

Attachment 1

Denver HIV Resources Planning Council (DHRPC) Roles and Responsibilities

Approved and Accepted by DHRPC Leadership Committee
December 24, 2013

Approved and Accepted by DHRPC
February 6, 2014

Denver Office of HIV Resources (DOHR)	Denver HIV Resources Planning Council (DHRPC)	DHRPC Staff
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1. Create and Maintain Denver HIV Resource Planning Council

Task 1: Establish and maintain operations

<ol style="list-style-type: none"> 1) Support the governance and by-laws of the DHRPC¹. 2) As needed, provide technical assistance to the DHRPC and staff regarding guidance from HRSA and City & County of Denver. 3) Collaborate with DHRPC in creating an annual survey with action plan, to be completed by the DHRPC to ensure appropriate feedback and quality control. 4) DOHR² will provide all relevant correspondence and policy guidance, including the grant application, from HRSA that provides direction relating to DHRPC activities. This information will be provided in writing and timely to the DHRPC and DHRPC staff. 5) Provide oversight of DHRPC expenditures in accordance with the HHS Grant Policy Statement and the Ryan White Part A legislation as well as the City & County of Denver fiscal procedures to ensure that expenditures are allowable, actual, appropriate, and timely. 	<p>Develop procedures/policies that address membership, roles, and decision making, including, but not limited to:</p> <ol style="list-style-type: none"> 1. Composition of the DHRPC, selection, appointment, and duration of terms to ensure that membership meets requirements in the Ryan White legislation and HRSA guidance. 2. The creation and updating of by-laws to accurately reflect DHRPC responsibilities; including roles & responsibilities for DHRPC, its members, and its various components. 3. Implement process to identify potential conflict(s) of interest (COI) and methods for resolving any COI for members. 4. Methods for reaching decisions, attendance at meetings, and resolution of disputes identified in planning deliberations. 5. Collaborate with DOHR in creating an annual survey with action plan, to be completed by DOHR staff and the Division Director to ensure appropriate feedback and quality control. 	<ol style="list-style-type: none"> 1) Submit items to DOHR for payment, consistent with funder requirements, City procedure, and the approved DOHR budget. 2) Provide logistical support to DHRPC, including: arranging, facilitating, and recording meetings; monitoring DHRPC deadlines; working with DHRPC to develop work plans; assuring that the DHRPC meets its deadlines; coordinating member communication, recruitment and term limits.
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Task 2: Grievance Procedure

<ol style="list-style-type: none"> 1. Grievance procedures must allow DHRPC to grieve: <ol style="list-style-type: none"> a. Contracts and awards not consistent with priorities (including any language regarding how to best meet those priorities) and resource allocations made by the DHRPC. b. Contract and award changes not consistent with priorities and resource allocations made by the Council. c. DOHR's grievance procedures can be found on their website. 	<ol style="list-style-type: none"> 1. Grievance procedures must allow directly affected parties to grieve: <ol style="list-style-type: none"> a. Deviations from an established, written priority setting or resource-allocation process. b. Deviations from an established, written process for any subsequent changes to priorities and allocations. 2. The DHRPC grievance procedures can be found on their website. 	<p>If a grievance is filed against the DHRPC, initiate the DHRPC procedure and ensure it is followed.</p>
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¹ Denver HIV Resource Planning Council

² Denver Environmental Health – Department of HIV Resources

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Task 3: Co-chair selection		
One Co-Chair appointed by the Chief Elected Official (Grantee Co-Chair) as an ex-officio member.	Elect Co-Chairs as described in the DHRPC by-laws.	Provide logistical support to DHRPC.
Task 4: Member recruitment		
At the request of the DHRPC, participate in ensuring the members of the DHRPC are reflective of the HIV demographics.	Develop recruitment plan and actively recruit new members to the DHRPC.	Support member recruitment through outreach presentations, and promotion, distribution of applications, and coordinating DHRPC communication.
Task 5: Member selection		
Provide technical assistance for HRSA guidelines regarding membership requirements ensuring DHRPC membership is an open nomination process and demographically reflective of the HIV population, while allowing for deviation from gender demographics.	Use the open process described in the By-laws to nominate candidates for appointment by the Denver TGA Chief Elected Official (CEO) while being mindful of the HRSA guidance for a reflective council and using established tools for interviews.	<ol style="list-style-type: none"> 1. Provide logistical support to DHRPC including current tools for member interviews and scoring matrix for member selection as well as informing DHRPC members of the current state of the reflectiveness. 2. Forward member selections to Denver Boards and Commissions.
Task 6: Member training		
As needed, provide technical assistance for orientation and training activities for new HRSA requirements or changes to the guidance.	Determine orientation and training needs of new and current DHRPC members as outlined in the DHRPC By-Laws.	<ol style="list-style-type: none"> 1) Based on identified DHRPC needs, and in consultation with the DHRPC, HRSA guidance and DOHR, update orientation and training plan. 2) Provide a thorough orientation for all new DHRPC members, as soon as possible after appointment.
Task 7: Collaborative Planning		
<ol style="list-style-type: none"> 1) Effectively provide opportunities for collaboration between the DHRPC and other relevant community planning processes. The Grantee has a responsibility to inform the DHRPC of these processes. 2) Representatives of DOHR and the DHRPC are required to participate in the SCSN process (conducted by Part B - CDPHE). 3) DOHR will collaborate with other Ryan White Parts and various other state and local government agencies in an effort to create a system of care of the highest efficiency. 	<ol style="list-style-type: none"> 1) Participate in collaborative planning in an effort to streamline processes and create a seamless system of care. 2) The DHRPC has the responsibility to inform DOHR and the public of DHRPC processes. 3) DHRPC will collaborate with other Ryan White Parts and various other state and local government agencies in an effort to create a system of care of the highest efficiency. 4) Representatives of DOHR and the DHRPC are required to participate in the SCSN process (conducted by Part B - CDPHE). 	<ol style="list-style-type: none"> 1. Effectively provide opportunities for collaboration between community planning members and other relevant planning processes. 2. Assist the DHRPC in informing DOHR and the public of DHRPC processes. 3. Collaborate with other Ryan White parts and various other state and local government agencies in an effort to create a system of care of the highest efficiency.

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2. HRSA Mandated Duties

Task 1: Development and use of Comprehensive Plan

<ol style="list-style-type: none"> 1) Collaborate with DHRPC on the development of the Comprehensive Plan and methods to monitor progress. 2) Aggregate data, as requested by DHRPC, to create and chart progress for the Comprehensive Plan including, client utilization, cost-effectiveness, outcome effectiveness of services and contract monitoring data. This data will be provided to both the DHRPC and the DHRPC Staff. 3) DOHR will work to incorporate the Comprehensive Plan and its findings into the DOHR Part A Quality Management Plan, as a roadmap for developing and improving a comprehensive and responsive system of care. 	<ol style="list-style-type: none"> 1) Develop and design the comprehensive plan per the HRSA guidance that provides a roadmap for developing and improving a comprehensive and responsive system of care over time. This can be achieved by reviewing epidemiologic, needs assessment and client utilization data; data on individuals who know their status but are not out of care and HIV-positive individuals unaware of their status; existing resources to meet those needs; and barriers to care; and consulting with the community to obtain their perspectives about the system of care. Additionally useful information to review includes performance measure and evaluation data (including data on cost-effectiveness and outcome effectiveness of services) and aggregate contract monitoring data. 2) DHRPC will collaborate with DHRPC Staff and DOHR to develop methods to chart progress toward achieving the goals outlined in that plan. 3) The Leadership Committee will take on responsibility for monitoring progress towards achieving comprehensive planning goals in collaboration with DOHR. 	<ol style="list-style-type: none"> 1) As directed by DHRPC, the DHRPC staff will draft the three-year comprehensive plan for review and approval. 2) Assist DHRPC in reporting and achieving the goals of the comprehensive plan. 3) Compile data required to chart progress toward achieving the goals outlined in the plan.
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Task 2: Needs Assessment

<ol style="list-style-type: none"> 1) Provide information requested by DHRPC Staff, as outlined in the Quality Management Plan, including grant requirements and other data pertinent to the effective completion of a needs assessment. 2) DOHR will work with the DHRPC to establish reasonable deadlines for data requests. Two weeks is a target timeframe. 3) DHRPC's Evaluation Plan will identify the data needed, consistent with the Quality Management Plan, and including time frames. DOHR will work with DHRPC to meet these requests. 4) Provide technical assistance and 	<ol style="list-style-type: none"> 1) In accordance with HRSA guidance, determine the needs of the population with HIV disease, especially those who know their status and are not in care, those who are positive and do not know their status; and disparities in access to care and services. This will be done through a needs assessment. DHRPC will approve the overall plan for the assessment, and provide direction to DHRPC Staff on questions to be addressed in the annual assessment. Provide input on development of the process and actively support and participate in the process, as 	<p>As directed by DHRPC with input from DOHR, develop and propose needs assessment process, including compilation, analysis, and interpretation of data; methods for securing community input; report preparation; and distribution of findings. Hire a consultant to conduct needs assessment, if needed and approved by DOHR and oversee the scope of work developed for the consultant by the DHRPC.</p>
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consultation on conducting needs assessments as well as be a collaborative partner in the creation and completion of the Needs Assessment as strongly encouraged by HAB.	requested by HRSA. 2) Allow opportunity on DHRPC agenda to provide community input into prevention issues for Public Health and DOHR.	
Task 3: Quality Management and Standards of Care		
<ol style="list-style-type: none"> 1) Develop and implement a continuous quality improvement plan for continuum services and provide feedback and information to both providers and the DHRPC. 2) Provide data to the DHRPC and service providers that may be necessary to develop and/or improve Standards of Care based on aggregate site visit data, improvement plans, TA received. 3) Create a Quality Management Plan and share this plan with DHRPC in an effort to collaborate on the effectiveness of the services offered in meeting the identified needs and the system of care. 4) Provide DHRPC with aggregate data, based on site visits, concerning compliance with Standards of Care per service category. 	<ol style="list-style-type: none"> 1) Per HRSA guidance and with consumer input, take the lead in creating Standards of Care in conjunction with the grantee and service providers. 2) The DHRPC will review and provide feedback on the DOHR Quality Management Plan in an effort to collaborate on the effectiveness of the services offered in meeting the identified needs and the system of care. 	Provide logistical support for the collection of data, the continuous dissemination, and feedback of the Quality Management Plan.
Task 4: Review and use key data to establish funding priorities, allocate dollars, and create/approve directives.		
<ol style="list-style-type: none"> 1) As outlined in the Quality Management Plan, DOHR will provide aggregate information by category for DHRPC prioritization and allocation processes, including; <ol style="list-style-type: none"> a. Service category expenditure history, b. Percentage of funding provided by Part A in comparison to other funding from the most recent contract year after all reallocation, c. Service utilization for the past three years, budgeted and expended, d. Number of clients served and cost per client, e. Quality management findings, and f. Other information mutually agreed to by DHRPC and DOHR. These data requests are also outlined in the DHRPC Evaluation Plan. 2) DOHR staff will attend prioritization and allocation meetings to assure that DHRPC priorities comply with HRSA, Ryan White, and City & County of Denver contracting guidelines. DOHR 	<ol style="list-style-type: none"> 1) Data requests are outlined in the DHRPC Evaluation Plan that was created, consistent with the Quality Management Plan, to reduce impromptu data requests. This document outlines data needed for many of the processes mandated by HRSA to be completed by the DHRPC. 2) Establish priorities and allocate funds to service categories (not agencies). 3) Vet and vote on the creation of directives in compliance with the by-law procedures for this process. 4) In accordance with funding source requirements, determine the planning process and cycle. 5) After the priority setting and resource allocation processes the DHRPC will evaluate member satisfaction and feedback. Feedback related to how DOHR can improve the information provided or its format shared with the DOHR program manager. 6) Facilitate or arrange for the facilitation of DHRPC processes of 	<ol style="list-style-type: none"> 1) Facilitate data requested detailed in the DHRPC Evaluation Plan and other data requests determined as necessary by DHRPC. DHRPC will discuss these requests with DOHR and negotiate appropriate deadlines. 2) Compile data and format documents. 3) Assure that DOHR staff has the opportunity to review directives prior to decision-making. 4) Write and edit the priorities and allocations summary document using decisions made by the council and with the assistance of the contractor/facilitator if applicable. 5) Provide logistical support to determine the planning process and cycle. 6) Document the progress made

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<p>staff will be responsible for identifying unallowable and/or problematic issues related priorities, allocations or directives.</p> <p>3) Provide projected deadlines that are relevant to and allow the most complete timeline possible for DHRPC’s work (e.g., HRSA deadlines for priorities, strategies, comprehensive plans, etc.).</p>	<p>prioritizing and allocating funds to each category.</p>	<p>in accomplishing the goals and objectives of community planning.</p>
Task 5: Establish DHRPC’s Budget		
<p>1) Consult with DHRPC treasurer and DHRPC’s Leadership Committee to ensure consistency with HRSA and City guidelines.</p>	<p>1) Prior to the grant application, DHRPC’s treasurer will draft a budget and presents it to the Leadership Committee and DHRPC for their approval.</p> <p>2) HRSA is responsible for final approval of the budget.</p> <p>3) Once the budget is approved, the DHRPC treasurer is responsible for reviewing and approving monthly invoices, ensuring the expenditures remain within budget and providing a monthly financial report to the Leadership Committee.</p>	<p>1) Staff is responsible to remain within the approved budget.</p>
Task 6: Coordination Between Parts and Programs		
<p>The Ryan White legislation contains requirements for coordination with all Ryan White Parts and non-Ryan White programs and payers from multiple sectors. Driving these requirements is the potential to coordinate planning and service delivery. The legislation also states that both DOHR and DHRPC participate in the SCSN process. The anticipated outcome of these collaborations is better services for people living with HIV/AIDS.</p>		
3. Procurement of Contracts and Administration of Funds According to Priority Plans		
Task 1: Award funds for service provision through a competitive Request For Proposals (RFP) process and the Assessment of the Administrative Mechanism		
<p>1) Develop plan for an RFP and review process in accordance with City & County of Denver guidelines. (provide reference for RFP process)</p> <p>2) Using the RFP and review process, award funds to implement services in accordance with DHRPC’s prioritization, allocation, directives, and standard of care.</p> <p>3) DOHR will provide a copy of the RFP to DHRPC after the RFP is published and released.</p>	<p>Respond to issues arising from the RFP process, prioritization, allocation, directives, and standard of care.</p>	<p>1) Will assist, prior to release, in the review of the RFP to ensure the prioritization, allocation, directives and standard of care, as developed by the DHRPC during the priority setting and resource allocation processes, are met and the dollar amounts are correct by category.</p> <p>2) DOHR will work with DHRPC staff to ensure an accurate, updated provider distribution list.</p>

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Task 2: Monitor service provision		
<ol style="list-style-type: none"> 1) Monitor contractor activities, both fiscal and programmatic and document compliance with HRSA standards. DOHR will present data in aggregate (by service category) to DHRPC. 2) Monitor any directives that are assigned in the fiscal year to measure outcomes and provide that data to the DHRPC and DHRPC staff as well as HRSA as necessary. 	<ol style="list-style-type: none"> 1) Utilize aggregate service monitoring data provided by DOHR in planning. 2) Utilize directive monitoring data provided by DOHR to review effectiveness of directive and any necessary changes indicated by the data. 	<p>Will assist the DHRPC in the review of aggregate service and directive monitoring data provided by DOHR to make necessary changes or adjustments.</p>
Task 3: Letter of Assurance		
<ol style="list-style-type: none"> 1) Provide DHRPC with written guidance provided by HRSA to be included in the DHRPC letter of assurance as soon as it is received. 2) Report to DHRPC on all DOHR issues required by HRSA's DHRPC letter of assurance. 	<p>Review HRSA requirements and materials provided by DOHR and DHRPC staff, and determine if the letter written is an accurate representation. Review, revise and approve the letter as necessary and have co-chairs sign.</p>	<p>Provide materials to DHRPC the DHRPC responsibilities in the assurance process. At the request of the DHRPC draft and revise a letter addressing the HRSA required assurance items for DHRPC review and approval and Co-Chair signature.</p>
Task 4: Assessment of Administrative Mechanism and the Effectiveness of Services		
<ol style="list-style-type: none"> 1. Within a negotiated deadline with DHRPC, complete assessment of contract execution and payments completion. 2. At DHRPC's annual quality management review meeting, the quality management contractor will provide the annual quality management report with trends, possible conclusions and facilitate a discussion of this information. 	<ol style="list-style-type: none"> 1) The DHRPC will assess the efficiency of the administrative mechanism, with respect to how rapidly funds are allocated. In this instance only DHRPC may need to consider issues related to procurement and contract management. This assessment is generally based on time-framed observations of procurement, expenditures, and reimbursement processes in aggregate form and should be conducted annually. 2) The DHRPC will also assess whether the services that have been procured by DOHR are consistent with stated DHRPC Priorities, resource allocations, directives, and the effectiveness of these services in meeting identified needs. The DHRPC will approve an evaluation process for determining the effectiveness of service. However, this will not be an evaluation of the grantee or individual service providers. 3) DHRPC will also write the associated part of the grant for the Part A grant by utilizing the HRSA guidance provided by DOHR. 	<ol style="list-style-type: none"> 1) Assist DHRPC in assessing the efficiency of the administrative mechanism and the effectiveness of services in addressing DHRPC priorities, directives, and allocation of funds. 2) Assist DHRPC in writing the portion of the Ryan White grant related to this activity.

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4. Other Responsibilities

Task 1: Funding adjustments and reallocations

<ol style="list-style-type: none"> 1) Monitor contract and DHRPC for under-expenditures. If it becomes apparent that a provider will not spend the full amount of their allocated funds, DOHR will report to DHRPC regarding the need to reallocate funds to a different category. 2) DOHR may provide recommendations for reallocation to DHRPC for their approval. 3) DOHR must conduct a timely contract amendment process in order to award these unexpended funds in the DHRPC identified service categories. Thus, it will be important DHRPC respond quickly. 4) If the DHRPC chooses to change its allocations mid-year, DOHR will; <ol style="list-style-type: none"> a. Inform DHRPC of the time it will take to implement the changes, and b. Implement any reallocation of funds in service categories and projected unexpended funds as expeditiously as possible. 5) DOHR and DHRPC will collaborate on the reallocation process. 6) Report reallocation changes to HRSA. 	<ol style="list-style-type: none"> 1) DOHR may provide recommendations; DHRPC will review available cost and utilization data and vote on reallocations. 2) If DOHR identifies Ryan White under-expenditures greater than 5% of annual award, DHRPC must re-allocate unexpended funds (in a timely manner) to other service categories based on need and/or service utilization information. 3) DHRPC may change its allocations when information from DOHR of under-expenditures becomes apparent. The DHRPC must give enough time for changes to be put in place by DOHR. 4) Because of the need to ensure that all funds are spent, the planning body needs a <i>rapid reallocation process</i> to use in the last several months of the program year, to help DOHR ensure that funds are fully spent. This may mean calling special committee or full planning body meetings on short notice. 5) DOHR and DHRPC will collaborate on the reallocation process. 	<p>Provide logistical support for the reallocation process.</p>
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Task 2: Provision of other information

<ol style="list-style-type: none"> 1) Provide the DHRPC with quarterly aggregate service summary reports — the DHRPC must not have access to individual provider information. 2) Provide the DHRPC with all HRSA guidance and/or documents that have any bearing on the mandates of the DHRPC or the DHRPC itself in a timely manner. This should include but not be limited to annual Ryan White Part A grant application guidance and any other official memos or guidance provided by HRSA to DOHR. 3) The DHRPC Evaluation Plan and Quality Management Plan will be utilized in determining time frames for data requests. DOHR and DHRPC will work together in an effort to request and provide data in a realistic time frame while avoiding service interruption or 	<ol style="list-style-type: none"> 1) The DHRPC will provide input, data, and written response to DOHR on any annual Ryan White Part A grant applications or other official HRSA requests in a timely fashion. 2) The DHRPC Evaluation Plan will be utilized in determining time frames for data requests, as outlined in the Quality Management Plan. DOHR and DHRPC will work together in an effort to request and provide data in a realistic time frame while avoiding service interruption or delaying HRSA mandated activities. 	<p>The DHRPC Staff will assist the DHRPC in providing input, data, and/or written response to DOHR on any annual Ryan White Part A grant applications or other official HRSA requests.</p>
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delaying HRSA mandated activities.		