**INTRODUCTION**

The City of Austin, Austin Public Health Department [“City” OR “APH”] seeks responses to this Request for Applications (RFA) from qualified entities [“Applicant(s)”] to provide services to Persons Living With HIV (PLWH) and, within restrictions, to certain targeted populations at increased risk of acquiring HIV. Applications may include proposals for implementing new service strategies or expanding existing services.

Applicants may propose services for funding under this solicitation in only the following Ryan White HIV/AIDS Program (RWHAP) Service Categories:

* Early Intervention Services (EIS)
* Housing Services
* Medical Case Management (MCM) Services
* Mental Health Services
* Non-Medical Case Management (NMCM) Services

Proposed services must meet the definitions of eligible services under Ryan White HIV/AIDS Program (RWHAP) Service Categories, as defined in the [RWHAP Policy Clarification Notice #16-02](https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/ServiceCategoryPCN_16-02Final.pdf). Additional limitations and restrictions on services and activities may be described in this Scope of Work document.

**Applicants may apply for funding in one or more Service Categories, but must complete and package forms H-4, H-5, and H-6 separately for each proposed service.**

**PURPOSE**

The purpose of this competitive solicitation is to establish Agreements with qualified entities to provide direct services to individuals that contribute to success of the **Getting To Zero** (GTZ) Strategy, a UNAIDS commitment to end the AIDS epidemic through achieving zero deaths, zero new infections, and zero discrimination and stigma by 2030. The City’s commitment to the Strategy was formalized by the Mayor’s and County Judge’s signing of the *Paris Declaration* to join the **Fast-Track Cities (FTC)** initiative on June 20, 2018.

The full GTZ Strategy is outlined in the [Getting To Zero 2011-2015 UNAIDS Strategy](http://www.unaids.org/sites/default/files/sub_landing/files/JC2034_UNAIDS_Strategy_en.pdf).

The Fast Track Cities initiative is described at the [International Association of Providers of AIDS Care website](http://www.iapac.org/cities/).

**BACKGROUND**

During the last decade, there have been profound shifts in treatment, grant funding priorities, Federal regulations, and prioritization of social justice issues related to health equity and disparate health outcomes for PLWH. The impact of social determinants on health outcomes has been extensively researched and elevated in importance. Advances in HIV medical treatment and the continuing advent of new pharmaceuticals have transformed HIV infection primarily into a chronic but manageable disease when PLWH are identified as quickly as possible, engaged and retained in medical care, and provided appropriate antiretroviral treatment.

City HIV General Fund Agreements are expected to contribute directly to the GTZ/FTC goals by providing Prevention Through Care.

***This solicitation will result in services that:***

* Support the targets of the “90-90-90” strategy associated with GTZ and FTC:
	+ 90 percent of people infected with HIV will know their status
	+ 90 percent of those who know their status will receive antiretroviral therapy (ART)
	+ 90 percent of those on ART will be virally suppressed, i.e., will show undetectable levels of HIV in laboratory testing
* Provide core and support services to PLWH in the community
* Improve health outcomes and reduce disparities among targeted subpopulations

**APPLICANT QUALIFICATIONS**

* Applicants must meet all threshold review requirements.
* Applicants must be nonprofit corporations or governmental entities.
* Applicants may propose to provide services as a single entity or as a multi-agency collaboration, but a single entity from the collaboration must serve as Applicant, Lead Agency, and Fiscal Agent.
* Applicants must have successful experience providing the proposed or similar services.
* Applicants must have successful experience providing services to the Application’s proposed target population(s), or must describe culturally and linguistically appropriate cooperative relationships and/or strategies the Applicant will implement to serve the new target population(s).
* Applicants must have experience working with PLWH and populations at increased risk of acquiring HIV.

**CLIENT ELIGIBILITY REQUIREMENTS**

All individuals served must be residents of the City of Austin Full Purpose Jurisdiction and/or Travis County. Special residency exceptions may be made for clients experiencing homelessness who are present in Austin and/or Travis County.

All clients, other than specifically targeted populations in an Early Intervention Services program, must have documentation of positive HIV status.

Additional eligibility criteria are listed in Form H-7 – CLIENT ELIGIBILITY REQUIREMENTS. Alternative eligibility requirements, such as those specified in APH’s RWHAP Client Eligibility Policy and Procedures, may be proposed by the Applicant, but Residency and HIV Status, other than the exception described above, may not be changed. Contact the Authorized Contact Person for this solicitation to obtain APH’s RWHAP Client Eligibility Policy and Procedures.

**TARGETED POPULATIONS**

Applicants must identify one or more of the following target populations to which services will be designed and provided:

* African American/Black individuals
* Hispanic/Latinx individuals
* Transgender Individuals
* Youth aged 18-24
* People who are experiencing homelessness
* Recently released/ex-offenders
* People experiencing substance use issues (e.g., injection drug users)
* Veterans

**TERM AND FUNDING**

* Contracts are anticipated to be awarded for an initial 42-month period, from April 1, 2019 through September 30, 2022, with two 12-month extension options.
* Total annual funding of $630,192 is expected to be available for each 12-month period of the initial contract term, with half that amount available for the initial six months of the contract period. All awards are contingent upon annual funding appropriations by the Austin City Council.
* Applicants must request a minimum of $50,000 per Application/Service Category.

**ADMINISTRATIVE COSTS AND INDIRECT COST RATE**

* Administrative costs are not limited to 10% under this RFA. However, the portion of the budget planned for Administrative Costs must be reasonable and justified.
* The use of Indirect Cost Rate methodology is not permitted in Administrative Cost amounts for this RFA, nor will it be approved in budgets for contracts that are awarded.

**APPLICATION EVALUATION**

Applicants must address each question in Sections I-VI and complete each required form in this solicitation to be considered responsive to this RFA. Part VII is optional and is not required in order for an application to be considered responsive. A total of 100 points may be awarded to the application in Parts I-VI, with an additional five (5) bonus points available in Part VII, for a potential of 105 total evaluation points. The maximum score per section is noted at the beginning of each section. All applications will be evaluated as to how the proposed program aligns with the goals of this RFA, supports the outcome goals of the Getting To Zero/Fast Track Cities Strategies, and whether every question has been fully and adequately addressed.

**MINIMUM SCORE REQUIREMENT**

No Application receiving a total score, including bonus points, of less than 70 will be considered for funding.

**APPLICATION FORMAT**

Applicants must complete responses directly within the required forms. Responses must be included for each question in Parts I-VI. Applications that omit responses to questions may be deemed non-responsive and may not be evaluated for score or award. Provide a response for each question. If necessary, be repetitive rather than leaving an item blank or incomplete.

Do not submit additional materials that are not requested within the solicitation documents. This includes booklets, pamphlets, and other items. Do not use covers, card stock, staples, binders, notebooks, or dividers with tabs. Fasten the documents with binder clips only.

**IMPORTANT TERMS AND CONDITIONS**

The Applicant’s Authorized Representative, by his/her signature within these documents, represents that he/she is submitting a binding offer and is authorized to legally commit the Applicant to fully comply with all solicitation documents contained herein. The Applicant, by submitting and signing, acknowledges that he/she has received and read all document forms, and agrees to be bound by the terms. Austin Public Health urges Applicants to pay particular attention to the following items. **This list of responsibilities and requirements is not exclusive or all-inclusive; the Applicant is urged to read Form H-9 - STANDARD AGREEMENT AND MODIFICATIONS DOCUMENT closely before submitting this Application.**

1. **Contract Negotiation:** The City reserves the absolute right to negotiate any portion of an Application, including but not limited to Target Population, Service Category Activities, Budget/Cost, and Performance after submittal, before or after recommendations for award are determined, in the interest of best meeting the needs of the intended recipients of the service(s). Lack of agreement or consensus related to negotiation may result in no award, and awards may then be recommended for lower scoring Applicants offering the same or similar service(s) in a manner determined by the City to be the best option for award.
2. **Application Funding Request, Project Scope, and Recommended Award:** The City reserves the absolute right, during the evaluation and negotiation period, to negotiate with the Applicant to scale up or down any proposed service in the Application based upon significant factors identified by the City. Recommendations may include a partial award for reduced or altered scope, or, upon consultation with the Applicant regarding capacity, may include a larger funding recommendation than what is requested. Only certain services in the Application may be recommended for award, and lack of award recommendation for services under one service category shall not automatically negate the Applicant's offer to provide services under any other service category included as part of the Application. Applicants may decline recommended awards if they judge that doing so is the best course of action for their organization.
3. **Allowable and Unallowable Expenses**. In particular, review in detail Section 4.8 of Form H-9 – Standard Agreement and General Modifications documents.
4. **Insurance Requirements.** Review Form H-8 – City Insurance Requirements and consult with your insurance professional to ensure that you can obtain all of the needed coverage within 30 days of Notice of Award.
5. **Application Acceptance Period:** All applications shall remain valid until award, negotiation, and execution of contracts as directed by the Austin City Council.
6. **Proprietary Information:**  All materials submitted to the City become public property, and are subject to the Texas Open Records Act upon receipt. If an Applicant does not desire proprietary information in the proposal to be disclosed, each page must be identified and marked proprietary at time of submittal. The City will, to the extent allowed by law, endeavor to protect such information from disclosure. The final decision as to what information must be disclosed, however, lies with the Texas Attorney General. Failure to identify proprietary information will result in all unmarked sections being deemed non-proprietary and available upon public request.
7. **Exceptions:** Please be advised that exceptions to any portion of the Solicitation may jeopardize acceptance of the application.
8. **Financial Supporting Documentation:** Grantee must provide the City with supporting documentation for each monthly Payment Request which includes, but is not limited to, a report of City Agreement expenditures generated from the Grantee’s financial management system Grantee shall deposit and maintain all funds received under this Agreement in either a separate numbered bank account or a general operating account, either of which shall be supported with the maintenance of a separate accounting with a specific chart which reflects specific revenues and expenditures for the monies received under this Agreement. The Grantee’s accounting system must identify the specific expenditures, or portions of expenditures, against which funds under this Agreement are disbursed. Grantee must be able to produce an accounting system-generated report of exact expenses or portions of expenses charged to the City for any given time period. The City retains right of final approval of any supporting documentation submitted before a Payment Request is approved for processing.
9. **Reimbursement Only Basis.** Expenses and/or expenditures shall be considered reimbursable only if incurred during the current Program Period identified in Section 4.1.2 of the Standard Agreement, directly and specifically in the performance of this Agreement, and in conformance with the Agreement Exhibits. Grantee agrees that, unless otherwise specifically provided for in this Agreement, payment by the City under the terms of this Agreement is made on a reimbursement basis only; Grantee must have **incurred and paid** costs prior to those costs being invoiced and considered allowable under this Agreement and subject to payment by the City.
10. **Monitoring and Evaluation.** Grantee agrees that the City or its designee will carry out monitoring and evaluation activities to ensure adherence by the Grantee and Subgrantees to the Program Work Statement, Program Performance Measures, and Program Budget, as well as quality management purposes related to direct services or administrative operations. Grantee shall fully cooperate in any monitoring or review by the City and shall designate a staff member to coordinate monitoring and evaluation activities. The City expressly reserves the right to access client-level data related to services provided by the Applicant. Grantee shall provide the City with copies of all evaluation or monitoring reports received from other funding sources during the Agreement Term.
11. **Application Preparation Costs:** All costs directly or indirectly related to preparation of a response to the RFA or any oral presentation required to supplement and/or clarify an application which may be required by the City shall be the sole responsibility of the Applicant.
12. **Contract Adjustments:** The City of Austin reserves the right to adjust the agreement amount or scope of work over the contract period based on community needs, Applicant’s ability to expend funds in a timely manner, or any other factor. When the City determines that adjustments must be made, the City will provide at least a 90-day notice to the Grantee.
13. **Form 1295:** Section 2252.908 of the Texas Government Code requires a successful Applicant to complete a Form 1295, “Certificate of Interested Parties,” that is signed and notarized for an Agreement award requiring City Council authorization. As part of contract execution, the “Certificate of Interested Parties” form must be completed on the Texas Ethics Commission website, printed, signed and submitted to the City by the authorized agent of a successful Applicant with acknowledgment that disclosure is made under oath and under penalty of perjury prior to final Agreement execution. More information is available at www.ethics.state.tx.us/whatsnew/elf\_info\_form1295.htm.
14. **Vendor Registration:** Applicant must be a Registered City of Austin Vendor before submitting an Application under this solicitation. If Applicant is not currently a registered Vendor with the City of Austin, registration must be completed by clicking “Create Account” under *New Vendors* at the following link, and providing any supporting documentation required to the appropriate City office, before submitting an Application. <https://www.austintexas.gov/financeonline/vendor_connection/index.cfm>

 **IMAGINE AUSTIN COMPREHENSIVE PLAN**

The Austin City Council has directed that all programs funded through this competitive solicitation be consistent with the goals of the Imagine Austin Comprehensive Plan.

Imagine Austin is a 30-year plan for the City’s future and anticipated growth that was developed from extensive community input. Imagine Austin is based on Austin’s greatest asset: its people, and lays out a vision for future City growth.

The Applicant shall indicate how the proposed program strategy/strategies in this application correspond to the Imagine Austin Comprehensive Plan vision statement **and** one or more of its core mission statements.

**Imagine Austin Comprehensive Plan Vision Statement:**

**“Austin is a beacon of sustainability, social equity, and economic opportunity; where diversity and creativity are celebrated; where community needs and values are recognized; where leadership comes from its citizens, and where the necessities of life are affordable and accessible to all.”**

**Imagine Austin’s core mission statements**, as they relate to the City’s social service investments, are as follows:

**Austin is Livable**: All residents have a variety of urban, suburban, and semi-rural lifestyle choices with access to quality schools, libraries, parks and recreation, health and human services, and other outstanding public facilities and services.

* Austin’s diverse population is active and healthy, with access to locally-grown, nourishing foods and affordable healthcare

**Austin is Educated**: Austin provides everyone with an equal opportunity for the highest quality of education that allows them to fully develop their potential. Networks of community partnerships support our schools and ensure that our children receive the resources and services they need to thrive and learn.

* Our school campuses provide safe and stable environments enabling future success
* Every child in Austin has the chance to engage with other cultures, communities, and languages, providing pathways for healthy development and the critical thinking skills students need as future citizens of Austin and the world.

**Austin is Prosperous**: Austin’s prosperity exists because of the overall health, vitality, and sustainability of the city as a whole — including the skills, hard work, and qualities of our citizens, the stewardship of our natural resources, and developing conditions that foster both local businesses and large institutions.

* Equitable opportunities are accessible to all through quality education, training, and good jobs

**Austin Values and Respects its People**: Austin is its people. Our city is home to engaged, compassionate, creative, and independent thinking people, where diversity is a source of strength, and where we have the opportunity to fully participate and fulfill our potential.

People across all parts of the city and of all ages and income levels live in safe, stable neighborhoods with a variety of affordable and accessible homes with access to healthy food, economic opportunity, healthcare, education, and transportation

The full Imagine Austin Plan is available at <http://assets.austintexas.gov///webiacpfullreduced.pdf>.

**ALLOWABLE SERVICE CATEGORY INFORMATION**

**Early Intervention Services (EIS)**

* Applicant must directly provide, or proposed subcontractor(s) must directly provide, all four services bulleted below in an EIS program proposed in the Application. . If any of the four components are or will be funded through a different source than funding proposed in this Application, clearly explain what services will be provided by what funder.
* Targeted HIV testing to help the unaware learn of their HIV status and receive referral to HIV care and treatment services if found to be HIV positive
	+ Recipients must coordinate these testing services with other HIV prevention and testing programs to avoid duplication of efforts.
	+ HIV testing paid for by EIS cannot supplant testing efforts paid for by other sources.
* Referral services to improve HIV care and treatment services at key points of entry
* Access and linkage to HIV care and treatment services such as HIV Outpatient/Ambulatory Health Services, Medical Case Management, Mental Health Services, and Substance Abuse Care
* Outreach Services and Health Education/Risk Reduction related to HIV diagnosis
* Unit of Service Definition: Per encounter with client previously unlinked to care

**REQUIRED OUTCOME MEASURE FOR EARLY INTERVENTION SERVICES:**

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| --- | --- |
| **Early Intervention Services Program -** **OUTCOME #1**  | **Required Outcome Rate** |
| **Outcome Measure:** Percentage of Patients, regardless of age, who attended a routine HIV medical care visit within one month of diagnosis |  |
| **Numerator:** Number of patients who attended a routine HIV medical care visit within one month of HIV diagnosis |  |
| **Denominator:** Number of patients, regardless of age, with an HIV diagnosis in a 12-month measurement year |  |
| **Outcome Rate:** | **75%** |

**Housing Services**

* Applications in this Service Category may include one or more of the following:
* Short-term, medically-supported housing for recuperative care. Housing must include an individualized housing plan to guide the client’s linkage to long-term housing
* End-of-Life Care medically-supported housing and essential related services provided to clients in the terminal stage of an HIV-related illness
* Unit of Service Definition: Per day

**REQUIRED OUTCOME MEASURES FOR HOUSING SERVICES:**

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| **Housing Services Program – OUTCOME #1**  | **Required Outcome Rate** |
| **Outcome Measure:** Percentage of clients, regardless of age, with a diagnosis of HIV who had at least one medical visit in each 6-month period of the 12-month measurement period with a minimum of 60 days between medical visits |  |
| **Numerator:** Number of clients in the denominator who had at least one medical visit in each 6-month period of the 12-month measurement period with a minimum of 60 days between first medical visit in the prior 6-month period and the last medical visit in the subsequent 6-month period |  |
| **Denominator:** Number of clients, regardless of age, with a diagnosis of HIV with at least one medical visit in the first 6 months of the 12-month measurement period |  |
| **Client Exclusions:** Clients who died at any time during the 12-month measurement period |  |
| **Outcome Rate:** | **70%** |

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| **Housing Services Program – OUTCOME #2** | **Required Outcome Rate** |
| **Outcome Measure:** Percentage of clients who increase symptom management during the measurement period |  |
| **Numerator:** Number of housing services clients in the denominator who demonstrate increased symptom management |  |
| **Denominator:** Number of housing services clients, regardless of age, with a diagnosis of HIV |  |
| **Outcome Rate:** | **80%** |

**Medical Case Management (MCM)**

* MCM Services have as their objective improving health care outcomes. Key activities include:
	+ Initial assessment of service needs
	+ Development of a comprehensive, individualized plan
	+ Timely and coordinated access to medically appropriate levels of health and support services and continuity of care
	+ Continuous client monitoring to assess the efficacy of the care plan
	+ Re-evaluation of the care plan at least every 6 months with adaptations as necessary
	+ Ongoing assessment of the client’s and other key family members’ needs and personal support systems
	+ Treatment adherence counseling to ensure readiness for and adherence to complex HIV treatments
	+ Client-specific advocacy and/or review of utilization of services
* Unit of Service Definition: Per 15 minutes

**REQUIRED OUTCOME MEASURES FOR MEDICAL CASE MANAGEMENT:**

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| **Medical Case Management – OUTCOME #1** | **Required Outcome Rate** |
| **Outcome Measure:** Percentage of medical case management clients, regardless of age, with a diagnosis of HIV who had a medical case management care plan developed and/or updated two or more times in the measurement year |  |
|  **Numerator:** Number of medical case management clients who had a medical case management care plan developed and/or updated two or more times which are at least three months apart in the measurement year |  |
|  **Denominator:** Number of medical case management clients, regardless of age, with a diagnosis of HIV who had at least one medical case management encounter in the measurement year |  |
| **Client Exclusions:** Medical case management clients who initiated medical case management services in the last six months of the measurement year and medical case management clients who were discharged from medical case management services prior to six months of service in the measurement year |  |
| **Outcome Rate:** | **80%** |

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| **Medical Case Management – OUTCOME #2**  | **Required Outcome Rate** |
| **Outcome Measure:** Percentage of medical case management clients, regardless of age, with a diagnosis of HIV who had at least one medical visit in each 6-month period of the 12-month measurement period with a minimum of 60 days between medical visits |  |
| **Numerator**: Number of medical case management clients in the denominator who had at least one medical visit in each 6-month period of the 12-month measurement period with a minimum of 60 days between first medical visit in the prior 6-month period and the last medical visit in the subsequent 6-month period |  |
| **Denominator**: Number of medical case management clients, regardless of age, with a diagnosis of HIV with at least one medical visit in the first 6 months of the 12-month measurement period. |  |
| **Client Exclusions:** Clients who died at any time during the 12-month measurement period |  |
| **Outcome Rate:** | **85%** |

**Mental Health Services**

* Mental Health Services provide outpatient psychological and psychiatric screening, assessment, diagnosis, treatment, and counseling services to clients living with HIV. Services are based on a treatment plan, conducted in an outpatient group or individual session, and provided by a mental health professional licensed or authorized within the state to render such services. Such professionals typically include psychiatrists, psychologists, and licensed clinical social workers.
* Unit of Service Definition: Per visit

**REQUIRED OUTCOME MEASURES FOR MENTAL HEALTH SERVICES:**

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| **Mental Health Services – OUTCOME #1**  | **Required Outcome Rate** |
| **Outcome Measure:** Percentage of mental health services clients making progress towards or attaining their prescribed client treatment plan goals during the measurement year |  |
| **Numerator:** Number of mental health services clients in the denominator who demonstrate progress towards or attain their prescribed client treatment plan goals during the measurement year |  |
| **Denominator:** Number of mental health services clients, regardless of age, with a diagnosis of HIV |  |
| **Outcome Rate:** | **70%** |

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| **Mental Health Services – OUTCOME #2**  | **Required Outcome Rate** |
| **Outcome Measure:** Percentage of mental health services clients, regardless of age, with a diagnosis of HIV who had at least one medical visit in each 6-month period of the 12-month measurement period with a minimum of 60 days between medical visits |  |
| **Numerator:** Number of mental health services clients in the denominator who had at least one medical visit in each 6-month period of the 12-month measurement period with a minimum of 60 days between first medical visit in the prior 6-month period and the last medical visit in the subsequent 6-month period |  |
| **Denominator:** Number of mental health services clients, regardless of age, with a diagnosis of HIV with at least one medical visit in the first 6 months of the 12-month measurement period |  |
| **Client Exclusions:** Clients who died at any time during the 12-month measurement period |  |
| **Outcome Rate:** | **80%** |

**Non-Medical Case Management** (NMCM)

Non-Medical Case Management (NMCM) Services provide guidance and assistance in accessing medical, social, community, legal, financial, and other needed services. Non-Medical Case management services may also include assisting eligible clients to obtain access to other public and private programs for which they may be eligible, such as Medicaid, Medicare/Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturer’s Patient Assistance Programs, other state or local health care and supportive services, or health insurance Marketplace plans.

* Housing Case Management (HCM) Services, including assessment, search, placement, and advocacy services serve a critical need in the community. **Based on community input, a NMCM program that includes this sub-service may receive preferential scoring within this service category.** HCM Services must have as its primary goal linking the individual to stable housing through development of an individualized plan using collaborative relationships with HIV-focused **and** other housing providers in the area. Housing to which a client is linked does not have to be within Austin and/or Travis County, but follow-up evaluation and related services may continue for no more than 60 days after any placement outside of Austin/Travis County.
* Unit of Service Definition: Per 15 minutes

**REQUIRED OUTCOME MEASURES FOR NON-MEDICAL CASE MANAGEMENT:**

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| --- | --- |
| **Non-Medical Case Management – OUTCOME #1**  | **Required Outcome Rate** |
| **Outcome Measure:** Percentage of non-medical case management clients, regardless of age, with a diagnosis of HIV who had a non-medical case management service plan developed and/or updated two or more times in the measurement year. |  |
| **Numerator:** Number of non-medical case management clients who had a non-medical case management service plan developed and/or updated two or more times which are at least three months apart in the measurement year |  |
| **Denominator:** Number of non-medical case management clients, regardless of age, with a diagnosis of HIV who had at least one non-medical case management encounter in the measurement year. |  |
| **Client Exclusions:** Non-medical case management clients who initiated non-medical case management services in the last six months of the measurement year and non-medical case management clients who were discharged from non-medical case management services prior to six months of service in the measurement year. |  |
| **Outcome Rate:** | **80%** |

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| --- | --- |
| **Non-Medical Case Management – OUTCOME #2** | **Required Outcome Rate** |
| **Outcome Measure:** Percentage of non-medical case management clients, regardless of age, with a diagnosis of HIV who had at least one medical visit in each 6-month period of the 12-month measurement period with a minimum of 60 days between medical visits. |  |
| **Numerator:** Number of non-medical case management clients in the denominator who had at least one medical visit in each 6-month period of the 12-month measurement period with a minimum of 60 days between first medical visit in the prior 6-month period and the last medical visit in the subsequent 6-month period. |  |
| **Denominator:** Number of non-medical case management clients, regardless of age, with a diagnosis of HIV with at least one medical visit in the first 6 months of the 12-month measurement period. |  |
| **Client Exclusions:** Clients who died at any time during the 12-month measurement period. |  |
| **Outcome Rate:** | **85%** |