **Screening and documentation for applicable payer sources.** At minimum, includes AHCCCS determinations for clients under
150% of the federal poverty level and screening for other insurance programs, as applicable.

5. **HIV labs** from the past 6 months. Viral load labs are mandatory. CD4 labs are not required for eligibility but are included in RSR reporting.

6. **Completed Arizona Ryan White and ADAP Application** in English or Spanish, required support documentation and required addendums. Most recent copy on [www.azadap.com](http://www.azadap.com).

**C. KEY SERVICE COMPONENTS AND ACTIVITIES:**

**Program Outcome:**
- 90% of client charts have documentation that primary care discussions are taking place as part of regularly offered services at least quarterly.
- 100% of out of care clients are offered a referral to Outpatient/Ambulatory Health Services.

**Indicators:**
- Number of clients accessing Psychosocial Services

**Service Unit(s):**
- An individual’s attendance at a Face-to-face and/or Virtual Support Group meeting.
<table>
<thead>
<tr>
<th><strong>Standard of Care</strong></th>
<th><strong>Outcome Measure</strong></th>
<th><strong>Numerator</strong></th>
<th><strong>Denominator</strong></th>
<th><strong>Data Source</strong></th>
<th><strong>Goal/Benchmark</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff or volunteers providing psychosocial support will include discussions about</td>
<td>Documentation in client’s file.</td>
<td>Number of clients who attend individual and/or group session(s).</td>
<td>Number of clients who attend individual and/or group session(s).</td>
<td>Client Files</td>
<td>75% of client charts have documentation that primary care discussions are taking place as part of regularly offered services, at a minimum quarterly. 100% of out of care clients are offered a referral to outpatient/ambulatory medical care.</td>
</tr>
<tr>
<td>access and engagement in primary care in individual and/or group discussions, at a</td>
<td></td>
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<tr>
<td>minimum quarterly.</td>
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</tr>
<tr>
<td>Clients participating in psychosocial services will have completed a post session</td>
<td>Completed post session surveys</td>
<td>Number of clients who have a completed post session survey</td>
<td>Number of clients who attend individual and/or group session(s)</td>
<td>Client Surveys</td>
<td>75% of clients participating in psychosocial services will have completed a post session survey.</td>
</tr>
<tr>
<td>survey</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Documentation of topic of discussion is included with sign in sheet for support</td>
<td>Documentation in logbook /support group log.</td>
<td>Number of support groups held with documentation of topic with sign in sheet</td>
<td>Number of support groups held</td>
<td>Agency Files</td>
<td>100% of support group logs reflect documentation of topic with the sign in sheet.</td>
</tr>
<tr>
<td>groups held by provider agency.</td>
<td></td>
<td></td>
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<td></td>
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</tr>
</tbody>
</table>

D. PERSONNEL QUALIFICATIONS:
Psychosocial Support Services Personnel will have a high school diploma or equivalent **AND** a minimum of 2 years of related experience and/or identifies as a member of an affected population.

E. ASSESSMENT AND SERVICE PLAN:
Not Applicable
F. TRANSITION AND DISCHARGE:
Each Subrecipient providing services should have a Transition and Discharge protocol on file. The reason for transition or discharge must be properly documented in each client file. If a client chooses to receive services from another provider, the Subrecipient must honor the request from the client.

G. CASE CLOSURE PROTOCOL:
Each subrecipient providing services should have a case closure protocol on file. The reason for case closure must be properly documented in each client file. If a client chooses to receive services from another provider, the subrecipient must honor the request from the client. Follow the Phoenix EMA Ryan White Part A Services Program Policy on Client Transfer Process.

H. CLIENTS RIGHTS AND RESPONSIBILITIES:
Subrecipients providing services are required to have a statement of client rights and responsibilities posted and/or accessible to all clients. Each subrecipient will take all necessary actions to ensure that services are provided in accordance with the client rights and responsibilities statement and that each client understands fully their rights and responsibilities.

I. CLIENT GRIEVANCE PROCESS:
Each subrecipient must have a written grievance policy in place which provides for the objective review of client grievances and alleged violations of service standards. A signed document acknowledging receipt of the grievance policy must be included in the client’s record. Clients will be informed about and assisted in utilizing this procedure and shall not be retaliated against for filing a grievance.

J. CULTURAL AND LINGUISTIC COMPETENCY:
Subrecipients providing services must adhere to the National Standards on Culturally and Linguistically Appropriate Services (CLAS). Subrecipients must complete annual CLAS training.

K. CLIENT RECORDS, PRIVACY, AND CONFIDENTIALITY:
Subrecipients providing services must comply with the Health Insurance Portability and Accountability Act (HIPAA) provisions and regulations and all federal and state laws concerning confidentiality of clients Protected Health Information (PHI). Subrecipients must have a client release of information policy in place and review the release regulations with the client before services are provided. Additional releases of information, beyond the Ryan White Release of Information required for eligibility,
should be kept on file according to subrecipient policies. Information on all clients receiving Ryan White Part A funded services must be entered in the approved data system.

L. RECERTIFICATION REQUIREMENTS:
Client eligibility must be reviewed at least every six months and when there is a change to residency, income, or health insurance, per HRSA guidance. At the start of services and before the end of the client’s birthday month, all residency, income, and health insurance documents will be collected and reviewed. Before the end of the client’s ½ birthday month, clients must complete the ½ birthday attestation. Changes to residency, income, and/or insurance will require support documentation. Client eligibility status, HIV Diagnosis, residency, household income, initial/ongoing screening of third-party payer and HIV labs will be uploaded to the approved data system.
HOUSING SERVICES

A. DEFINITION:
Housing provides transitional, short-term, or emergency housing assistance to enable a client or family to gain or maintain outpatient/ambulatory health services and treatment, including temporary assistance necessary to prevent homelessness and to gain or maintain access to medical care. Activities within the Housing category must also include the development of an individualized housing plan, updated annually, to guide the client’s linkage to permanent housing. Housing may provide some type of core medical (e.g., mental health services) or support services (e.g., residential substance use disorder services). Housing activities also include housing referral services, including assessment, search, HIV/AIDS BUREAU POLICY 16-02 19 placement, and housing advocacy services on behalf of the eligible client, as well as fees associated with these activities.

Program Guidance:
HRSA RWHAP recipients and subrecipients that use funds to provide Housing must have mechanisms in place to assess and document the housing status and housing service needs of new clients, and at least annually for existing clients. HRSA RWHAP recipients and subrecipients, along with local decision-making planning bodies, are strongly encouraged to institute duration limits to housing activities. HRSA HAB recommends recipients and subrecipients align duration limits with those definitions used by other housing programs, such as those administered by the Department of Housing and Urban Development, which currently uses 24 months for transitional housing. Housing activities cannot be in the form of direct cash payments to clients and cannot be used for mortgage payments or rental deposits, although these may be allowable costs under the HUD Housing Opportunities for Persons with AIDS grant awards. Housing, as described here, replaces PCN 11-01.

B. GOAL(S):
Provide permanent housing, which supports consistent adherence to and retention in medical care.

C. SERVICES:
Housing services, first month of rental assistance is for the purpose of maintaining an individual or family in a long-term, stable living situation. The housing strategy plan will be conducted at intake to ensure the individual or family is capable of sustaining a stable long-term living situation; follow up contact to ensure the move occurred. Financial assistance is limited to the first month of rental assistance. The maximum amount of emergency assistance is $800.
D. QUALITY MANAGEMENT:

Program outcome:
- 75% of clients receiving rental assistance have access to permanent housing, which supports consistent adherence and retention in medical care.

Indicators:
- Number of clients accessing rental assistance for permanent housing
- Number of clients with documentation that permanent housing was initiated.

Service Unit(s):
- Successful completed application as documented in CAREWare
- Face-to-face or phone contacts

<table>
<thead>
<tr>
<th>Standard of Care</th>
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<th>Data Source</th>
<th>Goal/Benchmark</th>
</tr>
</thead>
<tbody>
<tr>
<td>First month rental payment is made out to the appropriate vendor. No payment may be made directly to clients, family or household members.</td>
<td>The Agency providing first month rental assistance must maintain the following documents in each client’s case file, in addition to any other documentation which may be required by the Standards of Care: • Copy of signed rental agreement and/or lease • Copy of vendor check for payment; • Copy of documentation of application for other assistance, if applicable;</td>
<td>Number of clients receiving Housing Assistance payments</td>
<td>Number of clients</td>
<td>Client Files CAREWare</td>
<td>75% of client charts have documentation of rental assistance payments made to the appropriate vendor.</td>
</tr>
</tbody>
</table>
All completed requests for assistance shall be approved or denied within one (1) working day of the receipt of signed rental agreement and/or lease. A check shall be issued within seven (7) working days of approval of request.

Documentation in client’s file of Housing assistance funds to clients within 7 working days of approved request.

Number of clients receiving Housing Assistance funds within 7 working days

Number of Housing Assistance funds requests

Client Files CAREWare

75% of client charts document funds to clients within 7 working days of approved request.

E. PERSONNEL QUALIFICATIONS:
   1. Non-Medical Case managers will have a Bachelor’s Degree in a licensed field or 3 years of experience.
   2. Case Management Supervisors will have a Master’s Degree in Social Work or comparable human service field and minimum 2 years of experience in direct service or case management OR Bachelor’s Degree in Social Work or comparable human service field and minimum of 4 years of experience in direct service or case management OR no degree and a minimum of 8 years of experience in direct service or case management.

F. ASSESSMENT AND SERVICE PLAN:
   Not Applicable

G. TRANSITION AND DISCHARGE:
   Each Subrecipient providing services should have a Transition and Discharge protocol on file. The reason for transition or discharge must be properly documented in each client file. If a client chooses to receive services from another provider, the Subrecipient must honor the request from the client.

H. CASE CLOSURE PROTOCOL:
   Each Subrecipient providing services should have a case closure protocol on file. The reason for case closure must be properly documented in each client file. If a client chooses to receive services from another provider, the Subrecipient must honor the request from the client.

I. CLIENTS RIGHTS AND RESPONSIBILITIES:
Subrecipients providing services are required to have a statement of client rights and responsibilities posted and/or accessible to all clients. Each Subrecipient will take all necessary actions to ensure that services are provided in accordance with the client’s rights and responsibilities statement and that each client understands fully their rights and responsibilities.

J. CLIENT GRIEVANCE PROCESS:
Each Subrecipient must have a written grievance policy in place which provides for the objective review of client grievances and alleged violations of service standards. A signed document acknowledging receipt of the grievance policy must be included in the client’s record. Clients will be informed about and assisted in utilizing this procedure and shall not be retaliated against for filing a grievance.

K. CULTURAL AND LINGUISTIC COMPETENCY:
Subrecipients providing services must adhere to the National Standards on Culturally and Linguistically Appropriate Services (CLAS). Subrecipients must complete annual CLAS training.

L. CLIENT RECORDS, PRIVACY, AND CONFIDENTIALITY:
Subrecipients providing services must comply with the Health Insurance Portability and Accountability Act (HIPAA) provisions and regulations and all federal and state laws concerning confidentiality of clients Protected Health Information (PHI). Subrecipients must have a client release of information policy in place and review the release regulations with the client before services are provided. Additional releases of information, beyond the Ryan White Release of Information required for eligibility, should be kept on file according to subrecipient policies. Information on all clients receiving Ryan White Part A funded services must be entered in the approved data system.

M. RECERTIFICATION REQUIREMENTS:
Client eligibility must be reviewed at least every six months and when there is a change to residency, income, or health insurance, per HRSA guidance. At the start of services and before the end of the client’s birthday month, all residency, income, and health insurance documents will be collected and reviewed. Before the end of the client’s ½ birthday month, clients must complete the ½ birthday attestation. Changes to residency, income, and/or insurance will require support documentation. Client eligibility status, HIV Diagnosis, residency, household income, initial/ongoing screening of third-party payer and HIV labs will be uploaded to the approved data system.
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<tr>
<th>Standards and Rules Committee</th>
<th>March</th>
<th>April</th>
<th>May</th>
<th>June</th>
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