Dear Ryan White HIV/AIDS Program Part A Grantees:

This letter formally addresses the Health Resources and Services Administration’s (HRSA) and the HIV/AIDS Bureau’s (HAB) guidance concerning the Ryan White HIV/AIDS Program statutory provisions related to planning council (PC) requirements. Specifically, HAB’s Division of Metropolitan HIV/AIDS Programs (DMHAP) staff received inquiries about the requirement that Part A Grantees in a transitional grant area (TGA) maintain a PC after fiscal year (FY) 2013.

Historically, Ryan White HIV/AIDS Program legislation required all Part A jurisdictions to have a PC. The 2006 reauthorization allowed newly eligible TGAs an option to implement a PC or to establish a community planning body, while requiring those TGAs that were formally eligible metropolitan areas (EMAs), maintain pre-existing PCs [See section 2609(d)(1) of Title XXVI of the Public Health Service Act]. Because this exception for former EMAs only applies through FY 2013, DMHAP identified a need to provide guidance to Part A Grantees.

All TGAs that have operating PCs are strongly encouraged by DMHAP to maintain that current structure, as articulated in the FY 2014 Funding Opportunity Announcement, HRSA 14-034; this position was orally reinforced at the Part A Administrative Reverse Site Visit meeting July 29-31, and on the Part A Pre-application Technical Assistance conference call September 6.

Major reasons behind the position that current PCs be maintained are: PCs provide a significant and unique venue for the required involvement of and input from people living with HIV/AIDS; major restructuring concurrent with other rapidly changing service delivery issues, such as the clinical paradigm/continuum of care and health reform, could impact local jurisdictions’ ability to responsively adapt a comprehensive system of care; and dismantling an existing PC, if the requirement may be reinstated in future statutory enactments, would not seem prudent. Maintaining such a PC structure does not negate efforts to integrate HIV prevention and care planning at the jurisdictional level (see http://hab.hrsa.gov/abouthab/files/integratedplanningletter05222013.pdf).

Given these considerations, DMHAP strongly recommends that all Part A TGAs that received funding as an EMA, maintain the pre-existing structure in conformity with PC legislative requirements. If you have any questions regarding this matter, please consult your DMHAP project officer.

Sincerely,

[Signature]

Steven R. Young, MSPH
Director
Division of Metropolitan HIV/AIDS Programs