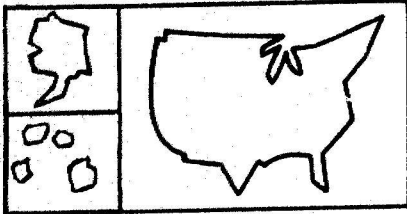




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RMPS POLICY CONCERNING GRANTEE AND
REGIONAL ADVISORY GROUP RESPONSIBILITIES AND RELATIONSHIPS

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With this issue, we are transmitting to you for implementation the official RMPS policy concerning Grantee and Regional Advisory Group responsibilities and relationships. The policy codifies a long standing RMPS position frequently articulated by myself and other program officials. It is issued to carry out specific requirements of the existing Act and Regulations and to implement the clear intent of Congress as reflected in the legislative history.

Also enclosed is a background statement and implementing instructions relating to the policy. Please note that all Regional Medical Programs are expected to comply substantially by March 1, 1973.

Harold Margulies
Harold Margulies, M.D.

- Distribution:
- . Coordinators of Regional Medical Programs.
 - . Members of National Advisory Council and Review Committee on Regional Medical Programs.
 - . Staff of Regional Medical Programs Service.
 - . Regional Health Directors.
 - . Regional Grants Management Officers.
 - . Program Directors of Regional Medical Programs in Health, Education, and Welfare Regional Offices.
 - . Officials of Grantee Institutions.

Background Statement
and
Implementing Instructions for
RMPS Policy Concerning Grantee and Regional
Advisory Group Responsibilities and Relationships

The attached statement, "RMPS Policy Concerning Grantee and Regional Advisory Group Responsibilities and Relationship," is issued pursuant to Section 902 (a) (3) of the Act (P.L. 89-239, as amended) and Section 54.402 (f) of the Regional Medical Programs Regulations which require that a Regional Medical Program have in effect "cooperative arrangements among its component units which the Secretary finds will be adequate for effectively carrying out the purposes of this title."

The need for a clear statement of policy in this regard has been shown as a result of management survey and review process verification visits, program site visits, requests for advice, and problems which have been brought to the attention of RMPS from time to time by specific Regions.

The attached policy statement indicates the basic responsibilities of the Regional Advisory Group, Coordinator or Chief Executive Officer, and the Grantee Organization. It also sets forth the fundamental mutual relationships that must exist. Key points are:

1. The Regional Advisory Group is responsible for setting the direction of the RMP and formulating program policies, objectives and priorities.
2. The Chief Executive Officer is an employee of the Grantee. He is nominated by the RAG and selected by the Grantee.
3. The RAG Chairman is selected by the RAG, but confirmed by the Grantee.

The Statement is the product of several months of work. The basic draft was discussed with the Coordinators' Steering Committee and provided to many individual Coordinators and others. Existing bylaws were examined to determine probable impact on RMPs. The document was modified and approved by the Office of the Administrator, HSMHA, and adopted by the National Advisory Council at its meeting on June 5, 1972. In addition, the policy statement, in final form, has been reviewed by the Office of the General Counsel, DHEW, which found no legal objection to the substance of the proposal. Because of variations in structure and practice that have developed in RMPs, it is recognized that any statement on RAG/Grantee and Coordinator relationships will probably require minimal changes in almost all RMPs and substantial changes in others. Consequently, sufficient time will be allowed for Regional Medical Programs to take the steps necessary to implement the policy. Each RMP, however, will be required to comply substantially by March 1, 1973.

Individual Regional Medical Programs are responsible for developing and maintaining the working documents necessary for implementing the policy. Such documents establish a basis for the required relationships and serve as evidence that the required relationships do, in fact, exist. Some examples of implementing working documents are: corporate charters; corporate or RAG by-laws, organizational, procedural and policy materials; the Coordinator's job description or contract of employment, and various agreements or contracts among the organizations participating in or involved with the RMP. Although there must be documentary evidence of the required relationships, the written materials do not have to be submitted to RMPS unless requested. While routine approval of the working documents by RMPS is not required, the Director, RMPS, may review such documents at any time and require any changes necessary to assure compliance.

Fixed term contracts or agreements (i.e. the Coordinator has a 3-year employment contract) in effect as of the date of this issuance shall be deemed to be in compliance with the policy until the expiration of the contract period. Other contractual arrangements affected by the policy should be altered accordingly by March 1, 1973. New or renewed contractual arrangements relating to the relationships covered by the policy must comply in all respects.

Regional Medical Programs and grantees may call on RMPS at any time for advice relative to implementing the policy.

RMPS POLICY CONCERNING GRANTEE AND
REGIONAL ADVISORY GROUP RESPONSIBILITIES AND RELATIONSHIPS

I INTRODUCTION

There are three major components of a Regional Medical Program at the regional level: the grantee organization; the Regional Advisory Group; and the Chief Executive Officer (often referred to as the RMP Coordinator) with his (or her) program staff. The responsibilities that each has and how they relate to and interact with one another are important factors in a successful Regional Medical Program. The following outline sets forth a framework for these responsibilities and relationships.

II GRANTEE

A. Responsibilities of the Grantee Institution

The grantee organization shall manage the grant of the Regional Medical Program in a manner which will implement the program established by the Regional Advisory Group and in accordance with Federal regulations and policies. This shall include:

1. Initially designating a Regional Advisory Group in accordance and conformance with Section 903(b) (4) of the Act. Such designation includes selection of the Chairman until such time as the bylaws of the RAG have been approved. (This is a responsibility of the applicant organization which requests planning support for the establishment of an RMP.)
2. Confirming subsequent selection of RAG Chairmen.
3. Selecting the Chief Executive Officer on the basis of Regional Advisory Group nomination.
4. Receiving, administering, and accounting for funds on behalf of the Regional Medical Program.
5. Reviewing operational and other activities proposed for RMP funding with respect to:
 - a. their eligibility for and conformance with RMPS and other Federal funding requirements,
 - b. capabilities of affiliates to manage grant funds properly.

- c. Prescribing fiscal and administrative procedures designed to assure compliance with all Federal requirements and to safeguard the grantee against audit liabilities.
- d. Negotiating provisional and/or final indirect cost rates for affiliates.
- e. Providing the RMP with all administrative and supportive services that are included in the grantee's indirect cost rate.

B. Responsibilities of the Chief Executive Officer

As its employee, the Chief Executive Officer--the full-time person with day-to-day responsibility for the management of the RMP--is responsible to the grantee; he is also responsible to the Regional Advisory Group which establishes program policy. His responsibilities include:

- 1. Providing day-to-day administrative direction for the program in accordance with the procedures established by the grantee and the program policies established by the Regional Advisory Group.
- 2. Providing adequate staff and other support to the Regional Advisory Group and its committees for effective functioning.
- 3. Developing the RMP staff organization and selecting program staff and supervising their activities.
- 4. Assuring both the effectiveness of operational activities and integration of all operational and staff activities into a total program.
- 5. Monitoring grant-supported activities to assure compliance with all Federal requirements.
- 6. Establishing and maintaining an effective review process in accordance with RMPS requirements.

7. Maintaining appropriate relationships and liaison with RMPS, including DHEW Regional Office staff. This shall include the dissemination of Federal program policies and requirements to staff, Regional Advisory Group, and regional provider groups and institutions; site visit preparations; and communication of important developments within the region and program to RMPS.

III. REGIONAL ADVISORY GROUP

The Regional Advisory Group (RAG) has the responsibility for setting the general direction of the RMP and formulating program policies, objectives, and priorities. More specifically, RAG responsibilities shall include:

1. Establishing goals and objectives for the Region's total program; setting priorities for both operational and program staff activities; and evaluating overall program progress and accomplishments.
2. Approving any applications submitted to RMPS.
3. Approving the RMP organizational structure and significant program staff activities.
4. Approving overall budget policy and major budget allocations.
5. Subsequent to its establishment (see II A 1, above) procedures for selecting and appointing its own members; assuring appropriate representation on the Regional Advisory Group in accordance with the Act, RMP regulations, and policies; assuring its continuity; selecting and appointing its officers (other than the Chairman); and establishing an executive committee from its own membership to act on its behalf between RAG meetings.
6. Selecting the Chairman for confirmation by the grantee. (see II A 2, above)
7. Nominating the Chief Executive Officer for selection by the grantee (see II A 3, above)
8. Developing, formally adopting, and periodically updating RAG bylaws which set forth duties, authorities, operating procedures, terms of office, categories of representation, method of selection, and frequency of meetings for the RAG and its committees.
9. Approving any delegations of authority, including those relative to specific budget allocations, to the Chief Executive Officer, its executive committee, and others.