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| **Deliverable 1** | | | | | | | | | | | | |
| **1.1:** By March 31, 2025, 100% of clients will have received comprehensive reproductive health and wellness direct healthcare services per nationally recognized standards of care. | | | | | | | | | | | | |
| **1.2:** By Monday, March 31, 2025, 100% of subrecipients will conduct a systematic and coordinated approach in quality improvement to enhance outcomes for patients. | | | | | | | | | | | | |
| **Total Amount Requested this Billing Period for Deliverable 1:** | | | | | | | | | | | | |
|  | | | **Number of client visits this reporting period** | | **Number of special populations/faith based visits this period** | | | **Number of client visits served outside of childbearing status this period** | | | **Amount requested** | | |
| County Name | | |  | |  | | |  | | |  | | |
| County Name | | |  | |  | | |  | | |  | | |
| County Name | | |  | |  | | |  | | |  | | |
| County Name | | |  | |  | | |  | | |  | | |
|  | | | | | | | | | | | | |
|  | | | **Quality Improvement Plan Part 1**  *Attach RHWP QI plan template in GMIS in the program report section* ***DUE 4/10/24*** | | | | | | **Quality Improvement Plan Part 2**  *Attach RHWP QI plan template in GMIS in the program report section* ***DUE 8/10/24*** | | | |
| County Name | | | Yes  No | | | | | | Yes  No | | | |
| County Name | | | Yes  No | | | | | | Yes  No | | | |
| County Name | | | Yes  No | | | | | | Yes  No | | | |
| County Name | | | Yes  No | | | | | | Yes  No | | | |
|  | | | | | | | | | | | | |
| **Deliverable 2** | | | | | | | | | | | | |
| **2.1:** By Monday, March 31, 2025, 100% of subrecipients will have implemented and maintain appropriate financial and billing procedures. | | | | | | | | | | | | |
| **2.2** By Monday, March 31, 2025, 100% of subrecipients will have implemented and utilize an electronic medical record (EMR) system. | | | | | | | | | | | | |
| **2.3** By Monday, March 31, 2025, 100% of subrecipients will serve hard to reach and vulnerable populations utilizing various clinical service delivery modalities to increase access and remove barriers to care. | | | | | | | | | | | | |
| **Total Amount Requested this Billing Period for Deliverable 2:** | | | | | | | | | | | | |
|  | | **Agency has billed for 100% of clients with 3rd party coverage who are not seeking confidential services** | | ***Number of Telehealth Visits this reporting period*** | | | ***Number of visits where clients were assisted with enrollment to Medicaid***  ***/Insurance this period*** | | | **Amount Requested** | | |
| County Name | | Yes  No | |  | | |  | | |  | | |
| County Name | | Yes  No | |  | | |  | | |  | | |
| County Name | | Yes  No | |  | | |  | | |  | | |
| County Name | | Yes  No | |  | | |  | | |  | | |
|  | **Number of outreach events this period**  *Attach Outreach Reporting form in GMIS in the Expenditure report section.* | | | | | **Incentives Purchased this period** (dollar amount)  *If incentives are purchased, must maintain incentive tracking log* | | | | | |
| County Name |  | | | | |  | | | | | |
| County Name |  | | | | |  | | | | | |
| County Name |  | | | | |  | | | | | |
| County Name |  | | | | |  | | | | | |

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| Deliverable 3 | | | |
| **3.1:** By Monday, March 31, 2025, 100% of subrecipients will provide preconception health clinical services and promote awareness of preconception health in the community. | | | |
| **Total Amount Requested this Billing Period for Deliverable 3:** | | | |
| **Number of preconception health visits this reporting period.** | | **Number of visits with STI tests offered with positive pregnancy test this period.** | **Number of visits with STI tests provided with positive pregnancy test this period.** |
| County Name |  |  |  |
| County Name |  |  |  |
| County Name |  |  |  |
| County Name |  |  |  |
| **Number of visits with preconception health screening tool used this period.** | | **Number of preconception health referrals to primary care or specialist for chronic disease management this period.** | **Referral list and preconception health screening tool uploaded to GMIS by Jan 10, 2024.** |
| County Name |  |  | **Yes  No** |
| County Name |  |  | **Yes  No** |
| County Name |  |  | **Yes  No** |
| County Name |  |  | **Yes  No** |
|  | | **Number of community preconception health education sessions this period using provided teaching curriculum.** | **Number of preconception health community screening events this period.** |
| County Name | |  |  |
| County Name | |  |  |
| County Name | |  |  |
| County Name | |  |  |
|  | | | |