



AT-A-GLANCE: INTEGRATED HIV PREVENTION AND CARE PLAN GUIDANCE

INCLUDING THE STATEWIDE COORDINATED STATEMENT OF NEED (SCSN), CALENDAR YEAR (CY) 2027-2031

On December 10, 2024, the Centers for Disease Control and Prevention (CDC) Division of HIV Prevention (DHP) and the Health Resources and Services Administration (HRSA) HIV/AIDS Bureau (HAB) released the [Integrated HIV Prevention and Care Plan Guidance, including the Statewide Coordinated Statement of Need, CY 2027-2031](#). The guidance outlines the planning requirements for Ryan White HIV/AIDS Program (RWHAP) Parts A and B recipients and all 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.

This document provides a section-by-section overview of the CY 2027-2031 Guidance and outlines changes from the CY 2022-2026 Guidance.

New Features in the CY 2027-2031 Integrated Plan Guidance

- The guidance includes:
 - An editable checklist that details the submission requirements and allows each jurisdiction to indicate whether it created new material or used existing material to meet each requirement of the Integrated Plan.
 - A table showing the required letters of concurrence depending upon the plan submission type (e.g., state-only, state/city, city-only).
- There is a new emphasis on reaching those with HIV who are out of care. Specifically, recipients are encouraged to leverage strategic partnerships to prioritize efforts, and focus resources and evidence-informed interventions, to reach those who are diagnosed, but not engaged in care.
- Section I is called the Introduction, rather than an Executive Summary. In the Introduction, jurisdictions need to describe the Integrated Plan including the SCSN, and identify if it is a new plan or if they are modifying or enhancing existing plan(s).
- In Section III, the HIV Prevention, Care, and Treatment Resource Inventory must include provider information, funding sources, and provided services; however, the funding amounts are NOT required.

Important Reminders for a Successful Planning Process and Integrated Plan Submission

- The Integrated Plan is expected to align with the goals and priorities in the National HIV/AIDS Strategy (NHAS) and be inclusive of the four Ending the HIV Epidemic in the U.S. (EHE) strategies - Diagnose, Treat, Prevent, and Respond.
- The community engagement process should reflect local demographics and HIV trends.
- Submissions should provide adequate detail to confirm compliance with RWHAP legislative requirements (including the SCSN), and HRSA and CDC programmatic planning requirements.
- Submissions should be no longer than 100 pages, not including the completed checklist, and font should be no smaller than 11pt.
- Submissions are due to CDC DHP and HRSA HAB no later than 11:59 PM Eastern Daylight Time on June 30, 2026.

Submission Packet Components

The submission package must contain the following documents:

1. A CY 2027 – 2031 Integrated Plan that includes all components outlined in the guidance.
2. A completed [CY 2027 – 2031 CDC DHP and HRSA HAB Integrated Prevention and Care Plan Guidance Checklist](#) detailing where CDC and HRSA may find each of the required elements.
3. A signed letter from all jurisdictional HIV planning groups/bodies indicating concurrence, concurrence with reservations, or non-concurrence with the plan.

Overview of the CY 2027-2031 Integrated Plan Guidance, by Section

The Integrated Plan should include seven sections that are outlined below. The column on the left highlights the section subsections; the column on the right describes any relevant considerations and highlights any changes in the new guidance.

Section I: Introduction 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. Introduction - Describe the Integrated Plan and the SCSN
 - a. Approach
 - b. Documents submitted to meet requirements



This section was previously called the Executive Summary in the CY 2022-2026 Guidance.

The text of this section should be new material.

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. Key priorities from engagement process
 - g. Updates to other strategic plans used to meet requirements (if applicable)



This section is similar to the CY 2022-2026 Guidance.

This requirement can include portions of other submitted plans including EHE plans, Getting to Zero plans, Fast Track Cities, and Cluster Detection and Response plans.

Planning bodies and other entities include those associated with CDC prevention programs, RWHAP Part B, EHE, and other planning initiatives.

For the SCSN, RWHAP Parts A-D and Part F must be part of the planning process.

Section III: Contributing Data Sets and Assessments

This section should include a data-driven description of the HIV epidemic in the jurisdiction; HIV prevention, care, and treatment services; 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 is similar to the CY 2022-2026 Guidance.

Use the most recent epidemiological data for both narrative and graphic depictions.

As part of the HIV Prevention, Care, and Treatment Resource Inventory, assess and describe strengths and gaps related to service delivery across the HIV prevention and care continuum including their impact on health equity, geographic disparities, and HIV clusters/outbreaks, as well as the use of new HIV prevention tools. The resource inventory **does not** need to specify the funding amounts allocated to specific services or service providers.

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 - describe how the goals and objectives address the needs of priority populations for the jurisdiction.



This section is similar to the CY 2022-2026 Guidance.

While other plans may be submitted for this section, they must address the HIV prevention and service system across the entire jurisdiction.

Section V: 2027-2031 Goals and Objectives

This section should detail the jurisdictions' HIV prevention and care goals and objectives for 2027-2031 and should reflect strategies that ensure a comprehensive, coordinated approach for all HIV prevention and care funding.



No sub-sections.



This section is similar to the CY 2022-2026 Guidance.

While there is not a standard template, jurisdictional goals should align with both NHAS goals and the four EHE strategies - Diagnose, Treat, Prevent, Respond - and include at least three objectives for each strategy.

Section VI: 2027-2031 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. 2027-2031 Integrated Planning Implementation Approach Implementation
 - 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 CY 2022-2026 Guidance.

In the guidance, Section II: Planning Requirements and Submission Guidelines refers to this section as "Integrated Plan Workplan."

Jurisdictions should describe roles and responsibilities for each of the five phases (sub-points a-e).

Jurisdictions submitting portions of a different jurisdictional plan to meet this requirement should include updates that describe steps taken to accomplish each of the five phases.

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.



This section is similar to the CY 2022-2026 Guidance.

The table below summarizes the required letters of concurrence depending upon the plan submission type. If there are additional planning bodies in the state/territory or jurisdiction, additional letters of concurrence should be submitted.

Required Letters of Concurrence			
	Type of Plan		
Planning Body	Integrated State/City Prevention and Care Plan	Integrated State-Only Prevention and Care Plan	Integrated City-Only Prevention and Care Plan
RWHAP Part A Planning Council	✓ ^[1]	✓ ^[1]	✓
RWHAP Part B Planning Group	✓	✓	
CDC Prevention Planning Group	✓	✓	✓

[1] RWHAP Part A recipients needed to submit letters of concurrence to all states where 10% or more of the HIV cases in their jurisdiction reside.

Be sure to review the [Integrated HIV Prevention and Care Plan Guidance, including the Statewide Coordinated Statement of Need, CY 2027-2031](#) for additional detail about each section and its requirements.