**CY 2022 – 2026 CDC DHP and HRSA HAB Integrated Prevention and Care Plan Guidance Checklist**

| **Requirement:**  | **New Material and/or****Existing Material Used to Meet Requirement:** | **Document Title/File Name of Existing Material****Attached to Meet****Requirement** | **Page Number(s) Where****Requirement is****Addressed in Existing Material** | **Notes (If Applicable)** |
| --- | --- | --- | --- | --- |
| **Section I: Executive Summary of Integrated Plan and SCSN** |  |  |  |  |
| 1. Executive Summary of Integrated Plan and SCSN  | Choose an item. | Click or tap here to enter text*.* | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. Approach
 | Choose an item. | Click or tap here to enter text*.* | Click or tap here to enter text*.* | Click or tap here to enter text*.* |
| 1. Documents Submitted to Meet Requirements
 | Choose an item. | Click or tap here to enter text*.* | Click or tap here to enter text*.* | Click or tap here to enter text*.* |
| **Section II: Community Engagement and Planning Process** |  |  |  |  |
| 1. Jurisdiction Planning Process | Choose an item. | Click or tap here to enter text*.* | Click or tap here to enter text*.* | Click or tap here to enter text*.* |
| 1. Entities Involved in Process
 | Choose an item. | Click or tap here to enter text*.* | Click or tap here to enter text*.* | Click or tap here to enter text*.* |
| 1. Role of the RWHAP Part A Planning Council/Planning Body (not required for state only plans)
 | Choose an item. | Click or tap here to enter text*.* | Click or tap here to enter text*.* | Click or tap here to enter text*.* |
| 1. Role of Planning Bodies and Other Entities
 | Choose an item. | Click or tap here to enter text*.* | Click or tap here to enter text*.* | Click or tap here to enter text*.* |
| 1. Collaboration with RWHAP Parts – SCSN Requirement
 | Choose an item. | Click or tap here to enter text*.* | Click or tap here to enter text*.* | Click or tap here to enter text*.* |
| 1. Engagement of People with HIV – SCSN Requirement
 | Choose an item. | Click or tap here to enter text*.* | Click or tap here to enter text*.* | Click or tap here to enter text*.* |
| 1. Priorities
 | Choose an item. | Click or tap here to enter text*.* | Click or tap here to enter text*.* | Click or tap here to enter text*.* |
| 1. Updates to Other Strategic Plans Used to Meet Requirements
 | Choose an item. | Click or tap here to enter text*.* | Click or tap here to enter text*.* | Click or tap here to enter text*.* |
| **Section III: Contributing Data Sets and Assessments** |  |  |  |  |
| 1. Data Sharing and Use | Choose an item. | Click or tap here to enter text*.* | Click or tap here to enter text*.* | Click or tap here to enter text*.* |
| 2. Epidemiologic Snapshot | Choose an item. | Click or tap here to enter text*.* | Click or tap here to enter text*.* | Click or tap here to enter text*.* |
| 3. HIV Prevention Care and Treatment Resource Inventory | Choose an item. | Click or tap here to enter text*.* | Click or tap here to enter text*.* | Click or tap here to enter text*.* |
| 1. Strengths and Gaps
 | Choose an item. | Click or tap here to enter text*.* | Click or tap here to enter text*.* | Click or tap here to enter text*.* |
| 1. Approaches and Partnerships
 | Choose an item. | Click or tap here to enter text*.* | Click or tap here to enter text*.* | Click or tap here to enter text*.* |
| 4. Needs Assessment | Choose an item. | Click or tap here to enter text*.* | Click or tap here to enter text*.* | Click or tap here to enter text*.* |
| 1. Priorities
 | Choose an item. | Click or tap here to enter text*.* | Click or tap here to enter text*.* | Click or tap here to enter text*.* |
| 1. Actions Taken
 | Choose an item. | Click or tap here to enter text*.* | Click or tap here to enter text*.* | Click or tap here to enter text*.* |
| 1. Approach
 | Choose an item. | Click or tap here to enter text*.* | Click or tap here to enter text*.* | Click or tap here to enter text*.* |
| **Section IV:****Situational Analysis**  |  |  |  |  |
| 1. Situational Analysis  | Choose an item. | Click or tap here to enter text*.* | Click or tap here to enter text*.* | Click or tap here to enter text*.* |
| 1. Priority Populations
 | Choose an item. | Click or tap here to enter text*.* | Click or tap here to enter text*.* | Click or tap here to enter text*.* |
| **Section V:** **2022-2026 Goals****and Objectives** |  |  |  |  |
| Goals and Objectives Description  | Choose an item. | Click or tap here to enter text*.* | Click or tap here to enter text*.* | Click or tap here to enter text*.* |
| 1. Updates to Other Strategic Plans used to Meet Requirements
 | Choose an item. | Click or tap here to enter text*.* | Click or tap here to enter text*.* | Click or tap here to enter text*.* |
| **Section VI:****2022-2026****Integrated****Planning****Implementation, Monitoring and Jurisdictional Follow Up** |  |  |  |  |
| 1. 2022-2026 Integrated Planning Implementation Approach
 | Choose an item. | Click or tap here to enter text*.* | Click or tap here to enter text*.* | Click or tap here to enter text*.* |
| 1. Implementation
 | Choose an item. | Click or tap here to enter text*.* | Click or tap here to enter text*.* | Click or tap here to enter text*.* |
| 1. Monitoring
 | Choose an item. | Click or tap here to enter text*.* | Click or tap here to enter text*.* | Click or tap here to enter text*.* |
| 1. Evaluation
 | Choose an item. | Click or tap here to enter text*.* | Click or tap here to enter text*.* | Click or tap here to enter text*.* |
| 1. Improvement
 | Choose an item. | Click or tap here to enter text*.* | Click or tap here to enter text*.* | Click or tap here to enter text*.* |
| 1. Reporting and Dissemination
 | Choose an item. | Click or tap here to enter text*.* | Click or tap here to enter text*.* | Click or tap here to enter text*.* |
| 1. Updates to Other Strategic Plans Used to Meet Requirements
 | Choose an item. | Click or tap here to enter text*.* | Click or tap here to enter text*.* | Click or tap here to enter text*.* |
| **Section VII: Letters of Concurrence** |  |  |  |  |
| 1. CDC Prevention Program Planning Body Chair(s) or Representative(s)
 | Choose an item. | Click or tap here to enter text*.* | Click or tap here to enter text*.* | Click or tap here to enter text*.* |
| 1. RWHAP Part A Planning Council/Planning Body(s) Chair(s) or Representative(s)
 | Choose an item. | Click or tap here to enter text*.* | Click or tap here to enter text*.* | Click or tap here to enter text*.* |
| 1. RWHAP Part B Planning Body Chair or Representative
 | Choose an item. | Click or tap here to enter text*.* | Click or tap here to enter text*.* | Click or tap here to enter text*.* |
| 1. Integrated Planning Body
 | Choose an item. | Click or tap here to enter text*.* | Click or tap here to enter text*.* | Click or tap here to enter text*.* |
| 1. EHE Planning Body
 | Choose an item. | Click or tap here to enter text*.* | Click or tap here to enter text*.* | Click or tap here to enter text*.* |