



## MEMORANDUM

Date: January 7, 2025

To: Subrecipient agencies

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

Subject: Subrecipient Genetics Services Program (GS26) (July 1, 2025 – June 30, 2026)

The Ohio Department of Health (ODH), Bureau of Maternal, Child, and Family Health announces the availability of grant funds.

All electronic applications and attachments are due by **4:00 p.m., February 24, 2025**. 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/about-us/funding-opportunities/sfy-25/gs25-genetics-services-program-solicitation>)].

If you have questions, please contact Boriana Zaharieva at 614-728-9348 or e-mail at [Boriana.Zaharieva@odh.ohio.gov](mailto:Boriana.Zaharieva@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(if applicable), 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: [July 1, 2025 – June 30, 2026] of the total project period, [July 1, 2024 – June 30, 2028.] 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:** Genetics Services grants are comprised of funds generated from a portion of the state newborn screening fee. Only the previously awarded applicants during the State Fiscal Year 2025 competitive application may apply for continuation funding for this initiative. These are: Cincinnati Children's Hospital Medical Center; Dayton Children's Hospital; Toledo Hospital; The Research Institute of Nationwide Children's Hospital; MetroHealth System; University Hospitals Cleveland Medical Center; Cleveland Clinic Foundation; and Children's Hospital Medical Center – Akron. The total grant funding for the SFY2026 budget period (07/01/2025 – 06/30/2026) is anticipated to be approximately \$2,192,673.

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 [Suggested language provided, but can be updated to reflect program-specific requirements]:**

- 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.

**D. Qualified Applicants:**

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

1. If the Applicant agency houses a Cystic Fibrosis Foundation-Accredited Care Center the applicant must utilize a portion of solicitation funding to support the follow-up of patients with abnormal newborn screening for Cystic Fibrosis.
2. The Applicant does not owe funds to ODH and has repaid any funds due with 45 days of the invoice date.
3. Applicant has not been certified to the Attorney General's (AG's) office.
4. Applicant has submitted an application and all required attachments by **4:00 p.m. on Monday, February 24, 2025.**

**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:** 1) **Attach the program progress report for the current grant period. If the program progress report is not scheduled to be submitted before the application due date, then it must be submitted with the application.** *[A progress report is not applicable for this continuation application.]*
- B. Program Narrative:** Complete and submit a narrative statement (do not exceed [2] 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.
- C. Objectives and Work Plan:** Complete and submit a short summary of any changes in the Specific, Measurable, Achievable, Results-Oriented, Inclusive, and Equitable (SMART-IE) 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. **[Genetics subrecipients are required to complete the ODH SFY2026 Comprehensive Genetic Center Work Plan and Aggregate Data Reporting Form (ATTACHMENT 1) in lieu of the summary above.]**
- 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. Feedback will be obtained in year one and year two of the grant cycle through the Community Engagement Assessment Tool (CEAT). No additional information needs to be submitted with this application.

**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).

For your convenience, a budget justification narrative example is available at [\[\(https://odhgateway.odh.ohio.gov/\)\]](https://odhgateway.odh.ohio.gov/)

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 [July 1, 2025] to [June 30, 2026.]

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.

**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.**

**F. Other Application Requirements:**

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

Attach in GMIS the ODH SFY2026 Comprehensive Genetic Center Work Plan and Reporting Form (**ATTACHMENT 1**)  
Attach in GMIS the Certification Form That Appropriations Are Not Used for Counseling or Referral for Abortion (**ATTACHMENT 2**).

Attach in GMIS the SFY2026 Comprehensive Genetic Center Grant Project Deliverables and Staff Contact Information Form (**ATTACHMENT 3**)

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 Genetics Services]

**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. [1) Required Newborn Screening clinical care coordination data must be reported on the ODH SFY2026 Comprehensive Genetic Center Newborn Screening Clinical Care Coordination Form (**ATTACHMENT 4**) quarterly. 2) Required aggregate data must be reported on the ODH SFY2026 Comprehensive Genetics Center Work Plan and Aggregate Data Reporting Form (**ATTACHMENT 1**). The Mid-Year Performance Report is due by January 10, 2026, and the Year-End Performance Report is due by July 10, 2026. 3) Required results of the Community Engagement plan must be reported on ODH SFY2026 Comprehensive Genetic Center Community Engagement Plan Results Form (**ATTACHMENT 5**) and submitted by April 10, 2026.]

**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.

Data required to be reported but NOT via GMIS: 1) Clinical data on patient encounters related to disorders on the newborn bloodspot screening panel are required to be entered into the Newborn Screening Clinical Follow-Up Database (NBSCFUD) within one month of the encounter; 2) Clinical data on patient encounters related to hearing loss are required to be entered into the Newborn Screening Clinical Follow-Up Database (NBSCFUD) within one month of the encounter; 3) Education event data are required to be entered into the Genetics Education Event Database (GEED) within one month after each event; 4) Birth defect children dispositions are required in the Ohio Connections for Children with Special Needs (OCCSN) data system; 5) Adult Cancer Registry Data must be reported on the ODH SFY2026 Adult Cancer Registry Project Report Form (**ATTACHMENT 6**) only if the subrecipient is



participating in the Adult Cancer Registry Project (optional activity, Deliverable 9) and submitted to Program by secure email; 6) Pediatric Cancer Registry Data must be reported on the ODH SFY2026 Pediatric Cancer Registry Project Report Form (**ATTACHMENT 7**) only if the subrecipient is participating in the Pediatric Cancer Registry Project (optional activity, Deliverable 10) and submitted to Program by secure email

X Program Reports Required

\_\_\_\_\_ No Program Reports Required

Period	Report Due Date
July 1 – September 30, 2025 (Clinical Care Coordination in Quarter 1, Attachment 4)	October 10, 2025, in <b>GMIS</b>
October 1 – December 31, 2025 (Clinical Care Coordination in Quarter 2, Attachment 4)	January 10, 2026, in <b>GMIS</b>
January 1 – March 31, 2026 (Clinical Care Coordination in Quarter 3, Attachment 4)	April 10, 2026, in <b>GMIS</b>
April 1 – June 30, 2026 (Clinical Care Coordination in Quarter 4, Attachment 4)	July 10, 2026, in <b>GMIS</b>
July 1 – December 31, 2025 (Mid-Year Report, Attachment 1)	January 10, 2026, in <b>GMIS</b>
January 1 – June 30, 2026 (Year-End Report, Attachment 1)	July 10, 2026, in <b>GMIS</b>
January 1 - December 31, 2024 (Adult Cancer Registry Data, Attachment 6)	July 10, 2026, by <b>secure email to Program</b>
January 1 - December 31, 2024 (Pediatric Cancer Registry Data, Attachment 7)	July 10, 2026, by <b>secure email to Program</b>
Community Engagement Plan results (Attachment 5)	April 10, 2026, in <b>GMIS</b>
Clinical genetics patient encounters related to disorders on the newborn bloodspot screening panel	1 month of the encounter in <b>NBSCFUD</b>
Clinical genetics patient encounters related to hearing loss	1 month of the encounter in <b>NBSCFUD</b>
Genetics Education Events	1 month of the event in <b>GEED</b>
Birth Defect Case Dispositions	Case dispositions in <b>OCCSN</b>

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

Period	Report Due Date
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 – 28, 2026	March 10, 2026
March 1 – 31, 2026	April 10, 2026

April 1 – 30, 2026	May 10, 2026
May 1 – 31, 2026	June 10, 2026
June 1 – 30, 2026	July 10, 2026

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

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

**Note:** Obligations not reported on 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 [(August 5, 2026 — 5<sup>th</sup> day of 2<sup>nd</sup> month after a grant period ends).] 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 - *due by email to [Grant.Support@odh.ohio.gov](mailto:Grant.Support@odh.ohio.gov) by January 15, 2025*
- B. B1 Deliverable — Objective Descriptions  
B2 Deliverable — Objective Allocations
- C. Evidence of Health Equity Strategies Checklist

## ATTACHMENTS

*Required forms in a fillable format will be provided to potential applicants who submitted Notice Of Intent to Apply for Funding (NOIAF)*

ATTACHMENT 1. ODH SFY2026 Comprehensive Genetics Center Work Plan and Aggregate Data Reporting Form - *due in GMIS with this application - at the time of application only the projected goals column to be completed.*

ATTACHMENT 2. ODH SFY2026 Certification That Appropriations Are Not Used For Counseling or Referral for Abortion - *due in GMIS with this application.*

ATTACHMENT 3. ODH SFY2026 Comprehensive Genetics Center Grant Program Deliverables and Staff Contact Information Form - *due in GMIS with this application.*

ATTACHMENT 4. ODH SFY2026 Comprehensive Genetic Center Newborn Screening Clinical Care Coordination Form - *not required at the time of application, to be uploaded in GMIS under Program reports every quarter.*

ATTACHMENT 5. ODH SFY2026 Comprehensive Genetic Center Community Engagement Plan Results Form - *not required at the*

*time of application, to be uploaded in GMIS under Program reports by April 10, 2026.*

ATTACHMENT 6. ODH SFY2026 Adult Cancer Registry Project Report Form - *not required at the time of application, to be submitted together with the last expenditure report if the applicant is participating in Deliverable 9, which is optional deliverable.*

ATTACHMENT 7. ODH SFY2026 Pediatric Cancer Registry Project Report Form - *not required at the time of application, to be submitted together with the last expenditure report if the applicant is participating in Deliverable 10, which is optional deliverable.*

ATTACHMENT 8. ODH SFY2026 Deliverables Reimbursement Form - *not required at the time of application, to be submitted together with each expenditure report.*

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## Appendix A

### Submission Required

CONTINUATION SOLICITATION  
REIMBURSEMENT TYPE FORM

See due date below

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

*ODH Program Title:*  
Genetics Services (GS26)

**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 [January 15, 2025]

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

## Appendix B1

### Appendix B1

**Name of Subgrantee Program: Genetics Services**

**Budget Period: July 1, 2025 – June 30, 2026**

**# of Deliverables: 11**

**Use Budget Justification Scenario#: 1**

#### **\_X\_ Deliverables Only**

#### **Deliverable 1: Ensure genetic services are available to Ohioans.**

By June 30, 2026, the Comprehensive Genetic Center will ensure that genetic services are available to Ohioans through the provision of clinical genetic services and consultations staffed by genetics professionals throughout the funding year. Reimbursement for this deliverable is not to exceed the annual amounts in the table below:

Comprehensive Genetic Center	Maximum Reimbursement
Cincinnati	\$ 132,338
Dayton	\$ 77,490
Toledo	\$ 74,090
Columbus	\$ 164,730
Cleveland – MetroHealth	\$ 79,280
Cleveland – UH Hospitals	\$ 82,555
Cleveland – Cleveland Clinic	\$ 54,520
Akron	\$ 189,870

#### **Deliverable 2: Newborn bloodspot screening follow-up and clinical management**

By June 30, 2026, the Comprehensive Genetic Center will provide genetics evaluation, newborn bloodspot screening follow-up services, treatment, and ongoing clinical management to Ohioans with, or suspected to have disorders on Ohio's newborn bloodspot screening panel. All encounters for patients of all ages with disorders on Ohio's newborn bloodspot screening panel or confirmed hearing loss up to 3-years old shall be reported in the MCHIDS/Genetics data system within 30 days of the encounter. Reimbursement for this deliverable is \$250 per unique patient (unduplicated). Total reimbursement for this deliverable is not to exceed the annual amounts in the table below:

Comprehensive Genetic Center	Maximum Reimbursement (# unduplicated patients w/NBS disorders x \$250)
Cincinnati	\$ 40,000
Dayton	\$ 32,500
Toledo	\$ 15,000
Columbus	\$ 130,000

Cleveland – MetroHealth	\$ 7,500
Cleveland – UH Hospitals	\$ 36,250
Cleveland – Cleveland Clinic	\$ 8,750
Akron	\$ 67,500

**Deliverable 3: Communicating of newborn screening results (critical and non-critical values) and coordinating follow-up services.**

By June 30, 2026, the Comprehensive Genetic Center will communicate abnormal NBS results with primary care providers and guardians where appropriate and assure follow-up services are coordinated to Ohioans with or suspected to have disorders on Ohio’s newborn bloodspot screening panel. All cases shall be reported in an aggregate format quarterly. Total reimbursement for the deliverable is not to exceed \$5,000 per Comprehensive Genetic Center.

**Deliverable 4: Serving Ohioans throughout the lifespan**

By June 30, 2026, the Comprehensive Genetic Center will provide genetics evaluation, treatment, counseling and ongoing clinical management to Ohioans with, or suspected to have genetic diseases, genetic trait, congenital anomalies, and heritable disorders. Aggregate data for patients of all ages seen as part of the Comprehensive Genetic Center (including patients seen in specialty clinics, and for cancer genetics, prenatal/preconception genetics, cardiovascular genetics) shall be reported twice per year (January 2026 and July 2026) as part of the ODH SFY2026 Comprehensive Genetics Center Work Plan and Aggregate Data Reporting Form. Reimbursement for this deliverable is \$10 per unique (unduplicated) patient, reported in the category “Overall # of Unduplicated/Unique patients served through the Genetic Center” of the ODH SFY2026 Comprehensive Genetics Center Work Plan and Aggregate Data Reporting Form. Total reimbursement for this deliverable is not to exceed the annual amounts in the table below:

Comprehensive Genetic Center	Maximum Reimbursement (# unduplicated patients x \$10)
Cincinnati	\$ 70,350
Dayton	\$ 40,600
Toledo	\$ 18,690
Columbus	\$ 115,340
Cleveland – MetroHealth	\$ 22,380
Cleveland – UH Hospitals	\$ 51,300
Cleveland – Cleveland Clinic	\$ 88,280
Akron	\$ 53,940

**Deliverable 5: Birth defects case confirmation**

By June 30, 2026, the Comprehensive Genetic Center will conduct medical record reviews as part of the Ohio Connections for Children with Special Needs (OCCSN) birth defects surveillance system case confirmation process. Appropriate genetic center staff will access their work list from the OCCSN system and report results in the OCCSN case confirmation screen. Reimbursement for this deliverable is \$60 per dispositioned case/child. Total reimbursement for this deliverable is not to exceed the annual amounts in the table below:

Comprehensive Genetic Center	Maximum Reimbursement
Cincinnati	\$ 40,740

Dayton	\$ 8,880
Toledo	\$ 2,400
Columbus	\$ 36,120
Cleveland – MetroHealth	\$ 11,460
Cleveland – UH Hospitals	\$ 4,560
Cleveland – Cleveland Clinic	\$ 10,800
Akron	\$ 20,460

#### **Deliverable 6: Genetics Education Events and Reporting**

By June 30, 2026, the Comprehensive Genetic Center will assure that health professionals, and the general public are educated about genetic disorders. Educational resources developed for the general public should be culturally and linguistically appropriate and accessible to people with disabilities. The Comprehensive Genetic Center will present educational information in various formats throughout the catchment area. Reimbursement for this deliverable is \$500 per event. This includes the time spent developing presentations, travel to education sites, presenting the information, materials provided, any follow-up from the event and reporting the event in the MCHIDS/Genetics Education Event data system within 30 days of the event.

Total reimbursement for the deliverable is not to exceed the amounts in the table below:

Comprehensive Genetic Center	Maximum Reimbursement
Cincinnati	\$ 15,000
Dayton	\$ 50,000
Toledo	\$ 15,000
Columbus	\$ 25,000
Cleveland – MetroHealth	\$ 15,000
Cleveland – UH Hospitals	\$ 50,000
Cleveland – Cleveland Clinic	\$ 25,000
Akron	\$ 25,000

#### **Deliverable 7: Participation in Public Health Workgroups**

By June 30, 2026, each Comprehensive Genetic Center will participate in councils, committees or workgroups as requested by ODH. These include but are not limited to the Ohio Newborn Screening Advisory Council; Ohio Cancer Genetics Network; Ohio Partners for Cancer Control; Medical Advisory Council; Infant Hearing Screening Subcommittee; Fetal Alcohol Spectrum Disorders State Steering Committee; etc. Total reimbursement for the deliverable is not to exceed \$5,000 per Comprehensive Genetic Center.

#### **Deliverable 8: Subrecipient communication with ODH**

By June 30, 2026, each Comprehensive Genetic Center will participate in at least 2 meetings with ODH to discuss Comprehensive Genetic Center issues, data, grants, etc. The formats of the meetings may be conference calls; video conferences and/or face to face meetings. Total reimbursement for the deliverable is not to exceed \$1,000 per Comprehensive Genetic Center.

### **Deliverable 9: Participation in the Adult Cancer Registry Project**

This is an optional deliverable. Genetic Centers can choose to apply or not to apply for this deliverable. To meet this deliverable the Comprehensive Genetic Center will collect and report data on what percentage of cancer patients with certain tumor types (as defined in the IRB protocol) seen in their hospital and meeting the criteria for cancer risk assessment, received cancer genetic services. The data is to be reported on the ODH SFY2026 Adult Cancer Registry Data Reporting Form containing data for the calendar 2024 and submitted by email to Program by July 10, 2026. Total reimbursement for the deliverable is not to exceed \$5,000 per Comprehensive Genetic Center.

### **Deliverable 10: Participation in the Pediatric Cancer Registry Project**

This is an optional deliverable. Genetic Centers can choose to apply or not to apply for this deliverable. To meet this deliverable the Comprehensive Genetic Center will collect and report data on what percentage of pediatric cancer patients with certain tumor types, as defined by the pediatric cancer genetics group in the previous funding year, seen in their hospital, received cancer genetic services. The data is to be reported on the ODH SFY2026 Pediatric Cancer Registry Data Reporting Form containing data for the calendar 2024 and submitted by email to Program by July 10, 2026. Total reimbursement for the deliverable is not to exceed \$5,000 per Comprehensive Genetic Center.

### **Deliverable 11: Community Engagement Plan Results**

By April 10, 2026, the Comprehensive Genetic Center will implement identified Community Engagement activities in one area of improvement as selected and planned in the previous funding year. The results shall be reported on the ODH SFY2026 Comprehensive Genetic Center Community Engagement Plan Results Form. Total reimbursement for the deliverable is not to exceed \$2,000 per Comprehensive Genetic Center.



## Appendix B2

<input type="checkbox"/> Base Only												
<input type="checkbox"/> Base and Deliverables												
<input checked="" type="checkbox"/> X Deliverables Only												
	Deliverable 1 - Availability of genetic services to Ohioans	Deliverable 2 - NBS follow-up and clinical management	Deliverable 3 - NBS communication of results and clinical care coordination	Deliverable 4 - Serving Ohioans throughout the lifespan	Deliverable 5 - Birth defects case confirmation	Deliverable 6 - Genetics Education Events	Deliverable 7 - Public Health Workgroups	Deliverable 8 - Communication with ODH	Deliverable 9 - Participation in the Adult Cancer Registry Project	Deliverable 10 - Participation in the Pediatric Cancer Registry Project	Deliverable 11 - Community Engagement Plan Results	Total
Cincinnati Children's Hospital Medical Center	132,338	40,000	5,000	70,350	40,740	15,000	5,000	1,000	5,000	5,000	2,000	321,428
Dayton Children's Hospital	77,490	32,500	5,000	40,600	8,880	50,000	5,000	1,000	5,000	5,000	2,000	232,470
Toledo Hospital	74,090	15,000	5,000	18,690	2,400	15,000	5,000	1,000	5,000	5,000	2,000	148,180
The Research Institute of Nationwide Children's Hospital	164,730	130,000	5,000	115,340	36,120	25,000	5,000	1,000	5,000	5,000	2,000	494,190
MetroHealth System	79,280	7,500	5,000	22,380	11,460	15,000	5,000	1,000	5,000	5,000	2,000	158,620
University Hospitals Cleveland Medical Center	82,555	36,250	5,000	51,300	4,560	50,000	5,000	1,000	5,000	5,000	2,000	247,665
Cleveland Clinic Foundation	54,520	8,750	5,000	88,280	10,800	25,000	5,000	1,000	5,000	5,000	2,000	210,350
Children's Hospital Medical Center - Akron	189,870	67,500	5,000	53,940	20,460	25,000	5,000	1,000	5,000	5,000	2,000	379,770
<b>Total</b>	<b>854,873</b>	<b>337,500</b>	<b>40,000</b>	<b>460,880</b>	<b>135,420</b>	<b>220,000</b>	<b>40,000</b>	<b>8,000</b>	<b>40,000</b>	<b>40,000</b>	<b>16,000</b>	<b>2,192,673</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.

*[Note to Program: These requirements and best practices should be tied to deliverables and review criteria when possible and appropriate.]*

## ATTACHMENT 1

<b>ODH SFY2026 Comprehensive Genetic Center Work Plan and Aggregate Data Reporting Form - (Insert Center Name)</b> <b>(July 1, 2025 through June 30, 2026)</b>					
Indicators/Performance Measures	PROJECTED GOALS	Reporting Period		Total Outcomes	Comments (elaborate on accomplishments or explain why proposed objectives were not met)
		MID YEAR REPORT (7/1/2025-12/31/2025)	YEAR END REPORT (1/1/2026-6/30/2026)		
Scope of Genetic Center Services					
Overall # of patient encounters served through the Genetic Center	0	0	0	0	
Overall # of *Unduplicated/Unique patients served through the Genetic Center	0	0	0	0	
Overall # of *Unduplicated/Unique Infants < 1 year of age served through the Genetic Center	0	0	0	0	
Overall # of *Unduplicated/Unique Children 1 through 21 years of age served through the Genetic Center	0	0	0	0	
Overall # of *Unduplicated/Unique Adults 22 years and older served through the Genetic Center	0	0	0	0	
Portion Receiving Prenatal/Preconception Counseling Services					
Overall # of *Unduplicated/Unique Prenatal clinic patients served	0	0	0	0	
Overall # of *Unduplicated/Unique Preconception clinic patients served	0	0	0	0	
Portion Receiving Genomics Services					
Overall # of *Unduplicated/Unique patients with or at risk for Cancer Genomics related diagnoses who were served	0	0	0	0	
Overall # of *Unduplicated/Unique patients with or at risk for Cardiovascular Genomics related diagnoses who were served	0	0	0	0	
Portion Receiving Evaluation Services for FASD					
Overall # of *Unduplicated/Unique patients with or at risk for FASD who were served	0	0	0	0	

Name of the Preparer of this Plan/Form: \_\_\_\_\_ Date: \_\_\_\_\_

ODH Grant Number: \_\_\_\_\_

ODH Program: Genetics Services

### DEFINITIONS:

\* unduplicated = all new patients and any return patients not previously seen in this SFY

### COLOR KEY:

Insert Genetic Center Name at top of the table and projected Goals numbers and **submit with grant application** for upcoming grant year. Keep the numbers in the green column in Mid-Year and End-Year Reports

Insert Genetic Center data from 1st half of current grant year for **Mid-Year Report**

Inserts Genetic Center data from 2nd half of current grant year for **Year-End Report**

Insert Genetic Center running record of **dated** comments (in black font) with grant application and **for each reporting period** during the current grant year. (NOTE: ODH comments are inserted in red font - DO NOT ALTER)

**auto calculation cells - DO NOT ALTER**

ATTACHMENT 2

**Ohio Department of Health  
SFY2026**

**Certification That Appropriations Are Not Used For Counseling or Referral for Abortion**

By signing and dating this document, \_\_\_\_\_  
(name of organization)

certifies that it will comply with Ohio Revised Code 3701.511 which requires that none of the funds appropriated to administer the programs authorized by sub. H.B. 370.501 and 370.502 of the Ohio Revised Code shall be used to counsel or refer for abortion, except in the case of a medical emergency.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Date)

**SFY2026 Genetics Program Deliverables & Staff Contact Information Form**

Name of Genetic Center: \_\_\_\_\_ Project Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Deliverables	Name(s) of Staff Responsible	Profession	Telephone Number	Email Address
1) Ensure genetic services are available to Ohioans.				
2) Newborn bloodspot screening follow-up and clinical management.				
3) Communicating of newborn screening results (panic and non-panic values) and coordinating follow-up services.				
4) Serving Ohioans throughout the lifespan.				
5) Birth defects case confirmation.				
6) Genetics Education Events and Reporting.				
7) Participation in Public Health Workgroups.				
8) Subrecipient communication with ODH.				
9) Participation in the Adult Cancer Registry Project.				
10) Participation in the Pediatric Cancer Registry Project.				
11) Community Engagement Plan results.				

# ATTACHMENT 4

ODH SFY2026 Comprehensive Genetics Center Newborn Screening Clinical Care Coordination Form - (Insert Center Name) (Insert Start and End of Report period of the Form)

Instructions: Complete this form every quarter for the periods July-September, October-December, January-March, April-June.

Abnormal analyte	Number of "Critical "PANIC" RISK cases received	Number of "Critical "PANIC" RISK cases communicated with primary care providers and for which care was coordinated	Number of non-critical value cases received	Number of non-critical value cases communicated with primary care providers and for which care was coordinated	Number of cases reported to the lab (Closed cases)
ARG					
CIT					
LEU					
MET					
PHE					
SUAC					
TYR					
C0					
C8					
C14:1					
C16					
C16OH					
C26:0					
C3					
C5					
C5DC					
C5OH					
17OHP					
TSH / T4					
HGB					
GAA					
GALC					
IDUA					
BIO					
GALT / GAO					
IRT / CFTR					
TREC					
SMN1					
CKMM					

## \*Critical "PANIC" value analytes:

CIT >= 130 µmol/L
LEU >= 500
C8 >= 1.2 µmol/L
C14:1 >= 1.3 µmol/L
C16 >= 20 µmol/L
C16OH >= 0.25 µmol/L
C3 >= 13.5 µmol/L or C3/C2 >= 0.5
C5 >= 2.6 & NICU=No or C5> 6.8 µmol/L
C5DC >= 5 µmol/L
C5OH >= 1.5 µmol/L
17OHP >= 240ng/mL S & Wt <1500 or Unknown
17OHP >= 180 ng/mL S & Wt 1501-2000g
17OHP >= 130 ng/mL S & Wt 2001-2500g
17OHP >= 80 ng/mL S & Wt > 2500g
TSH >= 100 µU/mL S & Age >24 hrs
GALT <= 1.0 U/gHb or
GALT <= 2.0 U/gHb and GAO > 20

Name of the Preparer of this Plan/Form: \_\_\_\_\_

ODH Grant Number: \_\_\_\_\_

ODH Program: Genetics Services

Date: \_\_\_\_\_

ATTACHMENT 5

ODH SFY2026 Comprehensive Genetic Center Community Engagement Plan Results Form

Deliverable 11: Community Engagement Plan Results		
Area of Improvement:		
ACTIVITIES	METHOD OF EVALUATION	OUTCOMES



## ATTACHMENT 6

<b>ODH SFY2026 Cancer Registry Project Data Report Form – (Insert Center Name)</b>							
<b>Data period</b>	<b>Referral Indication</b>	<b>Total Number of Patients</b>	<b># Referred to Genetics</b>	<b>% Referred to Genetics</b>	<b># Seen by Genetics</b>	<b>% Total Seen by Genetics</b>	<b>% Referred Seen by Genetics</b>
2024	Female breast cancer, age 18-50  <u>Ancestry</u> White/Non-Hispanic White/Hispanic NOS White/Puerto Rican Mexican Other NOS/Hispanic Other NOS/Non-Hispanic Black/Non-Hispanic Asian Indian/Non-Hispanic Chinese/Non-Hispanic Korean/Non-Hispanic Laotian/Non-Hispanic Vietnamese/Non-Hispanic Asian NOS/Non-Hispanic Other (Please specify)  <u>Zip Code/SES</u> Distressed At-Risk Mid-Tier Comfortable Prosperous Unknown						
2024	Female triple negative breast cancer, age 51 and greater  <u>Ancestry</u> White/Non-Hispanic White/Hispanic NOS White/Puerto Rican Mexican Other NOS/Hispanic Other NOS/Non-Hispanic Black/Non-Hispanic						

	Asian Indian/Non-Hispanic Chinese/Non-Hispanic Korean/Non-Hispanic Laotian/Non-Hispanic Vietnamese/Non-Hispanic Asian NOS/Non-Hispanic Other (Please specify)  <u>Zip Code/SES</u> Distressed At-Risk Mid-Tier Comfortable Prosperous Unknown						
2024	Exocrine pancreatic cancer at age 18 or greater						
2024	High- or very-high risk group prostate cancer at age 18 or greater						
2024	Renal Cell Carcinoma (RCC) diagnosed from ages 18-46 years						
2024	<i>*Bilateral or multifocal RCC at age 47 and greater</i>						
2024	<i>*RCC with FH-deficient tumor histology at age 47 or greater</i>						
2024	<i>*RCC with SDH-deficient tumor histology at age 47 or greater</i>						

***\*Reporting of data for this category is optional.***

ATTACHMENT 7

ODH SFY2026 Pediatric Cancer Registry Project Data Report Form – (Insert Center Name)							
Data period	Tumor Type	Total Number of Patients	# Referred to Genetics	% Referred to Genetics	# Seen by Genetics	% Total Seen by Genetics	% Referred Seen by Genetics
2024	Retinoblastoma						
2024	Osteosarcoma						
2024	Paraganglioma/Pheochromocytoma						
2024	Hepatoblastoma						

## ATTACHMENT 8

### DELIVERABLES REIMBURSEMENT FORM

**Instructions:** Complete this form for reimbursement for each deliverable the Comprehensive Genetic Center implemented and/or participated in during the reporting quarter. Submit the form together with the Expenditure Report in GMIS under the Expenditure Report Comments section. Reimbursement forms must be signed and dated prior to submission.

<b>Agency (as listed in GMIS)</b>	<b>GMIS Project #</b>
<b>Submission Date</b>	<b>Reporting Quarter</b>

TO BE COMPLETED BY SUBGRANTEE	
Deliverable	Amount Requested
1 - Ensure genetic services are available to Ohioans  ____ Number of Geneticists providing genetic services for the reporting quarter  ____ Number of Genetic Counselors providing genetic services for the reporting quarter	
2 - Newborn bloodspot screening follow-up and clinical management	
3 - Communicating of newborn screening results (critical and non-critical) and coordinating follow-up services	
4 - Serving Ohioans throughout the lifespan ( <i>January and July only</i> )	
5 - Birth defects case confirmation	
6 – Genetics Education Events and Reporting	
7 – Public Health Workgroups  Newborn Screening Advisory Council:  _____ Ohio Cancer Genetics Network:  _____ Ohio Partners for Cancer Control:  _____ Medical Advisory Council:  _____	

Infant Hearing Screening Subcommittee:  Ohio Fetal Alcohol Spectrum Disorders Steering Committee:  Other:  	
8 - Subrecipient communication with ODH	
9 - Participation in the Adult Cancer Registry Project <i>(July only)</i>	
10 - Participation in the Pediatric Cancer Registry Project <i>(July only)</i>	
11 - Community Engagement Plan Results <i>(April only)</i>	
<b>Total - Reporting Quarter</b>	

I certify that the Comprehensive Genetic Center implemented and/or participated in each Deliverable as listed above.

_____ <b>Printed Name (Required)</b>	_____ <b>Signature (Required)</b>	_____ <b>Date (Required)</b>
---	--------------------------------------	---------------------------------

**INSTRUCTIONS FOR ODH VALIDATION OF DELIVERABLES  
AND  
SUBMITTING DELIVERABLES REIMBURSEMENT FORM**

**DELIVERABLE:**

**1- Ensure genetic services are available to Ohioans**

Amount available: Varies between Comprehensive Genetic centers. Please refer to the solicitation request for the maximum amount for your center.

Please use the empty spaces in the form to enter the number of geneticists and the number of genetic counselors providing genetic services for the reporting period.

**2- Newborn bloodspot screening follow-up and clinical management**

Amount available: \$250 per unique patient (unduplicated). Maximum reimbursement varies between Comprehensive Genetic centers. Please refer to the solicitation request for the maximum amount for your center.

To measure this deliverable, Boriana Zaharieva, Genetics Program Coordinator, will run a report in the Genetics Data System of Number of Patients and Encounters for each center for the reporting period. The report will be run on the 1<sup>st</sup> of the month, following the quarter, for the periods: 1<sup>st</sup> quarter – 6/1/2025 – 8/31/2025; 2<sup>nd</sup> quarter – 9/1/2025 – 11/30/2025; 3<sup>rd</sup> quarter – 12/1/2025 – 2/29/2026; 4<sup>th</sup> quarter – 3/1/2026 – 5/31/2026. For example, on October 1<sup>st</sup>, the report will be run to obtain the numbers of patients seen from June 1<sup>st</sup> to August 31<sup>st</sup> and reported no later than September 30<sup>th</sup>. This will be the documentation that your genetic center served and entered patients into the Genetic Data system within 30 days of the encounter.

The report will be emailed to the genetic centers, so they know for how many patients to bill.

**3- Communicating of newborn screening results (critical and non-critical values) and coordinating follow-up services**

Amount available: \$1,250 per quarter per genetic center (\$5,000 maximum per year).

Submission of the “ODH SFY2026 Comprehensive Genetics Center Newborn Screening Clinical Care Coordination Form” with aggregate numbers will be the documentation to release the funds for the quarterly deliverable requirement. The form is to be submitted every quarter.

**4- Serving Ohioans throughout the lifespan (January and July only)**

Amount available: \$10 per unique (unduplicated) patient, reported in the category “Overall # of Unduplicated/Unique patients served through the Genetic Center” of the ODH SFY2026 Comprehensive Genetics Center Work Plan and Aggregate Data Reporting Form. Maximum reimbursement varies between Comprehensive Genetic centers. Please refer to the solicitation request for the maximum amount for your center.

Submission of the “ODH SFY2026 Comprehensive Genetics Center Work Plan and Aggregate Data Reporting Form” with aggregate numbers for all genetics patient encounters will be the documentation to release the funds for the mid-year and year-end aggregate deliverable requirement. The form is to be submitted twice per year – by January 10<sup>th</sup>, 2026 and by July 10<sup>th</sup>, 2026.

## **5- Birth defects case confirmation**

Amount available: \$60 per unique dispositioned case/child. Maximum reimbursement varies between Comprehensive Genetic centers. Please refer to the solicitation request for the maximum amount for your center.

To measure this deliverable, Boriana Zaharieva, Genetics Program Coordinator, will run a report in the Genetics Data System OCCSN of Number of Children Dispositions for each center for the reporting period. The report will be emailed to the genetic centers, so they know for how many cases to bill. If a center has no cases in their queue for review, they will not receive any payment, but they will be able to move the funds to another deliverable with Program approval. To do this, the genetic centers will need to discuss the requested move of funds with Boriana Zaharieva prior to submitting budget revision in GMIS.

## **6- Genetic Education Events and Reporting**

Amount available: Up to \$500 per event. Maximum reimbursement varies between Comprehensive Genetic centers. Please refer to the solicitation request for the maximum amount for your center.

To measure this deliverable, Boriana Zaharieva, Genetics Program Coordinator, will run a report in the Genetics Data System of Number of Education Events for each center for the reporting period. The report will be run on the 1<sup>st</sup> of the month, following the quarter, for the periods: 1<sup>st</sup> quarter – 6/1/2025 – 8/31/2025; 2<sup>nd</sup> quarter – 9/1/2025 – 11/30/2025; 3<sup>rd</sup> quarter – 12/1/2025 – 2/29/2026; 4<sup>th</sup> quarter – 3/1/2026 – 5/31/2026. For example, on October 1<sup>st</sup>, the report will be run to obtain the numbers of events held from June 1<sup>st</sup> to August 31<sup>st</sup> and reported no later than September 30<sup>th</sup>. This will be the documentation that your genetic center held the events and entered them into the Genetic Data system within 30 days of the education event.

The report will be emailed to the genetic centers, so they know for how many events to bill.

## **7- Public Health Workgroups**

Amount available: \$1,250 per quarter per genetic center (\$5,000 maximum per year).

Please use the empty spaces in the form to enter the names of the active members of the different workgroups for the reporting period.

## **8- Subrecipient communication with ODH**

Amount available: \$500 per meeting per genetic center (1,000 maximum per year).

Video/conference calls or face to face meetings will occur bi-annually during state fiscal year 2026 (07/01/2025 – 06/30/2026). Each genetic center must have at least one representative on the call or meeting to receive reimbursement for this deliverable. Attendance will be taken on all calls/meetings.

## **9- Participation in the Adult Cancer Registry Project (July only)**

Amount available: \$5,000 maximum per year per genetic center.

Submission of the “ODH SFY2026 Adult Cancer Registry Data Reporting Form” containing data for the calendar 2024 will be the documentation to release the funds for this deliverable. The form is to be submitted once per year – by July 10th, 2026.

#### **10- Participation in the Pediatric Cancer Registry Project (July only)**

Amount available: \$5,000 maximum per year per genetic center.

Submission of the “ODH SFY2026 Pediatric Cancer Registry Data Reporting Form” containing data for the calendar 2024 will be the documentation to release the funds for this deliverable. The form is to be submitted once per year – by July 10th, 2026.

#### **11- Community Engagement Plan Results**

Amount available: \$2,000 maximum per year per genetic center.

Submission of the “ODH SFY2026 Comprehensive Genetic Center Community Engagement Plan Results Form” will be the documentation to release the funds for this deliverable. The form is to be submitted once per year – by April 10th, 2026.