

# PCHAP

**P**ARTNERSHIP FOR  
**C**OMPREHENSIVE  
**HIV/AIDS P**LANNING

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## **BYLAWS** of the **Partnership for Comprehensive HIV/AIDS Planning (PCHAP)**

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## **ARTICLE ONE – Name and Headquarters**

The name of the organization will be known as The Partnership for Comprehensive HIV/AIDS Planning, herein referred to as “the Planning Group” for the purpose of these bylaws. The Administrative office will be located at the Lead Agency in the designated service area for the purposes of maintenance of records and coordination of activities or at some other location as may be determined from time to time by the Planning Group.

## **ARTICLE TWO – Mission and Vision**

### **Section 1: Mission Statement**

The mission of the Planning Group is to plan a comprehensive array of HIV/AIDS services spanning from prevention to early intervention and patient care through active, open, and inclusive community planning processes that emphasize delivery of quality and effective services to all clients and communities affected by HIV/AIDS within the boundaries of Volusia and Flagler Counties.

### **Section 2: Vision Statement**

The vision of the Planning Group is: “Public and private individuals and agencies working cooperatively in an atmosphere of mutual trust, dignity and respect, to plan a seamless continuum of accessible, high quality services to all people of Area 12 affected by HIV/AIDS across the lifespan.”

## **ARTICLE THREE – Roles and Objectives**

The role of the Planning Group in the planning process is to:

1. Participate in the development, implementation, evaluation and updating of the Local Comprehensive Plan for people with HIV/AIDS.
2. Identify service needs and assess community resources.
3. Prioritize HIV/AIDS services needs for all populations
4. Provide recommendations regarding the percent allocation of Ryan White CARE Act funds to prioritized service categories.
5. Promote greater cooperation among all agencies delivering HIV-related health and human services.

## **ARTICLE FOUR – Membership and Responsibilities**

**Section 1: Composition of Members**– The Planning Group membership should include organizations, public and private, with experience in HIV/AIDS service delivery and populations and subpopulations of persons living with HIV/AIDS (PLWHA) and/or persons affected by HIV/AIDS. In order to ensure diverse experience and input, members should be representative of, but not limited to, the types of organizations and expertise recommended in the most current guidance from both the Health Resources Service Administration (HRSA) and the Center for Disease Control (CDC). The Planning Group membership will consist of a minimum of 25% PLWHA or persons affected by HIV/AIDS.

**Section 2: Eligibility** - The Planning Group shall be open to any individual residing or working in the Planning Group's geographic service area who demonstrates affirmative interest and concern to improve the health of people living with HIV/AIDS. Only those individuals who have completed the orientation process and attended at least two of the last three Planning Group meetings will be eligible to vote. No more than two paid staff members from any one organization who are not self identified PLWHA's and not more than six (6) PLWHA's from any one organization, may be voting members of the Planning Group.

**Section 3: Attendance & Voting Privileges** – Individuals who have completed the PCHAP membership application, PCHAP Orientation, and attended two of the last three full Planning Group meetings may vote. Any person who is unable to physically participate in activities may receive special exemption to participate via meeting technology. Members must also select one Primary Standing Committee and must attend all regularly and duly called meetings of their Primary Standing Committee to maintain voting privileges.

**Section 4: Recruitment of Members** – All Planning Group members will be responsible to assist in the recruitment of individuals from all represented geographic areas, infected and affected population groups and various fields of expertise, including people who have an interest in the health of persons living with HIV/AIDS.

**Section 5: Duties** – Active Voting Members agree to participate in the planning, implementation and evaluation of a comprehensive service plan for people living with HIV/AIDS and participate actively on at least one Primary Standing Committee.

**Section 6: Membership Terms and Resignation** – Active Voting Membership terms shall be perpetual unless otherwise provided by these bylaws. Any member may at any time resign as a member by submitting a written resignation to the Chair to be effective upon receipt.

**Section 7: Removal of Members** – Any member may be removed, with cause, by a majority vote (75%) of the Planning Group.

**Section 8: Conflict of Interest** – In the conduct of all business, the Planning Group will act in accordance with all local and state laws pertaining to conflicts of interest. In order to safeguard the Planning Group recommendations to the Department of Health from potential conflict of interest, each member will disclose any and all professional and/or personal affiliations with agencies that may pursue funding from the Department of Health, from the Department of Health's agents, or from other agents as might be affected by the recommendations of the Planning Group.

**Section 8a:** Each member will complete a Disclosure Statement form annually indicating their willingness to leave behind special interest of their agency during Planning Group deliberations and agree to act only on behalf of the broadly affected HIV community. All completed Disclosure Statement forms will be kept on file by the Lead Agency. A review of the conflict of interest policy and procedures will be conducted during at least one meeting of the Planning Group in each calendar year.

**Section 8b:** A Planning Group Voting Member who also serves as a director, trustee, board member, or a salaried employee or otherwise materially benefits from association with any agency, which may seek funds from the Lead Agency, is deemed to have an "interest" in said agency or agencies regardless of HIV status.

**Section 8c:** All Planning Group members with a conflict of interest shall abstain from voting on issues that relate to the source of conflict. A member may be removed from the Planning Group and all Planning Group Committees when it is determined that the members knowingly attempted to influence Planning Group in an area of conflict of interest.

**Section 8d.** The Planning Group Chair has the prerogative of calling for a vote to determine whether a member will have voting privileges on any issue(s) in question.

## **ARTICLE FIVE – Governance Of Meetings**

The Voting Membership will elect a Chair and Vice-Chair. The Chair shall preside over full meetings of the Planning Group. In the absence of the Chair, the Vice Chair shall preside over full meetings.

All business that may come before the Planning Group will be addressed with an open, consensus-building decision-making process. Should consensus-building activities fail to facilitate the effective conduct of any business at hand, the Chair, at their discretion, may elect to conduct a meeting or any part thereof, according to the procedures established in the current edition Robert's Rules of Order, Newly Revised

**Section 1: Schedule of Meetings** – The Planning Group voting membership meetings will meet at least once every two months to conduct regular business. Should the business to be addressed by the Planning Group be less than or more than usual, the Chair may postpone, cancel or schedule meetings as needed.

**Section 2: Meeting Venues** – All Planning Group meetings are open to the public. The Planning Group will meet in locations and at times that are convenient to the general public whenever possible.

**Section 3: Emergency Meetings** – Meetings to address urgent business may be called as needed by the Chair. At the discretion of the Chair, urgent business may be addressed through:

- a) Audio or audio/video conferences with available Planning Group members, or
- b) Through a diligent polling of all voting members by the Chair or their designees.

All such urgent business and the process by which decisions are reached must be fully and completely documented and submitted to the Planning Group for review at the next regularly scheduled meeting.

**Section 4: Meeting Notices** – Notices of regularly scheduled meetings will be publicly posted at least 10 days before a meeting is to be held. Notification of meetings and other information pertaining to the Planning Group will be mailed or emailed directly to the Planning Group members no later than two weeks prior to the meeting by the Lead Agency.

**Section 5: Decision Making** – The decisions of the Planning Group and Committees will be based primarily on consensus building that takes place during duly called meetings at which a quorum (33%) of all current voting members is present. Should the voting members fail to reach a consensus within a reasonable amount of time as determined by the Chair, the Chair may, at their discretion, invoke Robert's Rules of Order, Newly Revised, and call for a vote on the question to be determined. Any voting member may call for a vote on any specific issue by putting forth a motion. A simple majority of votes cast on any such issue shall be sufficient to decide the issue. The Chair shall abstain from voting in such instances, unless their vote would either cause or break a tie, in which case the Chair may use their discretion in voting.

## **ARTICLE SIX – Committees**

**Section 1: Primary Standing Committees** - Members must select a Primary Standing Committee on which to participate. The Primary Standing Committees are Needs & Resources and Standards & Quality. The Planning Group *recommends* that at least 25% of all Committees be people living with HIV/AIDS or affected by HIV/AIDS. Committees will meet as determined by the needs of the Planning Group.

The decisions of each committee will be based primarily on consensus building that takes place during duly called committee meetings at which a quorum (33%) of all current voting members is present. Should the voting members fail to reach a consensus within a reasonable amount of time as determined by the Committee Chair, the Chair may invoke Robert's Rules of Order, Newly Revised and call for a vote on the question to be determined. Any committee voting member may call for a vote on any specific issue by putting forth a motion. A simple majority of votes cast on any such issue shall be sufficient to decide the issue. The Committee Chair shall abstain from voting in such instances, unless the Chair's vote would either cause or break a tie, in which case the Chair may use their discretion in voting.

**Section 1a: Needs and Resources Committee** – The purpose of the Needs and Resources Committee is to conduct an annual Resource Inventory of all HIV/AIDS services; determine the needs of the clients and communities served by HIV/AIDS services through focus groups, surveys, interviews, and other acceptable methods; guide the Needs Assessment processes utilized by the Lead Agency for various required documents.

**Section 1b: Standards and Quality Committee** – The Standards and Quality Committee will set Standards of Service for the entire continuum of HIV/AIDS services, participate in the development and implementation of a quality management plan on those services funded by allocations from the Planning Group, and other HIV/AIDS services that choose to voluntarily participate in quality management plan development. The committee will work to enhance linkages and create a seamless system of all HIV services in Area 12.

The goals of the committee will be to develop an annual action plan and evaluate the HIV services to all populations in Area 12 identified in the Comprehensive Needs Assessment and the Comprehensive Statewide Plan

**Section 2: Secondary Committees** - The Secondary Committees are Steering, Priorities & Allocations, Nominating and Ad-hoc. The Planning Group *recommends* that at least 25% of all Committees be people living with HIV/AIDS or affected by HIV/AIDS.

**Section 2a: Steering Committee** – The Chair of the Planning Group will serve as the Chair of the Steering Committee. The Steering Committee will consist of the Officers of the Planning Group and the Chairpersons of each committee. The Steering Committee will oversee the overall community planning process, maintain the bylaws, recruit new members, review conflict of interest claims and provide input to the Lead Agency as needed.

The Committee will review and update bylaws annually or as needed. The Committee will accept written requests for proposed bylaw changes from any active Planning Group member, review each request, draft changes, if any, and present the draft recommendations to the Planning Group for a final vote.

The Committee will also review and update annually, or as needed, the conflict of interest policy and distribute to all Planning Group members. The Committee will review potential conflicts of interest according to established policies and procedures at the request of any active Planning Group member.

Vacant Committee Chair positions will be selected and appointed by the Steering Committee in accordance with the by-laws. Nominating Committee Chair will serve as ex-officio on Steering Committee. In the event a vice-chair resigns or is no longer able to fulfill their duties, the Steering Committee will convene within 30 days or prior to the next Planning Group meeting whichever comes first, and a replacement will be selected from within its ranks.

**Section 2b: Priorities and Allocations Committee** – The Priorities and Allocations Committee will conduct priority setting and allocation tasks as required by the Florida Comprehensive Planning Network for the Bureau of HIV/AIDS for the Ryan White Part B funding, as well as by other funding sources. At least 25% of the Priorities and Allocations Committee members **must** be people living with HIV/AIDS. In determining priorities and allocations, the committee will rely on the work produced by the Needs and Resources Committee, which will have direct input from consumers, local AIDS services organizations and the Health Department. Planning Group Bylaws will guide Conflict of Interest, all committee members will review their Conflict of Interest statements to insure that they are current and all committee members will complete Conflict of Interest forms. All committee members should place the needs of the entire HIV population above any specific concerns. No more than one member from any agency may vote on the committee, these agency representatives will determine and notify the chair which member will vote. Committee members who are also Ryan White Part B service providers may not vote on their own service categories and are expected to treat all categories fairly. The chair will enforce the conflict of interest policy with the assistance of other committee members. Any committee member who believes a conflict of interest

exists is expected to raise his/her concern immediately so that it may be resolved. Clients/consumers do not incur a conflict of interest merely by receiving services from an agency, but **DO** have a conflict if they are employed by, or a member of the Board of Directors of an agency. Committee members must be present to vote. Active Committee members are those who have attended two of the last three most recent meetings, including the current meeting. Recommendations to the full Planning Group from the Priorities and Allocations Committee will be subject to a strict “up or down” vote (approval or rejection) and may not be amended or modified by the full Planning Group and if rejected will be sent back to the committee.

**Section 2c: Nominating Committee** – The Nominating Committee is comprised of no more than five members to identify and present a slate of officer nominees to the Planning Group. The Nominating Committee will prepare a slate of officers to nominate for each duly held election by seeking qualified applicants from among current active voting members in good standing. Chair of the Nominating Committee shall be an active voting member selected by voting members during the Planning Group meeting and will serve as ex-officio on the Steering committee. The Nominating Committee convenes in October and prepares a slate of officers to present to the Planning Group in February.

**Section 2d: Ad-Hoc Committees** – The Chair may appoint Ad-Hoc committees as he or she deems necessary to address issues that do not logically fall under another committee, or issues that require immediate attention and cannot be addressed by another committee. In appointing such Ad-Hoc committees, the Chair will set a specific task to be completed with an initial timeline for the committee to report back to the Planning Group. Ad-Hoc committees tend to be short in their duration. During the time an Ad-Hoc committee is constituted, the Chair of that committee shall serve on the Steering Committee.

## **ARTICLE SEVEN – Officers**

**Section 1: Elections** – The Planning Group shall elect a Chair and Vice-Chair from the membership at an annual meeting with a quorum present. The officers shall be elected by a majority of the votes cast. The Nominating Committee will prepare and publicize a potential slate of officers at least thirty days in advance of the election. Nominations for all officers will also be accepted from the floor at least thirty days prior to the Annual Meeting. The officers will be elected for a one-year term. No officer shall hold the same office for more than two consecutive terms. The officers will guide the Planning Group in achieving its mission and goals.

Minimum qualifications for the officers include being a resident of Volusia or Flagler counties and participation as a member in good standing of the Planning Group for at least one year.

### **Section 2: Duties of Officers**

**A. Chair:** The Chair’s duties and responsibilities will be to:

- Represent the Planning Group to the State of Florida, the Health Department and to other organizations and interested parties

- Preside at the monthly meetings of the Planning Group meetings and the Steering Committee
- Be an ex-officio member of all committees
- Have the authority to break a tie or cause a tie in votes at the Planning Group and Steering Committee meetings
- Delegate responsibilities, as appropriate, to the Vice Chair and other members of the Planning Group
- The Chair will set the agenda for Planning Group

**B. Vice-Chair:** The Vice-Chair shall serve in the absence or disability of the Chair. This designee shall perform all powers and duties of the office. In the event the office of the Chair of the Planning Group becomes vacant, the Vice-Chair shall serve the un-expired term but this shall not be considered a full term.

**C. Removal of officers:** The Planning Group may, at its discretion, remove any officer upon a 75% (three-fourths) of the votes cast at a duly called meeting where a quorum is present.

## **ARTICLE EIGHT – Florida HIV/AIDS Comprehensive Planning Network (FCPN) Representation**

The Planning Group will be represented at the Florida HIV/AIDS Comprehensive Planning Network (FCPN)

1. One representative and alternate will each be a Planning Group voting member with interest/expertise in HIV Patient Care. A letter of recommendation for this member and alternate will be prepared by the Chair of Planning Group, based on their nomination by Planning Group.
2. One representative and alternate will each be a Planning Group voting member with interest/expertise in HIV Prevention. A letter of recommendation for this member and alternate will be prepared by the Chair of Planning Group, based on their nomination by Planning Group.
3. Planning Group may also nominate “At Large” representative(s) who are Planning Group voting members with interest/expertise in other areas as defined in the FCPN guidance. A letter of recommendation for this (these) member(s) will be prepared by the Chair of Planning Group, based on their nomination by Planning Group

Each of the FCPN representatives and alternates that are recommended by Planning Group and accepted by the Bureau of HIV/AIDS as a representative or an alternate must be a voting member in good standing of Planning Group throughout their FCPN term, and report on the activities of FCPN at the regular Planning Group meetings.

## **ARTICLE NINE – Books and Records**

The Lead Agency will keep minutes of all proceedings of the Planning Group and other books and records as may be required for the proper conduct of its business and affairs. Voting records will be maintained at the Administrative office and be open to the public for review.

## **ARTICLE TEN – Amendments**

Written notice of proposed bylaws changes will be mailed or delivered to each member at least 10 days prior to the date of the meeting in which a vote will be taken.

Amendments require a two-thirds (2/3) majority vote of the voting members present at a duly called meeting with a quorum.

## **ARTICLE ELEVEN – Dissolution**

The Planning Group may be dissolved by its voting membership upon acceptance of a resolution of dissolution by a two-thirds (2/3) majority vote of the voting members present at a duly called meeting with a quorum.

## **ATTACHMENTS**

1. Code of Conduct
2. Job Descriptions
3. Grievance Procedure
4. Grievance Form

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## Code of Conduct

- Behave in a manner that reflects their responsibility to represent the group
- Hold in confidence information presented in confidence
- Address comments to the Chair
- Declare when an issue being discussed may benefit themselves, their employer or a family member/significant other. Issues that will potentially benefit all PLWHA in the service area do not have to be declared by a member who is a PLWHA or a member who has a family member/significant other who is a PLWHA, provided there is no additional potential benefit to the member or family member/significant than would benefit any other PLWHA in the service area who is not a member of the group
- Accept and support the decisions made by the group according to the prescribed method(s) of decision-making
- Take positive responsibility for helping to prevent and resolve conflicts within the group.
- All members will be given a chance to speak once on each issue before recognizing a member who has already spoken on the issue. This does not apply to Points of Order or Points of Information (questions) or the member of whom the Chair requests an answer.
- Take responsibility for following this Code of Conduct as well as speaking out to ensure other members abide by this Code of Conduct
- Agree that a civil atmosphere should prevail at each meeting
- Not interrupt people when they are speaking
- Show respect to other members of the community group
- Identify yourself prior to speaking so that the tape can pick up who is speaking
- Ask to be identified by the Chairperson prior to speaking
- Avoid side conversations with other members during the meeting
- Be on time for meetings
- Speak for yourself and do not claim to speak for others
- Be polite. It's acceptable to disagree, but do so respectfully
- Agree that insults and accusations are unacceptable
- Turn all pagers and cell phones off or to the "vibrate" position
- Leave personal agendas/attitudes/hidden agenda/ego at the door
- Be respectful of cultural differences
- Observe confidentiality within established policies
- Be open to listening to and learning from other's viewpoints
- Observe conflict of interest policies and declare when an issue being discussed may benefit you, your agency, or a family member

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## PCHAP Job Descriptions

### Position Description

**Job Title:** Planning Group Member

**Reports To:** Planning Group

#### Duties & Responsibilities:

- Attend regular meetings and actively participate on at least one committee
  - Read the minutes from the previous meeting and meeting packet material prior to each meeting
  - Bring all materials sent to you by the Lead Agency to the meeting
  - Work with others to develop a comprehensive array of HIV/AIDS services, including prevention, early intervention, and patient care
  - Serve as a knowledgeable person with information about HIV/AIDS services: not as an “agency representative” (Leave “turf issues” at the door)
  - Declare all potential conflicts of interest
  - Recruit members to the Planning Group
- 

### Position Description

**Job Title:** Chair

**Reports to:** Steering Committee and the Planning Group

**Minimum qualifications:** Ability to lead; administrative capability; ability to communicate in both written and verbal formats; willingness to serve and must be a voting member in good standing.

#### Duties & Responsibilities:

- Facilitate meeting of the Planning Group and Steering Committee
  - Serve as Ex-Officio member of all other committees
  - Foster an environment of collaboration and cooperation
  - Represent the Planning Group to other organizations and institutions
  - Guide the Planning Group through patient care planning processes
  - Work with the Lead Agency to coordinate the delivery of all required documents
- 

### Position Description

**Job Title:** Vice Chair

**Reports to:** Chair, Steering Committee and Planning Group

**Minimum Qualifications:** Ability to lead, administrative capability, ability to communicate in both written and verbal formats, willingness to serve, and must be a voting member in good standing.

#### Duties & Responsibilities:

- Facilitate meeting of the Planning Group and Steering Committee in the absence of the Chair
- Serve as Ex-Officio member of all other committees, attending as many as practical
- Foster an environment of collaboration and cooperation
- Represent the Planning Group to other organizations and institutions
- Assist the Chair in guiding the Planning Group through prevention, early intervention, and patient care planning processes
- Assist the Chair in coordinating with the Lead Agency in the delivery of all required documents in a timely manner
- Assume the position of Chair in the event of resignation or removal of the Chair

**Position Description**

**Job Title:** Committee Chairperson

**Minimum qualifications:** Knowledge of, or interest in, subject of the committee, willingness to serve, ability to facilitate group work, and must be a voting member in good standing of the Planning Group.

**Duties & Responsibilities:**

- Facilitate regular meetings of members
  - Assure that the committee completes assigned tasks/outcomes
  - Coordinate activities with other committees when necessary
  - Participate in regular Planning Group meetings and provide a narrative report on the committee's progress when requested to do so
  - Participate as active members of the Steering Committee
- 

**Position Description**

**Job Title:** Nominating Committee Member

**Reports to:** Nominating Committee Chair & PCHAP

**Minimum Qualifications:** Nominating Committee members are comprised of active member of the Partnership for Comprehensive HIV/AIDS Planning and are committed to participating impartially to present a slate of officers to the Partnership.

**Duties & Responsibilities:**

- Convene a minimum of two times annually
- Determine eligibility of members based upon the by-laws
- Accept nominations from the planning partnership
- Confirm acceptance of the nominees
- Present the slate of candidates to the Planning Partnership for a vote

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## Grievance Resolution Process Instructions

### **Grievance Definition:**

- ❖ Member grievances should be confined to the consortium's areas of responsibility.
- ❖ Grievances about service providers' performance, clients' complaints, problems with state or local health departments and other matters outside the auspices of the consortium should be pursued elsewhere.
- ❖ Informal methods to resolve differences should be explored prior to initiating a formal complaint.

### **STEP 1:**

The Grievant is to present the grievance in writing, using the grievance form, to the PCHAP Chairperson, addressed to the Health Planning Council, immediately upon becoming aware of the act or condition that is the basis for the grievance, but no later than 30 days.

### **STEP 2:**

The PCHAP Chairperson will respond in writing to the Grievant within seven working days from the date of receipt by the lead agency. The PCHAP Chairperson's reply will state the actions to be taken to resolve the grievance, or outline in detail the reasons why the PCHAP Chairperson is unable to resolve the grievance to the Grievant's satisfaction.

### **STEP 3:**

**PART A:** If the grievance is not resolved in Step Two, the Grievant may, within seven working days from the date of the PCHAP Chairperson's reply, request Steering Committee review by completing Step Three of the grievance form, and returning the original grievance, and all the responses to the Steering Committee Chairperson addressed to the Health Planning Council.

**PART B:** The Steering Chairperson will schedule a meeting of the Steering Committee at the earliest time, within 10 working days, to review the grievance. The Steering Committee will render a written response within 3 working days of the called meeting. The Steering Committee Chairperson will forward their response to the Steering Committee.

**PART C:** The Steering Committee may, at their discretion, request an Ad-hoc committee be formed in circumstances where they feel further review is necessary. The Ad-hoc Committee would then complete this step in lieu of the Steering Committee.

The Steering Committee or Ad-hoc Committee's response is final and not subject to further review.

### **REPORTING**

Copies of the Grievance form will be distributed as appropriate during the resolution process to Grievant, PCHAP Chairpersons, the Steering Committee members and the lead agency. Original copies will be kept by the lead agency and are the sole property of PCHAP.

**Health Planning Council of Northeast Florida, Inc.  
101 S. Palmetto Av., Suite 5  
Daytona Beach, FL 32114**

## Grievance Form

### Step 1 - PCHAP GRIEVANCE

#### GRIEVANT INFORMATION: (To be completed by Grievant)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

#### GRIEVANCE: (To be completed by Grievant)

**INSTRUCTIONS:** The Grievant is to present the grievance in writing, using the grievance form, to the PCHAP Chairperson, addressed to the Health Planning Council, immediately upon becoming aware of the act or condition that is the basis for the grievance, but no later than 30 days.

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**My grievance is as follows:**

**My proposed solution is as follows:**

\_\_\_\_\_  
Grievant's Signature

\_\_\_\_\_  
Date

**Health Planning Council of Northeast Florida, Inc.  
101 S. Palmetto Av., Suite 5  
Daytona Beach, FL 32114  
Fax: 386-323-2048**

**Copies of the Grievance form will be distributed as appropriate during the resolution process to Grievant, PCHAP Chairperson, the Steering Committee members and the Health Planning Council. Original copies will be kept by the Health Planning Council and are the sole property of PCHAP.**

**STEP 2 – PCHAP Chairperson Reply** (To be completed by the PCHAP Chairperson)

**INSTRUCTIONS:** The PCHAP Chairperson will respond in writing to the Grievant within seven working days from the date of receipt by the lead agency. The PCHAP Chairperson's reply will state the actions to be taken to resolve the grievance, or outline in detail the reasons why the PCHAP Chairperson is unable to resolve the grievance to the Grievant's satisfaction.

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**PCHAP Chairperson's reply to grievance, stating the action(s) to be taken to resolve the grievance or outlining why the grievance cannot be satisfied:**

Signed: \_\_\_\_\_  
(If more space is needed, use additional sheets and attach)

Date: \_\_\_\_\_

**Copies of the Grievance form will be distributed as appropriate during the resolution process to Grievant, PCHAP Chairperson, the Steering Committee members and the Health Planning Council. Original copies will be kept by the Health Planning Council and are the sole property of PCHAP.**

**STEP 3 – PART A - Request for Steering Committee Review** (To be completed by Grievant)

**INSTRUCTIONS:** If the grievance is not resolved in Step One, the Grievant may, within seven working days from the date of the PCHAP Chairperson’s reply, request Steering Committee review by completing section two of the grievance form, and returning the original grievance and all the responses to the Steering Committee Chairperson addressed to the Health Planning Council.

I have reviewed the PCHAP Chairperson’s reply to my grievance and the grievance has not been resolved to my satisfaction. I request a review by the Steering Committee.

\_\_\_\_\_  
Grievant’s Signature

\_\_\_\_\_  
Date

**Grievant must attach original grievance and PCHAP Chairperson’s reply.**

**STEP 3 – PART B – Steering Committee Review Meeting Scheduled**

**INSTRUCTIONS:** The Steering Chairperson will schedule a meeting of the Steering Committee at the earliest time, within 10 working days, to review the grievance. The Steering Committee will render a written response within 3 working days of the called meeting. The Steering Committee Chairperson will forward their response to the Steering Committee.

The Steering Committee may, at their discretion, request an Ad-hoc committee be formed in circumstances where they feel further review is necessary. The Ad-hoc Committee would then complete this step in lieu of the Steering Committee.

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**Steering Committee’s reply to grievance, stating the action(s) to be taken to resolve the grievance or outlining why the grievance cannot be satisfied:**

Signed: \_\_\_\_\_  
(If more space is needed, use additional sheets and attach)

Date: \_\_\_\_\_

**Health Planning Council of Northeast Florida, Inc.  
101 S. Palmetto Av., Suite 5  
Daytona Beach, FL 32114  
Fax: 386-323-2048**

**STEP 3 – PART C – Steering or Ad-Hoc Committee Final Reply**

**NOTE: The Steering or Ad-Hoc Committee's response is final and not subject to further review.**

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**Steering or Ad-Hoc Committee's Final reply to the grievance stating the action(s) to be taken to resolve the grievance:**

Signed: \_\_\_\_\_  
(If more space is needed, use additional sheets and attach)

Date: \_\_\_\_\_

**Copies of the Grievance form will be distributed as appropriate during the resolution process to Grievant, PCHAP Chairperson, the Steering and Ad-Hoc Committee members and the Health Planning Council. Original copies will be kept by the Health Planning Council and are the sole property of PCHAP.**

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