

BYLAWS
Kansas City Eligible Metropolitan Area (EMA)
Comprehensive HIV Prevention and Care Planning Council

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BYLAWS

**Kansas City Eligible Metropolitan Area (EMA)
Comprehensive HIV Prevention and Care Planning Council**

ARTICLE I – NAME, PREAMBLE AND SERVICE AREA

Section 1.1 - Name

The name of the organization is the Kansas City EMA Comprehensive HIV Prevention and Care Planning Council, and it shall be constituted as is required by the Ryan White Comprehensive AIDS Resources Emergency (C.A.R.E.) Act and Centers of Disease Control (CDC) Human Immunodeficiency Virus (HIV) Prevention implementing regulations. As used in these bylaws, the term “Planning Council” means and refers to the Kansas City EMA Comprehensive HIV Prevention and Care Planning Council. The Planning Council shall also serve as the Kansas City Regional Prevention Advisory Group (KCRPAG) to the State of Missouri’s Sexually Transmitted Disease (STD)/HIV Community Planning Group (CPG).

Section 1.2 - Preamble

In 2001, the Kansas City Region had a unique opportunity to enhance the HIV prevention and care services continuum that is derived from national initiatives from the CDC and Health Resources and Services Administration (HRSA). The vision of these initiatives was to strengthen service-based HIV prevention and care efforts in states and local communities through public and private linkages and collaboration efforts. The CDC, HRSA, and the Missouri Department of Health and Senior Services (DHSS) supported and encouraged collaboration between the HIV prevention planning advisory group with the other planning body. Collaboration leading to a merger of the Kansas City Regional Prevention Advisory Group and the Ryan White Title I Planning Council in Kansas City would enhance a more integrated approach to prevention, health education, care, and treatment. This integration of resources and common responsibilities of needs assessment and comprehensive planning will improve the scope and quality of planning and help to create a continuum of care that includes prevention, health education, care, and treatment.

Section 1.3 - Service Area

Pursuant to the requirements of HRSA, the EMA to be served by the Planning Council shall consist of the following counties: Johnson, Leavenworth, Miami, Wyandotte, Cass, Clay, Clinton, Jackson, Lafayette, Platte, and Ray.

Pursuant to the requirements of CDC, the eligible areas to be served by the Kansas City HIV/STD Prevention Planning Region shall consist of the following counties: Platte, Ray, Cass, Lafayette, Henry, Bates, Benton, Johnson, Clay, and Jackson.

ARTICLE II - MISSION

Whereas, the mission of the HIV Planning Council is to develop and coordinate an effective and comprehensive community-wide response in the Kansas City EMA to HIV/AIDS; and

Whereas, the mission of the Kansas City Regional Prevention Advisory Group (KCRPAG) is to provide input from regional perspectives to the statewide CPG, ensure that regional priorities are in line with statewide priorities set by the official Community Planning Group Body, and provide planning for the targeting of populations at high risk for HIV/STD infection and make recommendations for HIV/STD prevention and funding allocation within the Kansas City Planning Region;

Now, therefore, these former separate missions of the Ryan White Title I Planning Council, Title II Consortia, and the Kansas City Regional Prevention Advisory Group will now be combined to form an

integrated planning approach. Wherein, the mission of the Kansas City EMA Comprehensive HIV Prevention and Care Planning Council shall be accomplished through planning for education and prevention efforts to reduce the incidence of HIV infection and through services to provide the opportunity for the highest possible quality of life for all persons infected with or affected by HIV disease, including those traditionally not served or underserved.

ARTICLE III - PURPOSE

Section 3.1 – General

The purpose of the Planning Council shall be to:

- A. Develop a comprehensive plan for the development, organization, and delivery of HIV services, and education and prevention initiatives for individuals with HIV disease, those at risk of becoming infected, and those affected by the disease. The plan shall be compatible with existing state and local plans regarding the provision of services to individuals with HIV disease;
- B. Determine the needs and establish priorities for the allocation of federal, state, and local funds as delegated by the granting authorities in accordance with the comprehensive plan and based upon the:
 1. Documented needs and epidemiological data of the HIV-infected/affected community, including an epidemiological-profile;
 2. Cost and outcome-effectiveness of proposed strategies and interventions, to the extent that such data are reasonable;
 3. Priorities of the HIV-infected/affected communities for whom the services are intended; and
 4. Availability of other governmental and non-governmental resources.
- C. Allocate Ryan White Care Act funds and Congressional Black Caucus (CBC) funds to a set of prioritized service categories, which are established through a yearly prioritization process;
- D. Assess the efficiency of the administrative mechanism of the Grantee in rapidly disbursing funds to the areas of greatest need within the eligible area and, as may be determined to be necessary, assess the effectiveness of the services offered in meeting the identified needs;
- E. Participate in the development of the statewide Coordinated Statement of Need (SCSN);
- F. Ensure broad community involvement in all phases of its operations, especially in establishing community needs and priorities;
- G. Act in an advisory capacity through representation at statewide CPG meetings;
- H. Review and provide feedback on the final statewide comprehensive HIV/STD prevention plan and application through representation from the Kansas City Prevention Planning Region, including the intervention priorities and the budget estimate developed by Missouri Department of Health and Senior Services;
- I. Review the application drafted by the Missouri DHSS for funding from the CDC for HIV/STD prevention activities, and submit a letter of concurrence or non-concurrence on whether or not the KC regional plan is in line with priorities decided at the statewide community planning level as an attachment to the application;
- J. Appoint five (5) representatives and two (2) alternate representatives to the statewide CPG;
- K. Provide input from regional perspectives to the statewide CPG;

- L. Ensure that regional priorities are in line with statewide priorities set by the body of the statewide CPG, and provide planning for the targeting of populations at high risk for HIV/STD infection; and
- M. Make recommendations for CDC HIV/STD prevention and funding allocation within the Kansas City Planning Region.

ARTICLE IV - NON-DISCRIMINATION

The officers and members of the Planning Council shall be selected entirely on a non-discriminatory basis with respect to age, gender, race, ethnicity, religion, disability, sexual orientation, or national origin, except as may be necessary to comply with applicable statutory and regulatory requirements. Affirmative efforts shall be made to ensure representation of populations infected or affected by Human Immunodeficiency Virus (HIV) or Acquired Immunodeficiency Syndrome (AIDS).

ARTICLE V - MEMBERSHIP

Section 5.1 - Composition of Voting Membership

The initial membership of the Planning Council and all subsequent members shall be appointed by the Chief Elected Official (CEO) of the EMA, who shall be the Mayor of the City of Kansas City, Missouri. Members shall be selected in accordance with the policies and procedures of the Community Nomination Committee, as provided in the Title I manual, and appointed by the CEO. Membership of the Planning Council shall not exceed forty (40) voting members. In soliciting individuals to apply to the Planning Council, the Planning Council outreach efforts shall strive to reach a diversity of affected populations, including demographically and geographically diverse individuals, as well as aim to have the Council membership reflect HIV-related institutional and community-based health and support services providers. Each agency shall have no more than one member on the Planning Council during a term. If at any time, representation by persons living with HIV or AIDS (PLWH) should fall below one-third of full Planning Council membership of voting members, the Board Development Committee will initiate an active search for new PLWH members and monitor and facilitate the timely and effective filling of these important vacancies. Vacancies of any type of representation will be actively addressed on at least a quarterly basis.

Section 5.2 - Membership Selection

The Office of the CEO shall establish a Community Nomination Committee that reviews all applications for membership on the Council and creates a slate of selected candidates for the final appointment by the CEO.

- 1) The Planning Council shall be actively involved in outreach and solicitation efforts to recruit new members to the Council but shall not be involved in the membership selection process.
- 2) The Nomination Committee shall be comprised of at least five (5) Community Leaders who are not presently members of the Council and will not be members of the Council for at least a year following membership on the Nomination Committee.
- 3) The Nomination Committee will form a slate of Council member candidates and provide the slate to the Council and the CEO of the EMA. The CEO shall review and approve or amend the slate, and appoint the membership of the Council.

In compliance with applicable statutory and regulatory requirements, the Nomination Committee and CEO shall ensure that final membership selection shall result in the following matrix of representatives:

- A. The reauthorization of the Ryan White CARE Act has required that Planning Councils obtain 33% representation of unconflicted members. This EMA is committed to 37% members living with HIV or AIDS who are deemed not to have an interest, as is defined in Article IX, Section 9.1, of these bylaws, in an agency or agencies. HRSA;

- B. Eighteen members of which there shall be at least one member from each of the following membership categories:
 - 1. Health care providers, including federally-qualified health centers
 - 2. Community-based organizations serving affected populations and AIDS service organizations
 - 3. Social service providers
 - 4. Mental health providers
 - 5. Substance abuse providers
 - 6. Local public health agencies
 - 7. Hospital planning agencies or health care planning agencies
 - 8. Non-elected community leaders
 - 9. The state Medicaid agency (Kansas and Missouri)
 - 10. The state agency administering the Ryan White Title II program (Kansas and Missouri)
 - 11. Ryan White CARE Act grantees under Title III and Title IV
 - 12. Grantees under other Federal HIV programs
 - 13. HIV prevention providers
 - 14. Housing or homeless service providers
 - 15. Representative of/ or formerly, incarcerated individuals representatives of individuals who formerly were Federal, State, or local prisoners, were released from the custody of the penal system during the preceding 3 years, and had HIV disease as of the date on which the individuals were so released
 - 16. Faith-Based Organizations

- C. Seven members associated with HIV prevention and education efforts, either as a provider, specialist, or as a representative of an identified high-risk group.

Section 5.3 - Composition of Non-Voting Membership

There shall be one member representing the Office of the CEO and there shall be a Title I Grantee representative. The Executive Committee may, at its discretion, authorize the Board Development Committee to solicit and invite individuals to apply to the Council for associate membership on Council committees. These associate members shall have voice and vote at the committee level only. Terms served as an associate member shall not be counted toward full membership time limits.

Section 5.4 - Responsibilities of a Council Member

Each member of the Planning Council shall have the following responsibilities:

- A. Uphold the goals, objectives, policies and procedures of the Planning Council;

- B. Attend Planning Council meetings and participate in the policy-making decisions of the Planning Council;

- C. Serve on a minimum of one committee in accordance with the provisions of Article VIII and as is suited to the member's interests, skills, and needs of the Planning Council;

- D. Contribute his or her professional and personal expertise to further the work of the Planning Council; and
- E. Participate in the planning needs assessment, priority setting and allocation processes of the Planning council in an informed, active and engaged manner.

Section 5.5 - Responsibilities of an Associate Member

An associate member of the Planning Council shall have the following responsibilities:

- A. Uphold the goals, objectives, policies and procedures of the Planning Council as it relates to his or her assigned committee work;
- B. Contribute his or her professional and personal expertise to further the work of the Planning Council through the committee-level effort in which he or she is engaged; and
- C. Work at the committee level only and not have voting privileges on the full planning body.

Section 5.6 – Responsibilities of State Level Representatives and Alternate State Representatives

State Level Representatives of the Planning Council shall have the following responsibilities:

- A. Responsible for reporting and voting on the needs and interests of the Kansas City regional area at the state level;
- B. Responsible for collecting and presenting information to the Planning Council prior to state level presentation;
- C. Responsible for state level report from the Planning Council in a timely manner as decided by the Executive Committee;
- D. Responsible for counsel to the alternate state representatives;
- E. Representatives to the state should not include Kansas City, Missouri Health Department employees;
- F. Responsible for attending all Planning Council meetings and all state prevention planning meetings; and
- G. Responsible for informing Planning Council staff if unable to attend a statewide meeting.
- H. Responsible for attending all Prevention Committee meetings.

Alternate State Level Representatives of the Planning Council shall have the following responsibilities:

- A. Assist the state representatives in the responsibilities heretofore described;
- B. Responsible for attending all Planning Council meetings;
- C. Responsible for attending state meetings when one of five state representatives is unable to attend; and
- D. Responsible for proxy voting on behalf of the Planning Council when one of five state representatives are unable to attend state prevention planning meetings.

Section 5.7 - Term of Members

All terms of Planning Council members shall normally be for two years, and shall commence upon Mayoral appointment. However, the CEO may appoint members to the initial Council for terms of only one year. No Planning Council member shall serve more than two consecutive terms or four consecutive years. The CEO must officially reappoint each Planning Council member who wishes to serve a second term. An individual who has served two consecutive terms or four consecutive years may not be considered for Planning Council membership until at least one full planning cycle of the Council year has elapsed since he or she ceased to be a member or associate member of the Planning Council.

Those representing, the State Medicaid agencies of Kansas and Missouri, State Ryan White Title II Representative(s) and Title III and/or Title IV are exempt from these term limit restrictions since their respective agencies nominate individuals who can adequately represent them, and may have a limited pool of potential candidates.

Terms for State Representatives and Alternate Representatives of the statewide CPG shall cover a period of two years. Office shall be held for the two year period beginning in January and/or until a successor has been elected. There is no option for re-election to the same position.

Section 5.8 – Alternates

Alternates are allowed only when a member files for a time-specified medical leave of absence from the Council of which the time period must be less than one year. Documentation of the alternate's expected length of service shall be approved by the Chair of the Planning Council and is renewable upon approval of the Chair. An Alternate shall be interviewed and recommended for membership by the Planning Council and approved by the Executive Committee to represent a voting member who has filed for a medical leave of absence. The Chair shall notify the Alternate when a member shall begin his or her leave of absence and ensure that the Alternate is prepared to assume the departing member's duties.

Section 5.9 - Vacancies and Expiration of Terms

The Board Development Committee may initiate a solicitation and invitation to individuals to apply for Council membership to fill any vacancy occurring on the Planning Council. Such invitations will occur in accordance with the policies and procedures of the Board Development Committee. The final slate of candidates selected and approved by the Community Nomination Committee shall require the appointment of the CEO. All vacancies occurring at times other than expiration of terms shall be filled as soon as possible. Nominees filling such vacancies shall be expected to serve out the balance of the term being filled commencing the date of appointment by the CEO.

Section 5.10 – Attendance

A voting member of the Planning Council who is absent under any of the following circumstances during any planning year (April 1-March 30) shall forfeit his/her membership on the Planning Council:

- 1) Three consecutive regularly scheduled Planning Council meetings; or
- 2) One-third of regularly scheduled Planning Council meetings or standing committee meetings;
- 3) Three consecutive meetings of a standing committee to which the member belongs; or
- 4) Two consecutive meetings of the statewide CPG (This refers to State Level Representatives. Two consecutively missed meetings will constitute removal from the statewide CPG).

The limits stated above shall not apply to absences due to illness or complications thereof. However members who foresee a likelihood of several continuous absences are encouraged to file for a time-specified medical leave of absence in accordance with Section 5.8 of these bylaws.

Section 5.11 - Termination of Membership

Any member or associate member who fails to perform his/her duties as discussed in Section 5.4 or Section 5.5 shall be subject to removal without further cause. In addition, unreasonable conduct or behaviors that significantly interfere with the business of the Planning Council are also grounds for termination of membership. Proposed the Executive Committee shall review terminations, which shall submit a recommendation to the Planning Council. A majority two third vote of a quorum of the Planning Council shall be required for recommendation to the CEO for approval of termination.

Section 5.12 – Resignation of Membership

A Planning Council member may resign by giving written notice to the Planning Council Chair. The notice must be signed and must specify an effective date of resignation.

ARTICLE VI - MEETINGS

Section 6.1 - Frequency of Meetings

The Planning Council shall meet not less than six times each year at such times and places as it may determine, or as may be specified in the notice of the meeting. Additional meetings of the Council may be called by the CEO, the Chair, or by at least ten voting members of the Council.

Section 6.2 – Compliance with The Missouri Sunshine Law (Missouri General Assembly Chapter 610).

The Planning Council shall at all times conduct its meetings in accordance with the requirements of the Missouri Sunshine Law as promulgated through the Missouri General Assembly Chapter 610.

Section 6.3 - Notice of Meetings

All Planning Council members will be notified through two or more of the following means: express mail, telephone, facsimile, or e-mail. An agenda shall be prepared by the Chair or the Executive Committee and shall be posted and transmitted to Planning Council members at least 48 hours (excluding weekends and holidays) before a meeting. Notice of each meeting of the Planning Council shall be mailed to each Planning Council member at his or her last known address, as carried on the records of the organization, not less than ten (10) business days prior to the date of the meeting. Either the CEO or the Chair, as permitted by the Missouri Open Meetings Act, except for selection and removal of officers, may call emergency meetings. A minimum of five (5) business days will be required to notify members of an emergency meeting. Should an emergency meeting be called, all Planning Council members will be

notified through two or more of the following means: express mail, telephone, facsimile, or e-mail with the time and the place of the meeting.

Section 6.4 – Public Notice

The meetings of the Council shall be open to the public and shall be held only after adequate notice to the public in the form of meeting notice and agenda placed in the written media of the EMA. The Council or Committee must prominently post a notice of the meeting in its principal office and in the major print media of the EMA. If there is no such office, the public body should post the notice at the meeting place. The notice must include:

- Time of meeting;
- Date of meeting
- Place of meeting; and
- Tentative agenda.

Section 6.5 - Quorum

At any Planning Council meeting, the presence of a majority (50% plus 1) of the voting members or their Alternates shall be necessary to constitute a quorum for the purpose of taking any action.

Section 6.6 - Conduct of Meetings

Regular and special meetings of the Council shall be conducted in an orderly manner in accordance with these bylaws and in all other points of business, by the latest edition of Robert's Rules of Order.

All meetings of the Planning Council shall be open to the public.

Section 6.7 - Voting

At any meeting of the Planning Council at which a quorum is present, each member or Alternate serving in place of a voting member shall be entitled to one vote upon any question before the Planning Council, except as noted in Article IX, Section 9.1 C, and Conflict of Interest.

Decisions of the Planning Council shall be made by vote with a simple majority of votes cast required to pass a motion, unless otherwise specified in these bylaws.

Section 6.8 - Minutes

Planning Council staff shall prepare a draft of the minutes of each Planning Council meeting. The minutes shall contain: a listing of those present; a description of the matters discussed and conclusions and/or actions reached; and copies of all reports received, issued or approved by the Planning Council, and shall submit them to the Chair for review. The Planning Council shall review and provide approval or approval with corrections to draft minutes. A transcript certified by the Chair of the Planning Council, of Council approved minutes must be made available to the CEO and the members of the Planning Council and shall be kept on file, placed onto the Planning Council website, and otherwise made available for public inspection within two weeks following each Council meeting.

Section 6.9 - Priority of Planning Council Discussion

At any meeting of the Planning Council, the Chair may give speaking priority to the members of the Planning Council on any matter pending before the meeting. Members of the public may speak on issues related to Planning Council business during the community input period as scheduled at each Planning Council meeting. Such presentations may be subject to time limitations set by the Chair.

ARTICLE VII – OFFICERS

Section 7.1 - List of Officers

There shall be a Chair, a Vice Chair, and a Secretary in charge of the activities of the Planning Council, of which the Chair shall not have an interest as is defined in Article IX, Section 9.1, of these bylaws. Either the Chair or the Vice Chair must be a person living with HIV and not deemed to have an interest, as is defined in Article IX, Section 9.1, of these bylaws, in an agency or agencies.

Section 7.2 - Nomination of Officers

All nominees for officers shall be selected from existing voting Planning Council members that have been approved by the Nomination Committee. The CEO will appoint the Planning Council Chair from existing voting Planning Council members. The following open nominations process shall make nomination of all other officers: By February of each year, the Executive Committee shall accept nominations from Council members for open leadership positions on the Council. Individual members may self-nominate. Nominations shall be reviewed by the Executive Committee to assure eligibility as defined by the bylaws prior to presentation to the Planning Council. At the first regularly scheduled Planning Council meeting in March of each year, the Executive Committee will present candidates for Council office and each candidate shall be afforded the opportunity to present to the Council.

Section 7.3 - Election of Officers

Elections shall be held at the first regularly scheduled April meeting. Each Council member will vote for the candidate of his or her choice for each Council officer position. Each officer shall be elected by a majority vote indicated by a count of written ballots.

Section 7.4 - Special Elections of Officers

Open nominations shall be made at the next regularly scheduled meeting of the Planning Council and the election held at the following Planning Council meeting. The CEO maintains the option to appoint to Planning Council Chair to serve out a remaining term until the Planning Council holds its yearly nomination and election of leadership as described in Section 7.2 and Section 7.3 of these bylaws. The term of office shall begin immediately upon election or CEO appointment. The term of office shall begin immediately upon election. The newly elected or appointed officer(s) shall serve out the balance of the term. The time served as a result of this special election shall not be counted toward the maximum length of office as defined in Section 7.6.

Section 7.5 - Duties

A. The Chair

The Chair shall preside at all meetings of the Planning Council and shall perform all other duties necessary or incidental to the position. Duties of the Chair are as follows:

- Serve as State Level Co-Chair;
- Appoint Committee Chairs from a slate submitted by the membership of each committee;
- Responsible for coordination of any communications with state or CDC officials;

- Responsible for reviewing and co-signing all documents and correspondence affecting the Planning Council;
- Responsible for calling meeting to order on a timely basis;
- Responsible for facilitating meetings, maintaining semblance of order acting as sergeant-at-arms;
- Responsible for effective communications with all other Planning Council members;
- Responsible for counting of votes;
- Responsible for Committee Chair information review and presentation as agenda item;
- Responsible for time management and focus within meetings;
- Responsible for state CPG review and presentation as agenda item; and
- Responsible for review and certification of meeting minutes.

B. The Vice-Chair

The Vice-Chair shall preside over meetings at which the Chair is absent or at the direction of the Chair and otherwise fulfill all other duties of the chair either at the direction of the Chair or during the Chair's absence

Section 7.6 - Term of Office

The term of office for Officers shall commence on April 1 of the election year, and shall be for one year. The term shall expire on March 31st. An officer may be re-appointed/or elected to an additional year; however, no elected or appointed officer shall hold any particular office for more than two consecutive terms. The CEO may reappoint the Chair for an additional term, however, the two-term limit applies.

Section 7.7- Vacancies

In the event of a vacancy in the office of the Chair, the Vice Chair shall assume the duties of Chair until the CEO has appointed another Chair. In the absence of the Chair and Vice Chair, the Secretary shall assume the duties of the Chair until the CEO has appointed another Chair. If either a Vice Chair or Secretary who has a Conflict of Interest as defined by Article IX, Section 9.1, fills the vacated office of Chair, they may assume the duties of Chair on an interim basis only. The time served as a result of any appointment shall not be counted toward the maximum length of office as defined by Section 7.6.

Section 7.8 - Removal of Officers

Any officer who fails to perform his/her duties as discussed in Section 7.5 shall be subject to removal. In addition, unreasonable conduct or behaviors that significantly interfere with the business of the Planning Council may also be grounds for removal from office. A motion to call a meeting to remove a Planning Council officer can be made at any regularly scheduled Planning Council meeting. Such a motion requires a second and a majority of a quorum of members voting in favor of the motion for it to pass. The vote to remove shall take place at the next regularly scheduled Planning Council meeting. Consideration of the question to remove an officer will be based on written criteria developed by the Planning Council. Removal of the officer shall require a two-third vote of a quorum of the Planning Council members present at the meeting in which the vote is taken.

ARTICLE VIII - COMMITTEES

Section 8.1 - General

Standing committees and ad hoc committees of the Planning Council may be created at any time to meet the operational needs of the Planning Council. Each standing committee shall draft policy and operating procedures that are in accordance with these bylaws, and will require the final approval of the Planning Council. Any such committee shall have such powers and duties, and its membership shall be constituted in accordance with these bylaws and specifically with Section 8.2 of these bylaws.

Section 8.2 - Committee Membership

- A. Each Standing or ad hoc committee shall have a Chair who is a member of the Planning Council, appointed by the Planning Council Chair from a slate submitted to the Planning Council Chair by the membership of that committee. Members may self-nominate and shall be placed on the slate submitted to the Planning Council Chair by the membership of that committee. Diversity should be considered when making appointment.
- B. Standing and ad hoc committee membership shall be drawn from the membership of the Planning Council and from other interested citizens. Only Planning Council members and Associate members have voting rights at the committee level. Each committee shall have no fewer than three Planning Council members.
- C. The Planning Council officers may serve as non-voting ex-officio members of any standing and ad-hoc committees.

Section 8.3 - Standing Committees

Standing committees meet regularly and report on their recommendations at each regular meeting of the Planning Council. A member who is appointed to serve on an ad hoc committee may be granted a leave of absence from any standing committee or committees of whom he or she is a member, if it is necessary for the member to fulfill his or her obligations with respect to the ad hoc committee. Such leave shall be granted at the discretion of the Chair. The Council shall have the following standing committees:

A. Executive Committee

The Executive Committee is responsible for ensuring the orderly and integrated progression of the Council's work. The Committee oversees the operations of the Council and recommends amendments to the bylaws as appropriate. It is composed of the officers of the Planning Council, the chairs of the Committees, a representative from the Grantee and at least two PLWHs who have openly disclosed their HIV status to the Council. The Executive Committee may appoint other members when it deems necessary. The Executive Committee shall review and subsequently schedule standing and ad hoc committee recommendations to the full Planning Council as action items requiring Council vote on the Council meeting agenda. The scope of the Executive Committee's work includes:

- Meeting to plan and coordinate the meetings of the full Planning Council;
- Identifying and delegating committee tasks and assignments;
- Coordinating communication and planning between the committees of the Council to ensure progress on the designated goals and objectives within the EMA Comprehensive Plan;
- Working with Planning Council support staff and representatives of the Grantee to develop work plans to assist the Council in accomplishing its work in a timely manner and in compliance with all administrative deadlines; and

- Completing additional work as necessary to assure that the Council carries out its charge.

In between sessions of the Planning Council, the Executive Committee shall act on behalf of the Planning council. The Executive Committee will not change any order enacted by the Planning Council nor will it amend the by-laws of the Planning Council.

B. Comprehensive Planning Committee

The Comprehensive Planning Committee is responsible for overseeing the creation and regular update of the EMA Comprehensive Plan for HIV/AIDS Services. The Committee updates the goals and objectives for discrete services provided by Title I funds and Prevention funds and articulates overarching goals and objectives for the HIV service delivery system. In conjunction with the other committees, (particularly the Assessment Committee), it identifies gaps in services as well as needs of discrete populations, helps to ensure that HIV+ individuals not in case management can be directed to care services, meets the needs of underserved populations, and develops plans for response. The scope of the Comprehensive Planning Committee's work includes:

- Working with support resources of the Planning Council to ensure yearly updating of the EMA needs assessment in order to identify emergent needs within the EMA and recommend response strategies to the full Planning Council;
- Collaborating with the Missouri Department of Health and Senior Services in developing a comprehensive HIV/STD prevention plan and agree upon the program priorities;
- Overseeing the development of a priority setting process including data presentations that will lead the Council through its Ryan White Title I and CBC service category annual priority setting exercise. Review the community plan for the Kansas City Planning Region, including the interventions set by the Planning Council and the budget estimate developed by the lead agency;
- Reviewing the application drafted by the Missouri Department of Health and Senior Services for funding from the Centers for Disease Control and Prevention for HIV/STD prevention activities;
- Working with staff support to the Planning Council to ensure yearly updating of the EMA Comprehensive Services Plan;
- Working with the Assessment Committee as it develops the standards of care and analyzes the continuum of care for the EMA service delivery system;
- Working with the Finance Committee to review service category definitions, goals and objectives, and propose modifications, as needed, to the Finance Committee;
- Working with the Assessment Committee to ensure the effective integration of HIV prevention and education-related programs into the continuum of HIV care and treatment; and
- Facilitating implementation of collaborative planning between the Titles of the C.A.R.E. Act and other governmental and community-based agencies as well as the existing safety net providers within the existing EMA.

C. Finance Committee

The Finance Committee is responsible for recommending and coordinating the process by which the full Planning Council allocates of Ryan White Title I funds and makes recommendations for HIV/STD prevention and funding allocation. The Committee recommends a plan for the allocation of Title I funds among the service categories approved by the Planning Council. The scope of the Finance Committee's work includes:

- Assisting the Comprehensive Planning Committee in the development of new service categories, and in reviewing and modifying service category definitions.
- Assisting the Council in establishing scenarios for the allocation of funds within the eligible area;
- Working with the Comprehensive Planning Committee to identify for the Council services that are no longer necessary to fund or which may be funded more efficiently within another service category;
- Determining the level of funding in the EMA for Title I funded services from other government agencies, private foundations, and other sources and programs and reporting these findings to the Council;
- Recommending to the Council a plan for the distribution of Title I award funds within the service categories approved by the Planning Council that is grounded in sound data; and
- Targeting of populations at high risk for HIV/STD infection and making recommendations for HIV/STD prevention and funding allocation within these counties.

D. Assessment Committee

The Assessment Committee is responsible for the assessment and evaluative work of the Planning Council. The outcome of their work will lead to the production of a Needs Assessment, an Assessment of the Administrative Mechanism, and an assessment of the work of the Planning Council. In order to accomplish this mission, it summarizes existing evaluation data and relates this data to the overall goals and objectives of the Planning Council. The scope of the Assessment Committees work includes:

- Reviewing and recommending needs assessment, epidemiological data, research and other informational activities as assigned by the Planning Council;
- Determining and implementing an evaluation of the efficiency of the administrative mechanism in rapidly allocating funds to the areas of greatest need within the EMA;
- Conducting an assessment of the service and prevention needs of people with HIV;
- Establishing and implementing mechanisms to ensure community input on service and prevention needs;
- Preparing informational summaries for the Planning Council's priority setting and allocations process;
- Reviewing and revising the service category definitions and guidance for Council approval;
- Evaluating the Planning Council's work in accomplishing its duties;
- Ensuring that the grantee requires funded service providers and contractors establish client grievance procedures and assuring that clients are aware of these procedures and how to use them;
- Working with the Comprehensive Planning Committee to develop the standards of care and continuum of care for the EMA;
- Working with staff support to the Planning Council to summarize evaluation data and assess the implications of evaluation results for the work of the Planning Council;

- Working with the Evaluation Committee to ensure that a pathway to a continuum of care that attains better integration of prevention and care is realized;
- Ensuring that a pathway to better integration of HIV prevention, and care with the larger safety net system for uninsured and underinsured is realized;
- Identifying and recommending to the Council areas of priority for evaluation;
- Defining and recommending evaluation projects on a yearly basis;
- Reviewing evaluation projects purchased by recommendation of the Council and identifying areas for further examination as a part of the Committee report to the Planning Council;
- Identifying traditionally underserved and/or hard to reach populations;
- Creating liaisons and/or relationships within the traditionally underserved and hard to reach populations; and
- Identifying best practice models of outreach and service to historically hard to reach populations and provide the Council with recommendations on how best to meet need.

E. Board Development Committee¹

The Board Development Committee recruits and sustains a diverse Council membership that is reflective of the various communities impacted by HIV/AIDS within the EMA. The Committee meets on a quarterly basis to assess overall participation on the Council. The scope of the Board Development Committee's work includes:

- Working with staff support to the Planning Council to identify and plan for orientation and training needs of Council Members;
- Developing the leadership potential of the Council membership through knowledge-based and skills-based training initiatives;
- Ensuring that at least one PLWH member is also active involved as a member of one of the standing committees of the Council so that each of the standing committees of the Planning Council has a PLWH member in regular attendance;
- Promoting leadership and preparing members for active participation in the planning, policy, priority-setting, and resource allocation processes of the Planning Council;
- Assuring the coordination of diverse PLWH input into the activities of all other committees of the Planning Council and at the regular meetings of the full Council;
- Working with staff support to the Council to ensure strong representation by people with HIV/AIDS, vulnerable populations within the EMA, and residents from the various regions of the EMA;
- Working with staff support to accomplish targeted applicant recruitment to ensure that vacant seats on the Council designated for HRSA mandated representation categories or groups might be filled in a timely fashion;
- Responding to the Executive Committee request to solicit associate members, by managing the solicitation, review, and selection process for associate members;
- Reviewing the membership roster of the Planning Council on a quarterly basis to prevent and address member attrition; and
- Reviewing attendance records and committee participation, and notify any member who is in jeopardy of forfeiting his/her membership. Notification shall also be sent to the Chair and CEO representative.

¹ Duties currently assumed by the Executive Committee.

F. Prevention Committee

The HIV Prevention Committee is responsible for updating the goals and objectives for discrete services provided by CDC HIV Prevention funds. In conjunction with the other committees, (particularly the Assessment Committee), it identifies gaps in services as well as needs of discrete populations, helps to ensure that HIV+ individuals not in case management can be directed to care services, meets the needs of underserved populations, and develops plans for response.

- Working with support resources of the Planning Council to ensure yearly updating of the EMA needs assessment in order to identify emergent needs within the EMA and recommend response strategies to the full Planning council.
- Collaborating with the Missouri Department of Health and Senior Services in developing a comprehensive HIV/STD prevention plan to include agreement with program priorities approved by the Planning Council.
- Presentation of the community plan for the Kansas City Planning Region, including the interventions along with the budget estimate developed by the lead agency to be approved by the Planning Council.
- Reviewing the application drafted by the Missouri Department of Health and Senior Services for funding from the Centers of Disease Control and Prevention for HIV/STD prevention activities.
- Working with the Assessment Committee to ensure the effective integration of HIV prevention and education-related programs into the continuum of HIV care and treatment.
- Facilitating implementation of collaborative planning between the Titles of the C.A.R.E. Act and other governmental and community-based agencies as well as the existing safety net providers with the existing EMA.
- Review PIR and make recommendations to achieve concurrence.
- Conduct orientation to State CPG and Regional Prevention Advisory Group.
- Review most recent 2001 Needs Assessment and Epidemiological data.
- Development of three-year intervention plans for each target population, with outcome objectives for all individual group level interventions to present to full Planning Council.

G. Consumer Advocacy Committee²

The Consumer Advocacy Committee is responsible for enhancing the full participation of people living with or affected by HIV in planning and implementing The Kansas City Eligible Metropolitan Area Comprehensive HIV Prevention and Care Planning Council programs by serving as a mechanism to ensure direct input from PLWH into all Planning Council decision-making processes including: needs assessment, comprehensive planning, service delivery, quality assurance, resource allocation and prevention needs; supporting an improving the quality of care and treatment services affecting the lives of PLWH in the Kansas City EMA through advocacy, outreach, support ,education and training; and serving as a link to other Planning Council committees and the Grantee regarding issues and policies affecting PLWH (consumers) WITHIN THE Kansas City EMA.

The scope of work of the Consumer Advocacy Committee includes:

- *Developing an orientation program for new Planning Council members;*
- *Developing a mentoring program for all Planning Council members, with particular attention being given to new HIV positive members;*
- *Developing a recruitment plan to attract HIV Positive individuals, as well as individuals affected by HIV, to Planning Council membership;*

² Waiting for Mayoral Approval

- *Establishing a peer education program to serve as peer educators to high-risk groups about HIV;*
- *Establishing a patient advocacy program to obtain consumer input and support patient outreach and education, and assist in the assessment of client satisfaction with Title 1 priority services;*
- *Developing an outreach program to inform consumers about available services and opportunities to participate in the Planning Council;*
- *Coordinating medical treatment seminars to educate consumers about different treatment options, medical updates and other health related issues.*

Section 8.4 – Ad Hoc Committees

When necessary, the Planning Council Chair may create ad hoc committees to address specific needs. In such instances, Planning Council approval is required by majority vote. The Chair of an ad hoc committee shall be a member of the Planning Council. An ad hoc committee must be composed of a minimum of three Planning Council members appointed by the Planning Council Chair. In addition, Associate members may serve on an ad hoc committee. The recommendation to dissolve an ad hoc committee must be offered by the ad hoc committee Chair, or by the Planning Council Chair, and approved by majority vote of the Planning Council.

Section 8.5 - Meetings; Quorums for Committees

All standing and ad hoc meetings will be conducted in accordance with the Missouri Sunshine Law. A majority of voting committee members shall constitute a quorum provided that there shall be no fewer than three voting members present. Each committee chair will be responsible for maintaining a current membership list of his/her committee, an attendance record for all meetings, accurate minutes that reflect the proceedings, and copies of all agendas. Committee minutes, records, and reports will be submitted to the Executive Committee at regular intervals for review, and will be maintained in the Office of the Planning Council.

ARTICLE IX - CONFLICT OF INTEREST and GRIEVANCE POLICY

Section 9.1 - General Statement; Conflict of Interest

- A. All Planning Council voting members will comply with the City of Kansas City Code concerning Ethics and Financial Disclosure.
- B. In accordance with HRSA guidelines, a Planning Council member who serves as a director, trustee, or salaried employee, or who derives a financial or economic benefit from association with any agency that currently receives or is a current applicant for funds allocated by the Planning Council, is deemed to have an "interest" in said agency. Conflict of interest does not refer to persons living with HIV or AIDS whose relationship to a grant funded service provider is as a client receiving services.
- C. In order to prevent the existence, or the appearance of the existence, of a conflict of interest, a member so deemed to have an interest in an agency may not vote on matters that come before the Planning Council or committees of the Planning Council regarding the allocation of funds to service categories in which the associated agency seeks or has obtained funds. This shall not preclude such a member from voting on matters affecting a large group of entities or individuals including the one in which he or she has an interest. Such a member shall not, however, vote on a matter affecting only the particular entity or individual he or she has an interest or a small group of entities or individuals including such particular entity or individual.
- D. This policy shall not be construed as preventing any member of the Planning Council from full participation in discussion and debate about community needs, service priorities, and allocation of

funds to broad service categories, and the process from and results of evaluation of service effectiveness. Rather, individual members are expected to draw upon their lay and professional experiences and knowledge of the HIV service delivery system and to disclose verbally any potential conflicts of interest at the beginning of such discussion.

- E. Each Planning Council member shall complete a Disclosure Statement annually. When there is a change in the Planning Council member's affiliations, he or she shall update his or her Disclosure Statement.
- F. All members of the Planning Council are expected to assist in keeping the Planning Council focused on directing funds to meet the needs of individuals affected by the HIV epidemic, and to further prevention and education efforts, in the most expeditious manner possible without undue regard to the benefit to specific agencies or programs.

Section 9.2 - Limit on Number of Planning Council Members with an Interest

At any given time, the number of Planning Council members deemed to have an interest, as is defined in Article IX, Section 9.1, of these bylaws, in an agency or agencies shall not exceed thirty-three percent of the total number of Planning Council members authorized.

Section 9.3 - Grievance Policy

- A. It shall be the policy of the Planning Council to attempt to resolve grievances through informal dispute resolution.
- B. The Planning Council may only be grieved for either of the following:
 - a. Deviations from an established, written priority-setting or resource allocation process; or
 - b. Deviations from an established, written process for any subsequent changes to priorities or allocations.
- C. Only individuals or entities directly affected by the outcome of a decision related to funding or Council membership as defined above are eligible to bring a grievance including providers eligible to receive Title I funds, consumer groups, and other affected entities and individuals.
- D. The Planning Council Office shall make available upon request a full description of the Planning Council's grievance procedures including other related instructions. The Planning Council grievance procedure is set forth in an attachment and incorporated into these bylaws. (See Addendum to Article IX: Grievance Procedures of the Kansas City EMA Comprehensive HIV Prevention and Care Planning Council).

ARTICLE X - OFFICIAL COMMUNICATIONS AND REPRESENTATIONS

No officer or member of the Planning Council shall act or make any statement(s) or communication(s) under circumstances that might reasonably give rise to an inference that he/she is representing the Planning Council including, but not limited to communications on Planning Council stationery or public acts, statements, or communications in which he/she is identified as representing the Planning Council, except under one or more of the following circumstances:

1. Conducting the day-to-day business of the Planning Council and in accordance with these bylaws;
2. Taking an action or issuing a communication which is clearly within the policies of the Planning Council or pursuant to a resolution of the Planning Council, or which has been otherwise authorized in advance by the Planning Council;
3. Taking an action or issuing a communication when such action or communication on the part of the Planning Council Chair or the chair of any committee is necessary for and incidental to the discharge of duties imposed on such individual by these bylaws or by a resolution of the Planning Council; or
4. Issuing a communication addressed to other members of the Planning Council or to its staff.

ARTICLE XI - MAINTENANCE OF RECORDS

Planning Council staff shall maintain tapes and records, files containing Planning Council minutes, and correspondence. Copies of public documents shall be supplied upon request. Copies of all documents shall be retained in accordance with the City of Kansas City; Missouri record retention policies and HRSA guidance on document retention, public availability, and distribution.

ARTICLE XII - AMENDMENTS

The Planning Council shall have the power to recommend alterations, amendments, or the repeal of these bylaws at any meeting at which a quorum is present, providing that written notice of the proposed change is given at least ten days prior to such meeting. A two-third vote of the quorum is required to pass any amendment of the bylaws. Any such changes shall be with the written concurrence of the CEO.

ARTICLE XIII – RATIFICATION

These bylaws shall go into effect upon the two-third-majority vote of the quorum of the Council and approval of the CEO.

CEO, Mayor Kay Barnes

Date

**Kansas City Eligible Metropolitan Area (EMA)
Comprehensive HIV Prevention and Care Planning Council**

Definitions and Acronyms

- Agency:** An organization that provides service to the HIV/AIDS population.
- AIDS:** **Acquired Immune Deficiency Syndrome** – A disease of the immune system characterized by increased susceptibility to opportunistic infections, as pneumocystis carinii pneumonia and candidiasis, to certain cancers, as Kaposi's sarcoma, and to neurological disorders; caused by a retrovirus and transmitted chiefly through blood or blood products that enter the body's bloodstream, especially by sexual contact or contaminated hypodermic needles.
- C.A.R.E.:** **Comprehensive AIDS Resources Emergency Act**- The Federal legislation created to address the health care and service needs of people living with HIV/AIDS (PLWH) disease and their families in the United States and its Territories. The CARE Act was enacted in 1990 (Public Law 101-381) and reauthorized in 1996 as the Ryan White CARE Act Amendments of 1996.
- CBC:** **Congressional Black Caucus**
- CBO:** **Community-Based Organization**
- CDC:** **Centers of Disease Control** – The Department of Health and Human Services agency that administers the HIV/AIDS prevention programs, including the HIV Prevention Community Planning process, among other programs. The CDC is responsible for monitoring and reporting infectious diseases, administers AIDS surveillance grants and publishes epidemiological reports such as the HIV/AIDS Surveillance Report.
- CEO:** **Chief Elected Official** – The official recipient of Title I CARE Act funds within the EMA, usually a city mayor, county executive, or chair of the county board of supervisors. The CEO is ultimately responsible for administering all aspects of the CARE Act in the EMA and ensuring that all legal requirements are met.
- CPG:** **Community Planning Group**
- EMA:** **Eligible Metropolitan Area** – The geographic area eligible to receive Title I CARE Act funds. The Census Bureau defines the boundaries of the eligible metropolitan areas. AIDS cases reported to the Centers for Disease Control and Prevention determines eligibility. Some EMAs include just one city and others are composed of several cities and/or counties. Some EMAs extend over more than one State.
- HIV:** **Human Immunodeficiency Virus** - The entire spectrum of natural history of the human immunodeficiency virus, from post infection to the clinical definition of AIDS.
- HRSA:** **Health Resources and Services Administration** – The Department of Health and Human Services agency that is responsible for the Ryan White CARE Act.
- KCRPAG:** **Kansas City Regional Prevention Advisory Group**
- PLWH:** **Persons Living with HIV or AIDS** - A form of reference preferred by many people with AIDS.
- 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 is legislative mandated and the process is convened by the Title II grantee, with equal responsibility and input by all programs.
- STD:** **Sexually Transmitted Disease** – Infections spread by the transfer of organisms from person to person during sexual contact.
- Title I:** The part of the CARE Act that provides emergency assistance to localities disproportionately affected by HIV epidemic.
- Title II:** The part of the CARE Act to enable States to improve the quality, availability, and organization of health care and support services to individuals with HIV and their families.

Title III: The part of the CARE Act to support primary medical care early intervention services of people with HIV disease through grants to service organizations.

Title IV: The part of the CARE Act to support research and services for pediatric HIV patients and their families.

**Kansas City Eligible Metropolitan Area (EMA)
Comprehensive HIV Prevention and Care Planning Council
Addendum to Article IX**

Planning Council Grievance Procedures

I. Types of Grievances

The Planning Council shall address grievances with respect to the following:

- A. Deviations from an established written priority setting or resource allocation process as well as determinations on how best to meet established priorities; and
- B. Deviations from an established written process for any subsequent changes to priorities or allocations.

II. Who May Grieve

The Planning Council shall address grievances from the following individual groups and organizations within the Kansas City Ryan White Title I Eligible Metropolitan Area and the Kansas City HIV/STD Prevention Planning Region.

- A. Providers eligible to receive Ryan White Title I funding;
- B. Consumer group(s) and coalitions of people living with HIV; and
- C. Other directly affected entities and individuals. A legal parent or guardian who has reached the age of majority must represent individuals below the age of majority who wish to grieve the Planning Council.

III. Dispute Prevention Mechanism

The Planning Council shall work to prevent grievances by the use of dispute prevention mechanisms. Such mechanisms include developing, adopting, and following written procedures and policies that shall include the following items:

- A. The Planning Council shall establish mechanisms to fully support the meaningful inclusion of people infected and affected by the HIV epidemic in all Planning Council activities, processes and decisions;
- B. The Planning Council will strive to broadly communicate its mission, roles, and responsibilities and make widely available a calendar of Council meetings, the time and location of these meetings, and a schedule of its related activities to the greater public within the EMA;
- C. The Planning Council shall ensure that the communities it serves are aware of, and where appropriate engaged in, the Council's the needs assessment, priority setting, and resource allocation processes. To achieve this, the Council will at a minimum:
 - Sponsor open public hearings,
 - Engage focus group,
 - Implement survey tools, and

- Hold special information gathering forums to obtain data, public comment and key informant input from community service providers and the infected and affected communities about HIV-related need, priorities, current resources and the distribution of those resources in the EMA.
 - Make Council records, reports, transcripts, minutes, agenda, or other Council related documents available for public inspection and copying at a single location.
- D. The Planning Council shall establish procedures for conducting an open nominations process for membership selection;
- E. The Planning Council shall establish mechanisms that ensure its policy defining conflict of interest is enforced;
- F. The Planning Council shall establish mechanisms that ensure its policy on disclosure of HIV status is enforced;
- G. The Planning Council shall ensure that all committees (standing and ad hoc) have clearly written missions and scope of work and that these are used to provide guidance during the assignment of work;
- H. The Planning Council shall ensure that the research methods, decision-making process, and recommendations of any Council committee and the Council as a whole related to needs assessment activities are fully documented;
- I. The Planning Council shall ensure that the methods, mechanisms, and sources of data used to assist the Council in its annual priority setting activities are fully documented;
- J. The Planning Council shall ensure that the methods, mechanisms, and sources of data used to assist the Council in its annual allocating and reallocating of funds shall be fully documented;
- K. The Planning Council shall ensure the opportunity for persons to provide feedback on ways to improve the decision making process; and
- L. The Planning Council shall attempt to resolve grievances through the informal dispute resolution process.

IV: Retaliation

Threats, intimidation, and withholding of services and /or funding from consumers and providers will not be tolerated.

V: Grievance Process Timeline

A. Introduction

To ensure the continuity of the grievance process and to prevent delays in providing needed services, individuals shall file grievances related to Planning Council decisions within fifteen calendar days of the decision being disputed.

B. Step 1. Filing of Grievance

1. The grievant may request the official grievance forms and a description of the grievance process from the Planning Council office at 2400 Troost Avenue, Kansas City, Missouri from 8:00 a.m. to 5:00 p.m., Monday through Friday in person, via Facsimile (816-513-6313), by telephone (816 513-6331), by mail or via Internet (www.kcmo.org).
2. Any grievance filed against the Planning Council can be submitted in writing in person or by mail on an official grievance form to: The Kansas City Health Department, 2400 Troost Ave, Suite 2300, Kansas City, Missouri, 64108.
3. There is a ten-dollar (\$10) fee for filing a grievance. A check or money order made out to the City Treasurer must accompany the grievance form.
4. Within six days of receiving a grievance and the filing fee, the Law Department will determine if the grievance or the grievant falls within the scope of these procedures.

Step. 2 Evaluation of the Grievance

5. If the Law Department determines that the grievance is not grievable or the grievant is not an individual, entity or group described in II above, a Community Grievance Review Panel will meet no more than five working days from the initial determination to consider the issues of grievability and proper grievant. The second review and determination shall stand as the final determination.
6. The Community Grievance Review Panel will, at a minimum, include: a designee from the office of the CEO, a designee from the Human Rights Commission for the state in which the activity grieved took place, and three Community representatives at least one of whom resides in the state in which the grievant resides. The panel of not less than five individuals will make the second determination as to whether the grievance and grievant fall within scope of procedures: within ten working days from the initial determination.
7. A letter of notification of the party being grieved and others as appropriate: within two working days of date of the Law Department's determination or in cases where a second review was made, the panel's final determination.
8. If the review and determination process finds that the grievance is grievable, mediation is a required first step in a formal grievance process.

Step 3. Mediation

If the dispute has not been resolved through the dispute prevention mechanism set forth in these grievance procedures, the Planning Council will attempt to resolve the dispute through the process of mediation as a first step in a formal grievance. Mediation is a non-binding procedure. Non-binding procedures are techniques in which the parties to a grievance attempt to agree to a resolution.

1. The Chief Executive Officer of the Comprehensive HIV Prevention and Care Planning Council (the Mayor of Kansas City) will select and engage an independent mediator(s) who does not have a direct interest in the decision that is the subject matter of the grievance within ten working days of the final review and determination decision;
2. The mediator(s) shall make a written statement as to potential or actual conflicts of interest in the case and the grievant shall have the opportunity to review that statement. If the grievant objects to the first mediator selected in accordance with 1

above, the CEO will select a second mediator who will make a statement as called for in this section, but cannot be objected to by the grievant.

3. The first meeting of mediator(s), grieving parties, and grieved parties will take place within fifteen working days of selection of mediator(s);
4. Resolution or decision by mediator(s) or grieved parties to discontinue mediation due to impasse will be made within five working days of final mediation meeting; and
5. Grieving parties shall be notified of resolution or decision and any further required paperwork: within two working days of resolution or decision.

Step 4. Arbitration

If a resolution is not reached in mediation, a grievant can proceed to arbitration. Arbitration is the use of an independent and impartial third party to decide grievances, and is the final stage in the grievance resolution process. Under the grievance process, the decision of the arbitrator is binding on the parties to the grievance. The grievant must submit a check or money for \$200 made payable to the City Treasurer to cover the costs of arbitration. **The grievant is initially responsible for all arbitration administrative costs up to the amount of the deposit. If the arbitrator finds in favor of all or part of the grievant's claim, the amount paid will be refunded.**

1. The grievant may request the official grievance forms for arbitration from the Planning Council office at 2400 Troost Avenue, Kansas City, Missouri from 8:00 a.m. to 5:00 p.m., Monday through Friday in person, via Facsimile (816-513-6313), by telephone (816 513-6331), by mail or via Internet. [see mediation comments]
2. The grievant(s) shall complete and submit to the Law Department (Attention: Assistant City Attorney, City Hall, 414 East 12th Street, 9th Floor, City Hall, Kansas City, Missouri 64106) all paperwork and the filing fee required to request binding arbitration: within ten working days of the postmark on the mediator's report that indicates the decision to discontinue mediation due to impasse;
3. The Law Department shall send notification of receipt of documentation requesting binding arbitration to the grieved parties: within three days of the post mark on the documented request for binding arbitration issued by grievant(s);
4. Selection of an independent arbitrator by Law Department and completed agreement of the parties to enter into and abide by binding arbitration: ten working days of the Law Department's notification to the grieved parties of receipt of documentation requesting binding arbitration. The arbitrator shall not have a direct interest in the decision that is the subject matter of the grievance and shall make a written statement as to potential or actual conflicts of interest in the case. The grievant shall have the opportunity to review that statement. If the grievant objects to the first arbitrator selected, the CEO will submit a list of three arbitrators to the grievant and the grievant can object to no more than 2 of them.
5. A hearing, if necessary, will be held: within 15 working days of selection of arbitrator;
6. A binding decision by the arbitrator will be made within ten working days of completion of hearing(s); and
7. All parties shall be notified of the decision: within two working days of resolution or decision of binding arbitration.

8. The cost of the arbitration, including any fee paid to the arbitrator shall be divided by the parties, unless the grievance is found to have merit and the arbitrator decides that the fees are an appropriate cost of the Planning Council.
9. Unless the grievance is for an egregious act, as determined by the arbitrator, the decision of the arbitrator shall be prospective.

C. Confidentiality

All City of Kansas City, Missouri departments are required to adhere to local, state, and federal laws, including open records laws. Health records shall be kept confidential as required by law.

**Kansas City Eligible Metropolitan Area (EMA)
Comprehensive HIV Prevention and Care Planning Council
Planning Council Grievance Form - Request for Mediation**

(\$10.00 filing fee)

Name		Date	
Home Address		Home Phone Number	
City	State	Zip Code	County
E-mail Address		FAX Number	
<p>For a grievance against the Kansas City EMA Comprehensive HIV Prevention and Care Planning Council please set forth the following information in your grievance.</p> <ol style="list-style-type: none"> 1. The grievant relationship to the Ryan White Planning Council. Are you a provider eligible to receive Ryan White Title I funding? A consumer group and coalitions of people living with HIV or directly affected entity or individual? 2. Description of grievance and the issues to be resolved. (Include date of the incident, contact name, copies of correspondence and any other information that would help us to clearly understand the problem) 3. Persons involved and capacity they acted in. 4. History of previous steps taken to reach agreement on the issue. 5. How have you been directly affected by the decision of the Planning Council? 6. What result are you seeking from this grievance? 7. A statement that person is authorized to file grievance on behalf of organization. 8. Any other helpful information. 			

The undersigned party (ies) submit(s) a request for mediation to seek resolution under the grievance procedures of the Kansas City EMA Comprehensive HIV Prevention and Care Planning Council Bylaws dated June 2003.

Signature

Date

Signature

Date

Submit this form, and supporting documentation, if any, to the Planning Council Office (Kansas City Health Department, 2400 Troost Avenue, Suite 2300, Kansas City, Missouri 64108).

**Kansas City Eligible Metropolitan Area (EMA)
Comprehensive HIV Prevention and Care Planning Council
Planning Council Grievance Form - Request for Arbitration**

(\$200 filing fee)

Name		Date	
Home Address		Home Phone Number	
City	State	Zip Code	County
E-mail Address			FAX Number
<p>1. Please check one of the boxes below to indicate which of the following eligible categories applies to you:</p> <p><input type="checkbox"/> Providers eligible to receive Ryan White Title I funding</p> <p><input type="checkbox"/> Consumer group(s) and coalitions of people living with HIV</p> <p><input type="checkbox"/> Other directly affected entities and individuals</p> <p>2. Please indicate the type of grievance:</p> <p><input type="checkbox"/> Deviations from an established written priority setting or resource allocation process as well as determinations on how best to meet established priorities.</p> <p><input type="checkbox"/> Deviations from an established written process for any subsequent changes to priorities or allocations.</p> <p>3. Statement of Grievance (include date questioned decision was taken, by what entity, and the reason for filing the grievance: use back of form if necessary).</p> <p>4. Statement of previous action taken (if arbitration is sought, indicate results of previous attempts at resolution).</p> <p>5. Statement of how the grievant has been directly affected by the decision.</p> <p>6. Statement of what result the grievant would like.</p> <p>7. Statement that person is authorized to file grievance on behalf of organization.</p>			

The undersigned party (ies) submit(s) a request for arbitration to seek resolution under the Grievance Procedures of the Kansas City EMA Comprehensive HIV Planning Council Bylaws dated June 2003.

Signature

Date

Signature

Date

Submit this form, the filing fee, and supporting documentation, if any, to the City of Kansas City, Missouri, Law Department, Attention: Assistant City Attorney, 414 East 12th Street, 9th Floor, City Hall, Kansas City, Missouri 64106.