# Memorandum of Understanding (MOU) Between the Ryan White Part A Recipient and Planning Council

I. **The Orlando Eligible Metropolitan Area (EMA)** HIV Health Services Planning Council (hereinafter referred to as the "Council") and the Orange County Health Services Department Ryan White Part A Office (hereinafter referred to as the "Recipient"), have individual and shared responsibilities under Part A of the Ryan White Treatment Extension Act of 2009 and need to discharge these responsibilities in the most efficient and effective manner possible.

## II. Purpose Statement

A. This Memorandum of Understanding (MOU) is designed to:

1. Create a shared understanding of the relationship between the Council and the Orange County Health Services Department Ryan White Part A Recipient's Office.
2. Delineate the roles and responsibilities of each entity
3. Encourage a mutually beneficial relationship between these important partners; and
4. Describe the legislated responsibilities and roles of each party, the locally defined roles, and expectations for how these roles and responsibilities will be carried out. The MOU will help ensure positive and appropriate communication, information sharing, and cooperation that will help ensure the effective and efficient delivery of medical and support services to persons affected and infected by HIV disease in the Orlando EMA

## III. Roles and Responsibilities of the Planning Council, Planning Council Support, and Recipient

A. The Council is solely responsible for the following tasks, as specified in the Ryan White HIV/AIDS Treatment Extension Act of 2009:

1. **Priority Setting and Resource Allocation**: Set priorities among service categories, allocate funds to those service categories, and provide directives to the Recipient (Ways to Best Meet Needs [WBMN]) on how best to meet these priorities. This includes acting upon Recipient quarterly recommendations for reallocation of funds as required during the program year and allocation of carryover funds
2. **Assessment of the Administrative Mechanism**: Assess the efficiency of the administrative mechanism, which entails the evaluation of how rapidly funds are allocated. The purpose is to

ensure that funds are being contracted quickly in an open process, and that the providers are being paid in a timely manner. The assessment is to be done annually. The Council and Recipient may establish, before the procurement process begins, a written memorandum of understanding outlining a process and timeline for sharing data necessary to evaluate the administrative mechanism. The Recipient must communicate back to the Council the results of the procurement process. The Council may then assess the consistency of the procurement process with the stated service priorities and allocations and the WBMN. The assessment should provide anonymous information only, without identification of individual providers. If the Council finds that the existing mechanism is not working effectively, it is responsible for making formal recommendations for improvement and change. The assessment of the administrative mechanism is not an evaluation of the Recipient or individual service providers. Evaluation of individual service providers is a Recipient responsibility. The Council should not be involved in how the Recipient monitors providers.

B. **Roles and Responsibilities of Planning Council Support (PCS)**

1. PCS staff is responsible for supporting the work of the Council and its committees, enabling the Council to meet its responsibilities under the Ryan White legislation. PCS is accountable to the Planning Council.
2. PCS provides logistical support, research, and coordination for all Council meetings and authorized committee meetings.
3. PCS works with the Council to ensure that data needed for the members to make data driven health planning decisions is available.
4. PCS assists the Council with implementing the annual Assessment of the Administrative Mechanism.
5. PCS works in coordination with the Council to update membership reflectiveness, representation, and attendance records.
6. PCS ensures member orientation and training, including development and implementation of a training plan.
7. PCS provides expert advice to the Council regarding Ryan White legislation and guidelines, including Planning Council roles and responsibilities.

C. **Roles and Responsibilities of the Recipient**

The Recipient is solely responsible for meeting the following legislatively mandated responsibilities:

1. **Procurement**: Manage the process for awarding contracts to specific service providers.
2. **Contracting**: Distribute funds according to the priorities, allocations, and directives of the Planning Council. (WBMN)

3. **Contract monitoring**: Monitor contracts to be sure that providers are meeting their contracted responsibilities in compliance with established standards of care. Recommend re-allocations during the grant year based on service category performance
4. **Technical Assistance to Service Providers**: Provide technical assistance to service providers on an as-needed basis to build capacity and to improve contract compliance and service delivery.
5. **Clinical Quality Management**: Establish a clinical quality management program to assess the extent to which HIV-related primary health care services are consistent with Public Health Service guidelines and to enhance health and supportive service access and delivery and continuously improve systems of care. The Recipient is responsible to develop and evaluate outcomes and indicators based on HRSA-specified performance measures.
6. **Consumer Grievances**: Establish and carry out a mechanism to assist consumers with grievances about the services they receive.

D. **Shared Responsibilities**

The Recipient and Council share the following legislative responsibilities, with one entity having the lead role for each, as stated below:

1. **Needs Assessment**: Determine the size and demographics of the population of individuals with HIV disease in the EMA, and their service needs. The Council has primary responsibility for needs assessment, with the Recipient assisting with the process and providing the Council with information such as service utilization data and expenditures by service category.
2. **Comprehensive Planning**: Develop an Integrated HIV Prevention and Care Plan for the organization and delivery of prevention, health and support services within the EMA. The Council takes the lead in developing the Plan, with the Recipient providing information, input, and other assistance. The Recipient has the opportunity to review and suggest changes to the draft Plan. The Plan is developed every three to five years or as specified by the funding agency, the Health Resources and Services Administration's HIV/AIDS Bureau (HRSA/HAB).
3. **Evaluation**: The Recipient is responsible for measuring the program's success in meeting performance measures provided by HRSA. Determination of the impact services are having on overall client health outcomes and cost effectiveness of services are shared responsibilities with the Recipient taking the lead. In addition both parties assess the effectiveness of the services offered in meeting the identified needs via aggregate data provided by the Recipient which may incorporate the findings of special studies.
4. **Standards of Care**: Develop and maintain standards of care and

indicators in accordance with best practice standards where available for the relevant service categories. Recommendations from a committee of experts will be sought in the development of the standards of care. The Council takes the lead in this effort, with extensive Recipient involvement and final approval. The Recipient is responsible for ensuring that these Standards of Care are implemented.

E. **Administrative Responsibilities**

In addition to these legislative roles, the Council will share the following responsibilities related to Part A planning and management with the Recipient:

1. **Fiscal Management of PCS funds**: The Recipient provides fiscal management of PCS funds. The Council works with the Recipient to develop, and when necessary to modify, the annual PCS budget which is a part of the allocation of up to 10% of the total grant that may be used for administrative costs. The PCS staff and the Resource Allocation Committee share responsibility for monitoring Council expenditures, based on reports provided by PCS staff. The Recipient is responsible for ensuring that all expenditures meet Ryan White guidelines as well as Orange County financial management regulations.
2. **Contracting for Planning Council Consultants or Services**: The Recipient provides contracting services when the Planning Council needs to hire consultants or other contractors. The Council makes the decisions about the qualifications of the provider and the scope of work required of the consultants and other contractors that are paid through Council funds. This contracting must meet Orange County procurement requirements as well as Ryan White guidelines. The process, including oversight, is managed by PCS staff.
3. **Office Space**: Where possible, the Recipient and PCS will maintain separate and distinct office space within the same building. The Recipient takes the lead in providing appropriate office space for both entities. Office space for PCS must meet all Americans with Disabilities Act (ADA) requirements and may include meeting space sufficient to accommodate committee meetings and access to meeting space sufficient to accommodate Council meetings.
4. **Hiring of Planning Council Support Staff**: Both Recipient and PCS staffs are employees of the Recipient, but are hired and supervised by different reporting entities to maintain the independence of the two elements with their complementary but different legislative responsibilities. When PCS positions are advertised, county procedures are followed and the Planning Council Chair or Chair Elect may be invited to participate in the interview process.

5. **Annual Application Process**: The Recipient has primary responsibility for preparation and submission of the Part A application. PCS staff provides information for the application sections related to Planning Council membership and responsibilities (such as priority setting and resource allocations). The Council approves action by the Chair to sign a letter accompanying the application that indicates whether the Recipient has expended funds in accordance with Planning Council priorities, allocations, and directives

F. **Communications**

**Principles for Effective Communications**

Both the Recipient and the Council recognize the importance of regular and open communications and of sharing information on a timely basis. There should be clarity regarding what will be communicated, when, and to whom. When problems or issues arise, there should be a joint commitment to resolving them through established procedures. The parties commit themselves to the following principles:

1. All parties will take responsibility for establishing and maintaining open communications. This includes both sharing information on a timely basis and reviewing shared information once it has been received. If issues or problems arise, it means communicating with the other parties to clarify the situation and decide how best to address it.
2. Every Planning Council standing committee will have an assigned Recipient staff member who attends meetings regularly
3. The Recipient and Council will each have a designated liaison responsible for sharing and receiving information for all other communication requests, and for disseminating information within his/her entity. When questions or concerns arise, the designated liaison will ensure that they are addressed in a timely manner. For the Planning Council, the designated liaison will be the Health Planner; for the Recipient it will be the Recipient Administrator.
4. Both entities will use designated liaisons as channels of communication. When someone needs information or materials beyond those that are listed on the deliverables table noted in section IV.D. , he/she will request it through the designated liaison, and the request will be made in writing (via e-mail or letter) and will contain the specific request and why the information is needed. For information beyond normal reports, it is the responsibility of the PCS staff and Recipient Administrator to determine whether the Recipient is the appropriate source for this information and whether the information is available and can be provided within the Recipient's resources. When the Recipient feels it cannot meet the request, the Recipient Administrator or designee will notify the Health Planner.
5. Staff of both entities and Council members will avoid

inappropriate communication requests or channels by adhering to the Council's Communications Policy and Procedure , and maintaining the confidentiality of information that should not be shared outside the Part A program.

6. Communications and problem solving will protect the separation of roles between the Planning Council and Recipient. For example, the Council is not supposed to have access to information about the performance or expenditures of individual providers; it should receive such information only by service category. In cases where there is only one service provider for a service category, the Planning Council will have access to this information but without identifying information.
7. Planning Council members and staff will not use in meetings or decision making any information about individual providers, even if it is available to members as individuals through the Public Records and Freedom of Information Act.
8. The Planning Council will not become involved in consumer complaints or grievances about services. If the Council or its Support staff receives consumer or provider concerns or complaints about a specific provider, it will refer the individual expressing the concern to the individual provider for resolution through its own complaints or grievances process. If the Planning Council or Support staff receives broader complaints or concerns about services of an identified provider, it will refer them to the Recipient. The Planning Council should address systemic concerns, which relate to an entire service category or the system of care.

G. **Implementing these Principles**

To facilitate communications and implement these principles, all parties agree to the following actions:

1. The signatories to this agreement will participate in a face-to-face planning meeting including both entities before the program year begins and will continue to meet at least quarterly throughout the year. The first meeting, held just before the beginning of the Part A planning year in September, will be used to lay out specific mutual expectations for the year, ensure a mutual understanding of the Part A program's status and directions, clarify a calendar for the year including dates when materials and information will be shared, and address potential issues or problems. This includes identifying additional or different reports or information needed. Subsequent meetings will be used to monitor progress and refine the calendar as needed, further define information sharing needs, and address any issues that may arise in the relationship between the Recipient and Planning Council.
2. When making special requests for information or materials, both parties will provide at least five (5) days ; requests will be in

writing. When sharing information, both parties will do so as quickly as possible. Both parties commit themselves to responding in a timely manner to any requests pertaining to the Planning Council, satisfying other HRSA/HAB requirements or requests, and addressing other matters that may affect the funding or reputation of the Orlando EMAs' Part A program.

## IV. Information/Document Sharing and Reports/Deliverables

### A. Overview

It is the intent of this MOU to encourage regular sharing of information and materials throughout the year. This section specifies a set of materials to be provided and information to be shared through meetings. Parties to the MOU may request and receive additional materials or information, except for those that should not be shared for reasons of sensitivity or confidentiality

### B. Information to be provided by the Planning Council to the Recipient

The Planning Council will provide the Recipient Part A Administrator with the following information and materials:

1. A dated list of Council members and their terms of office, with primary affiliations as appropriate, to be provided annually and updated as needed throughout the year, in accordance with current Notice of Grant Award (NGA) guidelines.
2. Notification of the Planning Council's monthly meetings, retreats, orientation and training sessions, and other Council events, at the same time notification goes to Planning Council members.
3. The meeting notice, agenda, and information package for each Planning Council meeting, to be provided at the same time they are provided to Council members.
4. The annual list of service priorities and resource allocations, along with the process used to establish them and directives to the Recipient or edits to existing directives on how best to meet these priorities – the same information that is submitted to HRSA/HAB as part of the annual Part A application. This information will be provided within two weeks after the Planning Council has approved the priorities, allocations, and directives.
5. Copies of final planning documents prepared for the Planning Council, such as needs assessment reports and the Comprehensive Plan, within five days after their completion and approval by the Council.
6. Information or documents needed by the Recipient to complete the sections of the annual application related to the Planning Council and its functions, to be provided on a mutually agreed-upon schedule.

### C. Information to be provided by the Recipient to the Planning

**Council**

The Part A Administrator will provide the PCS Coordinator the following reports and information. These will be the minimum requirements. Additional or different information needs will be discussed and agreed upon at the beginning of each year and at quarterly meetings of the parties to this MOU, as described in Section III. G. 1.

1. A copy of any Conditions of Award pertaining to the Planning Council within five days of receipt.
2. Utilization data by service category, including client numbers and demographics to be provided quarterly.
3. An oral and written financial report to the Resource Allocation Committee providing information on contracted amounts by service category, amount spent to date, over- and under-expenditures, and any unobligated balances by service category and suggested reallocations, will be provided on a quarterly basis by the Recipient. Any suggested reallocations will be presented to the Resource Allocation Committee when the Recipient determines that a reallocation of funds between categories is necessary.
4. Information and recommendations requested as needed by the Planning Council to carry out its responsibility in setting priorities among service categories, allocating funds to those service categories, and providing WBMN to the Recipient.. The content and format for this information will be mutually agreed upon each year, but will typically include epidemiologic data, cost and utilization data, and an estimate of unmet need for primary health care among people who know their status but are not in care. In addition to providing the information in written form, the Recipient will attend the data presentations with the Planning Council at mutually agreed upon dates and times.
5. Information requested as needed by the Planning Council to meet its responsibility for assessing the efficiency of the Administrative Mechanism. The content and format for this information will be mutually agreed upon each year, but will typically include information from the Recipient on the procurement and grants award process; statistics (such as number of applications received, number of awards made, and number of new providers funded), and reimbursement procedures and timelines.
6. Carryover information as it becomes available. This includes the actual carryover from the Financial Status Report, and the approved carryover plan submitted to HRSA/HAB. Each document will be provided to the Planning Council at the next business meeting following submission or receipt.
7. The Final Allocations Report, as submitted to HRSA/HAB in the final progress report each year. The Planning Council will receive this information at the business meeting following submission.

8. When the Planning Council or a Committee requests special or additional information from the Recipient, the request will always be in writing to the PCS Health Planner. If the request comes from a subcommittee of the Council, the request must come from the Chairperson of the committee.

D. **Deliverables, Timelines and Responsible Party**

Reports and materials will be shared based on the timeline below. Materials provided to the Planning Council for review monthly will be made available at least two days before the committee or Planning Council meeting at which they will be reviewed with the exception of the Expenditure Report. The Recipient and Planning Council will work together to ensure that meeting schedules allow time for preparation of these monthly reports.

| Deliverables | Timelines | Responsible Parties |
|---|---|---|
| Expenditure Report | Monthly | Recipient |
| Utilization Report | Quarterly | Recipient |
| | | Recipient |
| Quarterly Reallocation Recommendation | as needed | Recipient |
| Monitor WBMN | Annually | Recipient |
| Data Presentation/Needs Assessment | Annually | Council/PCS |
| Priority Setting and Resource Allocation | Annually | Council/PCS |
| Assessment of the Administrative Mechanism | Annually | Council/PCS |

E. **Documents and information that will not be shared**

In order to maintain the confidentiality of sensitive information, the following information will not be shared:

1. The Council will not share information on the HIV status of members of the Council who are not publicly disclosed as people living with HIV/AIDS. Except for individuals who choose to disclose their status, the HIV status of Planning Council members will not be shared with the Recipient or with other Planning Council members except those involved in the Open Nominations Process.
2. The Recipient will not share information about individual applicants for service provider contracts or about the performance of individual contractors – information will be shared by service category only. If there is only one provider in a service category the information will be shared, but without identifying information.
3. Information about the individual salaries of Recipient and PCS staff will not be shared. The Council will not have access to the

Recipient's detailed budget. The Part A Administrator will have access to the Planning Council's detailed budget.

## V. Settling Disputes or Conflicts

A. If conflicts or disputes arise with regard to the roles and responsibilities specified in Section III of this Memorandum of Understanding, the signatories will use the following procedures to resolve them:
   1. Begin with a face-to-face meeting between the signatories to attempt to resolve the situation, within five working days after the issue or dispute arises.
   2. If the situation cannot be resolved, hold a meeting of representative signatories of the Recipient, Planning Council Support and Planning Council with the Chief Elected Official (CEO) or his/her representative. The decision of the CEO will be final unless the conflict arises from legislative responsibility issues.

## VI. Responsible Parties and Contact Information

A. Following are the responsible parties to this MOU, along with the names of the individuals in these positions at the time the MOU was adopted, and their contact information, including the individual within their office who should receive all communications related to this MOU and the Ryan White Part A program.
   1. For the Recipient:
      a) Recipient
   2. For the Planning Council:
      a) Planning Council Chair
      b) Health Planner

## VII. MOU Duration and Review

A. **Effective Date**: The MOU will become effective once signed by all the authorized individuals representing the Recipient and Planning Council.

B. **Duration:** the MOU will remain in effect unless or until the parties take action to end it or the Recipient is no longer the recipient of Part A funding for the EMA.

C. **Process for reviewing and revising the MOU:** The MOU will be reviewed periodically, with the involvement and approval of all parties. Reviews will occur:
   1. Following each reauthorization or legislative revision of the Ryan White legislation by the U.S. Congress, to ensure that the MOU remains fully appropriate, updated, and reflective of the Act.
   2. At least once every year at the first meeting of the parties to this MOU.

D. When the MOU has been reviewed and revised, the amended version will be signed and dated by all parties. The revised version will become effective once signed.

## VIII. Signatures

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|---|---|
| Recipient | 4/18/16 Date |
| Planning Council Chair | 4/20/2016 Date |
| Health Planner | April 18, 2016 Date |