

May 20, 2011

HIV/AIDS Bureau

Dear Ryan White HIV/AIDS Program Part B Colleagues:

This letter informs Part B Grantees they must update their Statewide Coordinated Statement of Need (SCSN) and submit it through the Electronic Handbook by June 1, 2012. If a combined SCSN and Comprehensive Plan is submitted, the due date is June 15, 2012.

Language in section 2617(b)(6) of the Ryan White HIV/AIDS Treatment Modernization Act of 2006 (Ryan White HIV/AIDS Program) requires grantees to conduct activities to enhance coordination across Ryan White HIV/AIDS Program Parts by mandating participation in the development of a SCSN. The legislation states: "...that the public health agency administering the grant for the State will periodically convene a meeting of individuals with HIV/AIDS, members of a Federally recognized Indian tribe as represented in the State, representatives of grantees under each part under this title, providers, and public agency representatives for the purpose of developing a statewide coordinated statement of need...".

An important element in assessing statewide need includes describing the needs of individuals who are unaware of their HIV status. The early intervention of individuals living 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.

The purpose of the SCSN is to provide a collaborative mechanism to identify and address significant HIV care issues related to the needs of people living with HIV/AIDS, and to maximize coordination, integration, and effective linkages across the Ryan White HIV/AIDS Program parts. In addition, the SCSN process is expected to result in a document that reflects the input and approval of all Ryan White HIV/AIDS Program parts. Part B Program Grantees should discuss efforts made to address the new legislative requirement regarding EIIHA. 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 will keep them HIV negative. An updated SCSN Guidance is enclosed. If there are any questions, please contact your project officer.

Sincerely,

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Assistant Surgeon General
Associate Administrator

Executive Summary

Purpose and HAB/DSS Expectations

The Division of Service Systems requires Ryan White Part B grantees to submit an updated Statewide Coordinated Statement of Need (SCSN) every three years. The purpose of the SCSN is to provide a collaborative mechanism to identify and address the most significant HIV needs of people living with HIV/AIDS (PLWH/A) and to maximize coordination, integration, and effective linkages across all Ryan White HIV/AIDS Program Parts. The SCSN process is expected to result in a document that reflects the input and approval of all Ryan White HIV/AIDS program parts. The instructions below will outline HRSA/HAB/DSS' expectations for the SCSN.

Planning

HRSA encourages its grantees to use the SCSN to support HIV planning statewide. This may include using the goals outlined in the SCSN to set out measurable objectives, inform resource allocation decisions, create a statewide plan, or any other activity that would enhance HIV care and service delivery statewide. The SCSN is **not** intended to supplant local needs assessment, planning, and priority setting processes.

The SCSN is a collaborative process and must be developed with input from all Ryan White HIV/AIDS Programs Parts. The Part B grantee is responsible for periodically convening a meeting for the purpose of developing an SCSN. All Ryan White Parts are equally responsible for the development of the process, participation in the process, and the development and approval of an SCSN. The mechanism for developing an SCSN can be a statewide meeting or may be some other locally developed process.

What's New for the 2012 SCSN

1. 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. The 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.

2012 Statewide Coordinated Statement of Need (SCSN) Instructions

I. SUMMARY

The Statewide Coordinated Statement of Need (SCSN) is a written statement of need developed through a locally chosen collaborative process with other Ryan White HIV/AIDS Treatment Extension Act of 2009 programs. The SCSN must reflect without replicating, a discussion of existing needs assessments and should include a brief overview of epidemiological data, existing quantitative and qualitative information, and emerging trends/issues affecting HIV care and service delivery in the State. Important elements in assessing need include a determination of the population with HIV who are aware of their status but not in care (unmet need), individuals who are unaware of their HIV positive status, a comprehensive understanding of primary care and treatment in the State, and a consideration of all available resources.

The SCSN process should consider all Ryan White HIV/AIDS Program resources within the State, including the amount of funds, as well as the services these funds are support. Where possible, the value of non-Ryan White HIV/AIDS Program resources in the State should be considered in determining need. The SCSN must identify broad goals and identify critical gaps in life-extending care needed by people living with HIV/AIDS (PLWH/A) both in and out of care.

In developing a SCSN, States are expected to use needs assessments and comprehensive plans completed by other parts of the Ryan White HIV/AIDS Program in an effort to identify cross-cutting issues in the State. The cross-cutting issues and goals identified by this process will form the foundation of the SCSN. The issues and goals identified in the SCSN should not be prioritized, but assessed equally. Some examples of cross-cutting issues and/or broad goals may include access to medications, increasing the number and percentage of cervical cancer screenings provided to women living with HIV/AIDS, developing and evaluating a clinical quality management program, and decreasing unmet need.

The Health Resources and Services Administration (HRSA) strongly encourage grantees to use the SCSN to support Statewide HIV planning. This may include using the goals outlined in the SCSN to set measurable objectives, inform resource allocation decisions, create a Statewide plan, as well as conduct other activities to enhance HIV care and service delivery Statewide. The SCSN cannot supplant local needs assessment, planning, and priority setting processes.

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.

I. PARTICIPATION IN THE DEVELOPMENT OF THE SCSN

For the purpose of this guidance, “provider” is defined as any individual or institution either receiving Ryan White HIV/AIDS Program funds or generally involved in the provision of health care and/or support services to PLWH/A.

The SCSN must be developed with input from: 1) representatives of all Ryan White HIV/AIDS Programs, including administrators of the AIDS Education and Training Centers, the Dental Reimbursement Program and Special Projects of National Significance Demonstration Grants operating in the State; 2) PLWH/As; 3) members of a Federally recognized Indian tribe as represented in the State; 4) providers; and, 5) public agency representatives. Part A

representation should include grantee and Planning Council representatives. Part B representation should include Consortia, direct care providers, and grantee administrators. In cases where there are multiple grantees from a Ryan White HIV/AIDS Program, such as a State with multiple Part C programs, the State in concert with those grantees, should determine a mechanism of representation allowing a variety of interests and views to be fairly represented in the SCSN process.

In addition to Ryan White HIV/AIDS Program representation, States are also encouraged to include representation from other major providers or funders of services needed by PLWH/A such as substance abuse, mental health, Medicaid, Medicare, Community Health Centers, Veteran's Administration, HIV prevention, as well as other entities that may be appropriate for developing a coordinated strategy to link newly identified PLWH/A to appropriate health and support services.

II. **PROCESS FOR THE DEVELOPMENT OF THE SCSN**

The Ryan White HIV/AIDS Program assigns Part B Grantees the responsibility for periodically convening a meeting for the purpose of developing a SCSN and submitting the SCSN to the HRSA, HIV/AIDS Bureau, Division of Service Systems. However, HRSA views all Ryan White HIV/AIDS Program Parts equally responsible for the development of the process, their organization's participation, and the development and approval of a collaborative SCSN. The mechanism for developing the SCSN can be a series of Statewide meetings, meetings organized based on epidemiological data or another locally developed process, as long as the criteria described in the Summary and Participation Sections are met. The mechanism must ensure participation of all other Parts.

III. **HRSA EXPECTATIONS**

- a. A description of populations with HIV/AIDS in the State, including a State Epidemiological Profile
- b. A description of the needs which obstruct access to care for HIV-positive individuals, including gaps and overlaps in care, as well as priorities in addressing underserved populations
- c. A description regarding the needs of individuals who are aware of their HIV-positive status but are not in care (with an emphasis on outreach, referral, and linkage to care needs)
- d. A description regarding the needs of individuals who are Unaware of their HIV status (with an emphasis on outreach, counseling and testing, referral, and linkage to care needs)
- e. A description of the needs of special populations including but not limited to; adolescents, injection drug users, homeless, and transgender
- f. A description regarding any shortfalls in healthcare workforce
- g. A description of how the input from each of the entities below has been incorporated into the SCSN
 - Ryan White Part A Program

- Ryan White Part B Program
- Ryan White Part C Program
- Ryan White Part D Program
- AETC Administrators
- People living with HIV/AIDS
- Providers

IV. **SPECIAL CONSIDERATIONS**

Part A – In instances where the eligible metropolitan area (EMA) or transitional grant area (TGA) crosses a State border, the Part A applicant will be given the option to use the SCSN that appropriately applies to their population based on the epidemiological profile of that area.

Part B – States with only Part B funds will be required to develop a SCSN with participation from PLWH/A, providers, and public agency representatives such as State Medicaid Officials and Officials from local public health agencies.