

Memorandum of Understanding “MOU” Between Shelby County Government and Memphis Area Ryan White Planning Group

I. Purpose Statement

This Memorandum of Understanding (MOU) is designed to:

- Create a shared understanding of the relationship between the Memphis Area Ryan White Planning Group, the HIV Care and Prevention Group (H-CAP), and the Part A Grantee, the Ryan White Program Office within the Shelby County Division of Community Services;
- Delineate the roles and responsibilities of each entity; and
- Encourage a mutually beneficial relationship between these important partners.

The MOU describes the legislated responsibilities and roles of each party, the locally defined roles, and expectations for how these roles and responsibilities will be carried out. The MOU will help ensure positive and appropriate communication, information sharing, and cooperation that will help ensure the effective and efficient delivery of medical and support services to persons affected and infected by HIV disease in the Memphis area.

II. Roles and Responsibilities

A. Roles and Responsibilities of the Planning Group

The Planning Group is solely responsible for the legislatively mandated responsibilities:

1. **Priority setting and resource allocation:** Using appropriate data, set priorities among service categories, allocate funds to those service categories, and provide directives to the Grantee on how best to meet these priorities. This includes reallocation of funds as required during the program year and allocation of carryover funds.
2. **Assessment of the administrative mechanism:** Assess the Grantee’s process for procuring services and disbursing funds to the areas of greatest need within the Memphis area.
3. **Evaluation:** Develop and implement a process to assess the effectiveness of the services offered in meeting the identified needs via aggregate data provided by the Grantee or special studies.
4. **Standards of Care:** Develop and revise as needed standards of care and outcomes measures.

B. Roles and Responsibilities of the Grantee

The Grantee is solely responsible for meeting the following legislatively mandated responsibilities:

1. **Procurement:** Manage the process for awarding contracts to specific service providers.
2. **Contracting:** Distribute funds according to the priorities, allocations, and directives of the Planning Group.
3. **Contract monitoring:** Monitor contracts to be sure that providers are meeting their contracted responsibilities in compliance with established standards of care. Recommend reallocations during the grant year based on service category utilization.
4. **Technical Assistance to Service Providers:** Provide technical assistance to service providers on an as needed basis to improve contract compliance and service delivery.
5. **Clinical Quality Management:** Establish a clinical quality management program to assess the extent to which HIV-related primary health care services are consistent with Public Health Service

guidelines and to enhance health and supportive service access and delivery and continuously improve systems of care.

C. Shared Responsibilities

The Grantee and Planning Group share the following legislative responsibilities, with one entity having the lead role for each, as stated below:

1. **Needs assessment:** Determine the size and demographics of the population of individuals with HIV disease in the Memphis area, and their service needs. The Planning Group has primary responsibility for needs assessment, with the Grantee assisting with the process and providing the Planning Group information such as service utilization data and expenditures by service category.
2. **Comprehensive planning:** Develop a Comprehensive Plan for the organization and delivery of health and support services within the Memphis area. The Planning Group takes the lead in developing the Plan, with the Grantee providing information, input, and other assistance. The Grantee has the opportunity to review and suggest changes to the draft Comprehensive Plan. The Plan is developed every three years or as specified by the funding agency, the Health Resources and Services Administration's HIV/AIDS Bureau (HRSA/HAB).

D. Administrative Responsibilities

In addition to these legislative roles, the Grantee and Planning Group share the following responsibilities related to Part A planning and management with other units of the Shelby County Government:

1. **Fiscal management of Planning Group support funds:** Shelby County Government provides fiscal management of Planning Group support funds. The Planning Group works with the Grantee to develop, and when necessary to modify, the annual Planning Group support budget, which is a part of the allocation of up to 10% of the total grant that may be used for administrative costs. The Planning Group support staff and Executive Committee share responsibility for monitoring Planning Group expenditures, based on reports provided by Planning Group support staff. The Grantee is responsible for ensuring that all expenditures meet Ryan White guidelines as well as Shelby County Government financial management regulations.
2. **Contracting for Planning Group consultants or services:** Shelby County Government provides contracting services when the Planning Group needs to hire consultants or other contractors. The Planning Group makes the decisions about the hiring of consultants and other contractors that are paid through Planning Group funds, and this contracting must meet Shelby County procurement requirements as well as Ryan White guidelines. The process, including oversight, is managed by Planning Group support staff.
3. **Office space:** Where possible, the Grantee and Planning Group support staff will maintain separate and distinct office space within the same building. Shelby County Government takes the lead in providing appropriate office space for both entities. Office space for the Planning Group support staff must meet all Americans with Disabilities Act (ADA) requirements. Shelby County Government takes the lead in providing appropriate meeting space for the Planning Group and its Committees.
4. **Grantee and Planning Group support staff:** The Planning Group Manager serves as staff for both the Grantee and the Planning Group and is an employee of Shelby County Government. The Manager is hired and supervised by the Director of the Division of Community Services. The Planning Group Manager serves as support staff to the Group and is responsible for supporting the work of the Planning Group and its committees, to enable the Group to meet its responsibilities under Ryan White legislation. The Planning Group Manager is also responsible for assisting in matters related to the administration of the Ryan White Part A grant. Where questions or concerns arise regarding the roles and responsibilities of the Planning Group support staff, the ultimate decision maker is the HRSA Point of Contact, as designated by the Mayor. However, the Planning

Group Co-Chairs are consulted and the Ryan White Part A Administrator is kept informed about major Planning Group support staff issues or staffing changes.

5. **Annual application process:** The Grantee has primary responsibility for preparation and submission of the Part A application. Planning Group support staff provides information for the application sections related to Planning Group membership and responsibilities (such as priority setting and resource allocations), and assists with preparation and review of the application. The Planning Group Co-Chairs will have an opportunity to review the application before submission and make suggestions for its improvement. The Planning Group approves action by the Co-Chairs to sign a letter accompanying the application that indicates whether the Grantee has expended funds in accordance with Planning Group priorities, allocations, and directives.
6. **Provider Request for Proposals (RFP):** Procurement is the Grantee's responsibility. However, contracting is required to ensure that the Planning Group's directives are being addressed, and the Planning Group develops standards of care that become a part of provider requirements. The Grantee therefore allows up to two representatives of the Planning Group who have no actual or perceived conflict of interest to review in draft the portions of the RFP that address standards of care and Planning Group directives. Any Planning Group member who reviews the RFP sections is required to sign a statement of confidentiality and non-disclosure. No part of the RFP is reviewed by any Planning Group member affiliated with a current or potential Part A service provider.

III. Communications

A. Principles for Effective Communications

Both the Grantee and the Planning Group recognize the importance of regular and open communications and of sharing information on a timely basis. Information needs to be received regularly. There should be clarity regarding what will be communicated, when, and to whom. When problems or issues arise, there should be a joint commitment to resolving them through established procedures. The parties commit themselves to the following principles:

1. **All parties will take responsibility for establishing and maintaining open communications.** This includes both sharing information on a timely basis and reviewing shared information once it has been received. If issues or problems arise, it means communicating with the other parties to clarify the situation and decide how best to address it.
2. **All Committees will have a Grantee staff member (outside of the Planning Group Manager or other Planning Group support staff) who is assigned to it and attends meetings regularly.** That staff member will serve as liaison to the Grantee for the assigned committee and will be responsible for all regular communications and information requests related to that assigned committee.
3. **The Grantee and Planning Group will each have a designated liaison responsible for sharing and receiving information for all other communication requests, and for disseminating information within his/her entity.** When questions or concerns arise, the designated liaison will ensure that they are addressed in a timely manner. For the Planning Group, the designated liaison will be the Planning Group Manager. For the Grantee, it will be the Ryan White Part A Administrator.
4. **Both entities will use designated liaisons and channels of communication.** When someone needs information or materials beyond those that are regularly shared, s/he will request it through the designated liaison, and the request will be made in writing (via e-mail or letter). This means, for example, that a Committee Chair who needs information from the Grantee will request it either through the assigned Grantee staff member during the meetings or through Planning Group support staff. For information beyond normal reports and information, it is the responsibility of the Planning Group Manager and Ryan White Part A Administrator to determine whether the Grantee is the appropriate source for this information and whether the information is available and can be provided within the Grantee's resources. Where the Grantee feels it cannot meet the request, the

Administrator will consult with the Planning Group Coordinator and with the Co-Chairs as necessary.

5. **Staff of both entities and Planning Group members will avoid inappropriate communication requests or channels.** This means not asking for information from individuals other than the designated individuals, using and not bypassing established communication channels, and maintaining the confidentiality of information that should not be shared outside the Part A program.
6. **When policies or procedures appear problematic, the parties will work together to clarify and, if appropriate, refine them** – while adhering to legislative guidelines, HRSA/HAB expectations, and state and local statutes and policies.
7. **Communications and problem solving will protect the separation of roles between the Planning Group and Grantee.** For example, the Planning Group is not supposed to have access to information about the performance or expenditures of individual providers; it should receive such information only by service category. In cases where there is only one service provider for a service category, the Planning Group will have access to this information but without identifying information.
8. **Planning Group members and staff will not use in meetings or decision making any information about individual providers, even if it is available to members as individuals through the Public Records law.** Planning Group members will refrain from requesting information through the [State Public Records or Freedom of Information] law in their capacity as Planning Group members.
9. **If either Grantee staff or Planning Group support staff or members receive complaints about the other party,** they will inform the other party, with appropriate protection of confidentiality.
10. **The Planning Group will not become involved in consumer complaints about services.** If the Planning Group or its support staff receives consumer or provider concerns or complaints about a specific provider, it will refer the individual expressing the concern to the individual provider for resolution through its own complaints process. If the Planning Group or support staff receives broader complaints or concerns about services, it will refer them to the Grantee.

B. Implementing these Principles

To facilitate communications and implement these principles, all parties agree to the following actions:

1. **The signatories to this agreement will participate in a face-to-face planning meeting including both entities and all parties before the program year begins and will continue to meet at least quarterly throughout the year.** The first meeting, held just before the beginning of the Part A program year in March, will be used to lay out specific mutual expectations for the year, ensure a mutual understanding of the Part A program's status and directions, clarify a calendar for the year including dates when materials and information will be shared, and address potential issues or problems. This includes identifying additional or different reports or information needed. Subsequent meetings will be used to monitor progress and refine the calendar as needed, further define information sharing needs, and address any issues that may arise in the relationship between the Grantee and Planning Group.
2. **When making special requests for information or materials, both parties will provide as much lead time as possible; when sharing information, both parties will do so as quickly as possible.** Normally, information received by one entity but important to both – such as Conditions of Award, new or revised HRSA/HAB regulations or expectations, and the Part A Program Guidance – will be shared within three business days. Requests for information will generally be met within five business days. If requests will take longer to meet, the party responding will contact the other party within three business days to discuss and agree on a time frame for meeting the request. Both parties commit themselves to responding rapidly to any requests that involve meeting Conditions of Award, satisfying other HRSA/HAB requirements or requests, and addressing other matters that may affect the funding or reputation of the Memphis area program.

3. **If requested information is not received in a timely manner, the Ryan White Part A Administrator and the Planning Group Manager will have responsibility for resolving the situation.**

IV. Information/Document Sharing and Reports/Deliverables

A. Overview

It is the intent of this MOU to encourage regular sharing of information and materials throughout the year. This section specifies a set of materials to be provided and information to be shared through meetings. Parties to the MOU may request and receive additional materials or information, except for those that should not be shared for reasons of sensitivity or confidentiality.

B. Information to be provided by the Planning Group to the Grantee

The Planning Group will provide the Ryan White Part A Administrator with the following information and materials:

1. A dated list of Planning Group members and their terms of office, with primary affiliations as appropriate, to be provided annually and updated as needed throughout the year, in accordance with current Notice of Grant Award (NGA) guidelines.
2. Notification of the Planning Group's monthly meetings, retreats, orientation and training sessions, and other Planning Group events, at the same time notification goes to Planning Group members.
3. The meeting notice, agenda, and information package for each Planning Group meeting, to be provided at the same time they are provided to Planning Group members.
4. The annual list of service priorities and resource allocations, along with the process used to establish them and directives to the Grantee or edits to existing directives on how best to meet these priorities – the same information that is submitted to HRSA/HAB as part of the annual Part A application. This information will be provided within two weeks after the Planning Group has approved the priorities, allocations, and directives.
5. Copies of final planning documents prepared by the Planning Group, such as needs assessment reports and the Comprehensive Plan, within five days after their completion and approval by the Planning Group.
6. Information or documents needed by the Part A Administrator to complete the sections of the annual application related to the Planning Group and its functions, to be provided on a mutually agreed-upon schedule.

C. Information to be provided by the Grantee to the Planning Group

The Part A Administrator will provide the Planning Group Coordinator the following reports and information. These will be the minimum requirements. Additional or different information needs will be discussed and agreed upon at the beginning of each year and at quarterly meetings of the parties to this MOU, as described in Section III. B.

1. A copy of the annual grant award notice including Conditions of Award, a copy of any approved carryover request, and a copy of other official communications from HRSA/HAB that directly involve the Planning Group, within three business days after they are received from the funding agency and more quickly where time sensitive responses are required.
2. A quarterly utilization report by service category, including expenditures and client numbers and demographics, provided in writing on a mutually agreed upon schedule. This report will include utilization data to the fullest extent available, with full disclosure of contract status. The Grantee will

also provide an oral presentation, as requested, to the appropriate committees, highlighting any unexpected expense levels.

3. Recommendations to the Planning Group regarding over- and under-expenditures by service category and suggested reallocations, to be provided monthly by a mutually agreed upon date that fits committee and Planning Group meeting schedules. These reports are to be submitted quarterly, and the Planning Group can request them more often if needed.
4. Information and recommendations designed to assist the Planning Group in carrying out its responsibility to set priorities among service categories, allocate funds to those service categories, and provide directives to the Grantee on how best to meet these priorities. The content and format for this information will be mutually agreed upon each year, but will typically include epidemiologic data and an estimate of unmet need for primary health care among people who know their status but are not in care.
5. Information needed by the Planning Group to meet its responsibility for assessing the efficiency of the administrative mechanism. The content and format for this information will be mutually agreed upon each year, but will typically include information on procurement, contracting, and reimbursement procedures and timelines.
6. An end-of-year report including the Final Implementation Plan and Final Allocations Report, as submitted to HRSA/HAB in the final progress report each year, providing information on the number of individuals served and costs per client for each service category. The Planning Group will receive this information within two weeks after the Grantee submits the final progress report to HRSA/HAB, based on the Conditions of Award, in time for use in priority setting and resource allocation. When the Planning Group or a Committee requests special or additional information from the Grantee, the request will always be listed in the summary minutes of the meeting. In addition, Planning Group support staff will provide a list of requests in a follow-up e-mail within two business days, with a copy to the Committee Chair and Planning Group Co-Chairs.

D. Documents and Information that will Not be Shared

In order to maintain the confidentiality of sensitive information, the following information will not be shared:

1. The Planning Group will not share information on the HIV status of members of the Planning Group who are not publicly disclosed as people living with HIV/AIDS. Except for individuals who choose to disclose their status, the HIV status of Planning Group members will not be shared with the Grantee or with other Planning Group members except those involved in the Open Nominations Process.
2. The Grantee will not share information about individual applicants for service provider contracts or about the performance of individual contractors –information will be shared by service category only. If there is only one provider in a service category, the information will be shared, but without identifying information.
3. Information about the individual salaries of Grantee and Planning Group staff will not be shared beyond those with a direct need to know. Except for the Co-Chairs and the Executive Committee, the Planning Group will receive staff salary data on Planning Group support staff only as submitted in the Part A application or in the aggregate. The Planning Group will not have access to the Grantee's detailed budget other than the version submitted in the Part A Application. The Part A Administrator will have access to the Planning Group's detailed budget as needed for the Part A application, Conditions of Award, and other HRSA/HAB requirements.

V. Settling Disputes or Conflicts

If conflicts or disputes arise with regard to the roles and responsibilities specified in Section II of this Memorandum of Understanding, the parties will use the following procedures to resolve them:

1. Begin with a face-to-face meeting between the parties to attempt to resolve the situation, within five working days after the issue or dispute arises.
2. If the situation cannot be resolved by these parties, hold a meeting of representatives of both parties and their supervisors, to discuss the issue and reach resolution if possible, within ten working days after the initial meeting.
3. If the situation still cannot be resolved, hold a meeting of representatives of the Grantee and Planning Group and their two supervisors with the Chief Elected Official or his/her representative. The decision of the CEO will be final.

VI. Responsible Parties and Contact Information

Following are the responsible parties to this MOU, along with the names of the individuals in these positions at the time the MOU was adopted, and their contact information, including the individual within their office who should receive all communications related to this MOU and the Ryan White Part A program. The MOU will continue in effect regardless of changes in the individuals who hold these positions. Their successors will be expected to follow the MOU pending the annual review.

<p>HRSA Point of Contact for Shelby County Director of Community Services Martha Lott 160 N. Main, Suite 250 Memphis, TN 38103 901-222-2085 (Phone) Martha.Lott@shelbycountyttn.gov</p>	<p>Ryan White Part A Administrator (Principal Contact) Jennifer Pepper 160 N. Main, Suite 250 Memphis, TN 38103 901-222-8998 (Phone) Jennifer.Pepper@shelbycountyttn.gov</p>
<p>Planning Group Manager Parrish Oglesby 160 N. Main, Suite 250 Memphis, TN 38103 901-222-8996 (Phone) Parrish.Oglesby@shelbycountyttn.gov</p>	
<p>Planning Group, Co-Chair Denford Galloway 2020 Philsar Apt. # 3 Memphis, TN 38106 901-900-9367 Denford101@aol.com</p>	<p>Planning Group , Co-Chair Edward Wiley 104 Sawyer Circle, Apt. # 496 Memphis, TN 38103 870-733-5721 Edward.Wiley@lebonheur.org</p>

VII. MOU Duration and Review

A. Effective Date

The MOU will become effective once all the authorized individuals representing the Grantee and Planning Group sign it.

B. Duration


The MOU will remain in effect unless or until the parties take action to end it or Shelby County Health Government is no longer the recipient of Part A funding for the Memphis area.

C. Process for Reviewing and Revising the MOU

The MOU will be reviewed and revised periodically, with the involvement and approval of all parties. Reviews will occur:

1. Following each reauthorization or legislative revision of the Ryan White legislation by the U.S. Congress, to ensure that the MOU remains fully appropriate, updated, and reflective of the legislation.
2. At least once every year at the first meeting of the parties to this MOU. When the MOU has been reviewed and revised, the amended version will be signed and dated by all parties. The revised version will become effective once signed.

VIII. Signatures



Mark H. Luttrell, Jr., Mayor of Shelby County

3-21-16
Date



Martha Lott, Director Community Services

3-18-16
Date



Jennifer Pepper, Ryan White Part A Administrator

3/18/2016
Date



Parrish Oglesby, Jr., Planning Group Manager

3/14/16
Date



Edward Wiley, Planning Group Co-Chair

3/14/16
Date



Denford Galloway, Planning Group Co-Chair

3-14-16
Date

