



***GREATER HARTFORD***  
***RYAN WHITE***  
***PART A***  
***PLANNING COUNCIL***  
***BY-LAWS***

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**The Health Resources and Services Administration (HRSA) Ryan White HIV/AIDS Program (RWHAP) Part A Planning Council is a federally mandated body responsible for planning the organization and delivery of HIV services in Eligible Metropolitan Areas (EMAs) and Transitional Grant Areas (TGAs). It must include at least 33% unaligned people with HIV(consumers) and ensures community input, service prioritization, and resource allocation. Per HRSA/HAB website.**

## **ARTICLE I – NAME/DESIGNATION AND SERVICE AREA**

### **Section I – Name and Designation**

#### **Section I (A) – Name**

The Planning Council shall be known as the **Greater Hartford Ryan White Part A Planning Council**. As used in these by-laws, the words “Planning Council” or “Council” mean and refer to the Greater Hartford Ryan White Part A Planning Council. \*Noting that we serve the Toland and Middlesex County\*

#### **Section I (B) – Designation**

The area was designated as a Ryan White CARE Act Eligible Metropolitan Area (EMA) from 1996-2006. As of March 1, 2007, the area will be a Transitional Grant Area under the HIV Treatment Modernization Act of 2006 (hereinafter “TGA”). \*\*Explanation of the designation of a TGA\*

### **Section II – Service Area**

The areas served by the Planning Council are the fifty-seven (57) towns in Hartford, Tolland, and Middlesex counties.

## **ARTICLE II – MISSION STATEMENT/GOAL AND OBJECTIVE**

### **Section I – Mission Statement**

The mission of the Greater Hartford Ryan White Part A Planning Council is to determine priorities for how Ryan White Part A funds are allocated based on the documented needs of the HIV/AIDS communities within the TGA. It is the responsibility of the Council to assure that all infected and affected communities and populations of the TGA are represented on the Planning Council.

### **Section II – Goal and Objective**

The goal of the Greater Hartford Ryan White Part A Planning Council is, through its needs assessment and planning processes and through the allocation of funding, to create a seamless continuum of care that addresses the needs of the infected and affected populations of the three counties it is charged to serve. Its major objective is to ensure access to core medical services.

## **ARTICLE III – DUTIES AND COMPOSITION OF THE PLANNING COUNCIL**

### **Section I – Duties**

In order for the Planning Council to ensure a seamless continuum of care and support clients’ access to high quality primary care that meets Public Health Service Treatment Guidelines and support services designed to improve the clinical health outcome of people living with HIV/AIDS, the Planning Council shall:

1. Establish priorities for allocation of funds within the Greater Hartford TGA, including how best to meet

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- each priority and identify additional factors that the recipient should consider in allocating funds and awarding grants and/or agreements, under a grant based on the (a) documented needs of the HIV/AIDS infected population; (b) cost and outcome effectiveness of proposed strategies and interventions, to the extent that such data are reasonably available; (c) priorities of the HIV/AIDS infected communities for whom the services are intended; and (d) availability of other governmental and non-governmental resources;
2. Develop a comprehensive plan for the organization and delivery of health services, described in Section 2604 of the Ryan White CARE Act and that is compatible with any existing state or local plans regarding the provision of health services to individuals infected with and affected by HIV/AIDS in the Greater Hartford TGA;
  3. Assess the efficiency of the administrative mechanism in rapidly allocating Ryan White Part A funds to areas of greatest need, as identified by the Planning Council, within the TGA;
  4. Participate in the development of the Statewide Coordinated Statement of Need (SCSN), initiated by the Connecticut Department of Public Health (DPH);
  5. Establish methods for obtaining input on community needs and priorities, which may include holding public meetings, conducting focus groups and convening ad hoc panels. Input will also be sought from the Positive Empowerment Committee ;
  6. Establish and monitor compliance with operating procedures, which include specific policies for resolving disputes, responding to grievances, minimizing and managing conflicts-of-interest, Standards of Care, Performance Standards, as well as with these By-laws, regarding the governance of the Planning Council.

The Planning Council's decision-making process shall be governed by the following:

1. **Epidemiology:** The percentage of cases in specific population categories or geographic area will be the major influence on the selection of services and the allocation of funds;
2. **Gaps in Services:** Efforts will be made to fill the service gaps identified from the needs assessment and the comprehensive needs assessment review;
3. **Equity:** Every attempt will be made to allocate funds so that low income, uninsured and under-insured infected and affected groups receive necessary services based on demonstrated needs;
4. **Emerging Needs:** Every attempt will be made to address emerging needs and developing issues by allocating appropriate levels of funding;
5. **Unmet Need:** Every attempt will be made to address the need for HIV-related health services by individuals with HIV who are aware of their HIV status, but are not receiving regular primary health care.

## Section II – Composition

The Planning Council shall consist of no less than twenty-five (25) members per HRSA Legislative Mandate and no more than thirty members who reside in and or receive Ryan White Part A Care throughout the TGA.

With unaligned consumers being no less than the mandated thirty-three percent, with a goal of 45% of unaligned members.

At least (1) person but no more than 2 persons who represents an agency that receives Ryan White Part A funding may serve as members on the Planning Council at any one time. Exceptions may be made by The Continuum of Care Committee to identify any populations to focus on based off emerging data at their discretion to ensure representation of underserved populations for Planning Council Membership.



## **ARTICLE IV – MEMBERSHIP**

### **Section I – Members**

The terms “member” or “members,” as used in these by-laws to refer to persons who have been interviewed by the Membership Committee, recommended to the Steering Committee, approved by the Planning Council, and duly and lawfully appointed to the Greater Hartford Ryan White Part A Planning Council by the Chief Elected Official of the Greater Hartford Transitional Grant Area, that is, the Mayor of the City of Hartford (hereinafter “*Mayor*” or *CEO*).

### **Section II – Categories of Membership**

At a minimum, membership of the Planning Council shall include representation of the following categories:

1. Persons living with HIV/AIDS. Representatives of this group must comprise a minimum of 33% of the Planning Council, and shall be persons who are receiving HIV-related services from Part A funded providers and or who reside in the TGA, who are not officers, full time (30 hours or more) employees, or consultants to any providers receiving Part A funds and who do not represent any such entities and, as a group, reflect the demographics of the population of individuals with HIV/AIDS in the TGA;
2. Health care providers, including federally qualified health centers (FQHC);
3. Community-based organizations serving affected populations and AIDS service organizations;
4. Social service providers, including providers of housing and homeless services;
5. Mental health and Substance Use Disorder 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. Recipients under Subpart II of Part A of the Ryan White HIV/AIDS Care Services Program
12. Recipients under Section 2671, 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. Recipients under other Federal HIV programs, including but not limited to providers of HIV prevention services; and
14. Representatives of individual who formerly were Federal, State, or local prisoners, were released from the custody of the penal system during the preceding three (3) years and had HIV/AIDS as of the date on which the individuals were so released.

### **Section III – Alternates and Advisors**

#### **Section III (A) – Alternates**

The Planning Council will have a pool of alternates, who have been interviewed by the Membership Committee, recommended to the Steering Committee and approved by the Planning Council. Alternates shall be invited to all Planning Council and committee meetings and shall sit as voting members in place of absent Planning Council members in order to ensure that quorum is met, and voting can occur. There can only be one alternate member per agency.

Service as an alternate does not convey permanent membership on the Planning Council. The Membership Committee may recommend to the Steering Committee that an alternate, based on the representative needs of the



membership roster, fill a vacancy on the Planning Council. The nomination of an alternates to serve as a Planning Council member must follow the nomination process for all new Planning Council appointees (i.e. interviewed by the Membership Committee, recommended to the Steering Committee and approved by the Planning Council). Membership Attendance Policies also apply to Alternates. Alternates should sit at the table and Co-Chairs will inform them if they are eligible to vote.

Alternates interested in being considered for membership on the Planning Council may be recommended by the Membership Committee, the Steering Committee, approved by the Planning Council, and appointed by the Mayor.

### **Section III (B) – Advisors**

From time to time, the Planning Council at its option may confer Advisor status on other persons whose presence is deemed to contribute to the Council. Advisors may participate fully in the discussion of matters before the Planning Council and its committees but shall not have a vote.

### **Section IV – Ex-officio Members**

The following shall be ex-officio members of the Planning Council: the Director and Deputy Director of the City of Hartford Department of Health and Human Services, the Executive Assistant to the Mayor of the City of Hartford, a representative of the Purchasing Division of the City of Hartford Finance Department, the City of Hartford Ryan White Part A Project Director, and the Greater Hartford Ryan White Part A Planning Council Coordinator.

### **Section V – Term of Membership**

Terms of membership on the Planning Council shall be two (2) years. Upon expiration of their terms, members may be nominated and re-appointed to one additional two (2) year term, except that nonaligned persons with HIV/AIDS (i.e. persons who do not work full time (30 hours or more) for or serve on the board of an agency receiving Ryan White Part A funds) may be nominated and appointed to a third consecutive two (2) year term up to six years for membership living with HIV / AIDS or work for Ryan White Service Agency.

After serving two (2) or three (3) consecutive terms, individuals must wait six (6) months before re-applying for membership on the Planning Council. Unaligned consumers will have automatic renewal at the end of each term. Former members are always invited and encouraged to participate in Planning Council meetings and activities.

If the term of membership of a co-chair of the Planning Council will expire during his or her term of membership, the membership shall be extended to coincide with his or her term as co-chair.

All members are expected to participate in a standing committee, excluding the steering committee as this committee is an administrative body and its members consist of Co-Chairs of each committee.

### **Section VI – Nominations**

Individuals interested in becoming members of the Planning Council can either be self-nominated, nominated by another Planning Council member, or of by another party. Membership applications can be obtained on our Website or from Planning Council Support Staff at all Planning Council meetings.

### **Section VII – Approval of Nominees/Closed Session**

In order to protect the confidentiality of persons nominated for membership on the Planning Council, the approval of nominations shall occur during a closed session at the end of the Planning Council meeting. All non-Planning Council members, as well as potential membership candidates, re-appointees, and any affected parties will be asked to temporarily leave the meeting while Planning Council members vote to approve the nomination of new members and reappointment of members.



### Section VIII – Appointment of Members by CEO

The Mayor may appoint to the Planning Council those individuals who have been approved for membership by the Planning Council. The Planning Council will endeavor to maintain a balance in the membership of the Council that reflects the gender, sexual orientation, substance abuse, race, ethnicity and geographic demographics of the HIV/AIDS infected and affected population in the TGA. The Planning Council shall instruct the Membership Committee to maintain a list of nominees in accordance with the Council’s nomination process, as outlined in the Policy and Procedures Manual, for periodic submittal to the Planning Council for approval prior to forwarding the names of nominees to the Mayor for appointment to the Planning Council.

### Section IX – Attendance

The Planning Council attendance requirements are intentionally very liberal to permit members to meet other obligations and attend to their health care and other personal needs. However, the Planning Council support staff should be notified that a member will be absent, in writing when appropriate, 24 hours in advance from a Planning Council meeting. In the event of an emergency, Members have 5 business days to notify Planning Council Support staff about extenuating circumstances. If a Member does not provide written notice to Planning Council Support, arrives after first vote or leaves before a meeting is adjourned, they will be marked absent. Standard operating procedures for attendance, leave of absences, grievances and appeals are as follow:

Council Members will be administratively discharged after (3) three absences incurred during the grant year (March 1 – February 28). Members will be notified of their membership status after their second absence in the grant year.

The Council reserves the right to administratively discharge a Council member – including a Council Co-Chair – for cause such as non-compliance with the Council attendance policies or other behavior detrimental to the best interest of the Council. The Steering Committee will decide and notify the individual about Council status.

Any member of the Planning Council, who needs to request a leave of absence, may do so by submitting in writing to a Co-Chair of the Planning Council. That Co-Chair will submit the letter to the Membership Committee for recommendations to be forwarded to the Steering Committee.

Any Member who is administratively discharged can make an appeal by completing a Grievance/Appeal Form to submit to the Planning Council Co-Chairs. They must attend the next regular meeting and meet with the Steering Committee to discuss the circumstances.

Co-Chairs will notify persons requesting a Leave of Absence, Grievance or Attendance Appeal, if it is accepted or rejected within 30 days of submitting the notice or appeal. Non-Binding Mediation & Binding Arbitration is restricted to any individuals or entities that are directly affected by the outcome of decisions of the Council regarding Priorities or Allocations of Resources. The Steering Committee will then present approved recommendations to the Council.

### Section X – Member’s Duties and Responsibilities

It is the duty and responsibility of voting members to:

1. Attend and participate in Planning Council monthly, special, and emergency meetings, trainings and retreats;
2. Participate in two standing committees;
3. Participate in Council-sponsored training at least once a year;
4. Participate in the annual Priority Setting and Resource Allocation Process Trainings and in the sessions at which needs assessment data is presented and discussed. Participation in both of these sessions is mandatory in order to participate in the priority setting and resource allocations process;

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5. Review materials of Planning Council and/or committee discussion/action before scheduled meetings; and
6. For all new members, participate in New Member Orientation and Training and Review Orientation materials provided by the support staff within thirty days after appointment.

## Section XI – Resignation and Removal of Members

A Planning Council member or alternate shall serve his/her designated term unless he/she resigns, are removed, or otherwise disqualified to serve.

### Section XI (A) – Resignation by Notice

Any Council member or alternate choosing to leave the Planning Council shall submit a letter, or send an e-mail, of resignation to the Co-Chairs of the Planning Council. Resignation by Notice shall take effect on the date of receipt of such notice by the Planning Council Co-Chairs or Planning Council Coordinator (See Article VIII – Attendance).

### Section XI (B) – Removal Due to Inappropriate Behavior

A member of the Planning Council may be removed by a two-thirds vote of a quorum for rude, insulting or otherwise unethical behavior at the Planning Council, standing or ad-hoc meetings. If the Co-Chairs determine that a member's behavior at a Planning Council or committee meeting is rude, insulting or unethical, the co-chairs shall meet privately with the member and explain what standard of behavior is expected. If the rude, insulting or unethical behaviors persist, the co-chairs may recommend a member's removal from the Planning Council. In such instances, the Planning Council shall issue to the member a written notice of its intent and the reasons for the recommendation. The member shall have fifteen (15) days to respond in writing. Responses will be addressed to the Membership Committee Co-Chairs and mailed to the Planning Council Staff Office. Upon receipt of the response or after fifteen (15) days from the date of notice, the Council shall vote at its next scheduled meeting on the matter. Upon a vote for removal, written notification of said action shall be sent to the member, Mayor and Recipient. The co-chairs shall follow a similar procedure for members who also inappropriately represent council policy or actions to the media without prior authorization to speak on behalf of the Council (See Article IX, Sections I and II).

If members or participants commit sexual harassment, threaten to, or cause physical or bodily harm to any participants, they will be removed from the planning council immediately and will not be allowed to return.

## Section XII – Vacancies

The Membership Committee will fill vacancies, which arise on the Planning Council, in the timeliest manner possible.

## ARTICLE V – OFFICERS

### Section I – Composition

There shall be two co-chairs of the Planning Council, one of whom must be a person living with HIV/AIDS.

### Section II – Eligibility

In order to be considered for the Planning Council co-chair position, it is **recommended** that a nominee have the following experience and/or skills:

1. Must be an active Planning Council member;
2. Knowledge of Ryan White Part A Services;
3. Have a working knowledge of Roberts Rules of Order;
4. Have completed at least one year of work on a committee of the Planning Council;
5. Have an understanding of group process as exhibited through formal education, work experience or



training.

6. Have attended at least one HIV/AIDS conference;
7. Have experience with long range planning processes;
8. Have cultural sensitivity;
9. Have experience working with culturally and linguistically diverse groups of people;
10. Have an ability to bring people together and build consensus;
11. Must have patience;
12. Have a willingness/desire to serve;
13. Have a commitment as evidenced by other volunteer activities;
14. Have at least one personal recommendation;
15. Have the ability to make the time commitment of at least 1.5 hours per week and
16. Have a working phone.

### Section III – Nomination and Election of Officer

1. In June, the Steering Committee will develop a list of eligible candidates based on the applicable co-chair qualifications;
2. The Steering Committee will request the Positive Empowerment Committee to make a nomination for the consumer co-chair position. These nominations do not constitute or guarantee an election as co-chair;
3. Staff will contact prospective candidates to determine their interest in serving as a co-chair and prepare the final list of prospective;
4. The list of Steering Committee recommended co-chair candidates will be presented at the July Planning Council meeting for review but not nomination;
5. At the July Planning Council meeting, nominations of individuals who meet the applicable qualifications for co-chair will also be accepted from the floor;
6. All persons nominated will be asked to prepare a brief written statement as to why he or she is seeking election as a Planning Council Co-Chair. These statements will be presented at the August Planning Council meeting after which eligible voting Planning Council members will vote on a qualified co-chair nominee;
7. The co-chair nominee's name will be sent to the CEO for appointment as co-chair, and
8. The newly appointed co-chair will then mentor under the current co-chairs for September and October and assumes the respective role of co-chair and the November meeting.

All elections of the co-chairs shall be for two (2) year terms.

### Section IV – Duties of Officers

1. One or both co-chairs shall preside at all meetings of the Planning Council and shall perform all other duties necessary or incidental to the position;
2. Co-chairs shall be voting members of each standing committee;
3. At least one co-chair shall preside over Steering Committee meetings;
4. Co-chairs are empowered to speak to media, and in public forums on behalf of or representing the position of the Planning Council on policies, positions, mandates previously approved by the Council and on routine matters pertaining to the Council's operations, goals and objectives. They shall also serve as the official Planning Council spokespersons, representing the Planning Council to the Part A Recipient and Federal grantor, and
5. Co-chairs shall create ad-hoc committees as needed.



### Section V – Vacancy

In the event of a vacancy in either office, the Steering Committee will appoint a qualified person to serve out the remainder of the term (See Article V, Section I). The senior co-chair of the Positive Empowerment Committee is the alternate co-chair of the Planning Council.

### Section VI – Term of Office

The term of office of Planning Council Co-Chairs shall be two (2) years. Should a co-chair's membership term end before his or her Planning Council Co-Chair term, the membership term will be extended to reflect and coincide with the co-chair term. The Consumer Co-Chair term may be extended for one full year to promote continuity of leadership or fulfill federal mandates. The process of electing a Consumer Co-Chair is to commence no later than 6 months within the extended year.

### Section VII – Removal of Officer

Elected officers may be removed for cause (See Article III, Section X (B)) by a two-thirds vote of a quorum at any regularly scheduled or special meeting of the Planning Council. This must appear as an item on the agenda in accordance with the rules for meeting/agenda notification.

## **ARTICLE VI – COMMITTEES**

### Section I – General Provision

1. Any standing committees shall have such powers and duties as the Planning Council may determine. Each committee shall consist of no less than three (3) Planning Council members or alternates, provides that each committee is comprised of a minimum of 25% of persons living with HIV/AIDS. Ad-hoc Committees of the Planning Council may be created at any time to meet the operational needs of the Planning Council. All Planning Council Members are required to participate in at least one standing committee. The Council shall also encourage interested and knowledgeable individuals, especially persons with HIV/AIDS who are not members of the Planning Council to participate in the work of the committees. All committee meetings are open to the public. It is the duty and responsibility of voting members to participate in two standing committees.

All Committees will be required to develop a timeline outlining the start and end date of activities their respective committee will undertake throughout the year.

### Section II – Standing Committees

Standing committees shall meet regularly and define their own voting rights and procedures as related to their respective committee work. The co-chairs of the standing committees must be members of the Planning Council. The standing committee co-chairs shall be voting members of the Steering Committee and will report their activities and recommendations at the monthly Steering Committee meeting and then to the Planning Council. No one member of the Planning Council shall be co-chair of more than one standing committee, wherever possible, without presiding over 2 Standing Committees.

#### 1) **Steering Committee**

The Steering Committee shall:

- a) Oversee the administration of the full Council in the performance of its ongoing responsibilities,
- b) Make sure the Council is operating and following current Ryan White and HRSA mandates,
- c) Set the Planning Council agenda,
- d) Monitor progress in achieving the goals of the comprehensive plan to direct HIV services,
- e) Review bi-annually Planning Council budget, transportation, gift cards, lunch
- f) Assist in the creation and monitoring of a Memorandum of Understanding between the Council and the Administrative Agency,

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- g) Establish and maintain the size, composition and membership of each committee, and
- h) Convene ad-hoc committees as necessary.

## 2) **Priority and Needs Assessment Committee:**

The Priority and Needs Assessment Committee shall:

- a) Oversee the development and implementation of community needs assessments,
- b) Review and participate in the development of the Statewide Coordinated Statement of Needs,
- c) The committee assess: The size and demographics of those living with HIV/AIDS, emerging trends, service gaps, and unmet needs. i
- d) Design, develop and coordinate the process used by the Planning Council to decide which services to fund and how much money should be spent on these services as well as prepare directives to the recipient
- e) Make recommendations to the full Planning Council on the allocation of Ryan White funds
- f) Develop and review service categories to ensure consistency with the HRSA/HAB definitions and policies,
- g) Monitor expenditures and service utilization data by service categories as reported by the recipient,
- h) Consider requests and recommendations for reallocating funds during the fiscal year, and
- i) Make recommendations to the full Planning Council on the reallocation of unexpended funds.

## 3) **Continuum of Care Committee**

The Continuum of Care Committee shall:

- a) Oversee the development of the TGA multi-year Comprehensive Jurisdictional Plan for HIV/AIDS service delivery that includes assessing the TGA capacity, issues of access and retention in care.
- b) Seek methods and strategies using the CARE Act and other funding mechanisms for:
  - i) Coordinating service delivery
  - ii) Addressing disparity in care
  - iii) Filling service gaps
  - iv) Reducing unmet needs of special populations, especially racial and ethnic minorities
- c) Explore models to enhance HIV/AIDS service delivery.
- d) Oversee the collection of quality data and outcome indicators for use by the Planning Council as part of the decision-making process.
- e) Collaborate with the Priority Needs Assessment Committee and the Evaluation Committee by using data and recommending directives from Needs Assessment for use in priority setting and/or changes to standards of care, and EIIHAH Plan
- f) Assess the effectiveness of care strategies based on earlier priority setting and resource allocations.

## 4) **Evaluation Committee**

The Evaluation Committee shall:

- a) Make recommendations to the Steering Committee on issues regarding:
  - i) Assessment and outcome of the Early Identification of Individuals with HIV/AIDS (EIIHAH) Plan,
  - ii) Administrative Assessment Mechanism Survey & Planning Council Sub Recipient or Support Survey,
  - iii) TGA Quality Management Plan.
- b) Present the results of the Assessment of the Administrative Mechanism to the Planning Council.
- c) Recommendations to the Grant regarding Quality Management and follow-up.



5) **Positive Empowerment Committee**

The Positive Empowerment Committee shall:

- a) Serve as the link between the HIV/AIDS community and the Council,
- b) Seek input from consumers as to needed and desired services through public forums and by recruiting consumers to participate in needs assessment activities, including surveys, focus groups, key informant interviews and satisfaction surveys.
- c) Mentor new consumer Planning Council members and provide an ongoing education regarding Planning Council processes.
- d) Ensure that the community understands and utilizes the grievance procedure process and
- e) Make certain that the community is aware of the Council, its work and the availability of Ryan White services. Develop peer to peer groups and Navigators

6) **Membership Committee**

The Membership Committee shall:

- a) Recruit, screen, interview and recommend potential candidates for membership to the Planning Council,
- b) Oversee the reappointment process of members to the Planning Council,
- c) Present membership recommendations and issues to the Steering Committee for approval and action,
- d) Coordinate Community Outreach and Recruitment Events (CORE) throughout the TGA as a way of soliciting new members,
- e) Assess compliance with Federal regulations and Council By-laws regarding Council membership composition, which include but are not limited to proactive maintenance of member attendance by reaching out to make calls, sending letters.
- f) Provide appropriate orientation and training for new Planning Council members.

**Section III – Ad-hoc Committee**

Ad-hoc committees may be convened by the Planning Council Co-Chair(s) at any time as the need arises. Ad-hoc committees shall consist of no less than three (3) Planning Council members. Alternates or interested parties are welcome to participate in the committee.

**Section IV – Committee Appointment**

In order to foster an environment of promoting leadership, standing committee co-chairs, as Planning Council Co-Chairs, shall serve for a period of two (2) years, four (4) years maximum

The Planning Council Co-Chairs, with the input of the Membership Committee, shall appoint Co-Chairs for each standing or ad-hoc committee. The responsibilities of the standing committee or ad-hoc co-chairs will include presiding over committee meetings, directing the committee affairs and activities, and reporting back to the Steering Committee and Planning Council on processes and activities.

**ARTICLE VIII – MEETINGS**

**Section I – Frequency and Location of Meeting**

Regular meetings of the Planning Council shall be held monthly at such place and time as may be determined.

All regular meetings of the Planning Council and all committee meetings of the Council shall be open to the public for the purpose of observing the Planning Council’s deliberations and the written minutes of each Planning Council meeting shall be public documents. The Planning Council will reserve time for public comment on the business

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agenda of each meeting of the full Planning Council. Planning Council minutes shall be public documents, in accordance with the Freedom of Information Act (FOIA) and Health Resources Services Administration (HRSA).

An annual schedule of regular meetings shall be made available to all HIV/AIDS service providers, Council members and participants, and other relevant agencies.

## Section II – Notice

An announcement of each regular Planning Council meeting, the agenda for the meeting, and all materials bearing on specific pending decisions regarding priorities, funding percentages or reallocations shall be mailed, faxed, or e-mailed to all members at least seven days in advance of the date of the meeting. Notice of any regular meeting of the Planning Council will be sent to members of the public who have requested this information in writing.

## Section III – Special Meetings

Special meetings of the Council may be held or called by either of the Planning Council Co-Chairs or set by the Planning Council Co-Chairs after written request of any ten (10) members of the Planning Council is received by either of the co-chairs. The call shall be a written notice mailed, e-mailed, or faxed to Planning Council members, and to others who have requested notice of meetings, not less than three days prior to the date set for such special meeting. Such call must set forth specifically the subject matter of the meeting, and other subjects may not be introduced or considered at such meetings.

## Section IV – Meeting Material

Planning Council staff shall prepare a draft of the minutes of each monthly Planning Council meeting, stating the action taken at such meeting, and shall submit them to members as expeditiously as possible for their review. This material will be available in the language preference of the major infected community, if needed. Any member wishing to propose a correction to the minutes shall either inform staff of the correction or propose a correction at the meeting at which the minutes are subject to approval. Corrections will be made to the permanent file copy. For substantive or major revisions any member may request that a copy of the approved and revised minutes be redistributed to all Planning Council members.

## Section V – Quorum

At any Planning Council meeting, the presence of one third (1/3) of the members and the presence of a minimum of 35% of consumer members shall be necessary to constitute a quorum for the purpose of engaging in any formal decision-making. A quorum can only be called by a Planning Council member.

## Section VI – Voting

Each member of the Planning Council shall be entitled to one vote upon any matter before the Council. Voting upon any issue shall be voice vote, or by show of hands, of the members. A majority is 51% of those voting. An abstention is considered a vote.

Upon the request of any member in attendance, voting on an issue shall be by a roll call. Voting for the Planning Council Co-Chair shall be by written ballot.

Decisions of the Council will be by vote of all present voting members. The decision-making process will include the following stages:

- a. Issue or recommendation is presented,
- b. A motion to approve or accept is made,
- c. The motion is seconded,



- d. The motion is opened for discussion,
- e. During discussion, amendments to the motion will be considered, and
- f. The motion is then called for a vote.

Voting in committee meetings is restricted to committee members and the Co-Chairs of the Planning Council, who shall be members of all standing and ad-hoc committees. Action may be taken by the committee on the basis of a simple majority of votes of those members present at a meeting.

### Section VII – Conducting Meetings

All meetings will be conducted in an orderly manner and governed by these By-laws. Planning Council and Executive Committee meetings will be conducted using Robert’s Rules of Order, as revised. The Planning Council Co-Chair chairing a Planning Council meeting shall manage public comments and participation at the meeting.

Committee meetings that are primarily working sessions will typically be run informally, with decisions made by consensus. The Committee Chair will decide when to use Robert’s Rules of Order and formal motions.

### Section VIII – Priority of Discussion

At any meeting of the Planning Council, the Planning Council Co-Chairs shall give speaking priority to the members of the Planning Council on any matter pending before the meeting, recognizing such persons desiring to be heard before recognizing any member of the public on such matter. The agenda for each meeting shall contain an item “Other Business” at the conclusion of regularly scheduled business. At that time, the Planning Council Co-Chair shall open the floor for public comment. The Council has the option to suspend this procedure and hear the public at any point in the agenda.

## **ARTICLE IX – CONFLICT OF INTEREST, CHANGE IN AFFILIATION AND GRIEVANCE/APPEAL PROCEDURE**

### Section I – General Statement

In accordance with the HRSA guidelines, a Council member shall be deemed to have a conflict of interest if the member, and/or the member’s spouse, partner, parent, or child is a director, trustee, member, volunteer, or salaried employee, or who derives a financial or economic benefit from association with any public or private organization or entity that currently receives or is an applicant for funding under Part A of the Ryan White Care Act of 1990, 2000, and 2006. Conflict of interest does not refer to persons living with HIV/AIDS whose relationship to a grant funded service provider is as a client receiving services.

In order to prevent the existence, or the appearance of the existence, of a conflict of interest, all Planning Council members must complete a yearly Disclosure Form. In the event of a matter that raises a potential conflict of interest comes before the Council or a committee for consideration, recommendation or decision, the member shall disclose the conflict of interest as soon as he/she becomes aware of it. This shall, however, not preclude such a member from voting on matters affecting a group of service categories including the one in which he or she has an interest.

This “conflict-of-interest” principle shall not be construed as preventing any member of the Planning Council from full participation in discussion about community needs, service priorities, and allocation of funds to broad service categories, and the process from and the results of evaluation of service effectiveness. Rather, individual members are expected to draw upon their lay and professional experiences and knowledge of the HIV/AIDS service delivery system as long as they disclose verbally any potential conflicts of interest at the beginning of such discussion.



In addition, no member of the Greater Hartford Ryan White Part A Planning Council may use his/her position as a Council Member to obtain financial or other gain for the private benefit of the member, the member's family or any organization with which the Member is associated. No Planning Council Member shall accept or receive, directly or indirectly, any money or anything of value or any promise for future benefit, from any person or entity that does business with the City of Hartford ("Recipient") through the Planning Council.

The Planning Council's primary work is planning for the organization and delivery of services for eligible persons living with HIV/AIDS. The Council may not be directly involved in the administration of any grant funded under Part A of the Ryan White Care Act, nor shall the Council designate or otherwise be involved in the selection of particular entities as recipients of any of the amounts supported by Part A funds. Specifically, the Planning Council is prohibited from managing providers' contracts.

### Section II – Change in Affiliation

A member whose affiliation changes and any unaffiliated consumer who becomes affiliated with a funded Part A provider must inform the Planning Council Co-Chairs and the Planning Council support staff of this change within two weeks and a new Disclosure Form must be submitted (See Section I above).

### Section III – Grievance/Appeal Procedure

The Planning Council shall attempt to resolve grievances and appeals through informal dispute resolution. Where grievances cannot be resolved through informal discussion, independent, impartial mediation is also available (See Appendix II and III).

Any individual or entities that are directly affected by the outcome of a decision of the Planning Council regarding priorities or allocations of resources may file a Grievance. The Planning Council may only be grieved for the following:

1. Deviated from or exceeded its established, written procedures for setting funding priorities;
2. Deviated or exceeded its established, written procedures for allocating funding priorities, or,
3. Deviated from or exceeded its established, written procedures for making subsequent changes to priorities, funding percentages, or allocations of funds.

Any member who has been administratively discharged for incurring 3 absences during the grant year may file an appeal to account for extenuating absences.

## ARTICLE X – PLANNING COUNCIL SUPPORT STAFF

The Planning Council office shall be staffed to support the work of the Council members. The duties and responsibilities of the support staff shall include:

1. Conducting research to assist the Planning Council in developing mandated plans, priorities and allocations;
2. Collecting and assessing data necessary for the work of the Planning Council, and assisting in the selection and monitoring of contractors or consultants hired by the Planning Council to assist in meeting its legislative responsibilities;
3. Ensuring that the Planning Council receives regular financial reports on the status and use of Planning Council support funds;
4. Posting and publishing notices of all Council and committee meetings as prescribed by the By-laws;
5. Notifying Planning Council members of the date, time and place of Council and committee meetings, in a timely fashion;



6. Keeping records of members' attendance and alerting the Planning Council Co-Chairs about members who are not meeting attendance requirements;
7. Preparing and keeping minutes of Planning Council and Steering Committee meetings, and preparing committee reports for standing committees, as needed;
8. Ensuring that minutes of the Planning Council meetings are distributed to the members at least seven (7) working days before the next scheduled meeting;
9. Maintaining a file for each Planning Council member with all documents relating to that member, including the Conflict-of-Interest Disclosure, contact information sheet, completed membership application, etc.;
10. Providing clerical and secretarial support to the Planning Council Co-Chairs, and committee co-chairs in the performance of their duties and tasks as Planning Council leaders;
11. Maintaining records and files containing minutes, correspondence, and copies of official documents needed to support the work of the Planning Council;
12. Preparing official correspondence on behalf of the Planning Council;
13. Maintaining public documents and making them available upon request and adhering to record retention policies that meet state and federal guidelines, and
14. On a day-to-day basis, serving as liaisons between the Planning Council and Recipient, and between the Planning Council and the Mayor's Liaison, and keeping the Planning Council Co-Chairs full informed of all matters related to these bodies.

## **ARTICLE XI – OFFICIAL COMMUNICATION AND REPRESENTATION**

### **Section I – Official Communication**

Authorization to speak on behalf of the Planning Council to the media or general public, and then only in accordance with clear Planning Council policy and previously approved actions, is restricted to the Planning Council Co-Chairs and Planning Council Coordinator. The co-chairs are expected to use their professional judgment in carrying out this responsibility. The CEO (Mayor), the Co-Chairs and the Planning Council Coordinator are considered to have standing authorization to speak on the Council's behalf. All other Council members must seek prior approval from the Co-Chairs.

### **Section II – Representation**

No other member of the Planning Council shall make any statement or communication under circumstances that might reasonably give rise to an inference that he or she is representing the Planning Council (including, but not limited to, communications upon Planning Council stationary, public acts, statements or communications in which he or she is identified as a member of the Planning Council) except only in actions or communications that are clearly within the policies of the Co-Chairs. An example of this type of action is a Planning Council member from a given municipality being asked to provide information about the Planning Council and its activity at a public meeting or forum being conducted in that town on HIV or health related issues.

## **ARTICLE XII – TRANSPORTATION TO MEETINGS**

Unaligned Members of the Planning Council shall serve without compensation.

Unaligned Planning Council members with HIV/AIDS will not be directly compensated or reimbursed for attending meetings. However, transportation and support can be provided through store gift cards, vouchers, coupons, bus cards, or Uber/Lyft per HRSA HAB Policy Clarification Notice 16-02.



If funds permit, transportation may be arranged for consumer members to attend Planning Council meetings, using the least costly transportation option available, including bus tokens and passes.

When required to travel outside the TGA in the performance of their Planning Council duties or for HRSA approved conferences, members may be reimbursed from CARE Act funds for their necessary traveling expenses, including transportation and lodging. To be reimbursable, such travel and arrangements must receive prior approval, and reimbursement is subject to the availability of funds.

All Council expenditures are governed by the purchasing and procurement standards of the City of Hartford. Therefore, there is considerable independent audit and oversight responsibility for all fiscal activities of the Council.

### **ARTICLE XIII – MAINTENANCE OF RECORDS**

Files containing Planning Council minutes, correspondence, and records shall be maintained by project staff at the Hartford Health Department, 131 Coventry Street, Hartford, Connecticut 06112 and at the Planning Council Support office at 151 New Park Avenue Suite 14A, Hartford CT 06106. Copies of all documents shall be retained in accordance with the City of Hartford record retention policies and HRSA guidance on document retention, public availability and distribution.

Copies of public documents shall be supplied upon request and shall normally be free of charge to the public, but copying charges, in accordance with the City of Hartford’s standard rate for copying of documents, may be levied if the request is determined excessive by project staff.

### **ARTICLE XIV – CONFIDENTIALITY**

While individual Planning Council members may opt to public disclose their HIV/AIDS status, the Planning Council as an entity shall not release any information to the general public relating to any member’s HIV/AIDS status or any other medical condition. All Planning Council members will be required to sign a confidentiality statement.

### **ARTICLE XV – NON-DISCRIMINATION**

The officers, staff and committee members of the Planning Council shall be selected without discrimination with respect to age, gender, race, religion, disability, sexual orientation, HIV/AIDS status, and means of transmission or national origin.

All Planning Council business and activities shall be conducted fairly and equitably in a manner which does not discriminate with respect to age, gender, race, religion, disability, sexual orientation, HIV/AIDS status, and means of transmission or national origin.

### **ARTICLE XVI – AMENDMENTS AND RATIFICATION**

#### **Section I – Amendments**

The Planning Council shall have the power to recommend alterations, amendments, or the repeal of these By-laws at any regular Planning Council meeting at which a quorum is present, provided that the amendments(s) and alterations have been submitted in writing to all Planning Council members for their review, not less than seven (7) days prior to the vote.



**Section II – Ratification**

The Planning Council has ratified these by-laws as follows:

Unanimously Adopted: December 13, 1995

Amended: September 11, 1996

Amended: November 13, 1996

Amended: December 11, 1996

Amended: April 09, 1997

Amended: May 07, 1997

Amended: September 03, 1997

Amended: June 03, 1998

Amended: August 05, 1998

Amended: March 07, 2001

Amended: June 05, 2002

Amended: May 03, 2006

Amended: March 07, 2007

Amended: June 02, 2010

Amended: November 01, 2017

Amended: June 13, 2018

Amended: August 31, 2018

Amended: April 3, 2019

Amended: May 1, 2019

Amended: February 10, 2026



## **APPENDECES**

### **Appendix I – Definitions and Acronyms**

Following are definitions of terms and acronyms used in these By-laws.<sup>1</sup>

- **AIDS (Acquired Immune Deficiency Syndrome):** A disease of the immune system characterized by increased susceptibility to opportunistic infections.
- **ASO (AIDS Service Organization):** An organization that provides primary medical care and/or support services to populations infected with and affected by HIV/AIDS.
- **Assessment of the Administrative Mechanism:** The Planning Council is required to assess the efficiency of the administrative mechanism in quickly and efficiently disbursing CARE Act funds in accordance with Planning Council priorities and allocations using a process that includes implementing a request for proposal (RFP), reviewing applications, awarding and executing contracts, paying contractors, and monitoring fiscal and programmatic performance.
- **CARE Act (Ryan White Comprehensive AIDS Resources Emergency Act):** Federal legislation created to address the unmet health care and service needs of people living with HIV/AIDS.
  1. **Part A:** Part of the CARE Act that provides funds to cities and towns hardest impacted by the HIV/AIDS epidemic.
  2. **Part A I:** Part of the CARE Act that provides funds to states and territories for primary health care, including HIV treatments through the AIDS Drug Assistance Program (ADAP) and support services that enhance access to care to people living with HIV/AIDS and their families
  3. **Part A II:** Part of the CARE Act that provides funds to federally qualified health centers and other local public and private health clinic sand supports outpatient primary medical care and early intervention services (EIS)
  4. **Part A V:** Part of the CARE Act that supports local health care organizations or hospitals and provides coordinated services and access to research for children, youth and women with HIV/AIDS and their families
- **Carry-over:** Ryan White Part A funds left over from one year to another within the TGA and which can be spent in the following fiscal year with federal approval.
- **CBO (Community-based Organization):** An organization that provides services to a locally defined population, which may or may not include populations infected with and affected by HIV/AIDS.
- **CDC (Center for Disease Control and Prevention):** Federal agency located in Atlanta, Georgia that administers disease prevention programs, including HIV/AIDS.
- **CEO (Chief Elected Official):** The official recipient of Part A CARE Act funds within the Transitional Grant Area (TGA). For the Greater Hartford TGA, this is the Mayor of the City of Hartford. The CEO is ultimately responsible for administering all aspects of the Part A Care Act funds.
- **Core Services:** Medical services identified by HRSA that are necessary to maintain the health and wellbeing of individuals living with HIV/AIDS. Core services include: A) Outpatient and ambulatory health services; B) AIDS Drugs Assistance Program; C) AIDS pharmaceutical assistance; D) Oral health care; E) Early Intervention Services; F) Health insurance premium and cost sharing assistance; G) Home health care; H) Medical nutrition therapy; I) Hospice services; J) Home and community-based health services; K) Mental health services; L) Substance abuse outpatient care and M) Medical case management, including treatment adherence services

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<sup>1</sup> Definitions taken from the HRSA/HAB Bureau publication: *Training Guide – Preparing Planning Body Members*



- **DPH (Department of Public Health):** State agency overseeing the public health issues and concerns of the state, including HIV/AIDS.
- **Epidemiology:** The branch of medical science that studies the *incidence* (number of new cases of a disease), *prevalence* (total number of persons in a defined population living with a specific disease or condition at a given time), distribution and control of disease in a population.
- **Focus Group:** A method of information collection involving a carefully planned discussion among a small group led by a trained moderator.
- **Recipient:** The recipient of CARE Act funds responsible for administering the award. The Greater Hartford TGA Recipient is the City of Hartford and the grant is administered through the City of Hartford Health and Human Services Division.
- **HAB (HIV/AIDS Bureau):** The bureau within the Human Resources and Services Administration (HRSA) that is responsible for administering the Ryan White CARE Act.
- **HIV (Human Immunodeficiency Virus):** The virus that infects the human immune system and is the cause of AIDS.
- **HRSA (Health Resources and Services Administration):** The federal agency of the U.S. Department of Health and Human Services (HSS) that administers various primary care programs for the medically underserved, including the Ryan White CARE Act.
- **Medicaid:** A federal and state entitlement program that pays certain medical expenses for persons with low incomes. This program is the largest payer of services for people with HIV/AIDS.
- **Needs Assessment:** The process of collecting information about the needs of people living with HIV/AIDS, both those receiving care and those not in care, identifying current resources available to meet those needs, and determining what gaps in care exist within the TGA.
- **Planning Council:** A planning body appointed or established by the Chief Elected Official (CEO) of the TGA whose basic function is to assess the needs, establish a plan for the delivery of HIV Care in the TGA, and establish priorities for the use of Part A Care Act funds in the TGA.
- **Planning Process:** Steps taken, and methods used to collect information, analyze and interpret it, and prepare a plan for rational decision making within the TGA.
- **Priority Setting:** The process used to establish priorities among service categories, to ensure consistency with locally identified needs, and to address to best to meet each priority.
- **Quality Management:** EMAs and TGAs are required to have a quality management program that entails a systematic process that uses data and measurable outcomes to assess progress in meeting evidenced-based outcomes in order to ensure that services provided to patients under a Part A grant are consistent with the most recent Public Health Service Guidelines and are contributing to improving health among persons with HIV.
- **Resource Allocation:** The Part A Planning Council responsibility to assign CARE Act amounts or percentages to established priorities across several specific service categories, geographic areas, populations or subpopulations.
- **Service Gaps:** All the service needs of all PLWHA except for the need for primary health care for individuals who know their status but are not in care. These gaps include additional need for primary health care for those already receiving primary medical care (“in care”).
- **SCSN (Statewide Coordinated Statement of Need):** A written statement of need for the entire State developed through a process designed to collaboratively identify significant HIV issues and maximize CARE Act program coordination. The SCSN process is convened by the Part A I recipient, with responsibility and input by all programs (Part A, Part A II, Part A V and Community Planning Group).

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- **Support Services:** Services that are needed for individuals with HIV/AIDS to achieve their medical outcomes, such as respite for persons caring for individuals with HIV/AIDS, outreach services, medical transportation, linguistic services, and referrals for health care and support services.
- **Transitional Grant Areas (TGA):** A geographic area that has a cumulative total of 1,000 – 1,999 AIDS cases during the most recent 5-year period. TGAs include those areas that do not meet the HIV/AIDS Treatment Modernization Act of 2006 requirements to continue to be designated as an EMA (at least 2,000 new AIDS cases in the last 5 years and at least 3,000 cumulative living AIDS cases).
- **Unmet Need:** The unmet need for primary health services among individuals who know their HIV status but are not receiving primary health care.



**Appendix II – Grievance/Appeal Procedure**

The Greater Hartford Ryan White Part A Planning Council (referred to herein as Planning Council) is composed of members of the community who are concerned about the needs of persons infected by HIV/AIDS. The purpose of the Planning Council is to determine service priorities based on the documented needs of persons living with HIV/AIDS. Priorities for funding are set by established written procedures and are based on a Needs Assessment performed annually. Meetings are public, and comment and input from the community and interested parties are sought at every stage of the planning process.

**I. WHO MAY FILE A GRIEVANCE OR APPEAL**

Any individuals or entities that are directly affected by the outcome of decisions of the Planning Council regarding priorities or allocations of resources may file a Grievance. Any member administratively discharged for lack of attendance may file an Appeal. Such individuals or entities may include:

1. Coalitions of persons living with HIV/AIDS;
2. Persons or groups who are consumers of care or services funded under the provisions of the Ryan White Care Act;
3. Persons or groups who would be consumers of care or services under provisions of the Ryan White Care Act if such care or services were funded; and
4. Providers who receive or are eligible to receive funding for care or services funded under provisions of the Ryan White Care Act.
5. Greater Hartford Ryan White Part A Planning Council Member

**II. WHAT IS THE BASIS FOR A GRIEVANCE OR APPEAL**

Individuals or entities that fall within the categories defined above may file a Grievance/ APPEAL if the individuals or entities believe that the Planning Council has:

1. Deviated from or exceeded its established, written procedures for setting funding priorities;
2. Deviated from or exceeded its established, written procedures for allocating funding percentages;
3. Deviated from or exceeded its established, written procedures for making subsequent changes to priorities, funding percentages, or allocations of funds.
4. Have extenuating circumstances that account for absences

**III. HOW TO FILE A GRIEVANCE OR APPEAL**

Individuals or entities as defined above may file a Grievance with the Planning Council by completing a GRIEVANCE/APPEAL FORM and delivering the Form in person to either of the Planning Council Co-Chairs, or by certified mail to the Project Director, Ryan White Planning Council, 131 Coventry Street, Hartford, CT 06111.

GRIEVANCE/APPEAL FORMS may be obtained from the Project Director at the above address. GRIEVANCE FORMS/APPEAL will also be available at all regular meetings of the Planning Council. The Project Director will provide help in completing the GRIEVANCE FORM/APPEAL to individuals or entities filing a Grievance or appeal.

In keeping with Planning Council policy to provide an open and public forum for conducting the business of the Planning Council, all stages of the Grievance/Appeal process will be open. No proceedings in a Grievance will be kept confidential.

**IV. WHEN TO FILE A GRIEVANCE OR APPEAL**

A Grievance must be filed within thirty (30) days of the date of the Planning Council Meeting at which the priorities, percentages, reallocation decision, or attendance notice that is being challenged was made. The



word “day” or “days” for the purpose of the Grievance Policy refer to normal business day(s) in all instances.

The Project Director will acknowledge by certified mail the filing of a Grievance within five (5) days of receiving the completed GRIEVANCE FORM. The Project Director will acknowledge by email the filing of an Appeal within five (5) days of receiving the completed GRIEVANCE/ APPEAL FORM.

**V. HOW THE GRIEVANCE/APPEAL IS PRESENTED**

1. Initial Review

The Project Director will submit the Grievance or Appeal to the Planning Council Co-Chairs, who will make an initial determination as to:

A. Whether the basis of the Grievance relates to:

- 1) The process of setting funding priorities;
- 2) The process of allocating funding percentages; or
- 3) Subsequent changes of priorities, percentages or allocations; or
- 4) Member Attendance; and

B. Whether the Grievance/Appeal was filed within the thirty (30) day time limit.

The Co-Chairs of the Planning Council will notify the Grievant of their initial determination within five (5) days of reviewing the Grievance, and no later than two (2) weeks from the date of the filing of the Grievance.

If both of the Co-Chairs determine that the Grievance/Appeal does not fall within the authorized bases for a Grievance/Appeal or the thirty (30) day time limit for filing a Grievance/Appeal, the Co-Chairs will notify the Grievant that the Planning Council will take no further action on the Grievance/Appeal and include an explanation of their reason(s) for making this determination. The Grievant may request a meeting with the Co-Chairs to discuss in person their reasons for making this initial determination.

2. Steering Committee Meeting

If the Co-Chairs determine that the Grievance/Appeal falls within the authorized bases and thirty (30) day time limit, or if only one of the Co-Chairs makes such a determination, the Co-Chairs will submit the Grievance/Appeal to the Steering Committee and simultaneously issue an invitation to the Grievant to the next Steering Committee meeting, provided that the meeting is within thirty (30) days of the date of the filing of the Grievance. If the next scheduled meeting is not within thirty (30) days of the filing of the Grievance, the Steering Committee will call a Special Meeting to hear the Grievance.

At the meeting, the Grievant will be given the opportunity to discuss with the members of the Steering Committee the Grievant’s claims that the Planning Council has deviated from the established priority, funding allocation process, or extenuating circumstances regarding attendance.

A fundamental objective of the Greater Hartford Ryan White Planning Council is to address all issues, questions, concerns and disputes with a view toward resolving conflicts or potential conflicts through thoughtful and reasoned discussion in order that available funds may continue to be distributed expeditiously. With this in mind, the Steering Committee will make every attempt to resolve the issues of concern to the Grievant at the Steering Committee meeting.



If the Steering Committee and the Grievant are able to reach agreement on a resolution of the Grievance, the Steering Committee will present the proposed resolution to the full Planning Council at its next scheduled meeting for ratification.

Any member or members of the Steering Committee who will be affected by the outcome of the decision of the Steering Committee may not exercise a vote for or against the Grievance, but such member or members may attend and present any arguments for or against the Grievance.

3. Non-Binding Mediation (Not applicable for Attendance Appeals)

If the Steering Committee and the Grievant are not able to reach agreement or if the full Planning Council fails to ratify the proposed resolution, the Grievant may request that the Grievance be submitted to Non-Binding Mediation.

The Grievant must file a Notice of Appeal to Non-Binding Mediation within five (5) days of the Steering Committee meeting at which the Grievant and the Steering Committee failed to reach agreement on a resolution of the Grievance. Notice of Appeal to Non-binding mediation Forms will be available at the Steering Committee meeting.

If the full Planning Council fails to ratify an agreement reached between the Grievant and the Steering Committee, the Project Director will notify the Grievant within five (5) days of the Planning Council meeting of such failure by certified mail.

The Grievant will have ten (10) days from the receipt of notification from the Project Director that the Planning Council failed to ratify the agreement to file a Notice of Appeal to Non-Binding Mediation. A Notice of Appeal to Non-Binding Mediation Form will be sent along with the notification from the Project Director.

The Grievant may file the Notice of Appeal to Non-Binding Mediation by completing the Notice of Appeal of Non-Binding Mediation Form and delivering the Form in person to either of the Co-Chairs of the Planning Council, or by certified mail to the Project Director, Ryan White Planning Council, 131 Coventry Street, Hartford, CT 06111.

Upon receipt of the Notice of Appeal to Non-Binding Mediation, the Project Director will send to the Grievant a list of names of persons who have agreed to serve as independent and impartial mediators and have certified in writing that they have no connection with the Greater Hartford Ryan White Planning Council and have been deemed acceptable mediators by the Planning Council. The Grievant will be asked to cross from the list the names of any individual(s) the Grievant does not want to serve as mediator and return the list of acceptable persons to the Project Director. If the Grievant finds no one on the list who is acceptable, the Grievant may propose an organization or agency which engages in the business of mediation and arbitration and has no connection with the Grievant to serve as mediator. Whatever mediation charges are made by the proposed organization or agency will be divided equally between the Grievant and the Planning Council, unless the Grievant is a person or persons living with HIV/AIDS, in which case the cost of mediation will be paid by the Planning Council. If there is a charge for mediation and the charge is to be divided between the Grievant and the Planning Council, the Grievant will pay the Grievant's share of the cost prior to meeting with the mediator.



Upon receipt of the list of names of individuals acceptable to the Grievant or the Grievant's chosen mediator, the Project Director will schedule within fourteen (14) days a Non-Binding Mediation meeting with the mediator, the Grievant, and representatives of the Planning Council. At the meeting, the Grievant may submit documents or affidavits to support his or her claim that the Planning Council has deviated from established written procedures for setting priorities, apportioning percentages, or reallocating funds. The mediator will attempt to assist the parties to resolve the Grievance through dialogue, compromise and accommodation. If the Grievant and the representatives of the Planning Council are unable to reach an agreement, the Grievant may file a "Notice of Appeal to Binding Arbitrating" with the Planning Council.

If the Grievant and the representatives of the Planning Council reach agreement, the representatives of the Planning Council will present the agreement to the full Planning Council at its next scheduled meeting for ratification.

4. Binding Arbitration (Not applicable for Attendance Appeals)

If the Steering Committee and the Grievant are not able to reach agreement through Non-binding Mediation or if the full Planning Council fails to ratify the proposed agreement, the Grievant may request that the Grievance be submitted to Binding Arbitration.

The Grievant must file a Notice of Appeal to Binding Arbitration within five (5) days of the mediation meeting at which the Grievant and the representatives of the Planning Council failed to reach agreement. Notice of Appeal to Binding Arbitration forms will be available at the mediation meeting. If the full Planning Council fails to ratify an agreement reached between the Grievant and the representatives of the Planning Council, the Project Director will notify the Grievant within five (5) days of the Planning Council meeting of such failure by certified mail.

The Grievant will have ten (10) days from the receipt of such notification to file a Notice of Appeal to Binding Arbitration. A Notice of Appeal to Binding Arbitration Form will be sent along with the notification.

The Grievant may file a Notice of Appeal to Binding Arbitration by completing the Notice of Appeal to Binding Arbitration Form and delivering the Form in person to either of the Co-Chairs of the Planning Council, or by certified mail to the Project Director, Ryan White Planning Council, 131 Coventry Street, Hartford, CT 06111.

Upon receipt of the Notice of Appeal to Binding Arbitration, the Project Director will schedule within fourteen (14) days a Hearing for Binding Arbitration with mediation Roundtable, 286 Farmington Avenue, Hartford, CT 06105.

The cost of the Hearing will be divided equally between the Grievant and the Planning Council unless the Grievant is a person or persons living with HIV/AIDS, in which case the Planning Council will be the cost of arbitration. If the cost of arbitration is to be divided equally between the Planning Council and the Grievant, the Grievant will pay the Grievant's share of the cost prior to the meeting with the arbitrator. At the Hearing, the Grievant may present his or her arguments and any documentation that supports the Grievance.



Within seven (7) days of the Hearing, the arbitrator assigned by Mediation Roundtable to hear the Grievance will issue a written decision on the Grievance. The decision of the arbitrator will be binding on the Grievant and the Planning Council.

**VI. HOW A GRIEVANCE/APPEAL MAY BE RESOLVED**

If the Grievance is judged to have validity, the remedy shall be limited to modification of priority setting, percentage allocation or reallocation procedures as necessary. If the Appeal regarding attendance is judged to have validity, the remedy shall be limited to reinstatement to the Planning Council. Where feasible of the Planning Council shall recommend to the Recipient during any reallocation process that reallocations be made in accordance with the necessary modifications.

Notwithstanding the above limitation on the resolution of a Grievance, the Planning Council at its discretion may elect, if feasible, to recommend to the Recipient that funding allocations set prior to the Grievance be adjusted in recognition of the validity of the Grievance.

**GREATER HARTFORD RYAN WHITE PART A PLANNING COUNCIL BY-LAWS**



Appendix III – Grievance/Appeal Intake Form

**GREATER HARTFORD RYAN WHITE PART A PLANNING COUNCIL**

151 New Park Avenue Suite 14A Hartford CT 06106

Telephone No.: (860) 667-6388 Email: [RyanWhiteHartford@amplifyct.org](mailto:RyanWhiteHartford@amplifyct.org)

Submission of Part A Funding Grievance to Dispute Resolution or Administrative Discharge Appeal

Grievance/Appeal No. \_\_\_\_\_ Date received: \_\_\_\_\_

Above to be filled in by Planning Council Representative.

The undersigned party(ies) submit(s) the following dispute for resolution under the Grievance Procedures of the Greater Hartford Ryan White Part A Planning Council.

PLEASE PROVIDE THE FOLLOWING INFORMATION:

Your Name: \_\_\_\_\_

If you represent an organization, the name of the organization: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

STATEMENT OF GRIEVANCE: Please explain the basis of the Grievance or Appeal, including the decision of the Planning Council that you dispute, the date the decision was taken by the Planning Council, how the decision affected you, and your reasons for disputing the decision. (Please use the back of the Form if more space is needed.)

STATEMENT OF WHAT RESULT THE GRIEVANT WOULD LIKE: Under the Grievance Procedures of the Greater Hartford Ryan White Part A Planning Council, the available remedy is modification of priority setting, reallocation procedures or reinstatement into the Council. (Please use the back of this Form if more space is needed).

There is no fee for filing this Grievance, but if this Grievance goes to mediation or arbitration, the Grievant may have to share the cost of mediation or arbitration. (See Grievance/Appeal Procedures)

**PLEASE SUBMIT THIS COMPLETED FORM TO EITHER OF THE CO-CHAIRS OF THE PLANNING COUNCIL OR BY CERTIFIED MAIL TO THE PROJECT COORDINATOR, RYAN WHITE PART A PLANNING COUNCIL SUPPORT, 151 NEW PARK AVENUE SUITE 14A HARTFORD CT 06106.**

**GREATER HARTFORD RYAN WHITE PART A PLANNING COUNCIL BY-LAWS**



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Space below this line is for use by Planning Council

Dismissed by Co-Chairs for lack of proper basis \_\_\_\_\_ Submitted to Steering Committee \_\_\_\_\_

Date of Steering Committee meeting \_\_\_\_\_

Result of Steering Committee meeting \_\_\_\_\_

**GREATER HARTFORD RYAN WHITE PART A PLANNING COUNCIL BY-LAWS**



**NOTICE OF APPEAL TO NON-BINDING MEDIATION**

**GREATER HARTFORD RYAN WHITE PART A PLANNING COUNCIL**

151 New Park Avenue Suite 14A Hartford CT 06106

Telephone No.: (860) 667-6388 Email: [RyanWhiteHartford@amplifyct.org](mailto:RyanWhiteHartford@amplifyct.org)

Grievance No.: \_\_\_\_\_ Date Grievance Received: \_\_\_\_\_

Date the Notice of Appeal to Non-Binding Mediation Received: \_\_\_\_\_

Above to be filled in by Planning Council Representative

**The undersigned part(ies) submit(s) the following unresolved dispute to Non-Binding Mediation under the Grievance Procedures of the Greater Hartford Ryan White Part A Planning Council.**

PLEASE PROVIDE THE FOLLOWING INFORMATION:

Your Name: \_\_\_\_\_

If you represent an organization, the name of the organization: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date you met with the Steering Committee: \_\_\_\_\_

STATE BRIEFLY THE ISSUES RAISED AT THE MEETING WITH THE STEERING COMMITTEE (Please use the back of this form if you need more space.)

\_\_\_\_\_  
\_\_\_\_\_

*The Grievant may have to share the cost of Mediation, unless the cost to the Grievant is waived. (See Grievance Procedures).*

**PLEASE SUBMIT THIS COMPLETED FORM TO EITHER OF THE CO-CHAIRS OF THE PLANNING COUNCIL OR BY CERTIFIED MAIL TO THE PROJECT COORDINATOR, RYAN WHITE PART A PLANNING COUNCIL SUPPORT, 151 NEW PARK AVENUE SUITE 14A HARTFORD CT 06106.**

Space below this line for use by Planning Council

Date of Non-Binding Mediation meeting: \_\_\_\_\_

Result of Non-Binding Mediation meeting: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**GREATER HARTFORD RYAN WHITE PART A PLANNING COUNCIL BY-LAWS**



**NOTICE OF APPEAL TO BINDING ARBITRATION**

**GREATER HARTFORD RYAN WHITE PART A PLANNING COUNCIL**

151 New Park Avenue Suite 14A Hartford CT 06106

Telephone No.: (860) 663-6788 Email: [RyanWhiteHartford@amplifyct.org](mailto:RyanWhiteHartford@amplifyct.org)

Grievance No.: \_\_\_\_\_ Date Grievance Received: \_\_\_\_\_

Date Notice of Appeal to Binding Arbitration Received: \_\_\_\_\_

Above to be filled in by Planning Council Representative

The undersigned part(ies) submit(s) the following dispute for resolution under the Grievance Procedures of the Greater Hartford Ryan White Part A Planning Council.

PLEASE PROVIDE THE FOLLOWING INFORMATION:

Your Name: \_\_\_\_\_

If you represent an organization, the name of the organization: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date you met with the Mediator: \_\_\_\_\_

STATE BRIEFLY THE ISSUES TRAISED WITH THE MEDIATOR. (Please use the back of this form is you need more space).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The Grievant may have to share the cost of Binding Arbitration unless the cost to the Grievant is waived (See Grievance Procedures).

THE DECISION OF THE ARBITRATOR IS BINDING UPON THE GRIEVANT AND THE PLANNING COUNCIL.

PLEASE SUBMIT THIS COMPLETED FORM TO EITHER OF THE CO-CHAIRS OF THE PLANNING COUNCIL OR BY CERTIFIED MAIL TO THE PROJECT COORDINATOR, RYAN WHITE PART A PLANING COUNCIL SUPPORT, 151 NEW PARK AVENUE HARTFORD CT 06106.



**GREATER HARTFORD RYAN WHITE PART A PLANNING COUNCIL BY-LAWS**



11. Have you accepted an offer of employment, either paid or unpaid, by the City of Hartford, the Ryan White Planning Council or funded agency? *(Please circle your response)*      **YES**      **NO**

\_\_\_\_\_  
Please Print and Sign Your Name

\_\_\_\_\_  
Date Signed