



Integrated HIV Prevention and Care Plan Guidance: The basics and what's new

Transcript

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On December 10, 2024, Centers for Disease Control and Prevention – Division of HIV Prevention, also known as CDC DHP, and the Health Resources and Services Administration HIV/AIDS Bureau, otherwise known as HRSA HAB, released the Integrated HIV Prevention and Care Plan Guidance, including the Statewide Coordinated Statement of Need for Calendar Years 2027 through 2031.

The Guidance outlines the planning requirements for Ryan White HIV/AIDS Program Parts A and B recipients and all CDC DHP-funded state and local health departments. The submission of an Integrated HIV Prevention and Care Plan meets HRSA and CDC legislative and program requirements, and serves as a jurisdiction's HIV prevention and care roadmap, guiding local approaches, partnerships, and resources.

In this video, we'll cover the basics of how the guidance supports jurisdictions in meeting HIV prevention and care activities as well as goals and expectations set forth in the guidance. Then, we'll provide a summary of what's new in this most current version.

As with previous versions of the Integrated Plan Guidance, jurisdictions are expected to develop new or adjust existing goals and objectives that leverage local strengths and address remaining challenges. The Integrated Plan Guidance directly supports strategic and targeted efforts to achieve national HIV goals and to end the HIV epidemic in the U.S.

The Integrated Plan Guidance was designed to support jurisdictions to:

- Assess resource and service delivery gaps and needs to better coordinate HIV prevention and care activities, and ensure data-driven resource allocation,
- Meet Ryan White HIV/AIDS Program legislative requirements for planning, community engagement, and coordination.
- Meet programmatic planning and community engagement requirements established by both HRSA and CDC,
- Improve health outcomes along the HIV care continuum by using data to prioritize people and communities who have been impacted by HIV and systems of care that are not adequately addressing high HIV morbidity or lower viral suppression rates,



- Promote a whole-person approach to improve the health of people with HIV and people who can benefit from prevention services,
- Meet multiple reporting and funding requirements at once by aligning submission dates and allowing jurisdictions to include portions of other significant planning documents as part of their Integrated Plan
- Advance health by ensuring that government programs promote effective delivery of services and engage people with lived experience in service delivery system design and implementation, and finally,
- Leverage strategic partnerships to prioritize efforts and resources, and apply evidence-informed interventions to reach those who are diagnosed, but not engaged in care.

While the majority of the guidance remains the same, there are some new features.

The guidance includes a new emphasis on reaching those with HIV who are out of care. Jurisdictions should leverage strategic partnerships to prioritize efforts and resources, and use evidence-informed interventions in their strategies.

Section I is now called the Introduction, rather than an Executive Summary.

It also includes a table showing the required letters of concurrence depending upon the plan submission type – that is if the plan is state-only, state and city combined, or city-only.

Appendix one of the guidance is a checklist that details the submission requirements and allows jurisdictions to indicate whether they created new material or used existing material to meet each requirement.

And finally, the HIV Prevention, Care, and Treatment Resource Inventory must include provider information, funding sources, and services provided; however, the funding amounts are NOT required.

A complete Integrated Plan submission package must contain three documents:

1. An Integrated Plan for calendar years 2027 through 2031 that includes all components outlined in the guidance.
2. A completed CY 2027-2031 Integrated Prevention and Care Plan Guidance Checklist detailing where CDC and HRSA may find each of the required elements, and
3. A signed letter from all jurisdictional HIV planning groups and bodies indicating concurrence, concurrence with reservations, or non-concurrence with the plan.

Some final reminders: Submissions are due on June 30, 2026 and should be no longer than 100 pages, not including the completed checklist. Questions about the guidance can be emailed to integratedplanworkgroup@hrsa.gov.



If you need technical assistance with the development, implementation, or monitoring of your Integrated Plan, please contact the Integrated HIV/AIDS Planning Technical Assistance Center otherwise known as the IHAP TAC. They can be reached via email at ihaptac@jsi.org.