Article I - Preamble

The Ryan White HIV/AIDS Treatment Modernization Act of 2006 and The Ryan White HIV/AIDS Treatment Extension Act of 2009 are the federal legislation that governs the Ryan White Funding (Parts A, C and MAI) received by the Marion County Department of Public Health. The legislation provides funding, programmatic, and fiscal guidance to grantees. The funding is used to provide HIV services to individuals who are uninsured or underinsured. Funding is used to support identification of individuals living with HIV, informing individuals of their HIV status, and referral and linkage to care. The Program supported by this funding has been designed to address the needs of persons infected with HIV, persons out of care, and persons who are historically underserved or uninsured. The program helps clients who are out-of-care gain access to points of entry; provides a comprehensive continuum of care for persons living with HIV (PLWH); and complies with the National HIV/AIDS Strategy (NHAS). The Program seeks to increase access to and utilization of Medical and Core services and helps clients remain in care in order to optimize health outcomes, decrease disparities in care access, reduce individual and community viral loads, improve the quality of life for PLWH, and reduce unmet need.

As the Chief Elected Official (CEO) of the Transitional Grant Area, the mayor of the City of Indianapolis is the recipient of the Ryan White HIV/AIDS Part A grant funds. The CEO, as part of his duties and responsibilities, forms and appoints a Planning Council. The CEO established the Planning Council on February 28, 2008, pursuant to 42 U.S.C.A §300ff-12(b) (1). The Council is not incorporated under the laws of the State of Indiana or any other jurisdiction.

Article II – Organization Name

The name of the Planning Council shall be the Indianapolis TGA Ryan White Planning Council (herein after referred to as the Council).

Article III – Service Area

Pursuant to the requirements of the Health Resources and Services Administration (HRSA), the Transitional Grant Area (TGA) to be served by the Council shall encompass the following localities: the counties of **Marion, Hamilton, Boone, Hancock, Shelby, Johnson, Morgan, Hendricks, Brown,** and **Putnam.**

Article IV – Mission

The mission of the Council is to ensure the effective and efficient delivery of services to persons affected and infected by HIV disease in the Indianapolis Transitional Grant Area.

Article V – Planning Council Purpose, Duties and Responsibilities

The purpose and duties of the Planning Council shall be:

1. Determine the needs of the affected population.
2. Establish priorities for services to be funded based on epidemiologic and utilization data.
3. Assign allocation amount to the established priorities based on service utilization and epidemiologic data.
4. Work with the Grantee to develop and write the TGA's Comprehensive Plan for the organization and delivery of health and support services.
5. Provide for facilitation and collaboration among all funded AIDS programs within the TGA, including, but not limited to the Ryan White HIV/AIDS Treatment Modernization Act of 2006 and 2009 Parts A, B, C, D, and F; Housing Opportunities for People with AIDS (HOPWA) funds; and Centers for Disease Control and Prevention (CDC) funds.
6. Establish directives for the Grantee to aid in the delivery of services to clients within the TGA.
7. Conduct a yearly evaluation of the Planning Council.
8. Conduct a yearly evaluation of the Grantee – Assessment of Administrative Mechanism
9. In conjunction with the Grantee complete an annual needs assessment, including hiring the individual or firm to conduct the evaluation.
10. Develop, implement, and update the TGA's Standards of Care.
11. Assist the Grantee in the coordination of all services.
12. In conjunction with the Grantee develop, implement, oversee, and update the TGA's Quality Management Plan.
13. The PC's Chair and Co-Chair must sign a letter of concurrence – based on recommendation from the entire PC – on a yearly basis to be submitted with the annual Part A Grant Application.

Article VI – Membership

Section 6.1 Non-Discrimination Statement

The officers and the members of the Planning Council shall be selected without respect to age, gender, race, ethnicity, religion, disability, sexual orientation, and/or identity or national origin, except as may be necessary to comply with applicable statutory and regulatory requirements. Affirmative efforts shall be made to ensure representation of populations infected or affected by HIV or by AIDS.

Section 6.2 Composition

The voting membership will be made up of at least thirty individuals and a maximum of forty-two individuals who are representative of the membership categories stated in the Ryan White HIV/AIDS Treatment Modernization Act of 2009 and are reflective of the demographics of the HIV/AIDS epidemic in the Indianapolis Area TGA. The Mayor, as Chief Elected Official (CEO), appoints members based upon the recommendation of the full Planning Council. The membership will reflect the following categories:

1. Health Care Providers, including federally qualified health centers;
2. Community-Based Organizations serving affected populations and AIDS Service Organizations;

3. Social Service Providers, including providers of housing and homeless services;
4. Mental Health Providers;
5. Substance Abuse Providers;
6. Local Public Health Agencies;
7. Hospital Planning Agencies or Health Care Planning Agencies;
8. 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;
9. Non-Elected Community Leaders;
10. State Government (including the State Medicaid agency and the agency administering the program under Part B);
11. Grantees under subpart II of Part C (Formerly Title III);
12. Grantees under section 2671 Part D (Formerly Title IV], 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;
13. Grantees of other Federal HIV Programs, including, but not limited to Providers of HIV Prevention programs;
14. Other Federal HIV Programs, if applicable; and
15. A representative of individuals who formerly were Federal, State, or local prisoners, were released from the custody of the penal system during the preceding three years, and had HIV disease when released.

Not less than 33% of the voting membership of the Planning Council shall be consumers of HIV-related services from Ryan White-funded providers who do not represent or are aligned with Ryan White funded agencies. To be considered "unaffiliated" Consumers cannot be members of the Board of Directors, employees, or consultants of providers receiving Part A funds. Planning Council consumers must reflect the demographics of the population of individuals with HIV/AIDS in the Indianapolis Area TGA, to the extent possible. At least two consumer representatives must publicly disclose their HIV status. A member whose unaffiliated status changes must inform the Planning Council Co-Chairs and the Planning Council Support staff coordinator of this change within no later than the next schedule Planning Council meeting after the change in status occurred.

Section 6.3 Terms of Membership

All terms of Council membership shall be for three years. Members may serve an unlimited number of three year terms, but must reapply for membership at the end of each three year term. As the Council moves forward and to the extent possible, individual agency voting membership (those representing a particular agency) should be limited to no more than (3) at any given time. This limitation of membership includes staff, board members and affiliated clients of a particular agency. Current membership will not be affected; however, as individuals no longer serve, limiting agency representation requirement will be implemented. As members complete their service on the Planning Council, the Executive Committee will determine appropriate

recognition including at least a certificate of appreciation or other item that will be given to recognize their time and commitment to the Indianapolis Ryan White Program.

Section 6.4 Nominations

The Membership and Policy and Procedures Committee use an open application process to identify and screen potential Planning Council members. These nominations are presented to the full council for consideration.

Section 6.5 Attendance

Regular attendance at Planning Council meetings and committee meetings is a requirement of remaining a member with voting privileges.

1. A Planning Councilmember may miss no more than 3 Planning Council Meetings during a Council Year (September through August). After the 4th absence, the member will lose voting privileges and will not be considered an active member of the Planning Council. However, the discharged Planning Council Member may reapply for membership and if a seat is available, will be considered for Council Membership.
2. Exception to #1: Consumers who experience health related issues that cause them to miss meetings should as soon as possible contact either of the Council Co-Chairs or the Grantee Staff person assigned to the Council. If it is anticipated that the individual will miss 50% of the Planning Council meeting during one Council Year, the member will be asked to take a leave of absence from the Council. Once the client is able to return to the Council and if seats are available, the individual will be reinstated to the Planning Council.
3. It is a condition of award that all providers funded by and through the Ryan White/HIV Services Program (RWSP) will be present at each of the Council meetings. Agency representation does not have to be a voting member of the Council.

Section 6.6 Members Duties and Responsibilities

Voting members are expected to:

1. Attend and actively participate in Council monthly, special, and emergency meetings, trainings and retreats.
2. Each Council member is required to participate on one Standing Committee during the Council year.
3. Committees and their responsibilities are outlined in Section 8.1 of this document.
4. For all new members, participate in new member orientation and training and review orientation materials provided by the support staff.
5. Participate in the annual priority setting and resource allocations process, the training for the process and at the epidemiologic and services/fiscal utilization Council meetings and the Council meeting at which final determination is made for Priority Setting and Resource Allocations.
6. Review materials of Council and/or committee discussion/action before scheduled meetings.

7. Planning Council Members shall not receive any salary and/or other compensation for their services as a member of the Council. However, the Planning Council may reimburse Council members for allowable expenses, based on approved policies and budgeted funds.
8. All members are required to sign a conflict of interest statement and a confidentiality statement annually (at the beginning of each new Council year in September).

Section 6.7 Resignation

A Council member in good standing shall serve his/her designated term unless he/she resigns during the course of the Council year. The Council member should provide written notice to a Planning Council Co-Chair, or support staff, of their intent to resign. The CEO will be notified of all resignations by Council and/or RWSP Staff.

Removal from the Planning Council

The Planning Council may remove a voting member from continued membership if: the member demonstrates or engages unsafe, disruptive and unethical or illegal behaviors and/or activities that put the Council, individual members, and/or the Grantee in danger or in violation of the terms of contractual responsibilities and obligations as determined and/or mandated by HRSA.

The decision to remove a member for cause must be by a 2/3 majority vote of the Council. After the decision to remove a member, that member will have 30 days to grieve the removal. The 30 days will begin from the date the Planning Council voted to remove the member.

Article VII – Officers

Section 7.1 Eligibility, Nomination and Election of Officers

All officers must be voting members of the Planning Council and will be elected by a full vote of the Council. Nominations for officers may be:
1) Self-nominated and/or
2) Nominated by a voting member of the Council.

Nominees will be asked of their willingness to serve if elected before their names will be placed before the Council for consideration. Nominations will be solicited in June and July of each year and presented to the Council during the August Council meeting. Nominations can and will also be accepted at the August meeting. All eligible candidates will be offered an opportunity to speak before the Council before the selection process. At the conclusion of candidate comments, all voting members of the Council will vote – via a secret ballot – on the position of Co-chair and Secretary. All officers shall be elected by the Planning Council. All officers shall serve a one-year term except for the Co-Chairs, who shall serve two-year staggered terms, with one Co-Chair elected each year. To the extent possible, at least one of the Council Co-Chairs will be a consumer. In order to be nominated as Planning Council Co-Chair or Secretary (officer) or serve as a chair/co-chair of a standing committee, a member must have served at least one year in good standing on the Planning Council.

Section 7.2 List of Duties of Officers

1. The Co-Chairs:
    - The Co-Chairs will share leadership roles and divide certain responsibilities. Co-Chairs will work with the secretary, the Executive Committee and Committee's and staff to develop the agenda for Planning Council for individual meetings and set goals and objectives for the year. Together, the Co-Chairs will serve as ex-officio members with voting rights for each committee, when present. The two Co-Chairs will equitably divide responsibilities for the committees as determined by the Co-Chairs. The Co-Chairs are also responsible for signing a letter of concurrence for the Grantee on behalf of the Council. The letter demonstrates and acknowledges the Council's agreements with the priorities, allocations and directives the Grantee has and/or will include in the request for continued funding from HRSA. They will serve as the official spokespersons of the Planning Council.
    - The Co-Chairs must count the number of members voting yes, no, or abstaining.
2. The Secretary:
    - The Secretary will be responsible for ensuring the taking, approval, and filing of minutes of Planning Council meetings. The Secretary will receive from staff a record of attendance at Planning Council meetings and keep the Co-Chairs and Executive Committee informed about attendance issues that require action.
    - The secretary must ensure all meeting minutes reflect a level of detail to determine the number of members voting yes, no, or abstaining.
    - All Planning Council meeting minutes must be signed and dated by council chair.

Article VIII – Committees

Section 8.1 General

The Planning Council shall maintain at a minimum the six (6) standing committees discussed in this section of the Bylaws. With the exception of membership to the Consumer Access Committee, membership to Standing Committees is limited to Planning Council Members who are in good standing. The Consumer Access Committee is open to any PLWH who chooses to participate and all participants of this Committee have voting privileges. The Council may create additional standing committees and ad hoc committees to meet the operational needs of the Council, consistent with its Guiding Principles. The Standing Committees shall have such duties as the Planning Council may prescribe. Each member of the Planning Council is strongly encouraged to serve on at least one committee. All Committee Members will be held to the same conflict of interest disclosure and privacy requirements, and ethical standards as Planning Council Members. Attendance is kept for each of the six standing committees (Executive, Priority Setting and Resource Allocation, Systems of Care, Quality Management, Consumer Access, Membership/Policies & Procedures) and reported to the Membership Committee. If a member has any concerns with a committee chair/co-chair, please discuss with the Executive Committee. Each Standing Committee, in partnership with RWSP staff, will determine how

often to meet to complete the necessary work outlined below (i.e. quarterly or monthly) in Section 8.2.

Section 8.2 Standing Committees

Executive

1. The Executive Committee is responsible for coordination of Planning Council activities, including the work of the other committees.
2. It helps to ensure that all legislative functions of the Planning Council are being met and facilitates coordination with the grantee.
3. It assesses Planning Council training needs and arranges with staff support to meet these needs.
4. When action is urgently needed between Planning Council meetings due to time deadlines or external factors beyond the Planning Council's control, and there is broad consensus on the issue, the Executive Committee may make a decision on behalf of the Planning Council, provided it makes a full report at the next scheduled Planning Council meeting.

Priority Setting and Resource Allocation

1. The Priority Setting and Resource Allocation Committee is responsible for recommending the process to be used by the Planning Council in priority setting and resource allocation, and managing that process.
2. The Committee is responsible for setting priorities (based on data); assigning funding to those priorities based on data; and issuing directive to the Grantee to enhance and improve service delivery, to deal with issues regarding access to care and provide guidance in all service areas as needed to further enhance program development.
3. Resource Allocation is also responsible for working with staff to develop and monitor the Planning Council support budget, and to recommend any changes in that budget during the year. Priority Setting and Resource Allocation also assists in the monitoring of monitors expenditures for services and service utilization, by service category, using reports provided monthly by the grantee.
4. The Committee monitors grantee expenditures by service category to ensure that they are consistent with Planning Council allocations and directives.

Systems of Care

1. The Systems of Care Committee is responsible for the development of standards of care and outcome measures for service categories, and assisting the Grantee with the completion of the Needs Assessment and Comprehensive Plan Needs Assessment. Participation consists of developing and recommending to the Planning Council a needs assessment process, plan, and schedule for coverage and completion, including assisting with the selection of an entity to complete the assessment.

2. The Committee will review the results of the needs assessment and arrange for the presentation of the resulting data prior to the priority setting and resource allocation sub-committee and the entire Planning Council.
3. The Committee uses the information obtained through needs assessment and special studies to provide input to the Comprehensive Plan for which it has primary responsibility. This includes reviewing the current plan's goals and objectives, assisting in the development of a report on the results of that review and working with the Grantee to update and write the goals and objectives for the ensuing Comprehensive Plan. The Committee must agree to the contents of the Comprehensive Plan and make plans to present to the entire Planning Council for consideration.

Consumer Access

1. The Consumer Access Committee coordinates PLWH/A involvement with the Planning Council, providing outreach to and serving as liaison with consumers.
2. The Committee helps ensure ongoing consumer input to Planning Council activities, with special emphasis on needs assessment and the identification of individuals who know their HIV status but are not receiving regular primary medical care. It offers advice to the Planning Council about issues affecting consumers.
3. The Committee also helps to develop linkages between the Planning Council and other HIV-related and supportive service programs and entities, helping to meet the Planning Council's responsibility for service coordination.

Membership and Policies and Procedures

1. This Committee recommends candidates for Planning Council membership, using an open nominations process.
2. The Committee develops, regularly updates, and consistently uses a standard application form for Planning Council membership.
3. The Committee works with the staff, Consumer Access Committee, and other entities to ensure active, ongoing outreach to identify potential members, particularly unaffiliated consumers, interviews prospective members, and maintains a listing of eligible applicants.
4. The Committee is also responsible for coordination and execution of the election of officers for the Planning Council.
5. The Committee is further responsible for ensuring that the Planning Council has the policies and procedures necessary to carry out its legislative responsibilities.
6. The Committee is responsible for bylaws review and amendments, including ensuring that bylaws reflect any changes in the Ryan White HIV/AIDS Treatment Modernization Act of 2006 and the Ryan White HIV/AIDS Treatment Extension Act of 2009.
7. The Committee also recommends to the Planning Council needed changes in grievance procedures, conflict of interest policies and procedures, and other policies guiding Planning Council operations.
8. The Committee monitors and facilitates the grievance process.

Quality Management Committee

1. The purpose of the QM Committee is to assist the Grantee in monitoring and evaluating the extent to which HIV health services provided to patients under the grant are consistent with the most recent Public Health Service (PHS) guidelines.
2. The Committee is to be represented by key stakeholders such as HIV care providers and consumers of HIV care.
3. Members of the QM committee will use data from performance evaluations to monitor progress towards achieving benchmark ratings as set by the HIV/AIDS Bureau (HAB), establish quality priorities and make recommendations for current and future quality activities.
4. Additionally, the QM committee will use epidemiological data, findings outlined in the comprehensive plan, and results from the needs assessment to identify quality improvement needs at the consumer, provider and systems level in the Indianapolis TGA.
5. The QM Committee membership consists of Grantee QM leaders (at the administrative or grantee level), funded site or service quality champions, Council members, consumers and community members.
6. The QM Committee will make recommendations for quality improvements, quality improvement priorities and needs to the QM program manager and will participate in continuous quality improvement initiatives when appropriate.
7. All members of the QM committee will have full voting privileges during QM meetings.

Section 8.3 Ad Hoc Committees

The Planning Council may create ad hoc committees, at its discretion, to address specific needs. Most decisions will be made by majority vote. Any resolution establishing an ad hoc committee shall state its responsibilities, membership, and expected duration. An ad hoc committee must be dismissed upon the completion of its assigned task. The Chair of an ad hoc committee shall be a member of the Planning Council.

Article IX – Planning Council and Committee Meetings

Section 9.1 Quorum

The attendance of a simple majority of current Planning Council members in good standing shall constitute a quorum for Council meetings.

Section 9.2 Voting

Official action adopted by the Planning Council requires a majority vote by a quorum of the Council members voting yes, no, or abstaining. There will be no proxy votes. The Council Co-Chairs will only vote in the case of a tie or where that vote would create a required super-majority.

Section 9.3 Conducting Meetings

All meetings will be conducted in an orderly manner, and governed by the Planning Council's Guiding Principles. Planning Council and Executive Committee meetings will be conducted using *Robert's Rules of Order*. The Co-Chairs shall manage public comments and participation at that meeting.

Article X – Conflict of Interest and Grievance Policy

The Council shall establish a Conflict of Interest Policy and a Grievance Policy. All members of the Council shall comply with these Policies and sign corresponding documents on an annual basis for the length of their membership.

Article XI – Amendments

Amendments to these Bylaws may be made with the appropriate two-thirds majority vote of the Council.

Article XII – Ratification

These Bylaws and subsequent amendments go into effect upon a two-thirds majority vote of the Council.

Article XIII - Dissolution

The Council will dissolve in the event the Ryan White Care Act is no longer funded, reauthorized or the CEO has determined the Planning Council is not meeting its Legislative Mandates and/or Requirements or has become irrevocably disruptive to the provision of care for PLWH in the Indianapolis TGA. If this dissolving occurs, the CEO must immediately notify HRSA with reasoning leading to this decision and plans to immediately reinstitute the Council.

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