DEPARTMENT OF HEALTH & HUMAN SERVICES

Health Resources and Services Administration

HIV/AIDS Bureau

Rockville, MD 20857

JUN 1 2 2008

Dear Part B Colleagues:

This letter informs you that Part B Grantees must update their Statewide Coordinated Statement of Need (SCSN) and submit it to the HIV/AIDS Bureau, Division of Service Systems (DSS), by January 5, 2009.

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…".

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 (PLWH/A), 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 Programs should discuss efforts made to meet the new legislative requirement to ensure that the comprehensive plan "includes key outcomes to be measured by all entities in the State receiving assistance under this title". The SCSN should reflect a collaborative process in developing these outcomes.

The Ryan White HIV/AIDS Program reflects a greater emphasis on quality management, oversight, and accountability consistent with the President's Reauthorization Principles. These principles which are used to strengthen Federal HIV treatment programs include:

1. A focus on primary care and treatment;
2. Efforts to increase flexibility to target resources; and,

3. Ensuring accountability using sound fiscal management and tools to evaluate program effectiveness.

The updated SCSN should include:

1. A discussion of HIV-related services provided in the State;
2. A description of populations of individuals with HIV/AIDS in the State;
3. A determination of the needs of such populations;
4. A discussion of those PLWH/As who know their status and are not receiving HIV related medical care; and,
5. An overview of issues related to access to care.

An updated SCSN Guidance is enclosed. If there are any questions, please contact your project officer.

Sincerely,

Deborah Parham Hopson

Deborah Parham Hopson, Ph.D., R.N.
Assistant Surgeon General
Associate Administrator

Enclosure

Ryan White HIV/AIDS Treatment Modernization Act of 2006
Part B 2009 Statewide Coordinated Statement of Need Guidance

DEFINITION

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 Modernization Act of 2006 Programs (Ryan White HIV/AIDS Program). 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 unmet need, a full understanding of primary care and treatment in the State, and a consideration of all available resources. The SCSN process should consider total Ryan White HIV/AIDS Program resources in the State, both the amount of funds and what services the funds are supporting. For example, the number of full-time case managers funded with Ryan White HIV/AIDS Program funds, the total spent for Core Services, and the total amount spent for medications. Where possible, the value of non-Ryan White HIV/AIDS Program resources in the State should be considered in determining need. A consideration of the numbers of persons who know their HIV status but are not in care should be included. 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 basis 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 could 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.*

PARTICIPATION IN THE DEVELOPMENT OF THE SCSN

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) providers; and, 4) public agency representatives. Part A representation should include grantee and Planning Council representatives. Part B should have 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.

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

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, and the Veteran's Administration.

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 some other locally developed process, as long as the criteria described in the Definition and Participation Sections are met. The mechanism must ensure participation of all other Parts.

USE OF RYAN WHITE HIV/AIDS PROGRAM FUNDS

The use of Ryan White HIV/AIDS Program funds to assure participation in the SCSN process must be consistent with each individual program's requirements with regard to program expenditures.

HRSA EXPECTATIONS AND TIMETABLE

At a minimum, the SCSN should contain:

- The most recent State HIV/AIDS epidemiology profile;
- A description of the process used to develop the SCSN;
- A list of participants in the process;
- A description of identified gaps and/or overlaps in services;
- A list of priorities identified, including addressing Unmet Need and gaps in Core Medical Services; and,
- A description of priorities addressing identified barriers to care for underserved populations in the State.

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 most 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. The final document should reflect efforts made to meet new legislative requirements.