Policy Notice-11-03: Residence of Planning Council Members and Consortia Members

History: Issued: February 1, 1998, as Policy No. 98-01; reissued June 1, 2000.

This Ryan White HIV/AIDS Program Policy addresses residence requirements for two categories of Part A HIV/AIDS Planning Council (Council) members, and guidance on Part B Consortia membership.

1. The principal residence of Council members who represent the mandated membership categories listed below, must be located within the geographic boundaries of the Part A eligible metropolitan area (EMA) or Part A transitional grant area (TGA) for the entire length of the term that members serve on the Council. However, in cases where a Part A Planning Council also serves as a Part B Regional Consortium and the Consortium boundaries are larger than the geographic boundaries of the EMA/TGA, this residency requirement shall apply to the larger boundaries. Mandated categories include:
   a. Affected communities, including people with HIV/AIDS, members of a Federally recognized Indian tribe as represented in the population, individuals co-infected with hepatitis B or C, and historically underserved groups and subpopulations;
   b. Non-elected community leaders;
   c. Representatives of individuals who formerly were federal, state, or local prisoners, 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 released.

2. The principal residence of individuals filling legislatively mandated organizational seats on the Council listed below must also be located within the geographic boundaries of the EMA/TGA to the extent possible. However, the Health Resources and Services Administration recognizes this may not be possible for individuals representing the agency administering Part B and/or the state Medicaid agency. Moreover, to qualify for organizational representation on a Council, the representative from the organization listed below must provide services within the geographic boundaries of the EMA/TGA:
   a. Health care providers, including federally qualified health centers;
   b. Community-based organizations serving affected populations and AIDS service organizations;
   c. Social service providers, including providers of housing and homeless services;
   d. Mental health and substance abuse providers;
   e. Local public health agencies;
   f. Hospital planning agencies or health care planning agencies;
   g. State government (including the state Medicaid agency and the agency administering the Ryan White HIV/AIDS Program under Part B);
   h. Part C Grantees;
i. Part D Grantees, or if none are operating in the area, and representatives of organizations with a history of serving women, children, youth and families living with HIV and operating in the area; and

j. Grantees under other federal HIV programs, including but not limited to providers of HIV prevention services.

3. States that fund Part B Consortia are strongly encouraged to develop and monitor similar residency requirements for membership on local or regional Part B Consortia.