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

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| Deliverable 3 | | | |
| **3.1:** By March 31, 2026, 100% of subrecipients will provide preconception health clinical services and promote awareness of preconception health in the community. | | | |
| **Total Amount Requested this Billing Period for Deliverable 3:** | | | |
| **Number of visits with POSITIVE pregnancy tests this period.** | **Number of visits with POSITIVE pregnancy tests that were offered STI testing.** | | **Number of visits with POSITIVE pregnancy test that REFUSED STI testing.** |
| **Number of visits with preconception health screening tool used this period.** | | **Number of preconception health referrals to primary care or specialist for chronic disease management this period.** | |
| **Number of community preconception health education sessions this period**  **using provided teaching curriculum and pre/posttest.**  (Must complete at least one of these between 4/1/25-3/31/26.) | | | |
| **Number of preconception health community screening events this period.** (Must complete at least one of these between 4/1/25-3/31/26.) | | | |
| **Other reimbursable preconception health purchases/activities this period** | | | |
| |  |  | | --- | --- | | Choose an item. |  | | **Other (please describe below)** |  | | | | |
| *Additional purchases for reimbursement (please list)* | | | |
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