June 30, 2021

Dear Ryan White HIV/AIDS Program and Centers for Disease Control and Prevention Colleagues:

The Health Resources and Services Administration’s (HRSA) HIV/AIDS Bureau (HAB), and the Centers for Disease Control and Prevention’s (CDC), Division of HIV/AIDS Prevention (DHAP) are pleased to provide the attached guidance, *Integrated HIV Prevention and Care Plan Guidance, including the Statewide Coordinated Statement of Need, CY 2022-2026*. This guidance outlines the planning requirements for Ryan White HIV/AIDS Program (RWHAP) Parts A and B recipients and all DHAP-funded state and local health departments.

Submission of the Integrated HIV Prevention and Care Plan meets HRSA and CDC legislative and program requirements, and serves as a jurisdictional HIV strategy guiding all HIV-related resources for the jurisdiction.

In acknowledgement that many of you developed other jurisdictional planning documents, such as Ending the HIV Epidemic (EHE) or Getting to Zero plans, HRSA HAB and CDC DHAP restructured this guidance to allow for the submission of existing documents to satisfy some of the requirements. Recipients should review *Appendix 1: CY 2022-2026 CDC DHAP and HRSA HAB Integrated Prevention and Care Plan Guidance Checklist* for more information on submission requirements, and to document where existing documents are being used to satisfy the requirement.

Planning is imperative for effective local and state decision making to develop systems of HIV prevention and care responsive to the needs of persons at-risk for HIV infection and for people with HIV. HRSA and CDC encourage RWHAP recipients and HIV prevention programs at the local and state levels to integrate existing planning activities, such as joint comprehensive needs assessment, information and data sharing, cross representation on prevention and care planning bodies, coordinated/combined projects, and integrated HIV prevention and care planning body meetings.

Overall, planning groups are encouraged to streamline their approaches to HIV planning. HRSA and CDC recognize the necessity of developing an integrated plan, and therefore, allow jurisdictions to incorporate associated planning costs into their budgets.

Community engagement is an essential component for planning comprehensive, effective HIV prevention and care programs in the United States. We encourage you to incorporate your community engagement efforts with your integrated planning activities. Recipients may use, to the extent that it is helpful, existing planning bodies, such as integrated HIV prevention and care planning bodies or EHE planning bodies to conduct necessary community engagement events, and to identify new stakeholders who may need to participate.
Our continued joint expectation is that RWHAP Parts A and B recipients and DHAP-funded state and local health departments utilize their existing Integrated HIV Prevention and Care Plans, as well as other jurisdictional plans, (e.g., EHE Plans, Fast Track Cities), as their jurisdictional HIV strategy or roadmap until submission of the new integrated plan in December 2022.

To support jurisdictions in submitting their HIV Prevention and Care Integrated Plan, HRSA HAB and CDC DHAP will host a technical assistance webinar in the next several weeks; announcements for the webinar will go out to all HRSA and CDC funded recipients.

HRSA and CDC look forward to continued work with all partners and stakeholders involved in HIV prevention and care planning to accomplish the national goals set forth in the *HIV National Strategic Plan: A Roadmap to End the Epidemic 2021- 2025*.

Sincerely,

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