

May 20, 2011

HIV/AIDS Bureau

Dear Ryan White HIV/AIDS Program Part A Colleagues:

I am pleased to provide the enclosed fiscal year 2012 Comprehensive Plan Instructions for Ryan White HIV/AIDS Program, Part A Grants. The updated Plan for the organization and delivery of health and support services must be submitted through the Electronic Handbook by May 21, 2012.

The purpose of this multi-year Plan will assist grantees in the development of a comprehensive and responsive system of care that addresses the needs and challenges that change over time. The Comprehensive Plan is a **living document** that serves as a roadmap for grantees and should be continually updated, as needed. Also, the Comprehensive Plan should reflect a community's vision and values regarding how best to deliver HIV/AIDS services, particularly in light of cutbacks in federal, state, and local resources.

Comprehensive HIV services planning goes beyond the annual planning process for the use of Ryan White HIV/AIDS Program funding; it provides an opportunity for planning bodies to step back from short-term tasks and examine the current system of care and envision an "ideal" system of care, as well as develop a 3-year plan for achieving this vision through the review of needs assessment data; the review of existing resources to meet those needs; and the review of barriers to care. This planning process includes the consultation and collaboration with a community to collect diverse perspectives regarding the system of care.

The updated Plan will address new legislative and programmatic initiatives including the National HIV/AIDS Strategy, the Patient Protection and Affordable Care Act (Public Law {P.L.} 111-148), as amended by the Reconciliation Act of 2010 (P.L. 111-152, collectively referred to as the Health Reform Law), the Early Identification of Individuals living with HIV/AIDS, and the Healthy People 2020 goals and objectives. The Plan must be compatible with existing state and local service plans, including the Statewide Coordinated Statement of Need.

Enclosed is an Executive Summary outlining in detail the new components of the Comprehensive Plan and a suggested format for the Plan. Although grantees are not required to submit the Plan in this format, items described in the format must be included in the Comprehensive Plan.

A Project Officer (PO) will review the updated Plan, as well as the grantee's progress in implementing the strategies and initiatives included in it. If there are any questions, please contact the PO.

Sincerely,

Deborah Parham Hopson, PhD, RN, FAAN  
Associate Surgeon General  
Associate Administrator

Enclosure

# Executive Summary

## **Purpose and HRSA/HAB/DSS Expectations**

The Division of Service Systems requires Ryan White Part A and B grantees to submit an updated Comprehensive Plan every three years. The purpose of this multi-year plan is to assist grantees in the development of a comprehensive and responsive system of care that addresses needs and challenges as they change over time. The Comprehensive Plan is a **living document** that serves as a roadmap for the grantee and should be continually updated as needed. The comprehensive plan should also reflect the community's vision and values regarding how best to deliver HIV/AIDS services, particularly in the light of the cutbacks in federal, State and local resources.

## **Planning Process**

Planning is imperative to the Ryan White HIV/AIDS Program's focus on local and State decision making in developing HIV/AIDS care systems. Each grant year designated planning bodies establish service and resource-allocation priorities and implementation plans to address those priorities. Comprehensive HIV services planning goes beyond this annual process. It provides an opportunity for the planning bodies to step back from short-term tasks to examine the current system of care and envision an "ideal" system of care and develop a three-year plan for achieving this vision. This is accomplished by the review of needs assessment data, existing resources to meet those needs, and barriers to care. This planning process includes the consultation and collaboration with the community to obtain diverse perspectives regarding the system of care.

The Comprehensive Plan must be compatible with existing State and local service plans including the Statewide Coordinated Statement of Need (SCSN).

## **What's New for the 2012 Comprehensive Plan**

### **1. Monitoring and Evaluation**

Grantees are required to evaluate their 2009 Comprehensive Plan to identify successes and challenges experienced in the implementation of the plan and how they plan to meet those challenges.

### **2. Early Identification of Individuals with HIV/AIDS**

The Early Identification of Individuals living with HIV/AIDS (EIIHA) is a legislative requirement that focuses on individuals who are unaware of their HIV status and how best to bring HIV positive individuals into care, and refer HIV negative individuals into services that are going to keep them HIV negative. An important element in assessing statewide need includes describing the needs of individuals who are unaware of their HIV status.

### **3. The National HIV/AIDS Strategy**

The National HIV/AIDS Strategy (NHAS) has three primary goals: 1) reducing the number of people who become infected with HIV, 2) increasing access to care and optimizing health outcomes for people living with HIV, and 3) reducing HIV-related health disparities.

The NHAS states that more must be done to ensure that new prevention methods are identified and that prevention resources are more strategically deployed. Further, the NHAS recognizes the importance of getting people with HIV into care early after infection to protect their health and reduce the potential of transmitting the virus to others. HIV disproportionately affects people who have less access to prevention and treatment services and, as a result, often have poorer health outcomes. Therefore, the NHAS advocates for the adoption of community-level approaches to reduce HIV infection in high-risk communities and reduce stigma and discrimination against people living with HIV.

In the Comprehensive Plan, grantees will discuss how the plan will address the goals of the National HIV/AIDS Strategy, as well as identify the specific goals being addressed.

### **4. Healthy People 2020**

Healthy People 2020 is a national initiative led by HHS that sets priorities for all HRSA programs. Healthy People 2020 establishes new 10-year national objectives for improving the health of all Americans. The initiative has two major goals: (1) to increase the quality and years of a healthy life; and (2) eliminate our country's health disparities. The program consists of 28 topic areas and 467 objectives. One of the topic areas is HIV which includes specific objectives.

The Comprehensive Plan should discuss how the Healthy People 2020 objectives will be addressed.

### **5. Affordable Care Act**

The intent of the Patient Protection and Affordable Care Act (P.L. 111-148), as amended by the Reconciliation Act of 2010 (P.L. 111-152) (collectively referred to as the health reform law) is to expand health insurance coverage while also reforming the health care delivery system to improve quality and value. It also includes provisions to eliminate disparities in health care, strengthen public health and health care access, invest in the expansion and improvement of the health care workforce, and encourage consumer and patient wellness in both the community and the workplace. According to the Congressional Budget Office, the law will increase coverage to about 94 percent of Americans.

The comprehensive plan should outline how efforts are coordinated with and adapt to changes that will occur with the implementation of the Affordable Care Act (ACA).

## 2012 Comprehensive Plan Instructions – Part A

### I. Where are we now?

*Summary: HAB defines a continuum of care as - “An integrated service network that guides and tracks clients through a comprehensive array of clinical, mental, and social services in order to maximize access and outcomes.” - The purpose of this section is to identify populations in most need of HIV care and services as well as barriers to care, provide an overview of the current state of HIV healthcare and service delivery, as well as identify progress and shortfalls.*

- A. Description of the local HIV/AIDS epidemic, at a minimum should include:
  - CY 2010 Epi profile
  - Unmet need estimate for 2010: <http://hab.hrsa.gov/tools/unmetneed/i.htm>
  - Early Identification of Individuals with HIV/AIDS (EIIHA)/Unaware estimate for CY 2009: (Refer to the FY2011 Part A Application Guidance for EIIHA/Unaware Formula)
- B. Description of current continuum of care, at a minimum should include:
  - Ryan White funded – HIV care and service inventory (by service category, organized by core and support services)
  - Non Ryan White funded – HIV care and service inventory (organizations & services)
  - How RW funded care/services interact with Non-RW funded services to ensure continuity of care
  - How the service system/continuum of care has been affected by state and local budget cuts, as well as how the Ryan White Program has adapted.
  - For jurisdictions that lost a TGA, describe the impact on services (Only Puerto Rico, New York, New Jersey and California grantees should respond)
- C. Description of need, at a minimum should include:
  - Care needs
  - Capacity development needs resulting from disparities in the availability of HIV-related services in historically underserved communities and rural communities
- D. Description of priorities for the allocation of funds based on the following:
  - Size and demographics of the population of individuals with HIV/AIDS
  - Needs of individuals with HIV/AIDS
- E. Description of gaps in care
- F. Description of prevention and service needs
- G. Description of barriers to care, at a minimum should include current:
  - Routine testing (including any state or local legislation barriers)
  - Program related barriers
  - Provider related barriers

- Client related barriers
- H. Evaluation of 2009 Comprehensive Plan
- Successes
  - Challenges

## II. Where do we need to go?

*Summary: The purpose of this section is to provide an opportunity to discuss your jurisdiction's vision for an ideal, high quality, comprehensive continuum of care and the elements that shape this ideal system. The Early Identification of Individuals with HIV/AIDS (EIIHA) initiative supports all three of the National HIV/AIDS Strategy (NHAS) goals: 1) reducing the number of people who become infected with HIV, 2) increasing access to care and optimizing health outcomes for people living with HIV, and 3) reducing HIV-related health disparities.*

At a minimum, this section should include the following:

- A. Plan to meet challenges identified in the evaluation of the 2009 Comprehensive Plan
- B. 2012 proposed care goals
- C. Goals regarding individuals *Aware* of their HIV status, but are not in care (Unmet Need)
- D. Goals regarding individuals *Unaware* of their HIV status (EIIHA)
- E. Proposed solutions for closing gaps in care
- F. Proposed solutions for addressing overlaps in care
- G. Provide a description detailing the **proposed coordinating efforts** with the following programs (at a minimum) to ensure optimal access to care:
  - Part B Services, including the AIDS Drug Assistance Program (ADAP)
  - Part C Services
  - Part D Services
  - Part F Services
  - Private Providers (Non-Ryan White Funded)
  - Prevention Programs including; Partner Notification Initiatives and Prevention with Positive Initiatives
  - Substance Abuse Treatment Programs/Facilities
  - STD Programs
  - Medicare
  - Medicaid
  - Children's Health Insurance Program
  - Community Health Centers
- H. For the jurisdictions listed below, describe the role of the Ryan White program in collaborating with the **Enhanced Comprehensive HIV Prevention Planning and Implementation for Metropolitan Statistical Areas (MSA's) Most Affected by HIV/AIDS (ECHPP)** initiative.

The following EMA's must respond to the question above: New York, NY; Los Angeles, CA; Washington, DC; Chicago, IL; Atlanta, GA; Miami, FL; Philadelphia, PA; Houston, TX; San Francisco, CA; Baltimore, MD; Dallas, TX; San Juan, PR.

### III. How will we get there?

*Summary: The purpose of this section is to describe the specific Strategy, Plan, Activities, and Timeline associated with achieving specified goals and meeting identified challenges.*

- A. Strategy, plan, activities (including responsible parties), and timeline to close gaps in care
- B. Strategy, plan, activities (including responsible parties), and timeline to address the needs of individuals *Aware* of their HIV status, but are not in care (with an emphasis on retention in care)
- C. Strategy, plan, activities (including responsible parties), and timeline to address the needs of individuals *Unaware* of their HIV status (with an emphasis on identifying, informing, referring, and linkage to care needs)
- D. Strategy, plan, activities (including responsible parties) for addressing the needs of special populations including but not limited to; adolescents, injection drug users, homeless, and transgender
- E. Provide a description detailing the **activities to implement** the proposed coordinating efforts with the following programs (at a minimum) to ensure optimal access to care:
  - Part B Services, including the AIDS Drug Assistance Program (ADAP)
  - Part C Services
  - Part D Services
  - Part F Services
  - Providers (Non-Ryan White Funded, including private providers)
  - Prevention Programs including; Partner Notification Initiatives and Prevention with Positives Initiatives
  - Substance Abuse Treatment Programs/Facilities
  - STD Programs
  - Medicare
  - Medicaid
  - Children's Health Insurance Program
  - Community Health Centers
- F. How the plan addresses Healthy People 2020 objectives:  
<http://www.healthypeople.gov/2020/default.aspx>
- G. How this plan reflects the Statewide Coordinated Statement of Need (SCSN)
- H. How this plan is coordinated with and adapts to changes that will occur with the implementation of the Affordable Care Act (ACA).
- I. Describe how the comprehensive plan addresses the goals of the National HIV/AIDS Strategy (NHAS), as well as which specific NHAS goals are addressed.

- J. Discuss the strategy to respond to any additional or unanticipated changes in the continuum of care as a result of state or local budget cuts.

#### **IV. How will we monitor progress?**

*Summary: The purpose of this section is to describe the methods and/or means by which progress in achieving goals and meeting challenges will be monitored.*

- A. Describe the plan to monitor and evaluate progress in achieving proposed goals and identified challenges. The plan should also describe how the impact of the Early Identification of Individuals with HIV/AIDS (EIIHA) initiative will be assessed. A timeline for implementing the monitoring and evaluation process should be clearly stated. The monitoring and evaluation plan should describe a process for tracking changes in a variety of areas with a focus on the following:
- Improved use of Ryan White client level data
  - Use of data in monitoring service utilization
  - Measurement of clinical outcomes