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| **Goal 1: To improve the overall reproductive health and well-being of women and men.**  **Deliverable 1:** By March 31, 2023, 100% of clients will have received comprehensive reproductive health and wellness direct health care services per nationally recognized standards of care. | | | | | | |
| **Strategy** | | | **Activities** | **Evaluation Measures** | | |
| Ensure comprehensive reproductive health and wellness direct health care services are provided on-site*:*   1. Core family planning services 2. Related preventive health services 3. Other preventive health services | | | Provide onsitecomprehensive services to low-income females, males and adolescents that include:  1a. Contraceptive Services  1b. Pregnancy testing and counseling  1c. Achieving pregnancy  1d. Basic Infertility services  1e. Preconception Care  1f. Sexually transmitted infection (STI) services  2a. Screening for breast cancer  2b. Screening for cervical cancer  2b. Male genital exam/screenings  3a. Referrals for other medical, psychological, or social services  The clinician/provider must be present and dedicated to Deliverable 1 for a minimum of 16 hours/month. | Agency has completed 100% of projected visits  60% of visits are with persons at or below 100% of the Federal Poverty Level (FPL)  Chart audit summary forms are submitted to ODH with the Mid-Year and Final Report and show evidence of compliance with:   * [Title X program requirements](https://www.hhs.gov/opa/guidelines/program-guidelines/program-requirements/index.html), which consist of the Federal statutory and regulatory requirements that apply to the Title X program. * Title X program policies, which set out OPA’s longstanding expectations for the way in which Title X grantees and subrecipients should implement their projects. * [*Providing Quality Family Planning Services: Recommendations of CDC and the U.S. Office of Population Affairs* (QFP),](https://www.cdc.gov/mmwr/pdf/rr/rr6304.pdf) which provides clinical recommendations for how to provide family planning services in a manner that is consistent with the best available scientific evidence and medical practice.   Documentation of clinician/provider hours. | | |
| Ensure counseling and education to clients of childbearing status to establish a reproductive life plan.  Ensure counseling and education to adolescent clients includes the encouragement family participation in the decision of minors to seek family planning services.  Ensure counseling to minors on how to resist attempts to coerce minors into engaging in sexual activities. | | | Counseling and education to clients of childbearing status includes:   * Implement a reproductive life plan with all new clients. * Review and update the reproductive life plan with all clients at least annually, with a pregnancy test, with male STI visits, or as needed with any change in their health status.   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. | 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.  100% documentation that pregnancy test and all STI test visits have documented RLP counseling or review in the chart and CVR.  100% documentation of encouragement of family participation at every adolescent visit unless there is a documented reason as to why not.  100% documentation of counseling to resist attempts of sexual coercion at every adolescent visit.  100% documentation of age of partner(s) note in chart or documented reason as to why not. | | |
| Use health screening tool to enhance the overall health and well-being of individuals. | | | Incorporate health screening tools into the medical history and/or review of systems aspect of the visit.  Use information collected to guide visit, counseling, treatment, and/or make referrals. | Document the number of screenings conducted on the following topics:   * Substance use * Safety - domestic violence, human trafficking * Mental health | | |
| Increase the number of clients using LARC.  Ensure that providers are trained on all methods of LARC offered. | | | Offers at least one type of long-acting reversible contraceptives method same day and on site.  Provide/offer training on all methods of LARC and client centered counseling to all staff. | 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.  Documentation of LARC training. | | |
| Ensure that all clients are offered evening and/or weekend hours for provision of RHWP services. | | | Offers appointment times outside of normal operating hours (Monday through Friday from 9:00 am to 4:30 pm). | Number of clients seen at appointment times are available outside of M-F 9:00 am-4:30pm.  Documentation that 10% of appointment times are available outside of M-F 9:00 am-4:30pm.  Documentation that the number of clients seen during extended hours is monitored and used to adjust appointment availability if needed.  Documentation of number of visits provided by telehealth outside of M-F 9:00 am-4:30pm. | | |
| Promote provision of comprehensive primary health care services to make it easier for individuals to receive both primary health care and family planning services preferably in  the same location, or through nearby referral providers. | | | Either primary health care services are co-located with RHWP services or RHWP provider establishes formal agreements with Primary Care Providers including private practices, FQHCs, look alike FQHCs, and Rural Health Centers. | Documentation that sub-recipient is either co-located with primary care provider or RHWP provider has established formal agreements with primary care provider. | | |
| **Optional:** Ensure that comprehensive health services are provided to women no longer of child-bearing status | | | Provide onsitecomprehensive health services to low-income females who are no longer of child-bearing status. | Agency reports on the number of clients served. | | |
| **Goal 2: To support infrastructure and increase sustainability of Reproductive Health and Wellness services.**  **Deliverable 2:** By March 31, 2023, 100% of subrecipients will have implemented activities to support program infrastructure and sustainability. | | | | | | |
| **Strategy** | **Activities** | | | | **Evaluation Measures** | |
| Ensure that clients whose reported income is at or below 100% of the FPL must not be charged. Projects must bill all third parties authorized or legally obligated to pay for services.  Ensure that a written agreement for reimbursement is in place with Managed Care, 3rd Party, or Fee for Service Medicaid.  Ensure outstanding balances on accounts have follow-up for payment. | 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.  Obtain a written agreement with Medicaid, including Managed Care Plans, Medicare (if appropriate) and other 3rd party payers.  Develop a policy outlining the procedure for collection of outstanding balance on client accounts. | | | | Documentation of:   * Protocols to request and accept donations are in place; * Schedule of discounts has been developed and updated periodically; * Sliding Fee Scale has been developed; * Written explanation of how the agency’s sliding fee scale and schedule of discount are developed (Attachment 7– Fee Management Form)   Documentation of a written agreement and ability to bill Medicaid, including Managed Care Plans, Medicare (if appropriate) and other 3rd party payers.   * Upload a list of 3rd party payors the agency is credentialed with into GMIS with application.   Agency reports number of clients with outstanding balances over 90 days for: Medicaid, including Managed Care Plans, Medicare (if appropriate), other 3rd party payers and private pay. | |
| Ensure that clients with no insurance coverage are assisted with Medicaid/insurance enrollment. | | Agency has identified qualified personnel to assist clients with Medicaid/insurance enrollment. | | | | Agency reports number of clients assisted with Medicaid /insurance enrollment. |
| Ensure that the Agency is utilizing an Electronic Medical Records (EMR) system for client direct health care visits/enabling services. | | Agency is utilizing the full capabilities of each Module in their EMR system for client documentation. If EMR is not in compliance with Title X requirements, the agency will upgrade the EMR to comply. | | | | EMR system is in place and is in compliance with Title X requirements. |
| Ensure the continued availability of reproductive health and wellness services. | | Agency is using or capable of using alternative methods of providing services (e.g., telehealth, curbside medicine, mailing prescriptions)  Design policies and procedures to utilize telehealth to increase access to reproductive health services, especially for adolescents.  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. | | | | Documentation of number of telehealth visits on deliverable reporting form.  Participation in the telehealth training as provided by RHWP.  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. |
| Increase health equity in reproductive health. | | Complete and implement Culturally and Linguistically Appropriate Services (CLAS) plan.  Adopt and implement a local policy/practice change that will address a social determinant of health that impacts inequities in reproductive health (may choose to pursue policies in the areas of transportation, implicit bias, outreach, etc.).  May do this in partnership with community. | | | | Upload initial CLAS plan (Attachment 6) with objectives, activities, person responsible, dates, and evaluation in GMIS with initial application.  Upload progress (accomplishments) on CLAS in GMIS with mid-year report (October 15, 2022), and final report (May 15, 2023).  Documentation of the policy and/or practice change. |
| 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) |

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| **Goal 3: To increase outreach for identified population to a broad range of Reproductive Health and Wellness Services.**  **Deliverable 3:** By March 31, 2023, 100% of subrecipients will provide and implement an outreach plan describing at least 2 outreach activities targeting to hard-to-reach and high need populations as reflected in their need’s assessment. Identified populations are women in need of publicly funded contraceptive services including but not limited to Appalachian, Latina and Non-Hispanic Black or African American women of childbearing age and those with disabilities. The outreach plan should include the following: description of the activity, identified audience and documented need, evidence base supporting outreach activity and plan to evaluate outreach activity, and;  By March 31, 2023, 100% of subrecipients will conduct and report on at least 1 quality improvement project. | | | | | |
| **Strategy** | | **Activities** | | **Evaluation Measures** | |
| Provide outreach to hard-to-reach and vulnerable populations concerning the availability of reproductive health and wellness services. | | Use the Clarita’s Outreach Report or CDC [Social Vulnerability Index](https://www.atsdr.cdc.gov/placeandhealth/svi/data_documentation_download.html) by census tract to determine where to focus outreach efforts for at least one of the events. Examples include, but are not limited to:   1. Social media campaign including but not limited to Facebook, Twitter, Instagram 2. Billboards 3. Posters and flyers in locations where the target populations live and work 4. Group presentation 5. School presentations 6. Community information events 7. Formal public presentations to the community 8. Radio or Television Public Service Announcements and Interviews 9. Implementation of evidence based comprehensive reproductive health and wellness education to schools, community-based organizations, faith-based organizations, or other adolescent-serving entities 10. Other ODH approved marketing events. | | Documentation of outreach efforts:   * Social media engagement (likes, shares, comments, etc.) * Number of patients who reported seeing the billboard/poster/presentation on intake form * Number of people who attended the group/school presentation or event * Number of patients who reported hearing/seeing the PSA on intake form   Upload Outreach Reporting Form (Appendix K) in GMIS with the expenditure report on the month claiming the event(s). | |
| Ensure efficiency of clinic and quality of services provided by completing at least one quality improvement project. | | Complete trainings on conducting quality improvement.  Complete quality improvement agency self-assessment.  Develop and implement a quality improvement plan.  Ideas for project include, but are not limited to;   * improving clinic flow * increasing the number of adolescent or male visits * increasing chlamydia screening * increasing or improving telehealth * incorporating technology into the adolescent visit * Schedule postpartum visits with all positive pregnancy test. Design a follow up system to help track and schedule appointments * Provide education and/or training to ERs/pediatrician’s office/PCP to collaborate / have a partnership to make referrals to RH clinic | | Upload the QI Plan (Aim and Plan Part 1 section) of the RHWP Quality Improvement Template (Appendix L) in GMIS by June 30, 2022.  Upload a completed QI Plan (Do, Study, Act Part 2 section) of the RHWP Quality Improvement Template (Appendix L) in GMIS by September 30, 2022. Document performance measures with mid-year and final report. | |
| **Goal 4:** **To strengthen the clinical competency of the Reproductive Health and Wellness Program.**  **Deliverable 4: (optional; limit one sub-recipient; max $200,000 in funding; amount not included in total funding)** By March 31, 2023, RHWP clinician/provider will develop and implement clinical training program promoting evidence-based clinical standards. | | | | |
| **Strategy** | **Activities** | | **Evaluation Measures** | |
| Establish a comprehensive, capacity building plan for the development of a clinical contraceptive training program. | Deliver a continuous, innovative, high quality clinical skills and resource training program to RHWP health care providers.  Develop competency-based curriculum to train and support RHWP health care providers to use evidenced-based information, new technologies, and national standards to include, but not limited to:   * Interactive and experiential learning methods, including small group work, case studies, role playing, simulations, group discussions, brainstorming and critical thinking activities * Specialized training and technical assistance * Clinic Flow Analysis * Cost Analysis * Train-the-trainer modules * Telehealth * Clinical updates – ACOG, etc.   Conduct on-site visits to assist in onboarding new agencies, providing technical assistance to existing agencies, assist with clinic set-up and clinic flow.  Plan for ongoing support/TA in collaboration with project directors/clinical staff at all RHWP clinic sites. | | Develop and finalize curriculum; submit with application; review with RHW Clinical Coordinator.  Submit plan with established outcomes.  Identify key project staff – minimum of one clinician/provider and one ancillary staff.  Documentation of training.  Documentation of RHWP webinars. The list of topics is TBD.  Documentation of on -site visits with outline of training or service provided.  Documentation of all technical assistance provided to sub-recipients. | |
| Increase the number of trained and competent providers in the provision of comprehensive and evidence-based contraceptive options, including an innovative LARC Preceptorship. | Offer/Provide a minimum of one (1) LARC placement/removal trainings annually to RHWP sub-recipients as needed.  Provide on-site clinical training (classroom/workshop) training followed by preceptor shadowing and in-clinic support to RHWP clinicians/providers.  Train the trainer module providing a minimum of one (1) LARC placement/removal trainings annually to RHWP clinicians/providers as needed.  Develop billing training module related to LARC insertion/removal. | | Quality improvement measures following completion of preceptorship  Documentation of training.  Documentation of training:   * Report number of in person and phone TA * Report number of LARC preceptorships * Report number of travels to other sites to provide trainings   Documentation of training  Submit billing training module and documentation of training. | |
| |  |  |  | | --- | --- | --- | | **Goal 5:** **To provide reproductive health and wellness program (RHWP) services to special populations within the subrecipient site(s) or at off-site location(s). The special populations include but are not limited to; substance use disorder (SUD), LGBTQ, incarcerated persons, domestic violence, homeless and adolescents, PrEP starts, and persons currently or previously being trafficked.**  **Deliverable 5: (optional; limit up to 12 subrecipients; max 40,000 in funding; amount not included in total funding)** By March 31, 2023, the existing Title X family planning clinic will identify and provide RHWP services to one or more of the identified special populations. | | | | **Strategy** | **Activities** | **Evaluation Measures** | | Build and/or expand capacity to provide RHW services within the existing RHWP agency or at off-site location(s) to a special population(s).  Services provided will follow Program Requirements for Title X Funded Family Planning Projects of the DHHS OPA, April 2014 and the CDC Providing Quality Family Planning Services, April 25, 2014, and all applicable updates. | Identify the special population(s) to be served.  Select one or more of the following:   * SUD * LGBTQ * Incarcerated persons * Domestic Violence Shelters * Homeless * Adolescents * PrEP * Human trafficking victims/survivors * Other   Build or expand the scope of preexisting collaborative relationship with the agency serving the identified special population.  Develop and implement a written agreement with the external agency.  Provide RHWP clinical services and education/counseling.  Complete client visit record (CVR) and Reproductive Life Plan (RLP) for each client visit and enter into Ahlers database.  Expenditure reports will be submitted monthly/quarterly.  The clinician/provider/nurse must be present and dedicated to Deliverable 6 for a minimum of 20 hours/month, separate from deliverable 1.  Advertise clinical services, collaborative partnership, hours, etc. in multiple mediums (e.g., billboards, fliers in local establishments and restrooms, social media, website, radio/television/movie theater/newspaper ads). | Special Population(s) identified:   * Initial workplan and mid- and end of year evaluations submitted. * Required forms have been uploaded into GMIS (e.g., MOUs, Site and Service form).   Written agreement is uploaded in GMIS  Agency has completed 100% of projected visits   * Must report at least 200 client visits, separate from Deliverable 1 visits. * 100% of client visits have a CVR created and submitted in Ahlers. * 100% of chart audits show that appropriate services, education, and counseling were provided at each client visit. * 100% of expenditure reports are submitted by due date and include number of client visits. * 100% of chart audits show clients were charged appropriately and insurance was billed correctly.   Documentation of number of hours spent providing services and education. Meeting the 20 hour per month requirement.  Referrals are being made for services not able to be provided at the special population agency. If applicable, the referrals are to a Title X family planning clinic.  Complete Outreach Event Reporting Form and upload in GMIS with expenditure reports to detail outreach and advertising efforts. |   **Goal 6: To foster interactions with community and faith-based organizations to develop a network for services when needs outside the scope of family planning are identified.**  **Deliverable 6: (optional; limit up to 10 subrecipients; max $40,000 in funding; amount not included in total funding)** By March 31, 2023, the existing Title X family planning clinic will collaborate with a faith-based organization (FBO) to expand outreach, community participation and knowledge, and provide RHWP clinical services. | | | | | |
| **Strategy** | | **Activities** | | **Evaluation Measures** | |
| Establish a collaborative relationship with an FBO to provide RHWP clinical services, expand outreach, and increase community participation and RHWP knowledge  Services provided will follow Program Requirements for Title X Funded Family Planning Projects of the DHHS OPA, April 2014 and the CDC Providing Quality Family Planning Services, April 25, 2014, and all applicable updates. | | Select an FBO who desires a collaboration with a Title X family planning clinic.  Hold meetings to establish goals, understand Title X requirements, set timelines, plan logistics, and create a plan with measurable outcomes.  Implement educational programming for parents and youth that encourage life planning, goal setting and healthy life choices.  Develop and implement a written agreement with agency.  Advertise clinical services, collaborative partnership, hours, etc. in multiple mediums (e.g., church bulletin, fliers in local establishments and restrooms, social media, website, radio/television/movie theater/newspaper ads).  Provide RHWP clinical services and education/counseling.  The clinician/provider/nurse must be present and dedicated to Deliverable 6 for a minimum of 20 hours/month, separate from Deliverable 1.  Complete clients visit record (CVR) and Reproductive Life Plan (RLP) for each client visit and enter into Ahlers database.  Expenditure reports will be submitted monthly/quarterly.  Client visits will be billed according to the sliding fee scale.  Include FBO in chart audits to ensure compliance with OPA program requirements and the CDC Providing Quality Family Planning Services, April 25, 2014, and all applicable updates. | | Initial workplan and mid- and end of year evaluations submitted  Required forms have been uploaded into GMIS (e.g., MOUs, Site and Service form)  Documentation of number of hours spent providing services and education. Meeting the 20 hour per month requirement.  100% of chart audits show that appropriate services, education, and counseling were provided at each client visit.  Agency has completed 100% of projected visits.  Must report at least 200 client visits, separate from Deliverable 1 visits.  100% of client visits have a CVR created and submitted in Ahlers.  100% of expenditure reports are submitted by due date and include number of client visits.  Complete Outreach Event Reporting Form and upload in GMIS with expenditure reports to detail outreach and advertising efforts.  100% of chart audits show clients were charged appropriately and insurance was billed correctly.  Referrals are being made for services not able to be provided at the FBO. If applicable, the referrals are to a Title X family planning clinic.  For purposes of the Title X grant, chart audits are conducted at least biannually and represent 3% of the quarter’s visits or a minimum of 10 charts. The FBO charts must be included in the audit. For any measured variable that is not met at 100%, corrective action must be made (e.g., review at staff meeting, write new policy). | |

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| **Goal 7: To support and encourage client access to reproductive health services.**  **Deliverable 7:(Optional; Max amount of funding $5,000)** By March 31, 2023, subrecipients will have distributed 100% of the incentives purchased to encourage clients to participate in Title X services. | | |
| **Strategy** | **Activities** | **Evaluation Measures** |
| Support client access to reproductive health services. | Subrecipients may provide incentives to encourage clients to take advantage of Title X reproductive health services.  Types of incentives may include the following:   * Gas cards * Phone minute cards * Transportation vouchers * Babysitting service voucher * Prepaid cash card to cover various transportation/childcare costs * Gift Card for Telehealth participants * Drawings/Raffles   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.  All incentives will be financially tracked.  Funding requests to ODH will occur after purchase of the incentives and will be for the same amount as spent.  Agency will not discriminate in their method of disbursing incentives. | Subrecipient will report the number of incentives purchased and provided to clients on the deliverable reporting forms  Subrecipient will upload policy and procedure into GMIS with application to monitor incentive purchase and distribution  Subrecipient will maintain accurate log of incentive purchases and distribution, which may be requested at any time by ODH. |