

Policies and Procedures

Cuyahoga Regional HIV Prevention and Care Planning Council

Planning Council Executive Co-chairs:

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Planning Council Policies and Procedures Manual

Revision History

The Policies and Procedures Manual shall be reviewed annually. Changes to the Policies and Procedures manual shall be

Version	Reviewer	Date Approved	Summary of Changes/Notes
2026_02	L. Sylvia	March 18, 2026	Updated Policies related to Consumer Executive Chair
2026_01	L. Sylvia	January 21, 2026	Original adoption by the Planning Council

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Annual Forms

Regular and Ex officio members, and Committee Volunteers are required to complete the following forms each fiscal year:

- Committee of Record form
- Conflict of Interest form
- Code of Conduct Affirmation Pledge
- Member Confidentiality Policy & Pledge

Any time key information shared on these forms has changed, individuals are required to notify Planning Council support staff, and may be asked to update each form.

These forms will be shared electronically at the beginning of each year. For reference, copy of the forms is included in the appendices.

Attendance Policy

The Cuyahoga Regional HIV Prevention and Care Planning Council's attendance policy has been created to be both flexible and innovative in allowing for members to account for dealing with the complexities of work, health, and family obligations.

It is our goal that every member has 100% attendance in meetings of both the full planning council and their assigned subcommittees. Since life sometimes gets in the way of the best of plans, the Planning Council will award a point-based system for attendance.

Point will be awarded for meeting attendance as follows:

- Planning Council Meeting - 20
- Sub-Committee of Record - 20
- Sub-Committee (other) - 10
- Special Meetings - 20 Points will be allocated for each meeting.

Points allocated for special meetings (PSRA, HRSA special meetings, etc.), will count toward overall attendance. The Executive Committee may allocate additional points for special meetings to encourage participation.

This system will allow members who miss a Planning Council or a sub-committee meeting to attend a meeting of another sub-committee and strengthen their knowledge of the work of Planning Council, while getting their attendance back towards 100%.

Attendance will be scored based on a 12-month calendar year and anyone below 75% will be reached out to by the chairs of their Committee of Record. Upon falling below 70%, a letter will be sent to the member to bring their attendance to their attention. A member with attendance below 50% will automatically begin the removal process (For Cause) through the

Membership, Retention & Marketing Committee and finally the Executive Committee.

Removal for Non-Attendance

A member's failure to comply with the attendance requirements may result in loss of membership on the Planning Council. The Planning Council shall first attempt to improve attendance and, if this fails, shall recommend to the Cuyahoga County Executive (in the event the individual was appointed under Ryan White Part A regulations) or the Planning Council's Executive co-chairs (in the event the individual was appointed under the HIV prevention process) that the non-attending member be removed in accordance with the Planning Council Bylaws, subject to the process and conditions outlined in the Planning Council Policies and Procedures Manual.

- a) **Warning letter:** If a member is in danger of failing to comply with the meeting attendance requirement – after she/he has had two (2) sequential absences or three (3) total absences during a single program year – the MRM committee shall work with the Planning Council support staff to send a warning letter to notify the non-attending member in writing that unless attendance immediately improves, the Planning Council will recommend to the Cuyahoga County Executive that the non-attending member be removed for failure to comply with attendance requirements.

- b) **Response period:** The Planning Council shall allow the non-attending member thirty (30) calendar days from the date of the letter to respond in writing. The response must indicate that going forward the member will attend meetings regularly and provide an explanation for the record as to why the member has failed to attend according to attendance requirements.

- c) **Letter to the County Executive:** If the member does not begin regularly attending Planning Council and Subcommittee meetings or provide a response that adequately explains special circumstances that caused the non-compliance, the MRM Committee shall suspend the member and recommend the member's removal via a written transmittal to the Cuyahoga County Executive with a copy sent to the Planning Council's Executive co-chairs. If the member's removal creates a vacancy in a federally mandated category as defined in Ryan White regulations, the MRM committee must also include in the County Executive's transmittal a nominee for consideration to fill the vacancy as soon as possible following the request for termination of the non-compliant member.

- c) **Suspension:** At the same time the letter is sent to the Cuyahoga County Executive, a letter will be sent to the non-compliant member informing him/her of the Planning Council's action and suspending the member from the Planning Council while the County Executive is acting on the request for removal. A member under suspension shall not be allowed to participate as a member or vote at Council meetings and is not counted as an active member for the purpose of meeting quorum requirements.

Budget Negotiation and Management Procedures

According to the Part A Manual, the Planning Council must "negotiate the size of its support budget with the recipient" and "is responsible for developing and managing said budget within the recipient's grants management structure."

- During the work plan process in November & January, each sub-committee shall identify any items that require funding for the upcoming Fiscal Year
- The co-chair of each subcommittee shall submit budget requests, in writing, to the Executive Co-chairs by the January meeting of the Executive Committee.
- The Executive Co-chairs and the Planning Council support staff shall use the budget requests to prepare a draft budget. This draft budget will be reviewed and discussed during the February meeting of the Executive Committee.
- A training about the Planning Council budget shall be implemented to the Full Planning Council during the February meeting, prior to the draft budget.
- The draft budget that is approved by the Executive Committee shall be presented to Full Planning Council during the February Meeting. If approved, this budget will be the basis for budget negotiations with the Recipient.
- One of the Executive Chairs will work with the Recipient to negotiate, as necessary prior to August.
- The Final Budget must be approved by the Full Planning Council no later than August, so it can be included in the Budget that is submitted to HRSA in October for the upcoming Fiscal Year.
- To ensure that the Planning Council is participating in the management of their budget, the Recipient should provide regular reports on the use of the Planning Council Support Budget during the Executive Committee Meeting. Additionally, updates on the Planning Council Support Budget can be included in the Recipient Report to Full Planning Council.

Code of Conduct

Purpose: The Cuyahoga Regional HIV Prevention & Care Planning Council has created this Code of Conduct in order to ensure Council members, individually and collectively, adhere to the highest possible ethical standards. Throughout this document, Council member refers to regular members, ex officio members, committee volunteers, and pending applicants.

- Every Council member will treat every other Council member, support staff, Grantee staff, and members of the public with courtesy and professionalism. Each Council member is reminded to respect and recognize the legitimate right of all Council members to be part of any discussions and decision-making processes. This means that all Council members and guests, at any given meeting, will have the opportunity to speak and be listened to without interruptions, in accordance with "Roberts Rules of Order."
- Every Council member will be truthful and honest.
- Every Council member will honor his/her time and meeting attendance commitments and be prepared for all Council work.
- A Council member who is a current or potential Part A provider, or otherwise has a conflict of interest, shall identify himself/herself as such when participating in Council discussions and decision-making processes relevant to his/her service category.
- Personal attacks on anyone will not be tolerated. Disagreements will focus on issues, not upon individuals.
- While recognizing the individual's right to dissent, once decisions are made every Council member will abide by the decision regardless of her/his personal position.
- Recognizing that within the confines of the confidentiality, all information presented at a Council or Committee meeting is part of the public record, Council members shall exercise discretion when discussing confidential or sensitive information, most notably an individual's HIV status.
- Every Council member will honor his/her responsibility to present and consider the concerns of specific communities or populations but shall also consider the overall needs of people living with HIV disease and balance the interests of both in discussion and decision making.
- Every Council member should make every reasonable effort to speak positively about the Council in public. The Council will strive to address problems internally.
- Any Council member who feels s/he cannot support the mission, goals, strategies, programs, and/or policies of the Council as agreed upon by the membership should consider resignation.
- Every Council member will take responsibility not only for abiding by these rules of conduct personally, but also for speaking out to assure that all members abide by them.
- Only the Planning Council Co-Chairs are authorized to speak, publish materials, provide endorsements on behalf of, or represent the views and articulate the positions or actions taken by the Planning Council. Council members are not authorized to speak on behalf of the Planning Council as a whole but may only speak publicly about their own respective positions. As a result, each Planning Council member when taking any of

these actions must clearly state that they are speaking strictly on behalf of themselves or expressing their own personal opinion and not that of the Planning Council.

- Every Council member will participate and allow the participation of every other Council member and guest without discrimination with respect to race, gender, religious belief, color, national origin, ancestry, age, physical or mental disability status, sexual orientation, or gender identity.
- No Council member shall use alcohol or illegal drugs, or be under the influence of such, at any Council meeting.
- Violation of this Code of Conduct may lead to corrective action up to and including removal from Council membership

Committee Volunteers

Individuals who are not duly and lawfully appointed to the Planning Council by the Cuyahoga County Executive can apply to join one or more committees as a Committee Volunteers. As outlined in the bylaws, Committee Volunteers can vote in their assigned committee(s), but do not have the authority to vote in Governance Committees or the Full Planning Council.

Committee Volunteer Application Process

Confidentiality Policy

Confidentiality is critical to the work of the Planning Council. Service on the Planning Council brings with it an ethical responsibility for keeping certain information confidential. Members shall not disclose any personal information shared by consumers in documents, meetings, committees, or public testimony unless that individual has explicitly consented. This applies to information contained in documents or records, or discussed during interviews, needs assessments, meetings or other situations that may arise as the Council carries out its mandated responsibilities.

Confidentiality Pledge

All Members and Committee Volunteers are expected to review and sign the Confidentiality Pledge each year. The Confidentiality Pledge is included in this document as Appendix II.

Confidentiality at the Community Liaison Committee

The Community Liaison Committee (CLC) is a space for people living with HIV. We do our best to ensure this is a welcoming and private space, however, the CLC is a subcommittee of the Planning Council and must be an open meeting. The meeting is recorded, attendance is

tracked and there are minutes created of the meeting. Planning Council takes steps to maintain confidentiality, however participation could reveal someone's health status.

The following procedures support transparency and privacy:

- Planning Council support staff or co-chairs will confirm the HIV status of individuals prior to sharing the CLC meeting link.
- At the start of the CLC, an announcement will be made clarifying the nature of the meeting as an open meeting. The following is an example:

This meeting is for people living with HIV. We do our best to create a space that is welcoming and private. HOWEVER, planning council subcommittee meetings are also subject to Open Meeting Laws. This means that the meeting is recorded, we keep attendance, and create minutes of the meeting. All of these documents can be requested through Public Record Requests.

If you wish to remain anonymous during these meetings, you are welcome to keep your camera off and use initials or an alias for your screen name.

This announcement can be omitted if only long-time participants are present.

- Meeting minutes for the CLC will only include names of planning council members and committee volunteers who disclose their status in their application materials. For community members who participate in the CLC, will be shortened or initials will be used when taking attendance and in the minutes.
- Individuals who wish to remain anonymous during meetings of the CLC can keep their camera off and use initials or an alias as their screen name.

Confidentiality in the Application Process

Applicants for Planning Council membership shall have the option to participate without publicly disclosing their status. Partial disclosure will allow the Planning Council to include these individuals as unaffiliated consumers, ensuring we can meet the required 33% unaffiliated consumer threshold, while still allowing applicants and members privacy about their status.

If an applicant selects the option for partial disclosure:

- Information about their status will only be used for the purposes of ensuring HRSA requirements and will not be share publicly.

- Only staff and planning council members who have signed the Planning Council Confidentiality Pledge will have access to applications and confidential health information.
- Documents reported to HRSA that require the Planning Council to include information about HIV status will include initials or partial names, wherever possible.

To maintain confidentiality of people who have selected the option for partial disclosure, planning council support staff and members shall:

- Ensure that discussions about the unaffiliated consumer percentage in open meetings do not reference specific individuals and include a large enough group such that HIV status is not unintentionally revealed.
- Ensure that meeting minutes do not reveal private health information.
- Review limitations of confidentiality in the context of open meetings. Specifically making it clear that a person would be disclosing their HIV status if they were to select the Community Liaison Committee as their committee of record.

Conflict of Interest Policy

“The Planning Council is bound by the Legislative requirements of Ryan White HIV/AIDS Treatment Extension Act of 2009 (“CARE Act”) Part A which expressly prohibits Planning Council participation in the selection of specific entities to receive Part A funding, or in the management of provider contracts.” For the purpose of this policy, members appointed to the Planning Council in accordance with HIV prevention guidelines shall also be prohibited from Conflicts of interest.

Conflict of Interest is defined by the Planning Council Bylaws as *“an interest by a planning council member in an action that may result in personal, organizational, or professional gain.”* The conflict of interest may be actual or perceived. A member will be deemed conflicted if they would be conflicted by plans to seek Ryan White Part A or MAI funding in that service category in the twelve (12) months subsequent to the vote in question. Therefore, any council member who is affiliated with or who has a family member affiliated with an agency receiving or competing for Part A funds in a specific service category may not participate in decisions involving that service category. The affiliated member may not initiate discussion, introduce a motion, or vote on the setting of service priorities, allocation of resources, or development of directives related to that service category.

- “Affiliated” is defined as being an employee, paid consultant, contractor, officer or board member, or a volunteer (twenty (20) or more hours per week) for an agency receiving or competing for Part A funds in a specific service category.

- “Family member” is defined as spouse, partner, mother, father, child, or sibling. Being a client of a provider is not considered a conflict of interest.

Procedures to Manage of Conflict of Interest

The Planning Council manages conflict of interest by requiring members to abide by the conflict-of-interest standards described in the Bylaws and to the guidelines for the management of conflict of interest described below.

1. Each Planning Council member must file a new or updated Conflict of Interest Disclosure Form by March 1st of each year. Those with no conflict of interest must prepare a form with the notation “NONE,” sign, date and submit said form. Planning Council members will be able to submit the required form at the February Planning Council meeting immediately before the March 1st deadline. Members absent from that meeting will be responsible for completing and filing a form on or before the deadline.
2. Forms are to be submitted to the Planning Council support staff. The support staff will ensure that copies of the member’s declaration(s) are retained in the member’s file.
3. If the member’s affiliation changes, the member must submit a revised declaration form within thirty (30) days of the effective date of the change.
4. Conflict of Interest is to be addressed at new member orientation and as part of any ongoing member training. New members are to complete, sign and submit a Conflict-of-Interest Disclosure Form during their orientation session.
5. At the beginning of each meeting of the Planning Council, the Co-Chair presiding shall direct each member to (1) state his/her name; (2) identify his/her Planning Council membership category and position, if any; (3) and state whether he/she does or does not have a conflict of interest.
6. Any affiliated member with a potential conflict of interest must verbally disclose such at the beginning of any affected discussion.
7. Upon disclosure of his/her affiliation and conflict of interest(s), the Planning Council member may engage in discussion of issues pertinent to the types of services provided by his/her agency but must comply with the limitation imposed and specified below.
8. An affiliated Planning Council member may not make or second a motion on issues directly related to services provided by the agency with which he/she is affiliated.
9. An affiliated Planning Council member may not vote on issues directly related to services provided by the agency with which he/she is affiliated.

10. During priority setting, resource allocation, directive formulation, or reallocation of funds, an affiliated Planning Council member may not initiate discussion about service category(ies) in which they have a conflict of interest.
11. During priority setting or resource allocation, an affiliated Planning Council member may vote on a slate of priorities or allocations that includes multiple service categories even if they have a conflict of interest with one or more, but not all, of the grouped categories.
12. The obligations of Planning Council members under the Conflict-of-Interest Policy shall extend to any discussions with other Planning Council Members regardless of location.
13. Any perceived violation of the Planning Council's Conflict of Interest Policy and Procedures shall be documented in meeting minutes and is to be addressed in the following manner:
 - a. For an appointed Planning Council Member's 1st violation of the Conflict-of-Interest Policy, the Planning Council member shall be notified of the violation in writing with a copy of the notice forwarded to the Cuyahoga County Executive. The issue shall be resolved using the Planning Council's Grievance Policy and Procedures.
 - b. For an appointed Planning Council Member's 2nd violation of the Conflict-of-Interest Policy, the Planning Council member shall be notified of the violation in writing and shall be recommended to the Cuyahoga County Executive for suspension from the Planning Council for a period not to exceed six (6) months.
 - c. For an appointed Planning Council Member's 3rd violation of the Conflict-of-Interest Policy, the Planning Council member shall be notified of the violation in writing and shall be recommended to the Cuyahoga County Executive for termination and permanently prohibited from further Planning Council participation.
 - d. For a guest/non-appointed participant attending a Planning Council meeting that violates the Planning Council's Conflict of Interest Policy, the guest shall immediately be reminded of the Conflict-of-Interest Policy and shall be asked to refrain from further violation. If the guest fails to comply, the incident shall be documented in the meeting minutes and the guest shall be directed to leave the meeting.

Consumer Executive Co-Chair

As outlined in the bylaws, the Planning Council is led by three Executive Co-Chairs. The Consumer Executive Co-Chair is an individual who self-identifies as a person living with HIV who is elected by the Planning Council to represent HIV positive consumers.

The eligibility requirements for the Consumer Executive co-chair shall be:

1. A person living with HIV/AIDS (PLWHA) who is willing to publicly disclose their status.
2. A current Planning Council member who has served as a Committee Volunteer or a fully appointed member for at least twelve (12) consecutive months.
3. In good standing related to meeting attendance (i.e., have attended at least seventy-five percent (75%) of Council and assigned committee meetings within the last twelve (12) months)
4. A current resident of the TGA.

Selection of the Consumer Executive Co-Chair

Only duly appointed members of the Planning Council in accordance with Ryan White Part A legislative authority shall vote for the Planning Council's Consumer Executive Co-Chair. During the meeting in which nominations for Consumer Executive co-chair is being considered the following process shall occur:

1. The Planning Council support staff in coordination with the MRM committee shall distribute information about the nominee(s). Nominees shall have the opportunity to address the Planning Council and then leave the room or log off during Planning Council's decision-making.
2. A motion is entertained to consider the nominations. After the motion is seconded, discussion occurs.
3. Once discussion concludes, members shall be given a blank ballot and instructed to vote via written ballot for the candidate of their choice. If the meeting is held virtually, votes will be tabulated using an online ballot or poll.
4. Planning Council Support Staff and/or the Contracted Facilitator shall administer the ballots, tally results, and report the outcome to ensure the integrity of the process.
5. At any time during the Consumer Executive co-chair balloting process, the Planning Council may go into Executive Session in compliance with the Planning Council Bylaws to discuss confidential information.
6. The MRM Committee and Planning Council staff inform the Cuyahoga County Executive.

Grievance Policy

Purpose of Policy

The Cuyahoga Regional HIV Prevention & Care Planning Council grievance procedure is established to provide a mechanism for resolution of disputes initiated by eligible individuals or entities directly affected by the outcome of a decision related to funding.

Policy

Section 2602 (c)(2) of the Ryan White Treatment Modernization Act of 2006 requires Part A Planning Councils to develop grievance procedures related to funding decisions, including procedures for submitting to binding arbitration grievances that cannot be resolved. The legislation requires that these procedures be consistent with model grievance procedures developed by HRSA, which address grievances with respect to Ryan White funding. It is the policy of Cuyahoga Regional HIV Prevention & Care Planning Council (Planning Council) to comply with the legislative requirements of the Ryan White Treatment Modernization Act of 2006 and to implement this policy.

Rules of this Procedure

A. Definitions

Party - Refers to one of the participants in the grievance process. This includes the grievant (the individual or entity that brings the grievance action) and the respondent (the entity against which the grievance is brought).

Remedy - The relief or result sought by a grievant in bringing a grievance. It can include a process change, funding reallocation, or (in some situations) a reversal of a decision. Under this procedure remedies are prospective, which means they apply to future funding and/or prioritization related decisions, but do not apply retroactively to past funding and/or prioritization decisions.

Standing - A term referring to the eligibility of an entity or individual to bring a grievance.

Directly affected - means those parties who include the following:

- Providers eligible to receive Ryan White HIV/AIDS Program funding
- Consumer groups/PLWHA coalitions and caucuses, and
- other affected entities and individuals as determined locally.

Grievant – The individual or entity “directly affected” by a decision of the Planning Council.

Grievance - A "grievance" shall be defined as a dispute or controversy arising from the alleged misapplication or misinterpretation of the Ryan White Part A legislation and regulations for the priority setting and resource allocation (PSRA) process.

Day - A "day" as used in this procedure shall mean "business days" (excluding Saturdays, Sundays, or holidays).

B. Types of Grievances Covered

This policy allows grievances involving the process of prioritization of Part A service categories for funding, allocation of funds to the prioritized service categories, and any subsequent process to reallocate funding.

C. Who May File a Grievance?

Individuals or entities "directly affected" by the outcome of a decision by Planning Council related to prioritization of service categories and/or allocation of funding are eligible to bring a grievance.

D. Prospective Implementation of Settlements

Any settlement reached may involve prospective (future) change. It shall not require reversal of decisions previously made.

Non-Binding Process Rules

1. Any hearing shall be informal.
2. The records and discussions between the parties shall be considered confidential to the extent permitted by state or federal law.
3. Time limitations for filing a grievance at any step shall be set forth in the grievance procedures outlined below and shall be strictly adhered to and enforced.
4. The place for informal meetings or hearings in the non-binding process shall be in-person at the offices of Cuyahoga County Board of Health (Ryan White Part A Grantee). Parties, by mutual agreement, may agree to conduct meetings via electronic or telephonic means.

Arbitration Process Rules

1. All hearings shall follow the formal hearing requirements of arbitration.
2. The records and discussions between the parties shall be considered confidential to the extent permitted by state or federal law.
3. Time limitations for filing an appeal and pursuing the appeal in arbitration at any step shall be set forth in the arbitration procedures outlined below and shall be strictly adhered to and enforced.
4. The place for arbitration meetings and/or hearings shall be in-person only and held at the offices of the Cuyahoga County Board of Health (Ryan White Part A Grantee).
5. At all times during the arbitration process the conduct of the parties shall be professional.
6. Time limits, wherever specified in this policy, shall be strictly adhered to as provided for herein.

7. Costs: Each party to bear own expenses. Losing party shall be required to pay the costs of mediation and/or arbitration.

Grievance Procedures

- A. Every grievant shall have the right to present a grievance in accordance with the procedures provided herein free from any interference, coercion, restraint, discrimination, or reprisal and, except at Step 1 under Section C, shall have the right to be represented at all other stages of the Grievance Procedure. It is the intent and purpose of this policy that all grievances shall be settled, if possible, at the lowest step of this procedure.
- B. The following procedures shall apply to the administration of all grievances filed under this policy.
 1. Except at Step 1 under Section C, all grievances shall be in writing and shall include the name and position of the directly affected party; the identity of the provisions of the statute or legislation or any regulation involved in the grievance; the time and place where the alleged events or conditions constituting the grievance took place; if applicable, the identity of the party responsible for causing the said grievance if known to the directly affected party; and a general statement of the nature of the grievance and the redress sought by the directly affected party.
 2. Except at Step 1 under Section C, all decisions shall be rendered in writing at each step of the Grievance Procedure. Each decision shall be transmitted to the directly affected party and their representative, if any.
 3. If a grievance affects multiple individuals or entities, or is associated with a TGA-Wide controversy, it may be submitted at Step 3 under Section C.
 4. Nothing contained herein shall be construed as limiting the right of any directly affected party having a dispute or grievance from discussing the matter informally with any appropriate member of the Planning Council Executive Committee and having said matter informally adjusted without the intervention of the formal grievance procedures, provided that the adjustment is not inconsistent with the terms of this policy, the statutes, regulations or contractual agreements. In the event that any grievance is adjusted without a formal determination pursuant to this procedure, while such adjustment shall be binding upon the directly affected party and shall in all respects be final, said adjustments shall not create a precedent or ruling binding upon the Planning Council in future proceedings.
 5. The existence of this Grievance Procedure, hereby established, shall not

be deemed to require any directly affected party to pursue the remedies herein provided and shall not impair or limit the right of any directly affected party to pursue any other remedies available under law, except that any directly affected party who pursues any other remedy other than provided by this procedure shall automatically have waived and forfeited any remedies provided by this procedure.

6. The time limits provided herein will be strictly adhered to and any grievance not filed initially or appealed within the specified time limits will be deemed waived and void.

C. All grievances shall be administered in accordance with the following steps of the Grievance Procedure.

Step 1:

Any directly affected party who believes he/she/it may have a grievance involving any aspect of the process for prioritization of Part A service categories and/or the allocation of funding to prioritized service categories shall reduce the grievance to writing and present the grievance to the Part A Project Director (Project Director) at 5550 Venture Dr., Parma, Ohio 44130. Said grievance shall be submitted/filed within ten (10) days of the date of any prior decision or from the date of discovery of the facts giving rise to the grievance. The Project Director shall refer the written grievance to the Planning Council Grievance Review Committee who shall determine the eligibility of the grievance for this process and issue a written authorization to proceed or rejection within five (5) days of the notice of the grievance to the Committee. If the grievance is authorized the Planning Council Co-chairs shall schedule a meeting with the directly affected party within five (5) days of the date of the authorization from the Grievance Review Committee. The Planning Council Co-Chairs shall render their decision in writing within five (5) days after the meeting.

Step 2:

Review of Grievance Requests for Eligibility

Prior to Step 3 of this procedure, the Planning Council Grievance Review Committee, comprised of the Planning Council Co-Chairs, the contracted Planning Council Facilitator, and the Part A Grantee Project Director shall review the directly affected party's grievance in order to determine its merit and eligibility for this process. Should the Grievance Committee decide the grievance is ineligible for this process or is lacking sufficient merit, it may deny the grievance for lack of jurisdiction or similar grounds. Such denial shall not be made in a perfunctory or arbitrary manner.

Step 3: MEDIATION PROCEDURE

If the directly affected party is not satisfied with the written decision at the conclusion of Step 1, a written appeal of the decision may be filed with the Part A Project Director within five (5) days from the date of the rendering of the decision in Step 2. Copies of the written decisions shall be submitted with the appeal. The process for resolution at this step involves mediation.

Upon receipt of the notice of appeal the Project Director, along with the Health Commissioner and the directly affected party, shall mutually select and agree on a third-party mediator within ten (10) days of the date that the appeal from Step 2 was filed with the Project Director. A mediator shall be independent of either party and shall be an impartial person hired to assist in the resolution of the grievance. The mediator shall be promptly notified, and barring any conflicts, shall convene a hearing or conference within fifteen (15) days of their receipt of the assignment to mediate the grievance. The hearing will be held with the directly affected party, his/her/its representative, and any other party necessary to provide the required information for the rendering of a proper decision. Said hearing or conference shall be held at the offices of the Cuyahoga County Board of Health (Ryan White Part A Grantee). A resolution or decision not to proceed (impasse) by the third-party mediator shall occur not later than five (5) days after the hearing/conference. If the matter is resolved through this process, any resolution shall be reduced to writing and signed by the Planning Council Co-Chairs for the Cleveland TGA and an authorized representative of the directly affected party and the mediator. A record of the written decision or agreement shall be kept on file in the records of the Grievance Review Committee.

If the directly affected party is not satisfied with the decision at Step 3, they may proceed to Step 4: Arbitration pursuant to the Arbitration Procedure contained herein below.

Step 3: ARBITRATION PROCEDURE

In the event a grievance is unresolved after being processed through all of the steps of the Grievance Procedure, unless mutually waived or having passed through the various steps by timely default of the Cleveland TGA, then within ten (10) days after the rendering of the decision at Step 3 or a timely default by the Cleveland TGA at Step 3, either party adversely affected (Cleveland TGA, directly affected party or planning council) may submit the grievance to arbitration by filing a notice to arbitrate and submitting any required application to the appropriate Arbitration association required by this policy. Within ten (10) days after the filing of the notice to arbitrate, the parties will meet to mutually select an arbitrator from the permanent panel of arbitrators. If the parties cannot agree within the ten (10) days from the intent to arbitrate, the parties shall require a list of arbitrators from the Federal Mediation and Conciliation Service (FMCS). Arbitrators' names will be stricken alternately from the FMCS list until one (1) name remains who shall be designated the arbitrator to hear the grievance in question.

The arbitrator shall have no power or authority to add to, subtract from, or in any manner alter the specific rules, regulations, statutory requirements, or terms of this Policy or to make any award requiring the commission of any act prohibited by law or to make any award that itself is contrary to law or violates any of the terms and conditions of this Policy.

The arbitrator shall not decide more than one (1) grievance on the same hearing day or series of hearing days except by the mutual written agreement of the parties.

The hearing or hearings shall be conducted pursuant to the Rules of the American Arbitration Association.

The fees and expenses of the arbitrator and the cost of the hearing room, if any, shall be borne by the party losing the grievance. Neither party shall be responsible for any of the expenses incurred by the other party.

The arbitrator shall convene a hearing to be held at the offices of the Cuyahoga County Board of Health (Ryan White Part A Grantee) no later than fifteen (15) days after notice and selection of the arbitrator. The arbitrators' decision and award shall be in writing and delivered within ten (10) days from the date the record is closed. The decision of the arbitrator shall be final and binding upon the parties.

Approved by:

Planning Council Co-Chair

Planning Council Co-Chair

Planning Council Co-Chair

Approval Date

Leave of Absence

Members and committee volunteers who are unable to attend regularly scheduled meetings may request a leave of absence for one of the following reasons:

- a. Personal illness;
- b. Illness of a close family member that requires the care of the member;
- c. Personal or family emergency;

A leave of absence may be not less than two nor more than six months.

A leave of absence may be granted by the Executive Co-Chairs in consultation with the Chair of MRM for reasons included in Section 4.6.1a. A member who is on a leave of absence shall not be counted as an active member in determining quorum.

If a member is unable to return to active membership after the approved end date of leave of absence (maximum of 6 months from original approval), that person may be recommended for removal from the Planning Council by the MRM Committee. If there are consecutive excused absences prior to a leave of absence request, they will be included as part of the leave.

Requesting a Leave of Absence

To request a leave of absence, the Planning Council member or committee volunteer must submit a request in writing. Written requests shall include the length and reason for the requested leave of absence.

Requests can be submitted to the Planning Council support staff, the MRM Committee Chair, or an Executive Co-Chair. If a member or committee volunteer cannot make a written request, they can contact Planning Council support for assistance. Contact for all of these individuals is included in the current Planning Council Roster.

Written requests can also be mailed to:

Cuyahoga County Board of Health, Ryan White Part A Program
Attn: Planning Council Executive Co-Chairs
5550 Venture Drive
Cleveland, OH 44130

Ohio Ethics Law

Pursuant to ORC 102.09(D), within fifteen (15) days after any Public Official or Planning Council member begins the performance of official duties with the agency for which the Public Official or Employee serves, Planning Council shall furnish the official or employee a copy of Chapter 102 and Section 2921.42 of the Ohio Revised Code and may furnish such other materials as the appropriate ethics commission prepares for distribution. The Public Official or Employee shall acknowledge their receipt of these materials in writing. The requirements of this division do not apply at the time of reappointment or reelection.

Open Nominations Process

Legislative Background

The Cuyahoga Regional HIV Prevention & Care Planning Council was created by and functions in accordance with section 2602(b)(1) of the Public Health Services Act, as amended by the Ryan White Comprehensive AIDS Resources Emergency Act of 1990, Public Law 101-381, 104 Stat. 576 (August 18, 1990) as amended (Ryan White Legislation).

Process Overview

The Cuyahoga County Executive is responsible for the appointment of Planning Council members in accordance with Ryan White Part A Authority; and the Planning Council's Executive Co-chairs are responsible for appointment of members according to prevention guidelines. Membership recommendations shall originate from a slate of nominees forwarded by the Planning Council. This slate of nominees shall come from an open nomination (application) and interview process that shall be conducted annually beginning in January and conclude with a vote on the slate of potential candidates during the full Planning Council's August meeting. Only those candidates that have been vetted through the open process will be considered for Planning Council membership. Nominations for membership are to come from a wide spectrum of candidates.

Role of Membership, Retention and Marketing Committee

The Membership, Retention and Marketing (MRM) Committee is a standing committee of the Cuyahoga Regional HIV Prevention & Care Planning Council. The Committee shall work collaboratively with the Planning Council's Executive Co-chairs and Cuyahoga County Executive through the Cuyahoga County Board of Health and City of Cleveland Department of Public Health. The MRM Committee is responsible for being impartial and acting in a timely manner as it recommends new candidates during the open nomination and interview process and whenever vacancies may occur in the interim period. The Committee shall publicize the Open Nomination Process, recruit applicants, interview prospective members, and make recommendations for appointment. In so doing, the Committee through its Membership Interview and Review Panel shall ensure that Planning Council membership is representative of the local epidemic, that at least 33% of Council members are unaffiliated People Living with HIV/AIDS (PLWHA's), and that Council membership fulfills the mandated membership categories as defined by Ryan White Legislation and HRSA guidelines.

Criteria for Planning Council Membership

The Planning Council will comply with the Ryan White HIV/AIDS Treatment Extension Act of 2009 as amended and all appropriate HIV prevention guidelines. A member may fill only one legislatively mandated category with three exceptions to the rule as outlined in the Ryan White Part A Manual. (1) One person can represent the substance abuse and mental health provider categories if the agency provides both types of services, and the person is familiar with both programs; (2) A person represents an agency that receives grants from and knows the operations of some combination of the specific funding streams identified in the Category ("Grantee under other Federal HIV Programs") below (e.g., a provider that receives both HOPWA and SPNS funding); (3) A representative of state government may hold both the Part B and State Medicaid categories if their specific division administers both Part B and Medicaid and that person is familiar with the daily operations of both entities.

At a minimum, the legislatively mandated Planning Council membership shall include representation of the following groups, as specified in the Ryan White legislation:

- a. Health care providers (including federally qualified health centers).
- b. Community-Based Organizations serving affected populations and AIDS service organizations.
- c. Social service providers, including providers of housing and homeless services.
- d. Mental health and substance abuse providers.
- e. Local public health agencies.
- f. Hospital planning agencies or health care planning agencies.
- g. 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.
- h. Non-elected community leaders (especially representatives from communities or populations most impacted by HIV/AIDS, based on social and geographic distribution).
- i. Representatives of State government, including at least one representative of a State Medicaid agency and one representative of an agency administering the program under Part B.
- j. Part C grantees.
- k. Part D grantees or organizations with a history of serving children, youth, women, and families living with HIV and operating in the area.
- l. Grantees under other Federal HIV programs, including but not limited to providers of HIV prevention services. This category shall also include, at a minimum, a representative from each of the following if present in the TGA:
 - i. A representative of each of the following types of grantees funded under Part F: Special Projects of National Significance (SPNS), AIDS Education and Training Centers (AETCs), and HIV/AIDS Dental Reimbursement Program,
 - ii. The Housing Opportunities for Persons with AIDS (HOPWA) program of the U.S. Department of Housing and Urban Development (HUD), and
 - iii. Other Federal programs if they provide treatment for HIV disease, such as the Veterans Health Administration.
- m. Individuals or 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.

The Ryan White HIV/AIDS Treatment Extension Act of 2009 mandates no less than one-third or (33%) of the members must be unaffiliated PWA/PLWH "receiving or eligible for Part A fundable services and/or the parents and caregivers of minor children who are receiving or eligible to receive such services." As specified in the legislation, Section 2602(b)(1) and Section 2602(b)(5)(c), both the Planning Council as a whole and the 33% or more of members who are unaffiliated consumers of Part A services as described in subsection (a) above shall

reflect in their composition the demographics of the population of individuals with HIV and AIDS in the TGA, with particular consideration given to disproportionately affected and historically underserved groups and subpopulations.

To qualify as an unaffiliated PWA/PLWH, one must live in the TGA and, (1) not be employed by a Part A funded agency; (2) not serve on the board of a Part A funded agency; (3) not volunteer more than twenty (20) hours a week for a Part A funded agency; (4) not have a family member who fits into the preceding categories. A "family member" is defined as spouse, domestic partner, grandparent, mother, father, child, or sibling. A consumer who lives in the TGA, is a client of or who volunteers for less than twenty (20) hours a week with a Part A funded provider is considered unaffiliated. Any consumer who, within the last two years, (1) has been an employee, paid consultant, contractor, officer, or board member of; (2) has been paid for work (including but not limited to building renovation) by; or (3) has been promised work or a contract with a Part A provider shall be considered affiliated. Planning Council Conflict of Interest Policies impose strict requirements on those members who are affiliated with any Part A funded provider.

To qualify for Planning Council serving as the representative of a nonprofit organization or a local public agency, an individual must work for an agency that has offices within the TGA and must spend the majority of his/her time working in the TGA. A representative of a State Agency (such as Medicaid or the Part B program) serves based on his/her position with the State Agency and need not live or work in the TGA.

The Planning Council will attempt to obtain representation from each of the counties in the TGA proportionate to the number of living HIV/AIDS cases, as included in the annual Part A program application and work to ensure that, to the extent possible, unaffiliated consumer membership is reflective of the gender, age, sexual orientation, racial & ethnic demographic of the infected populations within the TGA.

Solicitation of Applications

Cuyahoga Regional HIV Health Services Ryan White Planning Council membership is open to all persons interested in or affected by HIV/AIDS in the TGA. The Planning Council accepts applications on an ongoing basis and individuals submitting an application outside the scheduled Open Nomination's process will be notified within five (5) business days of receipt of their application and advised of the application procedures. However, the official Cleveland TGA Open Nomination period shall occur annually, from January through June. When the official Open Nomination Process begins, persons having submitted applications shall be contacted to confirm their continued interest and inform them about the process ahead.

The Open Nomination Process will inform and solicit applications from all interested stakeholders comprising the HIV-AIDS community including, but not be limited to, PWA/PLWH, minority citizens, under-served and under-represented populations, HIV prevention and care service providers, government agencies, community organizations, faith-based communities, and residents of the various counties within the TGA. The MRM committee shall conduct an annual assessment of the current membership profile and compare it against the profile of the HIV population in the TGA. Following the assessment, MRM will engage in targeted outreach to secure applications from individuals who qualify for the specific membership categories that need to be filled during a given nomination period.

The MRM Committee will develop an outreach/recruitment plan designed to maximize awareness of and interest in the Planning Council during the Open Nomination Process. The Planning Council and the Cuyahoga County Board of Health (Grantee) will support the plan's implementation.

The Planning Council shall begin the Open Nomination Process not later than six months prior to expiration of appointed terms of members. When specific vacancies occur, only applications from individuals who qualify for the federally mandated membership category that is vacant will be recommended for consideration.

Application Form and Packet

The Planning Council application includes (1). factual questions designed to secure information used in complying with legally mandated requirements for representative and reflective membership; and (2) open-ended questions used to capture information about an applicant's experience and background, including his/her knowledge of HIV/AIDS, Ryan White legislation and guidelines, as well as her/his professional and personal skills that may be an asset to the Planning Council.

Individuals interested in applying for Planning Council membership and attending at least two (2) Planning Council or Standing Committee meetings will receive a packet containing:

- a. Application form.
- b. A brochure describing the work of the Planning Council
- c. Planning Council meetings schedule
- d. Planning Council Member Attendance Requirement & Pledge
- e. List of federally mandated membership categories
- f. Open Nomination Process overview document; and
- g. A contact person including email address, telephone number and fax number to obtain clarification and further information.

A Planning Council Application form can be obtained via the Planning Council website (www.ccbh.net/ryan-white), mail, e-mail, or pick-up from the Planning Council Support Staff at the Cuyahoga County Board of Health (CCBH) office.

Reappointment of Current Members

Current Planning Council members seeking reappointment will be asked to supplement their new application by addressing the following questions (1) describe their specific contributions to the Planning Council during their present term as well as to (2) outline contributions they hope to make if reappointed and (3) to suggest goals for the Planning Council to pursue in the future, that they will actively work to achieve.

Members seeking reappointment must submit their applications on or before the deadline for reappointment specified and announced by the MRM Committee. The Reappointment Application deadline will be before the beginning of the New Member Application recruitment to enable the Membership Committee in seeking out candidates, to fill all federally mandated membership categories.

The Planning Council Staff Support in coordination with the MRM Committee will present a report showing the attendance of each member during the present appointment term. The report will show attendance at (1) Planning Council Meetings; (2) Standing Committee of Record for each member; (3) Priority Setting and Resource Allocation event activities for the TGA and other MRM designated meeting that required mandatory attendance.

Receipt and Initial Processing of New Applications

Upon receipt of an application, the Planning Council Support Staff shall forward the application to the MRM Committee Co-chairs or designee(s) to ensure all required information has been provided. If any information is missing, the applicant will be contacted and advised that his/her application cannot be considered until/unless the missing information is supplied. If the application is complete, the MRM Co-chairs or designee send a letter to the applicant that (1) acknowledges receipt of the application; and (2) outlines the steps and approximate dates in the next part of the process.

Applicants will be invited to attend a minimum of two Planning Council or Standing Committee meetings. Those applying during the period when the Open Nomination Period is closed will also be advised of the opportunity to become involved on a Standing Committee as well as work groups.

MRM Interview & Review Panel

MRM will create an Interview & Review Panel (Panel) as part of each open nomination period to review and evaluate new applications as well applications from current members seeking reappointment. The chair of the Interview and Review Panel shall be a Co-chair of MRM or his/her designee.

The Panel members will be drawn primarily from the MRM Committee and supplemented by other Planning Council members as needed to ensure that the Panel is adequately diverse based on race, gender, sexual orientation, county of jurisdiction, etc.

The Panel will interview all applicants during an established interview period. Interview days and times will be varied to offer maximum flexibility in accommodating applicant work hours and other scheduling constraints. The Panel will conduct candidate interviews primarily by video and telephone.

Interview Process

A standard set of open-ended questions will be developed in advance of the interview process to be asked of each applicant. Questions will be designed to gain a broad and representative perspective of each applicant's potential contribution to the work of the Planning Council as well as the individual's goals for serving on the Council. Every effort will be made to keep the interview time allowed each applicant relatively equal.

At the end of each interview, each panelist will complete a "ballot" for each interviewee using ratings (1) Recommend; (2) Recommend with reservations; (3) Do not recommend. Ballots will be completed without consulting other panelists. At the end of each interview process, the panel will discuss each panelist's perception of the interviewees.

All ballots will be collected and retained by the Panel co-chair or designee who will tally the votes and ultimately prepare a spreadsheet summary for use in deliberations held after completion of the interviews.

Ranking and Recommending Nominees

With assistance from the Panel co-chair, the Planning Council Support Staff will prepare the following materials for Panel use during the Deliberation and Recommendation phase.

- a. Summary of Interview Panel Votes for New Applicants
- b. Summary of Demographics & Membership Categories for Applicants

The Panel will use the data to rank and determine which applicants will be recommended for appointment. Collaboration and consensus will be used to ensure all membership categories are filled and that the Council membership is both representative and reflective.

The recommendations of the Panel shall be submitted to the Executive Committee for review and vote. Nominees approved by the Executive Committee shall be presented to the Full Planning Council for final vote and approval.

Confidentiality of All Materials, Information and Proceedings

All materials related to the Open Nomination Process are strictly confidential. They are entrusted to the custody of the MRM Co-chairs and Planning Council Support Staff at all times. Materials including any photocopies made for use by Panel members are to be maintained by the Panel co-chair or Planning Council Support Staff at all times. Any materials no longer

needed by the panel and not required to be archived are to be shredded and disposed of in a secure manner.

Panel members are not to disclose or discuss the interview deliberations specifics with Planning Council members, applicants, or any others.

Submitting Nominations to the Cuyahoga County Executive or Planning Council Co-Chairs

Upon authorization from the Planning Council, all necessary documentation for each applicant, those recommended for appointment and for re-appointment will be submitted according to the following:

1. Cuyahoga County Board of Health - The Board of Health will coordinate with the City of Cleveland Department of Public Health for final submission of the Planning Council recommendations to the Mayor of Cleveland and the Cuyahoga County Executive (*Chief Elected Official for the TGA*). The Office of the County Executive will conduct all required screening, background checks and other actions required for formal appointment. While the County Executive appointments generally follow the recommendations of the Planning Council, the County Executive may choose to appoint any person who has completed the Open Nominations Process. The County Executive may also choose to may make fewer appointments than the number of vacancies and require the Planning Council to seek additional individuals to recommend for appointment. In the end, Planning Council members are appointed and serve at the pleasure of the County Executive. In all cases, the appointments by the County Executive are final.
 -
2. Planning Council Executive Co-Chairs - The MRM Committee shall submit the nominees recommended for service on the Prevention Committee to the Executive Co-chairs for final appointment. Members appointed to serve on the Prevention Committee shall be appointed in accordance with HIV prevention guidelines for providing community input on HIV prevention matters.

Notification of Applicants

The Board of Health will notify the Planning Council when recommendations and documentation for nominees have been submitted to the County Executive for review, vetting and final action. The MRM Committee will advise applicants of the anticipated time frame and the fact that the County Executive's office may contact them directly to possibly arrange for an interview and to advise them of their decision.

Official Appointment to the Planning Council

The County Executive, as the Chief Elected Official for the TGA, will vet all nominees for appointment and as political appointments, all choices are made at the sole discretion of the County Executive while following federal law and HRSA guidance and honoring the Planning Council Open Nominations Process.

Once appointments are approved, appointees will be notified via letter of their official appointment and term of service on the Planning Council.

Newly appointed members must participate in mandatory new member orientation training and sign forms agreeing to comply with Planning Council policies that cover Conflict of Interest, Code of Conduct, Confidentiality and Attendance Requirements, within the first 30-days of appointment.

Removal for Cause

Both Regular and Ex officio appointed members of the Planning Council, as well as Committee Volunteers can be removed from membership for cause. This includes Executive Co-Chairs and Subcommittee Chairs.

Conduct or behavior constituting cause for removal may include, but is not limited to:

1. Violations of the Code of Conduct or conduct/behavior that interferes with the business of the Planning Council and/or conduct that would have a negative impact on the community's confidence in the Planning Council.
2. Physical attacks on other Planning Council meeting attendees.
3. Verbal abuse of other attendees.
4. Conflict of Interest violations.

Duly appointed members of the Planning Council can only be removed by the Cuyahoga County Executive. Committee Volunteers can be removed the Executive Co-chairs.

- a) The Planning Council may recommend to the Cuyahoga County Executive that any member, including a Planning Council co-chair, be removed from membership for cause.
- b) If a Planning Council member has concerns regarding the conduct and/or behavior of another Planning Council member, the member shall bring the concerns/issues to the specific subcommittee co-chairs for resolution. If the concerns/issues are still not resolved, the subcommittee co-chairs will bring the concerns/issues to the Planning

Council's Executive Committee for corrective action, which may include termination.

- c) The Executive Committee shall submit a recommendation to the full Planning Council for any proposed recommendation of termination. A majority vote of the Planning Council members present at the meeting shall be required for approval of a recommendation of termination.
- d) For all termination recommendations, the MRM Committee, in coordination with Planning Council support staff, shall forward a letter to the Cuyahoga County Executive recommending the member's removal from the Planning Council. A copy of the letter is also sent to the member, and he/she is immediately suspended from meeting participation and voting pending the action of the County Executive. If the County Executive supports the recommendation for removal for cause, a letter notifying the member of his/her removal from the Planning Council shall be sent by the County Executive's Office and copied to the MRM Committee.

Resignation

Any member of the Planning Council may resign at any time by written notice that bears a valid signature.

A member who has resigned may submit his/her written resignation in person, via e-mail or regular postal mail to the attention of a Planning Council Executive Co-chairs. If sent via e-mail, it must contain a statement to attest that the e-mail shall serve as official notice of resignation and include the individual's full name. If sent via postal mail, it must be sent to the following:

Planning Council Executive Co-chairs
c/o Cuyahoga County Board of Health
Ryan White Part A Program
5550 Venture Drive
Cleveland, OH 44130
Email: ClevelandTGA@ccbh.gov

A Planning Council member that gives verbal notice of intent to resign must provide written notice within thirty (30) days of verbal notice. However, if the individual fails to provide written notice after thirty (30) days have passed, the Membership, Retention and Marketing Committee shall notify the member in writing within forty-five (45) days following the verbal notice to confirm the member's intent to resign and/or initiate formal removal from the Planning Council.

Standing Committees

Community Liaison Committee (CLC)

1. **Membership:** Committee members shall be individuals living with or directly affected by HIV and AIDS. The membership size shall be unlimited and may include non-Planning Council members. The Committee may choose to have open membership to encourage greater consumer participation.
2. **Duties:** The Community Liaison Committee (CLC) leads and coordinates linkage between the Planning Council and the PLWH/A community, especially consumers of Ryan White services. The CLC also seeks to improve Ryan White services by informing the Planning Council with their ideas, experiences, and vision to improve the coordination of Ryan White services within the TGA to increase the health outcomes of PLWH/A.

CLC members shall sponsor Community Forums across the TGA and provide assistance and review in the creation of collateral pieces (public relations materials) for release in the community (including English/Spanish versions).

Membership, Retention, and Marketing Committee (MRM)

The Membership, Retention and Marketing (MRM) Committee is one of the Planning Council's Governance Committee, responsible for developing policies and procedures for Planning Council operations and for maintaining Planning Council membership in accordance with legislative requirements.

1. **Membership:** Because of the nature of the Committee's work related to member recruitment, including candidate interviews and nominations, all MRM members must be Planning Council members. The Committee shall involve other Planning Council members to serve on interview panels to conduct interviews of potential candidates interested in serving on the Planning Council.
2. **Duties:** MRM shall be responsible for developing and implementing an open nominations process (which may also be referred to as the membership application process), in accordance with legislative requirements, for Planning Council membership recruitment, review of applications, interviews of applicants, and recommendation of nominees for Planning Council service. Additional responsibilities include:
 - a. Develop and implement an "Open Nominations Process," to maintain Planning Council reflectiveness in accordance with HRSA guidelines and Planning Council legislative requirements, including a semi-annual assessment of Planning Council's reflectiveness.

- b. Develop membership recruitment strategies to maintain membership reflectiveness, including targeted outreach in accordance with the HIV prevalence in the Cleveland TGA in compliance with Planning Council legislative requirements.
- c. Develop, implement, and enforce an effective attendance policy to govern Planning Council member attendance.
- d. Provide leadership for development and implementation of ongoing training to enhance Planning Council capacity to achieve its legislative responsibilities, including the establishment and implementation of training for the following:
 - i. An annual Planning Council training program, to include “New Member Orientation” and/or refresher training for existing members.
 - ii. Understanding and using data for decision-making.
 - iii. Creating and monitoring implementation of Service Directives.
 - iv. Needs Assessments
- e. Oversee evaluation and compliance with Planning Council training requirements.
- f. Develop program initiatives to strengthen new member capacity and understanding of Ryan White legislative responsibilities.
- g. Update and maintain the accuracy of the Planning Council Bylaws, including supporting Appendices, and Operating Procedures as further guidance for enforcing Planning Council operations, including, for example, procedures for compliance with conflict of interest or enforcement of code of conduct policies, etc.

Prevention Committee

1. **Membership:** To provide effective community input on HIV prevention programs and services, committee members shall be comprised of representatives of organizations funded to provide HIV prevention programs and services; individuals from target populations at high risk for HIV and STIs or organizations that serve or support members of target populations at high risk for HIV & STIs and others interested or experienced in the delivery of HIV prevention programs and services.
2. **Duties:** Serve as a sounding board to minimize gaps in HIV programs and services throughout the jurisdiction. Prevention committee members are to provide data-based input to strengthen the effectiveness HIV prevention programs and services. Provide input for the targeting of populations at high risk for HIV and STIs.

Quality Improvement Committee (QI)

1. **Membership:** The Committee shall consist of cross-functional representation of clinical and support service professionals, representatives from the Part A Grantee's office, other Ryan White "parts" (e.g., B, C, D, and/or F), social workers, program administrators and consumers.
2. **Duties:** The Committee ensures in conjunction with the Grantee that services funded by Part A meet or exceed established HIV clinical standards and Public Health Guidelines. Additional responsibilities include:
 - a. Provide leadership and support for development of Needs Assessments.
 - b. Serve as Planning Council's liaison in the creation of and any revisions or amendments to the Integrated Comprehensive HIV Prevention and Care Plan.
 - c. Provide input into the development and updating of Standards of Care in coordination with the Grantee's office.
 - d. Provide input and monitor the quality management plan in coordination with the Grantee's office.
 - e. Provide input and direction on quality management activities.
 - f. Represent the Planning Council on the Part A Clinical Quality Committee.
 - g. Lead discussions and/or initiatives to examine the effectiveness of the continuum of care.
 - h. Recommend performance measures and identify indicators to assess and improve performance.
 - i. Recommend and support provider-related capacity building efforts.
 - j. Ensure the development of an ongoing effort to identify and evaluate unmet services needs which are eligible for funding through the Part A Program.

The QI Committee meets monthly, or as often as needed, to fulfill committee responsibilities. Grantee reports related to quality management initiatives will be provided to the QI committee.

Strategy & Finance Committee (S&F)

1. **Membership:** Because of its responsibility for overseeing the Priority Setting and Resource Allocation (PSRA) process, the majority of members of the S&F committee must be appointed Planning Council members in accordance with Ryan White Part A legislative requirements. A majority of members shall be individuals who do not represent Part A-funded providers.
2. **Duties:** Members shall be responsible for monitoring Part A expenditures and service utilization by service category and overseeing the PSRA process. Additional responsibilities include:
 - a. Create and publish annually by March a PSRA work plan and schedule of activities with timelines to successfully carry-out PSRA, including:
 - i. Making sure there is a written process for conducting PSRA and ensuring the Planning Council follows the process annually.
 - ii. Leading the development of the annual data request to the Grantee in preparation for PSRA.
 - iii. Developing and regularly reviewing policies and procedures that guide PSRA activities and the final decision-making by the Planning Council.
 - iv. Leading the effort to ensure directives to the Grantee are created on how best to meet service priorities.
 - b. Establish procedures for reallocations across service categories during the program year and work closely with the Grantee to develop recommended reallocations for Planning Council action.
 - c. In collaboration with the Quality Improvement Committee, use data gathered through the needs assessment process to inform the allocation and re-allocation of funds to service categories.
 - d. Participate in the annual need's assessment in coordination with the Quality Improvement and Community Liaison Committees to determine health care needs of people living with HIV/AIDS in the TGA.
 - e. Lead the annual Assessment the Efficiency of the Administrative Mechanism (AEAM).

Appendix I: Application for Membership

Appendix II: Application for Renewal Membership

Appendix III: Code of Conduct Affirmation Pledge

Purpose and Scope

This Code of Conduct describes the behavior expected of all Planning Council members and other official meeting participants at all meetings and activities associated with the work of the Planning Council. The Code of Conduct is designed to ensure appropriate behavior at Planning Council and committee meetings as well as other events conducted by the Planning Council. Provisions of the Code of Conduct are designed to ensure that the Council can be productive, open to community input, and respectful of its members and visitors. The Code helps to create a positive environment, and to protect all members and public participants from inappropriate and disruptive behavior.

Applicability

The Code of Conduct applies to Planning Council members, regular and ex officio members, committee volunteers, and pending applicants, as well as participants at official Planning Council meetings and events.

Understanding and Acceptance

By signing this Code of Conduct Pledge, I acknowledge receiving a copy of the full Code of Conduct and being afforded the opportunity to discuss it with the Planning Council Co-Chair(s) or members of the Executive Committee. I affirm that I understand the statement and the reasons for it.

Enforcement

I realize that violation of any provision of this agreement may result in disciplinary measure/s up to and including removal from the Planning Council being taken against me.

Any perceived violation of the Code of Conduct is to be addressed by the full Planning Council Co-Chair(s), and/or Executive Committee as prescribed in the Code of Conduct Policy and Procedures. Any issue not resolved by those means is to be addressed and resolved using the Planning Council’s Grievance Policy and Procedures

Pledge

By signing below, I agree to abide by the expectations set forth in the Code of Conduct for the Cuyahoga Regional HIV Prevention and Care Planning Council.

_____ Signature _____ Date

_____ Planning Council Member
_____ Committee Volunteer

Appendix IV: Committee Volunteer Application

Appendix VI: Confidentiality Pledge

I, the undersigned member of the Cuyahoga Regional HIV Prevention & Care Planning Council, hereby affirm that my position as a Planning Council member brings with it an ethical responsibility for keeping certain information confidential. This applies to information contained in documents or records, or discussed during interviews, needs assessments, meetings or other situations that may arise as the Council carries out its mandated responsibilities.

I affirm that it is up to the individual to decide whether and when to publicly disclose his/her HIV status, medical status, co-morbidities, and other personal information. I will maintain the confidentiality of such information with regard to Planning Council members; applicants for membership in the Council or any of its sub-groups; and clients/consumers who participate in Planning Council-related activities and others involved with the work of the Planning Council.

This includes holding in confidence the personal experiences or concerns and other sensitive information shared by any members of the Planning Council or its subcommittees, working groups, ad hoc committees or otherwise obtained because of my Planning Council membership. I will help to ensure that in minutes or reports posted on the Council’s website, personal information shared in a committee, working group, or Planning Council meeting - with special emphasis on information shared at Community Liaison Committee meetings – is referenced generally rather than identified with a particular individual.

By signing this Confidentiality Policy and Pledge, I acknowledge receiving a copy of this statement and having the opportunity to discuss it with a Planning Council Co-chair(s) or the Planning Council Support Staff member. I affirm that I understand the statement and the reasons for it.

I realize that violation of any condition of this agreement may result in disciplinary procedure/s against me, up to and including removal from the Planning Council. Any perceived violation of the Planning Council’s Confidentiality Policy is to be address and resolved using the Planning Council’s Grievance Policy and Procedures.

By signing below, I agree to the conditions set forth in this Confidentiality Policy and Pledge

_____ Signature _____ Date

____ Planning Council Member
____ Committee Volunteer

Appendix V: Grievance Form

Cleveland Transitional Grant Area
Cuyahoga County Board of Health
Cuyahoga Regional HIV Prevention and Care Planning Council

Grievances may be filed against the Cleveland TGA Planning Council for the following deviations from policy:

- Deviations from the established, written priority-setting and/or resource-allocation process (e.g., failure to follow established conflict of interest procedures).
- Deviations from an established, written process for any subsequent changes to priorities or allocations.

The policy and procedures that govern the handling of this grievance can be obtained at:
<http://www.ccbh.net/ryan-white-hiv-aids-planning-co/>.

In order to file a grievance with the Cleveland TGA Planning Council this form must be completed, submitted, and received by the Ryan White Part A Project Director within 30 days of the date of the alleged deviation. Any grievant will be contacted within ten (10) working days of the receipt of this form. When completed, submit this grievance form to the contact information provided at the bottom of the form.

Name(s) of Person(s) Filing the Grievance:

Address:

Telephone Number (s) (daytime): _____

Date of alleged deviation from established policy/procedure: _____

Which policy/procedure was allegedly deviated from? _____
