



HIV/AIDS Bureau

Rockville, Maryland 20857

APR 1 2006

Dear Colleagues:

Reauthorization language as reflected in the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act Amendment of 1996 (Public Law 101-38), Title XXVI of the Public Health Service Act (42 U.S.C. §§ 300ff-11 et. seq.), requires CARE Act Grantees to conduct activities to enhance coordination across the CARE Act programs by mandating participation in the development of a Statewide Coordinated Statement of Need (SCSN).

Enclosed is the updated SCSN Guidance implementing these provisions. A draft of the updated Guidance was provided to Title II Grantees and the Health Resources and Services Administration's HIV/AIDS Bureau staff for review and comment. Comments from their review have been incorporated in the enclosed Guidance.

The SCSN must be submitted by the Title II Grantee to DSSTitle2@hrsa.gov in final by January 31, 2006.

If there are any questions, please contact your Project Officer.

Sincerely,

Deborah Parham Hopson, Ph.D., R.N.
RADM, USPHS
Associate Administrator

Enclosure
Statewide Coordinated Statement of Need

STATEWIDE COORDINATED STATEMENT OF NEED

A. PROGRAM AUTHORITY

This document provides guidance to all grant recipients, including Title I, Title II, Title III, Title IV, and Part F of the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act, as amended, for the development of a Statewide Coordinated Statement of Need (SCSN). The CARE Act is administered by the Health Resources and Services Administration (HRSA), Department of Health and Human Services (DHHS).

The CARE Act was enacted in 1990 by Public Law 101-38, which amended Title XXVI of the Public Health Service (PHS) Act (42 U.S.C. §§ 300ff-11 *et seq.*). Reauthorization language as reflected in the CARE Act Amendments of 1996 (P.L. 104 - 146) requires CARE Act grantees to conduct activities to enhance coordination across the Ryan White Titles and Part F and specifically, to participate in the development of a SCSN.¹

All Ryan White CARE Act Grant recipients will be required, through a representative process, to participate in the development and approval of a SCSN.

B. PURPOSE OF THE 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 CARE Act Titles related to such issues.

C. LEGISLATION - RYAN WHITE CARE ACT AMENDMENTS OF 1996

The reauthorized Ryan White CARE Act contains the following language related to the development of the SCSN:

Sec.2602(b)(4)(D) indicates that the Title I Planning Council shall "participate in the development of the Statewide coordinated statement of need initiated by the State public health agency responsible for administering grants under Part B [Title II of the CARE Act]."

Sec.2603(b)(1)(G) refers to Title I supplemental grant applications that "demonstrate the manner in which proposed services are consistent with the local needs assessment and the Statewide Coordinated Statement of Need."

Sec.2605(a)(6) requires that a Title I eligible area prepare an application that ensures "that the applicant has participated, or will agree to participate, in the Statewide coordinated statement of need process where it has been initiated by the State, and ensure that services provided under the comprehensive plan are consistent with the Statewide Coordinated Statement of Need."

¹ See Section C for Legislative Citations.

Sec.2617(b)(2)(C) requires that state Title II applications include "a description of how the allocation and utilization of resources are consistent with the Statewide Coordinated Statement of Need (including traditionally underserved populations ...) developed in partnership with other grantees in the State that receive funding under this title" and in Sec.2617(b)(3) "an assurance that the public health agency administering the grant for the State will periodically convene a meeting of individuals with HIV, representatives of grantees under each part of this title, providers, and public agency representatives for the purpose of developing a Statewide Coordinated Statement of Need."

Sec.2619 indicates that "the Secretary shall provide technical assistance in administering and coordinating the activities authorized under Section 2612, including technical assistance for the development and implementation of the Statewide Coordinated Statement of Need."

Sec.2664(g)(4) requires that early intervention applicants (i.e., Title III) "submit evidence that the proposed program is consistent with the Statewide Coordinated Statement of Need and agree to participate in the ongoing revision of such statement of need."

Sec.2671(e)(2) requires that applicants for grants for coordinated services and access to research for women, infants, children and youth "participate in the Statewide Coordinated Statement of Need under Part B (where it has been initiated by the public health agency responsible for administering grants under Part B) and in revisions of such statement."

Sec.2691(f) indicates that the Secretary may not make a grant under the Special Projects of National Significance program "unless the applicant submits evidence that the proposed program is consistent with the Statewide Coordinated Statement of Need, and the applicant agrees to participate in the ongoing revision process of such statement of need."

D. BACKGROUND

The original SCSN Guidance was developed with input from a wide variety of sources, including CARE Act grantees, constituent groups, and persons living with HIV (PLWH) disease. This Guidance has been revised and updated by HRSA, HIV/AIDS Bureau staff to reflect new and emerging issues, as referenced in Section E, which should be addressed in the SCSN.

E. DEFINITION

The SCSN is a written statement of need developed through a chosen SCSN process. The SCSN process is flexible and options are detailed in Section G of this Guidance. 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. An important element in assessing need is an inventory of available resources. The SCSN process should consider the total CARE Act resources in the State, both the amount of funds and what services these funds are supporting. For example, the number of CARE Act supported case-management full time

employees, the total amount being spent for medications, the total amount being spent for CORE Services, (Primary Medical Care consistent with Public Health Service Treatment Guidelines, HIV Related Medications, Mental Health Treatment, Substance Abuse Treatment, Oral Health and Case Management.) Where possible, the value of non-CARE Act 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 as determined by the State's Unmet Need calculation reported in the fiscal year 2005 Title II Application should be included. The SCSN must identify broad goals related to the aforementioned needs assessment discussion and identify critical gaps in life-extending care needed by PLWH both in and out of care.

In developing a SCSN it is expected to look across need assessment processes conducted within the individual Titles and Part F programs to identify any cross-cutting issues for the CARE Act Titles and Part F in each State. The identification of cross-cutting issues will form the basis of the SCSN. The goals identified in the SCSN should not be prioritized, but equally assessed. Some examples of cross-cutting issues and broad goals may include, increasing access to medications, developing clinical capacity to serve disproportionately affected populations and those living in rural areas, and decreasing the percentage of persons who are HIV positive and not in care.

HRSA strongly encourages its grantees to use the SCSN to support HIV planning Statewide. 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. However, the SCSN can not supplant local needs assessment, planning, and priority setting processes.

F. PARTICIPATION IN THE DEVELOPMENT OF THE SCSN

The SCSN must be developed with input from: 1) representatives of all Ryan White CARE Act Titles and Part F Administrators, 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/A; 3) providers, and 4) public agency representatives. Title I should have both Title I Grantee representatives and Planning Council representatives. Title II should have both Consortia and Grantee Administrators. In cases where there are multiple grantees from any one Title and/or Part F, such as States that have several Title III Grantees, the State in concert with those Grantees, should determine a mechanism of representation allowing a variety of interests and views 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 funds or generally involved in the provision of health care and/or support services for PLWH/A.

In addition to CARE Act Titles and Part F representation, States are encouraged to include representation from other major providers or funders of services needed by PLWH such as Substance Abuse, Mental Health, Medicaid and Medicare, Veteran's Administration, and Community Health Centers.

G. PROCESS FOR THE DEVELOPMENT OF THE SCSN

The reauthorized legislation assigns Title II Grantees the responsibility for periodically convening a meeting for the purpose of developing a SCSN and reporting the SCSN report to HRSA. However, HRSA will view all Titles and Part F programs 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 a SCSN can be a Statewide meeting or some other locally developed process as long as the criteria described in Section E and Section F are met. If a locally developed process is chosen, States should ensure participation of all the other Titles and Part F representatives.

H. USE OF RYAN WHITE FUNDS

Use of Ryan White funds to assure participation must be consistent with the individual Titles and Part F Guidances. While no specific reference to funding the SCSN is mentioned in the legislation the Committee report states, "The legislation makes clear that part B grantees are not required to fund participation in the SCSN process. Nonetheless, the Committee strongly encourages grantees under part B to provide the funds necessary to assure adequate and broad Statewide participation of people living with HIV/AIDS and other representatives of historically underserved communities and subpopulations in the SCSN process. The Committee wishes to stress, as well, that grantees under part B are required to make every effort to assure the representation from each part A planning council within its jurisdiction and grantees under part C, D, and F." Please note that as stated in Section F of this Guidance, HRSA expects participation from both Title I Grantee representatives and Planning Council representatives.

I. HRSA EXPECTATIONS AND TIMETABLE

At a minimum, the SCSN should contain:

- most recent State HIV/AIDS Epidemiology Profile
- description of the process used to develop the SCSN
- list of participants in the process
- description of data and information used in the process
- description of identified gaps and/or overlaps in services
- list of priorities identified, including priorities addressing Unmet Need and gaps in CORE Services
- description of priorities addressing identified barriers to care for underserved populations in the State

The SCSN must be submitted by the Title II Grantee to DSSTitle2@hrsa.gov in final on or before **January 31, 2006**.

J. EVIDENCE OF CONSISTENCY/CONSIDERATION OF THE SCSN

All future Ryan White CARE Act Guidances will include specific instructions to meet the legislative mandate.

K. SPECIAL CONSIDERATIONS

Title I: In instances where the eligible metropolitan area crosses a State border, the Title I applicant will be given the option to use the SCSN that most appropriately applies to their population based on the epidemiological profile of that City.

Title II: States with only Title II funds will be required to develop a SCSN in concert with participation from PLWH/A, providers, and public agency representatives.