Integrated HIV Prevention and Care Plan Guidance, CY 2022-2026
Frequently Asked Questions

1. **What do Health Resources and Services Administration's (HRSA) HIV AIDS Bureau (HAB) and the Centers for Disease Control and Prevention's (CDC) Division of HIV Prevention (DHP) view as the differences between the Ending the HIV Epidemic (EHE) plan and the Integrated HIV Prevention and Care Plan?**

   The Integrated Plan is an umbrella document that sets out local recommendations for all HIV care and prevention services, including but not limited to the Ryan White HIV AIDS Program (RWHAP) and CDC DHP prevention funding. Communities should set ambitious goals that leverage all available HIV prevention and care funding streams to achieve the vision set forth in National HIV/AIDS Strategy (NHAS). The EHE plans developed through PS 19-1906 Component B focused on funding available to those jurisdictions identified as part of Phase I in the EHE Initiative. This plan served as a blueprint for the development of the detailed EHE applications and work plans each Phase I jurisdiction submitted to CDC and to HRSA. If a jurisdiction's EHE plan aligns RWHAP and DHP funding across the entire geographic jurisdiction, then the jurisdiction may submit portions of their EHE plan to satisfy Integrated Plan requirements. Please refer to *the Integrated HIV Prevention and Care Plan Guidance, including the Statewide Coordinated Statement of Need, CY 2022-2026* and *Appendix 1* the *CY 2022 – 2026 CDC DHP and HRSA HAB Integrated Prevention and Care Plan Guidance Checklist* for specific requirements.

2. **When there are multiple RWHAP Part A jurisdictions within a state, can distinct RWHAP Part A jurisdictions create their own integrated plans rather than be part of the state's integrated plan?**

   Each state funded by HRSA HAB and/or CDC DHP and each city/county funded by RWHAP Part A or CDC funded cities/county programs must determine together how they wish to develop, submit and coordinate implementation of their Integrated Plan(s). Submission types include:

   1. Integrated state/city prevention and care plan,
   2. Integrated state-only prevention and care plan, and/or
   3. Integrated city-only prevention and care plan.

   The Integrated Plan submission may include several jurisdictions (e.g., the state, the RWHAP Part A jurisdiction(s) in that state, CDC directly funded cities in that state), but each HRSA and CDC-funded jurisdiction needs to participate in the completion and submission of an Integrated Plan for their service area. For jurisdictions submitting city-only or state-only Integrated Plans, the city Integrated Plan should complement the state Integrated Plan, including the SCSN. Additionally, both the city-only and state-only Integrated Plans should describe how the jurisdictions will coordinate actions to prevent duplication and should depict and address the HIV epidemic within its jurisdiction.

3. **How should jurisdictions include cluster information in their Integrated Plan, given the length of existing Cluster and Outbreak Detection and Response (CDR) plans?**

   Descriptions of clusters can focus on the most recent year or years (relevant to planning), and incorporate concerning clusters and outbreaks, including, molecular clusters meeting national priority criteria and other clusters of high concern, such as clusters identified through time-space analysis, provider notification, and/or partner services. Additionally, descriptions of clusters can include the number of clusters with response efforts conducted and description of response activities and lessons learned, incorporation of strategies from EHE Diagnose, Treat, and Prevent pillars into responses to clusters (e.g., testing, HIV treatment, PrEP or syringe services program [SSP] referral, linkage, or provision), and gaps identified and addressed in HIV prevention and care programs as a result of cluster response. This description can be included in the epidemiological profile. Furthermore, the response to cluster detection should be a coordinated effort within the jurisdiction that effectively leverages available resources and expertise (e.g., health department, community organizations, federal partners). Jurisdictions may use information contained in the health department's CDR plan to inform planning (note that confidentiality is of critical importance and should not be violated when describing key characteristics of the clusters).

4. **Could you discuss how the goals and objectives should be ordered in the Integrated Plan? Should jurisdictions design the order to mirror the goals from National HIV/AIDS Strategy (NHAS) or the EHE plan?**

   There is not a required format for submitting goals and objectives; however, HRSA HAB and CDC DHP strongly encourage jurisdictions to use the sample template provided in the Integrated Plan Guidance, as *Appendix 2 Examples of Goal Structure* provides a sample template that can be used. If not using the template, please ensure the jurisdiction includes all the information in the sample, regardless of format chosen. Each jurisdiction should work with their planning bodies to determine a structure that will allow for full implementation and concurrence by the planning body. The submission requirements for HRSA and CDC are detailed in Section V of the *CY 2022 – 2026 CDC DHAP and HRSA HAB Integrated Prevention and Care Plan Guidance Checklist.* When setting goals, the jurisdiction should ensure that they advance the national strategies set out in the National HIV/AIDS Strategy for 2022-2025. To ensure a unified response throughout the jurisdiction, Integrated Plan submissions should also align with existing HIV prevention plans, including but not limited to the EHE plan.

5. **Should the Resource Inventory list all services (HIV care and prevention, STD prevention/treatment, PrEP provision/education, substance use prevention/treatment, viral hepatitis prevention/treatment mental health services, etc.) services in a jurisdiction? Or are we only required to list our RWHAP services?**

   Directions on how to complete the resource HIV Prevention, Care and Treatment Resource Inventory can be found in *Appendix 1: CY 2022 – 2026 CDC DHP and HRSA HAB Integrated Prevention and Care Plan Guidance Checklist.* The Inventory must include responses to all bullet points listed in the directions, which include CDC and HRSA funded organizations as well as services provided from leveraged public and private funding sources.

6. **Please provide more examples of how a situational analysis works on a statewide level.**

   The situational analysis should synthesize information from the local epidemiologic data, from local community and population data (e.g., environmental scan, poverty rates, social determinants data), from engagement with the planning bodies, and from other local partners and local community engagement efforts. If the statewide plan includes multiple jurisdictions, the plan should include information that may be unique in each of the jurisdictions. This situational analysis informs and lays the groundwork for the proposed goals and strategies to work towards and/or implement within your Integrated Plan. HRSA HAB and CDC DHP encourage jurisdictions to consider structuring the situational analysis in a way that can be easily read by stakeholders and community members.

7. **How many goals should the jurisdiction include for each focus area (i.e., Diagnose, Treat, Prevent and Respond)?**

   Per the directions in *Appendix 1: CY 2022 – 2026 CDC DHP and HRSA HAB Integrated Prevention and Care Plan Guidance Checklist,* there should be at least 3 goals and/or objectives for each of the four focus areas.

8. **Our planning groups do not have chairs. How should we handle signatures for concurrence?**

   In this instance, the jurisdiction may have all the planning members sign or may select particular members to sign on behalf of the planning body. However, to meet the concurrence requirement, the Integrated Plan submission should include a narrative that describes how the jurisdiction involved the planning body(ies), community stakeholders, people with HIV, and how the planning body selected members to sign the concurrence letter.

9. **Will HRSA HAB and CDC DHP be providing expectations and/or process established for recipients to address concurrence statements that indicate either concurrence with reservations, or non-concurrence?**

   Each jurisdiction should involve their planning bodies and community engagement groups at each stage of the Integrated Plan development process. Additionally, jurisdictions should build check-in points along the way to ensure consensus from all parties before moving to the next stage of plan development. Planning bodies and community engagement groups should provide feedback on the plan long before voting for or against concurrence. If the planning body cannot concur with the jurisdiction's draft Integrated Plan submission before the submission deadline, the jurisdiction should include in its submission a detailed explanation for non-concurrence and the steps the jurisdiction will take to address the concerns of the planning body. For those jurisdictions still struggling to develop a process for engaging community and/or struggling with the concurrence process, both CDC and HRSA offer technical assistance (TA). Both CDC and HRSA recommend engaging TA early in the process to ensure a smooth concurrence process. To learn more about TA, jurisdictions should contact both their CDC and HRSA project officer.

10. **If a RWHAP Part A recipient is planning to create a joint plan with the state it is in, how does it handle the planning process if part of its EMA is in a different state?**

    Statewide jurisdictional plans that encompass a RWHAP Part A jurisdiction(s) must include the entire geographic area for the RWHAP Part A recipient organization, including any portion of the jurisdiction in another state. To do this, the RWHAP Part A recipient,

including the recipient for the county(ies) outside of the state, the RWHAP Part B recipient, the CDC funded Health Departments, the RWHAP Part A Planning Council, the HIV Prevention Planning Group, and any other planning bodies (e.g., HIV Prevention and Care Integrated Planning Body) should work together to develop an inclusive process. Both the CDC and HRSA offer TA if the jurisdiction needs assistance in developing a process that meets all CDC and HRSA program requirements. Please contact your CDC and HRSA project officers to request TA if needed.

11. **How should jurisdictions submitting the plan be held responsible for progress on goals or implementation plans that they may not administer (e.g., a statewide plan that includes services administered by a RWHAP Part A jurisdiction)?**

    It is the responsibility of every HRSA- and CDC-funded recipient to implement mutually agreed upon strategic plans. In the case of the Integrated Plan submission, all CDC- and HRSA-funded recipients should work together, along with stakeholders and people with HIV, to develop a plan that meets the needs of both the state and the city. If submitting sections of an already existing plan, such as an Ending the HIV Epidemic plan developed in response to CDC's funding announcement PS19-1906, the jurisdiction may need to include new material to ensure that the submission includes plans for the entire geographic jurisdiction and applies to all of the CDC and HRSA funding. The Integrated Plan Submission, as detailed in *Appendix 1: CY 2022 – 2026 CDC DHP and HRSA HAB Integrated Prevention and Care Plan Guidance Checklist is Section VI: 2022-2026 Integrated Planning Implementation, Monitoring and Jurisdictional Follow Up* requires the jurisdiction to describe how the different stakeholders will coordinate to ensure the planning approach, plan implementation, monitoring, evaluation, improvement processes, and reporting/dissemination meet the needs of all funded entities, stakeholders, and community members. As part of regular monitoring, project officers from HRSA and CDC will work with jurisdictions to get updates on these aspects of the plan, to ensure coordination, and to help identify any ongoing issues.

12. **If we have clarifying questions or need guidance as we develop planning process and plans, who should those be addressed to over the coming year? Are we required to coordinate between CDC and HRSA project officers?**

    HRSA and CDC welcome any questions jurisdictions may have along the way and will facilitate connections to TA as appropriate. Although HRSA and CDC meet regularly, we do ask that jurisdictions reach out to both their CDC and HRSA project officers to ensure consistency in communication among all parties.

13. **It's great that current EHE plans can be used in this new Integrated Plan. What approach do you suggest if the timelines for plans are different (i.e. our state EHE plan runs 2021-2025). Can we keep with our current EHE plan time frame? If not, how do you suggest we engage communities that have just worked on and launched an EHE plan, including the creation of a detailed work plan and timeline.**

    Jurisdictions relying heavily on their EHE plans will still need to include new materials in their Integrated Plan submission. Jurisdictions should read thoroughly *Appendix 1: CY 2022 – 2026 CDC DHP and HRSA HAB Integrated Prevention and Care Plan Guidance Checklist* to identify areas where new material may be needed. New material may include a summary of actions taken to date on EHE plan activities, a list of revisions made to the EHE plan as a result of new data, and ways the jurisdiction continues to engage community in EHE plan

implementation, evaluation, and improvement. Additionally, while the EHE plan focused on the Phase I EHE jurisdictions, the Integrated Plan submission plan must align all RWHAP and DHP funding across the entire geographic jurisdiction for calendar years 2022-2026. To meet these goals, the jurisdiction should build on the work being done as part of the EHE planning body rather than start a new and separate planning process. If jurisdictions need assistance determining what process to use to align the EHE plan and the Integrated Plan, please contact your HRSA and CDC PO to request TA.

14. **Can you provide more information about what is included in the 100 page limit? Can appendixes be attached and not count against the page limit, and is there a limit to how many can be attached? What about jurisdictions that will be submitting plans that include multiple jurisdictions (i.e., RWHAP Part A counties within a state)?**

    HRSA and CDC instituted the 100-page limit to ensure jurisdictions develop concise plans that are accessible to stakeholders and community members charged with implementing and providing feedback on actions. However, in instances where an Integrated Plan submission incorporates EHE Plans or an Integrated Plan with multiple jurisdictions, including CDC- and HRSA-funded cities/counties and states, HRSA and CDC will allow some flexibility to the 100-page limit. Those jurisdictions submitting a city-only or state-only Integrated Plan should keep within the 100-page limit. Please keep in mind that appendices do not count toward the 100-page limit. The jurisdiction may use the appendix to submit reference materials and other documents that add to the context of the Integrated Plan, but should concentrate on keeping as close to the 100-page limit as possible. Going beyond that page limit makes the plan difficult to implement and can create a barrier to participation for stakeholders and community members. HRSA and CDC expect that jurisdictions balance the need to meet requirements outlined in the Integrated Plan Guidance with the expectation that plans are accessible to a wide audience of stakeholders.

15. **Can HHS provide a list of their HIV and STD funded providers to states and local bodies?**

    Please use the following websites to help locate providers in your area:

    i. Search for HIV testing sites and care services: https://targethiv.org/content/service-locator
    ii. Find a Ryan White HIV/AIDS Program Provider: https://findhivcare.hrsa.gov/
    iii. Find a Community Health Center: https://findahealthcenter.hrsa.gov/
    iv. Find HIV, STD and Hepatitis Testing: https://gettested.cdc.gov/

16. **What resources can HRSA and CDC provide to help jurisdictions implement a status neutral framework across different funding streams?**

    Implementing a status neutral approach to service delivery does require jurisdictions to coordinate multiple funding streams often across different administrative agencies; however, it is a key approach identified in the National HIV/AIDS Strategy for the United States, 2022-2025. CDC and HRSA have developed and continue to develop resource guides, offer TA to help identify solutions to local-level challenges, and provide links to help identify potential local partners. For more information about TA, please contact your HRSA and CDC project officers. CDC and HRSA encourage jurisdictions to consult the following resources and websites:

- **National HIV/AIDS Strategy for the United States, 2022-2025:** Provides stakeholders across the nation with a roadmap to accelerate efforts to end the HIV epidemic in the United States by 2030.
- **Ready, Set PrEP:** Provides free PrEP HIV-prevention medications to eligible individuals
- **Clinical Practice Guidelines for Preexposure Prophylaxis for HIV Prevention PrEP) and Clinical Providers** and **Clinical Providers Supplement:** Reflects the latest science and are intended to help physicians effectively prescribe all FDA-approved PrEP medications
- **Ending the HIV Epidemic-Primary HIV Prevention Awards**: Lists awards to HRSA-funded Health Centers to expand HIV prevention and treatment including PrEP related services, outreach, and care coordination.
- **CDC National Prevention Information Network (NPIN) Service Provider Locator:** Has a search tool to find information about organizations providing HIV, STDs, TB, and Hepatitis services
- **AIDS Education and Training Center (AETC) Program National Coordinating Resource Center:** Includes a warehouse of AETC sponsored training and resource documents, including some on implementing a status neutral approach.
- **Redefining Prevention and Care: A Status-Neutral Approach to HIV:** Discuss importance and process for developing status neutral systems for HIV prevention and care.

17. **Will the Demonstrated Need narrative from HRSA RWHAP Part A application meet the requirements of Section III item #2?**

    The Needs Assessment and Early Identification of Individuals with HIV/AIDS (EIIHA) sections of the RWHAP Part A application contain many of the same requirements outlined in the Integrated Plan Guidance; however, the jurisdictions may need to provide some new material in order to meet this requirement. Similar to the inclusion of any existing material, it should be updated or modified as needed to ensure it meets the legislative and programmatic planning requirements as outlined in the *Appendix 1: CY 2022 – 2026 CDC DHP and HRSA HAB Integrated Prevention and Care Plan Guidance Checklist.*

18. **How do the federally qualified health centers (FQHCs) funded through HRSA's Bureau of Primary Health Care (BPHC) Community Health Centers (CHCs) program fit into this process?**

    HRSA's BPHC funds CHCs, including FQHCs, as part of the federal health care response system. To ensure that jurisdictions leverage this system of care and reach persons receiving primary care at CHCs, jurisdictions should plan to partner with these organizations for assessment and goal setting. Jurisdictions can incorporate them as appropriate into relevant sections of their Integrated Plan submission, such as the HIV Prevention, Care and Treatment Resource Inventory, Needs Assessment, and Goals and Objectives sections as detailed in the *Appendix 1: CY 2022 – 2026 CDC DHP and HRSA HAB Integrated Prevention and Care Plan Guidance Checklist*.

19. **PS18-1802 required creating one Epi Profile in the 5-year project period. Are jurisdictions required to use the new guidance to be released on creating epi profiles before 2022 when year 5 ends?**

    CDC and HRSA have jointly updated the Epi Profile guidance (to be released in early 2022). This guidance should be used as a guide for developing and/or updating epi profiles, when needed or required by the jurisdiction.

20. **Will 18-1802 be continued or should we expect new funding expectations for CDC prevention funding after this year?**

    The current 5-year project period for PS18-1802 is January 1, 2018 – December 31, 2022. Information on continued funding or new funding expectations will be provided once available.