

**NEWARK ELIGIBLE METROPOLITAN AREA (NEMA)  
HIV HEALTH SERVICES**



**PLANNING COUNCIL OPERATING POLICIES &  
PROCEDURES (OPPS)**

(Created on June 5, 1997)

(Revised and Approved by Planning Council on September 19, 2018)

## I. GOAL

To plan for the development, implementation and continual improvement of health care and treatment services for People Living With and Affected by HIV & AIDS (PLWHA), who reside in the Newark Eligible Metropolitan Area (EMA), which consist of the five New Jersey Counties of Essex, Morris, Sussex, Union and Warren.

## II. OBJECTIVES

- 1) Develop and implement policies and procedures for Planning Council operations.
- 2) Assess the HIV care and treatment needs of PLWHA in the Newark EMA.
- 3) Develop and implement a Comprehensive Health Plan.
- 4) Set priorities, allocate resources to service categories and provide guidance (Directives) to the Recipient on how best to meet these priorities.
- 5) Help ensure coordination among entities providing HIV-related services.
- 6) Assess the administrative mechanism.
- 7) Develop and periodically review best practices/Service Standards.
- 8) Evaluate program effectiveness.

## III. MEMBERSHIP PROFILE

The Council membership must reflect fair and equal representation from the five counties of Essex, Union, Morris, Sussex and Warren, including PLWHA and affected communities within those counties. The Planning Council will be comprised of a **minimum of eighteen (18) and a maximum of thirty-four (34) members** and must include representation by the following categories as outlined in Section 2602(b)(2) of the Ryan White Treatment Extension Act of 2009:

- a. **Health care providers, including federally qualified health centers;**
- b. **Community-based organizations providing services to affected populations and AIDS service organizations;**
- c. **Social service providers, including providers of housing and homeless services;**
- d. **Mental Health providers;**
- e. **Substance abuse providers;**
- f. **Local public health agencies;**
- g. **Hospital planning agencies or other Health Care planning agencies;**
- h. **Affected communities, including people with HIV/AIDS, members of Federally recognized Indian tribe as represented in the population, individuals co-infected with Hepatitis B or C, and historically underserved groups and sub-populations;**
- i. **Non-elected community leaders;**

- j. **State Medicaid agency;**
- k. **State Part B;**
- l. **Part D recipients; or if none are operating in the area, representatives of organizations with a history of servicing children, youth, women, and families living with HIV and operating in the area;**
- m. **Recipients of other Federal HIV programs, including but not limited to providers of HIV prevention services; and**
- n. **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.**

Section 2602(b)(5)(C) states that no less than 33 percent of the members must be consumers who:

- “are receiving HIV-related services” from Part A-funded providers;
- “are not officers, employees, or consultants” to any providers receiving Part A funds. And “do not represent any such entity”; and
- “reflect the demographics of the population of individuals with HIV/AIDS” in the EMA.

This means that the demographics of the HIV/AIDS epidemic must be reflected for the whole planning council membership and the *consumer membership*. In addition, at least two of these consumer representatives must publicly disclose their HIV status.

#### **IV. MEMBERSHIP**

- 1) All prospective members must complete a standard Planning Council Membership application and submit it to the Council’s office. The council staff will in turn forward applications to the Executive Committee for review and processing. At the completion of the Executive Committee’s evaluation process, applications that meet the criteria and are approved will be referred to the Chief Elected Official, who ultimately selects and appoints the representatives of his/her choice.
- 2) Appointed members shall be appointed to terms of one, two, or three years from their Official Swearing-In Ceremony.
- 3) Planning Council Members are required to receive initial orientation and attend HRSA mandated trainings as scheduled by the Planning Council’s office which assures that they are thoroughly familiar with the Ryan White Treatment Extension Act of 2009.
- 4) All Planning Council members must join at least one Standing Committee within the council and actively participate in those processes.
- 5) A member in good standing is a member with an application on file and who has not missed (this includes both excused and unexcused absences) three (3) or more consecutive regularly scheduled meetings or fifty (50%) of the regularly scheduled meetings in any six (6) month period. The Council secretary in conjunction with the Council staff is responsible for maintaining Planning Council Membership attendance records. In the event a Council member misses three (3) or more consecutive meetings, the chairperson will be informed, and the member notified that he/she is no longer in

good standing. The Council Chairperson in consultation with the member will decide whether the member will re-commit and re-apply to the Council or resign.

**V. COMMITTEE LEADERSHIP AND ROLES OF OFFICERS**

The Planning Council will have a Chair, Vice-Chair, Secretary and Treasurer to guide its work. The Chair shall be appointed by the Chief Elected Official. The Vice-Chair, Secretary and Treasurer are appointed by the Planning Council Chair. In the absence of the Chair and the Vice-Chair, the Treasurer will conduct meetings.

**VI. CONDUCTING BUSINESS**

**1) Calendar of Meetings**

The Planning Council shall establish a calendar of monthly meetings. In the event that a monthly meeting cancelled, business will be tabled to the next monthly meeting.

**2) Cancellation of Meetings**

The Planning Council's Chair has the option of cancelling meetings due to e.g. lack of business or expected poor attendance.

**3) Conducting Meetings**

Planning Council meetings will follow an adaption of parliamentary procedures as indicated by the Chair. In the event of a disagreement on how the meeting should be conducted, Roberts Rules of Order will take precedence. The Chair may request assistance from a parliamentarian; however, the parliamentarian is not a Council member and cannot vote.

**4) Recording Meetings**

Planning Council meetings will be audio-recorded to facilitate the preparation of meeting minutes by the Council staff.

**5) Contributions of Non-members and Closed Sessions**

All Planning Council meetings shall be open to the public for observation. The Council must entertain public comment during a "Public Testimony" section of the agenda. Individuals will be allowed five (3) minutes and groups seven (5) minutes for public testimony. The Chair must make a response to public testimony (if deemed necessary and appropriate) prior to the next scheduled meeting of the Council.

Other than public testimony, non-members can speak at the discretion of the Chair who has the authority to limit discussions from non-members. The Chair has the option of inviting non-members to the table and requesting name plaques for members, so Planning Council Members are easily identified.

**VII. DECISION MAKING PROCESS**

Quorum voting will occur with a majority (more than half) of eligible voting Planning Council members. All members in good standing are eligible to vote except the Chair.

The Chair is not eligible to vote unless there is a tie but is eligible to participate in discussions. There will be no proxy votes or votes in absentia.

Ryan White Part A service provider representatives are not eligible to vote for service priority allocations for their County/Region. All members in good-standing (unless otherwise, as noted above) may vote for the NEMA-wide allocations.

**VIII. GRIEVANCE AND COMPLAINTS**

The Planning Council shall establish procedures for addressing “grievances with respect to funding”. These procedures must include binding arbitration for any disputes that cannot be resolved by other means and shall be described in the by-laws of the Planning Council.

**IX. CONFLICT OF INTEREST**

Candidates for planning council membership must be selected from locally delineated and publicized criteria, which include a conflict-of-interest standard that is incorporated and described in the by-laws of the Planning Council.

Conflict of interest can be defined as *an actual or perceived interest by the member in an action that results or has the appearance of resulting in personal, organizational, or professional gain.*

As appropriate, the definition may cover both the member and a close relative, such as a domestic partner, sibling, parent or child.