



OPERATING POLICIES & PROCEDURES (OPPs)

COMPREHENSIVE PLANNING COMMITTEE

I. GOAL

To develop and distribute an Integrated HIV Prevention and Care Plan and Priority Resource Allocation Plan for the Ryan White Part A funded HIV/AIDS care and treatment services within the Newark EMA.

II. OBJECTIVES

- 1) To develop, review and modify an Integrated HIV Prevention and Care Plan for the HIV/AIDS care and treatment services within the Newark EMA.
- 2) To assess the current health care delivery system to identify gaps and unmet needs in the service delivery system.
- 3) To make recommendations for services to meet identified needs and address gaps in services.
- 4) To consider peripheral factors that may influence Ryan White Part A funded services; i.e., other funding sources, managed care, welfare reform, etc.
- 5) To solicit information from the various consumers, providers and experts in the HIV/AIDS system.
- 6) To interface and collaborate with all Council committees to collect and review data, make recommendations and to share information.
- 7) To interface with the Recipient to collect information germane to the process; i.e., service utilization data, past spending reports, service performance information, etc.

III. MEMBER PROFILE

The Comprehensive Planning Committee will be comprised of thirty (30) members. The membership will meet the following descriptions:



1. Regional affiliation

COUNTY	MINIMUM COMMUNITY REP.	MAXIMUM R. WHITE PART A PROVIDERS	APPROXIMATE # NON-R.W. PART A PROVIDERS	TOTAL REPRESENTATIVES
ESSEX	4	6	5	15
UNION	3	3	1	7
MORRIS/ SUSSEX /WARREN	2	3	1	6
NO REGIONAL AFFILIATION	Unspecified	Unspecified	2	2
TOTAL	AT LEAST 9	NO MORE THAN 12	9	30

2. Representation from people living with HIV or AIDS (PLWHA)

At least one of the representatives from each of the counties will be a PLWHA. A minimum of 25% of the regionally affiliated members will be PLWHA. There will be a commitment to recruit more than this number of PLWHA, so that the percentage would be expected to normally exceed 25%.

3. Ryan White Part A service providers representatives

Any person that works for an agency receiving Ryan White Part A funding is a “Ryan White Part A service provider” whether or not their salary is derived from Ryan White Part A money. In an effort to avoid the perception of conflict of interest in the priority setting process, no more than 33% of the 30 regionally affiliated members (i.e. a maximum of 9) will be Ryan White Part A providers. For the purposes of calculating Ryan White Part A service providers the EMA will be divided into three regions: Essex County, Union County and Morris/Sussex/Warren counties.

If a member is both HIV+ and a Ryan White Part A provider, they will be counted as a Ryan White Part A service provider.

To further avoid the perception of conflict of interest in the priority setting process, there shall be only one member per region from any single Ryan White Part A service provider or



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non-Ryan White Part A service provider representing any one of the three regions: Essex County, Union County or Morris/Sussex/Warren counties.

4. Non-regionally affiliated members

The non-regionally affiliated (other region) members are individuals who live outside of the EMA or work in a position with statewide or multi-regional (within or outside of the EMA) responsibilities (e.g. state employees or individuals from private industry). Members may be drawn from non-Ryan White Part A providers, people living with and affected by HIV/AIDS, or people from any other walk of life (e.g. the ministry) who are interested in HIV-related service issues. These members would bring to the Committee special expertise, information from a specific constituent group and/or information about resources of interest to the EMA. The non-regionally affiliated members cannot be a subrecipient of Ryan White Part A funding. Every attempt will be made to ensure that these two non-regionally affiliated members represent different interests and organizations.

5. Collaboration with other Committees

A representative from the Continuum of Care Committee should be invited to sit on the Comprehensive Planning Committee.

6. Recipient representation

There will be one Recipient from the Ryan White Unit on the Comprehensive Planning Committee. The seat will have *ex officio*, non-voting status, and is not included in the above described 30 seats. This person will not count towards the quorum.

7. Northeast Caribbean AIDS Education Training Center (AETC) representation

There will be one seat for a representative from the Northeast Caribbean AIDS Education Training Center (AETC). This seat will have *ex officio*, non-voting status, and will not be included in the above-described 30 seats. This person will not count towards the quorum.

8. Reflectiveness



All effort will be made to ensure that the membership of the Comprehensive Planning Committee (by gender, ethnic/racial background, age, sexual orientation and history of drug use) is reflective of those who are people living with and affected by HIV/AIDS in the Newark EMA.

9. Alternates

Each county may have a pool of alternates as follows:

County	Maximum number of Alternates	Categories of representation of Alternates
Essex	Four	<ul style="list-style-type: none"> • Consumer • Ryan White Provider • Non-Ryan White Provider
Union	Three	<ul style="list-style-type: none"> • Consumer • Ryan White Provider • Non-Ryan White Provider
Morris, Sussex, Warren	Three	<ul style="list-style-type: none"> • Consumer • Provider (Ryan White or Non Ryan White)
Total	Ten	

Under the following conditions, an alternate may act as a substitute (with full voting privileges) for a voting member who is absent:

- The alternate must represent the same county or region as the person for whom they are acting. For example, an alternate from Essex County can only act as a voting member on behalf of an Essex County representative who is not present; a Union County alternate can only act on behalf of a Union County member who not present. An alternate from Morris, Sussex or Warren can act on behalf of a voting member from any of those three counties who is absent.
- Consumer alternates (with no affiliation to a Ryan White Part A provider) can fill any slot (consumer, Ryan White Part A provider OR Non Ryan White Part A provider) as long as they are acting on behalf of a voting member from the same county/region.



- A Ryan White Part A provider can only act in the place of another Ryan White Part A provider from that particular county/region.

If the alternate is not acting as a voting member, then they are welcome to contribute to the discussion but not to vote. Like full voting members, alternates are subject to the conditions in these operating policies and procedures.

IV. MEMBERSHIP

1) Recruitment of members

The responsibility for filling positions (both members and alternates) will be within respective counties with the Morris, Sussex, Warren HIV Advisory Committee responsible for the six seats in their area and the Union County Providers Network are responsible for ensuring that the six Union County seats are filled. The Chair of the Comprehensive Planning Committee, in consultation with staff, will have the responsibility for working with networks and consortia in Essex County to fill the Essex County seats on the Committee. Anyone involved in the recruitment of potential members must also make them aware of the expected time commitment.

In the event that a particular region is in the position of having to limit members from a certain group (such as Ryan White Part A service providers); it will be the decision of the members from each region to make fair and equitable decisions regarding the names of their representatives.

2) Application

All prospective committee members must complete a standard Council Committee application and submit it to the Council office. The Council office will forward the application to the Committee Chairperson for review with consideration of the committee's open membership slots. If a slot is not open, the member will be invited to participate as a guest until such time a slot becomes available for membership consideration.

3) Retaining membership status

A member in good standing is a member with an application on file and has not missed (this includes both excused and unexcused absences) 3 or more consecutive **regularly scheduled** meetings, or **fifty percent (50%) of the regularly schedule meetings in any six (6) month period**. The Committee Chair, in conjunction with Council staff, is responsible for maintaining attendance records. In the event a Committee member misses three or more consecutive meetings, the Chairperson will be informed and the member notified that they are no longer in good standing. The Committee Chairperson,



after consultation with the member in question, will decide whether the member will recommit and re-apply to the Committee or resign. This member will not be eligible to vote at the first meeting to which they return; but they will be eligible to vote at the next meeting.

V. COMMITTEE LEADERSHIP AND ROLES OF OFFICERS

The committee will have a Chair, Vice-Chair and Secretary to guide its work. The Council Chairperson will appoint the Committee Chair. The Committee Vice-Chair and Secretary will be voted in by the full committee membership.

The Committee Chair is responsible for working with the staff, ensuring agendas are completed on time, and minutes are accurate and completed in a timely manner. Council staff will work with the Committee Chair and Secretary to write, distribute and maintain Committee agendas and minutes. Council staff will be responsible for providing monthly reports to the full Planning Council during “Committee Reports” section of the Council’s agenda.

In the absence of the Chair, the Vice-Chair will conduct meetings. In the absence of both the Chair and Vice-Chair, the Secretary will conduct meetings.

VI. CONDUCTING BUSINESS

1. Calendar of meetings

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

2. Cancellation of meetings

The Committee Chairperson has the option of cancelling meetings due to e.g. lack of business or expected poor attendance.

3. Conducting meetings

Committee meetings will follow an adaptation of parliamentary procedures as indicated by the Chairperson. In the event of disagreement on how the meeting should be conducted, Robert’s Rules of Order will take precedence. The Chairperson may request assistance from a parliamentarian; the parliamentarian is not a committee member and cannot vote.

4. Recording meetings



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

5. Contribution of non-members and closed sessions

All Committee meetings shall be open to the public for observation. Committees must entertain public comment during a “Public Testimony” section of the agenda. The Committee Chair before the next scheduled meeting, if deemed necessary and appropriate, must make responses to public testimony in writing. Individuals will be allowed 3 minutes and groups 5 minutes for public testimony.

Other than public testimony, non-members speak at the discretion of the Chairperson who has the right of limiting discussion from non-members. The Chair also has the option of inviting non-members to the table and requesting name plaques for members, so that members are easily identified.

VII. DECISION MAKING PROCESS

Quorum voting will take place with a majority (more than half) of eligible voting committee members present. All Committee members in good standing are eligible to vote except the Committee Chair. The Chair is not eligible to vote, unless there is a tie, but is eligible to participate in discussion.

The status of any given position on the Committee (i.e. unfilled/filled) will not affect validity of a vote. The only factors affecting voting will be the presence/absence of a quorum. Quorum will be based on the total number of members in good standing. There will be no proxy votes or votes in absentia.

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

All Committee decisions will be brought forward to the full Council as recommendations for action, which must be approved and voted on by the Council membership.

VIII. GRIEVANCE AND COMPLAINTS

1. Formal grievances

If the grievance is in reference to the priority setting process, then it may fall under the Council’s formal written grievance policy entitled “*EMA HIV Health Services Planning Council Grievance Procedures, June 5, 1997 and revised on February 19,*



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2020". Under this policy, a potential grievant has 10 working days time in which to challenge a decision or document released to the public domain. The potential grievant should approach the Council's Planning Council Staff to ask for assistance in completing the standard written intake form. The Planning Council Staff will forward to the potential grievant a confirmation letter and forward the grievance to the Chair of the Grievance Committee within 5 business days. Please see the Council's policy for additional information as well as copies of the standard forms.

2. Grievances or complaints outside of formal policy

Complaints/grievances related to the Comprehensive Planning Committee or committee meetings, which fall outside of the above noted policy should, initially, be brought to the attention of the Committee Chair or Planning Council Staff as an informal complaint.

If the complainant feels that their issue was not properly dealt with informally, they may submit a letter to the Planning Council Staff. This letter should state that it is a formal letter of complaint, it should also outline the nature of the complaint and the steps undertaken to solve it thus far. The Planning Council Staff must forward this letter to the Planning Council Chairs within five working days.

The Planning Council Chair then has 30 days to respond to the written complaint. If still unsatisfactorily resolved, either the Planning Council Chair or the complainant may appeal to the Chair of the Grievance Committee as a last resort.