



Date: October 26, 2021

To: Subrecipient Applicants

From: Dyane Gogan Turner, Chief, *DGT*
Bureau Maternal, Child and Family Health

Subject: Reproductive Health and Wellness Program (RHWP) Competitive Solicitation

The Ohio Department of Health (ODH), Bureau of Maternal and Child health announces the availability of Reproductive Health and Wellness Program (RHWP) competitive grant funds to comprehensively address issues of reproductive health and wellness with a focus on populations in greatest need and identified priorities. Funds will be available for applicants to ensure there is an organized effort to improve the overall health and well-being of women and men by promoting healthy lifestyles and encouraging the establishment of a reproductive life plan.

All potential applicants are encouraged to attend a Bidders' conference that will be held via teleconference/webinar on Thursday November 4, 2021, from 3:00 p.m. to 4:00. p.m. The Bidders conference will provide an opportunity for interested parties to learn more about the Solicitation. Information regarding the time and instructions on accessing the webinar will be posted to the Reproductive Health and Wellness Program web page at <https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/reproductive-health-and-wellness-program/grant-information>.

All electronic applications and attachments are due by 4:00 p.m., Monday December 6, 2021. Applications received after the due date will not be considered for funding. Faxed, hand-delivered or mailed applications will not be accepted. Electronic application components must be submitted via the on-line Grants Management Information System (GMIS). New staff requiring GMIS access must successfully complete GMIS training offered by ODH.

Any award made through this program is contingent upon the availability of funds for this purpose. The subrecipient agency must be prepared to support the costs of operating the program until receipt of grant payments.

Submission of the competitive application constitutes acknowledgment and acceptance of ODH Grants Administration Policies and Procedures (OGAPP) Manual rules and any other program-specific requirements as outlined in the competitive Solicitation. Reference the competitive Solicitation for more information. The competitive Solicitation for this grant program can be found on the ODH website www.odh.ohio.gov. Allotments will be established in GMIS by ODH. Please refer to the GMIS bulletin board for current allotment percentage.

If you have questions, please contact Michelle Clark at (614) 728-0774 or via email at Michelle.Clark@odh.ohio.gov.

ALL APPLICATIONS MUST BE SUBMITTED VIA THE INTERNET

OHIO DEPARTMENT OF HEALTH

OFFICE OF the Medical Director
BUREAU OF Maternal, Child, and
Family Health

Reproductive Health and Wellness
SOLICITATION FOR FISCAL YEAR 2023(04/01/2022
– 03/31/2023)
Local Public Applicant Agencies Non-Profit
Applicants

COMPETITIVE GRANT APPLICATION INFORMATION
100% Deliverable Funding

Revised 9/20/2021
For grant starts 7/1/2022 and thereafter

TABLE OF CONTENTS

I.	APPLICATION SUMMARY and GUIDANCE	
A.	Policy and Procedure	3
B.	Application Name	4
C.	Purpose	4
D.	Qualified Applicants	4
E.	Service Area	5
F.	Number of Grants and Funds Available	5
G.	Due Date	7
H.	Authorization	7
I.	Goals	7
J.	Program Period and Budget Period	11
K.	Public Health Accreditation Board Standards	11
L.	Public Health Impact Statement	11
M.	HumanTrafficking	13
N.	Appropriation Contingency	13
O.	Programmatic, Technical Assistance and Authorization for Internet Submission	13
P.	Acknowledgment	13
Q.	Late Applications	13
R.	Successful Applicants	14
S.	Unsuccessful Applicants	14
T.	Review Criteria	14
U.	Freedom of Information Act	14
V.	Ownership Copyright	15
W.	Reporting Requirements	15
X.	Special Condition(s)	19
Y.	Unallowable Costs	19
AA.	Audit	19
AB.	Submission of Application	20
II.	APPLICATION REQUIREMENTS AND FORMAT	
A.	Application Information	22
B.	Budget	22
C.	Assurances Certification	22
D.	Project Narrative	23
E.	Civil Rights Review Questionnaire – EEO Survey	24
F.	Federal Funding Accountability and Transparency Act (FFATA) Requirement	24
G.	Attachment(s)	25
III.	APPENDICES	
A.	Notice of Intent to Apply for Funding	
B.	GMIS Access Request Form	
C.	C1. Deliverable – Objective Descriptions	
	C2. Deliverable – Maximum Funds Available	
D.	Application Review Form (required)	
E.	Goals and Deliverable Grid	
F.	Program Income Reporting Form	
G.	Expenditure Report Submission Instructions	

- H. Deliverable Reporting Form
- I. FPAR Data Form
- J. Change of Scope
- K. Outreach Event Reporting Form
- L. Quality Improvement Plan
- M. Budget Justification Example

I. APPLICATION SUMMARY and GUIDANCE

An application for an Ohio Department of Health (ODH) grant consists of a number of required components including an electronic portion submitted via the Internet website “ODH Application Gateway” and various paper forms and attachments. All the required components of a specific application must be completed and submitted by the application due date. **If any of the required components are not submitted by the due date indicated in sections D, G and R, the entire application will not be considered for review.**

This is a competitive solicitation; a **Notice of Intent to Apply for Funding (NOIAF – Appendix A) must be submitted by, November 9, 2021**, so access to the application via the Internet website “ODH Application Gateway” can be established.

NEW AGENCIES ONLY or if UPDATES are needed: For non-profit agencies, the NOIAF must be accompanied by proof of non-profit status. Both non-profit and local public agencies must submit proof of liability coverage. Potential applicants and current subrecipients are required to maintain their current supplier information in the State of Ohio Supplier Portal. This information includes, but is not limited to, Electronic Funds Transfer (EFT), 1099 Form and current address.

This information is maintained on the following website: <http://supplier.ohio.gov/>

Note: Subrecipients future payments will be held if the agency receives a paper check due to the EFT information not being properly maintained in the supplier portal.

The application summary information is provided to assist your agency in identifying funding criteria:

A. Policy and Procedures: Uniform administration of all the ODH grants is governed by the ODH Grants Administration Policies and Procedures (OGAPP) manual and updates in policies that have been posted on the GMIS Bulletin Board. This manual and GMIS Bulletin Board policy updates must be followed to ensure adherence to the rules, regulations, and procedures for preparation of all Subrecipient applications. The OGAPP manual is available on the ODH website: click or copy and paste the following link into your web browser: <https://odh.ohio.gov/wps/portal/gov/odh/about-us/funding-opportunities/resources/grants-administrative-policies-and-procedures-ogapp-manual>

Updates to policies and procedures can be found on the GMIS bulletin board.

All budget justifications must include the following language and be signed by the agency head listed in GMIS. Please refer to the Budget Justification Templates listed on the GMIS bulletin board.

Budget Justification Certification language

- Subrecipient understands and agrees that it must follow the federal cost principle that applies to its type of organization (2 CFR, Part 225; 2 CFR, Part 220; or, 2 CFR, Part 230).
- Subrecipient's budgeted costs are reasonable, allowable, and allocable under OGAPP and federal rules and regulations.
- The OGAPP and the rules and regulations have been read and are understood.
- Subrecipient understands and agrees that costs may be disallowed if deemed unallowable or in violation of OGAPP and federal rules and regulations.
- The appropriate programmatic and administrative personnel involved in this application are aware of agency policy with regard to subawards and are prepared to establish the necessary inter-institutional agreements consistent with those policies.
- Subrecipient agrees and understands that costs incurred in the fulfillment of the Deliverables must be allowable under OGAPP and federal rules and regulations to qualify for reimbursement.

B. Application Name: *Reproductive Health and Wellness Program*

- C. Purpose:** The purpose of the Reproductive Health and Wellness Program in Ohio is to improve the overall health and well-being of women and men by promoting healthy lifestyles, reducing barriers, providing access, and encouraging the establishment of a reproductive life plan.

An estimated 1,377,180 women, aged 13-44, needed contraceptive services and supplies in Ohio in 2016, which is an increase of 6% from 2014. More than half of Ohio women in need of contraceptive services and supplies, 751,340, likely needed public support for contraceptive services and supplies.¹ Title X funding provides increased access to family planning services that can reduce the number of unintended pregnancies, which contribute to poor birth outcomes such as infant mortality, low birth weight babies, preterm birth, and reduced birth spacing.

In Ohio, the availability of Title X dollars averted 16,950 unintended pregnancies, resulting in 7,980 fewer unplanned births and 5,740 fewer abortions in 2016. In addition, Title X funded centers averted 40 cervical cell cases, 10 cervical cancer cases, 170 pelvic inflammatory disease cases, and 1,710 chlamydia and 430 gonorrhea cases among partners.¹

A Title X Key Issue is increasing attention to CDC screening recommendations for chlamydia and other STIs that have a potential long-term impact on fertility and pregnancy. Ohio chlamydia rate ranked 31st among all states, at 542.3, similar to the national rate of 539.9 (number of new cases of chlamydia per 100,000 population).¹

The total annual net savings from services provided during family planning visits at Title X-funded centers in 2016 was \$95,756,000, which includes savings from averted pregnancies, STI sequelae and cancers.¹

- D. Qualified Applicants:** *All applicants must be a local public or non-profit agency. Applicant agencies must have the capacity to accept an electronic funds transfer (EFT). If an applicant agency needs GMIS access, then a GMIS access form must be submitted (Appendix B). The following criteria must be met for grant applications to be eligible for review:*

1. Applicant does not owe funds to ODH and has repaid any funds due within 45 days of the invoice date.
2. Applicant has not been certified to the Attorney General's (AG's) office.
3. Applicant has submitted application and all required attachments by **4:00 p.m. on Monday, December 6, 2021.**

¹ America's Health Rankings analysis of CDC, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention Atlas, United Health Foundation, AmericasHealthRankings.org, Accessed 2021.

- E. Service Area:** Applicants shall clearly define the specific geographic area (county, zip codes(s), census tract(s), etc.) and the specific population to be served with the grant funds provided. This grant shall not establish residency requirements for eligible patients. The RHWP service area includes all counties in Ohio. Applicants are required to indicate the areas of service and explain how these areas were selected. Applicants are required to indicate other resources located within their service area or explain if there are none.

Applications to provide services to multiple counties will be accepted. Funding designated for a county must be spent for services provided in that county. Revenue generated must be applied to the program in the county which it is funded.

If other service providers in the applicant's county provide family planning services through Title X, the applicant must clearly define how their agency will be serving a different population and there is no duplication of effort within the county to be eligible for Reproductive Health and Wellness funding.

- F. Number of Grants and Funds Available:** The sources of funding for the Reproductive Health and Wellness Program subrecipient program are both state and federal funds. Up to 88 grants may be awarded for a total amount of \$9,824,703 which includes funding from the Maternal and Child Health Block Grant (Title V), The Population Research and Voluntary Family Planning Programs (Title X), and General Revenue Funds from the state of Ohio. Funding will be available in a deliverable format. Funding is divided into payment per deliverable and only the amount allotted to that deliverable may be spent on that specific deliverable. Eligible applicants may apply for a funding amount up to the amount stated in Appendix C2. Agencies may subcontract with other agencies to provide services. Agencies may collaborate with external partners on an application to provide services.

Eligible Award Amounts

Awards will be determined using two criteria. Applicants will be categorized by the average annual number of family planning client visits completed in the most recent one-year time frame. (See Table 1 for the maximum award amount per client volume). The time frame for client visits completed for year one is August 1, 2020, through July 31, 2021. Data was extracted from Ahlers database. Applicant will be placed in the eligible award band at the maximum eligible award amount. Secondly, applicant will be ranked on the following measures: female population, age 13-44, by county; women aged 13-44 in need of publicly funded contraceptive services and supplies; rank chlamydia rate, male and female; and Social Vulnerability Index (SVI) (See Table 2.) Final awards will be determined using the eligible band amount and the county measure rank. Variables used in the SVI are socioeconomic status, household composition & disability, minority status & language, and housing type and transportation. Link for more information regarding the SVI <https://www.atsdr.cdc.gov/placeandhealth/svi/index.html>

All agencies who previously received the RHWP grant will receive the same amount as the previous year, regardless of the number of client visits provided or the ranking. Program is aware of the impact of COVID-19 on the sub-recipient's ability to provide RHW services. Funding will be re-evaluated based on the funding formula and client visits in year two. Agencies that have shown an increase in client visits will be placed in the appropriate funding band potentially receiving an increase in funding. Funding amounts for all sub-recipients will be re-evaluated mid-year, with a potential decrease or increase in funding based on the number of client visits provided in the first six months. Technical Assistance will be provided to assist your program throughout the grant year.

New applicant award amounts will be based on a minimum required client visit of 200 with a minimum funding amount of \$45,000. A new applicant is defined as any agency that has not provided RHWP to clients in the last two years. If so, the award amount will be calculated same as above. Funding amounts will be re-evaluated mid-year based on the number of client visits served, with a potential increase in funding if client visits are greater than the

minimum required. Funding will also be re-evaluated based on the funding formula and client visits in year two.

Existing agency award amounts will be based on a minimum required client visits of 200. However, agencies who have provided RHWP for a minimum of two years and have not reached the minimum client visit requirement of 200, will be considered for funding at \$30,000 and must meet the following criteria: submit work plan outlining how you will increase your client visit numbers with monthly updates attached in GMIS and participate in quarterly Technical Assistance calls.

The requested annual funding must be consistent with the scope of services proposed and be reasonable and cost effective. Annual award amounts may be reduced for the remaining contract years if the sub recipient does not maintain the client volume on which the original award amount was based. The funding formula calculations may change at the discretion of the RHWP.

A mid-year review will be conducted with a potential reallocation of funding based on the number of required visits. This could potentially increase or decrease award amount based on the number of client visits provided.

Table 1 Eligible Award Amounts

Eligible Award Amounts Band	Annual number of clients served	Eligible Award Amount
0	5,000 and above	Up to \$700,000
1	4,000 to 4,999	Up to \$600,000
2	3,000 to 3,999	Up to \$400,000
3	2,500 to 2,999	Up to \$300,000
4	2,000 to 2,499	Up to 200,000
5	1,300 to 1,999	Up to \$150,000
6	650 to 1,299	Up to \$100,000
7	400 to 649	Up to \$75,000
8	300 to 399	Up to \$55,000
9	200 to 299	Up to \$45,000
10	100 visits	\$30,000

Once the above category is identified, the level of funding is based on the index below:

Table 2 Scoring Index

Index scoring/Weight determines dollar amount of award for each county	
1. Population, Female, aged 13-44, by county	20%
2. Women, aged 13-44, in need of publicly funded contraception	20%
3. Chlamydia rate, Male and Female	10%
4. Social Vulnerability Index	50%

In subsequent years, Fiscal Years 2023 through 2027, sub recipients must submit a non-competitive annual application. Each year continuing funding is contingent upon the availability of funds, accurate submission of reports; an approved program plan; satisfactory progress toward completion of the current years' contract deliverables; meeting family planning's Minimum Program Requirements; Reporting Requirements and meeting minimum number of required visits.

Applications to provide services to multiple counties will be accepted. Applicants may submit proposals to serve multiple counties and may apply for the sum of the funds available for each county to be served. A detailed budget and budget narrative are required for each county. Dollars designated for a county must be spent for services in that county. Revenue generated must be applied to the program in the county which it is funded.

Funding will be awarded in accordance with O.R.C.3701.033 Distribution of funds for family planning services which establishes the order of priority to be followed by the department of health when distributing funds for providing family planning services.

No grant award will be issued for less than **\$30,000**. The minimum amount is exclusive of any required matching amounts and represents only ODH funds granted. Applications submitted for less than the minimum amount will not be considered for review.

- G. Due Date:** All parts of the application, including any required attachments, must be completed, and received by ODH electronically via GMIS by **4:00 p.m. Monday, December 6, 2021**. Applications and required attachments received after this deadline will not be considered for review.

Contact Michelle Clark at michelle.clark@odh.ohio.gov or 614-728-0774 with any questions.

- H. Authorization:** Authorization of funds for this purpose is contained in Amended Substitute House Bill _1, (110th Ohio General Assembly) and/or the *Catalog of Federal Domestic Assistance (CFDA) Number 93.217, Section 3701.046, and the Maternal Health Services Block Grant (Title V, Social Security Act, as amended, Catalog of Federal Domestic Assistance Number 93.994)*.

- I. Goals:** The Goals of the Reproductive Health and Wellness Program are:

Goal 1: To improve the overall reproductive health and well-being of women and men.

- Deliverable 1: By March 31, 2023, 100% of clients will have received comprehensive reproductive health and wellness direct health care services per nationally recognized standards of care.

Goal 2: To support the infrastructure and increase sustainability of Reproductive Health and Wellness services.

- Deliverable 2: By March 31, 2023, sub-recipients will have implemented activities to support infrastructure and program sustainability.

Goal 3: To increase outreach for target population to a broad range of Reproductive Health and Wellness Services.

- Deliverable 3: By March 31, 2023, 100% of subrecipients will provide and implement an outreach plan describing at least 2 outreach activities targeting to hard-to-reach and high need populations as reflected in their need's assessment. Identified populations are women in need of publicly funded contraceptive services including but not limited to Appalachian, Latina and Non-Hispanic Black or African American women of childbearing age and those with disabilities. The outreach plan should include the following: description of the activity, identified audience and documented need, evidence base supporting outreach activity and plan to evaluate outreach activity, and. By March 31, 2023, 100% of subrecipients will conduct and report on at least 1 quality improvement project.

Goal 4: To strengthen the clinical competency of the Reproductive Health and Wellness Program.

- Deliverable 4: (optional; limit one sub-recipient; max \$200,000 in funding; amount not included in total funding) By March 31, 2023, RHWP clinician/provider will develop and implement clinical training program promoting evidence-based clinical standards.

Goal 5: To provide reproductive health and wellness program (RHWP) services to special populations within the subrecipient site(s) or at off-site location(s). The special populations include but are not limited to; substance use disorder (SUD), LGBTQ, incarcerated persons, domestic violence, homeless and adolescents, PrEP starts, and persons currently or previously being trafficked.

- Deliverable 5: (optional; limit up to 12 subrecipients; max 40,000 in funding; amount not included in total funding) By March 31, 2023, the existing Title X family planning clinic will identify and provide RHWP services to one or more of the identified special populations.

Goal 6: To foster interactions with community and faith-based organizations to develop a network for services when needs outside the scope of family planning are identified.

- Deliverable 6: (optional; limit up to 10 subrecipients; max \$40,000 in funding; amount not included in total funding) By March 31, 2023, the existing Title X family planning clinic will collaborate with a faith-based organization (FBO) to expand outreach, community participation and knowledge, and provide RHWP clinical services.

Goal 7: To support and encourage client access to reproductive health services.

- Deliverable 7: (Optional; Max amount of funding \$5,000) By March 31, 2023, subrecipients will have distributed 100% of the incentives purchased to encourage clients to participate in Title X services.

Goal 1 has the option to provide comprehensive health services to women no longer of child-bearing status. If applicant does not desire to provide this service, deliverable 1 award amount will be decreased by 5%.

Goal 4 only applies to the agency who receive this additional funding. Funding for this goal is not included in total grant funding. Applicants are required to submit a separate detailed plan in a deliverable format and budget based on the description in Goals and Deliverables Grid (Appendix E). Funding will be limited to one (1) sub recipient. Agency must have infrastructure in place to accommodate the development of a training center. Funding will be reimbursed in a (monthly/quarterly) deliverable format as designated by the applicant.

Goal 5 only applies to agency/agencies who apply for and receive this additional funding. Funding for this goal is not included in total grant funding. Applicants are required to submit a separate detailed plan in a deliverable format and budget based on the description in Goals and Deliverables Grid (Appendix E). Funding will be limited to twelve (12) sub-recipients. Funding will be reimbursed in a (monthly/quarterly) deliverable format as designated by the applicant.

Goal 6 only applies to agency/agencies who apply for and receive this additional funding. Funding for this goal is not included in total grant funding. Applicants are required to submit a separate detailed plan in a deliverable format and budget based on the description in Goals and Deliverables Grid (Appendix E). Funding will be limited to ten (10) sub-recipients. Funding will be reimbursed in a (monthly/quarterly) deliverable format as designated by the applicant.

Goal 7 only applies to agency/agencies who apply for and receive this additional funding. Funding for this goal is not included in total grant funding. Applicants are required to submit a separate detailed plan in a deliverable format and budget based on the description in Goals and Deliverables Grid (Appendix E). Funding will be reimbursed in a (monthly/quarterly) deliverable format as designated by the applicant. Structured internal controls must be in place for this deliverable.

Applicants should refer to the Title X program requirements, <https://opa.hhs.gov/grant-programs/title-x-service-grants/title-x-statutes-regulations-and-legislative-mandates> which consist of the Federal statutory and regulatory requirements that apply to the Title X program; Title X program policies, which set out OPA's longstanding expectations for the way in which Title X grantees and subrecipients should implement their projects; and Providing Quality Family Planning Services: Recommendations of CDC and the U.S. Office of Population Affairs (QFP), <https://www.cdc.gov/mmwr/pdf/rr/rr6304.pdf> which provides clinical recommendations for how to provide family planning services in a manner that is consistent with the best available scientific evidence and medical practice.

These goals and objectives are to be accomplished by engaging in a focused, multidisciplinary, collaborative approach to health improvement. This must be done in coordination with internal and external stakeholders, including, but not limited to, local public health agencies, community health centers, community-based organizations, faith-based organizations, private sector organizations and other public health providers (e.g., correctional facilities, immigrant organizations, homeless shelters and organizations that focus on adolescents) that serve populations that are disproportionately affected by poor health outcomes.

While the requirements for Title X service grantees are derived from [statute, regulations, and legislative mandates](#), there are additional key issues that represent overarching goals for the Title X program. These are determined based on priorities set by the Office of the Assistant Secretary of Health (OASH) and the Office of the Secretary (OS) of the Department of Health and Human Services (HHS). The FY2020 and FY2019 key issues are as follows:

1. Assuring innovative quality family planning and related preventive health services that lead to improved reproductive health outcomes and overall optimal health, which is defined as a state of complete physical, mental, and social well-being and not merely the absence of disease. Guidance regarding the delivery of quality family planning services is spelled out in the April 25, 2014, MMWR, [Providing Quality Family Planning Services: Recommendations of CDC and the U.S. Office of Population Affairs](#). Periodic updates have been made to this publication and are available on the [Quality Family Planning page](#). It is expected that the core family planning services listed in the Program Description, and which also are included in the Quality Family Planning Services document referenced above, will be provided by each project;
2. Providing the tools necessary for the inclusion of substance abuse disorder screening into family planning services offered by Title X applicants;
3. Following a model that promotes optimal health outcomes for the client (physical, mental, and social health) by emphasizing comprehensive primary healthcare services, along with family planning services preferably in the same location or through nearby referral providers;
4. Providing resources that prioritize optimal health outcomes (physical, mental, and social health) for individuals and couples with the goal of healthy relationships and stable marriages as they make decisions about preventing or achieving pregnancy;
5. Providing counseling for adolescents that encourages sexual risk avoidance by delaying the onset of sexual activity as the healthiest choice, and developing tools to communicate the public health benefit and protective factors for the sexual health of adolescents found by delaying the onset of sexual activity thereby reducing the overall number of lifetime sexual partners;

6. Communicating the growing body of information for a variety of fertility awareness-based methods of family planning and providing tools for applicants to use in patient education about these methods;
7. Fostering interaction with community and faith-based organizations to develop a network for client referrals when needs outside the scope of family planning are identified;
8. Accurately collecting and reporting data, such as the [Family Planning Annual Report](#) (FPAR), for use in monitoring performance and improving family planning services;
9. Promoting the use of a standardized instrument, such as the OPA Program Review Tool, to regularly perform quality assurance and quality improvement activities with clearly defined administrative, clinical, and financial accountability for applicants and subrecipients; and
10. Increasing attention to CDC screening recommendations for chlamydia and other STDs (as well as HIV testing) that have potential long-term impact on fertility and pregnancy.

All programs are to provide **core** direct reproductive health and wellness care using nationally recognized standards of care. Reproductive Health and Wellness Program **core** services include, but are not limited to the following:

- Discussion with clients about their reproductive life plan.
- A broad range of acceptable and effective family planning methods and services for delaying or preventing pregnancy.
- The broad range of family planning services does not include abortion as a method of family planning.
- Pregnancy testing, and counseling in accordance with the Title X regulations.
- Services centered around preconception health and achieving pregnancy, which should include:
 - Basic infertility services;
 - Sexually transmitted infection (STI) prevention education, screening, and treatment;
 - HIV testing and referral for treatment when appropriate; and
 - Screening for substance use disorders and referral when appropriate to help reduce adverse pregnancy-related outcomes and improve individuals' reproductive health generally.

Related preventive health services that are considered beneficial to reproductive health such as HPV vaccination, provision of HIV pre-exposure prophylaxis (PrEP), breast and cervical cancer screening, and screening for obesity, smoking, drug and alcohol use, mental health, and intimate partner violence.

All Agencies must:

- Have an Electronic Medical Record (EMR) system in place and utilize no later than March 2024;
- Bill all applicable managed care and third-party insurances in service area;
- Provide at least one type of Long Active Reversible Contraception (LARC) onsite;
- Follow the Quality Family Planning (QFP) guidance;
- Have a Certified Application Councilor (CAC)/Navigator to help enroll clients into the Marketplace and a designated person to assist clients with enrollment into Medicaid. Number of Clients assisted must be reported to RHWP;
- Offer appointment times outside of normal operating hours (Monday - Friday, 9:00am to 4:30 pm);
- Offer alternative methods of providing services (e.g., telehealth);
- Participate in all required Title X trainings;
- Provide a minimum of 16 Provider/Clinician clinic hours per month;
- Provide a minimum of two (2) outreach events and submit reporting form as instructed;
- Provide a minimum of one (1) quality improvement plan and submit reporting form as instructed;
- Collect and report on FPAR 2.0 data elements as required by Title X, including lab and pap results.

All applicants must address the reproductive health and wellness needs of individuals, families, and communities through outreach to hard-to-reach and/or vulnerable populations, including partnering with other community-based health and social service providers that provide needed services.

Applicants are required to provide assurance and documentation of collaboration so that programs and services are not overlapping with other programs serving the reproductive health and wellness population with similar approaches and other funding sources.

- J. Program Period and Budget Period:** The program period will begin 04/01/2022 and end on 03/31/2027. The budget period for this application is 04/01/2022 through 03/31/2023.
- K. Public Health Accreditation Board (PHAB) Standard(s):** Identify the PHAB Standard(s) that will be addressed by grant activities. [(An example is: This grant program will address PHAB standard 3.1: Provide Health Education and Health Promotion Policies, Programs, Processes, and Interventions to Support Prevention and Wellness.)] The PHAB standards are available at the following website:

http://www.phaboard.org/wp-content/uploads/PHABSM_WEB_LR1.pdf

- L. Public Health Impact Statement:** All applicant agencies that are not local health districts must communicate with local health districts regarding the impact of the proposed grant activities on the PHAB Standards.
1. Public Health Impact Statement Summary — Applicant agencies are required to submit a summary of the proposal to local health districts prior to submitting the grant application to ODH. The program summary, not to exceed one page, must include:

Public Health Accreditation Board (PHAB) Standard(s) to be addressed by grant activities. Please select from the following:

- **Standard 1.3:** Analyze Public Health Data to Identify Trends in Health Problems, Environmental Public Health Hazards, and Social and Economic Factors that Affect the Public's Health.
- **Standard 1.4:** Provide and Use the Results of Health Data Analysis to Develop Recommendations Regarding Public Health Policy, Processes, Programs, or Intervention.
- **Standard 2.2:** Contain/Mitigate Health Problems and Environmental Public Health Hazards.
- **Standard 3.2:** Provide Information on Public Health Issues and Public Health Functions Through Multiple Methods to a Variety of Audiences.
- **Standard 4.1:** Engage with the Public Health System and the Community in Identifying and Addressing Health Problems through Collaborative Processes.
- **Standard 10.2:** Promote Understanding and Use of the Current Body of Research Results, Evaluations, and Evidence-Based Practices with Appropriate Audiences.

The applicant must submit the above summary as part of the grant application to ODH. This will document that a written summary of the proposed activities was provided to the local health districts with a request for their support and/or comment about the activities as they relate to the PHAB Standards.

2. Public Health Impact Statement of Support — Include with the grant application a statement of support from the local health districts, if available. If a statement of support from the local health districts is not obtained, indicate that point when submitting the program summary with the grant application. If an applicant agency has a regional and/or statewide focus, a statement of support should be submitted from at least one local health district, if available.

3. Evidence of Health Equity Strategies

The ODH is committed to the elimination of health disparities and achieving health equity for all Ohioans. The items below are requirements for all applicants to ensure health equity is embedded within all components of the application (e.g., Goals, Program Narrative, and Objectives.)

- 1) Identify specific groups who experience a disproportionate burden of disease, health condition or health outcome targeted by this solicitation See Ohio's State Health Assessment Ohio's health data.
<https://odh.ohio.gov/wps/portal/gov/odh/explore-data-and-stats/interactive-applications/2019-online-state-health-assessment>
- 2) [Identify geographic reference points \(i.e., census tracts, census block groups or zip codes\) to specify where program activities are focused.](#)
- 3) Use direct or indirect feedback from the prioritized population, community, group, or community agency to identify specific social and environmental conditions (social determinants of health) associated with health disparities and health inequities.
- 4) Identify measurable health equity targets that demonstrate reducing disparities and improving health equity are critical goals to be achieved through program activities. This information must also be supported by data. For guidance on methodology to establish equity targets, review [2030 Target Setting Methodologies for Objectives in Healthy People 2030](#).
<https://www.healthypeople.gov/sites/default/files/TargetSettingReport-8-6-18%20FINAL.pdf>
- 5) Outline specific evaluation strategies to measure the impact of program activities on decreasing and/or eliminating health disparities and health inequities.

The following are best practices toward eliminating disparities and achieving health equity and are not required, but highly encouraged.

- 1) Link proposed activities to health equity strategies identified in local, state, or national planning documents. These documents include, but are not limited to strategies, goals and objectives outlined in [Healthy People 2030](#), the [State Health Improvement Plan \(SHIP\)](#) and local Community Health Assessments .
 - State Health Improvement Plan - <https://odh.ohio.gov/wps/portal/gov/odh/about-us/sha-ship>
 - Healthy People 2030 - <https://health.gov/healthypeople>
- 2) Develop staffing plans where board members, leadership and program staff reflect the race, ethnicity, background, and/or culture of the population being served.
- 3) Identify up- and downstream approaches to address social determinants of health and reduce disparities. Upstream factors like food, housing and income insecurity that focus on addressing social determinants of health decrease barriers and improve supports that provide opportunity for people to achieve their full health potential. Downstream approaches focus on providing equitable access to care and services to reduce the negative impact of social determinants on health outcomes.
- 4) Establish non-traditional partnerships among different sectors of the community (e.g., faith-based

organizations, local industries, businesses, universities, businesses, healthcare) that can provide valuable insight, new perspective, and more effective ways to achieve program goals. Non-traditional partners create opportunity to collaborate across sectors and may serve as a new source of support for the program.

Understanding Health Disparities, Health Inequities, Social Determinants of Health & Health Equity: The following information is provided to explain key health equity concepts and terms.

Racial and ethnic minorities, those living in rural communities, people with disabilities, the LGBTQ community and Ohio's economically disadvantaged residents do not have the same opportunities as other groups to achieve and sustain optimal health. Health disparities occur when these groups experience more disease, death, or disability beyond what would normally be expected based on their relative size of the population. Health disparities are often characterized by such measures as disproportionate incidence, prevalence and/or mortality rates of diseases or health conditions. Health is largely determined by where people live, learn, work, play, and age. Health disparities are unnatural and occur because of low socioeconomic status, race/ethnicity, sexual orientation, gender, disability status, geographic location, or some combination of these factors. Those most impacted by health disparities also tend to have less access to resources like healthy food, safe housing, quality education, safe neighborhoods and freedom from racism and other forms of discrimination. These are referred to as **social determinants of health (SDOH)**. SDOH are a root cause of health disparities. The systematic nature of health disparities is considered unjust and is referred to as **health inequities**. The ability of everyone to have the same opportunity to achieve the best health possible is referred to as **health equity**. Programs that incorporate social determinants into the planning and implementation of interventions will greatly contribute to advancing health equity.

M. Human Trafficking: The ODH is committed to the elimination of human trafficking in Ohio. If applicable to the subrecipient program, ODH will give priority consideration to those subrecipients who can demonstrate the following:

- a. Victims of human trafficking are included in your agency's target population;
 1. At-risk population
 2. Mental health population
 3. Homeless population
- b. Agency promotes the expansion of services to identify and serve those affected by human trafficking.

☒ X Applicable ☐ Not Applicable to Reproductive Health and Wellness Program

N. Appropriation Contingency: Any award made through this program is contingent upon the availability of funds for this purpose. **The subrecipient agency must be prepared to support the costs of operating the program in the event of a delay in grant payments.**

O. Programmatic, Technical Assistance and Authorization for Internet Submission: Initial authorization for Internet submission, for new agencies, will be granted after participation in the GMIS training session. All other agencies will receive their authorization after the posting of the Solicitation to the ODH website and the receipt of the NOIAF. Please contact Michelle Clark at michelle.clark@odh.ohio.gov or at 614-728-0774.

P. Acknowledgment: An Application Submitted status will appear in GMIS that acknowledges ODH system receipt of the application submission.

Q. Late Applications: GMIS automatically provides a time and date system for grant application submissions. Required attachments and/or forms sent electronically must be transmitted by the application due date. Required attachments

and/or forms mailed that are non-Internet compatible must be postmarked or received on or before the application due date of **Monday, December 6, 2021, by 4:00 p.m.**

Applicants can hand-deliver attachments to ODH, Grants Services Unit (GSU), via the front desk at 246 N. High St., Columbus, Ohio; but they must be delivered by **4:00 p.m.** on the application due date. Fax attachments will not be accepted. **GMIS applications and required application attachments received late will not be considered for review.**

- R. **Successful Applicants:** Successful applicants will receive official notification in the form of a Notice of Award (NOA). The NOA, issued over the signature of the Director of the Ohio Department of Health, allows for expenditure of grant funds.
- S. **Unsuccessful Applicants:** Within 30 days after a decision to disapprove or not fund a grant application, written notification, issued over the signature of the Director of Health, or his designee, shall be sent to the unsuccessful applicant.
- T. **Review Criteria:** All proposals will be judged on the quality, clarity, and completeness of the application. Applications will be judged according to the extent to which the proposal:
1. Workplan and/or logic model demonstrate how activities reduce health disparities and inequities.
 2. Is responsive to policy concerns and program objectives of the initiative/program/activity for which grant dollars are being made available;
 3. Is well executed and is capable of attaining program objectives;
 4. Describe Specific, Measurable, Attainable, Realistic & Time-Phased (S.M.A.R.T.) objectives, activities, milestones, and outcomes with respect to timelines and resources;
 5. Estimates reasonable cost to the ODH, considering the anticipated results;
 6. Indicates that program personnel are well qualified by training and/or experience for their roles in the program and the applicant organization has adequate facilities and personnel reflect the communities served through grant funds;
 7. Provides an evaluation plan, including a design for determining program success and demonstrates that the community being served will be meaningfully engaged in formative and outcome evaluations;
 8. Is responsive to the special concerns and program priorities specified in the Solicitation;
 9. Has demonstrated acceptable past performance in areas related to programmatic and financial stewardship of grant funds;
 10. Has demonstrated compliance to OGAPP;
 11. Explicitly identifies specific groups in the service area who experience a disproportionate burden of the diseases; health condition(s); or who are at an increased risk for problems addressed by this funding opportunity; and,
 12. Describe activities which support the requirements outlined in sections I. thru M. of this Solicitation. The Review Form (Appendix D) is included to provide further details of scoring.

The ODH will make the final determination and selection of successful/unsuccessful applicants and reserves the right to reject any or all applications for any given Solicitations; **There will be no appeal of the Department's decision.**

- U. **Freedom of Information Act:** The Freedom of Information Act (5 U.S.C.552) and the associated Public Information Regulations require the release of certain information regarding grants requested by any member of the public. The intended use of the information will not be a criterion for release. Grant applications and grant-related reports are generally available for inspection and copying except that information considered being an unwarranted invasion of personal privacy will not be disclosed. For guidance regarding specific funding sources, refer to: 45 CFR Part 5 for funds

from the U.S. Department of Health and Human Service.

- V. **Ownership Copyright:** Any work produced under this grant, including any documents, data, photographs and negatives, electronic reports, records, software, source code, or other media, shall become the property of ODH, which shall have an unrestricted right to reproduce, distribute, modify, maintain, and use the work produced. If this grant is funded in whole, or in part, by the federal government, unless otherwise provided by the terms of that grant or by federal law, the federal funder also shall have an unrestricted right to reproduce, distribute, modify, maintain, and use the work produced. No work produced under this grant shall include copyrighted matter without the prior written consent of the owner, except as may otherwise be allowed under federal law.

ODH must approve, in advance, the content of any work produced under this grant. All work must clearly state:

“This work is funded either in whole or in part by a grant awarded by the Ohio Department of Health, Bureau of Maternal, Child, and Family Health, Reproductive Health and Wellness Program and as a sub-award of a grant issued by Department of Health and Human Services, Office of Population Affairs under the Title X grant, grant award number 5 FPHPA006458-03-00, and CFDA number CFDA 93.217.”

- W. **Reporting Requirements:** Successful applicants are required to submit Subrecipient program and expenditure reports. Reports must adhere to the requirements of the OGAPP manual. Reports must be received in accordance with the requirements of the OGAPP manual and this Solicitation; before the department will release any additional funds.

Note: Failure to ensure the quality of reporting by submitting incomplete and/or late program or expenditure reports will jeopardize the receipt of future agency payments.

Reports shall be submitted as follows:

- a. **Program Reports:** Subrecipients Program Reports must be completed and submitted via GMIS, as required by the subgrant program by the following dates. **Program reports that do not include required attachments will not be approved.** All program report attachments must clearly identify the authorized program name and grant number.

X ☒ Program Reports Required ☐ No Program Reports Required

Period	Report Due Date
April 1, 2022 – September 30, 2022	October 15, 2022
April 1, 2022 – March 31, 2023	May 15, 2023
Ahlers Data	8 th of each month

Submission of Subrecipient Program Reports via GMIS indicates acceptance of the OGAPP.

Mandatory Meetings/Trainings – All funded RHWP must participate in the following:

- Annual Program Director’s Meeting- a one day meeting either virtually or in person in Columbus every grant year. Program Directors and necessary staff are required to attend.
- Webinars/Trainings/Conference calls-as provided by RHWP staff or Clinical Training Center. Providers/Clinicians, Program Directors and necessary staff are required to attend at a minimum of 70%. CEUs will be provided when available.

Required Reports:

- **ODH Reproductive Health and Wellness Program Plan (Attachment 5) is due with the application and demonstrates the goals for the upcoming year.**
 - An **Interim progress report** is due by via GMIS attachment in the Project Comments Section on **October 15, 2022**, for the period **April 1, 2022 – September 30, 2022**. This report will determine whether the applicant has achieved the goals and objectives proposed in the application. If not, funding for the remainder of the budget period may be reduced accordingly. The applicant agency is responsible for completing the RHWP Program Plan (Attachment 5) and submitting the chart review summary for this time. In a separate narrative, the agency must also identify and elaborate on problems, delays, and adverse conditions that will affect the sub grantee's ability to meet the program's objectives or time schedules. The RHWP Program Plan (Attachment 5), chart review summary, and a separate narrative progress report must be submitted via GMIS in the Project Comments Section.
 - **Final Program Report:** A final progress report that documents accomplishments made on goals and objectives for the period of **April 1, 2022-March 31, 2023**, is due via GMIS attachment in the Project Comments Section by **May 15, 2023**. The applicant agency is responsible for completing the RHWP Program Plan (Attachment 5) and submitting the chart review summary for this time. The agency must provide a narrative that describes the progress made towards the goals and objectives for the period, any current problems or favorable or unusual developments, and work to be performed during the succeeding period. The RHWP Program Plan (Attachment 5), chart review summary, and a separate narrative progress report must be submitted via GMIS in the Project Comments Section.
- **The Ohio Department of Health Reproductive Health and Wellness Program Services Site(s) and Services Provided** form (Attachment 4) must be submitted with the application via GMIS in the Project Comments section and include detailed information about clinical service sites and the services provided. This form must also be updated and submitted in GMIS at any point during the grant cycle when changes are made. If changes are made and the form is submitted in GMIS, applicant must notify RHWP Program Consultant. A change of scope (Appendix J) must also be submitted when opening or closing a service site and when entering or withdrawing from the Title X program. The Service(s) Site form must include the delegate agency/service site identification; location of all clinical site(s); service area; office hours; clinic service hours; and the number of client visits projected; contact name and email. The hours of operation information should provide the days and hours of operation for each service site location, including hours of clinical service provision, if different from the total hours of operation. Clinic service hours refer to the times reproductive health and wellness clinicians/providers are available to provide medical services; office hours include hours that the clinic sites are open. The applicant must list all services provided and note if they are provided on site, within the delegate system but not on site, referral to off-site but paid for by Title X, referral to off-site but no payment provided or not provided.
- **The Culturally and Linguistically Appropriate Services in Health Care (CLAS) Strategic Plan:** The FY2023 RHWP CLAS Strategic Plan (Attachment 6) must be completed and submitted via GMIS attachment in the Project Comments Section with the **application**. Components to be completed with the initial plan are activities, person responsible, begin/end date, and evaluation. The progress report with accomplishments is due with the mid-year report by **October 15, 2022**, and with the final report by **May 15, 2023**.
- **Fee Management:** The FY23 Reproductive Health and Wellness Program Fee Management Form (Attachment 7) must be complete and submitted with application via GMIS attachment in the Project Comments Section for all returning sub-recipients. The form is due June 30, 2023, for all new applicants. This form will be utilized to assist applicant in developing a fee schedule and sliding fee scale. Agency must attach a complete sliding fee scale and a fee schedule with application via GMIS in the Project Comments section.

- **Budget Overview:** The FY2023 Reproductive Health and Wellness Program Budget Overview (Attachment 2) must be complete and submitted with application via GMIS in the Project Comments section. It must be noted if applying for multiple counties with projected number of visits for each county. The funding amount must be listed with each deliverable applied for. List grant funding only. Do not include program income. See the maximum amount of Funds Available by County (Appendix C2) for the amount of available funds for each deliverable.
- **Itemized Budget:** The FY2023 Reproductive Health and Wellness Program Itemized Budget (Attachment 3) must be complete and submitted with application via GMIS in the Project Comments section. Complete the funding requested (grant funds) plus the projected program income and entire the amount of the total budget. The total budgeted amount column is due with the application. These should total the same amount as your total budget. This form is also due with your mid-year report (**October 15, 2022**) and your final report (**May 15, 2023**).
- **ODH Reproductive Health and Wellness Program Patient Data:** ODH RHWP Patient Data is due electronically to Ahlers & Associates (<http://www.ahlerssoftware.com>) by the **8th of each month**. Final data for FY2023 is due to the data contractor **April 8, 2023**. Failure to submit data accurately and on time may impact the timing and level of funding.
- **Reproductive Health and Wellness Program Family Planning Annual Report (FPAR) Data Report** (Appendix I) is due to ODH Reproductive Health and Wellness Program by February 1st of each calendar year and submitted via GMIS attachment in the Project Comments Section.
- **Program Assurances:** Agencies must sign (Attachment 1) ODH Reproductive Health and Wellness Program Assurances and submit via GMIS attachment in the Project Comments Section with application.

- b. Subrecipient Reimbursement Expenditure Reports:** Subrecipients can choose monthly or quarterly reimbursement (expenditure report submission) from ODH (please check the reimbursement type on the attached NOI AF). Please note that no changes can be made to the reimbursement type during the fiscal year once the project numbers have been established in GMIS. Subrecipient Monthly Reimbursement Expenditure Reports **must** be completed and submitted **via GMIS** by the following dates:

Period	Report Due Date
April 1 – 30, 2022	May 10, 2022
May 1 – 31, 2022	June 10, 2022
June 1 – 30, 2022	July 10, 2022
July 1 – 31, 2022	August 10, 2022
August 1 – 31, 2022	September 10, 2022
September 1 – 30, 2022	October 10, 2022
October 1 – 31, 2022	November 10, 2022
November 1 – 30, 2022	December 10, 2022
December 1 – 31, 2022	January 10, 2023
January 1 – 31, 2023	February 10, 2023
February 1 – 28, 2023	March 10, 2023
March 1 – 31, 2023	April 10, 2023

Subrecipient Quarterly Reimbursement Expenditure Reports **must** be completed and submitted **via GMIS** by the following dates: (please see example below).

Period	Report Due Date
April 1 – June 30, 2022	July 10, 2022
July 1 – September 30, 2022	October 10, 2022
October 1 – December 31, 2022	January 10, 2023
January 1 – March 31, 2023	April 10, 2023

Note: Obligations not reported on the final monthly or 4th quarter expenditure report will not be considered for payment with the final expenditure report.

- **Reproductive Health and Wellness Program Income and Disbursement Reporting Form:** The Reproductive Health and Wellness Program Income and Disbursement Reporting Form (Appendix F) must be submitted with the expenditure report each month/quarter via GMIS in the Expenditure Reports Comments section. This is for program income only. Amounts do not include grant dollars. The budgeted amount must be completed with the first expenditure report. The Total Program Income Disbursed Row must be completed with each submission. This is the amount of program income (not to include grant dollars) that was spent on your program for that billing cycle. There are two forms: single county and multiple county. Please complete the one appropriate for your program.
 - **Reproductive Health and Wellness Program Deliverable Reporting Form:** The Reproductive Health and Wellness Program Deliverable Reporting Form (Appendix H) must be submitted with expenditure report each month/quarter via GMIS in the Expenditure Reports Comments section. There are two forms: single county and multiple county. Please complete the one appropriate for your program. A tracker will be developed specific to applicant agency and emailed to the Program Director prior to the first expenditure report due date. This will allow agency to enter the required data for each deliverable into the tracker. The tracker will calculate the amount to bill for each deliverable. Each deliverable being billed must be completed. If the form is not completed it may delay payments.
 - **Outreach Event/Campaign Reporting Form:** The Outreach Event/Campaign Reporting Form (Appendix K) must be submitted with the expenditure on the month claiming the event(s) via GMIS in the Expenditure Reports Comments section.
 - **Quality Improvement Plan:** The Quality Improvement Plan (Appendix L [Aim and Plan Part 1 section]) must be submitted with the expenditure on the month claiming the event(s) via GMIS in the Expenditure Reports Comments section by **June 30, 2022**. The Quality Improvement Plan (Appendix L [Do, Study, Act Part 2 section]) must be submitted with the expenditure on the month claiming the event(s) via GMIS in the Expenditure Reports Comments section by **September 30, 2022**.
- c. **Final Expenditure Reports:** A Subrecipient Final Expenditure Report reflecting total expenditures for the fiscal year must be completed and submitted **via GMIS by 4:00 p.m. on or before May 5, 2023**. The information contained in this report must reflect the program's accounting records and supportive documentation. Any cash balances must be returned with the Subrecipient Final Expense Report. The Subrecipient Final Expense Report

serves as an invoice to return unused funds.

Submission of the Monthly/Quarterly and Final Subrecipient Expenditure reports via the GMIS system indicates acceptance of OGAPP. Clicking the “Approve” button signifies authorization of the submission by an agency official and constitutes electronic acknowledgment and acceptance of OGAPP rules and regulations.

- X. **Special Condition(s):** A Special Conditions link is available for viewing and responding to special conditions within GMIS. The 30-day time period, in which the subrecipient must respond to special conditions will begin when the link is viewable. Subsequent payments will be withheld until satisfactory responses to the special conditions or a plan describing how those special conditions will be satisfied is submitted in GMIS.
- Y. **Unallowable Costs:** Funds **may not** be used for the following:
1. To advance political or religious points of view or for fund raising or lobbying;
 2. To disseminate factually incorrect or deceitful information;
 3. Consulting fees for salaried program personnel to perform activities related to grant objectives;
 4. Bad debts of any kind;
 5. Contributions to a contingency fund;
 6. Entertainment;
 7. Fines and penalties;
 8. Membership fees — unless related to the program and approved by ODH;
 9. Interest or other financial payments (including but not limited to bank fees);
 10. Contributions made by program personnel;
 11. Costs to rent equipment or space owned by the funded agency;
 12. Inpatient services;
 13. The purchase or improvement of land; the purchase, construction, or permanent improvement of any building;
 14. Satisfying any requirement for the expenditure of non-federal funds as a condition for the receipt of federal funds;
 15. Payments to any person for influencing or attempting to influence members of Congress or the Ohio General Assembly in connection with awarding of grants;
 16. Funding to provide abortion services.

Subrecipients will not receive payment from ODH grant funds used for prohibited purposes. ODH has the right to recover funds paid to Subrecipients for purposes later discovered to be prohibited.

- AA. Audit:** Subrecipients currently receiving funding from the ODH are responsible for submitting an independent audit report. Every subrecipient will fall into one of two categories which determine the type of audit documentation required.

Subrecipients that expend \$750,000 or more in federal awards per fiscal year are required to have a single audit which meets OMB’s Federal Uniform Administrative Requirements. The subrecipient must submit, a copy of the auditor’s management letter, a corrective action plan (if applicable) and a data collection form (for single audits) within 30 days of the receipt of the auditor’s report, but no later than nine months after the end of the Subrecipient’s fiscal year. The fair share of the cost of the single audit is an allowable cost to federal awards provided that the audit was conducted in accordance with the requirements of OMB’s Federal Uniform Administrative Requirements.

Subrecipients that expend less than the \$750,000 threshold require a financial audit conducted in accordance with Generally Accepted Government Auditing Standards. The Subrecipient must submit a copy of the audit report, the auditor's management letter, and a corrective action plan (if applicable) within 30 days of the receipt of the auditor's report, but no later than nine months after the end of the Subrecipient's fiscal year. **The financial audit is not an allowable cost to the program.**

Once an audit is completed, a copy must be sent to <https://harvester.census.gov/facweb/> or to the ODH, Grants Services Unit, (GSU) within 30 days. Reference: OGAPP and OMB's Omni Circular Federal Uniform Administrative Requirements regarding Audits of States, Local Governments, and Non-Profit Organizations for additional audit requirements.

Subrecipient audit reports (finalized and published, and including the audit Management Letters, if applicable) **which include internal control findings, questioned costs or any other serious findings, must include a cover letter which:**

- Lists and highlights the applicable findings;
- Discloses the potential connection or effect (direct or indirect) of the findings on subgrants passed through the ODH; and,
- Summarizes a Corrective Action Plan (CAP) to address the findings. A copy of the CAP should be attached to the cover letter.

AB. Submission of Application:

Formatting Requirements:

- Properly label each item of the application packet (e.g., Budget Narrative, Program Narrative).
- Each section should use 1.5 spacing with one-inch margins.
- Program and Budget Narratives must be submitted in portrait orientation on 8 ½ by 11 paper.
- Number all pages (print on one side only).
- Program Narrative should not exceed **20** pages (**excludes** appendices, attachments, budget, and budget narrative).
- Use a 12-point font.
- Forms must be completed and submitted in the format provided by ODH.

The GMIS application submission must consist of the following:

**Complete &
Submit Via
Internet**

1. Application Information
2. Project Narrative
3. Project Contacts
4. Budget
 - Primary Reason
 - Funding
 - Justification
 - Personnel
 - Other Direct Costs
 - Equipment
 - Contracts
 - Compliance Section
 - Summary
5. Civil Rights Review Questionnaire

6. Assurances Certification
7. Federal Funding Accountability and Transparency Act (FFATA) reporting form
8. Change request in writing on agency letterhead (**Existing agency with tax identification number, name and/or address change(s)**).
9. Health Equity Module
10. Public Health Impact Statement Summary (non-health department only)
11. Statement of Support from the Local Health Districts (non-health department only)
12. Attachments as required by Program:
 - Attachment 1 - Assurances
 - Attachment 2 - Budget Overview
 - Attachment 3 - Itemized Budget
 - Attachment 4 - Site and Service
 - Attachment 5 - Program Plan
 - Attachment 6 - CLAS
 - Attachment 7 - Fee Management

One copy of the following document(s) must be e-mailed to <https://harvester.census.gov/facweb/> or mailed to the address listed below:

**Complete
Copy &
E-mail or
Mail to
ODH**

Current Independent Audit
(latest completed organizational fiscal period; **only if not previously submitted**)
Ohio Department of Health Grants
Services Unit
Central Master Files, 4th Floor 35
E. Chestnut Street Columbus,
Ohio 43215

II. APPLICATION REQUIREMENTS AND FORMAT

Agencies will receive GMIS access after the Notice of Intent to Apply for Funding for is submitted to ODH.

All applications must be submitted via GMIS. Submission of all parts of the grant application via the ODH's GMIS system indicates acceptance of OGAPP. Submission of the application signifies authorization by an agency official and constitutes electronic acknowledgment and acceptance of OGAPP rules and regulations in lieu of an executed Signature Page document.

- A. Application Information:** Information on the applicant agency and its administrative staff must be accurately completed. This information will serve as the basis for necessary communication between the agency and the ODH.
- B. Budget:** Prior to completion of the budget section, please review page **18** of the Solicitation for unallowable cost.

Match or Applicant Share is not required by this program. Do not include Match or Applicant Share in the budget and/or the Applicant Share column of the Budget Summary. Only the narrative may be used to identify additional funding information from other resources.

Program income is required to be reported and includes **all** sources of income, including Medicaid, Medicare, 3rd Party, and private pay. Program income is the gross income earned by the grant recipient during the grant period that is directly generated by a supported activity or earned as a result of the award. Program income is formally defined in 45 CFR 74.2(a) and 92.25(b). Grantees are encouraged to earn income to defray program costs. Program income must be reported on the program income reporting form. Program income must be used according to the terms of the award within the approved project period. It may be carried over between grant years during a project period. It may not be carried over to the next grant should one be awarded. All program income must be spent by the end of the project period. In addition, the narrative section must also identify additional funding information from all other resources that support the RHWP described in the application.

- 1. Primary Reason and Justification Pages:** Provide a budget justification narrative outlining how the deliverable will be met. (A budget justification example is included (Appendix M) and can also be found on GMIS).
- 2. Other Direct Costs:** Submit a budget for this section and the necessary form(s) to support costs for the period 04/01/2022 – 03/31/2023.

The applicant shall retain all original fully executed contracts on file.

- 3. Compliance Section:** Answer each question on this form in GMIS as accurately as possible. *Completion of the form ensures your agency's compliance with the administrative standards of ODH and federal grants.*

- C. Assurances Certification:** Each subrecipient must submit the Assurances (Federal and State Assurances for subrecipients) form within GMIS. This form is submitted as a part of each application via GMIS. The Assurances Certification sets forth standards of financial conduct relevant to receipt of grant funds and is provided for informational purposes. The listing is not all-inclusive, and any omission of other statutes does not mean such statutes are not assimilated

under this certification. Review the form and then press the “Complete” button. By submission of an application, the subrecipient agency agrees by electronic acknowledgment to the financial standards of conduct as stated therein.

D. Project Narrative:

1. Executive Summary:

Identify the target population, burden of health disparities and health inequities, services, and programs to be offered and what agency or agencies will provide those services. Describe the public health problem(s) that the program will address. The Executive Summary should include:

- The applicants experience in providing clinical health services and qualifications to provide core family planning services, previously defined in the Program Description, for women, men, and adolescents that conform with the current professional and medical standards of care;
- A plan for how the applicant proposes to incorporate the Key Issues identified in the Program Description;
- The processes in place to ensure that persons from low-income families, with incomes that fall at or below 100% of the current Federal Poverty Level (FPL), will not be charged except where third parties are authorized or legally obligated to pay; and that all reasonable efforts will be made to obtain third party payment without the application of any discounts;
- Evidence that the applicant has the ability to bill third parties, including private and public insurance such as Medicaid, when appropriate, and the ability to facilitate enrollment of clients into Medicaid;
- A plan for ensuring that all family planning services offered by the applicant and any subrecipients are provided in:
 - compliance with the Title X statute and program regulations, including the requirement that Title X funds will not be used for abortion as a method of family planning, as well as with regulations regarding sterilization of persons in federally assisted family planning projects;
 - compliance with state laws applicable in the proposed service area(s) specific to requiring notification or the reporting of child abuse, child molestation, sexual abuse, rape, incest, intimate partner violence, and human trafficking; and
 - compliance with the legislative mandate to encourage family participation in the decision of minors to seek family planning services, and incorporate resistance skills for minors to resist/avoid exploitation and/or sexual coercion;

Describe how the project will be evaluated.

2. Description of Applicant Agency/Documentation of Eligibility/[Personnel]:

Provide a clear and concise description of your project, the needs for the services provided and a detailed description of the geographic area and population to be served. Briefly discuss the applicant agency’s eligibility to apply. Summarize the agency’s structure as it relates to this program and, as the lead agency, how it will manage the program. Discuss the relationship between applicant agency/partners in the community.

Clearly describe the administrative, management, and clinical capacity of the applicant organization. Describe a staffing plan which is reasonable and adheres to Title X regulatory requirement that family planning medical services be performed under the direction of a physician with special training or experience in family planning. Provide evidence that staff providing clinical services (e.g., physicians, state-recognized advanced practice nurse,

physician assistants) will be licensed and function within the applicable professional practice acts in Ohio.

Describe the capacity of your organization, its personnel, or contractors to communicate effectively and convey information in accordance with National Standards for Culturally and Linguistically Appropriate Services (CLAS) and Americans with disabilities Act (ADA) Standards for Effective Communication in a manner and method that is easily understood by diverse audiences. This includes persons of limited English proficiency, those who are not literate, have low literacy skills, and individuals with disabilities.

- National CLAS Standards
<https://thinkculturalhealth.hhs.gov/clas#:~:text=The%20National%20CLAS%20Standards%20are,cultural%20and%20linguistically%20appropriate%20services.>
- ADA Standards for Effective Communication <https://www.ada.gov/effective-comm.htm>

3. **Problem/[Need]:** Identify and describe the local health status concern(s) that will be addressed by the program. Only provide national and state data if local data is not available. The specific health status concerns that the program intends to address may be stated in terms of disparity (e.g., population, location) health status (e.g., morbidity and/or mortality) or health system (e.g., accessibility, availability, affordability, appropriateness, quality of health services) indicators. The indicators should be measurable in order to serve as baseline data upon which evaluation will be based. Clearly identify the target population.

Explicitly describe segments of the target population who experience a disproportionate burden for the health concern or issue; or who are at an increased risk for the problem addressed by this funding opportunity.

Include a description of other agencies/organizations, in your area, also addressing this problem/need.

Methodology: In narrative form, identify the program goals, **SMART** process, impact, or outcome objectives and activities. Indicate how they will be evaluated to determine the level of success of the program. If health disparities and/or health inequities have been identified, describe how program activities are designed to address these issues. Complete a program activities timeline to identify program objectives and activities and the start and completion dates for each.

Complete the FY2023 RHWP Program Plan (Attachment 5). One comprehensive program plan must be submitted by the applicant agency. Multiple program plans are not acceptable. Applicants must use the format provided in this solicitation in order to be considered for funding. Direct reproductive health care services using nationally recognized standards of care are a requirement for all RHWP applicants.

- E. **Civil Rights Review Questionnaire — EEO Survey:** The Civil Rights Review Questionnaire Survey is a part of the Application Section of GMIS. Subrecipients must complete the questionnaire as part of the application process. This questionnaire is submitted automatically with each application via the Internet.
- F. **Federal Funding Accountability and Transparency Act (FFATA):** All applicants applying for ODH grant funds are required to complete the FFATA reporting form in GMIS. Applicants must ensure that the information contained in SAM.gov, DUN & Bradstreet and the FFATA reporting form match. ODH will hold all payments if an applicant's information does not successfully upload into the federal system.

All applicants for ODH grants are required to obtain a Data Universal Number System (DUNS), register in SAM.gov and submit the information in the grant application. For information about the DUNS, go to www.dnb.com. For information about System for Award Management (SAM) go to <https://beta.sam.gov/>.

Information on Federal Spending Transparency can be located at www.usaspending.gov or the Office of Management and Budget's website for Federal Spending Transparency at <https://www.whitehouse.gov/>.

(Required by all applicants, the FFATA form is located on the GMIS Application page and must be completed in order to submit the application.)

- G. Attachment(s):** Attachments are documents which are not part of the standard GMIS application but are deemed necessary to a given grant program. All attachments must clearly identify the authorized program name and program number. All attachments submitted to GMIS must be attached in the "Project Narratives" section and be in one of the following formats: PDF, Microsoft Word, or Microsoft Excel. Please see the GMIS bulletin board for instructions on how to submit attachments in GMIS. Attachments that are non-Internet compatible must be postmarked or received on or before the application due date. An original and the required number of copies of non-Internet compatible attachments must be mailed to the ODH, Grants Services Unit, Central Master Files address by **4:00 p.m. on or before December 6, 2021.**

Attachments as Required by Program:

- ***Provide the following attachments via the GMIS 2.0***
 - Attachment 1 - Assurances
 - Attachment 2 - Budget Overview
 - Attachment 3 - Itemized Budget
 - Attachment 4 - Site and Service
 - Attachment 5 - Program Plan
 - Attachment 6 - CLAS
 - Attachment 7 - Fee Management

III APPENDICES

- A. Notice of Intent to Apply for Funding
- B. GMIS Training Form
- C. C1 Deliverable – Objective Descriptions
C2 Deliverable – Maximum Funding per County
- D. Application Review Form
- E. Goals and Deliverable Grid
- F. Program Income Reporting Form
- G. Expenditure Report Submission Instructions
- H. Deliverable Reporting Form
- I. FPAR Data Report
- J. Change of Scope
- K. Outreach Event Reporting
- L. Quality Improvement Plan
- M. Budget Justification Example

Appendix A

Reimbursement Type Select one of the options below: <input type="checkbox"/> Monthly <input type="checkbox"/> OR Quarterly
--

NOTICE OF INTENT TO APPLY FOR FUNDING

Ohio Department of Health
Office of Medical Director
Bureau of Maternal, Child, and
Family Health

ODH Program Title:
Reproductive Health and Wellness Program - RH23
ALL INFORMATION REQUESTED MUST BE COMPLETED.

Submission Required

See due date below.

New Applicants must submit the
GMIS Access form with the Notice of
Intent to Apply for Funding Form

County of Applicant Agency _____ Federal Tax Identification Number _____

Geographic Area Applying to Cover _____

NOTE: The applicant agency/organization name must be the same as that on the IRS letter. This is the legal name by which the tax identification number is assigned.

Type of Applicant Agency (Check One)	<input type="checkbox"/> County Agency	<input type="checkbox"/> Hospital	<input type="checkbox"/> Local Schools
	<input type="checkbox"/> City Agency	<input type="checkbox"/> Higher Education	<input type="checkbox"/> Not-for Profit

Applicant Agency/Organization _____

Applicant Agency Address _____

Agency Contact Person Name and Title _____

Telephone Number _____ E-mail Address _____

Agency Head (Print Name)

Agency Head (Signature)

Please note that the agency head listed above must match the agency head listed in GMIS. Unless a new agency, NOIAF's will not be accepted if name doesn't match what is listed in GMIS. If the agency head needs updated in GMIS, please include a letter on agency letterhead outlining the change. The new agency head's signature will be accepted with receipt of the update letter.

Does your agency have at least two staff members who currently have access to the ODH GMIS system? YES ☐ NO ☐

If yes, no further action is needed. If no, ODH Grants Services Unit staff will email the GMIS reference guide to the email addresses listed on the GMIS Access Request form.

The NOIAF must be accompanied by the agency's Proof of Non-Profit status (if applicable) and Proof of Liability Coverage (if applicable). Potential applicants and current subrecipients are required to set-up and maintain their current supplier information in the State of Ohio Supplier Portal. This information includes, but is not limited to, Electronic Funds Transfer (EFT), 1099 Form and current address.

This information must be set-up and maintained in the following website: <http://supplier.ohio.gov/>.

Note: Subrecipients future payments will be held if the agency receives a paper check due to the EFT information not being properly maintained in the supplier portal.

Forms are only required for NEW AGENCIES or if UPDATES are needed for current agencies. THE NOIAF AND REQUIRED FORMS MUST BE EMAILED TO Michelle Clark at michelle.clark@odh.ohio.gov by November 9, 2021.

NOTE: NOIAF's will be considered late if any of the required forms listed above are not received by NEW AGENCIES by the due date. NOIAF's considered late will not be accepted.

Appendix B

If new applicant, this form must be submitted with the Notice of Intent to Apply for Funding Form.

GMIS Training, User Access, Access Change or Deactivation Request

One request per person. Requests will only be honored when signed by your **Agency Head** or **Agency Financial Head** and complete. In addition, if a user leaves your agency, you are to notify ODH so that their account is rendered inactive and submit a form for the replacement. The user will receive his/her username and password via e-mail once the request is processed. *Refresher guides can be found on the ODH web site: <https://odh.ohio.gov/wps/portal/gov/odh/about-us/funding-opportunities/ODH-Grants/>. ODH Grants Page – “GMIS Training Resource” Section.*

Date: _____

Check the type of access and complete the information requested:

☐ Employee —needs GMIS Training

☐ New Employee —needs GMIS Access. Effective Date of Activation: _____

☐ Existing Employee —New GMIS User or GMIS User Access Change.

Effective/Change Date: _____

☐ Deactivation —User no longer needs access to ODH Application Gateway/GMIS 2.0 or GMIS 2.0 only: Effective Date of Deactivation (ODH Application Gateway/GMIS 2.0): _____

Or Effective Date of Deactivation (GMIS 2.0 access only): _____

Agency Name & Address: _____

Employee Name (no nicknames):

Employee Job Title:

Employee Office Phone Number:

Employee Office Fax Number:

Employee Office Email Address:

User Access Section: Please check all that applies and enter requested information: Email

Notifications: ☐ Yes ☐ No

GMIS Project Number(s) user needs access to: _____

Authorization Signature for User Access/Change/Deactivation:

Signature of Agency Head or Agency Financial Head

Printed Name of Agency Head or Agency Financial Head

To be completed by Grants System Officer ONLY—Date Received: _____ Date Processed: _____

Deliver Requests to Karen Tinsley, Grants System Officer, 614-644-7546

Mail: ODH/OFA, 35 E. Chestnut St., 4th Floor, Columbus, Ohio 43215 Or

Scan & Email: karen.tinsley@odh.ohio.gov

Appendix C1

Name of Subgrant Program:

**Reproductive Health and
Wellness**

**Budget Period: April 1, 2022 –
March 31, 2023**

Of Deliverables: 6

Use Budget Justification Scenario: #1 if only applying for one county; #2 if applying for multiple counties (Appendix M)

X Deliverables Only

Deliverable – Objective 1: By March 31, 2023, 100% of clients will have received comprehensive reproductive health and wellness direct health care services per nationally recognized standards of care.

Deliverable – Objective 2: By March 31, 2023, sub-recipients will have implemented activities to support infrastructure and program sustainability.

Deliverable – Objective 3: By March 31, 2023, 100% of subrecipients will provide and implement an outreach plan describing at least 2 outreach activities targeting to hard-to-reach and high need populations as reflected in their need's assessment. Identified populations are women in need of publicly funded contraceptive services including but not limited to Appalachian, Latina and Non-Hispanic Black or African American women of childbearing age and those with disabilities. The outreach plan should include the following: description of the activity, identified audience and documented need, evidence base supporting outreach activity and plan to evaluate outreach activity, and.
By March 31, 2023, 100% of subrecipients will conduct and report on at least 1 quality improvement project.

Deliverable – Objective 4: (optional; limit one sub-recipient; max \$200,000 in funding; amount not included in total funding) By March 31, 2023, RHWP clinician/provider will develop and implement clinical training program promoting evidence-based clinical standards.

Deliverable – Objective 5: (optional; limit up to 12 subrecipients; max 40,000 in funding; amount not included in total funding) By March 31, 2023, the existing Title X family planning clinic will identify and provide RHWP services to one or more of the identified special populations.

Deliverable – Objective 6: (optional; limit up to 10 subrecipients; max \$40,000 in funding; amount not included in total funding) By March 31, 2023, the existing Title X family planning clinic will collaborate with a faith-based organization (FBO) to expand outreach, community participation and knowledge, and provide RHWP clinical services.

Deliverable – Objective 7: (optional; max \$5,000 in funding; amount not included in total funding) By March 31, 2023, subrecipients will have distributed 100% of the incentives purchased to encourage clients to participate in Title X services.

County	Total Maximum Funding	Maximum Funding for Deliverable 1	Maximum Funding for Deliverable 2	Maximum Funding for Deliverable 3	Maximum Funding for Deliverable 4 (\$200,000 Limit 1 Applicant	Maximum Funding for Deliverable 5 (\$40,000 Limit 12 Applicants)	Maximum Funding for Deliverable 6 (\$40,000 Limit 5 Applicants)	Maximum Funding for Deliverable 7 (\$5,000 Limit All Applicants)
Adams County	\$ 42,750	\$ 27,563	\$ 9,188	\$ 6,000				
Allen County	\$ 100,000	\$ 70,500	\$ 23,500	\$ 6,000				
Ashland County	\$ 95,000	\$ 66,750	\$ 22,250	\$ 6,000				
Ashtabula County	\$ 150,000	\$ 108,000	\$ 36,000	\$ 6,000				
Athens County	\$ 45,000	\$ 29,250	\$ 9,750	\$ 6,000				
Auglaize County	\$ 45,000	\$ 29,250	\$ 9,750	\$ 6,000				
Belmont County	\$ 49,500	\$ 32,625	\$ 10,875	\$ 6,000				
Brown County	\$ 40,500	\$ 25,875	\$ 8,625	\$ 6,000				
Butler County	\$ 161,800	\$ 116,850	\$ 38,950	\$ 6,000				
Carroll County	\$ 31,500	\$ 19,125	\$ 6,375	\$ 6,000				
Champaign County	\$ 45,000	\$ 29,250	\$ 9,750	\$ 6,000				
Clark County	\$ 150,000	\$ 108,000	\$ 36,000	\$ 6,000				
Clermont County	\$ 45,000	\$ 29,250	\$ 9,750	\$ 6,000				
Clinton County	\$ 42,750	\$ 27,563	\$ 9,188	\$ 6,000				
Columbiana County	\$ 45,000	\$ 29,250	\$ 9,750	\$ 6,000				
Coshocton County	\$ 142,500	\$ 102,375	\$ 34,125	\$ 6,000				
Crawford County	\$ 45,000	\$ 29,250	\$ 9,750	\$ 6,000				
Cuyahoga County	\$ 700,000	\$ 520,500	\$ 173,500	\$ 6,000				
Darke County	\$ 45,000	\$ 29,250	\$ 9,750	\$ 6,000				
Defiance County	\$ 45,000	\$ 29,250	\$ 9,750	\$ 6,000				
Delaware County	\$ 45,000	\$ 29,250	\$ 9,750	\$ 6,000				
Erie County	\$ 142,500	\$ 102,375	\$ 34,125	\$ 6,000				

2023 Reproductive Health and Wellness Program Maximum Amount of Funds Available by County						Appendix C2			
Fairfield County	\$ 40,500	\$ 25,875	\$ 8,625	\$ 6,000					
Fayette County	\$ 71,250	\$ 48,938	\$ 16,313	\$ 6,000					
Franklin County	\$ 700,000	\$ 520,500	\$ 173,500	\$ 6,000					
Fulton County	\$ 90,000	\$ 63,000	\$ 21,000	\$ 6,000					
Gallia County	\$ 95,000	\$ 66,750	\$ 22,250	\$ 6,000					
Geauga County	\$ 45,000	\$ 29,250	\$ 9,750	\$ 6,000					
Greene County	\$ 45,000	\$ 29,250	\$ 9,750	\$ 6,000					

County	Total Maximum Funding	Maximum Funding for Deliverable 1	Maximum Funding for Deliverable 2	Maximum Funding for Deliverable 3	Maximum Funding for Deliverable 4 (\$200,000 Limit 1 Applicant	Maximum Funding for Deliverable 5 (\$40,000 Limit 12 Applicants)	Maximum Funding for Deliverable 6 (\$40,000 Limit 5 Applicants)	Maximum Funding for Deliverable 7 (\$5,000 Limit All Applicants)
Guernsey County	\$ 80,000	\$ 55,500	\$ 18,500	\$ 6,000				
Hamilton County	\$ 700,000	\$ 520,500	\$ 173,500	\$ 6,000				
Hancock County	\$ 45,000	\$ 29,250	\$ 9,750	\$ 6,000				
Hardin County	\$ 45,000	\$ 29,250	\$ 9,750	\$ 6,000				
Harrison County	\$ 30,000	\$ 18,000	\$ 6,000	\$ 6,000				
Henry County	\$ 45,000	\$ 29,250	\$ 9,750	\$ 6,000				
Highland County	\$ 95,000	\$ 66,750	\$ 22,250	\$ 6,000				
Hocking County	\$ 45,000	\$ 29,250	\$ 9,750	\$ 6,000				
Holmes County	\$ 30,000	\$ 18,000	\$ 6,000	\$ 6,000				
Huron County	\$ 71,250	\$ 48,938	\$ 16,313	\$ 6,000				
Jackson County	\$ 45,000	\$ 29,250	\$ 9,750	\$ 6,000				
Jefferson County	\$ 150,000	\$ 108,000	\$ 36,000	\$ 6,000				
Knox County	\$ 135,000	\$ 96,750	\$ 32,250	\$ 6,000				
Lake County	\$ 200,361	\$ 145,771	\$ 48,590	\$ 6,000				
Lawrence County	\$ 55,000	\$ 36,750	\$ 12,250	\$ 6,000				
Licking County	\$ 135,000	\$ 96,750	\$ 32,250	\$ 6,000				
Logan County	\$ 45,000	\$ 29,250	\$ 9,750	\$ 6,000				
Lorain County	\$ 447,630	\$ 331,223	\$ 110,408	\$ 6,000				
Lucas County	\$ 250,000	\$ 183,000	\$ 61,000	\$ 6,000				

2023 Reproductive Health and Wellness Program Maximum Amount of Funds Available by County							Appendix C2		
Madison County	\$ 30,000	\$ 18,000	\$ 6,000	\$ 6,000					
Mahoning County	\$ 139,000	\$ 99,750	\$ 33,250	\$ 6,000					
Marion County	\$ 41,625	\$ 26,719	\$ 8,906	\$ 6,000					
Medina County	\$ 81,600	\$ 56,700	\$ 18,900	\$ 6,000					
Meigs County	\$ 45,000	\$ 29,250	\$ 9,750	\$ 6,000					
Mercer County	\$ 45,000	\$ 29,250	\$ 9,750	\$ 6,000					
Miami County	\$ 67,500	\$ 46,125	\$ 15,375	\$ 6,000					
Monroe County	\$ 45,000	\$ 29,250	\$ 9,750	\$ 6,000					
Montgomery County	\$ 200,000	\$ 145,500	\$ 48,500	\$ 6,000					
Morgan County	\$ 45,000	\$ 29,250	\$ 9,750	\$ 6,000					
Morrow County	\$ 30,000	\$ 18,000	\$ 6,000	\$ 6,000					
Muskingum County	\$ 150,000	\$ 108,000	\$ 36,000	\$ 6,000					
Noble County	\$ 52,500	\$ 34,875	\$ 11,625	\$ 6,000					

County	Total Maximum Funding	Maximum Funding for Deliverable 1	Maximum Funding for Deliverable 2	Maximum Funding for Deliverable 3	Maximum Funding for Deliverable 4 (\$200,000 Limit 1 Applicant	Maximum Funding for Deliverable 5 (\$40,000 Limit 12 Applicants)	Maximum Funding for Deliverable 6 (\$40,000 Limit 5 Applicants)	Maximum Funding for Deliverable 7 (\$5,000 Limit All Applicants)
Ottawa County	\$ 30,000	\$ 18,000	\$ 6,000	\$ 6,000				
Paulding County	\$ 45,000	\$ 29,250	\$ 9,750	\$ 6,000				
Perry County	\$ 52,250	\$ 34,688	\$ 11,563	\$ 6,000				
Pickaway County	\$ 45,000	\$ 29,250	\$ 9,750	\$ 6,000				
Pike County	\$ 45,000	\$ 29,250	\$ 9,750	\$ 6,000				
Portage County	\$ 45,000	\$ 29,250	\$ 9,750	\$ 6,000				
Preble County	\$ 45,000	\$ 29,250	\$ 9,750	\$ 6,000				
Putnam County	\$ 45,000	\$ 29,250	\$ 9,750	\$ 6,000				
Richland County	\$ 600,000	\$ 445,500	\$ 148,500	\$ 6,000				
Ross County	\$ 45,000	\$ 29,250	\$ 9,750	\$ 6,000				
Sandusky County	\$ 95,000	\$ 66,750	\$ 22,250	\$ 6,000				
Scioto County	\$ 101,250	\$ 71,438	\$ 23,813	\$ 6,000				
Seneca County	\$ 30,000	\$ 18,000	\$ 6,000	\$ 6,000				

**2023 Reproductive Health and Wellness Program
Maximum Amount of Funds Available by County**

Appendix C2

Shelby County	\$ 45,000	\$ 29,250	\$ 9,750	\$ 6,000				
Stark County	\$ 157,832	\$ 113,874	\$ 37,958	\$ 6,000				
Summit County	\$ 130,000	\$ 93,000	\$ 31,000	\$ 6,000				
Trumbull County	\$ 82,000	\$ 57,000	\$ 19,000	\$ 6,000				
Tuscarawas County	\$ 108,986	\$ 77,239	\$ 25,746	\$ 6,000				
Union County	\$ 70,000	\$ 48,000	\$ 16,000	\$ 6,000				
Van Wert County	\$ 45,000	\$ 29,250	\$ 9,750	\$ 6,000				
Vinton County	\$ 45,000	\$ 29,250	\$ 9,750	\$ 6,000				
Warren County	\$ 85,000	\$ 59,250	\$ 19,750	\$ 6,000				
Washington County	\$ 45,000	\$ 29,250	\$ 9,750	\$ 6,000				
Wayne County	\$ 108,200	\$ 76,650	\$ 25,550	\$ 6,000				
Williams County	\$ 36,000	\$ 22,500	\$ 7,500	\$ 6,000				
Wood County	\$ 75,000	\$ 51,750	\$ 17,250	\$ 6,000				
Wyandot County	\$ 30,000	\$ 18,000	\$ 6,000	\$ 6,000				

Applicant Information	
Applicant Agency:	Amount Requested:
County(s):	GMIS 2 User #:

Applications should be judged according to the extent to which the proposal:

1. Contributes to the advancement and/or improvement of the health of Ohioans;
2. Is responsive to policy concerns and program objectives of the initiative/program/ activity for which grant dollars are being made available;
3. Is well executed and is capable of attaining program objectives;
4. Describe Specific, Measurable, Attainable, Realistic & Time-Phased (S.M.A.R.T.) objectives, activities, milestones, and outcomes with respect to timelines and resources;
5. Estimates reasonable cost to the ODH, considering the anticipated results;
6. Indicates that program personnel are well qualified by training and/or experience for their roles in the program and the applicant organization has adequate facilities and personnel;
7. Provides an evaluation plan, including a design for determining program success;
8. Is responsive to the special concerns and program priorities specified in the Solicitation;
9. Has demonstrated acceptable past performance in areas related to programmatic and financial stewardship of grant funds;
10. Has demonstrated compliance to OGAPP;
11. Explicitly identifies specific groups in the service area who experience a disproportionate burden of the diseases; health condition(s); or who are at an increased risk for problems addressed by this funding opportunity; and,
12. Describe activities which support the requirements outlined in sections I. thru M. of this Solicitation. Programs can insert further information about program specific review criteria (if applicable) [Programs will include an Application Review Form (Appendix D) and/or provide further details of scoring.]

<u>Criterion (Total Points) 100</u>	Check Boxes	Score	
General Requirements (ODH staff will complete)			Comments
<ul style="list-style-type: none"> • GMIS application complete and on time: Due Monday, December 6, 2021 by 4pm <p>Attachments:</p> <ul style="list-style-type: none"> • 1 - ODH Reproductive Health and Wellness Program Assurances • 2 - ODH Reproductive Health and Wellness Budget Overview • 3 – ODH Itemized Budget • 4 - ODH Sites and Services • 5 - ODH Reproductive Health and Wellness Program Plan • 6 – ODH Culturally Linguistic Appropriate Services (CLAS) • 7 – ODH Fee Management <p>GMIS Requirements</p> <ul style="list-style-type: none"> • DMA Questionnaire only if non-governmental applicant agency • Assurances Certification • Civil Rights Questionnaire EEO Survey • Federal Funding Accountability and Transparency Act (FFATA): • GMIS Health Equity Module 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Solicitation p. 11			
Public Health Accreditation Board (PHAB) Standards	<input type="checkbox"/>		
Public Health Impact Statement (applicant agencies that are not local health districts only) 1. Public Health Impact Statement Summary 2. Public Health Impact Statement of Support 3. Evidence of Health Equity Strategies	<input type="checkbox"/>		
Solicitation p. 13			
Human Trafficking 1. Victims of human trafficking included in agency’s target population demonstrated 2. Promotes expansion of services to identify and serve those affected by human	<input type="checkbox"/>		

trafficking																								
Budget	Solicitation p. 21	Score 0 - 2	Comments																					
(*Note 0-not provided 1-issues noted 2-Excellent)		Score																						
<ul style="list-style-type: none"> • Application Information • Budget • Other Direct Costs • Compliance Section Budget Justification <ul style="list-style-type: none"> • Provides a brief description of Deliverable 1 • Provides a brief description of Deliverable 2 • Provides a brief description of Deliverable 3 • Provides a brief description Deliverable 4 (optional) (if NOT applicable =2) • Provides a brief description Deliverable 5 (optional) (if NOT applicable =2) • Provides a brief description Deliverable 6 (optional) (if NOT applicable =2) • Provides a brief description Deliverable 7 (optional) (if NOT applicable =2) 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<table> <tr><td>0</td><td>1</td><td>2</td></tr> <tr><td>0</td><td>1</td><td>2</td></tr> <tr><td>0</td><td>1</td><td>2</td></tr> <tr><td>0</td><td>1</td><td>2</td></tr> <tr><td>0</td><td>1</td><td>2</td></tr> <tr><td>0</td><td>1</td><td>2</td></tr> <tr><td>0</td><td>1</td><td>2</td></tr> </table>	0	1	2	0	1	2	0	1	2	0	1	2	0	1	2	0	1	2	0	1	2	
0	1	2																						
0	1	2																						
0	1	2																						
0	1	2																						
0	1	2																						
0	1	2																						
0	1	2																						
		<u> </u> of 14																						
D. Project Narrative		Score 0 - 2	Comments																					
(*Note 0-not provided 1-issues noted 2-Excellent)																								

1. Executive Summary Solicitation p. 25 <ul style="list-style-type: none"> Identifies the target population, services and programs to be offered and what agency or agencies will provide those services. Identify burden of health disparities and health inequities Describes the public health problem (s) that the program will address. Experience in providing clinical health services and qualifications to provide core family planning services Plan on how key issues will be incorporated Processes in place to ensure families with income 100% below Federal Poverty Level will not be charged Evidence of the ability to bill third parties and the ability to facilitate Medicaid enrollment Plan ensuring family planning services are offered in compliance with: <ul style="list-style-type: none"> -Title X statute, including requirements on abortion and sterilization -state laws on mandatory reporting -legislative mandate to encourage family participation and resisting coercion for minors Describe how program will be evaluated 		0 1 2 0 1 2 0 1 2 0 1 2 0 1 2 0 1 2 0 1 2 0 1 2 0 1 2	
		____ of 18	
2. Description of Applicant Agency Solicitation p. 25 <ul style="list-style-type: none"> Description of project and needs for services Detailed description of geographic area and population to be served Discusses eligibility to apply Summarizes agency structure and describes how it will manage the program Discusses the relationship between applicant agency/partners in the community Describes administrative, management and clinical capacity of applicant agency Staffing plan that demonstrates services provided under direction of physician with special training or experience in family planning and evidence that staff providing clinical services are licensed 		0 1 2 0 1 2 0 1 2 0 1 2 0 1 2 0 1 2 0 1 2	

<ul style="list-style-type: none"> Describes the capacity to communicate effectively with diverse audiences including those with limited English proficiency, limited literacy and disabilities. 		0	1	2	
		____ of 16			
2. Problem/Need Solicitation p. 26 The following should be identified/described/explained/justified: <ul style="list-style-type: none"> Describes the local health concern addressed by the program (does not restate national and state data) Describes the specific health status concerns Indicators are measurable Clearly identifies the target population, how they were selected and discusses burden for health concern Describes other agencies in area addressing the problem/need Methodology <ul style="list-style-type: none"> Program goals and activities identified Evaluation method identified to measure level of success Explanation of how program activities address health disparities/inequities 		0	1	2	
		0	1	2	
		0	1	2	
		0	1	2	
		0	1	2	
		0	1	2	
		0	1	2	
		0	1	2	
		0	1	2	
		____ of 16			
Attachments <i>(*Note 0-not provided 1-issues noted 2-Excellent)</i>		Score			Comments
Attachment 1 Assurances <ul style="list-style-type: none"> Signed by agency head 		0	1	2	
Attachment 2 Budget Overview <ul style="list-style-type: none"> Deliverable funding amounts match amounts in Appendix C2 and client visits projected matches visits projected in Attachment 4 		0	1	2	
Attachment 3 Itemized Budget <ul style="list-style-type: none"> Funding requested and program income=total budget Budgeted amount column complete 		0	1	2	

Attachment 4 Site and Service Information <ul style="list-style-type: none"> • Service site(s) information completed • Client visits projected is in appropriate funding band • Minimum of 16 provider/clinician hours per month • Services provided section complete 		0 1 2 0 1 2 0 1 2 0 1 2	
Attachment 5 Program Work Plan For all deliverables, are the following completed? <ul style="list-style-type: none"> • Activities – are they appropriate for the objective and specific? • Person Responsible – is the responsible person appropriate? • Timeline - have they indicated interim timelines? • Evaluation – appropriate and measurable for activities listed 		0 1 2 0 1 2 0 1 2 0 1 2	
Attachment 6 CLAS Plan <ul style="list-style-type: none"> • Activities – are they appropriate for the objective and specific? • Person Responsible – is the responsible person appropriate? • Begin/End Date - have they indicated timelines? • Evaluation –evaluation components for planned activities completed? 		0 1 2 0 1 2 0 1 2 0 1 2	
Attachment 7 Fee Management (not due for new applicants: score 2) <ul style="list-style-type: none"> • Fee schedule and sliding fee scale (100% poverty level \$12,880) attached in GMIS • Explanation of how fees and sliding fee scale were developed • Third party contracts listed • CPT code chart complete 	<input type="checkbox"/>	0 1 2 0 1 2 0 1 2	
		____ of 36	
Total Score for Proposal (out of 100)			

Review Notes:

Strengths

Weaknesses

Approval

Approval with Special Conditions

Disapproval (The following criteria constitute grounds for disapproval of applications: 1. Incompleteness of grant proposal or inconsistency with RHWP goals and/or the purpose of the ODH RHWP program and Solicitation); 2. Gross inappropriateness in the purpose, objectives, and activities of an application or its budgets measured by RHWP review criteria; 3. Fraudulent presentation; or

4. Determination that grant funds are to be used as substitute for an existing project’s current resources

Comments

Reviewer Signature:	Date:
Reviewer Email:	Reviewer Phone:

Appendix E

FY2023 Reproductive Health and Wellness Goals & Deliverables

Goal 1: To improve the overall reproductive health and well-being of women and men.

Deliverable 1: By March 31, 2023, 100% of clients will have received comprehensive reproductive health and wellness direct health care services per nationally recognized standards of care.

Strategy	Activities	Evaluation Measures
<p>Ensure comprehensive reproductive health and wellness direct health care services are provided on-site:</p> <ol style="list-style-type: none"> 1. Core family planning services 2. Related preventive health services 3. Other preventive health services 	<p>Provide onsite comprehensive services to low-income females, males and adolescents that include:</p> <ol style="list-style-type: none"> 1a. Contraceptive Services 1b. Pregnancy testing and counseling 1c. Achieving pregnancy 1d. Basic Infertility services 1e. Preconception Care 1f. Sexually transmitted infection (STI) services 2a. Screening for breast cancer 2b. Screening for cervical cancer 2b. Male genital exam/screenings 3a. Referrals for other medical, psychological, or social services <p>The clinician/provider must be present and dedicated to Deliverable 1 for a minimum of 16 hours/month.</p>	<p>Agency has completed 100% of projected visits</p> <p>60% of visits are with persons at or below 100% of the Federal Poverty Level (FPL)</p> <p>Chart audit summary forms are submitted to ODH with the Mid-Year and Final Report and show evidence of compliance with:</p> <ul style="list-style-type: none"> • Title X program requirements, which consist of the Federal statutory and regulatory requirements that apply to the Title X program. • Title X program policies, which set out OPA's longstanding expectations for the way in which Title X grantees and subrecipients should implement their projects. • Providing Quality Family Planning Services: Recommendations of CDC and the U.S. Office of Population Affairs (QFP), which provides clinical recommendations for how to provide family planning services in a manner that is consistent with the best available scientific evidence and medical practice. <p>Documentation of clinician/provider hours.</p>
<p>Ensure counseling and education to clients of childbearing status to establish a reproductive life plan.</p>	<p>Counseling and education to clients of childbearing status includes:</p> <ul style="list-style-type: none"> • Implement a reproductive life plan with all new clients. • Review and update the reproductive life plan with all clients at least annually, with a pregnancy test, with male STI visits, or as needed with any change in their health status. 	<p>100% of unduplicated clients of childbearing status have a documented reproductive life plan established in their chart and on the client visit record (CVR) and reviewed annually.</p> <p>100% documentation that pregnancy test and all STI test visits have documented RLP counseling or review in the chart and CVR.</p>
<p>Ensure counseling and education to adolescent clients includes the</p>	<p>Engage in and document adolescent counseling on encouraging family participation, resisting sexual coercion, healthy</p>	<p>100% documentation of encouragement of family participation at every adolescent visit unless there is a documented reason as to why not.</p>

Appendix E

FY2023 Reproductive Health and Wellness Goals & Deliverables

<p>encouragement family participation in the decision of minors to seek family planning services.</p> <p>Ensure counseling to minors on how to resist attempts to coerce minors into engaging in sexual activities.</p>	<p>relationships, safety, sexual risk avoidance, abstinence, confidentiality, preventing victimization, and contraceptive services.</p>	<p>100% documentation of counseling to resist attempts of sexual coercion at every adolescent visit.</p> <p>100% documentation of age of partner(s) note in chart or documented reason as to why not.</p>
<p>Use health screening tool to enhance the overall health and well-being of individuals.</p>	<p>Incorporate health screening tools into the medical history and/or review of systems aspect of the visit.</p> <p>Use information collected to guide visit, counseling, treatment, and/or make referrals.</p>	<p>Document the number of screenings conducted on the following topics:</p> <ul style="list-style-type: none"> • Substance use • Safety - domestic violence, human trafficking • Mental health
<p>Increase the number of clients using LARC.</p> <p>Ensure that providers are trained on all methods of LARC offered.</p>	<p>Offers at least one type of long-acting reversible contraceptives method same day and on site.</p> <p>Provide/offer training on all methods of LARC and client centered counseling to all staff.</p>	<p>Number of same day IUD/IUS insertions and/or; Number of same day hormonal implant insertions. Percentage of LARC that were provided the same day.</p> <p>Documentation of LARC training.</p>
<p>Ensure that all clients are offered evening and/or weekend hours for provision of RHWP services.</p>	<p>Offers appointment times outside of normal operating hours (Monday through Friday from 9:00 am to 4:30 pm).</p>	<p>Number of clients seen at appointment times are available outside of M-F 9:00 am-4:30pm.</p> <p>Documentation that 10% of appointment times are available outside of M-F 9:00 am-4:30pm.</p> <p>Documentation that the number of clients seen during extended hours is monitored and used to adjust appointment availability if needed.</p> <p>Documentation of number of visits provided by telehealth outside of M-F 9:00 am-4:30pm.</p>
<p>Promote provision of comprehensive primary health care services to make it easier for individuals to receive both primary health care and family planning services preferably in the same location, or through nearby referral providers.</p>	<p>Either primary health care services are co-located with RHWP services or RHWP provider establishes formal agreements with Primary Care Providers including private practices, FQHCs, look alike FQHCs, and Rural Health Centers.</p>	<p>Documentation that sub-recipient is either co-located with primary care provider or RHWP provider has established formal agreements with primary care provider.</p>

Appendix E

FY2023 Reproductive Health and Wellness Goals & Deliverables

Optional: Ensure that comprehensive health services are provided to women no longer of child-bearing status	Provide onsite comprehensive health services to low-income females who are no longer of child-bearing status.	Agency reports on the number of clients served.
<u>Goal 2: To support infrastructure and increase sustainability of Reproductive Health and Wellness services.</u>		
<u>Deliverable 2:</u> By March 31, 2023, 100% of subrecipients will have implemented activities to support program infrastructure and sustainability.		
Strategy	Activities	Evaluation Measures
Ensure that clients whose reported income is at or below 100% of the FPL must not be charged. Projects must bill all third parties authorized or legally obligated to pay for services.	Implement billing infrastructure to ensure that all clients are appropriately charged including a sliding fee scale, schedule of charges and that charges are based on client income.	Documentation of: <ul style="list-style-type: none"> • Protocols to request and accept donations are in place; • Schedule of discounts has been developed and updated periodically; • Sliding Fee Scale has been developed; • Written explanation of how the agency's sliding fee scale and schedule of discount are developed (Attachment 7– Fee Management Form)
Ensure that a written agreement for reimbursement is in place with Managed Care, 3 rd Party, or Fee for Service Medicaid.	Obtain a written agreement with Medicaid, including Managed Care Plans, Medicare (if appropriate) and other 3 rd party payers.	Documentation of a written agreement and ability to bill Medicaid, including Managed Care Plans, Medicare (if appropriate) and other 3 rd party payers. <ul style="list-style-type: none"> • Upload a list of 3rd party payors the agency is credentialed with into GMIS with application.
Ensure outstanding balances on accounts have follow-up for payment.	Develop a policy outlining the procedure for collection of outstanding balance on client accounts.	Agency reports number of clients with outstanding balances over 90 days for: Medicaid, including Managed Care Plans, Medicare (if appropriate), other 3 rd party payers and private pay.
Ensure that clients with no insurance coverage are assisted with Medicaid/insurance enrollment.	Agency has identified qualified personnel to assist clients with Medicaid/insurance enrollment.	Agency reports number of clients assisted with Medicaid /insurance enrollment.
Ensure that the Agency is utilizing an Electronic Medical Records (EMR) system for client direct health care visits/enabling services.	Agency is utilizing the full capabilities of each Module in their EMR system for client documentation. If EMR is not in compliance with Title X requirements, the agency will upgrade the EMR to comply.	EMR system is in place and is in compliance with Title X requirements.

Appendix E

FY2023 Reproductive Health and Wellness Goals & Deliverables

Ensure the continued availability of reproductive health and wellness services.	<p>Agency is using or capable of using alternative methods of providing services (e.g., telehealth, curbside medicine, mailing prescriptions)</p> <p>Design policies and procedures to utilize telehealth to increase access to reproductive health services, especially for adolescents.</p> <p>OPA Clinic Locator Database is up to date to ensure ease of locating family planning clinics and accurate information regarding services offered and clinic hours.</p>	<p>Documentation of number of telehealth visits on deliverable reporting form.</p> <p>Participation in the telehealth training as provided by RHWP.</p> <p>Update Site and Service form (Attachment 4) and Change of Scope form (Appendix J) with opening or closing of service site or change in services offered.</p>
Increase health equity in reproductive health.	<p>Complete and implement Culturally and Linguistically Appropriate Services (CLAS) plan.</p> <p>Adopt and implement a local policy/practice change that will address a social determinant of health that impacts inequities in reproductive health (may choose to pursue policies in the areas of transportation, implicit bias, outreach, etc.). May do this in partnership with community.</p>	<p>Upload initial CLAS plan (Attachment 6) with objectives, activities, person responsible, dates, and evaluation in GMIS with initial application.</p> <p>Upload progress (accomplishments) on CLAS in GMIS with mid-year report (October 15, 2022), and final report (May 15, 2023).</p> <p>Documentation of the policy and/or practice change.</p>
Ensure that RHW funding is appropriately budgeted and expended	<p>Provide a breakout of agency's RHWP budget.</p> <p>Provide a midyear and final budget vs actual dollar amount spent.</p>	<p>Upload itemized budget into GMIS with application. (Attachment 3)</p> <p>Upload a midyear and final budget vs actual dollar amount spent into GMIS. (Attachment 3)</p>

Goal 3: To increase outreach for identified population to a broad range of Reproductive Health and Wellness Services.

Deliverable 3: By March 31, 2023, 100% of subrecipients will provide and implement an outreach plan describing at least 2 outreach activities targeting to hard-to-reach and high need populations as reflected in their need's assessment. Identified populations are women in need of publicly funded contraceptive services including but not limited to Appalachian, Latina and Non-Hispanic Black or African American women of childbearing age and those with disabilities. The outreach plan should include the following: description of the activity, identified audience and documented need, evidence base supporting outreach activity and plan to evaluate outreach activity, and;

By March 31, 2023, 100% of subrecipients will conduct and report on at least 1 quality improvement project.

Strategy	Activities	Evaluation Measures
----------	------------	---------------------

Appendix E

FY2023 Reproductive Health and Wellness Goals & Deliverables

<p>Provide outreach to hard-to-reach and vulnerable populations concerning the availability of reproductive health and wellness services.</p>	<p>Use the Clarita's Outreach Report or CDC Social Vulnerability Index by census tract to determine where to focus outreach efforts for at least one of the events. Examples include, but are not limited to:</p> <ol style="list-style-type: none"> 1) Social media campaign including but not limited to Facebook, Twitter, Instagram 2) Billboards 3) Posters and flyers in locations where the target populations live and work 4) Group presentation 5) School presentations 6) Community information events 7) Formal public presentations to the community 8) Radio or Television Public Service Announcements and Interviews 9) Implementation of evidence based comprehensive reproductive health and wellness education to schools, community-based organizations, faith-based organizations, or other adolescent-serving entities 10) Other ODH approved marketing events. 	<p>Documentation of outreach efforts:</p> <ul style="list-style-type: none"> • Social media engagement (likes, shares, comments, etc.) • Number of patients who reported seeing the billboard/poster/presentation on intake form • Number of people who attended the group/school presentation or event • Number of patients who reported hearing/seeing the PSA on intake form <p>Upload Outreach Reporting Form (Appendix K) in GMIS with the expenditure report on the month claiming the event(s).</p>
<p>Ensure efficiency of clinic and quality of services provided by completing at least one quality improvement project.</p>	<p>Complete trainings on conducting quality improvement.</p> <p>Complete quality improvement agency self-assessment.</p> <p>Develop and implement a quality improvement plan.</p> <p>Ideas for project include, but are not limited to;</p> <ul style="list-style-type: none"> • improving clinic flow • increasing the number of adolescent or male visits • increasing chlamydia screening • increasing or improving telehealth • incorporating technology into the adolescent visit • Schedule postpartum visits will all positive pregnancy test. Design a follow up system to help track and schedule appointments • Provide education and/or training to ERs/pediatrician's office/PCP to collaborate / have a partnership to make referrals to RH clinic 	<p>Upload the QI Plan (Aim and Plan Part 1 section) of the RHWP Quality Improvement Template (Appendix L) in GMIS by June 30, 2022.</p> <p>Upload a completed QI Plan (Do, Study, Act Part 2 section) of the RHWP Quality Improvement Template (Appendix L) in GMIS by September 30, 2022.</p> <p>Document performance measures with mid-year and final report.</p>

Appendix E

FY2023 Reproductive Health and Wellness Goals & Deliverables

Goal 4: To strengthen the clinical competency of the Reproductive Health and Wellness Program.		
Deliverable 4: (optional; limit one sub-recipient; max \$200,000 in funding; amount not included in total funding) By March 31, 2023, RHWP clinician/provider will develop and implement clinical training program promoting evidence-based clinical standards.		
Strategy	Activities	Evaluation Measures
Establish a comprehensive, capacity building plan for the development of a clinical contraceptive training program.	<p>Deliver a continuous, innovative, high quality clinical skills and resource training program to RHWP health care providers.</p> <p>Develop competency-based curriculum to train and support RHWP health care providers to use evidenced-based information, new technologies, and national standards to include, but not limited to:</p> <ul style="list-style-type: none"> • Interactive and experiential learning methods, including small group work, case studies, role playing, simulations, group discussions, brainstorming and critical thinking activities • Specialized training and technical assistance • Clinic Flow Analysis • Cost Analysis • Train-the-trainer modules • Telehealth • Clinical updates – ACOG, etc. <p>Conduct on-site visits to assist in onboarding new agencies, providing technical assistance to existing agencies, assist with clinic set-up and clinic flow.</p> <p>Plan for ongoing support/TA in collaboration with project directors/clinical staff at all RHWP clinic sites.</p>	<p>Develop and finalize curriculum; submit with application; review with RHW Clinical Coordinator.</p> <p>Submit plan with established outcomes.</p> <p>Identify key project staff – minimum of one clinician/provider and one ancillary staff.</p> <p>Documentation of training.</p> <p>Documentation of RHWP webinars. The list of topics is TBD.</p> <p>Documentation of on -site visits with outline of training or service provided.</p> <p>Documentation of all technical assistance provided to sub-recipients.</p>
Increase the number of trained and competent providers in the provision of comprehensive and evidence-based contraceptive options, including an innovative LARC Preceptorship.	<p>Offer/Provide a minimum of one (1) LARC placement/removal trainings annually to RHWP sub-recipients as needed.</p> <p>Provide on-site clinical training (classroom/workshop) training followed by preceptor shadowing and in-clinic support to RHWP clinicians/providers.</p> <p>Train the trainer module providing a minimum of one (1) LARC placement/removal trainings annually to RHWP clinicians/providers as needed.</p>	<p>Quality improvement measures following completion of preceptorship</p> <p>Documentation of training.</p> <p>Documentation of training:</p> <ul style="list-style-type: none"> • Report number of in person and phone TA • Report number of LARC preceptorships • Report number of travels to other sites to provide trainings <p>Documentation of training</p>

Appendix E

FY2023 Reproductive Health and Wellness Goals & Deliverables

	Develop billing training module related to LARC insertion/removal.	Submit billing training module and documentation of training.
--	--	---

Appendix E

FY2023 Reproductive Health and Wellness Goals & Deliverables

Goal 5: To provide reproductive health and wellness program (RHWP) services to special populations within the subrecipient site(s) or at off-site location(s). The special populations include but are not limited to; substance use disorder (SUD), LGBTQ, incarcerated persons, domestic violence, homeless and adolescents, PrEP starts, and persons currently or previously being trafficked.

Deliverable 5: (optional; limit up to 12 subrecipients; max 40,000 in funding; amount not included in total funding) By March 31, 2023, the existing Title X family planning clinic will identify and provide RHWP services to one or more of the identified special populations.

Strategy	Activities	Evaluation Measures
<p>Build and/or expand capacity to provide RHW services within the existing RHWP agency or at off-site location(s) to a special population(s).</p> <p>Services provided will follow Program Requirements for Title X Funded Family Planning Projects of the DHHS OPA, April 2014 and the CDC Providing Quality Family Planning Services, April 25, 2014, and all applicable updates.</p>	<p>Identify the special population(s) to be served. Select one or more of the following:</p> <ul style="list-style-type: none"> • SUD • LGBTQ • Incarcerated persons • Domestic Violence Shelters • Homeless • Adolescents • PrEP • Human trafficking victims/survivors • Other <p>Build or expand the scope of preexisting collaborative relationship with the agency serving the identified special population.</p> <p>Develop and implement a written agreement with the external agency.</p> <p>Provide RHWP clinical services and education/counseling.</p> <p>Complete client visit record (CVR) and Reproductive Life Plan (RLP) for each client visit and enter into Ahlers database. Expenditure reports will be submitted monthly/quarterly.</p> <p>The clinician/provider/nurse must be present and dedicated to Deliverable 6 for a minimum of 20 hours/month, separate from</p>	<p>Special Population(s) identified:</p> <ul style="list-style-type: none"> • Initial workplan and mid- and end of year evaluations submitted. • Required forms have been uploaded into GMIS (e.g., MOUs, Site and Service form). <p>Written agreement is uploaded in GMIS</p> <p>Agency has completed 100% of projected visits</p> <ul style="list-style-type: none"> • Must report at least 200 client visits, separate from Deliverable 1 visits. • 100% of client visits have a CVR created and submitted in Ahlers. • 100% of chart audits show that appropriate services, education, and counseling were provided at each client visit. • 100% of expenditure reports are submitted by due date and include number of client visits. • 100% of chart audits show clients were charged appropriately and insurance was billed correctly. <p>Documentation of number of hours spent providing services and education. Meeting the 20 hour per month requirement.</p>

Appendix E

FY2023 Reproductive Health and Wellness Goals & Deliverables

Strategy	Activities	Evaluation Measures
<p>Establish a collaborative relationship with an FBO to provide RHWP clinical services, expand outreach, and increase community participation and RHWP knowledge</p> <p>Services provided will follow Program Requirements for Title X Funded Family Planning Projects of the DHHS OPA, April 2014 and the CDC Providing Quality Family Planning Services, April 25, 2014, and all applicable updates.</p>	<p>Select an FBO who desires a collaboration with a Title X family planning clinic.</p> <p>Hold meetings to establish goals, understand Title X requirements, set timelines, plan logistics, and create a plan with measurable outcomes.</p> <p>Implement educational programming for parents and youth that encourage life planning, goal setting and healthy life choices.</p> <p>Develop and implement a written agreement with agency.</p> <p>Advertise clinical services, collaborative partnership, hours, etc. in multiple mediums (e.g., church bulletin, fliers in local establishments and restrooms, social media, website, radio/television/movie theater/newspaper ads).</p> <p>Provide RHWP clinical services and education/counseling.</p> <p>The clinician/provider/nurse must be present and dedicated to Deliverable 6 for a minimum of 20 hours/month, separate from Deliverable 1.</p> <p>Complete clients visit record (CVR) and Reproductive Life Plan (RLP) for each client visit and enter into Ahlers database. Expenditure reports will be submitted monthly/quarterly.</p> <p>Client visits will be billed according to the sliding fee scale.</p> <p>Include FBO in chart audits to ensure compliance with OPA program requirements and the CDC Providing Quality Family Planning Services, April 25, 2014, and all applicable updates.</p>	<p>Initial workplan and mid- and end of year evaluations submitted</p> <p>Required forms have been uploaded into GMIS (e.g., MOUs, Site and Service form)</p> <p>Documentation of number of hours spent providing services and education. Meeting the 20 hour per month requirement.</p> <p>100% of chart audits show that appropriate services, education, and counseling were provided at each client visit.</p> <p>Agency has completed 100% of projected visits. Must report at least 200 client visits, separate from Deliverable 1 visits.</p> <p>100% of client visits have a CVR created and submitted in Ahlers.</p> <p>100% of expenditure reports are submitted by due date and include number of client visits.</p> <p>Complete Outreach Event Reporting Form and upload in GMIS with expenditure reports to detail outreach and advertising efforts.</p> <p>100% of chart audits show clients were charged appropriately and insurance was billed correctly.</p> <p>Referrals are being made for services not able to be provided at the FBO. If applicable, the referrals are to a Title X family planning clinic.</p> <p>For purposes of the Title X grant, chart audits are conducted at least biannually and represent 3% of the quarter's visits or a minimum of 10 charts. The FBO charts must be included in the audit. For any measured variable that is not met at 100%, corrective action must be made (e.g., review at staff meeting, write new policy).</p>

Appendix E

FY2023 Reproductive Health and Wellness Goals & Deliverables

Goal 7: To support and encourage client access to reproductive health services.		
Deliverable 7:(Optional; Max amount of funding \$5,000) By March 31, 2023, subrecipients will have distributed 100% of the incentives purchased to encourage clients to participate in Title X services.		
Strategy	Activities	Evaluation Measures
Support client access to reproductive health services.	<p>Subrecipients may provide incentives to encourage clients to take advantage of Title X reproductive health services.</p> <p>Types of incentives may include the following:</p> <ul style="list-style-type: none"> • Gas cards • Phone minute cards • Transportation vouchers • Babysitting service voucher • Prepaid cash card to cover various transportation/childcare costs • Gift Card for Telehealth participants • Drawings/Raffles <p>Subrecipients must develop policy and procedure with very structured internal controls at the site level for who will receive incentives and how to track them.</p> <p>All incentives will be financially tracked.</p> <p>Funding requests to ODH will occur after purchase of the incentives and will be for the same amount as spent.</p> <p>Agency will not discriminate in their method of disbursing incentives.</p>	<p>Subrecipient will report the number of incentives purchased and provided to clients on the deliverable reporting forms</p> <p>Subrecipient will upload policy and procedure into GMIS with application to monitor incentive purchase and distribution</p> <p>Subrecipient will maintain accurate log of incentive purchases and distribution, which may be requested at any time by ODH.</p>

Reproductive Health and Wellness Program Income and Disbursement Reporting Form

Agency Name:
 GMIS Number:
 Budget Period: April 1 2022- March 31, 2023

Certification:
 I certify that the information being reported is accurate and can be supported by accounting records. I understand that the Ohio Department of Health has the authority to request documentation to support program income revenue received and disbursements. program income received for the Reproductive Health and Wellness subgrant program is only being used to support and enhance the RHWP program at our agency. Additionally, only program income earned in March may be carried over into the next budget period and must follow the first in first out rule.
 Signature: _____ Date: _____

Program Income Type	Budgeted Amount	April	May	*Quarterly June	July	August	*Quarterly September	October	November	*Quarterly December	January	February	*Quarterly March	Final Report	Total
Total client fees collected/self-pay															\$ -
Client donations															\$ -
Medicaid (Title XIX) including Managed Care Plans															\$ -
Medicare (Title XVIII)															\$ -
State CHIP															\$ -
Private health insurance															\$ -
Other, (please specify)															\$ -
Total program Income Revenue Received	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
**Total program Income Disbursed															\$ -

*Quarterly submissions only fill in gray quarterly reporting columns.

**Amount should only include program income. DO NOT include grant dollars.

Remaining Prior Year Income:	\$ -
Revenue Received to date:	\$ -
Disbursed to date:	\$ -
Balance:	\$ -

Expenditure Report Submission Instructions

FY2023 RHWP Deliverable Objectives

The FY2023 Reproductive Health and Wellness Program (RHWP) Competitive Solicitation contains seven deliverables. Each subrecipient is to receive reimbursement for completed RHWP activities when expenditure reports are submitted showing the **Deliverable** listed individually in the *Other Direct Costs* budget.

All incurred expenses for **Deliverable Objectives** are to be shown in the itemized **Other Direct Costs** category that corresponds to the specific deliverable objective. Each deliverable objective is to be shown as an incurred expense in the **Expenditure Report** when the deliverable objective is fully complete by activity. Each FY2023 RHWP deliverable will be considered complete according to the following table:

Deliverable Number	Deliverable	Type of Expense	What documentation is required?	How is payment determined?	When can the expense be submitted in GMIS?
1	By March 31, 2023, 100% of clients will have received comprehensive reproductive health and wellness direct health care services per nationally recognized standards of care.	<i>Other Direct Costs:</i> Deliverable 1	Self-reported on Deliverable Report Form (Appendix H)– will subsequently be validated via Ahlers	The payment per deliverable is based on the Total RHWP Funding Requested for Deliverable 1 divided by the number of visits proposed on the FY2023 Reproductive Health and Wellness Program Budget Overview (Attachment #2)*	Each payment period payment can be requested for the # of RHWP completed within that payment period**
2	March 31, 2023, subrecipients will have implemented activities to support infrastructure and program sustainability.	<i>Other Direct Costs:</i> Deliverable 2	Self-reported on Deliverable Report Form (Appendix H)– will subsequently be validated at site reviews	Payment per billing period for the deliverable is based on the total maximum amount per deliverable/#payment periods.	Each payment period payment can be requested.
3	By March 31, 2023, subrecipients will provide and implement an outreach plan describing at least 2 outreach activities targeting to hard-to-reach and high need populations as reflected in their need's assessment. By March 31, 2023, subrecipients will conduct and report on at least 1 quality improvement project.	<i>Other Direct Costs:</i> Deliverable 3	Self-reported on Deliverable Report Form (Appendix H)– will subsequently be validated at site reviews	Sub recipient may bill for up to 2 outreach events in the grant year and 1 quality improvement project. Payment is up to \$2,000 per outreach event and \$1,000 per quality improvement plan activity submission.	Payment may be requested up to 2 times for an outreach event/activity completion. Payment may be requested up to 2 times for each submission of the quality improvement plan.
4	By March 31, 2023, RHWP clinician/provider will develop and implement clinical training program promoting evidence-based clinical standards.	<i>Other Direct Costs:</i> Deliverable 4	Self-reported on Deliverable Report Form (Appendix H)– will subsequently be validated at site reviews	Payment for the deliverable is up to the amount listed in Appendix C2. To be eligible for Deliverable 4 payment, the subrecipient must have been awarded additional funding to	Each payment period payment can be requested.

Expenditure Report Submission Instructions

FY2023 RHWP Deliverable Objectives

				run training program.	
5	By March 31, 2023, the existing Title X family planning clinic will identify and provide RHWP services to one or more of the identified special populations.	<i>Other Direct Costs:</i> Deliverable 5	Self-reported on Deliverable Report Form (Appendix H)– will subsequently be validated via Ahlers and at site reviews	Payment for the deliverable is up to the amount listed in Appendix C2. To be eligible for Deliverable 5 payment, the subrecipient must have been awarded additional funding for Deliverable 5.	Each payment period payment can be requested.
6	By March 31, 2023, the existing Title X family planning clinic will collaborate with a faith-based organization to expand outreach, community participation and knowledge, and provide RHWP clinical services.	<i>Other Direct Costs:</i> Deliverable 6	Self-reported on Deliverable Report Form (Appendix H)– will subsequently be validated at site reviews	Payment for the deliverable is up to the amount listed in Appendix C2. To be eligible for Deliverable 6 payment, the subrecipient must have been awarded additional funding for Deliverable 6.	Each payment period payment can be requested.
7	By March 31, 2023, subrecipients will have distributed 100% of the incentives purchased to encourage clients to participate in Title X services.	<i>Other Direct Costs:</i> Deliverable 7	Self-reported on Deliverable Report Form (Appendix H)– will subsequently be validated at site reviews	Payment for the deliverable is up to the amount listed in Appendix C2. To be eligible for Deliverable 7 payment, the subrecipient must have been awarded additional funding for Deliverable 7.	Each payment period payment can be request if expense occurred.

****For those sub recipients who have been awarded funding for multiple counties: Dollars designated for a county must be spent for services in that county.**

FY2023 Reproductive Health and Wellness Program Deliverable Reporting Form - This form **must** be completed and submitted each billing cycle. The form must be uploaded in GMIS in **the Expenditure Reports Comments section**. Reports are due on the same date as the Subrecipient Reimbursement Expenditure Reports.

FY2023 Reproductive Health and Wellness Program

Deliverable Reporting Form for Subrecipients

This form must be completed and submitted each billing cycle. The form must be uploaded in GMIS to the Expenditure Reports Comments section. Reports are due on the same date as the Sub recipient Reimbursement Expenditure Reports.

Sub recipient Agency Name: _____ GMIS # _____

Reporting Period: _____ Reporting Unit: ____ Monthly ____ Quarterly

Deliverable 1: By March 31, 2023, 100% of clients will have received comprehensive reproductive health and wellness direct health care services per nationally recognized standards of care.	
Total Amount Requested this Billing Period for Deliverable 1:	<div style="border: 1px solid black; height: 30px; width: 100%; background-color: #d3d3d3;"></div>
Number of client visits this reporting period	<div style="border: 1px solid black; height: 30px; width: 100%; background-color: #d3d3d3;"></div>
Number of clients outside of childbearing status served this period:	<div style="border: 1px solid black; height: 30px; width: 100%; background-color: #d3d3d3;"></div>
Deliverable 2: By March 31, 2023, 100% of subrecipients will have implemented activities to support program infrastructure and sustainability.	
Total Amount Requested this Billing Period for Deliverable 2:	<div style="border: 1px solid black; height: 30px; width: 100%; background-color: #d3d3d3;"></div>
Agency has billed for 100% of clients with 3 rd party coverage who are not seeking confidential services	<input type="checkbox"/> Yes <input type="checkbox"/> No
Number of Telehealth Visits this reporting period	<div style="border: 1px solid black; height: 30px; width: 100%; background-color: #d3d3d3;"></div>
Number of clients assisted with enrollment to Medicaid/insurance	<div style="border: 1px solid black; height: 30px; width: 100%; background-color: #d3d3d3;"></div>
Agency is building/upgrading EMR systems for FPAR 2.0	<input type="checkbox"/> Yes <input type="checkbox"/> No
Deliverable 3: By March 31, 2023, 100% of subrecipients will provide and implement an outreach plan describing at least 2 outreach activities targeting to hard-to-reach and high need populations as reflected in their need's assessment. Identified populations are women in need of publicly funded contraceptive services including but not limited to Appalachian, Latina and Non-Hispanic Black or African American women of childbearing age and those with disabilities. The outreach plan should include the following: description of the activity, identified audience and documented need, evidence base supporting outreach activity and plan to evaluate outreach activity, and; By March 31, 2023, 100% of subrecipients will conduct and report on at least 1 quality improvement project.	
Total Amount Requested this Billing Period for Deliverable 3:	<div style="border: 1px solid black; height: 30px; width: 100%; background-color: #d3d3d3;"></div>
Number of outreach events (@ \$2000 each) <i>Attach Outreach Reporting form in GMIS in the expense report section.</i>	<div style="border: 1px solid black; height: 30px; width: 100%; background-color: #d3d3d3;"></div>
Quality Improvement Plan has been implemented (@ \$1000 for each part submitted): <i>Attach RHWP QI plan template in GMIS in the expense report section.</i>	<div style="border: 1px solid black; height: 30px; width: 100%; background-color: #d3d3d3;"></div>

FY2023 Reproductive Health and Wellness Program

Deliverable Reporting Form for Subrecipients

This form must be completed and submitted each billing cycle. The form must be uploaded in GMIS to the Expenditure Reports Comments section. Reports are due on the same date as the Sub recipient Reimbursement Expenditure Reports.

Sub recipient Agency Name: _____ GMIS # _____

Reporting Period: _____ Reporting Unit: ____ Monthly ____ Quarterly

Deliverable 4: (optional; limit one sub-recipient; max \$200,000 in funding; amount not included in total funding)

By March 31, 2023, RHWP clinician/provider will develop and implement clinical training program promoting evidence-based clinical standards.

Total Amount Requested this Billing Period for Deliverable 4:

Clinical Contraceptive Training Program implemented:

☐ Yes

☐ No

Provide documentation of activities from training plan program.

Deliverable 5: (optional; limit up to 12 subrecipients; max 40,000 in funding; amount not included in total funding)

By March 31, 2023, the existing Title X family planning clinic will identify and provide RHWP services to one or more of the identified special populations.

Total Amount Requested this Billing Period for Deliverable 5:

Infrastructure is in place to provide services to special populations

☐ Yes

☐ No

Number of clients seen from special populations:

(separate from clients seen in Deliverable #1)

FY2023 Reproductive Health and Wellness Program

Deliverable Reporting Form for Subrecipients

This form must be completed and submitted each billing cycle. The form must be uploaded in GMIS to the Expenditure Reports Comments section. Reports are due on the same date as the Sub recipient Reimbursement Expenditure Reports.

Sub recipient Agency Name: _____ GMIS # _____

Reporting Period: _____ Reporting Unit: ____ Monthly ____ Quarterly

Deliverable 6: (optional; limit up to 10 subrecipients; max \$40,000 in funding; amount not included in total funding) By March 31, 2023, the existing Title X family planning clinic will collaborate with a faith-based organization (FBO) to expand outreach, community participation and knowledge, and provide RHWP clinical services.

Total Amount Requested this Billing Period for Deliverable 6:

Infrastructure is in place to provide services to faith-based organizations

☐ Yes

☐ No

*Number of clients seen from faith-based organizations:
(separate from clients seen in deliverable #1)*

Deliverable 7: (Optional; Max amount of funding \$5,000) By March 31, 2023, subrecipients will have distributed 100% of the incentives purchased to encourage clients to participate in Title X services.

Total Amount Requested this Billing Period for Deliverable 7:

Number of gift cards purchased this billing period:

Number of gift cards given out this billing period:

AND/OR

Number of _____ purchased this billing period:

Number of _____ given out this billing period:

FY2023 ODH Reproductive Health and Wellness Program FPAR Data Report

RHWP Subrecipient Agency Name: _____ GMIS # _____

Data is for the calendar year (January-December 2022)

Data Point	Results
Number of reports made for child abuse	
Number of RHWP patients with HGSIL results	
Number of RHWP patients with LGSIL results	
Number of RHWP with positive HIV tests	
Number of anonymous HIV tests (regardless of results) for RHWP patients	
Number of FTE* Physicians working in the Reproductive Health and Wellness Program	
Number of FTE* Physician Assistants/Nurse Practitioners/ Certified Nurse Midwives working in the Reproductive Health and Wellness Program	
Number of FTE* Registered nurses with an expanded scope of practice who are trained and permitted by state-specific regulations to perform all aspects of the user physical assessment. working in the Reproductive Health and Wellness Program	

**An FTE is a "full time equivalent (40hrs)" If you have 3 NPs that work 10 hours, 20 hours and 30 hours, this would be 1.5 FTEs (60hrs).*

Submit this form via GMIS to the ODH RHWP no later than **February 1, 2023**.

FY2023 ODH Reproductive Health and Wellness Program FPAR Data Report

Revenue Source	Amount
Title X	
1. Reproductive Health & Wellness Program grant	
Payment for Services	
2. Total client collections/self-pay	
3. Third-party payers	
3a. Medicaid (Title XIX)	
3b. Medicare (Title XVIII)	
3c. Children's Health Insurance Program (CHIP)	
3d. Other public health insurance	
3e. Private health insurance	
4. Total – Third-Party Payers (add rows 3a +3b + 3c + 3d + 3e)	
5. Total – Payment for Services (add row 2 + 4)	
Other Revenue	
6. Title V (MCH Block Grant)	
7. Title XX (Social Security Block Grant)	
8. TANF funds	
9. Local government revenue, i.e. levy funds	
10. State government revenue	
11. Bureau of Primary Health Care (BPHC)	
12. Other: BCCP	
13. Other: United Way	
14. Other: Donations	
15. Other: Workers Comp	
16. Other: Specify _____	
17. Total – Other Revenue(add rows 6+7+8+9+10+11+12+13+14+15+16)	
18. Total Revenue(add rows 1 + 5 + 17)	

FY2023 Reproductive Health and Wellness Program
ODH & OPA Change of Scope FAQs

When do I need to submit a change of scope form?

1. Open a new service site
2. Close an existing service site
3. First enter or withdraw from the Title X program

What do I need to do?

1. Fully complete the [Title X Family Planning Change in Scope Worksheet](#)
2. Write a formal letter explaining the following: (See page 2 for a sample)
 - a. Paragraph 1: Briefly describe the change, reasons affecting the change, effective date, and any budgetary implications of the proposed change.
 - b. Paragraph 2: Client notification process/plan.
 - c. Paragraph 3: Alternate Title X service sites that patients can be referred to.
 - d. Paragraph 4: Any continuing efforts or relocated personnel.
3. Send both to your **program consultant**.

When does OPA want the change of scope forms and formal letter?

1. OPA would like the documentation 90 days before a clinic opening or closure.

FY2023 Reproductive Health and Wellness Program
ODH & OPA Change of Scope FAQs



Department
of Health

Mike DeWine, Governor
Jon Husted, Lt. Governor

Bruce Vanderhoff, MD, MBA, Director

DATE

SAMPLE

Re: Grant #FPHPA006458
Scott Moore, Grants Management Officer
Dept of Health and Human Services
Office of Grants Management, OASH
1101 Wootton Pkwy, Suite 550
Rockville, MD 20852

Dear Mr. Moore:

I am writing to request a change in Scope of Project for the OHIO DEPARTMENT OF HEALTH (ODH) Title X Family Planning Services Project.

ODH Sub-recipient, "ABC" Services is closing one service site. It was located in Town, Ohio. The clinic site had limited hours of operation (Tuesdays 1:00p, 4:40p, and 4:30pm – 7:00pm the second Tuesday of every month). Over the years the site has experienced a decrease in the number of clients served. Loss of staff at the clinic paired with financial issues for ABC Services has resulted in the determination to close the sites. The remaining grant funds allocated to this site will be distributed to the QRS site which had seen an increase in clients and an improvement in achieving their performance goals. The closure will be effective month day, year.

Clients have been notified of the closure via mail. A sign has been also posted at the clinics indicating closure and providing contact information for the past 30 days. Information has also been posted on the ABC website. Client medical records are available upon request.

Clients from the "name" clinic can be referred to the following Title X sites: "DEF" clinic in city/town, state and "RST" clinic in city/town, state. Clients from the "name" clinic can be referred to the following Title X sites: city/town, state and city/town, state.

"ABC Services" will continue to provide community education and outreach efforts to the (geographic/state) area. The Community Educator who was housed in the city/town, state clinic will be relocated and continue to provide programming in the area.

Please contact me if you have questions or need additional information.

Thank you for your assistance.

Sincerely,

246 North High Street
Columbus, Ohio 43215 U.S.A.

614 | 466-3543
www.odh.ohio.gov

The State of Ohio is an Equal Opportunity Employer and Provider of ADA Services.

Outreach Event/Campaign Reporting Form

Event Name:	
Event Date:	Venue/Platform:
Event Timeline:	Targeted Counties:
List data sources used to determine target demographic:	

[illegible]

Budget Breakdown:

Total budget for this outreach/campaign

Cost breakdown

Insights and Recommendations:

What worked?

What would be done differently next time?

Event's Screenshots:

(Insert pictures of your outreach event/campaign)

RHWP QI TEMPLATE

Part 1: **DUE JUNE 30, 2022 in GMIS**

AIM: *State the overall goal the agency wants to achieve.*

PLAN: *What is happening now? What will happen if the agency tries something different? What is the change the agency plans to test?*

Develop a plan (who is going to do what, by when, and where?)

List of tasks needed to set up this test of change	Person responsible	When to be done	Where to be done	Measure to determine success
1.				
2.				
3.				
4.				

RHWP QI TEMPLATE

Part 2: **DUE SEPTEMBER 30, 2022 in GMIS**

DO: *Let's try it! Carry out the test. Document the data and observations.*

STUDY: *Did it work? Analyze the data.*

ACT: *Decide what to do. Is the agency going to: Adopt? Adapt? Abandon? Next steps:*

BUDGET JUSTIFICATION EXAMPLE (Deliverable Funding Only)

NOTES:

- 1. Budget justification line items MUST be in the same order as in the GMIS budget.**

OTHER DIRECT COSTS

Deliverable – Objectives

(PLEASE REFER TO SUBGRANT SOLICITATION FOR THE REQUIRED SCENARIO) (Note: Budget leverage cannot be used to move funding into or out of any Deliverables – Objective line item. Also, indirect cannot be charged against this line item.)

Scenario 1 (please refer to the solicitation to determine which scenario to use)

- Deliverable – Objective 1** **\$10,000**
Note: A brief description of how agency will accomplish meeting the deliverable may be required. Please refer to the solicitation to determine if this is required to be included in the budget justification. A detailed breakout of the deliverable budget is not required and should not be included in the budget justification.
- Deliverable – Objective 2** **\$45,000**
Note: A brief description of how agency will accomplish meeting the deliverable may be required. Please refer to the solicitation to determine if this is required to be included in the budget justification. A detailed breakout of the deliverable budget is not required and should not be included in the budget justification.
- Deliverable – Objective 3** **\$75,000**
Note: A brief description of how agency will accomplish meeting the deliverable may be required. Please refer to the solicitation to determine if this is required to be included in the budget justification. A detailed breakout of the deliverable budget is not required and should not be included in the budget justification.

Scenario 2 (please refer to the solicitation to determine which scenario to use)

- Deliverable – Objective 1**

Franklin County	\$40,000
Union County	\$11,000
Madison County	\$20,000
Licking County	\$15,000

Note: A brief description of how agency will accomplish meeting the deliverable may be required. Please refer to the solicitation to determine if this is required to be included in the budget justification. A detailed breakout of the deliverable budget is not required and should not be included in the budget justification.

- Deliverable – Objective 2

Franklin County	\$52,500
Union County	\$9,500
Madison County	\$12,500
Licking County	\$16,500

Note: A brief description of how agency will accomplish meeting the deliverable may be required. Please refer to the solicitation to determine if this is required to be included in the budget justification. A detailed breakout of the deliverable budget is not required and should not be included in the budget justification.

- Deliverable – Objective 3

Franklin County	\$78,750
Union County	\$16,750
Madison County	\$8,750
Licking County	\$38,750

Note: A brief description of how agency will accomplish meeting the deliverable may be required. Please refer to the solicitation to determine if this is required to be included in the budget justification. A detailed breakout of the deliverable budget is not required and should not be included in the budget justification.

Scenario 3 (please refer to the solicitation to determine which scenario to use)

- Deliverable – Objective 1

Objective A	\$10,000
Objective B	\$20,000
Objective C	\$30,000
Objective D	\$40,000

Note: A brief description of how agency will accomplish meeting the deliverable may be required. Please refer to the solicitation to determine if this is required to be included in the budget justification. A detailed breakout of the deliverable budget is not required and should not be included in the budget justification.

- Deliverable – Objective 2

Objective A	\$12,500
Objective B	\$2,500
Objective C	\$1,500
Objective D	\$16,500

Note: A brief description of how agency will accomplish meeting the deliverable may be required. Please refer to the solicitation to determine if this is required to be included in the

budget justification. A detailed breakout of the deliverable budget is not required and should not be included in the budget justification.

• Deliverable – Objective 3	
Objective A	\$28,750
Objective B	\$8,750
Objective C	\$1,750
Objective D	\$38,050

Note: A brief description of how agency will accomplish meeting the deliverable may be required. Please refer to the solicitation to determine if this is required to be included in the budget justification. A detailed breakout of the deliverable budget is not required and should not be included in the budget justification.

Total Other Direct Costs	\$Total
---------------------------------	----------------

Budget Grand Total	\$
---------------------------	-----------

Notes:

- 1. The budget justification must be signed by the agency head listed in GMIS.**
- 2. Budget revisions that do not include a signed budget justification by the agency head listed in GMIS will be disapproved.**
- 3. Authorized representative certification language must also be included with agency head signature.**

Subrecipient's authorized representative certifies the foregoing:

- Subrecipient understands and agrees that it must follow the federal cost principle that applies to its type of organization (2 CFR, Part 225; 2 CFR, Part 220; or, 2 CFR, Part 230).
- Sub-recipient's budgeted costs are reasonable, allowable and allocable under OGAPP and federal rules and regulations.
- The OGAPP and the rules and regulations have been read and are understood.
- Subrecipient understands and agrees that costs may be disallowed if deemed unallowable or in violation of OGAPP and federal rules and regulations.
- The appropriate programmatic and administrative personnel involved in this application are aware of agency policy in regard to subawards and are prepared to establish the necessary inter-institutional agreements consistent with those policies.
- Subrecipient agrees and understands that costs incurred in the fulfillment of the Deliverables must be allowable under OGAPP and federal rules and regulations to qualify for reimbursement.

[Signature]

[Print Name & Title]

Date]

FY2023 REPRODUCTIVE HEALTH AND WELLNESS PROGRAM ASSURANCES

1. Assurance that the applicant is familiar with and will comply with all ODH standards and guidelines, and that those services will be provided in accordance with the *Program Requirements for Title X Funded Family Planning Projects* of the DHHS Office of Population Affairs, April 2014 and the Centers for Disease Control and Prevention, *Providing Quality Family Planning Services*, April 25, 2014;
2. Assurance that at least 60% of the patients served with this grant will have incomes at or below 100% of the Federal poverty level;
3. Assurance that Sliding Fee Scale reflecting the current Federal poverty guidelines will be used to assign charges to patients and that a schedule of charges, with sufficient proportional increments are used for patients with incomes between 101-250% of the Federal Poverty Level. Note: Agencies cannot require proof of income and must rely on patient declaration of income if no other income verification is available in order to determine where a patient falls on the Sliding Fee Scale. Patients with income at or below 100% of the Federal Poverty Level must not be charged.
4. Assurance that the program does not discriminate in the provision of services based on an individual's religion, residence, race, national origin, handicapping condition, age, sex, number of pregnancies, marital status, culture, ethnicity or sexual orientation;
5. Assurance that the applicant has the capacity to implement the data collection system utilized by the project which documents the provision of services. All data must be submitted by the 8th of the following month;
6. Assurance that the Health Insurance Portability and Accountability Act (HIPAA) is instituted in the agency;
7. Assurance that the applicant has the capacity to provide services to persons with Limited English Proficiency (LEP);
8. Assurance that the program provides services without subjecting individuals to any coercion to accept services or to employ any particular method of family planning;
9. Assurance that acceptance of services shall be solely on a voluntary basis and may not be made a prerequisite to eligibility for, or receipt of, any other services, assistance from, or participation in, any other program of the service provider;
10. Assurance that staff are trained to provide counseling/education on how to resist sexual coercion and to encourage family participation that promotes positive family relationships;
11. Assurance that the program is in compliance with State laws requiring notification or the reporting of child abuse, child molestation, sexual abuse, rape, or incest;
12. Assurance that services shall be provided by licensed clinical personnel, including but not limited to licensed doctors, licensed nurses, licensed social workers, and licensed counselors in a medical clinical setting;
13. Assurance that there is expanded access to a broad range of acceptable and effective family planning methods and related preventive health services. The broad range of services does not include abortion as a method of family planning;
14. Assurance that eligible funds will be spent on planned, approved and evaluated outreach strategies to hard-to-reach and/or vulnerable populations, and partnering with other community-based health and social service providers that provide needed services;
15. Assurance that the applicant's services are organized so that the reproductive health and wellness services are physically and financially separate from abortion-providing and abortion-promoting activities.
16. Assurance that the applicant will provide referrals to clients for needed clinical or social services. Formal referrals (MOU or contracts) will be in place, as appropriate, with Primary Care Providers, Mental Health, Substance Abuse, and HIV Care Services.
17. Assurance that the applicant will provide reproductive health and wellness services as outlined in this application for the full budget period of April 1, 2022 to March 31, 2023. It is the expectation of

FY2023 REPRODUCTIVE HEALTH AND WELLNESS PROGRAM ASSURANCES

ODH that clients will be served for the entire grant year.

18. Assurance that any activity targeted to adolescents do not normalize sexual risk behaviors, but instead clearly communicate the research informed benefits of delaying sex or returning to a sexually risk-free status.

Agency Name:	GMIS 2 User #:
Authorized Signature:	Date:

FY2023 Reproductive Health and Wellness Program Budget Overview

Subrecipient Agency Name: _____

GMIS # _____

Applicants should see Maximum Amount of Funds Available by County (Appendix C2) to determine the amount of funding available for each deliverable.

Funding Proposal

\$ _____ Total RHWP Funding Requested

.....

DELIVERABLE GOALS & OBJECTIVES

\$ _____ **Deliverable 1:** Clients will have received comprehensive reproductive health and wellness direct health care services per nationally recognized standards of care. Clients must be served for the entire grant year.

County Name	# Projected Visits
1.	
2.	
3.	
4.	

\$ _____ **Deliverable Goal 2:** Subrecipient will have implemented activities to support program infrastructure and sustainability.

\$ _____ **Deliverable Goal 3:** Subrecipient will provide and implement an outreach plan describing at least 2 outreach activities targeted to hard-to-reach and vulnerable populations. Subrecipients will conduct and report on at least 1 quality improvement project.

\$ _____ **Deliverable Goal 4: (optional; limit up to 1 sub-recipient)** Subrecipient will develop and implement clinical training program promoting evidence-based clinical standards.

\$ _____ **Deliverable Goal 5: (optional; limit up to 12 sub-recipients)** Subrecipient will provide RWHP services to one or more of the identified special populations.

\$ _____ **Deliverable Goal 6: (optional; limit up to 10 sub-recipients)** Subrecipient will establish a collaborative relationship with an FBO to expand outreach, community participation and knowledge, and provide RHWP clinical services.

\$ _____ **Deliverable Goal 7: (optional)** Subrecipients will have distributed 100% of the incentives purchased to encourage clients to participate in Title X services.

***See Maximum Amount of Funds Available by County (Appendix C) for Available Funds**

FY2023 Reproductive Health and Wellness Program Itemized Budget (Program use ONLY)

Subrecipient Agency Name: _____ **GMIS #** _____

Applicants should see Maximum Amount of Funds Available by County (Appendix C2) to determine the amount of funding available for each deliverable.

Funding Requested: \$ _____ **+ Projected Program Income:** \$ _____ **= Total Budget:** \$ _____

Budget breakdown:	Total Budgeted Amount	Mid-year Report Billed amount (Apr 1, 2022 – Sept 30, 2022)	Final Report Billed amount (Apr 1, 2022 – Mar 31, 2023)
	Due with application	Due Oct 15, 2021	Due May 15, 2021
Personnel			
Advertising/Outreach	\$	\$	\$
Client expenses (such as client incentives, transportation etc.)	\$	\$	\$
Facility Costs (such as rent, depreciation, interest on a debt etc.)	\$	\$	\$
Fees (such as website maintenance, lab fees, background check, audit fees fiscal management services)	\$	\$	\$
Maintenance/Lease (such as liability insurance, postage, postage meter, copier, snow removal, trash removal etc.)	\$	\$	\$
Contracts	\$	\$	\$
Subscription/Publications	\$	\$	\$
Medical supplies (such as medical instruments for exams, medications etc.)	\$	\$	
Office supplies (such as file cabinet, tablets etc.)	\$	\$	\$
Program supplies (such as promotional materials, pelvic model etc.)	\$	\$	\$
Travel (such as in state, out of state travel costs)	\$	\$	\$
Utilities (such as gas, electric, water, telephone service, cell phone service etc.)	\$	\$	\$
Equipment (such as laptop computer, printer etc.)	\$	\$	\$

FY2023 Reproductive Health and Wellness Program Itemized Budget
(Program use ONLY)

Other			
TOTAL	\$	\$	\$

FY2023 Reproductive Health and Wellness Program Site and Service Form

Reproductive Health and Wellness Program									
<i>FY2023 Site and Service Form</i>									
Please fill in the yellow highlighted fields.									
Subgrantee Agency Name:									
GMIS Number:									
Address BOLD the administrative address List all clinic addresses of RHW physical sites only (sites where any person could make an appointment and be seen)	City, State, Zip	Service Area (by county)	Office Hours <i>(see below)*</i>	Provider/Clinician Hours <i>(see below)**</i>	Number of Visits Projected 2023 <i>(see below)***</i>	Please provide email addresses for those to be included on the RHWHP listserv	Does this site allow Same Day Appointments /Walk ins (Y/N)	Does this site provide extended weekend hours (Y/N)	Does this site have teen clinic hours available (Y/N)
			* – Times of day/days of month that the office is open to patients, such as to receive phone calls, make appointment, pick up refills, pregnancy tests, etc.	** – Times of day/days of month that a Clinician/Provider (MD/NP/ PA/DO) is available to provide full RHWHP medical services such as exams, prescribe medication, and evaluate problems for each site served.	*** – Number of client visits projected at the sub-grantee agency level for each site served.				

FY2023 Reproductive Health and Wellness Program Site and Service Form

<p>Offsite Services Provided to ONLY Specific Populations ex.)</p> <p>colleges, treatment centers, prisons, etc. List sites where</p> <p>not anyone can make an appointment and be seen. For example, a clinic in a high school where only students may receive services, a prison where only inmates are treated, or a treatment center in which only residents have appointments.</p>			
Address <i>(Please include name of site)</i>	Populations Served	Service Area <i>(by county)</i>	Provider/Clinician Hours

FY2023 Reproductive Health and Wellness Program Site and Service Form

2023 Service Information Complete the grid below by indicating how services are provided at the delegate agency by putting a check in the corresponding numbered column. For those columns with a “/” indicate which of the choices are provided.		Female Sterilization <ul style="list-style-type: none"> Counseling Procedure 	
1= Provided on-site at all delegate sites		Male Sterilization <ul style="list-style-type: none"> Counseling Procedure 	
2= Provided within delegate system, but not all sites		OTHER SERVICES Level 1 Infertility Services Achieving Pregnancy Services Minor Gynecological Problems – please list Health Promotion and Disease Prevention Psychosocial Services Special Gynecologic Procedures – please list	#1 to 5
3= Referral to off-site, paid for by Title X		HPV Vaccination	
4= Referral to off-site, no payment provided		Prenatal Care	
5=Not Provided		Postpartum Care	
		Folic Acid	
		PrEP	
SERVICES	#1 to 5	Pregnancy Diagnosis <ul style="list-style-type: none"> History Testing Physical exam Non-directive Pregnancy Counseling	
Informed Consent		Male Services <ul style="list-style-type: none"> History Physical exam Testing 	
Client Education/Counseling		Adolescent Services <ul style="list-style-type: none"> Encouragement of Family Involvement Education on Sexual Coercion 	
Medical History		Sexually Transmitted Disease Testing and Treatment <ul style="list-style-type: none"> Gonorrhea Chlamydia Syphilis Trichomonas Herpes Hepatitis B Hepatitis C Human Papilloma Virus (warts) HIV Testing/ Post Test Counseling 	For treatment indicate (C) Client, (P) Partner or (B) Both
Intimate Partner Violence Screening			
Alcohol and Other Drug Use Screening			
Tobacco Use Screening			
Depression Screening			
BMI			
Blood Pressure Screening			
Physical Assessment			
Lab Testing			
<ul style="list-style-type: none"> Diabetes Cervical cytology / cancer screening Mammography 			
Notification of Abnormal Lab Testing			
Walk-Ins/Same Day Appointments			
Services to women who are no longer child-bearing			
Telehealth			
CONTRACEPTIVE METHODS	#1 to 5		
IUD			
Hormonal Implant			
Emergency Contraception			
3 month Hormonal Injection			
Oral Contraceptives			
Contraceptive Patch			
Vaginal Ring			
Barrier Method / Condoms			
Barrier Method / Cervical cap			
Barrier Method / Diaphragm			
Barrier Method / Spermicide options			
Fertility Awareness, including Natural Family Planning			
Abstinence Education			

FY23 Reproductive Health and Wellness Program Plan

Applicants must use the RHWP Goals and Deliverables Grid, Appendix E to populate the FY23 Reproductive Health and Wellness Program Plan

One comprehensive program plan must be submitted by the applicant agency. Multiple program plans from the applicant agency and subcontractors will not be accepted. Applicants should complete the program plan for each Objective proposed.

Goals: List the goals that will be addressed in the program plan.

Deliverable: List the deliverable that will be addressed in the program plan. Applicant must apply for Deliverable 1, 2, and 3. However, the strategy listed at the bottom of Goal 1 is optional. If you do not choose this strategy, Deliverable 1 award amount will be decreased by 5%. Applicants may also choose to apply for deliverable 4, 5, 6 and/or 7. A detailed and specific work plan must be provided to be considered for this funding.

Strategy: For each deliverable, copy the specific strategies from the “RHWP Goals and Deliverables Grid” to the program plan. The strategies describe how the applicant will meet each measure. Strategies should align with program activities.

Activities: The applicant should copy the specific activities that will be implemented to address each strategy. Applicants must list all activities listed in the “RHWP Goals and Deliverables Grid” Applicants may provide additional activities as appropriate. Evaluation measures are provided for each strategy, but additional evaluation measures for specific activities should be included and documented in the program plan.

Benchmarks/Evaluation Measures: Copy the specific evaluation measures from the “RHWP Goals and Deliverables Grid” to the program plan. The evaluation measures describe how the strategies will be measured and evaluated. All evaluation measures associated with a strategy must be addressed. Program reports should reflect the enablers and/or barriers to meeting the proposed benchmark. **Evaluation measures cannot be altered.** However, additional evaluation measures for specific activities should be included in the program plan.

Person(s) Responsible: List the name of the person(s) that will be responsible for implementing the specific activities.

Timeline: Indicate the date the activities will be completed or accomplished. It is not acceptable to list “ongoing” or “at end of grant period” for any activities.

Accomplishments: Please note that the accomplishments column when submitted as the applicant’s initial program plan should remain blank. Applicants will complete the accomplishments column when they submit Mid-Year and Annual progress reports. A description of the accomplishments is due on two dates. A RH23 Mid-Year Progress Report (MYPR) must be submitted by October 15, 2022. A RH23 Annual Progress Report (APR) must be submitted after the close of the FY2023 grant year (May 15, 2023). Both Progress Reports should describe the overall progress, including results to date and comparison of actual accomplishments with proposed goals for the period, any current problems or favorable or unusual developments, and work to be performed during the succeeding period. The report should identify and elaborate on problems, delays, and adverse conditions that affect the subrecipient’s ability to meet the program’s objectives or time schedules. The Progress Reports should address how the specific evaluation measures are being addressed.

FY23 Reproductive Health and Wellness Program Plan

This document is being submitted as: *(please check one)*

- ☐ Initial Program Plan
- ☐ Revised Program Plan
- ☐ Mid-Year Progress Report (MYPR)
- ☐ Annual Progress Report (APR)

Goals: <input type="checkbox"/> Goal 1 <input type="checkbox"/> Goal 2 <input type="checkbox"/> Goal 3 <input type="checkbox"/> Goal 4 <input type="checkbox"/> Goal 5 <input type="checkbox"/> Goal 6 <input type="checkbox"/> Goal 7					
RHWP Deliverable:					
Strategy	Activities	Person Responsible	Timeline	Evaluation Measures	Accomplishments
					Accomplishments column to be completed for Mid-Year Progress Report and Annual Progress Report

FY2023 RHWP Culturally and Linguistically Appropriate Services (CLAS) Strategic Plan

RHWP Subrecipient Agency Name: _____

GMIS

Use this template to create a plan to increase Culturally and Linguistically Appropriate Services (CLAS).

- Based on what was learned from the CLAS self-assessment, activities should be identified to improve the cultural competency of services in FY2023.
- Submit this form with initial application, mid-year, and final report to show accomplishments.

This document is being submitted as: *(please check one)* ☐ **Initial Plan** (due with application) ☐ **Progress Report** (due 10/15/2022) ☐ **Final Report** (due 5/15/2023)

Objective	Activities	Person(s) Responsible	Begin/End Date	Evaluation	Accomplishments Mid-Year Report 4/1/2022 – 9/30/2022	Accomplishments Final Report 10/1/2022 – 3/31/2023
Standard #1: Understandable and Respectful Care						
Standard #2: Diverse Staff and Leadership						
Standard #3: Ongoing Education and Training <i>EXAMPLE</i>	<ul style="list-style-type: none"> • Orient new staff members to cultural competence training • Develop orientation materials related to cultural competency • Encourage all staff to participate in cultural competence training 	Administrative Staff Clinical Staff	April 1, 2022 – March 31, 2023	<p>Staff participation in ongoing training and education will be accounted for in a database.</p> <p>The percentage of staff who have participated in ongoing training will be assessed bi-monthly to monitor progress toward our objective.</p>	The percentage of staff who have participated in ongoing training and education from 75% to 90%.	The percentage of staff who have participated in ongoing training and education from 90% to 100%.
Standard #4: Language Assistance Services						
Standard #5: Right to Receive Language Assistance Services						
Standard #6: Informing About Language Assistance						
Standard #7: Competence of Language Assistance						
Standard #8: Patient-Related Materials						
Standard #9: Written Strategic Plan						
Standard #10: Organizational Self-Assessment						
Standard #11 Patient / Consumer Data						
Standard #12: Community Profile						
Standard #13: Community Partnerships						
Standard #14: Conflict/Grievance						

FY2023 RHWP Culturally and Linguistically Appropriate Services (CLAS) Strategic Plan

Processes						
Standard #15: Implementation of health equity action plan	<ul style="list-style-type: none">• Describe tasks needed• Create SMART goals• Design and implement an evaluation plan.					

FY23 Reproductive Health and Wellness Program

Fee Management

This form must be completed and submitted each billing cycle. The form must be uploaded in GMIS to the Expenditure Reports Comments section. Reports are due on the same date as the Sub recipient Reimbursement Expenditure Reports.

Sub recipient Agency Name: _____ **GMIS #** _____

Reporting Period: _____ **Reporting Unit:** ____ Monthly ____ Quarterly

**This form is due with application (Due December 6 for returning sub-recipients)
Due June 30 for new applicants**

1. Title X regulation states that sub-recipients and service sites must have a sound rationale and process for determining the cost of services. Please briefly describe the rationale for how the costs for services at your reproductive health clinic are derived.

***Please be sure to attach complete fee schedules in GMIS**

2. Title X regulation states that service sites must follow a written policy and procedure requiring that a schedule of discounts be developed for services provided in the project and updated annually to be in accordance with the Federal Poverty Level. Please describe the rationale for how the sliding fee scale at your reproductive health clinic is developed. If clinic uses exact sliding fee scale sent out annually by the Ohio Department of Health, please state that below.

***Please be sure to attach your sliding fee scale in GMIS**

3. Please list all private insurance companies with which site has a contract in place.

FY23 Reproductive Health and Wellness Program

Fee Management

This form must be completed and submitted each billing cycle. The form must be uploaded in GMIS to the Expenditure Reports Comments section. Reports are due on the same date as the Sub recipient Reimbursement Expenditure Reports.

Sub recipient Agency Name: _____ **GMIS #** _____

Reporting Period: _____ **Reporting Unit:** ____ Monthly ____ Quarterly

4. For each CPT code listed below, please fill in the current charge for the service, as well as the highest private insurance reimbursement rate for each code. If you are unable to pull data on the highest reimbursement rate for each CPT code, please think of your highest paying private insurer and list their reimbursement rates. If you do not use one of the CPT codes listed below, please add lines and list the codes for similar services that are offered at your clinic.

CPT Code	Code Description	Current Charge	Highest PI Reimbursement
99204	Comprehensive Visit, New (MOD)		
99211	Minimum, Est.		
99212	Problem Focus Visit, Est.		
99385	New 18-39		
99395	Est 18-39		
11981	Nexplanon Insertion		
11982	Nexplanon Removal		
58300	IUD/IUC Insertion		
58301	IUD/IUC Removal		
96372	Depo Injection Admin		