



HIV HEALTH AND HUMAN SERVICES PLANNING COUNCIL OF NEW YORK

BYLAWS

(Original Bylaws adopted 2/8/91, first amended 1/16/92, last amended 73/19/09)

TABLE OF CONTENTS

	<u>Page Number</u>
12 DEFINITION OF TERMS	3
14 ARTICLE I –DESCRIPTION OF THE PLANNING COUNCIL	4
15 Section 1. Mission.	
16 Section 2. Service Area.	
17 Section 3. Duties.	
18 Section 4. Duration.	
20 ARTICLE II – MEMBERSHIP OF THE PLANNING COUNCIL	4
21 Section 1. Membership.	
22 Section 2. Ex officio members	
23 Section 3. Duration of membership.	
24 Section 4. Alternates	
26 ARTICLE III – REPLACEMENT OF MEMBERS	6
27 Section 1. Cause for replacement of member	
28 Section 2. Procedures for replacement.	
30 ARTICLE IV – PLANNING COUNCIL MEETING PROCEDURES	6
31 Section 1. Meetings.	
32 Section 2. Quorum.	
34 ARTICLE V – OFFICERS	7
35 Section 1. Procedures for election of officers.	
36 Section 2. Duties of officers.	
37 Section 3. Vacancies.	
38 Section 4. Resignation.	
39 Section 5. Removal.	
41 ARTICLE VI – ADVISORY GROUP OF PEOPLE LIVING WITH HIV/AIDS	8
42 Section 1. Mission.	
43 Section 2. Composition.	
44 Section 3. Procedures for election of co-chairs.	
46 ARTICLE VII – COMMITTEES	8
47 Section 1. General Terms.	
48 Section 2. Resignation	
49 Section 3. Absences	
50 Section 4. Removal for Cause	

1	Section 5. Standing Committees.	
2	I. Executive Committee	
3	II. Finance Committee	
4	III. Rules and Membership Committee	
5	IV. Needs Assessment Committee	
6	V. Consumers Committee	
7	VI. Integration of Care Committee	
8	VII. Priority Setting and Resource Allocation Committee	
9	VIII. Policy Committee	
10	Section 6. Ad-hoc committees.	
11	Section 7. Subcommittees.	
12	Section 8. Committee chairs.	
13		
14	ARTICLE VIII – PROJECT DIRECTOR AND STAFF	12
15	Section 1. Project Director.	
16	Section 2. Staff.	
17		
18	ARTICLE IX – CONFLICTS OF INTEREST	13
19	Section 1. General rules.	
20	Section 2. Disclosure statement.	
21	Section 3. Investigation of apparent conflict.	
22		
23	ARTICLE X – GRIEVANCE PROCEDURES	14
24	Section 1. General.	
25		
26	ARTICLE XI – MISCELLANEOUS	14
27	Section 1. Books and records.	
28	Section 2. Validity of acts.	
29	Section 3. CARE Act Authority.	
30		
31	ARTICLE XII – AMENDMENT	14
32	Section 1. General.	
33		
34	APPENDIX A – OPEN NOMINATIONS PROCESS	
35		
36		
37		
38		
39		
40		
41		
42		
43		
44		
45		
46		
47		
48		
49		
50		
51		
52		
53		
54		
55		

1
2
3

1 **DEFINITION OF TERMS**

2
3 The following definitions shall have the ascribed meaning when used in these Bylaws, except to the extent that the
4 context clearly requires and indicates otherwise.

5
6 **AIDS: (Acquired Immune Deficiency Syndrome)** A disease of the immune system caused by HIV infection
7 characterized by increased susceptibility to opportunistic infections. It is chiefly transmitted through blood or
8 blood products or other bodily fluids.

9
10 **HATMA: (HIV/AIDS Treatment Modernization Act)** The name given to the Ryan White CARE Act when it was
11 reenacted and updated in 2006.

12
13 **CEO: (Chief Elected Official)** The Mayor of the City of New York, who is the official recipient of Part A CARE
14 Act funds within the Eligible Metropolitan Area (EMA). The CEO is ultimately responsible for administering all
15 aspects of the CARE Act in the EMA and ensuring that all legal requirements are met.

16
17 **EMA: (Eligible Metropolitan Area)** The geographic area eligible to receive Part A Care Act funds.

18
19 **HIV: (Human Immunodeficiency Virus)** The entire spectrum of the HIV virus, from post-infection to the clinical
20 definition of AIDS.

21
22 **HRSA/HAB: (Health Resources and Services Administration - HIV/AIDS Bureau)** The Department of Health
23 and Human Services agency that oversees the Ryan White CARE Act.

24
25 **PLWHA: Persons Living With HIV/AIDS**

26
27 **Part A:** Then name given to Title I withn the CARE Act was reenacted in 2006.

28
29 **Tri-County** – Westchester, Rockland and Putnam Counties, the area north of New York City which are part of the
30 New York EMA and receive a portion of the Part A grant.

31

1 **ARTICLE I -DESCRIPTION OF THE PLANNING COUNCIL**

2
3 **Section 1. Mission.** It is the mission of the HIV Health and Human Services Planning Council of New York that
4 people living with HIV and AIDS in the New York EMA will have access to and maintain appropriate, quality
5 services across the continuum of care, resulting in the best possible health and quality of life.
6

7 **Section 2. Service Area.** Pursuant to the requirements of the Health Resources and Services Administration
8 (HRSA), the Eligible Metropolitan Area (EMA) to be served by the HIV Health and Human Services Planning
9 Council of New York ("Planning Council" or "the Council") shall encompass the following localities: Brooklyn,
10 the Bronx, Manhattan, Queens, Staten Island, and the "Tri-County Region" (Westchester, Rockland and Putnam
11 Counties).
12

13 **Section 3. Duties.** The duties of the HIV Health and Human Services Planning Council of New York ("Planning
14 Council" or "the Council") shall include but not be limited to:
15

16 a) Establishing binding priorities for the allocation of funds including how best to meet each such
17 priority and additional factors that a grantee should consider in allocating funds for treatment and care of people
18 living with HIV/AIDS in the New York Eligible Metropolitan Area, as provided by Title 1/Part A of the Ryan
19 White CARE Act of 1990, Public Law 101-381, amended under HATMA 2006, Public Law 109-145, as such Act
20 may be amended from time to time or superseded by a new law;

21 b) Developing a comprehensive plan for the organization and delivery of HIV-related health and human
22 services in the New York City metropolitan area that is compatible with all existing State or local plans regarding
23 the provision of health and human services to individuals with HIV disease and with all laws and regulations
24 regarding discrimination in the provision of these services;

25 c) Assessing, monitoring and making recommendations to the Mayor or the appropriate City agency
26 regarding the efficiency of the administrative mechanism in rapidly allocating funds to the areas of greatest need
27 within the eligible area;

28 d) Monitoring and making recommendations to the Mayor or the appropriate City agency regarding
29 compliance with the priorities established by the Planning Council;

30 e) Conducting an assessment of the EMA's needs for HIV services based on size and demographics of the
31 population of individuals with HIV disease and

32 f) Coordinating in the provision of services to such individuals with programs for HIV prevention and for
33 the prevention and treatment of substance abuse, including programs that provide comprehensive treatment for
34 such abuse;

35 The Planning Council may assume additional responsibilities as may from time to time be proposed by
36 the Mayor of the City of New York.
37

38 **Section 4. Duration.** The Planning Council may remain in existence for such additional time as the Mayor may
39 propose and the Council may accept to discharge its duties under the Ryan White CARE Act of 1990, amended
40 under HATMA 2006, Public Law 109-145, as such Act may be amended from time to time or superseded by a new
41 law.
42

43 **ARTICLE II - MEMBERSHIP OF THE PLANNING COUNCIL**

44
45 **Section 1. Membership.** The Planning Council shall include a minimum of thirty-five (35) and a maximum of
46 fifty (50) members. Members are appointed by the Mayor through an open nominations process, as mandated by
47 the CARE Act, as amended under HATMA 2006, Public Law 109-145, and Mayoral Executive Order No. 28.
48

49 The Planning Council shall include in its membership at least one representative from each of the following
50 categories:

- 51 a) health care providers, including federally qualified health centers;
52 b) community-based organizations serving affected populations and AIDS service organizations;
53 c) social service providers, including providers of housing and homeless services;
54 d) mental health and substance abuse providers;
55 e) local public health agencies;

- 1 f) hospital planning agencies or health care planning agencies;
- 2 g) affected communities, including people with HIV disease and historically underserved groups and
- 3 subpopulations;
- 4 h) non-elected community leaders;
- 5 i) State government (including the State Medicaid agency and the agency administering the program under
- 6 part B);
- 7 j) grantees under Part C;
- 8 k) grantees under Part D, or, if none are operating in the area, representatives of organizations with a history
- 9 of serving children, youth, women, and families living with HIV and operating in the area;
- 10 l) grantees of other Federal HIV programs, including but not limited to providers of HIV prevention
- 11 services; and
- 12 m) representatives of individuals who formerly were Federal, State, or local prisoners, were released from the
- 13 custody of the penal system during the preceding 3 years, and had HIV disease as of the date on which the
- 14 individuals were so released;
- 15 n) members of a Federally recognized Indian tribe as represented in the population
- 16 o) individuals co-infected with hepatitis B or C.

17
18 (i) At least one member of the Planning Council must represent separately each of the categories
19 specified above. The Planning Council must include at least one member from each of New York City's five
20 boroughs and at least one member from the "Tri-County Region" (the "Tri-County representative"). To the
21 maximum extent possible, the membership of the Planning Council shall reflect the demographics of the
22 communities affected by the HIV epidemic in New York City and the organizations and entities involved in
23 financing and delivering health care and human services in response to the epidemic.

24 (ii) A minimum of 33% of the Planning Council shall be comprised of people living with AIDS or HIV,
25 who are consumers of Part A services and do not serve on the executive or governing board and are not staff or
26 consultants of a Part A-funded agency.

27 (iii) The Planning Council shall also include as members the following governmental representatives or
28 their designees: the Commissioner of Health & Mental Hygiene of the City of New York (as represented by the
29 Assistant Commissioner of the Bureau of HIV/AIDS Prevention & Control, or his/her designee); the Executive
30 Deputy Commissioner for Mental Hygiene of the Department of Health and Mental Hygiene of the City of New
31 York; the Administrator of the New York City Human Resources Administration; the Commissioner of Homeless
32 Services of the City of New York; the Commissioner of Corrections of the City of New York; the President of the
33 Health and Hospitals Corporation; the Director of the Division of HIV Health Care of the AIDS Institute of the
34 New York State Department of Health; and the Deputy Director of the Division of HIV Health Care of the AIDS
35 Institute of the New York State Department of Health.

36
37 **Section 2. Ex Officio Members.** The Planning Council may also include ex-officio, non-voting members as
38 appointed by the Mayor. These ex-officio members shall not be included in the total number of Planning Council
39 members.

40 (i) The following shall serve as non-voting, ex-officio members of the Planning Council: Director of the
41 Office of Management and Budget of the City of New York; Chairperson of the City Human Rights Commission;
42 Commissioner of Aging of the City of New York; Director of the Mayor's Office of Operations; and Director of the
43 Mayor's Office for People with Disabilities.

44
45 **Section 3. Duration of membership.** Members who are not City or State officials or the Tri-County representative
46 shall serve two-year terms of service at the pleasure of the Mayor. No such member shall serve for more than two
47 consecutive two-year terms. All terms and conditions regarding mandated governmental appointees are covered
48 under the Mayor's Executive Order 28.

49
50 **Section 4. Alternates.**

51 (a) **All Council Members.** All members of the Council may designate a voting alternate, subject to the
52 approval of the Governmental Co-Chair, to serve in the member's absence. Alternates must serve in the same
53 HRSA membership category as the appointed member. Attendance by an alternate at any meetings shall serve as
54 an excused absence for the Planning Council member. Planning Council members shall receive credit for

1 attendance by the alternate. Planning Council members must attend at least fifty (50%) percent of the full Council
2 meetings in a one year Council term.

3 (b) **Individuals with HIV Disease.** In the event that the regular member with HIV disease becomes
4 unable to complete his or her term on the Council, the alternate will assume that member's seat until such
5 member's term expires or until a permanent replacement is appointed by the Mayor, whichever occurs first.

6 7 **ARTICLE III - REPLACEMENT OF MEMBERS**

8 9 **Section 1. Cause for replacement of member.**

10 (a) **Change in position.** Pursuant to the requirement of at least 33 percent of the Planning Council
11 members be persons living with HIV/AIDS and consumers of Part A services, any non-aligned consumer will be
12 considered an aligned consumer if they become aligned to a funded entity by employment or board affiliation.

13 (b) **Absences.** If any member of the Planning Council fails to attend either (i) three (3) consecutive
14 regularly scheduled meetings or (ii) fifty (50%) percent of the meetings in any twelve- (12-) month period, without
15 a valid reason being given, the Council may by majority vote recommend to the Mayor that such member be
16 removed. Illness shall be considered a valid reason for absence, in such circumstances the attendance of the
17 member's alternate will count towards attendance. The Rules and Membership Committee shall determine what
18 constitutes a valid reason on a case by case basis.

19 (c) **Resignation.** Any member of the Planning Council may resign at any time by written notice
20 delivered in person or sent by mail to the Governmental Co-Chair. Any such resignation shall take effect at the
21 time specified in the notice, or if not so specified, immediately upon receipt of the notice by the Governmental Co-
22 Chair.

23 (d) **Removal for cause.** The Planning Council may recommend to the Mayor that any member be
24 removed from membership for cause. Any such action shall be taken only after the Rules and Membership
25 Committee has conducted an investigation of the facts concerning the person's conduct, given the person a
26 reasonable opportunity to respond to the charges against him or her, and submitted a full report of its findings and
27 recommendations to the Planning Council.

28 Recommendation of the removal of a member shall require a two-thirds vote at any regularly scheduled
29 meeting of the Planning Council with no fewer than seven (7) days' prior notice of the recommendation with the
30 intent to remove.

31 32 **Section 2. Procedures for replacement.**

33 (a) **Mid-term Vacancies.** In the event of a vacancy, the Planning Council may, within thirty (30) days
34 after the vacancy occurs, recommend to the Mayor no more than three (3) individuals to fill that vacancy. If the
35 vacated seat was occupied by an individual representing one of the categories specified in Section 1 of Article II
36 above, the recommended individuals shall satisfy the relevant qualifying criteria to fill that vacancy.

37
38 (b) **End-Term Vacancies.** No later than sixty (60) days before the vacancies occur, the Rules and
39 Membership Committee shall conduct an annual analysis of the composition of the Planning Council with regard
40 to representation of various constituencies. The findings of the Rules and Membership Committee shall be reported
41 to the Executive Committee in order to develop guidelines to direct the Rules and Membership Committee in its
42 subsequent review of potential nominees to the Planning Council. The Rules and Membership Committee shall
43 solicit and review applications for Planning Council membership and shall prepare a second report to the
44 Executive Committee listing no more than three (3) nominees for each vacancy. The Executive Committee, after
45 reviewing and/or amending the list, shall vote to adopt the nominating report as its own, and the Co-Chairs of the
46 Planning Council shall present this report to the Mayor on behalf of the Executive Committee.

47 48 **ARTICLE IV - PLANNING COUNCIL MEETING PROCEDURES**

49
50 **Section 1. Meetings.** The Planning Council shall meet at least six (6) times in every calendar year, and at least
51 once during each quarter of the year. Notice of meeting date, time and place shall be provided in writing to each
52 member of the Planning Council not less than seven (7) days prior to each meeting. Emergency meetings may be
53 called with no less than three (3) days prior notice by telephone.

54 (a) Regular meetings shall be called by the Governmental Co-Chair. Upon the written request of at least
55 ten (10) Planning Council members, the Governmental Co-Chair shall call a special meeting.

1 (b) The rules contained in Robert’s Rules of Order, Newly Revised, shall govern meetings of the
2 Planning Council whenever they are applicable and not inconsistent with the Bylaws.

3 (c) The following are Open Meeting Requirements in accordance with criteria established by HRSA:
4

5 i. Planning Council meetings shall be open to the public. Reasonable efforts shall be made to
6 ensure that notice of scheduled meetings of the Planning Council is available to interested
7 members of the public.

8 ii. The accuracy of all minutes shall be certified in writing by the Governmental Co-Chair of the
9 Planning Council within four weeks after their approval by the Planning Council.
10

11 **Section 2. Quorum.** A quorum of the Planning Council shall be fifty (50) percent plus one person of the Council’s
12 membership. Once a quorum is present at any meeting, the Planning Council may proceed to transact all business.
13 At any time during a meeting, a member of the Planning Council may request the presiding officer to undertake a
14 quorum count.

15 (a) All members of the Planning Council who are present may vote on any matter before the Council,
16 except as otherwise provided in these Bylaws. Votes must be made in person rather than by proxy. A matter must
17 receive a majority of the votes of those present and voting in order to pass. An abstention from voting must be
18 counted as a vote in opposition for purposes of determining whether a majority of those present and voting have
19 approved the matter in question.
20

21 **ARTICLE V - OFFICERS**

22
23 **Section 1. Procedures for election of officers.** The officers of the Planning Council shall consist of a
24 Governmental Co-Chair, a Community Co-Chair, and a Finance Officer. The Governmental Co-Chair shall be
25 appointed by the Commissioner of NYC Department of Health and Mental Hygiene. The Community Co-Chair
26 and Finance Officer shall be Planning Council members who are not representatives of either City or State
27 government and shall be elected by the membership of the Planning Council. Except when filling a vacancy under
28 Article V Section 3 of these Bylaws, each elected officer shall be elected to a term of two (2) years. No elected
29 officer shall serve for more than two (2) consecutive two- (2-) year terms.
30

31 **Section 2. Duties of officers.**

32 (a). **Governmental Co-Chair.** The Governmental Co-Chair shall call meetings of the Planning
33 Council and preside at all meetings of the Planning Council and the Executive Committee and co-facilitate
34 meetings with the Community Co-Chair. In consultation with the Community Co-Chair, the Governmental Co-
35 Chair shall appoint all committee chairs as well as all members of committees, unless otherwise indicated in these
36 Bylaws. In consultation with the Community Co-Chair, the Governmental Co-Chair may create such ad hoc
37 special and advisory committees, with the approval of the Planning Council, as may be deemed necessary.

38 In the temporary absence or disability of the Governmental Co-Chair, the Governmental Co-Chair’s duties
39 shall be performed by the Community Co-Chair or Finance Officer, in that order.

40 (b). **Community Co-Chair.** The Community Co-Chair shall work with the Governmental Co-Chair
41 in the preparation of agendas for Planning Council and Executive Committee meetings, and co-facilitate meetings
42 of the Planning Council and the Executive Committee. The Community Co-Chair shall serve as the principle
43 liaison to community-based organizations and the affected community. The Community Co-Chair shall meet
44 regularly with the Governmental Co-Chair and the Planning Council support staff, and perform the duties of the
45 Governmental Co-Chair in the Governmental Co-Chair’s absence. In the temporary absence or disability of the
46 Community Co-Chair, his or her duties shall be performed by the Finance Officer.

47 (c) **Finance Officer.** The Finance Officer shall act as a liaison between the Council and the grantee
48 on financial issues. Duties may include: reviewing financial information provided by the grantee to the Council
49 (which may include, but not be limited to, quarterly spending and annual close-out reports); analyzing the
50 grantee’s spending reports for the Council membership; and explaining the financial aspects of the Part A grant to
51 Council members. The Finance Officer shall not review information relating to individual sub-contracts. In the
52 absence of the Governmental Co-Chair and the Community Co-Chair, the Co-Chair’s duties will be performed by
53 the Finance Officer.
54

1 **Section 3. Vacancies.** A vacancy in any office other than the Governmental Co-Chair resulting from death,
2 resignation, removal, expiration of term as Planning Council Member or other cause may be filled, upon the
3 nomination of a successor by the Rules and Membership Committee, through election by the Planning Council.
4 The successor shall serve for the remainder of the predecessor's two- (2-) year term or the expiration of the
5 successor's term as a Council member, whichever occurs first. At the end of such term, the office shall be filled in
6 accordance with the election procedures described in Article V Section 1 of these Bylaws.

7 **Section 4. Resignation.** Any officer may resign at any time by written notice delivered in person or sent by mail
8 to the Co-Chairs. A resignation will take effect at the time specified in the notice or, if not so specified,
9 immediately upon receipt.

10
11 **Section 5. Removal.** Removal of an officer other than the Governmental Co-Chair shall require a two-thirds vote
12 at any regularly scheduled meeting of the Planning Council with no later than seven (7) days' prior notice.
13

14 **ARTICLE VI - ADVISORY GROUP OF PEOPLE LIVING WITH HIV/AIDS**

15
16 **Section 1. Mission.** The mission of the People Living with HIV/AIDS ("PLWHA") Advisory Group to the New
17 York HIV Health and Human Services Planning Council is to advocate for the interests and needs of people living
18 with HIV/AIDS in the planning and evaluation of Part A services, and to ensure the empowerment and
19 participation of people living with HIV/AIDS in the Part A planning process. The Advisory Group may, in
20 addition, advocate for non-Part A HIV/AIDS issues.
21

22 **Section 2. Composition.** The advisory group of people living with AIDS or HIV shall include the Planning
23 Council members with AIDS or HIV, their alternates, and other non-Council members who are consumers of
24 AIDS/HIV-related services living in the New York EMA.
25

26 **Section 3. Procedures for election of Co-Chairs.** The Co-Chairs of the advisory group shall be elected by the
27 advisory group. At least one Co-Chair shall be elected from among those members of the Planning Council who
28 serve as individuals living with AIDS or HIV, who are full voting members of the Council and not alternates.
29

30 **ARTICLE VII - COMMITTEES**

31
32 **Section 1. General Terms.** Unless otherwise determined by these Bylaws, the following conditions apply to all
33 committees.

34 (a). The rules contained in Robert's Rules of Order, Newly Revised, shall govern meetings of the
35 committees whenever they are applicable and not inconsistent with the Bylaws.

36 (b). All committee meetings shall be open to the public. Reasonable efforts shall be made to ensure that
37 notice of scheduled meetings of the Planning Council is available to interested members of the public.

38 (c). The members of each standing committee and ad hoc committee are appointed by the Governmental
39 Co-Chair in consultation with the Community Co-Chair through an open application process.

40 (i). Appointments made under this Section must be made known to the Planning Council
41 within 10 days of the effective date of appointment.

42 (ii). The Planning Council may reject any appointment made under this Section by the vote of
43 two thirds of Planning Council members.

44 (iii) Committee members are appointed for two (2) renewable three-year terms.

45 (iv). Any member who is a person living with HIV/AIDS shall be allowed to recommend a
46 voting alternate.

47 (d) Each committee must maintain minutes of its proceedings and report to the Executive Committee
48 and Planning Council on a regular basis.

49 (e) For each committee, a quorum exists when more than half of the people serving on that committee
50 are present.
51

52 **Section 2. Resignation.** Any committee member may resign at any time by written notice delivered in person or
53 sent by mail to the Governmental Co-Chair. Any such resignation shall take effect at the time specified in the
54 notice, or if not so specified, immediately upon receipt of the notice by the City Co-Chair.
55

1 **Section 3. Absences.** If any member of a Committee fails to attend either (1) three (3) consecutive regularly
2 scheduled meetings of (ii) fifty (50%) percent of the meetings in any twelve (12) month period, without a valid
3 reason being given, the Committee may recommend to the Governmental Co-Chair and the Community Co-Chair
4 that such member be removed. Illness shall be considered a valid reason for absence. The Co-Chairs and the
5 Committee Co-Chairs shall determine what constitutes a valid reason on a case by case basis.
6

7 **Section 4. Removal for cause.** The Executive Committee may recommend to the Council Co-Chairs that a
8 member of any committee be removed from membership for cause. Any such action shall be taken only after the
9 Rules and Membership Committee has conducted an investigation of the facts concerning the person's conduct,
10 given the person a reasonable opportunity to respond to the charges against him or her, and submitted a full report
11 of its findings and recommendations to the Executive Committee.
12

13 **Section 5. Standing Committees.** The Planning Council has 8 standing committees: Executive; Finance; Rules
14 and Membership; Needs Assessment; Consumers; Integration of Care; Priority Setting and Resource Allocation;
15 and Policy.

16 **I. Executive Committee**

17 **Section 1. Duties.** The Executive Committee is charged with the following duties:

- 18 (a) Provide broad oversight and general management of all Planning Council business.
19 (i) In consultation with others, create an annual Planning Council performance
20 agenda that specifies objectives with deadlines and responsible parties.
21 (ii) Use the annual performance agenda to monitor the Council's progress in meeting
22 its objectives. If needed, work with Planning Council support staff to identify and
23 secure appropriate resources necessary to facilitate successful fulfillment of
24 objectives.
25 (iii) In consultation with Planning Council support staff, develop and approve agendas
26 for meetings of the Planning Council.
27 (iv) Conduct business on behalf of the Planning Council on an emergency basis or
28 where not assigned to other Committees.
29 (v) Ensure that the structures, policies and procedures of the Planning Council are
30 appropriate to its mandated responsibilities. This includes an annual assessment
31 of the fitness of these Bylaws to current conditions.
32 (b) Oversee coordination of committee functions.
33 (i) Monitor the work of each Committee to ensure inter-committee collaboration as
34 stipulated in Article VI.
35 (ii) Review and make final recommendations to the full Planning Council on all
36 reports and motions from standing committees, ad hoc committees and working
37 groups.
38 (iii) Provide guidance and corrective support as necessary to ensure committee success
39 in meeting their objectives.
40 (c) Supervise membership composition and disciplinary proceedings.
41 (i) Using recommendations from the Rules and Membership Committee, provide the
42 Mayor a slate of nominees for Planning Council membership. Ensure that the
43 composition of the Planning Council membership complies with all relevant
44 mandates of the Ryan White CARE Act, as amended under HATMA 2006, Public
45 Law 109-145, and Mayor's Executive Order 28 .
46 (ii) Review advice from Rules and Membership Committee concerning disciplinary
47 actions for individual Planning Council members and, if warranted, recommend
48 appropriate corrective action to Planning Council.

49 **Section 2. Composition.** Membership of the Executive Committee is comprised of the following:

- 50 (a) the Governmental and Community Co-Chairs of the Planning Council;
51 (b) the Finance Officer, who is Chair of the Finance Committee;
52 (c) Co-Chairs of all standing committees and sub-committees;
53 (d) the Planning Council member serving as Co-Chair of the PLWHA Advisory Group;
54 (e) an at-large consumer member elected by the Consumers Committee;

- (f) the Commissioner or designated representative of the Department of Health and Mental Hygiene of the City of New York;
- (g) the Director or designated representative of the Division of HIV Health Care of the AIDS Institute of the New York State Department of Health;
- (h) the governmental representative of Westchester, Rockland and Putnam Counties; and
- (i) the consumer representative of Westchester, Rockland and Putnam Counties.

II. Finance Committee

Section 1. Duties. The Finance Committee is charged with the following duties:

- (a) Obtain and review fiscal information from the grantee in a timely manner.
 - (i) When necessary, seek clarification of fiscal information from the grantee.
 - (ii) Evaluate fiscal information from the grantee for completeness and accuracy.
- (b) Assess the efficiency of the administering agency in rapidly allocating funds to areas of greatest need.
- (c) Disseminate financial data, as needed, to the Council and its committees.

Section 2. Composition. Membership is set at 9 or 11 in number. In composition, it must meet the following conditions:

- (a) Finance Officer of the Planning Council is Committee Chair.
- (b) The remainder is drawn from members of Planning Council committees, the PLWHA Advisory Group, community service groups, and affected communities.
- (c) Membership must include at least 2 unaligned consumers.
- (d) Director of Care, Treatment & Housing, Bureau of HIV/AIDS Prevention & Control .

III. Rules and Membership Committee

Section 1. Duties. The Rules and Membership Committee is charged with the following duties:

- (a) Implement open-nominations proceedings in compliance with Article II of these Bylaws.
- (b) Participate in member recruitment efforts
- (c) Collaborate with Consumers Committee in outreach and member recruitment efforts.
- (d) Collaborate with Consumers Committee in member orientation, training and development.
- (e) Manage, interpret, enforce, review and update Planning Council bylaws.
- (f) Oversee all conflict-of-interest policies and manage grievance proceedings.

Section 2. Composition. Membership must be at least 6 and no more than 10 in number. In composition, it must meet the following conditions:

- (a) Each member of the Committee must be a member of the Planning Council.
- (b) At least 2 members must be unaligned consumers.
- (c) While serving on the committee, no member may hold a position as an officer of the Planning Council.
- (d) Director of Care, Treatment & Housing, Bureau of HIV/AIDS Prevention & Control.
- (e) During nominations proceedings, the Governmental Co-Chair will participate as a nonvoting member

Section 3. Limited exception to open-meetings rule. To assure confidentiality, nomination proceedings, which involve discussion of applicants' personal information, are not open to the public.

IV. Needs Assessment Committee

Section 1. Duties. The Needs Assessment Committee is charged with the following duties:

- (a) Manage all required needs-assessment activities, which include data gathering and analysis:
 - (i) selecting topics to investigate to contribute to the Planning Council's assessment of local needs for treatment and care services
 - (ii) reviewing epidemiological and service utilization data;
 - (iii) estimating and assessing unmet need and service gaps;

- (iv) inventory available resources including identification of other funding streams that support HIV/AIDS care; and
- (v) reviewing information on the capacity and capability of the system of care.
- (b) Ensure that the other committees receive objective information, in user-friendly formats, required to fulfill their duties.
- (c) Collaborate with the Integration of Care Committee in the development of a comprehensive plan for the organization and delivery of HIV services following the distribution of a guidance for the comprehensive plan by HRSA.
- (d) Participate in development of the statewide coordinated statement of need.
- (e) Assess the effectiveness of funded services in addressing the Planning Council's priorities and allocations.
- (f) Collaborate with grantee in assessing the cost effectiveness and outcome effectiveness of funded services.

Section 2. Composition. Membership is limited to no more than 30 in number. In composition, it must meet the following conditions:

- (a) broad representation from diverse service areas.
- (b) members are drawn from members of committees, advocacy or research groups, and affected communities who have the expertise necessary to enhance the ability of the committee to analyze and interpret HIV-related data.
- (c) The Director of Care, Treatment and Housing, Bureau of HIV/AIDS Prevention and Control

V. Consumers Committee

Section 1. Duties. The Consumers Committee is charged with the following duties:

- (a) Oversee efforts to ensure meaningful and substantial involvement of people living with HIV/AIDS in all Planning Council activities.
- (b) Collaborate with Rules and Membership Committee in recruitment measures, such as outreach efforts, to secure appropriate consumer representation on the Planning Council.
- (c) Collaborate with Rules and Membership Committee in retention measures, including orientation, training and mentoring, to help consumer members stay engaged and participate fully.
- (d) Work with staff to see that issues of financial support for consumer involvement are addressed appropriately and within HATMA guidelines.

Section 2. Composition. Membership is limited to no more than 30 in number. In composition, it must meet the following conditions:

- (a) Committee membership includes all Planning Council members and their alternates who are unaligned consumers.
- (b) The remainder are unaligned consumers who are not voting members of the Planning Council. At least fifty percent of them must be voting members of the People with AIDS Advisory Group to the Planning Council.

VI. Integration of Care Committee

Section 1. Duties. The Integration of Care Committee is charged with the following duties:

- (a) Regularly review and recommend ways to strengthen the system of care in the New York EMA so that PLWHAs remain in care and PLWHAs who are outside the care system are returned to and maintained in care.
- (b) Describe services that will address needs identified by the Needs Assessment Committee, and that will ensure access to and maintenance in HIV-related primary care and supportive services.
- (c) Coordinate with other HATMA programs and AIDS/HIV services.
- (d) Oversee the development of a comprehensive plan for the organization and delivery of HIV services following the distribution of a guidance for a comprehensive plan by HRSA.

1 **Section 2. Composition.** Membership of the Integration of Care Committee is limited to no
2 more than 30 in number and is comprised of the following:
3 (a) broad representation from diverse service areas;
4 (b) at least one member of the Needs Assessment Committee;
5 (c) at least one member of the Consumers Committee;
6 (d) at least one member of the Priority-Setting and Resource Allocation Committee;
7 (e) the Director of Care, Treatment and Housing, Bureau of HIV/AIDS Prevention &
8 Control.

9
10 **VII. Priority Setting and Resource Allocation Committee**

11 **Section 1. Duties.** The Priority Setting and Resource Allocation Committee is charged with
12 the following duties:

- 13 (a) Periodically review the tool used to establish priorities
14 (b) Set priorities for services provided by HATMA based on:
15 (i) Needs assessment data;
16 (ii) Cost-effectiveness and outcome-effectiveness data;
17 (iii) Priorities in HIV-infected communities; and
18 (iv) The availability of other governmental and nongovernmental resources
19 (c) Allocate resources based on needs and existing services

20 **Section 2. Composition.** Membership is limited to no more than 25 in number. In
21 composition, it must meet the following conditions:

- 22 (a) broad representation from service areas;
23 (b) two representatives from the Consumers Committee;
24 (c) the Planning Council Finance Officer;
25 (d) the Commissioner, or designated representative, of the Department of Health and
26 Mental Hygiene of the City of New York;
27 (e) the Director of Care, Treatment & Housing Program, Bureau of HIV/AIDS Prevention
28 & Control
29 (f) the remaining membership is drawn from Planning Council members.

30
31 **VIII. Policy Committee**

32 **Section 1. Duties.** The Policy Committee is charged with the following duties:

- 33 (a) Ensure that the Planning Council is informed of and responds to emerging national,
34 state, and local policy concerns and develop recommendations as needed.

35 **Section 2. Composition.** Membership must be no more than 15 in number. In composition, it
36 must meet the following conditions:

- 37 (a) No more than thirty percent of Committee members may be members of the Planning
38 Council.
39 (b) Additional members are drawn from members of the PLWHA Advisory Group,
40 Planning Council committees, advocacy groups, and affected communities.

41 **Section 3. Urgent Matters.** An urgent matter has a turnaround time of 72 hours or less. With
42 a turnaround time of 72 hours or less, the Co-Chairs of the Policy Committee are empowered
43 to act on behalf of the full Policy Committee, support a document, and forward it to the
44 Executive Committee. The co-Chairs will inform Policy Committee members that urgent/time
45 sensitive matter has been forwarded to the Executive Committee. Policy Committee members
46 are encouraged to contact Co-Chairs if they have opinions or positions on urgent/time sensitive
47 matters.

48
49 A less urgent matter has a turnaround time of more than 72 hours. With a turnaround time of
50 more than 72 hours, a document should be distributed to the full Policy Committee and, if the
51 Policy Committee approves, should be sent to the Executive Committee.

52
53 **Section 6. Ad-hoc committees.** Subject to the approval of the Planning Council, the Governmental Co-Chair, in
54 consultation with the Community Co-Chair, may create such ad hoc, task forces, special and advisory committees
55 as may be deemed necessary. The Governmental Co-Chair, in consultation with the Community Co-Chair, shall

1 appoint the chairs of all such committees and shall designate such committee's membership.

2
3 **Section 7. Subcommittees.** The chair of each committee may appoint such subcommittees of that committee as
4 shall be necessary to carry out the work of the committee.

5
6 **Section 8. Committee chairs.** No member of the Planning Council shall be permitted to chair more than one
7 standing committee. In addition, excluding the Finance Officer, no member may serve as an elected officer of the
8 Council in addition to chairing a committee.

9
10
11 **ARTICLE VIII- DIRECTOR AND STAFF PLANNING COUNCIL SUPPORT UNIT**

12
13
14 **Section 1.** Director, Planning Council Support Unit. The Director shall be the chief executive officer of the
15 Planning Council's staff. The Director shall be appointed by the Assistant Commissioner of the Bureau of
16 HIV/AIDS, NYC DOHMH. The Director shall direct the overall operations of the Planning Council and
17 implement its policies. The Director shall also perform such duties as may be requested from time to time by the
18 Planning Council. The Director shall report to the Director of the Care, Treatment & Housing Program, Bureau of
19 HIV/AIDS Prevention & Control, NYC DOHMH.

20
21 **Section 2. Staff.**

22 (a) The Director shall be responsible for the organization and management of sufficient professional
23 and other staff to accomplish the functions of the Planning Council, subject to the table of organization and budget
24 approved by the Planning Council in conjunction with the Director of Care, Treatment and Housing Program,
25 Bureau of HIV/AIDS Prevention & Control.

26 (b) Policies and procedures for the selection, salary, promotion and discharge of staff shall be set by
27 the Bureau of HIV/AIDS Prevention & Control and all staff shall be governed by the rules and procedures of the
28 New York City Department of Health and Mental Hygiene.

29 (c) The staff of the Planning Council shall be responsible for supporting the Planning Council and
30 its Committees, keeping the minutes for all meetings, coordinating the priority-setting, strategic planning and
31 evaluation and monitoring tasks of the Planning Council, particularly in preparation for submission of the annual
32 Part A application to HRSA by the grantee agency. Minutes of the previous meeting shall be available at each
33 meeting and shall be approved by the members of the Planning Council. Draft minutes shall be made available
34 one week prior to the next meeting. Minutes should contain a listing of those present; a description of matters
35 discussed and conclusions and/or actions taken; and copies of all reports received, issued or approved by the
36 Council. Minutes shall be available for public inspection and copying at a single location.

37
38
39 **ARTICLE IX - CONFLICTS OF INTEREST**

40
41 **Section 1. General rules.** The rules contained in this section apply to all members, members of committees, task
42 forces and technical advisory groups, staff members, contractors and consultants to the Planning Council, all of
43 whom shall be referred to as Planning Council members for purposes of this section.

44 In accordance with HRSA guidelines, a Planning Council member who serves as a director, trustee,
45 advisory board member, consultant or salaried employee, or who derives a financial or economic benefit from
46 association with any agency or entity that currently receives or is a current applicant for funds allocated by the
47 Planning Council, is deemed to have an "interest" in said agency or entity. Interests held by a Planning Council
48 member's spouse, domestic partner, children, parents and siblings and their spouses or domestic partners shall be
49 imputed to that Planning Council member for the purposes of this policy. Conflict of interest does not refer to
50 persons living with HIV or AIDS whose relationship to a grant funded service provider is as a client receiving
51 services or a member of a community advisory board.

52 In order to prevent the existence, or the appearance of the existence, of a conflict of interest, a member so
53 deemed to have an interest in an agency or entity may not vote on matters that come before the Planning Council
54 or committees of the Planning Council regarding the allocation of funds to service program in which the associated
55 agency or entity seeks or has obtained funds. Planning Council members also may not vote on matters that directly

1 affect an interest held by that member, or that directly relates to an agency or entity in which the member has an
2 interest. This shall not preclude such a member from voting on matters affecting a group of service categories that
3 includes the one in which he or she has an interest. Nothing in this policy shall be construed to prevent
4 governmental representatives on the Planning Council from exercising their vote on behalf of the governmental
5 entity that they represent.

6 This policy shall not be construed as preventing any member of the Planning Council from full
7 participation in discussion and debate about community needs, service priorities, and allocation of funds to broad
8 service categories, and the process from and results of evaluation of service effectiveness. Rather, individual
9 members are expected to draw upon their lay and professional experiences and knowledge of the HIV service
10 delivery system and to disclose verbally any potential conflicts of interest at the beginning of any discussion that
11 has direct relevance to their interests, including the interests that are related to an agency or entity whose funding
12 may be directly affected by the matters under discussion.

13 (a) No Planning Council member shall use his or her relationship with the Planning Council for
14 private gain.

15 (b) Whenever any matter arises with respect to which a Planning Council member either has a
16 conflict of interest or has any question about the existence of a conflict, he or she shall make full disclosure of such
17 conflict or possible conflict before the matter in question is discussed.

18 (c) Persons who have conflicts of interest as defined herein may participate in the discussion of the
19 matter in question but shall not vote on that matter.
20

21 **Section 2. Disclosure statement.** Each Planning Council member and alternate shall file an organizational
22 affiliation disclosure statement which shall be kept on record by Council staff. When there is a change in the
23 Planning Council member's affiliations, he or she shall update his or her Disclosure Statement.
24

25 **Section 3. Investigation of apparent conflict**

26 The Rules and Membership Committee shall, upon the request of the Planning Council, investigate and make
27 recommendations to the Planning Council concerning any Planning Council member's conflict of interest or the
28 appearance thereof. The Planning Council shall review these recommendations, approve specific action to deal
29 with the conflict of interest, and ensure that the agreed-upon actions are fully and fairly implemented.
30

31 **ARTICLE X- GRIEVANCE PROCEDURES**

32

33 **Section 1. General.** Any member wishing to file a grievance shall follow the process outlined in the New York
34 HIV Health and Human Services Planning Council Grievance Procedures.
35

36 **ARTICLE XI- MISCELLANEOUS**

37

38 **Section 1. Books and records.** The records, reports, transcripts, minutes, agenda or other documents, which were
39 made available to or prepared for or by the Planning Council, shall be available for public inspection and copying
40 at the offices of the Planning Council support agency.
41

42 **Section 2. Validity of acts.**

43 (a) No act by the Planning Council or any Planning Council committee shall be invalid by
44 reason of the improper participation of any member unless the question about the member's status is raised before
45 the vote is taken on the matter in question.

46 (b) No act by any Planning Council body which has been taken at a meeting at which a
47 quorum appears to have been established shall be invalid by reason of the lack of a quorum present at the time the
48 act was taken, unless the question of the presence of a quorum is raised before the vote is taken on the matter in
49 question.
50

51 **Section 3. CARE Act and Executive Order Authority.** The provisions of the Ryan White CARE Act of 1990, as
52 amended under HATMA 2006, Public Law 109-145, as such Act may be amended from time to time or superseded
53 by a new law, shall supersede these Bylaws. The provisions of Mayoral Executive Order Number 28 of August 20,
54 2002, as such Executive Order may be amended from time to time or superseded by a new Executive Order, shall
55 supersede these Bylaws.

1
2
3
4
5
6
7

ARTICLE XII - AMENDMENT

Section 1. General. These Bylaws may be amended by a majority vote of the Planning Council members present and voting at any meeting at which a quorum is present, provided that notice of the proposed amendment shall have been presented in writing to the Planning Council members no later than two (2) weeks prior to such meeting of the Planning Council.