



## MEMORANDUM

Date: September 18, 2024

To: Subrecipient agencies

From: Dyane Gogan Turner, MPH, RD/LD, IBCLC *DGT* Chief,  
Bureau of Child and Family Health  
Ohio Department of Health

Subject: Subrecipient Continuation Grant Applications for Calendar Year 2025  
Reproductive Health and Wellness Program (RH26, 4/1/2025 to 3/31/2026)

The Ohio Department of Health (ODH), Reproductive Health and Wellness Program (RHWP), Bureau Child and Family Health announces the availability of grant funds.

All electronic applications and attachments are due by **4:00 p.m., Monday, November 4, 2024**. 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). For new staff requiring GMIS access, you 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 **continuation application** constitutes acknowledgment and acceptance of ODH Grants Administration Policies and Procedures (OGAPP) Manual rules, policy and procedure updates posted on the GMIS Bulletin Board, 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 <https://odh.ohio.gov/know-our-programs/reproductive-health-and-wellness-program/resources/rh23-competitive-deliverable-solicitation>.

If you have questions, please contact Katherine Dean at (614) 633-9968 or e-mail at [Katherine.Dean@odh.ohio.gov](mailto:Katherine.Dean@odh.ohio.gov).

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## I. CONTINUATION FUNDING APPLICATION GUIDANCE

### 100% Deliverable Funding

- A. Policy and Procedures:** The Continuation Funding Application consists of three parts: Program Updates, Program Budget and Budget Narrative, and Other Required Attachments.

Submission of the continuation application constitutes acknowledgment and acceptance of ODH GAPP(OGAPP) manual rules, and any other program-specific requirements as outlined in the competitive Solicitation. This Solicitation pertains to budget period: April 1, 2025 – March 31, 2026, of the total project period, April 1, 2022 – March 31, 2027. Reference the competitive Solicitation for more information.

Subrecipient personnel paid using the deliverable funding must complete daily timesheets. Time and Effort reporting must be completed if staff are charged to multiple funding sources.

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

- 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 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.

**B. 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. This grant opportunity (FHPA006567) was supported by the Title X Service Grants of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$17,821,118 with 43% funded by Title X Service Grants/OASH/HHS and \$23,547,256 amount and 57% funded by non-government source(s). The contents are those of the author (s) and do not necessarily represent the official views of, nor an endorsement, by Title X Service Grants/OASH/HHS, or the U.S. Government. For more information, please visit <https://opa.hhs.gov/grant-programs/title-x-service-grants>. Only those subrecipients currently funded for this grant or the Preconception Health and Wellness grant may apply. Up to 43 grants may be awarded for a total amount of \$9,453,250 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 B2. Agencies may subcontract with other agencies to provide services. Agencies may collaborate with external partners on an application to provide services. To be considered for funding, the application must score at least 70% (80 of 114 points) on the Appendix D – Application Review Tool. If the application does not reach the minimum score, the application will be disqualified.

## Eligible Award Amounts

Awards will be determined using two criteria. Applicants will be categorized by the number of family planning client visits completed in RH25, the first year of PW24, or a summation of RH25 and first year of PW24. (See Table 1 for the maximum award amount per client volume).

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>

Agency award amounts will be based on a minimum required client visit of 100. Agencies meeting the minimum 100 client visits will be considered for funding at \$30,000. See Table 1 Eligible Award Amounts when projecting your number of client visits.

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 five to six months. Technical Assistance will be provided to assist your program throughout the grant year.

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.

**Table 1 Eligible Award Amounts**

<b>Eligible Award Amounts Band</b>	<b>Annual number of clients served</b>	<b>Eligible Award Amount</b>
0	6,000 and above	Up to \$750,000
1	4,000 to 5,999	Up to \$650,000
2	2,500 to 3,999	Up to \$400,000
3	1,800 to 2,499	Up to \$300,000
4	1,300 to 1,799	Up to \$220,000
5	900 to 1,299	Up to \$160,000
6	550 to 899	Up to \$120,000
7	400 to 549	Up to \$80,000
8	250 to 399	Up to \$65,000
9	101 to 249	Up to \$50,000
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 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 in 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

**C. Formatting Requirements for Attachments:**

- Properly label each item of the application packet (ex. 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 and fit on 8 ½ x 11 paper when printed.
- Number all pages (print on one side only). Place agency name and GMIS number on each page.
- Use a 12-point Calibri font.
- Forms must be completed and submitted in the format provided by ODH.
- Program Narrative should not exceed **8** pages (**excludes** appendices, attachments, budget, and budget narrative.)

**D. Qualified Applicants:**

The following criteria must be met for grant applications to be eligible for review:

1. The Applicant does not owe funds to ODH and has repaid any funds due with 45 days of the invoice date.

2. Applicant has not been certified to the Attorney General's (AG's) office.
3. Applicant has submitted an application and all required attachments by 4:00 p.m. on **Monday, November 4, 2024**.
4. Applicant must have electronic policies, procedures, and clinical protocol manual which can be uploaded electronically for review during the comprehensive review process.

To be considered for funding, the application must score at least 70% (80 of 114 points) on the Appendix D – Application Review Tool. If the application does not reach the minimum score, the application will be disqualified.

## II. PROGRAM UPDATES:

**Program should review the Evidence of Health Equity Strategies Checklist in Appendix C when drafting the program narrative, objectives, and workplan.**

- A. **Program Progress Report:** Grant application reviewers will refer to the applicant's approved FY2025 RHWP interim progress report, which is due on October 15, 2024, for the period April 1, 2024 – September 30, 2024, or the PW interim progress report, which was due on July 15, 2024, for the period of October 1, 2023 – June 30, 2024, for those with only the PW grant. The interim progress report should include mid-year updated Program Plan (Attachment 5), chart review summary, Culturally and Linguistically Appropriate Services in Health Care (CLAS) Strategic Plan, itemized budget, and a separate narrative progress report.
- B. **Program Narrative:** Complete and submit a narrative statement (do not exceed 8 pages) which explains any changes to program scope, personnel, partnerships with agencies or organizations, or other information the subrecipient wishes to share for continuation funding. Additionally, provide an update on health equity strategies being implemented to address social determinants of health which impacts reproductive health in your community. If the agency was unable to meet grant expectations, the agency should also identify and elaborate on problems, delays, and adverse conditions and explain the plan to address the issues.

The applicant's plan is expected to adhere to the Title X statutory purpose and goals for the establishment and operation of voluntary family planning projects which shall offer a broad range of acceptable and effective family planning methods and clinical services (including natural family planning methods, infertility services, and services for adolescents), while meeting all of the statutory and regulatory requirements and restrictions, including that none of the funds shall be used in programs where abortion is a method of family planning. A Title X project may not perform, promote, or support abortion as a method of family planning.

All activities funded under this announcement must comply with the Title X statute and [Title X Program Handbook](#), as well as the program regulations and legislative mandates, as applicable. Copies of the Title X statute, regulations, and legislative mandates may be downloaded from the Office of Population Affairs web site at <http://www.hhs.gov/opa>

- C. **Objectives and Work Plan:** Complete and submit a short summary of any changes in the Specific, Measurable, Achievable, Results-Oriented, Time-Based, Inclusive, and Equitable (SMARTIE) objectives and submit an updated work plan. Reference the competitive Solicitation for information. This should be based on a review of the Progress Plans submitted to date. Provide a brief report addressing elements of each objective and activity, including current status (met, ongoing or unmet); major findings; and barriers and how barriers were addressed.

Complete the FY2026 RHWP Program Plan (Attachment 5) using the RHWP Goals & Objectives Grid (Appendix E). Refer to Appendix E: Goals and Deliverable Grid for the expected activities and evaluation measures. One comprehensive

program plan must be submitted by the applicant agency. Multiple program plans are not acceptable. Direct reproductive health care services using nationally recognized standards of care are a requirement for all RHWP applicants. Deliverable Goals must be included by all applicants. Complete the Program Plan for all deliverables in which the agency is requesting funding.

Applicants must address outreach to hard to reach and/or vulnerable populations and partnering with other community-based health and social service providers that provide needed services.

**D. Documentation and Progress on Health Equity and Disparity Reduction Activities:**

Please provide detailed updates on the goals, objectives and deliverables specified in the Competitive Solicitation relating to health equity. **This information must be supported by data.** Continuation Solicitations should prepare a summary of activities completed during the previous funding period, to outreach to the priority populations and / or neighborhoods specified in their plan. This information may be provided with data in the completed accomplishment columns of the midyear Program Plan and CLAS Plan, as well as in the narrative.

To inform of continued and upcoming health equity work, submit a CLAS Plan (Attachment 6) for FY2026. Complete the plan for all 15 Standards. Include health equity activities and evaluation methods in the workplan.

**E. Program Budget:** Prior to completion of the budget section, reference the competitive Solicitation for unallowable costs and review criteria.

1. **Budget Narrative:** Provide a budget justification narrative outlining how the deliverable will be met. (A budget justification example can be found on GMIS and Appendix L).

For your convenience, a budget justification narrative example is available at <https://odhgateway.odh.ohio.gov/gmis/forms/BulletinForm.aspx>

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.

**2. 2026 Budget via GMIS:** Complete requested budget information as follows:

- **Other Direct Costs:** Submit a budget for this section and the necessary form(s) to support costs for the period 4/1/2025 to 3/31/26.

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

- **Compliance:** Answer each question on this form. Completion of the form ensured agency's compliance with the administrative standards of ODH and federal grants.

**3. 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 (unless allowable by the grant).
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 or promote 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. Please refer to the OGAPP manual for additional information.**

Subrecipients who are contracting the clinical services and keeping an administrative fee may not keep more than 20% of the award amount. Additionally, the subrecipient must be able to document all Reproductive Health grant funding is spent on reproductive health. For example, the administrative fee may be used to pay the salary of the person creating and uploading GMIS documents but **only** for the actual time spent working on it. A reasonable hourly rate may be charged to the grant.

Program income is required to be reported and includes all sources of income, including Medicaid, Medicare, third 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 because of the award. Program income is formally defined in 45 CFR 74.2(ag) and 92.25(b). Grantees are encouraged to earn income to defray program costs. Program income generated and disbursed 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. Project income should be spent on a first in first out process. 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.

#### **F. Other Application Requirements:**

**Program Specific Attachments:** Complete and submit the following attachments.

- Attachment 1 - Assurances
- Attachment 2 - Fee Management
- Attachment 3 - Itemized Budget
- Attachment 4 - Site and Service
- Attachment 5 - Program Plan, with Outreach Plan explained
- Attachment 6 – CLAS Plan
- Attachment 7 – Contact Form

All attachments must be completed and submitted electronically. All attachments must clearly identify the authorized program name and GMIS project number.

**a. Other Required Documentation:**

- 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.

- **Audit:** Subrecipient agencies are responsible for submitting an audit report. Once an audit is completed, a copy must be sent to ODH via [audits@odh.ohio.gov](mailto:audits@odh.ohio.gov). Reference the GMIS Bulletin Board for more information.
- **Civil Rights Review Questionnaire — EEO Survey:** The Civil Rights Review Questionnaire (EEO) 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 online automatically with each application.
- **Assurances Certification:** Each subrecipient must acknowledge the Assurances (Federal and State Assurances for Sub-grantees) form in 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.
- **Federal Funding Accountability and Transparency Act (FFATA):** All new 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 register in SAM.gov and submit the information in the grant application. For information about System for Award Management (SAM) go to <https://sam.gov/>.

Information on Federal Spending Transparency can be located at [www.usaspending.gov](http://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.)**

- **For Non-Profit Organizations Only:**

1. **Liability Coverage:** Liability coverage is required for all non-profit agencies. Non-profit organizations must submit documentation validating current liability coverage. Attach the current Certificate of Insurance Liability in GMIS.
2. **Non-Profit Organization Status:** Non-profit organizations must submit documentation validating current status. If changed, attach in GMIS the Internal Revenue Services (IRS) letter approving non-tax-exempt status.

**G. Human Trafficking:** Human trafficking is defined by the use of force, fraud, or coercion to compel victims into performing labor or commercial sex acts. Populations at increased risk include but are not limited to lesbian-gay-bisexual-transgender-questioning individuals, individuals with disabilities, undocumented immigrants, runaway and homeless youth, temporary guest-workers, and low-income individuals.

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 that may include, but are not limited to the following:
  1. Populations at increased risk
  2. Mental health population
  3. Homeless population
- b. Agencies that promote the expansion of services to identify and serve those affected by human trafficking.

☒ Applicable ☐ Not Applicable to Reproductive Health and Wellness Program

**H. Post Submission Requirements:** Continuation applicants are required to submit subrecipient program and expenditure reports.

**Note:** Failure to assure quality of reporting such as 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:** Subrecipient program reports must be completed and submitted via GMIS by the following dates. **Program reports that do not include required attachments (non-Internet submitted) will not be approved.** All program report attachments must clearly identify the authorized program name and grant number.

☒ Program Reports Required ☐ No Program Reports Required

Period	Report Due Date
April 1, 2025 – September 30, 2025	October 15, 2025
April 1, 2025 – March 31, 2026	May 15, 2026
Monthly Ahler's data	8 <sup>th</sup> of each month (in Ahlers, not submitted in GMIS)

Submission of subrecipient program reports vis GMIS also indicates acceptance of the OGAPP.

**Mandatory Meetings/Trainings** – All funded RH grant subrecipients 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/Quarterly 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%.

#### Explanation of Required Reports and Forms:

- **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 via GMIS attachment in the Program Report Section on **October 15, 2025**, for the period **April 1, 2025 – September 30, 2025**. 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 discuss quality improvement, health equity, and 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), patient satisfaction survey summary, chart review summary, CLAS Plan (Attachment 6), and Itemized Budget (Attachment 3), and a separate narrative progress report must be submitted via GMIS in the Program Report Section.
  - **Final Program Report:** A final progress report that documents accomplishments made on goals and objectives for the period of **April 1, 2025-March 31, 2026**, is due via GMIS attachment in the Project Comments Section by **May 15, 2026**. 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, quality improvement projects, health equity work, and work to be performed during the succeeding period. The RHWP Program Plan (Attachment 5), patient satisfaction survey summary, chart review summary, CLAS Plan (Attachment 6), and Itemized Budget (Attachment 3), and a separate narrative progress report must be submitted via GMIS in the Program Report 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 to 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 FY26 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, 2025**, and with the final report by **May 15, 2026**. Complete all 15 standards on the CLAS Plan.
- **Fee Management:** The FY26 Reproductive Health and Wellness Program Fee Management Form (Attachment 2) must be completed and submitted with application via GMIS attachment in the Project Comments Section. This form will be utilized to assist applicants 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.**
- **Itemized Budget:** The FY26 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, 2025**) and your final report (**May 15, 2026**).
- **ODH Reproductive Health and Wellness Program Patient Data:** ODH RHWP Patient Data is due electronically to Ahlers & Associates (<http://www.ahlerssoftware.com>) by the **8<sup>th</sup> of each month**. Final data for FY26 is due to the data contractor **April 8, 2026**. 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.
- **Contact Form:** Provide name and contact information for the Project Director, Medical Director, Fiscal Officer, Health Commissioner/CEO, and other staff who would like to be included in the RHWP emails. Indicate which contacts would like to be included on the RHWP email list.

- b. **Subrecipient Reimbursement Expenditure Reports:** Subrecipient monthly expenditure reports **must** be completed and submitted **via GMIS** by the following dates:

Period	Report Due Date
April 1 – 30, 2025	May 10, 2025
May 1 – 31, 2025	June 10, 2025
June 1 – 30, 2025	July 10, 2025
July 1 – 31, 2025	August 10, 2025
August 1 – 31, 2025	September 10, 2025
September 1 – 30, 2025	October 10, 2025
October 1 – 31, 2025	November 10, 2025
November 1 – 30, 2025	December 10, 2025
December 1 – 31, 2025	January 10, 2026
January 1 – 31, 2026	February 10, 2026
February 1 – 29, 2026	March 10, 2026
March 1 – 31, 2026	April 10, 2026

Subrecipient Quarterly Reimbursement Expenditure Reports **must** be completed and submitted **via GMIS** by the following dates:

Period	Report Due Date
April 1 – June 30, 2025	July 10, 2025
July 1 – September 30, 2025	October 10, 2025
October 1 – December 31, 2025	January 10, 2026
January 1 – March 31, 2026	April 10, 2026

**Note:** Obligations not reported in the final monthly or 4<sup>th</sup> quarter expenditure report will not be considered for payment with the final expenditure report.

- 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, 2026. 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, which serves as an invoice to return unused funds.

***Submission of ALL Subrecipient program and expenditure reports via the ODH's GMIS system indicates acceptance of OGAPP. Clicking the "Submit" or "Approve" button constitutes your authorization of the submission as an agency official and serves as your electronic acknowledgment and acceptance of OGAPP rules and regulations.***

## APPENDICES

- A. Continuation Solicitation Reimbursement Type Form
- B. B1 Deliverable — Objective Descriptions  
B2 Deliverable — Objective Allocations
- C. Evidence of Health Equity Strategies Checklist
- D. Application Review Tool
- 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. Budget Justification Example
- M. Program Due Dates
- N. Chart Audit Summary Form

## Appendix A

### Submission Required

### CONTINUATION SOLICITATION REIMBURSEMENT TYPE FORM

See due date below

Ohio Department of Health  
Office of the Medical Director  
Bureau of Child and Family Health

*ODH Program Title:*  
Reproductive Health and Wellness  
Program – RH26

**Reimbursement Type (check one)** Monthly ☐ **OR** Quarterly ☐

(Please note that no changes to the reimbursement type can be made after the project number is created in GMIS. No waivers/appeals will be accepted.)

*Please print:*

Current Project Number \_\_\_\_\_

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.*

Due to ODH by September 25, 2024.

Please email completed form to Maria Kapenda ([Maria.Kapenda@odh.ohio.gov](mailto:Maria.Kapenda@odh.ohio.gov)).

## Appendix B1

**Name of Subgrant Program: Reproductive Health and Wellness**

**Budget Period: April 1, 2025 – March 31, 2026**

**# of Deliverables: 3**

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

### 100% Deliverables

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

**Deliverable 1 – Objective 1:** By March 31, 2026, 100% of clients will have received comprehensive reproductive health and wellness direct health care services per nationally recognized standards of care.

**Deliverable 1 – Objective 2:** By March 31, 2026, 100% of subrecipients will conduct a systematic and coordinated approach in quality improvement to enhance outcomes for patients.

**Deliverable 2:** To support infrastructure and increase program sustainability of Reproductive Health and Wellness Services.

**Deliverable 2 – Objective 1:** By March 31, 2026, 100% of subrecipients will have implemented and maintain appropriate financial and billing procedures.

**Deliverable 2 – Objective 2:** By March 31, 2026, 100% of subrecipients continue to utilize an EMR system.

**Deliverable 2 – Objective 3:** By March 31, 2026, 100% of subrecipients will serve hard to reach and vulnerable populations utilizing various clinical service delivery modalities to increase access and remove barriers to care.

**Deliverable 3:** By March 3, 2026, 100% of sub-recipients will address causes of maternal mortality by improving preconception health.

**Deliverable 3 – Objective 1:** By March 31, 2026, 100% of subrecipients will provide preconception health clinical services and promote awareness of preconception health in the community.

**Appendix B2**

Form# OFA-011

**Name of Subgrant Program:**

Reproductive Health and Wellness

**Budget Period:**

April 1, 2025 - March 31, 2026

**# of Deliverables:**

3

**Use Budget Justification Scenario #:**

Scenario #1 if only applying for one county

Scenario #2 if applying for multiple counties

☐ **Base Only**☐ **Base and Deliverables**☒ **Deliverables Only**

	<b>Deliverable 1 - Objectives 1-2</b>	<b>Deliverable 2- Objectives 1- 3</b>	<b>Deliverable 3 Objective 1</b>	<b>Total</b>
Adams/Brown Counties Economic Opportunities, Inc. (serving Adams & Brown Counties)	\$ 58,100.00	\$ 24,900.00	\$ 13,750.00	\$ 96,750.00
Adams County	\$ 31,500.00	\$ 13,500.00	\$ 7,279.41	\$ 52,279.41
Brown County	\$ 28,000.00	\$ 12,000.00	\$ 6,470.59	\$ 46,470.59
Allen County Health Department	\$ 98,000.00	\$ 42,000.00	\$ 13,750.00	\$ 153,750.00
Belmont County General Health District	\$ 63,000.00	\$ 27,000.00	\$ 13,750.00	\$ 103,750.00
Cambridge - Guernsey County Health Department	\$ 73,500.00	\$ 31,500.00	\$ 13,750.00	\$ 118,750.00
Cincinnati Health Department (Hamilton County)	\$ 525,000.00	\$ 225,000.00	\$ 13,750.00	\$ 763,750.00
Clark County Combined Health District	\$ 203,000.00	\$ 87,000.00	\$ 13,750.00	\$ 303,750.00
Cleveland City Health Department (Cuyahoga County)	\$ 315,000.00	\$ 135,000.00	\$ 13,750.00	\$ 463,750.00
Columbus City Health Department (Franklin County)	\$ 525,000.00	\$ 225,000.00	\$ 13,750.00	\$ 763,750.00
Community Health Centers of Greater Dayton (Montgomery)	\$ 203,000.00	\$ 87,000.00	\$ 13,750.00	\$ 303,750.00

Erie County Health Department	\$ 210,000.00	\$ 90,000.00	\$ 13,750.00	\$ 313,750.00
Fayette County Health Department	\$ 70,000.00	\$ 30,000.00	\$ 13,750.00	\$ 113,750.00
Family Health Services of East Central Ohio (serving Fairfield, Licking, Muskingum, and Perry Counties)	\$ 372,050.00	\$ 159,450.00	\$ 13,750.00	\$ 545,250.00
Fairfield County	\$ 39,900.00	\$ 17,100.00	\$ -	\$ 57,000.00
Licking County	\$ 139,650.00	\$ 59,850.00	\$ 6,875.00	\$ 206,375.00
Muskingum County	\$ 147,000.00	\$ 63,000.00	\$ 6,875.00	\$ 216,875.00
Perry County	\$ 45,500.00	\$ 19,500.00	\$ -	\$ 65,000.00
Fulton County Health Department (serving Fulton & Williams Counties)	\$ 96,425.00	\$ 41,325.00	\$ 13,750.00	\$ 151,500.00
Fulton County	\$ 69,825.00	\$ 29,925.00	\$ 9,956.90	\$ 109,706.90
Williams County	\$ 28,000.00	\$ 12,000.00	\$ 3,793.10	\$ 43,793.10
Gallia County General Health District	\$ 108,500.00	\$ 46,500.00	\$ 13,750.00	\$ 168,750.00
Healthcare 2000 Community Clinic (Wayne)	\$ 77,000.00	\$ 33,000.00	\$ 13,750.00	\$ 123,750.00
Highland Co. Community Action Organization	\$ 84,000.00	\$ 36,000.00	\$ 13,750.00	\$ 133,750.00
Clinton County	\$ 38,500.00	\$ 16,500.00	\$ 6,302.08	\$ 61,302.08
Highland County	\$ 45,500.00	\$ 19,500.00	\$ 7,447.92	\$ 72,447.92
Huron County General Health District	\$ 38,500.00	\$ 16,500.00	\$ 13,750.00	\$ 68,750.00
Kno-Ho-Co-Ashland CAC (serving Ashland, Coshocton, Holmes, & Knox Counties)	\$ 491,050.00	\$ 210,450.00	\$ 13,750.00	\$ 715,250.00
Ashland County	\$ 70,000.00	\$ 30,000.00	\$ -	\$ 100,000.00
Coshocton County	\$ 175,000.00	\$ 75,000.00	\$ 6,875.00	\$ 256,875.00
Holmes County	\$ 21,000.00	\$ 9,000.00	\$ -	\$ 30,000.00
Knox County	\$ 238,000.00	\$ 102,000.00	\$ 6,875.00	\$ 346,875.00
Lawrence County Health Department	\$ 49,000.00	\$ 21,000.00	\$ 13,750.00	\$ 83,750.00

Lorain County General Health District	\$ 280,000.00	\$ 120,000.00	\$ 13,750.00	\$ 413,750.00
Lucas County Health Department	\$ 175,000.00	\$ 75,000.00	\$ 13,750.00	\$ 263,750.00
Madison County-London City Health Department	\$ 28,000.00	\$ 12,000.00	\$ 13,750.00	\$ 53,750.00
Medina County Health District	\$ 43,225.00	\$ 18,525.00	\$ 13,750.00	\$ 75,500.00
Miami County Health District	\$ 49,875.00	\$ 21,375.00	\$ 13,750.00	\$ 85,000.00
Morrow County Health Department	\$ 21,000.00	\$ 9,000.00	\$ 13,750.00	\$ 43,750.00
Noble County Health Department	\$ 39,900.00	\$ 17,100.00	\$ 13,750.00	\$ 70,750.00
Ottawa County Health Department	\$ 29,925.00	\$ 12,825.00	\$ 13,750.00	\$ 56,500.00
Portsmouth City Health Department (Scioto County)	\$ 112,000.00	\$ 48,000.00	\$ 13,750.00	\$ 173,750.00
Richland Public Health	\$ 280,000.00	\$ 120,000.00	\$ 13,750.00	\$ 413,750.00
Sandusky Co. General Health District	\$ 112,000.00	\$ 48,000.00	\$ 13,750.00	\$ 173,750.00
Sandusky County	\$ 84,000.00	\$ 36,000.00	\$ 10,312.50	\$ 130,312.50
Seneca County	\$ 28,000.00	\$ 12,000.00	\$ 3,437.50	\$ 43,437.50
Signature Health, Inc. (serving Ashtabula & Lake Counties)	\$ 411,600.00	\$ 176,400.00	\$ 13,750.00	\$ 601,750.00
Ashtabula County	\$ 108,500.00	\$ 46,500.00	\$ 3,522.73	\$ 158,522.73
Lake County	\$ 226,100.00	\$ 96,900.00	\$ 7,727.27	\$ 330,727.27
Cuyahoga County	\$ 77,000.00	\$ 33,000.00	\$ 2,500.00	\$ 112,500.00
Stark County Health Department	\$ 120,050.00	\$ 51,450.00	\$ 13,750.00	\$ 185,250.00
Stark County	\$ 73,500.00	\$ 31,500.00	\$ 8,250.00	\$ 113,250.00
Carroll County	\$ 46,550.00	\$ 19,950.00	\$ 5,500.00	\$ 72,000.00
Summit County General Health District	\$ 77,000.00	\$ 33,000.00	\$ 13,750.00	\$ 123,750.00
Talbert House Health Center (Butler)	\$ 91,000.00	\$ 39,000.00	\$ 13,750.00	\$ 143,750.00

Trumbull County Health Department	\$ 49,000.00	\$ 21,000.00	\$ 13,750.00	\$ 83,750.00
Tuscarawas County General Health District	\$ 103,075.00	\$ 44,175.00	\$ 13,750.00	\$ 161,000.00
Union Co. General Health District	\$ 91,000.00	\$ 39,000.00	\$ 13,750.00	\$ 143,750.00
Warren County Combined Health District	\$ 76,475.00	\$ 32,775.00	\$ 13,750.00	\$ 123,000.00
Women's Health Center of Jefferson County	\$ 140,000.00	\$ 60,000.00	\$ 13,750.00	\$ 213,750.00
Wood County Combined Health District	\$ 43,225.00	\$ 18,525.00	\$ 13,750.00	\$ 75,500.00
Cuyahoga County Board of Health	\$ 112,000.00	\$ 48,000.00	\$ 13,750.00	\$ 173,750.00
Marietta City Health Department	\$ 29,925.00	\$ 12,825.00	\$ 13,750.00	\$ 56,500.00
Jackson County Health Department	\$ 28,000.00	\$ 12,000.00	\$ 13,750.00	\$ 53,750.00
<b>Total</b>	<b>\$ 6,203,400.00</b>	<b>\$ 2,658,600.00</b>	<b>\$ 591,250.00</b>	<b>\$ 9,453,250.00</b>

## Appendix C

### ODH Evidence of Health Equity Strategies Checklist

This checklist should be used to support planning, implementation, and evaluation of equitable strategies to reduce disparities and overcome social determinants of health. This checklist is a guide to establish a baseline criterion that all projects funded by ODH to support alignment with established priorities to achieve optimal health for all Ohioans.

#### Health Disparities, Health Inequities, Social Determinants of Health & Health Equity

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.

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](#).

- 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 aimed at eliminating disparities and achieving health equity. They are not required, but highly encouraged to use.

- 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, community organizations, businesses, universities, 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.

FY 2026 RHWP Continuation Application Review Form

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

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, Achievable/Ambitious, Relevant/ Realistic & Timebound, Inclusive, and Equitable (S.M.A.R.T.I.E) 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.

FY 2026 RHWP Continuation Application Review Form

Criterion (Total Points) 114	Score	Comments
<b>Must receive a score of 80 (70%) to be eligible for continuation of funding.</b>		
<b>General Requirements: Application materials uploaded to GMIS</b>	<b>0 = After 11/4 1 = Late, but correct day 2 = On time</b>	
GMIS application complete and on time: <b>Due Monday, November 4, 2024, by 4pm</b>	0   1   2	
<b>Budget</b>	<b>0 = Not provided, incorrect, or inadequate 1 = partially correct 2 = correct</b>	
Application information (overview and address) in GMIS	0   1   2	
Budget only contains allowable costs (refer to Solicitation and OGAPP manual)	0   1   2	
Budget includes program income (only on Itemized Budget form)	0   1   2	
Other Direct Costs amounts are correct in GMIS (Amounts must match - deliverable allocation – Appendix B2, budget justification, and direct costs screen.)	0   1   2	
Compliance questions answered in GMIS (Will say <i>subgrantee completed</i> when complete.)	0   1   2	
Civil Rights Questionnaire / EEO Survey	0   1   2	
FFATA reporting form	0   1   2	
Budget Justification/Narrative <ul style="list-style-type: none"> <li>Budget justification in same order as GMIS budget</li> <li>Explains and justifies Deliverable 1</li> <li>Explains and justifies Deliverable 2</li> <li>Explains and justifies Deliverable 3</li> <li>Includes authorized representative's certification language</li> <li>Signed by the agency head listed in GMIS (must be the same person)</li> </ul>	0   1   2 0   1   2 0   1   2 0   1   2 0   1   2 0   1   2	<b>Score 1</b> if repeat deliverable language. <b>Score 2</b> if explains how funding will be spent.  Do not include program income on the budget justification.
<b>Program Updates</b>	<b>0 = Not provided, incorrect, or inadequate 1 = Good</b>	

## FY 2026 RHWP Continuation Application Review Form

[illegible]

FY 2026 RHWP Continuation Application Review Form

Attachments	0 = Not uploaded or blank 1 = Issues noted 2 = Fully correct	
Attachment 1 – 2026 Assurances <ul style="list-style-type: none"> <li>Must be signed by agency head listed in GMIS</li> </ul>	0   1   2	
Attachment 2– 2026 Fee Management <ul style="list-style-type: none"> <li>Fee schedule and sliding fee scale (100% poverty level \$15,060) attached in GMIS</li> <li>Explanation of how fees and sliding fee scale were developed</li> <li>Third party contracts listed</li> <li>CPT code chart complete</li> </ul>	0   1   2 0   1   2 0   1   2 0   1   2	
Attachment 3 – 2026 Itemized Budget <ul style="list-style-type: none"> <li>Funding requested and program income = total budget</li> <li>Budgeted amount column complete</li> </ul>	0   1   2 0   1   2	
Attachment 4 – 2026 Site and Service Information <ul style="list-style-type: none"> <li>Service site(s) information completed (first tab)</li> <li>Client visits projected is in appropriate funding band</li> <li>Minimum of 16 provider/clinician hours per month</li> <li>Services provided section complete (second tab)</li> </ul>	0   1   2 0   1   2 0   1   2 0   1   2	
Attachment 5 – 2026 Program Work Plan For all deliverables, are the following completed? <ul style="list-style-type: none"> <li>Activities – are they appropriate for the objective and specific? Complete?</li> <li>Are all activities and deliverables included?</li> <li>Person Responsible – is the responsible person appropriate?</li> <li>Timeline - have they indicated <i>interim</i> timelines?</li> <li>Evaluation – appropriate and <i>measurable</i> for activities listed?</li> <li>Outreach Plan (Deliverable 2, Objective 3)– included or explained? Need specific activities and dates.</li> </ul>	0   1   2 0   1   2 0   1   2 0   1   2 0   1   2 0   1   2	Reviewer to pay special attention to requirements such as number of clinical provider hours required per month, clinical services offered, visit projections, etc.
Attachment 6 – 2026 CLAS Plan For all objectives, are the following completed? <ul style="list-style-type: none"> <li>Standards 1-14 are complete with activities, person(s) responsible, begin/end dates, and evaluation.</li> <li>Does Standard 15 include a health equity action plan on an additional health equity topic?</li> </ul>	0   1   2 0   1   2 0   1   2 0   1   2	
Attachment 7– FY26 Contact Form		

FY 2026 RHWP Continuation Application Review Form

<ul style="list-style-type: none"><li>Includes name, email, phone number and primary work address for all four titles/positions</li></ul>	0	1	2	
Total Score for Proposal ( ____ of 114)				

Review Notes:

Strengths

Weaknesses

Approval

Approval with Special Conditions

FY 2026 RHWP Continuation Application Review Form

**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**

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**Comments**

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<b>Reviewer Signature:</b>	<b>Date:</b>
<b>Reviewer Email:</b>	<b>Reviewer Phone:</b>

## Appendix E

### RH26 Reproductive Health and Wellness Goals & Deliverables

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

**Objective 1:** By March 31, 2026, 100% of clients will have received comprehensive reproductive health and wellness direct healthcare services per nationally recognized standards of care.

Strategy	Activities	Evaluation Measures
<p>Ensure comprehensive reproductive health and wellness direct healthcare services are provided on-site:</p> <ol style="list-style-type: none"> <li>1. Core family planning services</li> <li>2. Related preventive health services</li> <li>3. Other preventive health services</li> </ol>	<p>Provide onsite comprehensive services to low-income females, males and adolescents that include:</p> <ul style="list-style-type: none"> <li>• Contraceptive Services</li> <li>• Pregnancy testing and counseling</li> <li>• Achieving pregnancy</li> <li>• Basic Infertility services</li> <li>• Preconception Care</li> <li>• Sexually transmitted infection (STI) services</li> <li>• Screening for breast cancer</li> <li>• Screening for cervical cancer</li> <li>• Male genital exam/screenings</li> <li>• Referrals for other medical, psychological, or social services</li> </ul> <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 people 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"> <li>• <a href="#">Title X program requirements</a>, which consist of the Federal statutory and regulatory requirements that apply to the Title X program.</li> <li>• <a href="#">Title X Program Handbook</a>, which set out OPA's expectations for the way in which Title X grantees and subrecipients should implement their projects.</li> <li>• <a href="#">Providing Quality Family Planning Services: Recommendations of CDC and the U.S. Office of Population Affairs (QFP)</a>, 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.</li> </ul> <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"> <li>• Implement a reproductive life plan with all new clients.</li> <li>• 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.</li> </ul>	<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>

## Appendix E

### RH26 Reproductive Health and Wellness Goals & Deliverables

<p>Ensure counseling and education to adolescent clients includes the encouragement of 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>Engage in and document adolescent counseling on encouraging family participation, resisting sexual coercion, healthy relationships, safety, sexual risk avoidance, abstinence, confidentiality, preventing victimization, and contraceptive services.</p>	<p>100% documentation of encouragement of family participation at every adolescent visit unless there is a documented reason as to why not.</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"> <li>• Substance use.</li> <li>• Safety - domestic violence, human trafficking.</li> <li>• Mental health.</li> </ul>
<p>Increase the number of clients using LARC.</p> <p>Ensure that providers are trained in 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 a.m. to 4:30 p.m.).</p>	<p>Number of clients seen at appointment times are available outside of M-F 9 a.m.-4:30 p.m.</p> <p>Documentation that 10% of appointment times are available outside of M-F 9 a.m.-4:30 p.m.</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 a.m.-4:30 p.m.</p>
<p>Promote provision of comprehensive primary healthcare services to make it easier for individuals to receive</p>	<p>Either primary healthcare services are co-located with RHWP services or RHWP provider establishes formal agreements with Primary Care Providers including private practices, FQHCs, look</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

### RH26 Reproductive Health and Wellness Goals & Deliverables

both primary healthcare and family planning services preferably in the same location, or through nearby referral providers.	alike FQHCs, and Rural Health Centers.	
Increase health equity in reproductive health.	<p>Complete and implement Culturally and Linguistically Appropriate Services (CLAS) plan for all 15 Standards.</p> <p>Continue to 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 the community.</p>	<p>Upload initial CLAS plan (Attachment 6) with objectives, activities, person responsible, dates, and evaluation in GMIS with initial application. Upload Health Equity Action Plan (Standard 15) with application.</p> <p>Upload progress (accomplishments) on CLAS and Health Equity Action Plan in GMIS with mid-year report (October 15, 2024), and final report (May 15, 2025).</p> <p>Documentation of the policy and/or practice change uploaded in GMIS with final report (due May 15, 2026). May include in narrative.</p>
<b>Optional:</b> Build or expand capacity to provide RHW services within the existing RHW agency or offsite location(s) to special populations or faith-based organizations.	Provide clinical services to special populations, at specialty clinics, offsite clinics, or at faith-based organizations.	Agency reports on the number of special population clients served. Track these visits separately in Ahlers and on the Deliverable Reporting form.
<b>Optional:</b> 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 on the Deliverable Reporting form.
<p><b><u>Deliverable 1:</u> To improve the overall reproductive health and well-being of women and men.</b></p> <p><b>Objective 2:</b> By March 31, 2026, 100% of subrecipients will conduct a systematic and coordinated approach in quality improvement to enhance outcomes for patients.</p>		

## Appendix E

### RH26 Reproductive Health and Wellness Goals & Deliverables

Strategy	Activities	Evaluation
Ensure efficiency of clinic and quality of services provided by completing at least one quality improvement project.	Complete quality improvement tasks, including, but not limited to: <ul style="list-style-type: none"> <li>Review and use FPAR data to improve services.</li> <li>Conduct quarterly chart audits and take action to modify areas of weakness.</li> <li>Provide clients satisfaction surveys.</li> </ul>	Document performance measures with mid-year and final report, including client satisfaction survey summary and ODH chart audit summary form.
<b><u>Deliverable 2:</u> To support infrastructure and increase sustainability of Reproductive Health and Wellness services.</b>		
<b><u>Objective 1:</u> By March 31, 2026, 100% of subrecipients will have implemented and maintain appropriate financial and billing procedures.</b>		
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"> <li>Protocols to request and accept donations are in place;</li> <li>Schedule of discounts has been developed and updated periodically;</li> <li>Sliding Fee Scale has been developed;</li> <li>Written explanation of how the agency's sliding fee scale and schedule of discount are developed (Attachment 7– Fee Management Form).</li> </ul>
Ensure that a written agreement for reimbursement is in place with Managed Care, 3 <sup>rd</sup> Party, or Fee for Service Medicaid.	Obtain a written agreement with Medicaid, including Managed Care Plans, Medicare (if appropriate) and other 3 <sup>rd</sup> party payers.	Documentation of a written agreement and ability to bill Medicaid, including Managed Care Plans, Medicare (if appropriate) and other 3 <sup>rd</sup> party payers. <ul style="list-style-type: none"> <li>Upload a list of 3<sup>rd</sup> party payors the agency is credentialed with into GMIS with application.</li> </ul>
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 <sup>rd</sup> party payers and private pay.

## Appendix E

### RH26 Reproductive Health and Wellness Goals & Deliverables

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 RHW funding is appropriately budgeted and expended.	Provide a breakout of agency's RHWP budget.  Provide a midyear and final budget vs actual dollar amount spent.	Upload itemized budget into GMIS with application (Attachment 3).  Upload a midyear and final budget vs actual dollar amount spent into GMIS (Attachment 3).

#### **Deliverable 2: To support infrastructure and increase sustainability of Reproductive Health and Wellness services.**

**Objective 2:** By March 31, 2026, 100% of subrecipients will continue to utilize an EMR system.

Strategy	Activities	Evaluation
Ensure that the Agency is utilizing an 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.	The EMR system is in place and compliant with Title X requirements.
Continue to improve EMR and its capability to adhere to FPAR data collection.	Make updates and improvements to EMR.  Pay Reproductive Health and Wellness percentage EMR subscription fees.  Adhere to required CVR modifications.	Submission of FPAR by February 1, 2026.

#### **Deliverable 2: To support infrastructure and increase sustainability of Reproductive Health and Wellness services.**

**Objective 3:** By March 31, 2026, 100% of subrecipients will serve hard to reach and vulnerable populations utilizing various clinical service delivery modalities to increase access and remove barriers to care.

Strategy	Activities	Evaluation Measures
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## Appendix E

### RH26 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>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>
Provide and implement an outreach plan targeting to hard-to-reach and high need populations as reflected in their need's assessment.	<p>Develop, implement, and evaluate a minimum of one outreach event.</p> <p>List details of planned outreach event in applicant's Goals and Deliverable Grid (Appendix E).</p>	<p>Upload Outreach Reporting Form (Appendix K) in GMIS with the expenditure report on the month claiming the event(s).</p> <p>Outreach plan described in the Goals and Deliverable Grid, Deliverable 2, Objective 3, with application.</p>
<b>OPTIONAL:</b> 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"> <li>• Gas cards</li> <li>• Phone minute cards</li> <li>• Transportation vouchers</li> <li>• Babysitting service voucher</li> <li>• Gift Card for Telehealth participants</li> <li>• Drawings/Raffles</li> </ul> <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 must 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 form and tracker.</p> <p>Subrecipient will upload policy and procedure into GMIS with application to monitor incentive purchase and distribution.</p> <p>Subrecipient will maintain an accurate log of incentive purchases and distribution, which may be requested at any time by ODH.</p>

## Appendix E

### RH26 Reproductive Health and Wellness Goals & Deliverables

#### **Deliverable 3: To address causes of maternal mortality by improving preconception health.**

**Objective 1:** By March 31, 2026, 100% of subrecipients will provide preconception health clinical services and promote awareness of preconception health in the community.

Strategy	Activities	Evaluation Measures
Enhance referral network to include chronic disease management practices.	<p>Update a referral resource that contains chronic disease management practices and community support for specific health conditions (e.g., hypertension, diabetes, mental health, substance use disorder).</p> <p>Provide warm referrals to primary care or specialist for chronic disease management follow up care.</p>	<p>Update referral list.</p> <p>Report number of preconception health referrals to primary care or specialist for chronic disease management follow up care.</p>
Incorporate screening tools into all preconception health visits.	<p>Use a preconception healthcare tool to prevent &amp; promote, screen, and manage preconception health topics that should be addressed with every individual of reproductive age on an ongoing basis.</p> <p>Topics to address include the following: reproductive life plan, reproductive history, sexual history, chronic medical conditions, medications, mental health, tobacco use, alcohol and substance use, infectious disease, family and genetic history, nutrition, weight status, physical activity, psychosocial stressors, and environmental exposure. Examples – <a href="#">CEP Preconception Healthcare Tool</a> or <a href="#">RHNTC Preconception Counseling Checklist</a> or <a href="#">RHNTC Preconception Health Screening and Counseling</a></p>	<p>Report number of preconception health tools/screenings conducted on each deliverable reporting form submitted. (Report the number of full assessments, not individual number of RLPs or BPs).</p> <p>Report number of preconception health visits.</p>
Reduce STIs, including syphilis and congenital syphilis, by increasing testing rates.	<p>Offer STI testing using opt-out and normalizing language with every pregnancy test.</p> <p>Update clinical policy to reflect offering opt-out STI testing with pregnancy tests.</p>	<p>Report the number of STI tests offered with pregnancy tests.</p> <p>Report the number of STI tests provided with pregnancy tests.</p> <p>Statement reflecting status of policy.</p>
Provide community education and screening events based on preconception health.	Host at least 1 <b>community education session</b> using the Preconception Health 101 curriculum which contains slide deck presentations, handouts, and pre/posttests that will be provided.	Use Outreach Event Reporting form (Appendix K) to report on education sessions and screening events. Upload in GMIS with Deliverable Reporting forms to receive reimbursement.

## Appendix E

### RH26 Reproductive Health and Wellness Goals & Deliverables

	<p>Hold at least 1 <b>preconception health screening event</b>. Recommend structuring these events to count as visits and offering point of care testing. Provide referrals as needed.</p> <p>To count as an educational session or health screening event, at least 10 people must attend.</p>	<p>Report number of referrals provided at each screening event.</p> <p>Report number of people reached, screened, visits (CVRs) provided at each screening event.</p> <p>Report number of participants at each community educational class/event.</p> <p>Report pretest and posttest results for educational sessions.</p>
<p>Promote healthy living to people during the preconception health period.</p>	<p>Spend Deliverable 3 funding (\$13,750) by completing the two above activities and at least two of the following activities. <b>One activity is due each quarter</b>. At least one <b><u>must</u></b> be a community education session and one <b><u>must</u></b> be a health screening event.</p> <p>Provide information, education, and/or counseling on all items provided.</p> <ul style="list-style-type: none"> <li>Community health educational session using the ODH provided Preconception Health 101 curriculum, slide deck presentation, handouts, and pre/posttests.</li> <li>Preconception health screening event which includes providing medical health screenings, POC testing, referrals, and incentives to improve health.</li> <li>Purchasing and providing point of care STI testing kits, including syphilis, for Title X clients and provide same day testing and treatment. These would be ideal for use at health screening events or with mobile units.</li> <li>Purchasing and providing prenatal vitamins or multivitamins with folic acid to Title X clients to promote health and reduce birth defects.</li> <li>Purchasing and providing smoking cessation medications for Title X clients to improve health and reduce exposures to smoke.</li> <li>Purchasing and providing home blood pressure monitors to assist Title X clients to monitor and maintain proper blood</li> </ul>	<p>Request reimbursement via the Deliverable Reporting form each quarter in GMIS. Until 4 activities are completed and reimbursed, it is expected that at least one per quarter is submitted.</p> <p>For educational sessions and screening events, use Outreach Event Reporting form (Appendix K) and upload in GMIS with Deliverable Reporting forms to receive reimbursement.</p> <p>Maintain log tracking distribution of items.</p>

**Appendix E**  
**RH26 Reproductive Health and Wellness Goals & Deliverables**

	<p>pressure.</p> <ul style="list-style-type: none"><li>• Purchasing and providing items to encourage exercise and healthy weight, such as pedometers, exercise/resistance bands, scales, food portion plates.</li><li>• Purchasing and providing items to reduce stress, such as yoga mats, mental health journals, squeeze balls.</li><li>• Once the projected number of visits is met, provide 50 additional preconception health visits.</li></ul> <p>If purchasing and distributing items, must maintain a log to ensure all items are disbursed.</p>	
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Reproductive Health and Wellness Program Income and Disbursement Reporting Form

Agency Name:  
County Name:  
GMIS Number:  
Budget Period: April 1, 2025- March 31, 2026

**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: \_\_\_\_\_

Agency Head listed in GMIS or authorized designee on file

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															\$ -
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\*Quarterly submissions **only** fill in gray quarterly reporting columns.

\*\*Amount should only include program income. Do **NOT** include grant dollars.

\*\*\*You **CANNOT** have negative program income. You **CANNOT** disburse more program income than you receive.

\*\*\*\*Do **NOT** report expenses. Report **only** the amount of program income disbursed.

\*\*\*\*\*Leftover Project Period Income amount can be located on your RH26 tracker.

\*\*\*\*\* Leftover Project Period Income:

Revenue Received to date:

Disbursed to date:

Balance:

\$ -

\$ -

\$ -

## Expenditure Report Submission Instructions

### FY2026 RHWP Deliverable Objectives

The FY2026 Reproductive Health and Wellness Program (RHWP) Continuation Solicitation contains three 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 FY2026 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?
1.1	By March 31, 2026, 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 FY2026 Reproductive Health and Wellness Program Site and Service form (Attachment #4)*	Payment may be requested for the number of visits completed within each payment period**
1.2	By March 31, 2026, 100% of subrecipients will conduct a systematic and coordinated approach in quality improvement to enhance outcomes for patients.	<i>Other Direct Costs:</i> Deliverable 1	Chart audit summaries and client satisfaction summaries uploaded in GMIS with mid-year and end of year reports under the <i>program reports</i> section.		
2.1	By March 31, 2026, 100% of subrecipients will have implemented and maintain appropriate financial and billing procedures.	<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/ number of payment periods.	If met, payment may be requested with each payment period.
2.2	By March 31, 2026, 100% of subrecipients will continue to utilize an electronic medical record (EMR) system.	<i>Other Direct Costs:</i> Deliverable 2	Self-reported on Deliverable Report Form (Appendix H)– will subsequently be validated at site reviews.		
2.3	By March 31, 2026, 100% of subrecipients will serve hard to reach and vulnerable populations utilizing various clinical service delivery modalities to increase access and remove barriers to care.	<i>Other Direct Costs:</i> Deliverable 2	Self-reported on Deliverable Report Form (Appendix H)– will subsequently be validated via Ahlers and at site reviews.  The Outreach Event Reporting form must be uploaded in GMIS under the expenditure report comments section.  If incentives are purchased, must maintain incentive tracking log.		

## Expenditure Report Submission Instructions

### FY2026 RHWP Deliverable Objectives

3.1	By March 31, 2026, 100% of subrecipients will provide preconception health clinical services and promote awareness of preconception health in the community.	<i>Other Direct Costs:</i> Deliverable 3	Self-reported on Deliverable Report Form (Appendix H)– will subsequently be validated at site reviews.  The Outreach Event Reporting form (Appendix K) <b>must</b> be used to report on at least 1 outreach event, 1 community education session, and 1 health screening event. This form must be uploaded in GMIS under the expenditure report comments section that reimbursement is requested.	Subrecipient may bill for up to 4 activities that promote awareness of preconception health in the grant year; completing at least one per quarter.  1 activity must be a community education session <b>and</b> 1 must be a health screening event.  Payment is up to \$3,437.50 per preconception health activity submission.	Payment may be requested up to 4 times for a completed activity that promotes awareness of preconception health.
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***\*\*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.***

**FY2026 Reproductive Health and Wellness Program Deliverable Reporting Form** - This form **must** be completed and submitted each billing cycle. The form must be uploaded to GMIS in the Expenditure Reports Comments section. Reports are due on the same date as the Subrecipient Reimbursement Expenditure Reports.

## RH26 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:** [Select from list](#) **GMIS #** [Click or tap here to enter text.](#)

**Reporting Period:** [Click or tap to enter a date.](#) - [Click or tap to enter a date.](#) **Reporting Unit:** [Select from list](#)

Deliverable 1				
1.1: By March 31, 2026, 100% of clients will have received comprehensive reproductive health and wellness direct healthcare services per nationally recognized standards of care.				
1.2: By March 31, 2026, 100% of subrecipients will conduct a systematic and coordinated approach in quality improvement to enhance outcomes for patients.				
<b>Total Amount Requested this Billing Period for Deliverable 1:</b>				
	Number of client visits this reporting period	Number of special populations/faith based visits this period	Number of client visits served outside of childbearing status this period	Amount requested
<i>County Name</i>				
<i>County Name</i>				
<i>County Name</i>				
<i>County Name</i>				
Deliverable 2				
2.1: By March 31, 2026, 100% of subrecipients will have implemented and maintain appropriate financial and billing procedures.				
2.2 By March 31, 2026, 100% of subrecipients will continue to utilize an electronic medical record (EMR) system. <span style="border: 1px dashed black; padding: 2px;"><b>Implemented EMR system:</b> <a href="#">Choose an item.</a> <a href="#">Click to enter date implemented.</a></span>				
2.3 By March 31, 2026, 100% of subrecipients will serve hard to reach and vulnerable populations utilizing various clinical service delivery modalities to increase access and remove barriers to care.				
<b>Total Amount Requested this Billing Period for Deliverable 2:</b>				
	Agency has billed for 100% of clients with 3 <sup>rd</sup> party coverage who are not seeking confidential services	Number of Telehealth Visits this reporting period	Number of visits where clients were assisted with enrollment to Medicaid /Insurance this period	Amount Requested
<i>County Name</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No			
<i>County Name</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No			
<i>County Name</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No			
<i>County Name</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No			

	<b>Number of outreach events this period</b> <i>Attach Outreach Reporting form in GMIS in the Expenditure report section.</i>	<b>Incentives Purchased this period</b> (dollar amount) <i>If incentives are purchased, must maintain incentive tracking log</i>
County Name		
County Name		
County Name		
County Name		

Deliverable 3					
<b>3.1:</b> By Monday, March 31, 2026, 100% of subrecipients will provide preconception health clinical services and promote awareness of preconception health in the community.					
<b>Total Amount Requested this Billing Period for Deliverable 3:</b>					
	<b>Number of preconception health visits this reporting period.</b>	<b>Number of visits with STI tests offered with pregnancy tests this period.</b>	<b>Number of visits with STI tests provided with pregnancy tests this period.</b>	<b>Number of visits with preconception health screening tool used this period.</b>	<b>Number of preconception health referrals to primary care or specialist for chronic disease management this period.</b>
County Name					
County Name					
County Name					
County Name					
	<b>Number of community preconception health education sessions this period using provided teaching curriculum and pre/posttest. (Must complete at least one of these between 4/1/25-3/31/26.)</b>		<b>Number of preconception health community screening events this period. (Must complete at least one of these between 4/1/25-3/31/26.)</b>		
County Name					
County Name					
County Name					
County Name					

<b>Other reimbursable preconception health purchases/activities this period</b>
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## RH26 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:** [Select from list](#) **GMIS #** Click or tap here to enter text.

**Reporting Period:** Click or tap to enter a date. - Click or tap to enter a date. **Reporting Unit:** Select from list

Choose an item.	
Choose an item.	
Choose an item.	
Choose an item.	
Additional purchases for reimbursement (please list)	

## RH26 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:** [Select from list](#) **GMIS #** [Click or tap here to enter text.](#)

**Reporting Period:** [Click or tap to enter a date.](#) - [Click or tap to enter a date.](#) **Reporting Unit:** [Select from list](#)

Deliverable 1		
<b>1.1:</b> By March 31, 2026, 100% of clients will have received comprehensive reproductive health and wellness direct healthcare services per nationally recognized standards of care.		
<b>1.2:</b> By March 31, 2026, 100% of subrecipients will conduct a systematic and coordinated approach in quality improvement to enhance outcomes for patients.		
<b>Total Amount Requested this Billing Period for Deliverable 1:</b>		<input style="width: 100%; height: 30px;" type="text"/>
<b>Number of client visits this reporting period</b>	<b>Number of special populations/faith based visits this period</b>	<b>Number of visits outside of childbearing status this period</b>
<input style="width: 50px; height: 30px;" type="text"/>	<input style="width: 50px; height: 30px;" type="text"/>	<input style="width: 50px; height: 30px;" type="text"/>
Deliverable 2		
<b>2.1:</b> By March 31, 2026, 100% of subrecipients will have implemented and maintain appropriate financial and billing procedures.		
<b>2.2</b> By March 31, 2026, 100% of subrecipients will continue to utilize electronic medical record (EMR) system. <b>Implemented EMR system:</b> <a href="#">Choose an item.</a> <a href="#">Click to enter date implemented.</a>		
<b>2.3</b> By March 31, 2026, 100% of subrecipients will serve hard to reach and vulnerable populations utilizing various clinical service delivery modalities to increase access and remove barriers to care.		
<b>Total Amount Requested this Billing Period for Deliverable 2:</b>		<input style="width: 100%; height: 30px;" type="text"/>
<b>Agency has billed for 100% of clients with 3<sup>rd</sup> party coverage who are not seeking confidential services</b> <span style="float: right;"> <input type="checkbox"/> Yes    <input type="checkbox"/> No             </span>		
<b>Number of Telehealth Visits this reporting period</b>	<b>Number of visits where clients were assisted with enrollment to Medicaid/insurance this period</b>	
<input style="width: 50px; height: 30px;" type="text"/>	<input style="width: 50px; height: 30px;" type="text"/>	
<b>Number of outreach events this period</b> <small>Attach Outreach Reporting form in GMIS in the Expenditure report section.</small>	<b>Incentives Purchased this period</b> <small>(dollar amount) If incentives are purchased, must maintain incentive tracking log</small>	
<input style="width: 50px; height: 30px;" type="text"/>	<input style="width: 50px; height: 30px;" type="text"/>	

## RH26 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:** [Select from list](#) **GMIS #** [Click or tap here to enter text.](#)

**Reporting Period:** [Click or tap to enter a date.](#) - [Click or tap to enter a date.](#) **Reporting Unit:** [Select from list](#)

<b>Deliverable 3</b>		
<b>3.1:</b> By March 31, 2026, 100% of subrecipients will provide preconception health clinical services and promote awareness of preconception health in the community.		
<b>Total Amount Requested this Billing Period for Deliverable 3:</b>		<div style="border: 1px solid #ccc; width: 150px; height: 30px; background-color: #d3d3d3;"></div>
<b>Number of preconception health visits this reporting period.</b>  <div style="border: 1px solid #ccc; width: 60px; height: 25px; background-color: #d3d3d3; margin: 0 auto;"></div>	<b>Number of visits with STI tests offered with positive pregnancy test this period.</b>  <div style="border: 1px solid #ccc; width: 60px; height: 25px; background-color: #d3d3d3; margin: 0 auto;"></div>	<b>Number of visits with STI tests provided with positive pregnancy test this period.</b>  <div style="border: 1px solid #ccc; width: 60px; height: 25px; background-color: #d3d3d3; margin: 0 auto;"></div>
<b>Number of visits with preconception health screening tool used this period.</b>  <div style="border: 1px solid #ccc; width: 60px; height: 25px; background-color: #d3d3d3; margin: 0 auto;"></div>	<b>Number of preconception health referrals to primary care or specialist for chronic disease management this period.</b>  <div style="border: 1px solid #ccc; width: 60px; height: 25px; background-color: #d3d3d3; margin: 0 auto;"></div>	
<b>Number of community preconception health education sessions this period using provided teaching curriculum and pre/posttest.</b> (Must complete at least one of these between 4/1/25-3/31/26.)		<div style="border: 1px solid #ccc; width: 60px; height: 25px; background-color: #d3d3d3;"></div>
<b>Number of preconception health community screening events this period.</b> (Must complete at least one of these between 4/1/25-3/31/26.)		<div style="border: 1px solid #ccc; width: 60px; height: 25px; background-color: #d3d3d3;"></div>
<b>Other reimbursable preconception health purchases/activities this period</b>		
Choose an item.		<div style="border: 1px solid #ccc; width: 100px; height: 25px; background-color: #d3d3d3;"></div>
<b>Other (please describe below)</b>		<div style="border: 1px solid #ccc; width: 100px; height: 25px; background-color: #d3d3d3;"></div>
<i>Additional purchases for reimbursement (please list)</i>		

# FY2026 ODH Reproductive Health and Wellness Program

## FPAR Data Report

RHWP Subrecipient Agency Name: \_\_\_\_\_ GMIS # \_\_\_\_\_

*Data is for the calendar year (January-December 2025)*

Data Point	Results
Number of reports made for child abuse	
Number of RHWP patients with HGSIL or higher results	
Number of RHWP patients with ASC, LGSIL, or higher results	
Number of RHWP with positive HIV tests	
Number of anonymous HIV tests (regardless of results) for RHWP patients	
Number of FTE* <b>Physicians</b> working in the Reproductive Health and Wellness Program	
Number of FTE* <b>Physician Assistants/Nurse Practitioners/ Certified Nurse Midwives</b> working in the Reproductive Health and Wellness Program	
Number of FTE* <b>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.</b> 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, 2026.**

# FY2026 ODH Reproductive Health and Wellness Program

## FPAR Data Report

Revenue Source	Amount
<b>Title X</b>	
1. Reproductive Health & Wellness Program grant	
<b>Payment for Services</b>	
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	
<b>4. Total – Third-Party Payers (add rows 3a +3b + 3c + 3d + 3e)</b>	
<b>5. Total – Payment for Services (add row 2 + 4)</b>	
<b>Other Revenue</b>	
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_____	
<b>17. Total – Other Revenue(add rows 6+7+8+9+10+11+12+13+14+15+16)</b>	
<b>18. Total Revenue(add rows 1 + 5 + 17)</b>	

## FY2026 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's opening or closure.



DATE

**SAMPLE**

Re: Grant #FPHA006567

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,

# Outreach Event Reporting Form

Event Type: Outreach	
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 event: \$ \_\_\_\_\_

Cost breakdown:

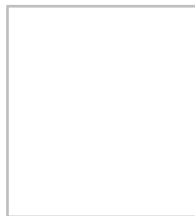
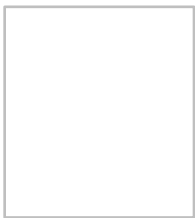
Line item:	Cost:	Explanation:
Personnel Time	\$	
Supplies Cost	\$	
Transportation Cost	\$	
Other <i>(please specify)</i> :	\$	
<b>TOTAL</b>	<b>\$</b>	

If your event didn't spend all the budgeted amount, then please explain how you will be spending the additional funds on RHWP grant:

Insights and Recommendations:  
What worked?

What could be done differently next time?

Event's Screenshots:  
*(Insert pictures of your outreach event/campaign)*



# **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**

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**

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**

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**

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**

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

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]

# RH26 Program GMIS Due Dates

Monthly or Quarterly:

## Expenditure Report in GMIS

- ✓ Deliverable Reporting Form (Appendix H)
- ✓ Program Income Form (Appendix F)
- ✓ *As needed:* Outreach Reporting form (Appendix K) for outreach event, preconception health screening event, and preconception health community education session

October 15, 2025

## Mid-year Program Report in GMIS (under Program Reports)

- ✓ Chart Audit Summary (from April 1 – Sept 30)
- ✓ Program Narrative
- ✓ Itemized Budget (Attachment 3)
- ✓ Program Plan (Attachment 5)
- ✓ CLAS form (Attachment 6)

February 1, 2026

## FPAR Report in GMIS (under main application page)

- ✓ FPAR Data Report 2026 (Appendix I) (complete both pages)

May 15, 2026

## Annual Progress Report in GMIS (under Program Reports)

- ✓ Chart Audit Summary (from Oct 1 – Mar 31)
- ✓ Program Narrative
- ✓ Itemized Budget (Attachment 3)
- ✓ Program Plan (Attachment 5)
- ✓ CLAS form (Attachment 6)

*All appendix and attachments can be found on our website under grant information:*

<https://odh.ohio.gov/know-our-programs/reproductive-health-and-wellness-program/grant-information>

2025-2026 RHWP Chart Audit Summary

Site: _____ Date: _____ Chart Auditor: _____	Breakdown of the _____ charts reviewed in this period are: Initial _____ Annual: _____ Other (Problem visit, follow up): _____				
	# Charts Reviewed	# Charts Compliant	Total % of Compliant Charts	Goal	Action Step if Goal not met
<b>Client Charges</b>					
Income at or below 100% FPL not charged for services					
Income levels inputted correctly in Ahlers and no client 100% below FPL is full or partial pay					
For incomes 101-250% FPL, copayments + charges do not exceed sliding fee					
Income above 250% FPL charged according to fees					
Income documented & updated annually					
If fee wavier, documentation exists					
<b>Insurance Billing</b>					
Authorized/legally obligated parties are billed accordingly					
Contracts exist with insurance (demonstrated by payment)					
<b>Confidential Services</b>					
Charges for confidential services based solely on client's income					
Third party billing does not breach client confidentiality, particularly in sensitive cases					
Services remain confidential when billing and collecting payment					
<b>General</b>					
Signed consent form					
Voluntary services					
FP not a prerequisite					
Note some limitations apply to confidentiality					
Signed HIPAA (as required)					
No residency requirement or an expectation that the client be referred by a physician.					
Ahlers documentation matches client record					
<b>Adolescent Services &amp; Counseling</b>					
Encouraged family involvement					
Discussed healthy relationships					
Discussed resisting sexual coercion					
Discussed abstinence as BCM/SRA/Safer Sex/Delay					
Contraceptive counseling, including condoms & LARCs					
Asked age of sex partner, report if needed					
If patient has an STD or is pregnant, screened for victimization					
Charted ALL required adolescent counseling topics in Ahlers					

Site: _____	Breakdown of the _____ charts reviewed in this period are: Initial _____ Annual: _____ Other (Problem visit, follow up): _____				
Date: _____					
Chart Auditor _____					
	# Charts Reviewed	# Charts Compliant	Total % of Compliant Charts	Goal	Action Step if Goal not met
<b>Clinical Protocols and Standards of Care</b>					
Provide screenings and services on full scope of FP services, including contraception, pregnancy testing and counseling, achieving pregnancy, basic infertility, STD, and preconception health services					
SUD screening					
IPV, DV, SA, HT screening tool utilized					
Clients provided a broad range of acceptable/effective FP methods					
No standing orders used in the chart					
Reproductive Life Plan created, updated, or reviewed AND in Ahlers					
Same day LARC placement on site					
<b>Provisions of FP and Related Services</b>					
Breast and cervical cancer screening offered to female clients					
Referrals for conditions deemed medically necessary					
Referrals to necessary community resources					
<b>Pregnancy Diagnosis &amp; Counseling</b>					
Pregnancy testing is available					
Exam includes addressing RLP, coexisting conditions, social support					
All options counseling is nondirective (unless info not wanted by patient)					
If desired, prenatal care referral given to all clients with + pregnancy test result					
If negative pregnancy test, offered same day contraception OR currently on BCM OR desires pregnancy					
If negative, documentation of education and counseling on FP					

Comments:

## FY2026 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, the Centers for Disease Control and Prevention, *Providing Quality Family Planning Services*, April 25, 2014, and the Office of Population Affairs [\*Title X Program Handbook\*](#), July 2022;
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 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, color, national origin, disability, age, sex, sexual orientation, gender identity, sex characteristics, number of pregnancies, or marital status;
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 8<sup>th</sup> 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 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, 2025 to March 31, 2026. It is the expectation of 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.

<b>Agency Name:</b>	<b>GMIS User #:</b>
<b>Authorized Signature:</b>	<b>Date:</b>

FY26 Reproductive Health and Wellness Program

Fee Management

***Due with continuation application: 11/4/2024***

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

***\*Please 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. ***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 attach your sliding fee scale in GMIS***

--

3. List all private insurance companies in which the agency has a contract:


## FY26 Reproductive Health and Wellness Program

### Fee Management

4. For each CPT code listed below, fill in the current charge for the service as well as the highest private insurance reimbursement rate for each code. If unable to pull data on the highest reimbursement rate for each CPT code, consider 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		

## FY2026 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 B2) 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, 2025 – Sept 30, 2025)	Final Report Billed amount (Apr 1, 2025 – Mar 31, 2026)
	Due with application	Due Oct 15, 2025	Due May 15, 2026
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.)	\$	\$	\$
Other			
<b>TOTAL</b>	\$	\$	\$

Reproductive Health and Wellness Program

FY2026 Site and Service Form

Please fill in the yellow highlighted fields.

Subgrantee Agency Name:	
GMIS Number:	

Site(s) Name	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)	Clinic Phone number For booking appointments	Clinic's Website address	Office Hours (see below)*	Provider/Clinician Hours (see below)**	Number of Visits Projected 2026 (see below)***	Does this site have mobile health clinic? (Y/N)	What EMR system does your site use?	How do you report your data into Ahlars?
											Manually via WebCVR
											Manually via WebCVR
											Manually via WebCVR

\* – 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 RHW medical services such as exams, prescribe medication, and evaluate problems for each site served.

\*\*\* – Number of client visits projected at the subgrantee agency level for each site served

**Offsite Services Provided to ONLY Specific Populations**  
ex.) colleges, treatment centers, prisons, etc.

List sites where 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.

Address (Please include name of site)	Populations Served	Service Area (by county)	Provider/Clinician Hours

### 2026 Service Information

Complete the grid below by indicating how services are provided by putting a number in the corresponding column.  
For those columns with a “/” indicate which of the choices are provided.

	1= Provided on-site 2= Provided within delegate system, but not at this site 3= Referral to off-site, paid for by Title X 4= Referral to off-site, no payment provided 5=Not Provided	1= Provided on-site 2= Provided within delegate system, but not this site 3= Referral to off-site, paid for by Title X 4= Referral to off-site, no payment provided 5=Not Provided	1= Provided on-site 2= Provided within delegate system, but not this site 3= Referral to off-site, paid for by Title X 4= Referral to off-site, no payment provided 5=Not Provided
	Service Site #1 Site name: _____ #1 to 5	Service Site #2 Site name: _____ #1 to 5	Service Site #3 Site name: _____ #1 to 5
<b>SERVICES</b>			
Teen clinic hours			
Weekend hours			
Walk-Ins/Same Day Appointments			
Telchealth			
Alcohol and Other Drug Use Screening			
Blood Pressure Screening			
BMI			
Depression Screening			
Immunizations			
Intimate Partner Violence Screening			
Tobacco Use Screening			
Breast Cancer Screening / Breast Exam			
Physical Assessment			
Lab Testing			
• Diabetes			
• Cervical cytology / cancer screening			
• Mammography			
Notification of Abnormal Lab Testing			
Services to women who are no longer child-bearing			
<b>CONTRACEPTIVE METHODS</b>	#1 to 5	#1 to 5	#1 to 5
Contraceptive Patch			
Oral Contraceptives			
Vaginal Ring			
3-month Hormonal Injection			
Breast Feeding / LAM Method			
Barrier Method / Cervical cap			
Barrier Method / Female Condoms			
Barrier Method / Male Condoms			
Contraceptive Sponge			
Barrier Method / Diaphragm with Spermicide			
Emergency Contraception			
Fertility Awareness, including Natural Family Planning			
Hormonal Implant			
IUD - Copper			
IUD - Hormonal			
Barrier Method / Spermicide options			
Abstinence Education			
<b>Female Sterilization</b>			
• Counseling			
• Procedure			
<b>Male Sterilization</b>			
• Counseling			
• Procedure			
<b>OTHER SERVICES</b>	#1 to 5	#1 to 5	#1 to 5
Level 1 Infertility Services			
Achieving Pregnancy Services			
Minor Gynecological Problems – please list			
Special Gynecologic Procedures – please list			
Postpartum Care			
Folic Acid			
HPV Vaccination			
Hepatitis B Vaccine			
PrEP			
<b>Pregnancy Diagnosis</b>			
• History			
• Testing			
• Physical exam			
Non-directive Pregnancy Counseling			
<b>Male Services</b>			
• History			
• Physical exam			
• Testing			
<b>Sexually Transmitted Disease Testing and Treatment</b>	For Testing indicate #1-5 and For Treatment indicate (C) Client, (P) Partner or (B) Both Ex. 1B	For Testing indicate #1-5 and For Treatment indicate (C) Client, (P) Partner or (B) Both Ex. 1B	For Testing indicate #1-5 and For Treatment indicate (C) Client, (P) Partner or (B) Both Ex. 1B
• Gonorrhea			
• Chlamydia			
• Syphilis			
• Trichomonas			
• Herpes			
• Hepatitis B			
• Hepatitis C			
• HIV Testing/ Post Test Counseling			

## FY26 Reproductive Health and Wellness Program Plan

***Applicants must use the RH26 RHWP Goals and Deliverables Grid, Appendix E to populate the RH26 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. 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 RH26 Mid-Year Progress Report must be submitted by October 15, 2025. A RH26 Annual Progress Report must be submitted after the close of the FY2026 grant year (May 15, 2026). 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.

## FY26 Reproductive Health and Wellness Program Plan

RHW Subrecipient Agency Name: \_\_\_\_\_ GMIS # \_\_\_\_\_ Date: \_\_\_\_\_

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

☐ Initial Program Plan

☐ Revised Program Plan

☐ Mid-Year Progress Report

☐ Annual Progress Report

<b>Objective:</b> <input type="checkbox"/> Objective 1.1 <input type="checkbox"/> Objective 1.2 <input type="checkbox"/> Objective 2.1 <input type="checkbox"/> Objective 2.2 <input type="checkbox"/> Objective 2.3 <input type="checkbox"/> Objective 3.1					
<b>RHW Deliverable:</b>					
Strategy	Activities	Person Responsible	Timeline	Evaluation Measures	Accomplishments
					<i>Accomplishments column to be completed for Mid-Year Progress Report and Final Progress Report</i>

# FY26 RHWP Culturally and Linguistically Appropriate Services (CLAS) Strategic Plan

Subrecipient Agency Name:  Click Drop-down to Select Agency Name

GMIS # \_\_\_\_\_

**Use this template to create a plan to increase Culturally and Linguistically Appropriate Services (CLAS). Complete ALL 15 Standards.**

- Based on what was learned from the CLAS self-assessment, activities should be identified to improve the cultural competency of services in FY2026.
- 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 10/15/2025) ☐ **Final Report** (due 5/15/2026)

UNDERSTANDABLE AND RESPECTFUL CARE						
Objective	Activities	Person(s) Responsible	Begin/End Date	Evaluation	Accomplishments Mid-Year Report 4/1/2025 – 9/30/2025	Accomplishments Final Report 4/1/2025 – 3/31/2026
Standard #1: Understandable and Respectful Care	<ul style="list-style-type: none"> <li>• Provide effective, equitable, understandable, respectful quality care, and services that are responsive to diverse cultural health beliefs and practices in preferred languages with health literacy, and other communication.</li> <li>• Signages</li> <li>• Interpretations</li> <li>• Translations of publication</li> </ul>					

## FY26 RHWP Culturally and Linguistically Appropriate Services (CLAS) Strategic Plan

GOVERNANCE, LEADERSHIP, AND WORKFORCE						
Objective	Activities	Person(s) Responsible	Begin/End Date	Evaluation	Accomplishments Mid-Year Report 4/1/2025 – 9/30/2025	Accomplishments Final Report 4/1/2025 – 3/31/2026
Standard #2: Diverse Staff and Leadership	<ul style="list-style-type: none"> <li>Recruit and promote diverse governance, leadership, and workforce that are responsive and supportive culturally and linguistically to the populations in the service areas.</li> </ul>					

## FY26 RHWP Culturally and Linguistically Appropriate Services (CLAS) Strategic Plan

GOVERNANCE, LEADERSHIP, AND WORKFORCE						
Objective	Activities	Person(s) Responsible	Begin/End Date	Evaluation	Accomplishments Mid-Year Report 4/1/2025 – 9/30/2025	Accomplishments Final Report 4/1/2025 – 3/31/2026
Standard #3: Ongoing Education and Training  <b>EXAMPLE</b>	<ul style="list-style-type: none"> <li>• Orient new staff members to cultural competence training</li> <li>• Develop orientation materials related to cultural competency.</li> <li>• Encourage all staff to participate in cultural competence training</li> </ul>	Administrative Staff  Clinical Staff	April 1, 2025 – October 31, 2026	Staff participation in ongoing training and education will be accounted for in a database.  The percentage of staff who have participated in ongoing training will be assessed bi-monthly to monitor progress toward our objective.	The percentage of staff who have participated in ongoing training and education increased from 75% to 90%.	The percentage of staff who have participated in ongoing training and education increased from 90% to 100%.

## FY26 RHWP Culturally and Linguistically Appropriate Services (CLAS) Strategic Plan

COMMUNICATION AND LANGUAGE ASSISTANCE						
Objective	Activities	Person(s) Responsible	Begin/End Date	Evaluation	Accomplishments Mid-Year Report 4/1/2025 – 9/30/2025	Accomplishments Final Report 4/1/2025 – 3/31/2026
Standard #4: Language Assistance Services	<ul style="list-style-type: none"> <li>Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all healthcare and services.</li> </ul>					

## FY26 RHWP Culturally and Linguistically Appropriate Services (CLAS) Strategic Plan

COMMUNICATION AND LANGUAGE ASSISTANCE						
Objective	Activities	Person(s) Responsible	Begin/End Date	Evaluation	Accomplishments Mid-Year Report 4/1/2025 – 9/30/2025	Accomplishments Final Report 4/1/2025 – 3/31/2026
Standard #5: Informing About Language Assistance	<ul style="list-style-type: none"> <li>Inform all individuals of their right to receive and the availability of language assistance services clearly and in their preferred language, verbally, signages, and in writing.</li> </ul>					

## FY26 RHWP Culturally and Linguistically Appropriate Services (CLAS) Strategic Plan

COMMUNICATION AND LANGUAGE ASSISTANCE						
Objective	Activities	Person(s) Responsible	Begin/End Date	Evaluation	Accomplishments Mid-Year Report 4/1/2025 – 9/30/2025	Accomplishments Final Report 4/1/2025 – 3/31/2026
Standard #6: Competence of Language Assistance	<ul style="list-style-type: none"> <li>Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.</li> </ul>					

## FY26 RHWP Culturally and Linguistically Appropriate Services (CLAS) Strategic Plan

COMMUNICATION AND LANGUAGE ASSISTANCE						
Objective	Activities	Person(s) Responsible	Begin/End Date	Evaluation	Accomplishments Mid-Year Report 4/1/2025 – 9/30/2025	Accomplishments Final Report 4/1/2025 – 3/31/2026
Standard #7: Patient-Related Materials	<ul style="list-style-type: none"> <li>Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.</li> </ul>					

## FY26 RHWP Culturally and Linguistically Appropriate Services (CLAS) Strategic Plan

ENGAGEMENT, CONTINUOUS IMPROVEMENT, AND ACCOUNTABILITY						
Objective	Activities	Person(s) Responsible	Begin/End Date	Evaluation	Accomplishments Mid-Year Report 4/1/2025 – 9/30/2025	Accomplishments Final Report 4/1/2025 – 3/31/2026
Standard #8: Establish Appropriate Organizational Plan	<ul style="list-style-type: none"> <li>Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organization's planning and operations.</li> </ul>					

## FY26 RHWP Culturally and Linguistically Appropriate Services (CLAS) Strategic Plan

ENGAGEMENT, CONTINUOUS IMPROVEMENT, AND ACCOUNTABILITY						
Objective	Activities	Person(s) Responsible	Begin/End Date	Evaluation	Accomplishments Mid-Year Report 4/1/2025 – 9/30/2025	Accomplishments Final Report 4/1/2025 – 3/31/2026
Standard #9: Organizational Self- Assessment	<ul style="list-style-type: none"> <li>Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities.</li> </ul>					

## FY26 RHWP Culturally and Linguistically Appropriate Services (CLAS) Strategic Plan

ENGAGEMENT, CONTINUOUS IMPROVEMENT, AND ACCOUNTABILITY						
Objective	Activities	Person(s) Responsible	Begin/End Date	Evaluation	Accomplishments Mid-Year Report 4/1/2025 – 9/30/2025	Accomplishments Final Report 4/1/2025 – 3/31/2026
Standard #10 Patient / Consumer Data	<ul style="list-style-type: none"> <li>Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery.</li> </ul>					

## FY26 RHWP Culturally and Linguistically Appropriate Services (CLAS) Strategic Plan

ENGAGEMENT, CONTINUOUS IMPROVEMENT, AND ACCOUNTABILITY						
Objective	Activities	Person(s) Responsible	Begin/End Date	Evaluation	Accomplishments Mid-Year Report 4/1/2025 – 9/30/2025	Accomplishments Final Report 4/1/2025 – 3/31/2026
Standard #11: Community Profile	<ul style="list-style-type: none"> <li>Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area.</li> </ul>					

## FY26 RHWP Culturally and Linguistically Appropriate Services (CLAS) Strategic Plan

ENGAGEMENT, CONTINUOUS IMPROVEMENT, AND ACCOUNTABILITY						
Objective	Activities	Person(s) Responsible	Begin/End Date	Evaluation	Accomplishments Mid-Year Report 4/1/2025 – 9/30/2025	Accomplishments Final Report 4/1/2025 – 3/31/2026
Standard #12: Community Partnerships	<ul style="list-style-type: none"> <li>Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.</li> </ul>					

## FY26 RHWP Culturally and Linguistically Appropriate Services (CLAS) Strategic Plan

ENGAGEMENT, CONTINUOUS IMPROVEMENT, AND ACCOUNTABILITY						
Objective	Activities	Person(s) Responsible	Begin/End Date	Evaluation	Accomplishments Mid-Year Report 4/1/2025 – 9/30/2025	Accomplishments Final Report 4/1/2025 – 3/31/2026
Standard #13: Conflict/Grievance Processes	<ul style="list-style-type: none"> <li>Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints.</li> </ul>					

## FY26 RHWP Culturally and Linguistically Appropriate Services (CLAS) Strategic Plan

ENGAGEMENT, CONTINUOUS IMPROVEMENT, AND ACCOUNTABILITY						
Objective	Activities	Person(s) Responsible	Begin/End Date	Evaluation	Accomplishments Mid-Year Report 4/1/2025 – 9/30/2025	Accomplishments Final Report 4/1/2025 – 3/31/2026
Standard #14: CLAS Communication	<ul style="list-style-type: none"> <li>Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the public.</li> </ul>					

## FY26 RHWP Culturally and Linguistically Appropriate Services (CLAS) Strategic Plan

Health Equity Plan						
Objective	Activities	Person(s) Responsible	Begin/End Date	Evaluation	Accomplishments Mid-Year Report 4/1/2025 – 9/30/2025	Accomplishments Final Report 4/1/2025 – 3/31/2026
<p>Standard #15: Implementation of health equity action plan on an additional health equity topic.</p> <p><u>Example:</u></p> <p><b>Increase access to contraceptive services for young adults 18-24 in at least 3 neighborhoods with health disparities in birth spacing outcomes.</b></p>	<p><b>Example of needed steps</b></p> <ul style="list-style-type: none"> <li>Describe tasks needed.</li> <li>Create SMART goals.</li> <li>Design and implement an evaluation plan.</li> <li>Review birth spacing data, maternal and infant mortality data, pregnancy related reports.</li> <li>Prioritize top 3 neighborhoods to target outreach.</li> <li>Conduct interviews with at least 10 young adults.</li> <li>Engage young adults on I &amp; E Committee to develop marketing materials.</li> <li>Create and implement outreach and marketing plan with 18-24</li> <li>Increase weekend and teen clinic hours.</li> <li>Train staff on new contraceptive approaches</li> <li>Build capacity of clinic to increase supply of contraceptives and EC</li> </ul>	<p>Clinical Staff</p> <p>Maternal &amp; Infant Health Staff</p> <p>Communication Manager</p> <p>Data Team: Biostatistician</p> <p>Young Adults 18-24</p>	<p>April 1, 2025, to March 31, 2026</p>	<p># Of new young adults on I &amp; E Committee</p> <p># Of interviews completed with 18-24 for marketing plan</p> <p># Of shares, # comments, # views for social media campaign in target neighborhoods</p> <p># Of staff who completed 100% of contraceptive and EC training</p> <p># Clients ages 18-24 with reproductive life plan</p> <p># And type of new contraceptives in stock clinic</p>	<p>Increased awareness of clinic location &amp; services among 18-24 adults in target neighborhoods</p> <p>Increase in stock of variety of contraceptives and EC from 75% to 90% at clinic</p> <p>% Staff implementing new contraceptive and EC protocols during client visits</p> <p>Increased use of reproductive life plan among of 18-24 adults from 85% to 100%</p>	<p>% Of young adults sustained on I &amp; E Committee</p> <p>Increased visits to clinic among clients aged 18-24</p> <p>Increased use of contraceptive services among young adults from 65% to 80% in priority neighborhoods</p> <p>Increased birth spacing interval from 12 months to 18 months among clients aged 18-24</p>

# FY26 Contact Form

**RHWP Subrecipient Agency Name:** \_\_\_\_\_ **GMIS #:** \_\_\_\_\_

Please include your Title X Primary Project Director, Medical Director, Fiscal Officer, Health Commissioner/CEO and anyone at your agency who should receive RHWP emails. Add lines to the table as needed. **Bold** the names of the people who wish to be included on the RHWP listserv.

<b>Name</b>	<b>Title</b>	<b>Email</b>	<b>Phone #</b>	<b>Primary working address</b>
	Primary Project Director			
	Medical Director			
	Fiscal Officer			
	Health Commissioner/CEO			