



The [Integrated HIV Prevention and Care Plan Guidance, including the Statewide Coordinated Statement of Need, CY 2022-2026](#) (and [FAQ response document](#)) outlines the planning requirements for Health Resources and Services Administration (HRSA) HIV/AIDS Bureau (HAB) Ryan White HIV/AIDS Program (RWHAP) Parts A and B recipients and Centers for Disease Control and Prevention (CDC) Division of HIV Prevention (DHP)-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.

The guidance builds upon the previous guidance issued in 2015, when CDC and HRSA published the first Integrated HIV Prevention and Care Guidance, including the Statewide Coordinated Statement of Need, CY 2017-2021. There are several key changes in the 2022-2026 guidance that reflect feedback from recipients and people with HIV, and national priorities and initiatives, such as the National HIV/AIDS Strategy (NHAS) and the Ending the HIV Epidemic (EHE) initiative.

This reference document provides a section-by-section overview of the 2022-2026 Guidance, including references to connections with the [2017-2021 Integrated Plan Guidance](#) and the [EHE Planning Program Guidance](#).

## New Features in the CY 2022-2026 Integrated Plan Guidance

- Jurisdictions can use existing jurisdictional HIV plans to satisfy Integrated Plan requirements, as long as the submission:
  - Addresses the broader needs of the geographic jurisdiction;
  - Applies to the entire CDC and HRSA HIV funding portfolio; and
  - Includes updates that describe ongoing activities.
- The guidance includes a checklist that details the submission requirements and asks jurisdictions to indicate whether new material or existing material was used to meet each requirement. A completed checklist must be included with the submitted Integrated Plan.
- The guidance follows a different organizational structure than the 2017-2021 Guidance, with seven sections, instead of four.
- Integrated Plans are expected to support achievement of the NHAS goals and advance the strategies set out in the NHAS. Additionally, Integrated Plans should include the four focus areas - Diagnose, Treat, Prevent, and Respond - which draw on the four EHE strategy areas. The EHE initiative was launched in 2019, so the focus areas were not described in this manner in the 2017-2021 Integrated Plan Guidance.

## Important Reminders for a Successful Planning Process and Submission

- The community engagement process should reflect local demographics and HIV trends.
- Provide adequate detail to confirm compliance with legislative and programmatic planning requirements.
- Include a completed *CY 2022 – 2026 CDC DHP and HRSA HAB Integrated Prevention and Care Plan Guidance Checklist*. The IHAP TAC developed a [fillable checklist](#) that can be used for the submission.
- Submissions are due to CDC DHP and HRSA HAB no later than 11:59 PM ET on December 9, 2022.

## Engage with the IHAP TAC to Learn More!

- Visit us at <https://targethiv.org/ihap>.
- Email us at [ihaptac@jsi.com](mailto:ihaptac@jsi.com).
- Subscribe to our mailing list at <https://targethiv.org/ihap/subscribe>.

## Overview of the CY 2022-2026 Integrated Plan Guidance, by Section

### Section I: Executive Summary of Integrated Plan and the Statewide Coordinated Statement of Need (SCSN)

This section is intended to provide a description of the Integrated Plan, including the SCSN, and the approach used to develop the Integrated Plan.



1. Executive Summary of Integrated Plan and SCSN
  - a. Approach
  - b. Documents submitted to meet requirements



This section is new to the CY 2022-2026 Guidance. It was not a required section in the CY 2017-2021 Guidance.

### Section II: Community Engagement and Planning Process

This section should describe how the jurisdiction approached the planning process, engaged community members and stakeholders, and fulfilled legislative and programmatic requirements.



1. Jurisdictional Planning Process
  - a. Entities involved in the process
  - b. Role of the RWHAP Part A planning council/planning body (not required for state-only plans)
  - c. Role of planning bodies and other entities
  - d. Collaboration with RWHAP Parts
  - e. Engagement of people with HIV
  - f. Priorities
  - g. Updates to other strategic plans used to meet requirements (if applicable)



This section incorporates information from the following two sections of the CY 2017-2021 Integrated Plan Guidance:

- *Collaborations, Partnerships, and Stakeholder Involvement*
- *People Living with HIV and Community Engagement*

This section reflects information from *the Engagement Process* section of the EHE Planning Program Guidance.

## Section III: Contributing Data Sets and Assessments

This section should include a data-driven description of how HIV impacts the jurisdiction; the services needed by clients to access and maintain HIV prevention, care, and treatment services; the barriers for clients accessing those services; and gaps in the service delivery system.



1. Data Sharing and Use
2. Epidemiologic Snapshot
3. HIV Prevention, Care, and Treatment Resource Inventory
  - a. Strengths and gaps
  - b. Approaches and partnerships
4. Needs Assessment
  - a. Priorities
  - b. Actions taken
  - c. Approach



This section incorporates information from several sections in the CY 2017-2021 Guidance:

- *Data: Access, Sources, and Systems; Epidemiologic Overview;*
- *HIV Care Continuum*
- *Financial and Human Resources Inventory*
- *SCSN, Needs Assessment*
- *Assessing Needs, Gaps, and Barriers*

This section reflects information from the *Epidemiologic Profile* and *Situational Analysis* sections of the EHE Planning Program Guidance.

## Section IV: Situational Analysis

This section should serve as an overview (or snapshot) of the strengths, challenges, and identified needs for the jurisdiction. The Situational Analysis synthesizes information from Sections II and III of the Integrated Plan and is expected to lay the foundation for the goals, objectives, and strategies detailed in Section V.



1. Situational Analysis
  - a. Priority populations



This section is similar to the *Assessing Needs, Gaps, and Barriers* section in the CY 2017-2021 Guidance.

This section reflects the *Situational Analysis* section of the EHE Planning Program Guidance.

## Section V: 2022-2026 Goals and Objectives

This section should detail the jurisdictions' HIV prevention and care goals and/or objectives for how it will diagnose, treat, prevent, and respond to HIV. There should be at least three goals and/or objectives for each focus area: Diagnose, Treat, Prevent, and Respond.



No sub-sections.



This section is similar to the 2017-2021 Guidance, however there is a new sample template for the submission that organizes the section by the four focus areas - Diagnose, Treat, Prevent, and Respond. The template is strongly encouraged, but not required. This is different from the 2017-2021 Guidance, which encouraged jurisdictions to align goals and objectives with the NHAS goals. Even though the template is organized by the four focus areas, it is still the expectation that Integrated Plan goals advance the goals of the NHAS, as the EHE strategies (Diagnose, Treat, Prevention, and Respond) are closely aligned with and complementary to the NHAS.

## Section VI: 2022-2026 Integrated Planning Implementation, Monitoring and Jurisdictional Follow Up

This section describes how jurisdictions will undertake the key phases of integrated planning: implementation, monitoring, evaluation, improvement, reporting, and dissemination.



1. 2022-2026 Integrated Planning Implementation Approach
  - a. Implementation
  - b. Monitoring
  - c. Evaluation
  - d. Improvement
  - e. Reporting and dissemination
  - f. Updates to other strategic plans used to meet requirements



This section is similar to the *Monitoring and Improvement* section of the CY 2017-2021 Guidance.

## Section VII: Letters of Concurrence

Letters of concurrence or concurrence with reservations are required from each of the planning bodies involved in Integrated Plan development, which may include: CDC Prevention Program planning body chair(s) or representative(s); RWHAP Part A planning council/planning body(s) chair(s) or representative(s); RWHAP Part B planning body chair or representative; Integrated planning body; EHE planning body; and/or Other planning groups in the jurisdiction.



No sub-sections.



Letters of concurrence were required by the 2017-2021 Guidance and the EHE Planning Program Guidance.

Be sure to review the [Integrated HIV Prevention and Care Plan Guidance, including the Statewide Coordinated Statement of Need, CY 2022-2026](#) and the [FAQ response document](#) for additional detail about each section and its requirements.