Legislatively Specified Member "Representation" Categories for Ryan White Part A HIV Services Planning Councils

Membership Category	Legislative Language	Summary Description	Discussion and References*
Source for A-M: Legislation, Section 2602(b)(2)		*An individual in this category should be:*	
Health care providers	(A) health care providers, including federally qualified health centers	A representative of an entity that provides medical care to people living with HIV (PLWH), such as a federal qualified health center (FQHC)/ community health center, or other nonprofit or public clinic	▪ Individuals in this category should be knowledgeable about the health care needs of PLWH and how they are met; they may be medical professionals (e.g., physician, physician assistant, nurse) or managers/administrators ▪ The expectation is that the member represents a provider entity such as a health center or other entity, rather than being an individual medical professional
Community-based organizations/AIDS service organizations (CBOs/ASOs)	(B) community-based organizations serving affected populations and AIDS service organizations	A representative of either a community-based organization (CBO) that serves PLWH along with other populations or an organization that services primarily PLWH (ASO)	▪ This is a broad category that can include someone representing a CBO or ASO that provided core medical or support services ▪ The individual should be knowledgeable about some aspect of PLWH services
Social service providers	(C) social service providers, including providers of housing and homeless services	A representative of an organization that provides some form of social services and includes PLWH among its clients; this might include a provider of services such as medical or non-medical case management, housing or homeless services, food/nutritional services, or other	▪ Social services are defined as activities designed to promote social well-being, or government services provided for the benefit of the community, such as education, medical care, and housing ▪ *Senate Report, 2000 Amendments:* The committee provides for the inclusion of housing and homeless service providers within the category of ``social service providers'' to acknowledge the importance of housing and homeless support services to treatment adherence and quality of health care, as these impact effective care for HIV disease. It is the intent of the committee that the category of housing and homeless service providers include grantees receiving Federal, State, or local housing and/or homeless funds, including U.S. Department of Housing and Urban Development (HUD) McKinney Homeless Assistance grant and Housing Opportunities for Persons With AIDS (HOPWA) funds. Such participation acknowledges the importance of coordination of these processes in meeting

* References are all direct quotes.

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			funders' principal mission of addressing the multiple and complex needs of persons with HIV disease.
Mental health and substance abuse providers	(D) mental health and substance abuse providers	Either: ▪ One individual representing an organization that both provides mental health and substance abuse services to PLWH and personally knowledgeable about both services, or ▪ Two separate individuals, one representing a mental health service provider and knowledgeable about mental health care, the other representing a substance abuse treatment provider and knowledgeable about substance abuse services	▪ *Part A Manual:* One person may represent both the substance abuse provider and the mental health provider categories if his/her agency provides both types of services and the person is familiar with both programs. ▪ PCs often allow for two separate slots in their Bylaws, but sometimes have one person fill both
Local public health agencies	(E) local public health agencies	A representative of a city or county public health department who can bring a public health perspective to HIV planning	▪ This slot is sometimes filled by a senior staff member such as the Director of Public Health or Chief Medical Officer, but may also be filled by someone in the unit responsible for HIV ▪ It is important that this be someone who will participate actively in the work of the PC ▪ While this person (like all PC members) goes through the open nominations process, s/he is sometimes identified by the CEO ▪ Some EMAs and TGAs that cover multiple counties have more than one public health agency slot in order to provide representation from an additional county or municipality
Hospital planning agencies or health care planning agencies	(F) hospital planning agencies or health care planning agencies	An individual with health planning expertise who represents an agency engaged in health planning – a regional health planning entity, a hospital planning association, a hospital or health care system with a health planning component, a primary care association, or another entity	▪ Regional hospital associations often represent hospitals and health care systems; they vary in their interest in HIV care, though there may be interest where hospitals operate outpatient clinics that provide HIV care ▪ Another category of health planning agency is a "certificate of need" agency (these are generally members of the American Health Planning Association), but such agencies are often primarily concerned with determining the need for new hospitals or other facilities and may not have significant knowledge of or interest in HIV planning ▪ Some local governments have health planning units

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			▪ Some primary care associations (whose members include FQHCs and sometimes other clinics) and free clinic associations have health planning units ▪ This is often a challenging position to fill
Affected communities, including: a. PLWH b. Federally recognized Indian tribe c. Individuals co-infected with Hepatitis B or C d. Historically underserved groups and subpopulations	(G) affected communities, including people with HIV/AIDS, members of a Federally recognized Indian tribe as represented in the population, individuals co-infected with hepatitis B or C and historically underserved groups and subpopulations	One or more individuals, most often at least the following: ▪ A PLWH who is a member of a Federally recognized Indian located within the EMA or TGA; the PC is not required to fill this seat if there is no Federally recognized tribe within the jurisdiction, but may choose to recruit a PLWH in order to have representation from this population ▪ A PLWH who is co-infected with Hepatitis B or C If the PC ensures that its consumer members and other categories such as nonelected community leaders include individuals from underserved groups and subpopulations, it may not have separate slots for such individuals. However, due to representation requirements, it may choose to identify 1 or more seats for groups of importance in the EMA or TGA, such as transgender PLWH or immigrants	▪ If the PC ensures that its consumer members and other categories such as nonelected community leaders include individuals from underserved groups and subpopulations, it may not have separate slots for such individuals. However, due to representation requirements, it may choose to identify 1 or more seats for groups of importance in the EMA or TGA, such as transgender PLWH or recent immigrants ▪ *Senate Report, 2000 Amendments:* The committee recognizes that homeless persons comprise a medically underserved population that experiences disparities in health services. The prevalence of HIV/AIDS is considerably higher among homeless people than in the general population. Limited access to medical care severely restricts the access of homeless people to HIV/AIDS prevention, risk reduction, treatment, and care. Accordingly, the committee construes terms used throughout the act, such as ``special population,'' ``traditionally underserved,'' ``historically underserved,'' ``disproportionately affected,'' and ``affected subgroup experiencing disparities in health services'' to include the homeless population. *Senate Report, 2000 Amendments, Membership considerations:* By recruiting consumers and organizations that reflect the special needs of these populations, such as women, people of color, Native Americans, youth, homeless persons, rural residents, and uninsured/ underinsured persons, the committee believes that the planning council will improve its ability to plan, prioritize, and allocate funds in a more reflective and informed manner. Other populations, such as persons with co-occurring conditions--defined as other coexisting diseases or environmental factors--should have representation on planning councils to ensure that planning council processes

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			address the difficulties related to health disparities and access to and adherence with HIV treatment.
Nonelected community leaders	(H) nonelected community leaders	An individual who is viewed as a community leader overall or in the HIV community but is not an elected official	▪ This slot should be used to include one or more individuals who play some form of leadership role in the community – as Chair of a PLWH group, Board member of an organization, or an individual active in community improvement or support for PLWH ▪ Sometimes this slot is used to maintain a slot on the PC for an individual who used to fit another slot but changes jobs – that is appropriate only if the individual is genuinely a community leader
State government: a. Medicaid agency b. Part B recipient	(I) State government (including the State medicaid agency and the agency administering the program under part B)	One or two individuals, usually: ▪ An individual within the State Medicaid agency who is knowledgeable about Medicaid policies and procedures that are likely to affect PLWH, and ▪ A representative of the Part B recipient; ideally someone knowledgeable about Part B policies and procedures, ADAP, needs assessment and integrated planning, or other issues with implications for planning	▪ It can be challenging to get representation and consistent attendance from state officials if the EMA or TGA is not located in or near the state capital; some PCs allow these members to connect to PC and committee meetings remotely in order to obtain their input, though this can create some challenges related to Open Meetings/Sunshine laws ▪ *Part A Manual:* A single planning council member may represent both the Ryan White Part B program and the State Medicaid agency if that person is in a position of responsibility for both programs.
Part C recipients	(J) grantees under subpart II of part C	A representative of a recipient of RWHAP Part C funds who is knowledgeable about its program operations	▪ Part C recipients are often FQHCs/community health centers; if the health care provider slot is not filled by someone from an FQHC, it may be helpful to recruit someone for this slot from an FQHC ▪ Some Part C and Part D recipients also receive Part A funds; it is acceptable to select someone from such an entity for the Part C or Part D slot ▪ *Senate Report, 2000 Amendments:* Where applicable, such membership should include representatives from other titles of the CARE Act in order to ensure that the membership processes adequately reflect the demographics of the local epidemic.
Part D recipient or representatives of area organizations serving children, youth, and families with HIV	(K) grantees under section 2671, or, if none are operating in the area, representatives of organizations with a history of serving children, youth, women, and families living with HIV and operating in the area	▪ A representative of a recipient of RWHAP Part D funds if there is a Part D program operating within the EMA or TGA ▪ If not, a representative of an organization that serves children, youth, women, and families living with HIV that does not have Part D funding	

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Recipients of other federal HIV programs	(L) grantees under other Federal HIV programs, including but not limited to providers of HIV prevention services	A representative from each of the following, when they exist in the EMA or TGA, in each case an individual knowledgeable about the program represented but not necessarily an administrator – line staff are acceptable representatives: ▪ An organization providing HIV prevention services that are funded by the federal government, usually but not necessarily by the Centers for Disease Control and Prevention (CDC) ▪ A recipient with funding under each of the following RWHAP Part F programs: RWHAP dental programs, AIDS Education and Training Centers (AETC), and/or Special Projects of National Significance (SPNS) ▪ A recipient or subrecipient of funds under the Housing Opportunities for Persons with AIDS (HOPWA) program ▪ A representative of a Veterans Administration HIV services program	▪ The number of required slots depends upon the number of different types of HIV programs funded in the EMA or TGA ▪ *Part A Manual:* The category "grantees under other Federal HIV programs" is to include, at a minimum, a representative from each of the following: • Federally-funded HIV prevention services. • A grantee providing services in the EMA/TGA that is funded under Part F's Special Projects of National Significance (SPNS), AIDS Education and Training Centers (AETCs), and/or Ryan White Dental Programs. • The Housing Opportunities for Persons With AIDS (HOPWA) program of the U.S. Department of Housing and Urban Development (HUD). • Other Federal programs that provide treatment for HIV/AIDS, such as the Veterans Health Administration. ▪ *Part A Manual:* One person can represent any combination of Ryan White Part F grantees (SPNS, AETCs, and Dental Programs) and HOPWA, if the agency represented by the member receives grants from some combination of those four funding streams (e.g., a provider that receives both HOPWA and SPNS funding), and the individual is familiar with all these programs. ▪ Local grantees of, or participants in, other Federal categorical HIV and STD programs should be considered for representation on the planning council, but they are not specifically required.
Representatives of recently incarcerated PLWH	(M) representatives of individuals who formerly were Federal, State, or local prisoners, were released from the custody of the penal system during the preceding 3 years, and had HIV/AIDS as of the date on which the individuals were so released.	An individual with HIV who was released from a federal, state, or local prison or jail within the last three years and had HIV when released	▪ An individual who is appointed to the PC within three years after release from incarceration remains eligible to serve an entire term; the individual should not be re-appointed more than three years after release ▪ Occasionally, a PC may be unable to recruit such an individual, and may need to select a person who represents this population, such as a staff member of a halfway house or a program that serves the recently incarcerated

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Source for Consumers: Legislation, Section 2602(b)(5)(C)			
Non-aligned consumers of Part A services	Not less than 33 percent of the council shall be individuals who are receiving HIV-related services pursuant to a grant under section 2601(a), are not officers, employees, or consultants to any entity that receives amounts from such a grant, and do not represent any such entity, and reflect the demographics of the population of individuals with HIV/AIDS as determined under paragraph (4)(A) [size and demographics of the population of individuals with HIV/AIDS]. For purposes of the preceding sentence, an individual shall be considered to be receiving such services if the individual is a parent of, or a caregiver for, a minor child who is receiving such services.	Individuals who are receiving [or parents or caregivers of individuals who are receiving] at least one HIV-related service funded through RWHAP Part A and are not aligned with an entity that receives or is seeking Part A funding ▪ Being non-aligned means they are not members of the Board of Directors, employees, or consultants of a Part A-funded provider ▪ Individuals who together reflect the demographics of the local HIV epidemic in terms of at least the following: age, race/ethnicity, and gender ▪ Consumers should provide broad representation that includes individuals from different geographic areas within the EMA or TGA and individuals from underserved populations	▪ PCs vary in whether a volunteer for a Part A subrecipient is considered to be "aligned"; usually a volunteer is considered to be aligned only if receiving a stipend or if the individual volunteers at least 20 hours a week ▪ *Senate Report, 2000 Amendments, Membership considerations:* The committee places importance on the inclusion of representation from historically underserved, low-income, urban and rural areas and populations within the EMA. Planning councils should continue to identify and include in council activities specific groups within underserved communities that are experiencing increased infections, as documented in State and local HIV/AIDS surveillance and needs assessment data. By recruiting consumers and organizations that reflect the special needs of these populations, such as women, people of color, Native Americans, youth, homeless persons, rural residents, and uninsured/ underinsured persons, the committee believes that the planning council will improve its ability to plan, prioritize, and allocate funds in a more reflective and informed manner. Other populations, such as persons with co-occurring conditions--defined as other coexisting diseases or environmental factors--should have representation on planning councils to ensure that planning council processes address the difficulties related to health disparities and access to and adherence with HIV treatment.