"Crosswalk" of CDC & HRSA Planning Body Roles in Integrated Planning and Related Activities – as of February 2016[1]

HIV Prevention	Ryan White – Part A	Ryan White - Part B
1. Planning Body: "All CDC/DHAP and HRSA/HAB funded jurisdictions (the 50 states, RWHAP Part A-funded Eligible Metropolitan Areas and Transitional Grant Areas, directly-funded CDC HIV prevention cities, Puerto Rico, the United States Virgin Islands, and the United States Affiliated Pacific Island jurisdictions) are required to have a planning process that includes the development of a Comprehensive Plan and the establishment of either an HIV Planning Group, Planning Council, or Advisory Group, hereafter, referred to as 'planning body.'" (Integrated Plan Guidance, p 4)		
Jurisdictional HIV Prevention Planning Group (HPG) "If there is more than one HPG in the State, the Health Department is responsible for deciding the best way to integrate state, regional, and local HIV Planning Group activities… For states with regional planning groups, planning efforts should be combined." (2012 HIV Planning Guidance, p 27)	HIV Health Services Planning Council (Planning Council) [Section 2602(b)(1)] A Planning Council is a legislatively mandated jurisdiction-wide planning bodies for Ryan White Part A programs in Eligible Metropolitan Areas (EMAs). It has legislatively defined responsibilities for planning and decision making. The 2006 Ryan White legislation requires Transitional Grant Areas (TGAs), Part A programs with a smaller number of AIDS cases, to have a community planning process, but made Planning Councils as described in the legislation optional for newly established TGAs. In the absence of reauthorization since the 2009 Ryan White HIV/AIDS Treatment Extension Act, TGAs are no longer required to have Planning Councils as their planning bodies, though the HIV/AIDS Bureau's Division of Metropolitan HIV/AIDS Programs (DMHAP) has strongly urged them to maintain their Planning Councils.	"RWHAP Part B planning bodies are not defined in the legislation. As such, they have a more varied structure and membership than planning councils. RWHAP Part B planning bodies are shaped primarily by the grantee." [Part B Manual, p 79] Ryan White legislation requires Part B Recipients[2] to engage in a "public advisory planning process" [Section 2617(b)(7)(A)] but does not require an ongoing planning body. Recipients may convene planning meetings in order to conduct important needs assessment, priority setting, and resource allocation processes without having a permanent planning body. The legislation provides specific requirements in case a recipient chooses to create a specific type of a standing planning body called a consortium. [Section 2613] "The Ryan White HIV/AIDS Part B grantee can choose to oversee planning itself through Statewide or regional planning bodies, or the State can assign the responsibility to consortia. Consortia are associations of public and nonprofit health-care and support service providers and community-based organizations that the State contracts with to provide, for a specific region(s) or the entire State, planning, resource allocation and contracting, program and fiscal monitoring, and required reporting." [Part B Manual, p 69] Unless otherwise stated, this document describes HRSA requirements, expectations, and best practices for a standing statewide planning body that is not involved in providing direct services.
2. Planning Body's Accountability		
HPG is advisory and **reports** to the recipient.	Planning Council is an independent decision-making body that **reports to** the Chief Elected Official (CEO) and **works in partnership** with the recipient, but not under its direction. It is not intended to be advisory. [Part A Manual, pp 102-103]	Planning body is advisory and **reports to** the recipient.
3. Planning Body's Primary Functions		
"**Primary Goal:** To **inform** the development or update of the Integrated HIV Prevention and Care Plan that will contribute to the reduction of HIV infection in the jurisdiction.	**Carry out** needs assessment and comprehensive planning and **determine** the allocation of Ryan White Part A funds within the EMA or TGA, in order to provide a continuum of care that meets the most critical service needs of eligible people living with HIV/AIDS (PLWH), including traditionally	Working with the recipient, **bring diverse experience and input** into needs assessments, Integrated HIV Prevention and Care Plan development, and priority setting; make recommendations for resource allocation. [Sections 2617(b), 2613(b), 2618(a), and 2621(c) and Part B Manual, p 69]

[1] This is an excerpt from a comprehensive Planning Crosswalk that describes HIV planning requirements (stated in legislation or policy notices or guidances), and expectations and best practices (as stated in other federal documents such as Application Guidances or Funding Opportunity Announcements (FOAs), and manuals (e.g., the Part A Manual, revised in 2013, and the Part B Manual, revised in 2015). It includes the "Integrated HIV Prevention and Care Plan Guidance, including the Statewide Coordinated Statement of Need, CY 2017 – 2021" (Integrated Plan Guidance) issued jointly by HRSA and CDC in June 2015.

[2] Based on the Uniform Guidance, the term *Recipient* rather than *Grantee* is used to refer to the entity receiving federal HIV funding from the CDC or HRSA, except in direct quotations from earlier documents.

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	underserved populations, PLWH who have been out of care, and individuals who do not yet know their HIV status. [Section 2602(b)(4)]	These functions support the recipient in providing a continuum of care that meets the most critical service needs of eligible people living with HIV/AIDS.
4. Planning Body – Planning-related Tasks and Activities		
Integrated Planning: Planning bodies have an important role in developing and using the Integrated HIV Prevention and Care Plan in their jurisdictions: • The Integrated HIV Prevention and Care Plan should include information on who is responsible for developing the Integrated HIV Prevention and Care Plan within the jurisdictions (i.e., RWHAP Part A planning councils, RWHAP Part B advisory groups, and CDC HIV planning bodies)." [Integrated Plan Guidance, p 4] • "HIV planning bodies should use this living document [the 2017-2021 Integrated HIV Prevention and Care Plan, including Statewide Coordinated Statement of Need] as a roadmap to guide its HIV prevention and care planning throughout the year." [Integrated Plan Guidance, p 2]		
The Integrated Plan Guidance describes a role for the HIV prevention body that goes beyond what was included in the CDC 2012 HIV Planning Guidance. The Integrated Plan Guidance specifies that: • "The Integrated HIV Prevention and Care Plan development is a joint effort between jurisdictions and planning bodies." (p 13) • "Submit a letter of concurrence to the goals and objectives of the Integrated HIV Prevention and Care Plan from the co-chairs of the planning body and the health department representatives" (p 15) The CDC 2012 Guidance indicates that: • The Health Department **is ultimately responsible** for implementing the Jurisdictional HIV Prevention Plan • The planning body should **inform the development** or update of the **HIV Prevention Plan(s)** HPG roles include: • **Obtain** from the recipient and **use** the most current epidemiologic surveillance and evidence-based data • **Work with** the recipient to develop a process for reviewing a draft HIV Prevention Plan • **Review** the Plan annually • Annually, **submit** a letter of concurrence, concurrence with reservations, or non-concurrence with the Plan to CDC • **Promote and support**, as appropriate and feasible, the implementation of the HIV Prevention Plan in conjunction with the recipient	**Play the lead role in** development of the Integrated HIV Prevention and Care Plan for the organization and delivery of health and support services, which addresses unmet need, is coordinated with HIV prevention and substance abuse treatment programs, is consistent with the Statewide Coordinated Statement of Need (SCSN), and "includes a strategy for identifying individuals who know their HIV status and are not receiving such services and for informing the individuals of and enabling the individuals to utilize the services, giving particular attention to eliminating disparities in access and services among affected subpopulations and historically underserved communities, and including discrete goals, a timetable, and an appropriate allocation of funds." [Section 2602(b)(4)(d)] A living document, with goals, objectives, and action plans reviewed either annually if significant changes occur in resources or in the external environment. Planning Council roles include the following: • **Develop** a planning process and assign responsibility to a committee • **Work with** the recipient on hiring a consultant • **Set** goals for the continuum of care and other areas of Planning Council responsibility **and help** develop goals and objectives in areas of shared responsibility • **Implement** components of the Plan that involve Planning Council responsibilities • **Monitor** progress in implementing the Plan	**Provide input** into development of the Integrated HIV Prevention and Care Plan**,** which describes the organization and delivery of HIV health care and support services, addresses unmet need,[2] is coordinated with HIV prevention and substance abuse treatment programs and other support services, and is consistent with the Statewide Coordinated Statement of Need (SCSN) (see below) and the CDC required HIV Prevention Comprehensive Plan. [Section 2617(b)(5)] The Plan should also include "a strategy for identifying individuals who know their HIV status and are not receiving such services and for informing the individuals of and enabling the individuals to utilize the services, giving particular attention to eliminating disparities in access and services among affected subpopulations and historically underserved communities, and including discrete goals, a timetable, and an appropriate allocation of funds. " [Section 2617(b)(5)(B)] As a best practices planning bodies play the following roles: • **Provide input** to a workplan for developing a Plan • Where relevant, **assist** with data collection by **reviewing** draft tools, **opening doors** to stakeholder groups; **helping to arrange and facilitate** town hall meetings; **collecting** key stakeholder or survey data; etc. • **Help** develop goals and objectives • **Review** draft Plan and **provide** feedback • Annually, **review** progress in implementing the plan and **provide input** regarding necessary changes

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Coordination that is directly related to needs assessment and comprehensive planning: "HRSA and CDC encourage RWHAP and HIV prevention programs at the local and state levels to integrate planning activities; such activities encompass joint comprehensive needs assessment, information and data sharing, cross representation on prevention and care planning bodies, coordinated/combined projects, combined meetings, and fully merged planning bodies…Activities to collaborate…are necessary in the development of an integrated plan" (HRSA/CDC letter announcing the Integrated Plan Guidance, June 19, 2015)		
Work with the recipient to ensure that HPG composition contributes to collaborative planning, by including representatives of Ryan White planning groups, etc. Includes responsibility to proactively **engage** other planning bodies and other federal grant recipients during the planning process.	**Help ensure coordination** with other Ryan White programs and other HIV-related services. **Coordinate** with prevention planning bodies and programs in the areas of planning body membership, conducting planning activities (e.g., needs assessments), and service delivery coordination (e.g., early intervention services, outreach). [Section 2602(b)(4)(C) and (H)] **Collaborate** with other publicly funded programs on needs assessment, estimation and assessment of unmet need, and development of the Plan, including strategies to coordinate services with HIV prevention and substance abuse prevention and treatment, including outreach and early intervention services.	**Help ensure coordination** with other Ryan White programs and other HIV-related services. **Provide input** into the Plan to ensure that it: is compatible with existing plans including the Statewide Coordinated Statement of Need (SCSN); "includes a strategy to coordinate the provision of such services with programs for HIV prevention (including outreach and early intervention) and for the prevention and treatment of substance abuse (including programs that provide comprehensive treatment services for such abuse)" [Section 2617(b)(5)(C)] **Explore** ways to maximize resources for comprehensive planning, including the possibility of sharing some costs with other planning bodies, Ryan White Parts, and HIV-related efforts in the region
Needs Assessment: A core component of an HIV prevention and care plan, as described in the Integrated Plan Guidance		
CDC 2012 HIV prevention planning guidance does not require HPG involvement in needs assessment. Integrated Plan Guidance encourages involvement of planning bodies including HPGs in needs assessment related to development of the integrated plan. "CDC Grantees are…strongly encouraged to utilize a wide variety of representatives to identify resources and gaps in HIV prevention and care services" [Integrated Plan Guidance, p 6], and HPGs can help to ensure such varied input.	Planning Council **takes primary responsibility** for needs assessment a partnership activity of the Planning Council, recipient, and community. • Section 2602(b)(4)(a) and (b) of the Ryan White legislation requires Part A Planning Councils to conduct needs assessments that: "determine the size and demographics of the population of individuals with HIV/AIDS"; "determine the needs of such populations, with particular attention to: (i) individuals with HIV/AIDS who know their HIV status and are not receiving HIV-related services; (ii) disparities in access and services among affected subpopulations and historically underserved communities; and (iii) individuals with HIV/AIDS who do not know their HIV status." • Section 2602(b)(4)(G) requires the Part A Planning Council to "establish methods for obtaining input on community needs and priorities." • Section 2603(b)(1)(B) specifies that in seeking supplemental funding, the EMA or TGA is expected to provide information that "demonstrates the need in such area, on an objective and quantified basis, for supplemental financial assistance to combat the HIV epidemic." The Planning Council **is expected** to: • Directly or through a consultant, **design, plan and conduct** a needs assessment.	**Advise and support the recipient** in developing and implementing a **needs assessment** process to inform planning and decision making. [Sections 2617(b), 2618(a), and 2621] Needs assessment is a partnership activity of the recipient, the planning body, and the community. [Part B Manual, p 72] **Obtaining PLWH input:** "The RWHAP Part B legislation requires States to use methods such as community/public meetings for obtaining input on community need and priorities. Such input enables them to fulfill the legislative requirement to establish priorities for the allocation of RWHAP Part B funds with attention to the needs of PLWH." [Part B Manual, p 73] Planning body may: • **Provide insight** into planning and **input** to design of data collection tools • **Help arrange** town halls or community forums • **Ensure** that all affected populations are reached • **Review** draft results and provide feedback • **Use** results in **providing input** to the Comprehensive Plan • **Help** see that priority setting and resource allocations address identified needs • **Help share** results of the needs assessment with other programs serving similar populations • **Encourage** cross-Part collaboration in needs assessment

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	• **Oversee** the needs assessment and **present results** to the Planning Council. • **Use results** in developing the Comprehensive Plan and **assure** that identified needs are demonstrated in PSRA. [Section 2602(b)(4)(A-B)] HRSA recommends a three-year needs assessment cycle, with a schedule for collecting and updating data, including: • Epidemiologic profile • Assessment of service needs and barriers • Resource inventory of all services available to PLWH in the EMA/TGA, both Ryan White- and non-Ryan White funded • Profile of provider capacity and capability – providing information on services provided and to what extent services are accessible, available, and appropriate for specific PLWH populations • Assessment of unmet need/service gaps, as well as assessment related to EIIHA [early identification of individuals with HIV/AIDS who are unaware of their status], for PLWH who are unaware of their status [Part A Manual, p 170-172]	Needs assessment components include: • Epidemiologic profile • Assessment of service needs (including core medical services and support services) among affected populations, including barriers that prevent PLWH both in and out of care from receiving needed services or continuing in care • Resource inventory, which describes organizations and individuals providing the full spectrum of services available to PLWH, regardless of funding source • Assessment of unmet need (PLWH who are aware of their status and not receiving HIV-related primary medical care) and service gaps for all PLWH, as well as assessment related to EIIHA[3] for PLWH who are unaware of their status HRSA recommends that states "establish a needs assessment cycle that is sufficient to provide information for the HAB and CDC Comprehensive Plan and the SCSN, with a schedule for collecting updated information to address special areas and support priority-setting and resource allocation activities. Epidemiologic data should be obtained annually, information on new populations added, and special circumstances—such as the impact of advances in medical treatments on service needs or the impact on health care reform on coordination of care—addressed promptly." [Part B Manual, pp 71-72]
Statewide Coordinated Statement of Need (SCSN): A core component of an HIV prevention and care plan, as described in the Integrated Plan Guidance		
HPG members should participate in the Part B-led SCSN process in the state.	Ryan White legislation requires a Planning Council to: • "**Develop** a comprehensive plan for the organization and delivery of health and support services" that… (iii) is compatible with any State or local plan for the provision of services to individuals with HIV/AIDS [including the Statewide Coordinated Statement of Need]" [Section 2602(4)(D)]; and • [Section 2602(b)(4)(F)]: "**Participate in** the development of the statewide coordinated statement of need initiated by the State public health agency responsible for administering grants under part B."	**Participate in the implementation** of a **Statewide Coordinated Statement of Need,** a mechanism to collaboratively identify significant issues related to the needs of PLWH in the State and to maximize coordination across all Parts and programs, resulting in a document reflecting the input and approval of all Ryan White HIV/AIDS program Parts, including: • **Participating in** SCSN meeting(s), • **Helping to recruit** participants, and • **Assisting** with drafting the SCSN document and/or reviewing drafts The SCSN involves a meeting that is convened by the State and includes Ryan White grant recipients from all Parts as well as individuals with HIV/AIDS, members of a Federally recognized Indian tribe as represented in the State, providers, and public agency representatives. [Section 2617(b)(6)] States are encouraged to include representation from substance abuse, mental health, Medicaid, Medicare, Community Health Centers, Veterans Administration, HIV prevention, and other entities that may be appropriate for developing a coordinated strategy to link newly identified PLWH to appropriate health and support services.