DEPARTMENT OF HEALTH & HUMAN SERVICES
Health Resources and Services Administration

HIV/AIDS Bureau

Rockville, Maryland 20857

DEC 4 2013

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,

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