HIV Health Services Planning Council
Sacramento TGA

Policy and Procedure Manual

Section 4 – Bylaws and Directives

SECTION	SECTION / POLICY TITLE	CURRENT VERSION
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	Current Bylaws FY17 General Directives FY17 Service Directives	8/28/13 4/26/17 4/26/17

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Sacramento TGA

Bylaws

Article I
Name of Organization and Area of Service

Section 1.1. Name: The name of this body shall be the HIV Health Services Planning Council (herein after referred to as the Council).

Section I.2. Area of Service: The transitional grant area (TGA) to be served by the Council will be Sacramento County, EI Dorado County and Placer County (herein after referred to as the TGA). For the purposes of service delivery under State Office of AIDS funding, Yolo County is included and Alpine County is included as an adjunct of El Dorado County.

Article II
Authority, Purpose and Duties

Section 2.1, Legal Authority: The Council was created by, and functions pursuant to, the requirements established in the Ryan White Comprehensive AIDS Resources and Emergency Act of 1990 (CARE Act), any amendments to that Act, and policies and procedures set by the United States Department of Health Services (DHS) through the Health Resources Services Administration (HRSA). In accordance with the CARE Act, the Council is appointed by the Sacramento County Board of Supervisors, designated as the Chief Elected Official (CEO) for the TGA. In 1997, a policy change by the State Office of AIDS established the Council as the entity responsible for the State Office of AIDS funds planning and allocation processes for the TGA.

Section 2.2. Purpose: The purpose of the Council is to provide effective and efficient planning for the TGA to promote development of HIV/AIDS health care and support services that meet regional needs. The Council seeks to address these needs in a cost-effective manner in ways that reduce inefficiencies and redundancies. Emphasis is placed on the identification and engagement of the uninsured, underinsured, emerging afflicted population and all disenfranchised groups living with HIV.

Section 2.3, Responsible Entities: The process of applying for, receiving, and administering Parts *A/B* funding necessitates a collaborative relationship between three parties: the Sacramento County Board of Supervisors as CEO, the Council, and the Sacramento County Department of Health and Human Services (DHHS) as Administrative and Fiscal Agent, each with complementary duties as described in the remainder of this section.

Section 2.4. Duties of Chief Elected Official: The CEO shall:

(a) Receive Parts A and State Office of AIDS grant funds awarded to the TGA;
(b) Select the Grantee;
(c) Appoint members to the Council for the TGA; and

(d) Ensure that all terms and conditions of the Memorandum of Understanding (MOU) between Sacramento County, El Dorado County, Placer County and Yolo County are adhered to.

Section 2.5, Duties of Council: The duties of the Council shall be to:

(a) Establish priorities for the allocation of Part A and State Office of AIDS funds within the TGA including how best to meet each such priority and any additional factors to be considered in the fund allocation process;
(b) Develop a comprehensive plan for organizing, delivering, evaluating and monitoring HIV related health and support services that seek to be innovative and interactive with existing California State and/or local plans relative to the provision of health services to individuals with HIV;
(c) Assess the efficiency, effectiveness and expediency of the administrative mechanism for allocating funds to areas of greatest need within the TGA;
(d) Participate in the development of the Statewide coordinated statement of need; and
(e) Establish methods for engaging with the community to determine and prioritize needed support and care.

Section 2.6, Duties of the Administrative and Fiscal Agent: The Fiscal Agent shall:

(a) Develop and maintain contractual agreements with Sacramento, E1 Dorado, and Placer Counties and the State Office of AIDS specific to the distribution of Part A and State Office of AIDS funds;
(b) Write and assemble the Part A and State Office of AIDS applications;
(c) Select contractors and set contract award levels based on an established process in accordance with priorities set by the Council and under the terms of the MOU. The contractor award process shall include an appeals procedure;
(d) Disseminate notice of contract awards inclusive of the appeals procedure;
(e) Develop and execute contracts in a manner consistent with Part A requirements for rapid allocation of funds;
(f) File reports required by HRSA and the State Office of AIDS;
(g) Develop and implement a fund reallocation process under parameters set forth by the Council to insure the rapid and appropriate redistribution of any funds for which the established anticipated rates of service expenditures are greater or less than projected at the time of original funding; and,
(h) Monitor and assess the quality, effectiveness and economy of the services supported with Part A and State Office of AIDS grant funds.

Article III Council Membership

Section 3.1, Nominations: The ultimate selection and appointment of Council members is the responsibility of the Sacramento County Board of Supervisors upon recommendation by the Public Health Advisory Board (PHAB). Nominations for membership on the Council shall be identified through an open process and candidates shall be selected based on locally delineated and publicized criteria. Nomination Policies and Procedures established by the Council in

conjunction with the PHAB shall guide the process of recruitment, application, selection and recommendation to the Board of Supervisors.

Section 3.2. Number: The membership of the Council shall be comprised of a minimum of 19 and a maximum of 30 individuals who shall be appointed by the Sacramento County Board of Supervisors.

Section 3.3. Representation: Council membership must reflect in its composition the demographics of the epidemic in the TGA with emphasis given to the disproportionately affected and historically under-served groups and sub-populations.

(a) The proportion of Council members living with HIV shall meet or exceed the minimum level defined by HRSA regulations;
(b) The Council shall include any federally mandated categorical representatives mandated by the HRSA and any additional categorically representatives designated locally and as outlined in the council's policies and procedures, which may be updated from time to time.

Section 3.4, Voting: All members shall have voting privileges on the Council.

Section 3.5, Terms: A full term as a member of the Council is three (3) years. A regular term begins on January 1. Candidates for reappointment, including those filling mandated positions, will be selected following the same policies and procedures used for new members. If a member is unable to complete a term for any reason a new member may be selected, as outlined in Section 3.9, to serve the remainder of the term.

No term limits shall apply to any member of the Council. Council members may be appointed to successive membership to the Council after each three year period.

Section 3.6, Alternative Representation of Members:

(a) Under certain circumstances as defined by policy and procedure, members living with HIV may have an alternate assigned to represent him or her during any absence due to illness related to their HIV status. Alternates will be selected according to the established policies and procedures for nomination and appointment to the Council and by any other policies and procedures that define and govern the roles and responsibilities of Council members and/or Alternate. Alternates shall participate fully in activities and meetings of the Council but vote only at those meetings which they are replacing an official Council member.
(b) Seated members who represent a category mandated by federal or local authority for which there is only one possible source for appointment will be allowed to send a designated non-voting representative according to the policies and procedures established by the Council.
(c) Other Council members do not qualify to have alternates or designated representatives assigned or appointed during absences for any reason.

Section 3.7, Resignations: Any Council member may resign at any time by giving written notice to an officer of the Council. Such resignation shall take effect as indicated in the notice or, if no date is given, on the date of receipt of notice.

Section 3.8, Termination: Members may be terminated from the Council for the following reasons:

(a) Unexcused and/or excessive absence from regular council meetings.
(b) Loss of the member's qualifying status for continued appointment;
(c) Habitual behavior that disrupts the Council's ability to conduct business in a timely and efficient manner;
(d) Conduct that negatively impacts community confidence in the Council, such as a violation of conflict of interest or breach of confidentiality.

Recommendation of terminations for any reason will be reviewed and submitted to the Council by the Executive Committee or any committee created by the Council for such a purpose. An officer, co-chairperson, or any other member may be removed from the Planning Council by a two-thirds majority vote of the Council if it is the judgment of the membership that the member in question is not serving the best interests of the Council. Notice of and the reasons will be sent to the member, submitted to the Public Health Advisory Board and provided to the Board of Supervisors as appropriate.

Section 3.9, Vacancies: If there are vacancies that occur prior to the annual nomination process, new members shall be appointed in accordance with policies and procedures created by the Council, and subject to approval by the Board of Supervisors. To the fullest extent possible, appointments will be made that maintain or augment the representation and reflect goals as mandated by HRSA or established by the Council. Vacancies may be filled at any time but action to fill vacancies shall be taken when the number of seats filled on the Council is equal to or below the minimum number established in Section 3.2, or any federally mandated categories are left empty.

Section 3.10 Attendance:

Regular meeting attendance is expected and it is the responsibility of all members to communicate unavoidable absences as specified in policy.

The Chair or Chair delegate will contact each member with two (2) consecutive unexcused absences to determine the availability of the member for continued participation.

The Chair or Chair delegate will contact each member with four (4) absences in a twelve month period to determine the availability of the member for continued participation.

After contacting the member the Chair may, using discretion, request the Executive Committee to put before the Council a motion to remove the member under Article III Section 3.8.

Members mandated by federal or local authority who are unable to attend a Council meeting because of mandated travel designated by HRSA, the appointing authority for their particular jurisdiction (i.e., El Dorado, Placer, Sacramento or Yolo County), or critical public health issue shall be considered excused.

General members who are unable to attend a Council meeting due to Board sanctioned travel and/or meeting attendance as the official representative of the Council shall be excused. Individual Council members who are absent as the result of civic responsibility (i.e., jury duty) or other third party legal obligation (i.e., subpoena, summons) shall be considered excused.

Article IV
Officers

Section 4.1, Officers: The officers of the Council shall be the Chair, and Vice Chair. The Council may or through authority vested in the Chair to appoint, such other officers as the business of the Council may require, each of whom shall have such authority and perform such duties as the Council determines necessary.

Section 4.2, Duties of the Chair:

(a) Call the session to order at the specified time for both Council and Executive Committee;
(b) Ensure that there is a quorum
(c) Announce the business and the order in which it will be considered
(d) Appoint any standing or special committee or workgroup; as designated by the Council;
(e) Suspend or terminate any special committee or work group, as determined necessary by a majority vote of the Executive Committee;
(f) Serve as a liaison and represent the interests of the Council to the Board of Supervisors, the Department of Health and Human Services, to any agency, group or individual of the public having business with the Council
(g) Perform all other duties as instructed by the Council directly, or through policy and procedure as may be necessary or incidental to the position.

(h) Act as the primary liaison between Council and Fiscal Agent to establish service priorities, financial integrity, quality assurance and Council evaluation

(i) Act as the primary contact/representative for the Council in business matters including but not limited to correspondence, complaints, information release, policy position and advocacy

Section 4.3, Duties of the Vice-Chairs:
The Vice Chair shall perform the duties of the Chair in the absence of the Chair and as delegated by the Chair or otherwise directed by the Council including but not limited to:

(a) Facilitate the effective implementation, coordination and maintenance of general business operation for the Council
(b) Act as primary liaison between council and staff to establish membership recruitment/maintenance, marketing activities, branding activities, event planning and community outreach

(c) Facilitate/coordinate the effective establishment/maintenance of committee structure as defined by the Council
(d) Give or cause to be given, all notices of regular and special meetings of the Council or any other Committee needing to conduct business

Any officer or council member may call for a special session as appropriate to the business at hand and within the requirements of the Brown Act as appropriate

Any officer may attend committee as an *ex officio* member

Section 4.4, Election and Term of Office: Officers are nominated and elected by the members of the Council to serve for three years. Officers will be elected within the three months following the annual appointment of members.

Section 4.5, Terms: No officer shall be eligible to serve more than two consecutive terms in the same office. In such cases where there is no nomination or interested candidate for the office vacancy, the term of the existing officer may be extended for three years by a two-thirds majority vote of the Council membership.

Section 4.6, Vacancies: Vacancies which occur prior to the end of a term of office shall be filled by an election at the next regular or special meeting of the Council and will serve until the next regular election of officers.

Article V Committee Structure

Section 5.1, Committees: The Council may designate one or more committees on a standing, ad hoc or advisory basis. Each committee shall consist of at least two (2) or more members of the Council and may, as desired by the Council, include nonmembers. The Chair of any committee shall be a member of the Council. The Council may assign to the committee any authority of the Council, except that no committee may:
(a) Fill vacancies on the Council or on any committee that has the authority of the Council;
(b) Amend or repeal the bylaws or adopt new bylaws;
(c) Amend or repeal any resolution of the Council that by its expressed terms is not amendable or subject to repeal;
(d) Appoint any other committees of the Council or the members of such committees.

Section 5.2, Meetings and Actions of Committees: Meetings and actions of all committees shall be governed by, and held and taken in accordance with all other provisions of these Bylaws and any other policies or procedures set by the Council which governs meetings and voting. Minutes will be taken at each meeting of any committee and shall be filed in a manner designated by Council policies and procedures.

Section 5.3, Standing Committees: The Standing Committees of the Council shall be the Executive Committee and the Governance Committee at a minimum. The current Standing Committees are as follows: the Executive Committee, the Governance Committee, the Priorities

and Allocations Committee, the Affected Communities Committee, the Needs Assessment Committee, the Council Development Committee, the Quality Advisory Committee, the Prevention Committee, and the Administrative Assessment Committee.

(a) For a description of standing committees, refer to Policy and Procedure Manual document GOV 02.

Section 5.4, Executive Committee: The purpose of the Executive Committee is to act for the Council between meetings under parameters set by the Council and to provide guidance for the Council in fulfilling its responsibilities and establishing and reaching its goals.

(a) Executive Committee members must be Council members and serve a two-year term.
(b) The Executive Committee shall have a minimum of 7 and a maximum of 15 members.
(c) At least 33% of the members shall represent affected communities.
(d) The Executive Committee shall be composed of the following:
    i. Any officers as established and elected by the Council;
    ii. The Sacramento County Health Officer or the person designated by the Health Officer as a member of Council;
    iii. Standing Committee Chairs;
    IV. Up to 4 members selected at-large when the committee does not include at least one person from El Dorado County, Placer County, or at least 33% people living with HIV. Additionally, at-large appointments can be made when the desired level of representation or the total number of members fails to reach the minimum number established for the committee.
    v. Regardless of any other representation on the Executive Committee, the Fiscal and Administrative agent may designate a person to serve as a nonvoting member of the Executive Committee.
(e) The Chair of the Executive Committee shall be the Council Chair;
(f) The responsibilities of the Executive Committee shall include, but not be limited to:
    i. Assessment of the efficiency and effectiveness of the administrative mechanism for rapidly and appropriately allocating the funds within TGA;
    ii. Review and act upon grievances according to policies and procedures established by the Council.
    iii. Instituting procedures for Council record keeping and other administrative functions;
    iv. Review and comment on reports and recommendations from committees, but not making decisions except issues that may be delegated by the Council or that are urgent and time-sensitive.
    v. Acting as a coordinating mechanism for the Committees, workgroups and a sounding board and problem-solving mechanism for complex or controversial issues;
    vi. Review and recommend disciplinary action against members, in accordance with criteria established by Council bylaws.
    vii. Conduct an annual assessment of the efficiency and effectiveness of Council support services and recommending changes as needed;
    viii. Review, prioritize and recommend parameters for the Council's regular meetings;
    ix. In general, advise and provide leadership to the Council;

x. Report any actions or recommendations from the Executive Committee at the next regular Council meeting.

Article VI
Meetings and Operating Procedures

Section 6.1, Regular Meetings: A regular meeting schedule for the Council will be set by the Council and can be temporarily amended as the need arises by the Chair or the Executive Committee. There will be at least six (6) regular meetings during the year. Additional meetings may be scheduled, as needed. Whenever possible, at each Council meeting the date and time of the next Council meeting shall be established.

Section 6.2, Special Meetings: Special meetings may be held on the call of any two (2) officers or four (4) Council members. Should such a meeting be called, all members shall be notified by telephone, facsimile or other reasonable alternative at least forty-eight (48) hours prior to the specified meeting time. The call or notice for a special meeting must state specifically the subject matter of the meeting. No other subject matter may be introduced or considered at the meeting.

Section 6.3, Quorum: One-third of the number of seated Council members constitutes a quorum for the transaction of business for which there is no dissenting vote. Members present representing at least one-third of the total seated members but not more than a majority of the total, may conduct any business with a 3/4 vote of those present. When a majority of the seated members are present any business can be transacted with a simple majority vote of those present. A majority must be determined based on all those present excluding those who cannot vote due to a conflict of interest as described in Article VII. Proxies are not permitted, with the exception of voting by alternates for affected community members as described under Article III Section 5. Members present at a duly called or held meeting at which a quorum is present may continue to do business until adjournment, not withstanding the withdrawal of enough members to have less than a quorum.

Section 6.4, Open Meetings: Council meetings shall be open to the public except under circumstances and procedures as prescribed by applicable county and state policies which allow for particularly sensitive information to be discussed in an executive session of a policy body. Written minutes shall be kept of all meetings and considered for approval at the next scheduled meeting. Members of the public may speak on issues related to Council business or consistent with the Council purpose under general guidelines set by the Council.

Section 6.5. Parliamentary Procedure: Robert's Rules of Order (Webster's New World Version, Simplified and Applied, Robert McConnell Productions 1999) shall govern all meetings of the Council and its committees except as otherwise provided in these Bylaws.

Article VII Conflict of Interest

Section 7.1, Definitions: Conflict of interest is a breach of an obligation to the council that has the effect or intention of advancing one's own interest or the interests of others in a way detrimental to the interests or potentially harmful to the fundamental mission of the Council.

Section 7.2, Member's Responsibilities: The Council maintains a Conflict of interest and Ethics Code that calls for the members to conduct themselves in such a way as not to convey the impression on any person that they can be influenced into actions that conflict with their personal duties. It is expected that all Council members conduct themselves with the highest ethical standards in a manner that will bear the closest scrutiny.

Section 7.3, Disclosure Forms: All Council members will file an annual Statement of Economic Interest (Form 700) as provided in the Conflict of Interest and Ethics Code.

Section 7.4, Disputes: Challenge by any Council member relative to a perceived conflict of interest shall be pursued through Parliamentary procedure including but not limited to a motion of Personal Privilege.

Section 7.5, Removal: Any member may be removed from the Council and all committees when it is determined that the member knowingly attempted to influence the Council in an area of interest conflict.

Article VIII Confidentiality

Section 8.1, Prohibition: No member of the Council or its committees shall disclose confidential information acquired in the course of his/her official duties.

Section 8.2, Definition: Confidential information shall include, but is not limited to:

(a) Information concerning the medical condition, substance abuse history, or sexual orientation of any individual, whether a member of the Council, a member of a committee, or the recipient of a service provided with Part *A/B* funds;
(b) Any other confidential information, official in nature that is not suitable for public disclosure.

Article IX Grievances

Section 9.1, Grievances: Persons or agencies who have a grievance regarding a decision made directly by the Council or regarding services provided by Ryan White CARE Act funds must follow the policies and procedures established by the Council. The authorized policies and procedures are available from the Council, its officers or designated agent upon request.

Article X
Amendments

Section 10.1 Revisions: These Bylaws maybe amended by a three-fourths vote of the Council members present at a properly constituted meeting.

Section 10.2, Notice of Proposed Revisions: Copies of all proposed amendments to the Bylaws shall be sent to all members of the Council at least seven (7) working days prior to the meeting at which such amendments are to be considered for adoption.

Section 10.3, Scope of Authority for Revisions: At a meeting to amend bylaws, decisions can only be made on those bylaws contained in the prior notice as described in Section 10.2.

Signed: Kane R. Ortega _____ Date: 8/28/13

Kane Ortega, Chair

HIV Health Services Planning Council
General Directives Fiscal Year 2017-2018

General Directive 1
The service provider must have a process in place that documents that Ryan White is the payer of last resort, that no other resources are available, and that all appropriate referrals were made for eligible services.

General Directive 2
All Ryan White Care service categories will be provided in a manner that provides for 100% access and 0% disparity to all populations.

General Directive 3
With the exception of ambulatory care, psychiatric, dental and substance abuse services, clients cannot access services outside of their county of residence without referral and prior authorization through the Medical Case Management system.

General Directive 4
As the Priorities and Allocations committee develops alternate funding scenarios based on possible funding losses, the Fiscal Agent shall choose the nearest approved allocation scenario to fund provider contracts for FY 2017-2018.

The grant award will determine which scenario is to be used by the Fiscal Agent (FA). The FA shall use the scenarios approved by PAC and the Council and the approved percent variances. In Fiscal Year 2017, it will be:

- If the grant award is within 5% higher or lower of the ***application requested amount***, the Fiscal Agent will pro-rate the increases/decreases pro-rated across all service categories.

- If the award is 1% to 5% less than the FY16 ***actual award***, the Council approved FY16 Flat Funding scenario shall be used and pro-rated across all service categories, with the exception of Pediatric Treatment Adherence which will remain at the FY16 Allocation.

- If the award is 6% - 13% less than the FY16's ***actual award***, the 10% Council approved reduction scenario shall be used and pro-rated across all service categories, with the exception of Pediatric Treatment Adherence which will remain at the FY16 Allocation.

- If the award is 14% or more lower than the FY16's ***actual award***, the Fiscal Agent will consult the HIV Health Services Planning Council's Priorities and Allocation Committee to develop a final FY17 Allocation plan.

- If the award is within 5% higher than the FY16's ***actual award***, the 5% increase scenario shall be used and pro-rated across all service categories.

General Directive 5

The Affordable Care Act (ACA) ensures that all legal U.S. residents are able to obtain affordable health care coverage, regardless of any pre-existing conditions. Legal California residents are able to get affordable private health care coverage from a variety of plans through Covered CA. There are Penalties if residents do not get coverage.

The service provider must have a process in place that documents that the client has been informed of the ACA requirements and that appropriate referrals were made for ACA enrollment.

Adopted:_____ Date: ___4/26/17_____

Susan Farrington, Chair

Sacramento TGA

Service Category Directives, FY 2017

Medical Transportation Services Directive 1

Medical Transportation funds shall be used for the reimbursement of volunteer drivers or for the purchase of public transportation fare (Light Rail or Bus pass). Transportation funds shall only be used for taxi service when all other less costly forms of transportation have been pursued.

Medical Case Management Directive 1

Medical Case Management is a fundamental approach to efficient and effective intervention whether provided as an office based or as a home or field deployed strategy. To ensure and facilitate continued home or field case management services, a minimum of 40% of Sacramento-based case management services must be provided through the home or field orientation. Placer, and El Dorado and Yolo counties are to determine case management ratios based on individual community need consistent with the local services allocation process for each jurisdiction.

Medical Case Management Directive 2

All agencies providing Ryan White-funded Medical Case Management services will be designated as either "Field Based" or "Office Based" to ensure that proper billing occurs. Any agency designated as "field-based" **must** offer clients the alternative of meeting case management staff at locations outside the agency's normal place of business office and convenient for the client.

Housing Directive 1

Ryan White Funds may be used for short-term or emergency housing defined as necessary to gain or maintain access to medical care and must be administered in accordance with U.S. Department of Health and Human Services, Health Resources and Services Administration, HIV/AIDS Bureau, Policy Clarification Notice 16-02, as well as, Sacramento TGA Service Standard 15 – Housing Assistance Services.

Rent Subsidy and Emergency Housing services will be administered through the TGA's case management system.

Clients may receive rent subsidy assistance services once each fiscal year unless additional assistance is authorized by the Fiscal Agent. Eligible Ryan White clients must meet the following criteria for eligibility for rent subsidy assistance:

1. be in medical care and compliant with their case management plan;
2. Provide proof of pending eviction or 3-day notice of eviction.
3. Provide landlord name and tax identification information.

Emergency Housing may include motels, hotels, rooming houses, etc.

a. Emergency housing payments may be utilized on an emergency or transitional basis for no more than 14 nights per year, at the most reasonable rate available in the community for emergency per-diem housing which meets acceptability standards, unless specific contractual agreements with funding sources provide extensions. Provision of assistance beyond this 14 night cap will require the TGA's Fiscal Agent approval.
b. This assistance will be accompanied by a documented plan to obtain more permanent housing and such medical case management and advocacy as is needed to pursue the plan.

Adopted:_____ Date: ___4/26/17_____

Susan Farrington, Chair