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Subject Matter Expert (<i>title</i>)	Planning Team Lead
Approval Authority (<i>title</i>)	Branch Managers
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Administrative Agency Requirements for Community Input

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PURPOSE

This policy establishes the roles and responsibilities required of an administrative agency under contract with the State to assure community input into the development of a comprehensive HIV services plan for the delivery of HIV medical and psychosocial support services and the sound implementation of that plan.

BACKGROUND

The Texas Department of State Health Services (DSHS), HIV/STD Comprehensive Services Branch (the State) coordinates all federal and state funds for HIV client services through selected administrative agencies in seven geographical areas within Texas. Administrative agencies administer and disburse funds to various providers and provide administrative and planning services.

AUTHORITY

Ryan White CARE Act, 42 U.S.C. §300ff; V.T.C.A., Health and Safety Code, Chapter 85, Subchapter B; Uniform Grant Management Standards, Chapter III, State Uniform Administrative Requirements for Grants and Cooperative Agreements; General Provisions for Texas Department of State Health Services Grant Contracts; Financial Administrative Procedures Manual for DSHS Contractors.

POLICY

Administrative Agency Designation

Administrative agencies are community-based organizations, governmental entities, and other organizations located within the State of Texas and specifically deemed eligible in the State’s request for proposals (RFP). Administrative agencies disburse funds from DSHS through a subcontractor system to provide comprehensive services to HIV positive individuals and those affected within the service planning area.

Requirements for the Community Input Process

The AA must obtain community input into the development of the comprehensive HIV services delivery plan. The process used to gather input should be tailored to the capacities of the community, but should meet the following requirements:

- Efforts must be made to include major stakeholders in the process. These stakeholders include persons living with HIV/AIDS (especially consumers of local HIV services), affected parties, HIV services providers, other planning groups, and other allied providers, where appropriate.
- Input must be gathered through multiple avenues, which should be designed with stakeholders in mind. Examples of mechanisms for stakeholder input include: issue oriented ad-hoc workgroups, town hall meetings, advisory bodies, and opportunities to submit written comment.
- The AA should use communications technology, such as conference calls or video conferences to reduce the cost of soliciting feedback.
- The AA should not conduct input processes that replicate information from existing data sources or the activities of other advisory/planning bodies.
- The AA must conduct annual public hearings on the plan, including allocations; if the AA has planning responsibilities for areas with more than one HIV Service Delivery Area, multiple hearings should be held across the planning area to facilitate local participation.

DATE OF LAST REVIEW: June 5, 2006

REVISIONS: This is a new policy.