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| **Deliverable 1: To improve the overall reproductive health and well-being of women and men.**  **Objective 1:** By March 31, 2025, 100% of clients will have received comprehensive reproductive health and wellness direct healthcare services per nationally recognized standards of care. | | | | | | |
| **Strategy** | | | **Activities** | **Evaluation Measures** | | |
| Ensure comprehensive reproductive health and wellness direct healthcare 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 a.m. to 4:30 p.m.). | Number of clients seen at appointment times are available outside of M-F 9 a.m.-4:30 p.m.  Documentation that 10% of appointment times are available outside of M-F 9 a.m.-4:30 p.m.  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 a.m.-4:30 p.m. | | |
| Promote provision of comprehensive primary healthcare services to make it easier for individuals to receive both primary healthcare and family planning services preferably in  the same location, or through nearby referral providers. | | | 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 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. | | |
| Increase health equity in reproductive health. | | | Complete and implement Culturally and Linguistically Appropriate Services (CLAS) plan for all 15 Standards.  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 Health Equity Action Plan (Standard 15) with application.  Upload progress (accomplishments) on CLAS and Health Equity Action Plan in GMIS with mid-year report (October 15, 2023), and final report (May 15, 2024).  Documentation of the policy and/or practice change uploaded in GMIS by Sunday, March 31, 2024. | | |
| **Optional:** Build or expand capacity to provide RHW services within the existing RHW agency or offsite location(s) to special populations or faith-based organizations.  **\*If providing this service, additional funding up to $10,000 may be provided mid-year based on the number of visits provided over the initial projected number.** | | | Provide clinical services to special populations, at specialty clinics, offsite clinics, or at faith-based organizations. | Agency reports on the number of clients served. Track these visits separate in Ahlers and on the Deliverable Reporting form. | | |
| **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. | | |
| **Deliverable 1: To improve the overall reproductive health and well-being of women and men.**  **Objective 2:** By March 31, 2025, 100% of subrecipients will conduct a systematic and coordinated approach in quality improvement to enhance outcomes for patients. | | | | | | |
| **Strategy** | | | **Activities** | **Evaluation** | | |
| 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 April 10, 2024.  Upload a completed QI Plan (Do, Study, Act Part 2 section) of the RHWP Quality Improvement Template (Appendix L) in GMIS by August 10, 2024.  Document performance measures with mid-year and final report. | | |
| **Deliverable 2: To support infrastructure and increase sustainability of Reproductive Health and Wellness services.**  **Objective 1:** By March 31, 2025, 100% of subrecipients will have implemented and maintain appropriate financial and billing procedures. | | | | | | |
| **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 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, 2025, 100% of subrecipients will have implemented and 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. | | | | EMR system is in place and is in compliance with Title X requirements. |
| **Deliverable 2: To support infrastructure and increase sustainability of Reproductive Health and Wellness services.**  **Objective 3:** By March 31, 2025, 100% of subrecipients will serve hard to reach and vulnerable populations utilizing various clinical service delivery modalities to increase access and remove barriers to care. | | | | | | |
| **Strategy** | | **Activities** | | | | **Evaluation Measures** |
| 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. |
| Provide and implement an outreach plan targeting to hard-to-reach and high need populations as reflected in their need’s assessment. | | Develop, implement, and evaluate a minimum of one outreach event. | | | | Upload Outreach Reporting Form (Appendix K) in GMIS with the expenditure report on the month claiming the event(s). |
| **OPTIONAL:** 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 * 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 form and tracker.  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. |

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| **Deliverable 3:** **To address causes of maternal mortality by improving preconception health.**  **Objective 1:** By March 31, 2025, 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. | Create 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).  Provide warm referrals to primary care or specialist for chronic disease management follow up care. | Upload referral list in GMIS by January 10, 2023, with the expenditure report.  Report number of preconception health referrals to primary care or specialist for chronic disease management follow up care. |
| Incorporate screening tools into all preconception health visits. | Adopt a preconception healthcare tool to prevent & promote, screen, and manage preconception health topics that should be addressed with every individual of reproductive age on an ongoing basis.  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 – [CEP Preconception Healthcare Tool](https://cep.health/media/uploaded/CEP_Preconception_Health_Care_Tool_Updated_2018.pdf) or [RHNTC Preconception Counseling Checklist](https://rhntc.org/sites/default/files/resources/rhntc_preconcptn_counsel_chklst_2021-02.pdf) or [RHNTC Preconception Health Screening and Counseling](https://rhntc.org/resources/family-planning-program-policy-and-procedures-preconception-health-screening-and) | Upload preconception health tool(s) in GMIS by January 10, 2023, with the expenditure report.  Report number of preconception health visits.  Report number of preconception health tools/screenings conducted. (Report the number of full assessments, not individual number of RLPs or BPs). |
|  | Offer opt-out STI testing with positive pregnancy tests.  Update clinical policy to reflect offering opt-out STI testing with positive pregnancy tests. | Report the number of STI tests offered with positive pregnancy tests.  Report the number of STI tests provided with positive pregnancy tests.  Statement reflecting status of policy. |
| Provide community education and screening events based on preconception health. | Host at least 4 community education sessions on topics such as healthy weight, diabetes, 5 A’s, folic acid, mental health, tobacco cessation, and/or diabetes. An evidence-based curriculum to use will be provided.  Hold at least 4 preconception health screening events. Recommend structuring these events to count as visits. Provide referrals as needed. | 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.  Report number of referrals provided at each screening event.  Report number of people reached, screened, visits (CVRs) provided at each screening event.  Report number of participants at each community educational class/event.  Report pretest and posttest results if applicable for educational sessions. |