

Dear Planning Council Applicant:

Thank you for your application to become a Member of the Metropolitan Washington Regional Ryan White Planning Council. If your application is approved, you will join up to 30 other Planning Council Members who are responsible for deciding how federal funds are spent on emergency care services for persons living with HIV/AIDS.

As the first step of the CONFIDENTIAL application process, please complete the application form. Before you start filling out the application form, please check to make certain that you can commit up to twelve (12) hours of your time each month to prepare for, travel to, and attend meetings. Council Members are required to:

- **Attend one Planning Council meeting each month.** The meetings are two to three hours long, scheduled from 5:00 pm to 8:00 pm the fourth Thursday of each month. The meetings generally take place at 441 4th St NW Washington DC, but may change due to unforeseen circumstances. Dinner is served before the Council meeting and transportation reimbursement is available to Members who are living with HIV/AIDS.
- **Attend one Committee meeting each month.** The meetings are one to two hours long, and are typically scheduled from 12:00 pm to 2:00 pm or 2:00 pm to 4:00 pm during the third week of each month. The meetings generally take place at 441 4th St NW Washington DC, but may change due to unforeseen circumstances. Lunch and/or refreshments are served at the Committee meetings and transportation reimbursement is available to Council Members who are living with HIV/AIDS.
- **Miss no more than four Planning Council meetings and four committee meetings.**

Your CONFIDENTIAL application form will be reviewed by a Review Panel and evaluated to determine if you: a) satisfy Membership guidelines as outlined in the 2009 Ryan White Treatment Extension Act; b) match reflectiveness as determined by the Council; and, c) acknowledged the time requirements for Council membership. As your application moves through the process, our staff and or Council leadership will contact you to explain where you are in the application process.

If you decide not to complete the application, please feel free to attend Planning Council and Committee meetings and make your voice heard!

Thank you again for your interest in becoming a Planning Council Member.



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Department of Health

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To help us process your membership application, please provide all of the information requested. Enter N/A (not applicable) where appropriate. Please type or print clearly. If there is any part of the application that you don't understand, please contact Lamont Clark at the HAHSTA for help at 202-671-4931.

Section 1: Contact Information		
		Date:
Name		
Home Address		
City	State	Zip Code
Home Phone Number ()	E-mail Address (if available)	
Current Place of Employment (if applicable)		
Work Address		
City	State	Zip Code
Work Phone Number ()	FAX Number (if available) ()	
<p>Please be aware that the Planning Council is a public body. While your HIV status will be kept confidential, membership on the Council is not. You will receive mail and phone calls from the HIV, STD & Hepatitis Branch and members of the Metropolitan Washington Regional Ryan White Planning Council. Would you prefer to receive phone calls, messages, and/or mail at home or at work?</p> <ul style="list-style-type: none"> I prefer to receive phone calls and messages at Home Work (circle one) I prefer to receive email at Home Work (circle one) 		
<p>If we are unable to seat you at this time, would you like to:</p> <p>Be considered for subsequent seats as vacancies arise? Yes No</p> <p>Continue receiving updates about Planning Council activities? Yes No</p>		

Section 2: Personal Information

The composition of the Planning Council is required to (1) reflect the demographics of the HIV/AIDS epidemic in the Washington Eligible Metropolitan Area (EMA) and (2) include representation from a range of federally mandated categories. The gender, race/ethnicity, and HIV status categories on this form are those required by our federal funding source, the Health Resources and Services Administration (HRSA), to monitor and measure reflectiveness and representation on the Council. By providing the information in questions A-E below, you will help ensure the Council reflects the diversity of communities affected by HIV/AIDS. Your personal demographic information will be kept CONFIDENTIAL and will be available only to the staff at the D.C. Department of Health.

For each question below, please check the box beside the category with which you most closely identify, even if you don't use identical language to describe yourself. Feel free to include any additional information that you use to describe yourself on the "other" lines.

A. Gender: Male Female Transgender Woman Transgender Man

Other _____

B. Stakeholder Status: Consumer Provider Both Neither

C. HIV/AIDS Status: HIV (non-AIDS) AIDS Neither Decline to state

If applicable, as a member of the Planning Council are you willing publicly disclose your HIV/AIDS status? Yes No

D. My race/ethnicity is:

White/Caucasian (non-Hispanic) Black/African American (non-Hispanic) Hispanic/Latino/a

Asian/Pacific Islander American Indian/Alaska Native Other _____

E. I am an employee or board member of the following types of organizations, agencies, or programs: (Check all that apply and list the specific organization and your role on the lines provided. If you are uncertain, please ask your employer.)

I am not affiliated as an employee or board member with any of the types of agencies listed below.

Health care providers that are not Federally Qualified Health Centers

Health care providers that are Federally Qualified Health Centers

Community-based organizations (CBOs) serving affected populations / AIDS service organizations (ASOs)

Social service providers

Mental health providers

Substance abuse providers

Local public health agencies

Hospital planning agencies or health care planning agencies

Affected communities

Non-elected community leaders

Representative of individuals who were formerly Federal, State or Local prisoners

State Medicaid agency

Ryan White Program funded agencies



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- Housing Opportunities for People with AIDS (HOPWA)
- Other Federal categorical HIV programs in the Washington DC Eligible Metropolitan Area (EMA)
- Jurisdictional Governmental Entity
- Other _____

Please provide the names of the organization(s) checked above and your role(s) in the organization:

F. Identify areas of interest or expertise that you can contribute to the Planning Council:

- Gay or bisexual men’s HIV health needs
- Women’s HIV health needs
- Pediatric HIV health needs
- Adolescent HIV health needs
- General public health
- Substance use/abuse services
- Injection drug users’ health needs
- Needs of incarcerated or formerly incarcerated
- Mental health services
- Other non-medical support services
- Health planning
- Evaluation
- Primary medical care: Ambulatory/Outpatient
- Primary medical care: Antiretroviral therapies
- Senior Citizens
- Transgender
- Other (please specify) _____

Section 3: Short Answer

Please respond briefly to the questions below. If you need more space than provided, feel free to continue on a separate sheet of paper and attach it to this application.

1. The ability to work as a team member of a large and diverse group is crucial to the work of the Council. Teamwork allows the Council to conduct business efficiently and to fulfill its mission successfully. Please tell us about your ability to work as a member of a team.

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2. What special skills, knowledge, qualities, or life experiences would you bring to the Planning Council? Please include a list of educational and professional degrees, certifications, credentials, or other experiences. You may attach a current resume if you wish.

3. Why do you want to be on the Ryan White Planning Council?

4. Is there anything else you would like us to know about you?

Section 4: Multiple Choice/True or False Questions

How skilled are you at the following:

	Not skilled	Very little skill	Somewhat Skilled	skilled	Very skilled
Utilization of Microsoft Excel					
Utilization of Microsoft Word					
Utilization of Microsoft					

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Power Point					
Analysis of Financial Data					
Analysis of Service Utilization Data					
Analysis of Service Quality Data					
Reporting in Writing					
Reporting Orally					
Leading Group Discussions					
Participating in Group Discussions					
Interpreting the performance effectiveness of health programs					
Work effectively with community members, agency heads and other health care professionals.					

I feel it's important for Planning Council Members to:

	Not Important	Very little importance	Somewhat Important	Important	Very Important
Use data to support decisions					
Monitor the local and Federal Government					
Advocate for self - interests					
Advocate for specific providers					
Advocate for specific services					
Stick to legislative requirements when making funding decisions					
Conduct Routine Needs Assessments					
Set funding priorities based on the experience of friends					

True or False Question:

Question	TRUE	FALSE	Don't Know
Quality Assurance and Quality Improvement are practically the same			
Due to the Affordable Care Act there is expanded Medicaid coverage in Virginia and DC but not Maryland.			
According to the latest guidelines from the CDC, PLWH should get at least 4 CD4 counts a year.			
Medical Case Management is the only access point for HIV services.			
A run chart is better than a bar chart as a way to show trends in data over a period of time			
Early Intervention Services (EIS) does not include outreach and awareness of the availability of HIV services.			
It is more important to provide health services to as many people as possible as to provide quality care.			
A Needs Assessment should only include persons diagnosed HIV-positive, not undiagnosed persons because prevention and testing are not covered by Ryan White funds			
The planning council manages grants for health services awarded to providers of services to those living with HIV.			
The standard of care for persons living with HIV does not include anti-retroviral therapy.			

Section 5: Attachments

Letter of Recommendation: Please ask an acquaintance or colleague to write a letter of recommendation for you explaining how he/she knows you and describing your work on HIV/AIDS and other issues, your community participation, your meeting skills, and any other personal qualities or experiences that you have. Please attach the letter to your application along with telephone and address where he/she can be reached.

Section 6: Signature and Date

I agree that the information provided in this application, (including attachments), is true and correct to the best of my knowledge.

Signature _____ **Date** _____

If any information on your application changes or you intend to withdraw your application from consideration by the Planning Council Membership Committee, please contact the HAHSTA as soon as possible. If you have any other questions or comments, call Planning Council Support Staff at 202-671-4930.

Mail your completed application to:
Washington DC Department of Health, HAHSTA,
ATTN: PLANNING COUNCIL SUPPORT
899 North Capitol St NE, 4th Floor
Washington DC 20002
Email To: lamont.clark@dc.go

Fax To: (202) 673 – 4365 (*This is a secure fax) ATTN: Lamont Clark

Conflict of Interest Statement

The Planning Council may not be directly involved in the administration of a grant as defined in section 2601(a) of the Ryan White CARE Act of 1990, as amended by the Ryan White CARE Act Amendments of 1996 and 2000, the Ryan White HIV/AIDS Treatment Modernization Act of 2006 and the Ryan White Treatment Extension Act of 2009. With respect to compliance with the preceding sentence, the Planning Council may not designate or otherwise be involved in the selection of particular entities as recipients of any funds provided in the grant. Members of the Planning Council will not be permitted to participate directly or in an advisory capacity in selecting entities or organizations to receive grant money for a specific purpose under section 2601(a) if the member has a financial interest in, is employed by, or belongs to an organization seeking money for that specific purpose. If any member has a financial interest, either as an individual or as a fiduciary, in any matter(s) which comes before the Planning Council, he or she shall disclose such financial interest in advance of any discussion on such matter(s), and shall not vote on such matter(s) but may participate in the discussion(s).

APPENDIX A - DEFINITIONS

Administrative or Fiscal Agent

Entity that functions to assist the grantee, consortium, or other planning body in carrying out administrative activities (e.g., disbursing program funds, developing reimbursement and accounting systems, developing Requests for Proposals [RFPs], monitoring contracts).

Affected Community

Any member of the community that has been affected by caring for or supporting an individual who has been infected by HIV.

AIDS Service Organization (ASO)

An organization that provides primary medical care and/or support services to populations infected with and affected by HIV disease.

CARE Act (Ryan White Comprehensive AIDS Resources Emergency Act)

Federal legislation created to address the unmet health care and service needs of people living with HIV Disease (PLWH) disease and their families. It was enacted in 1990 and reauthorized in 1996 and 2000. Reauthorized in 2006 as the Ryan White Treatment Modernization Act.

Community-based Organization (CBO)

An organization that provides services to locally defined populations, which may or may not include populations infected with or affected by HIV disease.

Consumer

Individual who directly utilized services provided by Ryan White.

Eligible Metropolitan Area (EMA)

Geographic areas highly-impacted by HIV/AIDS that are eligible to receive Ryan White HIV/AIDS Program Part A funds To be an eligible EMA, an area must have reported more than 2,000 AIDS cases in the most recent 5 years and have a population of at least 50,000. (See also Transitional Grant Area, TGA.)

Epidemiologic Profile

A description of the current status, distribution, and impact of an infectious disease or other health-related condition in a specified geographic area.

Epidemiology

The branch of medical science that studies the incidence, distribution, and control of disease in a population.

Exposure Category

In describing HIV/AIDS cases, same as transmission categories; how an individual may have been exposed to HIV, such as injecting drug use, male-to-male sexual contact, and heterosexual contact.

Grantee

The recipient of Ryan White HIV/AIDS Program funds responsible for administering the award.

Health Care for the Homeless Health Center

A grantee funded under section 330(h) of the Public Health Service Act to provide primary health and related services to homeless individuals.

Health Centers

Community-based and patient-directed organizations that serve populations with limited access to health care. These include low income populations, the uninsured, those with limited English proficiency, migrant and seasonal farmworkers, individuals and families experiencing homelessness, and those living in public housing. Some receive commission as a Federally Qualified Health Center will support from the Health Resources Services Administration (HRSA)

Minority AIDS Initiative (MAI)

A national HHS initiative that provides special resources to reduce the spread of HIV/AIDS and improve health outcomes for people living with HIV/AIDS within communities of color. Enacted to address the disproportionate impact of the disease in such communities. Formerly referred to as the Congressional Black Caucus Initiative because of that body's leadership in its development.

Representative

Term used to indicate that a sample is similar to the population from which it was drawn, and therefore can be used to make inferences about that population.

APPENDIX B – HRSA REQUIRED CATEGORIES

Categories	Description of Category
A. Health care providers, including federally qualified health centers;	Health care providers, including federally qualified health centers (FQHCs)
B. Community-based organizations serving affected populations and AIDS service organizations	CBOs serving affected populations and ASOs
C. Social service providers	Social service providers, including providers of housing and homeless services (does not include HOPWA)
D. Mental health providers	Mental health providers
E. Substance abuse providers	Substance abuse providers
F. Local public health agencies	Local public health agencies
G. Hospital planning agencies or health care planning agencies	Hospital planning agencies or health care planning agencies
H. Affected communities	Affected communities, <i>such as historically underserved groups and sub populations and people with HIV disease.</i> People with HIV/AIDS, members of a Federally recognized Indian tribe as

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Categories	Description of Category
	<p>represented in the population, individuals co-infected with hepatitis B or C, and historically underserved groups and subpopulations.</p> <p>Unaffiliated consumers of Part A services usually fit this category.</p>
I. Non-elected community leaders	Non-elected community leaders
J. State Medicaid agency	State government – State Medicaid agency and agency administering Part B program
K. Grantees under subpart II of Part C	Part C grantees
L. Grantees under section 2671 [Part D]	Part D grantees or representatives of organizations with a history of serving children, youth, women, and families living with HIV and operating in the area
M. Grantees of other Federal HIV programs, including but not limited to providers of HIV prevention services	<p>Grantees under other federal HIV programs, including but not limited to providers of HIV prevention services – <i>Title I Manual</i> indicates PC is expected to include each of the following if these programs exist in the EMA:</p> <ul style="list-style-type: none"> ▪ Prevention ▪ HOPWA ▪ AETC

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Categories	Description of Category
	<ul style="list-style-type: none"> ▪ SPNS ▪ Dental Reimbursement Program or Community Dental Program ▪ Veterans Administration
<p>N. Representatives of individuals who formerly were Federal, State, or local prisoners.</p>	<p>Formerly incarcerated PLWH or their representatives. (Were released from the custody of the penal system during the preceding 3 years, and had HIV/AIDS as of the date on which the individuals were so released.)</p>