



Department
of Health

Mike DeWine, Governor
Jon Husted, Lt. Governor

Bruce Vanderhoff, MD, MBA, Director

Date: April 5, 2023

To: Subrecipient Applicants

From: Dyane Gogan Turner, Chief, Bureau of Child and Family Health *DGT*

Subject: Preconception Health and Wellness (PW24) Competitive Solicitation

The Ohio Department of Health (ODH) Bureau of Child and Family Health announces the availability of the Preconception Health and Wellness (PHW) program competitive grant funds to comprehensively address issues of preconception and reproductive health and wellness with a focus on populations in greatest need and identified priorities. Funds will be available for applicants to ensure there is an organized effort to improve the overall health and well-being of women and men by promoting healthy lifestyles and encouraging the establishment of a reproductive life plan. Additionally, clinical health services, health screening events, and teaching sessions will be used to improve health status of people prior to conception and to reduce individual and environmental factors that may contribute to poor maternal or child outcomes.

All potential applicants are encouraged to attend a bidders' conference that will be held via teleconference/webinar on Monday May 1, 2023, from 3-4 p.m. The bidders conference will provide an opportunity for interested parties to learn more about the solicitation. Information regarding the time and instructions on accessing the webinar will be posted to the Reproductive Health and Wellness program (RHWP) webpage at <https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/reproductive-health-and-wellness-program/grant-information>.

All electronic applications and attachments are due by 4 p.m. on Monday June 5, 2023. 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 online grants management information system (GMIS). New staff requiring GMIS access 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 operation of the program until receipt of grant payments.

Submission of the competitive application constitutes acknowledgment and acceptance of ODH Grants Administration Policies and Procedures (OGAPP) manual rules 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 ODH website at <https://odh.ohio.gov/about-us/funding-opportunities/resources/grant-solicitations>. Allotments will be established in GMIS by ODH. Please refer to the GMIS bulletin board for current allotment percentage. If you have questions, please contact Katherine Dean via email at Katherine.Dean@odh.ohio.gov.



ADTS# _____

Competitive Solicitation Approval Document for Reproductive Health and Wellness Program's Preconception Health & Wellness

Special Note: ODH Staff Who Develop Solicitations

ODH subrecipient activities are expected to reflect a comprehensive approach to help overcome health disparities and create opportunities for all Ohioans to achieve their full health potential. ODH programs developing competitive or continuation solicitations are required to have the Office of Health Opportunity (OHO) review and approve prior to routing. It is highly recommended that program meet with their office's assigned health opportunity lead or with OHO for technical assistance during the development of the solicitation.

The health equity discussion has occurred, and the health equity components of this solicitation have been approved.

Danielle Graham

3/10/2023

Date

Assessments (please work with Office of Health Policy and Performance Improvement (OHPPI):

Does your solicitation require subrecipients to conduct/complete any type of assessment?

☐

Yes

☐

No

If yes, please work with OHPPI.

Office of Health Policy and Performance Improvement

Date

Office Approvals:

Dyane Gogan-Turner

3/22/23

Bureau/Office Chief

Date

Maurice Heriot

3/22/23

Program Fiscal Liaison

Date

Out-of-State Training/Conferences/Meetings:

Does your solicitation include mandatory out-of-state training, conferences, or meetings?

☐

Yes

☐

No

If yes, on which page of the solicitation is that information listed? _____

CART Approval:

CART approval

Date

Funding Source(s): Fund 3200 ALI 440601 Grant – DOHF17H23/24A Reporting DOH17H23/24A Fund 3920 ALI 440618 Grant – DOHF48P23A Reporting DOH48P23A _____

ALL APPLICATIONS MUST BE SUBMITTED ONLINE

OHIO DEPARTMENT OF HEALTH

Office Of the Medical Director
Bureau Of Child and Family Health

Reproductive Health and Wellness Program's
Preconception Health and Wellness
SOLICITATION FOR FISCAL YEAR 2025 (10/01/23 –
3/31/25)

Local Public Applicant Agencies Non-Profit Applicants

COMPETITIVE GRANT APPLICATION INFORMATION
100% Deliverable Funding

Revised 9/20/2021
For grant starts 7/1/2022 and thereafter

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I. APPLICATION SUMMARY and GUIDANCE

An application for an Ohio Department of Health (ODH) grant consists of a number of required components including an electronic portion submitted via the website “ODH Application Gateway” and various paper forms and attachments. All the required components of a specific application must be completed and submitted by the application due date. **If any of the required components are not submitted by the due date indicated in sections D, G, and R, the entire application will not be considered for review.**

This is a competitive solicitation; a Notice of Intent to Apply for Funding (NOIAF – Appendix A) must be submitted by May 3, 2023 so access to the application via the website “ODH Application Gateway” can be established.

NEW AGENCIES ONLY or if UPDATES are needed: For nonprofit agencies, the NOIAF must be accompanied by proof of non-profit status. Both nonprofit and local public agencies must submit proof of liability coverage. Potential applicants and current 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 website at <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.

The application summary information is provided to assist your agency in identifying funding criteria:

A. Policy and Procedures: Uniform administration of all ODHODH grants is governed by ODHODHOGAPP manual and updates in policies that have been posted on the GMIS bulletin board. This manual and GMIS bulletin board policy updates must be followed to ensure adherence to the rules, regulations, and procedures for preparation of all subrecipient applications. The OGAPP manual is available on ODH website at <https://odh.ohio.gov/wps/portal/gov/odh/about-us/funding-opportunities/resources/grants-administrative-policies-and-procedures-ogapp-manual>.

Updates to policies and procedures can be found on the GMIS bulletin board.

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

Budget Justification Certification Language

- 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 with 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. Application Name: *Preconception Health and Wellness (PW24)*

- C. Purpose:** The purpose of RHWP in Ohio is to improve the overall health and well-being of people by promoting healthy lifestyles, reducing barriers, providing access, and encouraging the establishment of a reproductive life plan. The PHWP enhances the RHWP by incorporating additional clinical health services, health screening events, and teaching sessions to improve health status of people prior to conception and to reduce individual and environmental factors that may contribute to poor maternal or child outcomes.

A Title X key issue is increasing attention to the Centers for Disease Control and Prevention (CDC) screening recommendations for chlamydia and other STIs that have a potential long-term impact on fertility and pregnancy. Ohio chlamydia rate ranked 31st among all states, at 542.3, similar to the national rate of 539.9 (number of new cases of chlamydia per 100,000 population).¹

¹America's Health Rankings analysis of CDC, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention Atlas, United Health Foundation, AmericasHealthRankings.org, Accessed 2021.

- A. Qualified Applicants:** All applicants must be a local public or nonprofit agency. Applicant agencies must have the capacity to accept an electronic funds transfer (EFT). If an applicant agency needs GMIS access, then a GMIS access form must be submitted (Appendix B). The following criteria must be met for grant applications to be eligible for review:

1. Applicant does not owe funds to ODH and has repaid any funds due within 45 days of the invoice date.
2. Applicant has not been certified to the Attorney General's (AG) office.
3. Applicant has submitted application and all required attachments by **4 p.m. on Monday, June 5, 2023.**
4. Applicants may be current Reproductive Health and Wellness Program (RH24) subrecipients. If an applicant is awarded both the RH24 and PW24 grants, all award funds and visit reporting must be kept separate. The same visit may not count for both grants. All requirements for each grant must be met separately.
5. Applicants should have experience providing direct care clinical health services and must be able to provide a minimum of 200 clinical visits in the first year and an additional 100 by the end of 18 months.
 - Applicant or sub-applicant without established health clinic must be providing and reporting on reproductive health clinical visits by Monday, January 1, 2024. Applicant must meet the minimum requirement of 200 visits by Monday, September 30, 2024.
 - Applicant or sub-applicant with established health clinic must be providing and reporting on reproductive health clinical visits by Sunday, October 1, 2023.

To be considered for funding, the application must score at least 70% (116 of 166 points) on the Appendix D – Application Review Tool. If the application does not reach the minimum score, the application will be disqualified.

All applicants must have electronic policies and procedures by Sunday, December 31, 2023. The comprehensive review process includes electronically submitting all Title X policies and procedures, as well as the clinical protocol manual.

- B. Service Area:** Applicants shall clearly define the specific geographic area including county, zip codes(s), census tract(s), etc. and the specific population to be served with the grant funds provided. This grant shall not establish residency requirements for eligible patients. The RHWP service area includes all 88 counties in Ohio. Applicants are required to indicate the areas of service and explain how these areas were selected. Applicants are required to indicate other resources (e.g., health centers/clinics, hospitals, private practices) located within their service area or explain if there are none. If the applicant is a current RH24 subrecipient, the applicant must clearly explain how the additional visits and preconception health services will be achieved.

Applications to provide services to multiple counties will be accepted. Funding designated for a county must be spent for services provided in that county. Revenue generated must be applied to the program in the county which it is funded.

If other service providers in the applicant's county provide family planning services through Title X, the applicant must clearly define how their agency will be serving a different population and there is no duplication of effort within the county to be eligible for PW funding.

- C. Number of Grants and Funds Available:** The sources of funding for the PHW subrecipient program are both state and federal funds. Up to 20 grants of \$75,000 may be awarded for a total amount of \$1,500,000 for the first 18 months which includes funding from the Maternal and Child Health Block Grant (Title V), and The Population Research and Voluntary Family Planning Programs (Title X). Funding will be available in a deliverable format. Funding is divided into payment per deliverable and only the amount allotted to that deliverable may be spent on that specific deliverable. Eligible applicants may apply for a funding amount up to the amount stated in Appendix C2. Agencies may subcontract with other agencies to provide services. Agencies may collaborate with external partners on an application to provide services.

Eligible Award Amounts

For the first 18 months, each agency is eligible to apply for up to \$75,000. Up to 20 agencies will be awarded.

After the first 18 months, the funding will transition to match the Reproductive Health and Wellness Program grant. It will be based on the number of visits provided in year one and the need rank of the county. The need rank is determined by the following measures: female population, ages 13-44, by county; women ages 13-44 in need of publicly funded contraceptive services and supplies; rank community chlamydia rate; and Social Vulnerability Index (SVI). Variables used in the SVI are socioeconomic status, household composition and disability, minority status and language, and housing type and transportation. More information regarding the SVI is available at <https://www.atsdr.cdc.gov/placeandhealth/svi/index.html>.

Funding will be re-evaluated based on the funding formula and client visits with the continuation application. Beginning in year two, funding amounts for all sub-recipients may be re-evaluated mid-year, with a potential decrease or increase in funding based on the number of client visits provided in the first six months. Technical assistance will be provided to assist your program throughout the grant year.

Agencies that do not reach the annual minimum client visit requirement of 200, will be considered for funding at \$30,000 beginning in year two and must meet the following criteria:

- Submit work plan outlining how you will increase your client visit numbers with monthly updates attached in GMIS.
- Participate in quarterly technical assistance calls.

The requested annual funding must be consistent with the scope of services proposed and be reasonable and cost effective. Annual award amounts may be reduced for the remaining contract years if the subrecipient does not maintain the client volume on which the original award amount was based. The funding formula calculations may change at the discretion of RHWP.

In subsequent years, Fiscal Years 2025 through 2027, subrecipients must submit a non-competitive annual application. Each year continuing funding is contingent upon the following:

- Availability of funds .
- Accurate submission of reports.
- Approved program plan.
- Satisfactory progress toward completion of the current years' contract deliverables.
- Meeting family planning's minimum program requirements.
- Reporting requirements and meeting minimum number of required visits.

The PHW subrecipients will have to submit a continuation application in December 2024. The initial PHW grant is for 18 months, but each continuation will be for 12 months and will result in the grant cycle running from April 1 through March 31 each year. With the continuation, the PWH grant will align with the RH funding formula.

To assist agencies and build infrastructure, all funding in Deliverable 2 will be available in the first three months.

Applications to provide services to multiple counties will be accepted. Applicants may submit proposals to serve multiple counties and may apply for the sum of the funds available for each county to be served. A detailed budget

and budget narrative are required for each county. Dollars designated for a county must be spent for services in that county. Revenue generated must be applied to the program in the county in which it is funded.

Funding will be awarded in accordance with O.R.C.3701.033. Distribution of funds for family planning services which establishes the order of priority to be followed by ODH when distributing funds for providing family planning services.

No grant award will be issued for less than **\$30,000**. The minimum amount is exclusive of any required matching amounts and represents only ODH funds granted. Applications submitted for less than the minimum amount will not be considered for review.

- D. Due Date:** All parts of the application, including any required attachments, must be completed and received by ODH electronically via GMIS by **4 p.m. on Monday, June 5, 2023**. Applications and required attachments received after this deadline will not be considered for review.

Contact Katherine Dean at Katherine.Dean@odh.ohio.gov with any questions.

- E. Authorization:** Authorization of funds for this purpose is contained in the *Catalog of Federal Domestic Assistance (CFDA) Number 93.217, Section 3701.046, and the Maternal Health Services Block Grant (Title V, Social Security Act, as amended, Catalog of Federal Domestic Assistance Number 93.994)*.

F. Goals:

Goal 1: To improve the overall reproductive health and wellbeing of women and men.

- By Monday, March 31, 2025, 100% of clients will have received comprehensive reproductive health and wellness direct healthcare services per nationally recognized standards of care.
- By Monday, March 31, 2025, 100% of subrecipients will conduct a systematic and coordinated approach in quality improvement to enhance outcomes for patients.

Goal 2: To support infrastructure and increase sustainability of reproductive health and wellness services.

- By Monday, March 31, 2025, 100% of subrecipients will have implemented and maintained appropriate financial and billing procedures.
- By Monday, March 31, 2025, 100% of subrecipients will have implemented and utilized an EMR system.
- By Monday, 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.

Goal 3: To address causes of maternal mortality by improving preconception health.

- By Monday, March 31, 2025, 100% of subrecipients will provide preconception health clinical services and promote awareness of preconception health in the community.

Applicants should refer to the Title X program requirements at <https://opa.hhs.gov/grant-programs/title-x-service-grants/title-x-statutes-regulations-and-legislative-mandates>, which consist of the federal statutory and regulatory requirements that apply to the Title X program; [Title X Program Handbook](#), which set out U.S. Health and Human Services Office of Population Affairs' (OPA) longstanding expectations for the way in which Title X grantees and subrecipients should implement their projects; and Providing Quality Family Planning Services: Recommendations of CDC and OFP at <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.

These goals and objectives are to be accomplished by engaging in a focused, multidisciplinary, and collaborative approach to health improvement. This must be done in coordination with internal and external stakeholders, including, but not limited to, local public health agencies, community health centers, community-based organizations, faith-based organizations, private sector organizations, and other public health providers (e.g., correctional facilities, immigrant organizations, disability support services, homeless shelters and organizations that focus on adolescents) that serve populations that are disproportionately affected by poor health outcomes.

The [Community Wellbeing: Social Determinants of Health Dashboard](#) may be used as a resource to help identify the greatest areas for opportunity and to describe the community conditions to best provide client centered services.

The Title X Program has stated priorities for Fiscal Years 2022-2026. Title X is and should be the gold standard of high quality family planning and sexual and reproductive healthcare. Therefore, as stated in regulation, Title X projects must ensure that services are provided in a manner that is client-centered, culturally and linguistically appropriate, inclusive, and trauma-informed; protects the dignity of the individual; and ensures equitable and quality service delivery consistent with nationally recognized standards of care.

1. Advance Health Equity through the Delivery of Title X Services

- a. Health equity is when all persons have the opportunity to attain their full health potential, and no one is disadvantaged from achieving this potential because of social position or other socially determined circumstances. Advancing equity for all, including people from low income families, people of color, and others who have been historically underserved, marginalized, and adversely affected by persistent poverty and inequality, is a priority for HHS, OPA, and Title X. By focusing on advancing equity in Title X, we can create opportunities to support communities that have been historically underserved, which benefits everyone. Recipients are expected to ensure that the predominantly low income clients who rely on Title X services as their usual source of medical care have access to the same quality healthcare, including full medical information and referrals, that higher income clients and clients with private insurance are able to access. Key strategies for advancing equity include, but are not limited to, removing barriers to accessing services, improving the quality of services, and providing services that are client centered.

2. Expand Access

- a. Improving and expanding accessibility of services for all clients, especially low income clients, means providing client-centered services that are available when and where clients need them and can most effectively access them. Recipients are expected to implement their projects in ways that make services as accessible as possible for clients and are responsive to the diverse needs of the clients and communities served. This includes, but is not limited to, the location of services, hours of services, modality of service provision (e.g., in-person, telehealth, drive-thru, mobile clinics), availability of ancillary services such as translation services and referral linkages, robust education and community outreach, ensuring access to a broad range of acceptable and effective family planning methods and services at service sites, and implementing billing and payment practices that expand access to services.

3. Deliver High-Quality Care

- a. Title X recipients are expected to provide quality family planning services that are consistent with [Providing Quality Family Planning Services \(QFP\)](#) and other relevant nationally recognized standards of care. Quality healthcare is safe, effective, client-centered, timely, efficient, and equitable. Furthermore, client-centered care is respectful of, and responsive to, individual client preferences, needs, and values and where client values guide all clinical decisions. Recipients and their subrecipients are expected to have the capacity to support implementation of nationally recognized standards of care and provide initial and ongoing training and professional development for their staff on these standards.

All programs are to provide **core** direct reproductive health and wellness care using nationally recognized standards of care. Reproductive Health and Wellness Program **core** services include, but are not limited to the following:

- Discussion with clients about their reproductive life plan.
- A broad range of acceptable and effective family planning methods and services.
- The broad range of family planning services does not include abortion as a method of family planning.
- Pregnancy testing and counseling in accordance with the Title X regulations.
- Services centered around preconception health and achieving pregnancy, which should include:
 - o Basic infertility services.
 - o Sexually transmitted infection (STI) prevention education, screening, and treatment.
 - o HIV testing and referral for treatment when appropriate; and
 - o Screening for substance use disorders and referral when appropriate to help reduce adverse pregnancy- related outcomes and improve individuals' reproductive health generally.

Related preventive health services that are considered beneficial to reproductive health such as HPV vaccination, provision of HIV pre-exposure prophylaxis (PrEP), breast and cervical cancer screening, and screening for obesity, smoking, drug and alcohol use, mental health, and intimate partner violence.

All Agencies must:

- Have an EMR system in place and utilize no later than April 2024.
- Bill all applicable managed care and third-party insurances in service area.
- Provide at least one type of Long Active Reversible Contraception (LARC) onsite.
- Follow the Quality Family Planning (QFP) guidance.
- Have a certified application counselor (CAC)/navigator to help enroll clients into the Marketplace and a designated person to assist clients with enrollment into Medicaid. Number of clients assisted must be reported to RHWP.
- Offer appointment times outside of normal operating hours (Monday - Friday, 9 a.m. to 4:30 p.m.).
- Offer alternative methods of providing services (e.g., telehealth).
- Participate in all required Title X trainings.
- Conduct a health clinic that provides preconception and reproductive health clinical services to men and women.
- Provide a minimum of 16 Provider/Clinician clinic hours per month.
- Provide a minimum of 200 clinical visits per year with completed client visit record.
- Provide a minimum of one (1) outreach event and submit reporting form as instructed.
- Provide a minimum of one (1) quality improvement plan and submit reporting form as instructed.
- Offer opt-out sexually transmitted infection testing and treatment to positive pregnancy test clients and partners.
- Host at least four (4) preconception health educational sessions and four (4) community screening events.
- Collect and report on FPAR 2.0 data elements as required by Title X, including lab and pap results.

All applicants must address the reproductive and preconception health and wellness needs of individuals, families, and communities through outreach to hard-to-reach and/or vulnerable populations, including partnering with other community-based health and social service providers that provide needed services.

Applicants are required to provide assurance and documentation of collaboration so that programs and services are not overlapping with other programs serving the reproductive health and wellness population with similar approaches and other funding sources by offering different service time/date/product/ availability of professional reproductive health and wellness services more to working families and students so that clients do not choose between their health, work, or their education. The presence of more RH and PHW providers should be an asset to community which need the services if it collaborated in systematic way. Collaboration of the programs within the agency or even with other similar agencies and services will create more awareness in the community about the existence of the services, strengthen mutual service provision among the providers, give more choices for clients, and allow normal and healthy organizational computation to serve better and creates alliances in serving the community.

G. Program Period and Budget Period: The program period will begin October 1, 2023, and end on Wednesday, March 31, 2027. The budget period for this application is October 1, 2023, through Monday, March 31, 2025.

H. Public Health Accreditation Board (PHAB) Standard(s): Identify the PHAB standard that will be addressed by grant activities. [(An example is: This grant program will address PHAB standard 3.1: Provide Health Education and Health Promotion Policies, Programs, Processes, and Interventions to Support Prevention and Wellness. The PHAB standards are available at the following website:

http://www.phaboard.org/wp-content/uploads/PHABSM_WEB_LR1.pdf

I. Public Health Impact Statement: All applicant agencies that are not local health districts must communicate with local health districts regarding the impact of the proposed grant activities on the PHAB Standards.

1. Public Health Impact Statement Summary — Applicant agencies are required to submit a summary of the proposal to local health districts prior to submitting the grant application to ODH. The program summary, not to exceed one page, must include:

Public Health Accreditation Board (PHAB) Standard(s) to be addressed by grant activities. Please select from the following:

- **Standard 1.3:** Analyze Public Health Data to Identify Trends in Health Problems, Environmental Public Health Hazards, and Social and Economic Factors that Affect the Public's Health.
- **Standard 1.4:** Provide and Use the Results of Health Data Analysis to Develop Recommendations Regarding Public Health Policy, Processes, Programs, or Intervention.
- **Standard 2.2:** Contain/Mitigate Health Problems and Environmental Public Health Hazards.
- **Standard 3.2:** Provide Information on Public Health Issues and Public Health Functions Through Multiple Methods to a Variety of Audiences.
- **Standard 4.1:** Engage with the Public Health System and the Community in Identifying and Addressing Health Problems through Collaborative Processes.
- **Standard 10.2:** Promote Understanding and Use of the Current Body of Research Results, Evaluations, and Evidence-Based Practices with Appropriate Audiences.

The applicant must submit the above summary as part of the grant application to ODH. This will document that a written summary of the proposed activities was provided to the local health districts with a request for their support and/or comment about the activities as they relate to the PHAB Standards.

2. Public Health Impact Statement of Support — Include with the grant application a statement of support from the local health districts, if available. If a statement of support from the local health districts is not obtained, indicate that point when submitting the program summary with the grant application. If an applicant agency has a regional and/or statewide focus, a statement of support should be submitted from at least one local health district, if available.

3. Evidence of Health Equity Strategies

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.](#)
<https://www.healthypeople.gov/sites/default/files/TargetSettingReport-8-6-18%20FINAL.pdf>
- 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 toward eliminating disparities and achieving health equity and are not required, but highly encouraged.

- 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, local industries, businesses, universities, businesses, 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.

Understanding Health Disparities, Health Inequities, Social Determinants of Health and Health Equity: The following information is provided to explain key health equity concepts and terms.

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 and 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.

M. Human Trafficking: 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:
 1. At-risk population.
 2. Mental health population.
 3. Homeless population.
- b. Agency promotes the expansion of services to identify and serve those affected by human trafficking.

☒ X Applicable ☐ Not Applicable to Title X and Preconception Health

N. Appropriation Contingency: 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 in the event of a delay in grant payments.**

O. Programmatic, Technical Assistance and Authorization for Internet Submission: Initial authorization for online submission, for new agencies, will be granted after participation in the GMIS training session. All other agencies will receive their authorization after the posting of the Solicitation to ODH website and the receipt of the NOIAF. Please contact Katherine Dean at Katherine.Dean@odh.ohio.gov.

P. Acknowledgment: An Application Submitted status will appear in GMIS that acknowledges ODH system receipt of the application submission.

Q. Late Applications: GMIS automatically provides a time and date system for grant application submissions. Required attachments and/or forms sent electronically must be transmitted by **Monday, June 5, 2023 at 4 p.m.**

GMIS applications and required application attachments received late will not be considered for review.

- R. **Successful Applicants:** Successful applicants will receive official notification in the form of a Notice of Award (NOA). The NOA, issued over the signature of the Director of the Ohio Department of Health, allows for expenditure of grant funds.
- S. **Unsuccessful Applicants:** Within 30 days after a decision to disapprove or not fund a grant application, written notification, issued over the signature of the Director of Health, or his designee, shall be sent to the unsuccessful applicant.
- T. **Review Criteria:** All proposals will be judged on the quality, clarity and completeness of the application. Applications will be judged according to the extent to which the proposal:
1. Workplan and/or logic model demonstrate how activities reduce health disparities and inequities.
 2. Is responsive to policy concerns and program objectives of the initiative/program/activity for which grant dollars are being made available.
 3. Is well executed and is capable of attaining program objectives.
 4. Describe Specific, Measurable, Attainable, Realistic & Time-Phased (S.M.A.R.T.) objectives, activities, milestones and outcomes with respect to timelines and resources.
 5. Estimates reasonable cost to ODH, considering the anticipated results;
 6. Indicates that program personnel are well qualified by training and/or experience for their roles in the program and the applicant organization has adequate facilities and personnel reflect the communities served through grant funds;
 7. Provides an evaluation plan, including a design for determining program success and demonstrates that the community being served will be meaningfully engaged in formative and outcome evaluations;
 8. Is responsive to the special concerns and program priorities specified in the Solicitation;
 9. Has demonstrated acceptable past performance in areas related to programmatic and financial stewardship of grant funds;
 10. Has demonstrated compliance to OGAPP;
 11. Explicitly identifies specific groups in the service area who experience a disproportionate burden of the diseases; health condition(s); or who are at an increased risk for problems addressed by this funding opportunity; and,
 12. Describe activities which support the requirements outlined in sections I. thru M. of this Solicitation. The Review Form (Appendix D) is included to provide further details of scoring.

ODH will make the final determination and selection of successful/unsuccessful applicants and reserves the right to reject any or all applications for any given Solicitations; **There will be no appeal of the Department's decision.**

- U. **Freedom of Information Act:** The Freedom of Information Act (5 U.S.C.552) and the associated Public Information Regulations require the release of certain information regarding grants requested by any member of the public. The intended use of the information will not be a criterion for release. Grant applications and grant-related reports are generally available for inspection and copying except that information considered being an unwarranted invasion of personal privacy will not be disclosed. For guidance regarding specific funding sources, refer to: 45 CFR Part 5 for funds from the U.S. Department of Health and Human Service.
- V. **Ownership Copyright:** Any work produced under this grant, including any documents, data, photographs and negatives, electronic reports, records, software, source code, or other media, shall become the property of ODH, which shall have an unrestricted right to reproduce, distribute, modify, maintain, and use the work produced. If this grant is funded in whole, or in part, by the federal government, unless otherwise provided by the terms of that grant or by federal law, the federal funder also shall have an unrestricted right to reproduce, distribute, modify, maintain, and

use the work produced. No work produced under this grant shall include copyrighted matter without the prior written consent of the owner, except as may otherwise be allowed under federal law.

ODH must approve, in advance, the content of any work produced under this grant. All work must clearly state: “This work is funded either in whole or in part by a grant awarded by the Ohio Department of Health Bureau of Maternal, Child, and Family Health, Reproductive Health and Wellness Program and as a sub-award of a grant issued by U.S. Department of Health and Human Services Office of Population Affairs under the Title X grant, grant award number 5 FPHPA006458-03-00, and CFDA number CFDA 93.217.”

- W. **Reporting Requirements:** Successful applicants are required to submit subrecipient program and expenditure reports. Reports must adhere to the requirements of the OGAPP manual. Reports must be received in accordance with the requirements of the OGAPP manual and this solicitation; before the department will release any additional funds.

Note: Failure to ensure the quality of reporting by 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:** Subrecipients Program Reports must be completed and submitted via GMIS, as required by the subgrant program by the following dates. **Program reports that do not include required attachments will not be approved.** All program report attachments must clearly identify the authorized program name and grant number.

X ☒ Program Reports Required ☐ No Program Reports Required

Period	Report Due Date
October 1, 2023 – June 30, 2024	July 15, 2024
October 1, 2023 – March 31, 2025	May 15, 2025
Ahlers Data	8 th of each month
October 1, 2023 – March 31, 2024 QI Plan – Part 1	April 10, 2024
October 1, 2023 – July 31, 2024 QI Plan – Part 2	August 10, 2024

Submission of Subrecipient Program Reports via GMIS indicates acceptance of the OGAPP.

Mandatory Meetings/Trainings – Subrecipients must participate in the following:

- Annual Program Director’s Meeting - a one day meeting either virtually or in person in Columbus every grant year. Program Directors and necessary staff are required to attend.
- Webinars/ Trainings/ Quarterly Conference calls - Providers/Clinicians, Program Directors and/or necessary staff are required to attend at a minimum of 70%. CEUs will be provided when available.

Required Reports:

- The **Program Plan (Attachment 5)** is due with the application and demonstrates the goals for the upcoming year.
 - o An **Interim progress report** is due by via GMIS attachment in the Project Comments Section on July 15, 2024, for the period October 1, 2023 – Sunday, June 30, 2024. This report will determine whether the applicant has achieved the goals and objectives proposed in the application. If not, funding for the remainder of the budget period may be reduced accordingly. The applicant agency is responsible for completing the Program Plan (Attachment 5) and submitting the chart review summary for this time. In a separate narrative, the agency must also identify and elaborate on problems, delays, and adverse conditions that will affect the sub grantee's ability to meet the program's objectives or time schedules. The Program Plan (Attachment 5), chart review summary, CLAS Plan (Attachment 6), and Itemized Budget (Attachment 3), and a separate narrative progress report must be submitted via GMIS in the Project Comments Section.

o **Final Program Report:** A final progress report that documents accomplishments made on goals and objectives for the period of October 1, 2023 – Monday, March 31, 2025, is due via GMIS attachment in the Project Comments Section by Thursday, May 15, 2025. The applicant agency is responsible for completing the Program Plan (Attachment 5) and submitting the chart review summary for this time. The agency must provide a narrative that describes the progress made towards the goals and objectives for the period, any current problems or favorable or unusual developments, and work to be performed during the succeeding period. The Program Plan (Attachment 5), chart review summary, CLAS Plan (Attachment 6), and Itemized Budget (Attachment 3), and a separate narrative progress report must be submitted via GMIS in the Project Comments Section.

The **Services Site(s) and Services Provided** form (Attachment 4) must be submitted with the application via GMIS in the Project Comments section and include detailed information about clinical service sites and the services provided. This form must also be updated and submitted in GMIS at any point during the grant cycle when changes are made. If changes are made and the form is submitted in GMIS, applicant must notify RHWP Program Consultant. A change of scope (Appendix J) must also be submitted when opening or closing a service site and when entering or withdrawing from the Title X program. The Service(s) Site form must include the delegate agency/service site identification; location of all clinical site(s); service area; office hours; clinic service hours; and the number of client visits projected; contact name and email. The hours of operation information should provide the days and hours of operation for each service site location, including hours of clinical service provision, if different from the total hours of operation. Clinic service hours refer to the times reproductive health and wellness clinicians/providers are available to provide medical services; office hours include hours that the clinic sites are open. The applicant must list all services provided and note if they are provided on site, within the delegate system but not on site, referral to off-site but paid for by Title X, referral to offsite but no payment provided or not provided

- **The Culturally and Linguistically Appropriate Services in Healthcare (CLAS) Strategic Plan:** The CLAS Strategic Plan (Attachment 6) must be completed and submitted via GMIS attachment in the Project Comments Section with the application. Components to be completed with the initial plan are activities, person responsible, begin/end date, and evaluation. The progress report with accomplishments is due with the mid-year report by Monday, July 15, 2024, and with the final report by Thursday, May 15, 2025. Complete all 15 standards on the CLAS Plan.
- **Fee Management:** The Fee Management Form (Attachment 7) must be complete and submitted with application via GMIS attachment in the Project Comments Section for all returning subrecipients. For all new applicants, the form is due Wednesday, January 10, 2024. This form will be utilized to assist applicant in developing a fee schedule and sliding fee scale. All agencies must attach a complete sliding fee scale and a fee schedule with application via GMIS in the Project Comments section.
- **Budget Overview:** The Budget Overview (Attachment 2) must be complete and submitted with application via GMIS in the Project Comments section. It must be noted if applying for multiple counties with projected number of visits for each county. The funding amount must be listed with each deliverable applied for. List grant funding only. Do not include program income. See the maximum amount of Funds Available by County (Appendix C2) for the amount of available funds for each deliverable.
- **Itemized Budget:** The Itemized Budget (Attachment 3) must be complete and submitted with application via GMIS in the Project Comments section. Complete the funding requested (grant funds) plus the projected program income and entire the amount of the total budget. The total budgeted amount column is due with the application. These should total the same amount as your total budget. This form is also due with your mid-year report Monday, July 15, 2024) and your final report (Thursday, May 15, 2025).
- **Patient Data:** Patient Data is due electronically to Ahlers & Associates (<http://www.ahlerssoftware.com>) by the eighth of each month. Final data for FY2024 is due to the data contractor Tuesday, October 8, 2024. Failure to submit data accurately and on time may impact the timing and level of funding.
- **Family Planning Annual Report (FPAR) Data Report** (Appendix I) is due to ODH Reproductive Health and Wellness Program by February 1st of each calendar year and submitted via GMIS attachment in the Project Comments Section.
- **Program Assurances:** Agencies must sign (Attachment 1) ODH Reproductive Health and Wellness Program Assurances and submit via GMIS attachment in the Project Comments Section with application.

- b. Subrecipient Reimbursement Expenditure Reports:** Subrecipients can choose monthly or quarterly reimbursement (expenditure report submission) from ODH (please check the reimbursement type on the attached NOI AF). Please note that no changes can be made to the reimbursement type during the fiscal year once the project numbers have been established in GMIS. Subrecipient Monthly Reimbursement Expenditure Reports **must** be completed and submitted **via GMIS** by the following dates:

Period	Report Due Date
October 1 – 31, 2023	November 10, 2023
November 1 – 30, 2023	December 10, 2023
December 1 – 31, 2023	January 10, 2024
January 1 – 31, 2024	February 10, 2024
February 1 – 29, 2024	March 10, 2024
March 1 – 31, 2024	April 10, 2024
April 1 – 30, 2024	May 10, 2024
May 1 – 31, 2024	June 10, 2024
June 1 – 30, 2024	July 10, 2024
July 1 – 31, 2024	August 10, 2024
August 1 – 31, 2024	September 10, 2024
September 1 – 30, 2024	October 10, 2024
October 1 – 31, 2024	November 10, 2024
November 1 – 30, 2024	December 10, 2024
December 1 – 31, 2024	January 10, 2025
January 1 – 31, 2025	February 10, 2025
February 1 – 28, 2025	March 10, 2025
March 1 – 31, 2025	April 10, 2025

Subrecipient Quarterly Reimbursement Expenditure Reports **must** be completed and submitted **via GMIS** by the following dates: **(please see example below)**.

Period	Report Due Date
October 1 – December 31, 2023	January 10, 2023
January 1 – March 31, 2024	April 10, 2024
April 1 – June 30, 2024	July 10, 2024
July 1 – September 30, 2024	October 10, 2024
October 1 – December 31, 2024	January 10, 2025
January 1 – March 31, 2025	April 10, 2025

Note: Obligations not reported on the final monthly or 4th quarter expenditure report will not be considered for payment with the final expenditure report.

- **Income and Disbursement Reporting Form:** The Income and Disbursement Reporting Form (Appendix F) must be submitted with the expenditure report each month/quarter via GMIS in the Expenditure Reports Comments section. This is for program income only. Amounts do not include grant dollars. The budgeted amount must be completed with the first expenditure report. The Total Program Income Disbursed Row must be completed with each submission. This is the amount of program income (not to include grant dollars) that was spent on your program for that billing cycle. There are two forms: single county and multiple counties. Please complete the one appropriate for your program.

- **Deliverable Reporting Form:** The Deliverable Reporting Form (Appendix H) must be submitted with expenditure report each month/quarter via GMIS in the Expenditure Reports Comments section. There are two forms: single county and multiple counties. Please complete the one appropriate for your program. A tracker will be developed specific to applicant agency and emailed to the Program Director prior to the first expenditure report due date. This will allow agency to enter the required data for each deliverable into the tracker. The tracker will calculate the amount to bill for each deliverable. Each deliverable being billed must be completed. If the form is not completed it may delay payments.

- **Outreach Event/Campaign Reporting Form:** The Outreach Event/Campaign Reporting Form (Appendix K) must be submitted with the expenditure on the month claiming the event(s) via GMIS in the Expenditure Reports Comments section.

- **Quality Improvement Plan:** The Quality Improvement Plan (Appendix L [Aim and Plan Part 1 section]) must be submitted via GMIS in the Program Report section by Wednesday, April 10, 2024. The Quality Improvement Plan (Appendix L [Do, Study, Act Part 2 section]) must be submitted via GMIS in the Program Report section by Saturday, August 10, 2024.

a. **Final Expenditure Reports:** A Subrecipient Final Expenditure Report reflecting total expenditures for the fiscal year must be completed and submitted **via GMIS by 4 p.m.** on or before Monday, May 5, 2025. 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. The Subrecipient Final Expense Report serves as an invoice to return unused funds.

Submission of ALL Subrecipient Program and Expenditure Reports via the GMIS system indicates acceptance of OGAPP. Clicking the "Submit" or "Approve" button signifies authorization of the submission by an agency official and constitutes electronic acknowledgment and acceptance of OGAPP rules and regulations.

X. **Special Condition(s):** A Special Conditions link is available for viewing and responding to special conditions within GMIS. The 30-day time period, in which the subrecipient must respond to special conditions will begin when the link is viewable. Subsequent payments will be withheld until satisfactory responses to the special conditions or a plan describing how those special conditions will be satisfied is submitted in GMIS.

Y. **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.
14. Satisfying any requirement for the expenditure of non-federal funds as a condition for the receipt of federal funds.
15. Payments to any person for influencing or attempting to influence members of Congress or the Ohio General Assembly in connection with awarding of grants.
16. Funding to provide abortion services.

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

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.

AA. Audit: Subrecipients currently receiving funding from ODH are responsible for submitting an independent audit report. Every subrecipient will fall into one of two categories which determine the type of audit documentation required.

Subrecipients that expend \$750,000 or more in federal awards per fiscal year are required to have a single audit which meets OMB's Federal Uniform Administrative Requirements. The subrecipient must submit, a copy of the auditor's management letter, a corrective action plan (if applicable) and a data collection form (for single audits) within 30 days of the receipt of the auditor's report, but no later than nine months after the end of the Subrecipient's fiscal year. The fair share of the cost of the single audit is an allowable cost to federal awards provided that the audit was conducted in accordance with the requirements of OMB's Federal Uniform Administrative Requirements.

Subrecipients that expend less than the \$750,000 threshold require a financial audit conducted in accordance with Generally Accepted Government Auditing Standards. The Subrecipient must submit a copy of the audit report, the auditor's management letter, and a corrective action plan (if applicable) within 30 days of the receipt of the auditor's report, but no later than nine months after the end of the Subrecipient's fiscal year. **The financial audit is not an allowable cost to the program.**

Once an audit is completed, a copy must be sent to <https://harvester.census.gov/facweb/> or to ODH, Grants Services Unit, (GSU) within 30 days. Reference: OGAPP and OMB's Omni Circular Federal Uniform Administrative Requirements regarding Audits of States, Local Governments, and Non-Profit Organizations for additional audit requirements.

Subrecipient audit reports (finalized and published, and including the audit Management Letters, if applicable) **which include internal control findings, questioned costs or any other serious findings, must include a cover letter which:**

- Lists and highlights the applicable findings.
- Discloses the potential connection or effect (direct or indirect) of the findings on subgrants passed through ODH.
- Summarizes a Corrective Action Plan (CAP) to address the findings. A copy of the CAP should be attached to the cover letter.

AB. Submission of Application:

Formatting Requirements:

- Properly label each item of the application packet (e.g., 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 on 8 ½ by 11 paper.
- Number all pages (print on one side only).
- Program Narrative should not exceed **20** pages (**excludes** appendices, attachments, budget and budget narrative).
- Use a 12-point font.
- Forms must be completed and submitted in the format provided by ODH.

The GMIS application submission must consist of the following:

**Complete &
Submit
Online**

1. Application Information
2. Project Narrative
3. Project Contacts
4. Budget
 - Primary Reason.
 - Funding.
 - Justification.
 - Personnel.
 - Other Direct Costs.
 - Equipment.
 - Contracts.
 - Compliance Section.
 - Summary.
5. Civil Rights Review Questionnaire
6. Assurances Certification
7. Federal Funding Accountability and Transparency Act (FFATA) reporting form
8. Change request in writing on agency letterhead (**existing agency with tax identification number, name and/or address change(s)**).
9. Health Equity Module
10. Public Health Impact Statement Summary (non-health department only)
11. Statement of Support from the Local Health Districts (non-health department only)
12. Attachments as required by Program
 - Attachment 1 – Assurances.
 - Attachment 2 - Budget Overview.
 - Attachment 3 - Itemized Budget.
 - Attachment 4 - Site and Service.
 - Attachment 5 - Program Plan.
 - Attachment 6 – CLAS.
 - Attachment 7 - Fee Management.

One copy of the following document(s) must be emailed to <https://harvester.census.gov/facweb/> or mailed to the address listed below:

**Complete
Copy &
Email or
Mail to
ODH**

Current Independent Audit
(latest completed organizational fiscal period; **only if not previously submitted**)
Ohio Department of Health Grants
Services Unit
Central Master Files, 4th Floor35
E. Chestnut Street Columbus,
Ohio 43215

II. APPLICATION REQUIREMENTS AND FORMAT

Agencies will receive GMIS access after the Notice of Intent to Apply for Funding for is submitted to ODH.

All applications must be submitted via GMIS. Submission of all parts of the grant application via ODH's GMIS system indicates acceptance of OGAPP. Submission of the application signifies authorization by an agency official and constitutes electronic acknowledgment and acceptance of OGAPP rules and regulations in lieu of an executed Signature Page document.

- A. Application Information:** Information on the applicant agency and its administrative staff must be accurately completed. This information will serve as the basis for necessary communication between the agency and ODH.
- B. Budget:** Prior to completion of the budget section, please review page 19 of the solicitation for unallowable costs.

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.

Program income is required to be reported and includes all sources of income, including Medicaid, Medicare, 3rd party, and private pay. Program income is the gross income earned by the grant recipient during the grant period that is directly generated by a supported activity or earned as a result of the award. Program income is formally defined in 45 CFR 74.2(ag) and 92.25(b). Grantees are encouraged to earn income to defray program costs. Program income must be reported on the program income reporting form. Program income must be used according to the terms of the award within the approved project period. It may be carried over between grant years during a project period. It may not be carried over to the next grant should one be awarded. All program income must be spent by the end of the project period. In addition, the narrative section must also identify additional funding information from all other resources that support the RHWP described in the application.

- 1. Primary Reason and Justification Pages:** Provide a budget justification narrative outlining how the deliverable will be met. (A budget justification example is included (Appendix M) and can also be found on GMIS).
 - 2. Other Direct Costs:** Submit a budget for this section and the necessary form(s) to support costs for the period October 1, 2023 to Monday, March 31, 2025. The applicant shall retain all original fully executed contracts on file.
 - 3. Compliance Section:** Answer each question on this form in GMIS as accurately as possible. *Completion of the form ensures your agency's compliance with the administrative standards of ODH and federal grants.*
- C. Assurances Certification:** Each subrecipient must submit the assurances (federal and state assurances for subrecipients) form within GMIS. This form is submitted as a part of each application via 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.

D. Project Narrative:

1. Executive Summary:

Identify the target population, burden of health disparities and health inequities, services, and programs to be offered and what agency or agencies will provide those services. Describe the public health problem(s) that the program will address. The Executive Summary should include:

- The applicants experience in providing clinical health services and qualifications to provide core family planning services, previously defined in the program description, for women, men, and adolescents that conform with the current professional and medical standards of care.
- A plan for how the applicant proposes to incorporate the Key Priorities identified in the program description.
- The processes in place to ensure that persons from low income families, with incomes that fall at or below 100% of the current Federal Poverty Level (FPL), will not be charged except where third parties are authorized or legally obligated to pay; and that all reasonable efforts will be made to obtain third party payment without the application of any discounts.
- Evidence that the applicant has the ability to bill third parties, including private and public insurance such as Medicaid, when appropriate, and the ability to facilitate enrollment of clients into Medicaid.
- A plan for ensuring that all family planning and preconception health services offered by the applicant and any subrecipients are provided in:
 - Compliance with the Title X statute and program regulations, including the requirement that Title X funds will not be used for abortion as a method of family planning, as well as with regulations regarding sterilization of persons in federally assisted family planning projects.
 - Compliance with state laws applicable in the proposed service area(s) specific to requiring notification or the reporting of child abuse, child molestation, sexual abuse, rape, incest, intimate partner violence, and human trafficking.
 - Compliance with the legislative mandate to encourage family participation in the decision of minors to seek family planning services, and incorporate resistance skills for minors to resist/avoid exploitation and/or sexual coercion.
 - Disability support services compliance with Section 504 of the Americans with Disabilities Act (ADA) which ensures that health services are accessible to women with disabilities.
- Describe how the project will be evaluated.

2. Description of Applicant Agency/Documentation of Eligibility/[Personnel]:

Provide a clear and concise description of your project, the needs for the services provided, and a detailed description of the geographic area and population to be served. Briefly discuss the applicant agency's eligibility to apply. Summarize the agency's structure as it relates to this program and, as the lead agency, how it will manage the program. Discuss the relationship between applicant agency/partners in the community.

Clearly describe the administrative, management, and clinical capacity of the applicant organization. Describe a staffing plan which is reasonable and adheres to Title X regulatory requirement that family planning medical services be performed under the direction of a physician with special training or experience in family planning. Provide evidence that staff providing clinical services (e.g., physicians, state-recognized advanced practice nurse, physician assistants) will be licensed and function within the applicable professional practice acts in Ohio.

Describe the capacity of your organization, its personnel or contractors to communicate effectively and convey information in accordance with National Standards for Culturally and Linguistically Appropriate Services (CLAS) and

Americans with disabilities Act (ADA) Standards for Effective Communication in a manner and method that is easily understood by diverse audiences. This includes persons of limited English proficiency, those who are not literate, have low literacy skills, and individuals with disabilities.

- National CLAS Standards <https://thinkculturalhealth.hhs.gov/clas#:~:text=The%20National%20CLAS%20Standards%20are,cultural%20and%20linguistically%20appropriate%20services.>
- ADA Standards for Effective Communication <https://www.ada.gov/effective-comm.htm>.

3. **Problem/[Need]:** Identify and describe the local health status concern(s) that will be addressed by the program. Only provide national and state data if local data is not available. The specific health status concerns that the program intends to address may be stated in terms of disparity (e.g. population, location) health status (e.g., morbidity and/or mortality), or health system (e.g., accessibility, availability, affordability, appropriateness, quality of health services) indicators. The indicators should be measurable to serve as baseline data upon which evaluation will be based. Clearly identify the target population.

Explicitly describe segments of the target population who experience a disproportionate burden for the health concern or issue; or who are at an increased risk for the problem addressed by this funding opportunity.

Include a description of other agencies/organizations, in your area, also addressing this problem/need.

Methodology: In narrative form, identify the program goals, **SMART-IE** process, impact, or outcome objectives and activities. Indicate how they will be evaluated to determine the level of success of the program. If health disparities and/or health inequities have been identified, describe how program activities are designed to address these issues. Complete a program activities timeline to identify program objectives and activities and the start and completion dates for each. **SMART-IE** goals are specific, measurable, achievable/ambitious, relevant/realistic, timebound, inclusive and equitable.

Complete the Program Plan (Attachment 5). One comprehensive program plan must be submitted by the applicant agency. Multiple program plans are not acceptable. Applicants must use the format provided in this solicitation to be considered for funding. Direct reproductive healthcare services using nationally recognized standards of care are a requirement for all applicants.

- E. **Civil Rights Review Questionnaire — EEO Survey:** The Civil Rights Review Questionnaire 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 automatically with each application via the Internet.

- F. Federal Funding Accountability and Transparency Act (FFATA):** All 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 obtain a Data Universal Number System (DUNS), register in SAM.gov and submit the information in the grant application. For information about the DUNS, go to www.dnb.com. For information about System for Award Management (SAM) go to <https://beta.sam.gov/>.

Information on Federal Spending Transparency can be located at 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 to submit the application.)

- G. Attachment(s):** Attachments are documents which are not part of the standard GMIS application but are deemed necessary to a given grant program. All attachments must clearly identify the authorized program name and program number. All attachments submitted to GMIS must be attached in the "Project Narratives" section and be in one of the following formats: PDF, Microsoft Word or Microsoft Excel. Please see the GMIS bulletin board for instructions on how to submit attachments in GMIS. Attachments that are non-Internet compatible must be postmarked or received on or before the application due date. An original and the required number of copies of non-Internet compatible attachments must be mailed to ODH, Grants Services Unit, Central Master Files address by **4 p.m. on or before Monday, June 5, 2023.**

Attachments as Required by Program:

• Provide the following attachments via the GMIS 2.0

Attachment 1 – Assurances.

Attachment 2 - Budget

Overview.

Attachment 3 – Itemized

Budget.

Attachment 4 - Site and Service.

Attachment 5 - Program Plan.

Attachment 6 – CLAS.

Attachment 7 - Fee Management.

III APPENDICES

- A. Notice of Intent to Apply For Funding
- B. GMIS Training, User Access, Access Change or Deactivation
- C. C1 Deliverable – Objective Descriptions
C2 Deliverable – Maximum Funding Per County
- D. Application Review Form
- E. Goals and Deliverable Grid
- F. Program Income Reporting Form
- G. Expenditure Report Submission Instructions
- H. Deliverable Reporting Form
- I. FPAR Data Report
- J. Change of Scope
- K. Outreach Event Reporting Form
- L. Quality Improvement Plan
- M. Budget Justification Example

Appendix A

Reimbursement
Type
Select one of the
options below:
☐ Monthly
☐ OR
Quarterly

NOTICE OF INTENT TO APPLY FOR FUNDING

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

ODH Program Title:
Preconception Health and Wellness (PW24)

Submission Required

See due date below.

New Applicants must submit the
GMIS Access form with the Notice
of Intent to Apply for Funding Form

ALL INFORMATION REQUESTED MUST BE COMPLETED.

County of Applicant Agency _____ Federal Tax Identification Number _____

Geographic Area Applying to Cover _____

NOTE: The applicant agency/organization name must be the same as that on the IRS letter. This is the legal name by which the tax identification number is assigned.

Type of Applicant Agency
(Check One)

<input type="checkbox"/> County Agency	<input type="checkbox"/> Hospital	<input type="checkbox"/> Local Schools
<input type="checkbox"/> City Agency	<input type="checkbox"/> Higher Education	<input type="checkbox"/> Not-for Profit

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. If the agency head needs updated in GMIS, please include a letter on agency letterhead outlining the change. The new agency head's signature will be accepted with receipt of the update letter.

Does your agency have at least two staff members who currently have access to ODH GMIS system? YES ☐ NO ☐

If yes, no further action is needed. If no, ODH Grants Services Unit staff will email the GMIS reference guide to the email addresses listed on the GMIS Access Request form.

The NOIAF must be accompanied by the agency's Proof of Non-Profit status (if applicable) and Proof of Liability Coverage (if applicable). Potential applicants and current subrecipients are required to set-up and 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 must be set-up and maintained in 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.

Forms are only required for NEW AGENCIES or if UPDATES are needed for current agencies. THE NOIAF AND REQUIRED FORMS MUST BE EMAILED TO Katherine Dean at Katherine.Dean@odh.ohio.gov BY May 3, 2023.

NOTE: NOIAF's will be considered late if any of the required forms listed above are not received by NEW AGENCIES by the due date. NOIAF's considered late will not be accepted.

Appendix B

If new applicant, this form must be submitted with the Notice of Intent to Apply for Funding Form.

GMIS Training, User Access, Access Change or Deactivation Request

One request per person. Requests will only be honored when signed by your **Agency Head** or **Agency Financial Head** and complete. In addition, if a user leaves your agency, you are to notify ODH so that their account is rendered inactive and submit a form for the replacement. The user will receive his/her username and password via e-mail once the request is processed. *Refresher guides can be found on ODH web site: <https://odh.ohio.gov/wps/portal/gov/odh/about-us/funding-opportunities/ODH-Grants/>. ODH Grants Page – “GMIS Training Resource” Section.*

Date: _____

Check the type of access and complete the information requested:

☐ Employee —needs GMIS Training

☐ New Employee —needs GMIS Access. Effective Date of Activation: _____

☐ Existing Employee —New GMIS User or GMIS User Access Change.

Effective/Change Date: _____

☐ Deactivation —User no longer needs access to ODH Application Gateway/GMIS 2.0 or GMIS 2.0 only: Effective Date of Deactivation (ODH Application Gateway/GMIS 2.0): _____

Or Effective Date of Deactivation (GMIS 2.0 access only): _____

Agency Name & Address: _____

Employee Name (no nicknames): _____

Employee Job Title: _____

Employee Office Phone Number: _____

Employee Office Fax Number: _____

Employee Office Email Address: _____

User Access Section: Please check all that applies and enter requested information:

Email Notifications: ☐ Yes ☐ No

GMIS Project Number(s) user needs access to: _____

Authorization Signature for User Access/Change/Deactivation:

Signature of Agency Head or Agency Financial Head

Printed Name of Agency Head or Agency Financial Head

To be completed by Grants System Officer ONLY—Date Received: _____ Date Processed: _____

Deliver Requests to Kathryn Berkemeyer, Grants System Officer, 614-644-7546

Mail: ODH/OFA, 35 E. Chestnut St., 4th Floor, Columbus, Ohio 43215 Or

Scan & Email: kathryn.berkemeyer@odh.ohio.gov

Appendix C1

Name of Subgrant Program: Preconception Health and Wellness

Budget Period: October 1, 2023 – March 31, 2025

of Deliverables: 3

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

100% Deliverables Only

Deliverable 1: To improve the overall reproductive health and well-being of people.

- **Objective 1.1:** By March 31, 2025, 100% of clients will have received comprehensive reproductive health and wellness direct healthcare services per nationally recognized standards of care.
- **Objective 1.2:** By March 31, 2025, 100% of subrecipients will conduct a systematic and coordinated approach in quality improvement to enhance outcomes for patients.

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

- **Objective 2.1:** By March 31, 2025, 100% of subrecipients will have implemented and maintain appropriate financial and billing procedures.
- **Objective 2.2:** By March 31, 2025, 100% of subrecipients will have implemented and utilize an EMR system.
- **Objective 2.3:** 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.

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

- **Objective 3.1:** By March 31, 2025, 100% of subrecipients will provide preconception health clinical services and promote awareness of preconception health in the community.

Appendix C2

Maximum Amount of Funds per County

Preconception Health and Wellness (PW24)

County	Total Maximum Funding Limit 20 awards of \$75,000	Maximum Funding for Deliverable 1	Maximum Funding for Deliverable 2 October 1, 2023-December 31, 2023	Maximum Funding for Deliverable 3
Per Ohio County	\$75,000	\$41,250	\$15,000	\$18,750

PW24 RHWP Continuation Application Review Form

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

Applications should be judged according to the extent to which the proposal:

1. Contributes to the advancement and/or improvement of the health of Ohioans;
2. Is responsive to policy concerns and program objectives of the initiative/program/ activity for which grant dollars are being made available;
3. Is well executed and is capable of attaining program objectives;
4. Describe Specific, Measurable, Achievable/Ambitious, Relevant/ Realistic & Timebound, Inclusive, and Equitable (S.M.A.R.T.I.E) objectives, activities, milestones, and outcomes with respect to timelines and resources;
5. Estimates reasonable cost to ODH, considering the anticipated results;
6. Indicates that program personnel are well qualified by training and/or experience for their roles in the program and the applicant organization has adequate facilities and personnel;
7. Provides an evaluation plan, including a design for determining program success;
8. Is responsive to the special concerns and program priorities specified in the solicitation;
9. Has demonstrated acceptable past performance in areas related to programmatic and financial stewardship of grant funds;
10. Has demonstrated compliance to OGAPP;
11. Explicitly identifies specific groups in the service area who experience a disproportionate burden of the diseases; health condition(s); or who are at an increased risk for problems addressed by this funding opportunity; and,
12. Describe activities which support the requirements outlined in sections I. thru M. of this solicitation.

PW24 RHWP Continuation Application Review Form

Criterion (Total Points) 166.	Score	Comments
Must receive a score of 116 (70%) to be eligible for funding.		
General Requirements: Application materials uploaded to GMIS	0 = No 2 = Yes	Score 2 if correct form used and not blank.
GMIS application complete and on time: Due Monday, June 5, 2023, by 4pm	0 2	
PHW24 Program Assurances	0 2	
PHW24 Budget Overview	0 2	
PHW24 Budget Justification/Narrative	0 2	
PHW24 Itemized Budget	0 2	
PHW24 Site and Service Form	0 2	
PHW24 Program Work Plan, with Outreach Plan explained	0 2	
PHW24 Fee Management Form with sliding fee scale	0 2	If not RH24 subrecipient, not due until Jan 10, 2024. Score a 2.
PHW24 Culturally and Linguistically Appropriate Services (CLAS) Strategic Plan	0 2	
Budget	0 = Not provided, incorrect, or inadequate 1 = partially correct 2 = fully correct	
Application information (overview and address) in GMIS	0 1 2	
Budget only contains allowable costs (refer to solicitation and OGAPP manual)	0 1 2	
Budget includes program income	0 1 2	
Other Direct Costs amounts are correct in GMIS (Amounts must match - deliverable allocation, budget overview, and direct costs screen.)	0 1 2	
Compliance questions answered in GMIS (Will say <i>subgrantee completed</i> when complete.)	0 1 2	
EEO Survey	0 1 2	
FFATA reporting form	0 1 2	
Budget Justification/Narrative <ul style="list-style-type: none"> Budget justification in same order as GMIS budget Explains and justifies Deliverable 1 Explains and justifies Deliverable 2 Explains and justifies Deliverable 3 Includes authorized representative's certification language 	0 1 2 0 1 2 0 1 2 0 1 2 0 1 2	(Score 1 if repeat deliverable language. Score 2 if detail how funding will be spent.)

PW24 RHWP Continuation Application Review Form

<ul style="list-style-type: none"> Signed by the agency head listed in GMIS (must be the same person) 	0 1 2	
Narrative and statements	0 = Not provided, incorrect, or inadequate 1 = Good 2 = Excellent	
<p align="right">Solicitation p. 10</p> <p>Public Health Accreditation Board (PHAB) Standards (all applicants)</p> <p>Public Health Impact Statement (applicant agencies that are not local health districts only)</p> <p>1. Public Health Impact Statement Summary</p> <p>2. Public Health Impact Statement of Support</p> <p>3. Evidence of Health Equity Strategies</p>	<p align="center">0 1 2</p> <p align="center">0 1 2</p> <p align="center">0 1 2</p> <p align="center">0 1 2</p>	(Give 2 if not applicable)
<p align="right">Solicitation p. 12</p> <p>Human Trafficking</p> <p>1. Victims of human trafficking included in agency's target population demonstrated</p> <p>2. Promotes expansion of services to identify and serve those affected by human trafficking</p>	<p align="center">0 1 2</p> <p align="center">0 1 2</p>	
<p align="right">Solicitation p.22</p> <p>Executive Summary</p> <ul style="list-style-type: none"> Identifies the target population, services and programs to be offered and what agency or agencies will provide those services. Identify burden of health disparities and health inequities Describes the public health problem (s) that the program will address. Experience in providing clinical health services and qualifications to provide core family planning services Plan on how key priorities will be incorporated Processes in place to ensure families with income 100% below Federal Poverty Level will not be charged Evidence of the ability to bill third parties and the ability to facilitate Medicaid enrollment Plan ensuring family planning and preconception health services are offered in compliance with: <ul style="list-style-type: none"> -Title X statute, including requirements on abortion and sterilization -state laws on mandatory reporting -legislative mandate to encourage family participation and resisting coercion for minors 	<p align="center">0 1 2</p> <p align="center">0 1 2</p> <p align="center">0 1 2</p> <p align="center">0 1 2</p> <p align="center">0 1 2</p> <p align="center">0 1 2</p> <p align="center">0 1 2</p> <p align="center">0 1 2</p>	

PW24 RHWP Continuation Application Review Form

<ul style="list-style-type: none"> Describe how program will be evaluated 	0	1	2	
Description of Applicant Agency Solicitation p. 22 <ul style="list-style-type: none"> Description of project and needs for services Detailed description of geographic area and population to be served Discusses eligibility to apply Summarizes agency structure and describes how it will manage the program Discusses the relationship between applicant agency/partners in the community Describes administrative, management and clinical capacity of applicant agency Staffing plan that demonstrates services provided under direction of physician with special training or experience in family planning and evidence that staff providing clinical services are licensed Describes the capacity to communicate effectively with diverse audiences including those with limited English proficiency, limited literacy and disabilities. 	0	1	2	
Problem/Need Solicitation p. 23 The following should be identified/described/explained/justified: <ul style="list-style-type: none"> Describes the local health concern addressed by the program (does not restate national and state data) Describes the specific health status concerns Indicators are measurable Clearly identifies the target population, how they were selected and discusses burden for health concern Describes other agencies in area addressing the problem/need Methodology <ul style="list-style-type: none"> Program goals and activities identified Evaluation method identified to measure level of success Explanation of how program activities address health disparities/inequities 	0	1	2	
Program Work Plan for FY24 <ul style="list-style-type: none"> Plan lists all activities and evaluation measures in the Goals and Deliverable Grid (Appendix E) for all deliverables seeking funding Appropriate and specific person or position listed for each activity Specific and variable timelines are provided (All should not be Oct. 1 – Mar 31) Specific, individualized outreach plan is detailed within Deliverable 2, 	0	1	2	Reviewer to pay special attention to requirements such as number of clinical provider hours required per month, clinical services offered, visit projections, etc.

PW24 RHWP Continuation Application Review Form

<p>Objective 3</p> <ul style="list-style-type: none"> • Clear picture of clinical services to be provided • Clear picture of preconception health educational sessions and community health screenings events to be held 	<p>0 1 2</p> <p>0 1 2</p>	
Attachments	<p>0 = Not uploaded or blank</p> <p>1 = Issues noted</p> <p>2 = Fully correct</p>	
<p>Attachment 1 – Assurances</p> <ul style="list-style-type: none"> • Must be signed by agency head listed in GMIS 	<p>0 1 2</p>	
<p>Attachment 2 Budget Overview</p> <ul style="list-style-type: none"> • Deliverable funding amounts match amounts in Appendix B2 • Client visits projected matches visits projected in Attachment 4 	<p>0 1 2</p> <p>0 1 2</p>	
<p>Attachment 3 Itemized Budget</p> <ul style="list-style-type: none"> • Funding requested and program income = total budget • Budgeted amount column complete 	<p>0 1 2</p> <p>0 1 2</p>	
<p>Attachment 4 Site and Service Information</p> <ul style="list-style-type: none"> • Service site(s) information completed • Client visits projected is in appropriate funding band • Minimum of 16 provider/clinician hours per month (Deliverable 1) • Services provided section complete 	<p>0 1 2</p> <p>0 1 2</p> <p>0 1 2</p> <p>0 1 2</p>	
<p>Attachment 5 Program Work Plan</p> <p>For all deliverables, are the following completed?</p> <ul style="list-style-type: none"> • Activities – are they appropriate for the objective and specific? Complete? • Person Responsible – is the responsible person appropriate? • Timeline - have they indicated <i>interim</i> timelines? • Evaluation – appropriate and <i>measurable</i> for activities listed? • Outreach Plan (Deliverable 2, Objective 2)– included or explained? Need specific activities and dates. 	<p>0 1 2</p> <p>0 1 2</p> <p>0 1 2</p> <p>0 1 2</p> <p>0 1 2</p>	
<p>Attachment 6 CLAS Plan</p> <ul style="list-style-type: none"> • Activities – are they appropriate for the objective and specific? • Person Responsible – is the responsible person appropriate? • Begin/End Date - have they indicated timelines? • Evaluation –evaluation components for planned activities completed? 	<p>0 1 2</p> <p>0 1 2</p> <p>0 1 2</p> <p>0 1 2</p>	

PW24 RHWP Continuation Application Review Form

<ul style="list-style-type: none">All 15 standards addressedStandard 15 health equity action plan created	012 012	
Attachment 7 Fee Management <ul style="list-style-type: none">Fee schedule and sliding fee scale (100% poverty level \$14,580) attached in GMISExplanation of how fees and sliding fee scale were developedThird party contracts listedCPT code chart complete	012 012 012 012	If not RH24 subrecipient, not due until Jan 10, 2024. Score 2s.
Total Score for Proposal (____ of 166)		

Review Notes:

Strengths

Weaknesses

Approval

PW24 RHWP Continuation Application Review Form

Approval with Special Conditions

Disapproval (The following criteria constitute grounds for disapproval of applications: 1. Incompleteness of grant proposal or inconsistency with PHW & RHWP goals and/or the purpose of ODH PHW program and solicitation); 2. Gross inappropriateness in the purpose, objectives, and activities of an application or its budgets measured by PHW & RHWP review criteria; 3. Fraudulent presentation; or 4. Determination that grant funds are to be used as substitute for an existing project's current resources

Comments

PW24 RHWP Continuation Application Review Form

Reviewer Signature:	Date:
Reviewer Email:	Reviewer Phone:

Appendix E

PW24 Reproductive Health and Wellness Goals & Deliverables

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

Objective 1: By March 31, 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
<p>Ensure comprehensive reproductive health and wellness direct healthcare services are provided on-site:</p> <ol style="list-style-type: none"> 1. Core family planning services 2. Related preventive health services 3. Other preventive health services 	<p>Provide onsite comprehensive services to low income females, males and adolescents that include:</p> <ol style="list-style-type: none"> 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 <p>The clinician/provider must be present and dedicated to Deliverable 1 for a minimum of 16 hours/month.</p>	<p>Agency has completed 100% of projected visits</p> <p>60% of visits are with persons at or below 100% of the Federal Poverty Level (FPL)</p> <p>Chart audit summary forms are submitted to ODH with the Mid-Year and Final Report and show evidence of compliance with:</p> <ul style="list-style-type: none"> • Title X program requirements, 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), 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. <p>Documentation of clinician/provider hours.</p>
<p>Ensure counseling and education to clients of childbearing status to establish a reproductive life plan.</p>	<p>Counseling and education to clients of childbearing status includes:</p> <ul style="list-style-type: none"> • 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 	<p>100% of unduplicated clients of childbearing status have a documented reproductive life plan established in their chart and on the client visit record (CVR) and reviewed annually.</p> <p>100% documentation that pregnancy test and all STI test visits have documented RLP counseling or review in the chart and CVR.</p>

Appendix E

PW24 Reproductive Health and Wellness Goals & Deliverables

<p>Ensure counseling and education to adolescent clients includes the encouragement family participation in the decision of minors to seek family planning services.</p> <p>Ensure counseling to minors on how to resist attempts to coerce minors into engaging in sexual activities.</p>	<p>status.</p> <p>Engage in and document adolescent counseling on encouraging family participation, resisting sexual coercion, healthy relationships, safety, sexual risk avoidance, abstinence, confidentiality, preventing victimization, and contraceptive services.</p>	<p>100% documentation of encouragement of family participation at every adolescent visit unless there is a documented reason as to why not.</p> <p>100% documentation of counseling to resist attempts of sexual coercion at every adolescent visit.</p> <p>100% documentation of age of partner(s) note in chart or documented reason as to why not.</p>
<p>Use health screening tool to enhance the overall health and well-being of individuals.</p>	<p>Incorporate health screening tools into the medical history and/or review of systems aspect of the visit.</p> <p>Use information collected to guide visit, counseling, treatment, and/or make referrals.</p>	<p>Document the number of screenings conducted on the following topics:</p> <ul style="list-style-type: none"> • Substance use • Safety - domestic violence, human trafficking • Mental health
<p>Increase the number of clients using LARC.</p> <p>Ensure that providers are trained on all methods of LARC offered.</p>	<p>Offers at least one type of long-acting reversible contraceptives method same day and on site.</p> <p>Provide/offer training on all methods of LARC and client centered counseling to all staff.</p>	<p>Number of same day IUD/IUS insertions and/or; Number of same day hormonal implant insertions. Percentage of LARC that were provided the same day.</p> <p>Documentation of LARC training.</p>
<p>Ensure that all clients are offered evening and/or weekend hours for provision of RHWP services.</p>	<p>Offers appointment times outside of normal operating hours (Monday through Friday from 9 am to 4:30 pm).</p>	<p>Number of clients seen at appointment times are available outside of M-F 9 a.m.-4:30 p.m.</p> <p>Documentation that 10% of appointment times are available outside of M-F 9 a.m.-4:30 p.m.</p> <p>Documentation that the number of clients seen during extended hours is monitored and used to adjust appointment availability if needed.</p> <p>Documentation of number of visits provided by telehealth outside of M-F 9 a.m.-4:30 p.m.</p>
<p>Promote provision of comprehensive primary healthcare services to make</p>	<p>Either primary healthcare services are co-located with RHWP services or RHWP provider establishes formal agreements with</p>	<p>Documentation that sub-recipient is either co-located with primary care provider or RHWP provider has established formal agreements with</p>

Appendix E

PW24 Reproductive Health and Wellness Goals & Deliverables

it easier for individuals to receive both primary healthcare and family planning services preferably in the same location, or through nearby referral providers.	Primary Care Providers including private practices, FQHCs, look alike FQHCs, and Rural Health Centers.	primary care provider.
Increase health equity in reproductive health.	<p>Complete and implement Culturally and Linguistically Appropriate Services (CLAS) plan for all 15 Standards.</p> <p>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.</p>	<p>Upload initial CLAS plan (Attachment 6) with objectives, activities, person responsible, dates, and evaluation in GMIS with initial application. Upload Health Equity Action Plan (Standard 15) with application.</p> <p>Upload progress (accomplishments) on CLAS and Health Equity Action Plan in GMIS with mid-year report (October 15, 2023), and final report (May 15, 2024).</p> <p>Documentation of the policy and/or practice change uploaded in GMIS by Sunday, March 31, 2024.</p>
<p>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.</p> <p>*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.</p>	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 onsite comprehensive health services to low income females who are no longer of child-bearing status.	Agency reports on the number of clients served.

Appendix E

PW24 Reproductive Health and Wellness Goals & Deliverables

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.	<p>Complete trainings on conducting quality improvement.</p> <p>Complete quality improvement agency self-assessment.</p> <p>Develop and implement a quality improvement plan.</p> <p>Ideas for project include, but are not limited to;</p> <ul style="list-style-type: none"> 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 	<p>Upload the QI Plan (Aim and Plan Part 1 section) of the RHWP Quality Improvement Template (Appendix L) in GMIS by July 10, 2023.</p> <p>Upload a completed QI Plan (Do, Study, Act Part 2 section) of the RHWP Quality Improvement Template (Appendix L) in GMIS by October 10, 2023.</p> <p>Document performance measures with mid-year and final report.</p>

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
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Appendix E

PW24 Reproductive Health and Wellness Goals & Deliverables

Ensure that clients whose reported income is at or below 100% of the FPL must not be charged. Projects must bill all third parties authorized or legally obligated to pay for services.	Implement billing infrastructure to ensure that all clients are appropriately charged including a sliding fee scale, schedule of charges and that charges are based on client income.	Documentation of: <ul style="list-style-type: none"> • 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)
Ensure that a written agreement for reimbursement is in place with Managed Care, 3 rd Party, or Fee for Service Medicaid.	Obtain a written agreement with Medicaid, including Managed Care Plans, Medicare (if appropriate) and other 3 rd party payers.	Documentation of a written agreement and ability to bill Medicaid, including Managed Care Plans, Medicare (if appropriate) and other 3 rd party payers. <ul style="list-style-type: none"> • Upload a list of 3rd party payors the agency is credentialed with into GMIS with application.
Ensure outstanding balances on accounts have follow-up for payment.	Develop a policy outlining the procedure for collection of outstanding balance on client accounts.	Agency reports number of clients with outstanding balances over 90 days for: Medicaid, including Managed Care Plans, Medicare (if appropriate), other 3 rd 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)
<u>Deliverable 2: To support infrastructure and increase sustainability of Reproductive Health and Wellness services.</u>		
Objective 2: By March 31, 2025, 100% of subrecipients will have implemented and utilize an EMR system.		
Strategy	Activities	Evaluation

Appendix E

PW24 Reproductive Health and Wellness Goals & Deliverables

Ensure that the Agency is utilizing an EMR system for client direct healthcare 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.
<u>Deliverable 2:</u> 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.	<p>Agency is using or capable of using alternative methods of providing services (e.g., telehealth, curbside medicine, mailing prescriptions)</p> <p>Design policies and procedures to utilize telehealth to increase access to reproductive health services, especially for adolescents.</p> <p>OPA Clinic Locator Database is up to date to ensure ease of locating family planning clinics and accurate information regarding services offered and clinic hours.</p>	<p>Documentation of number of telehealth visits on deliverable reporting form.</p> <p>Participation in the telehealth training as provided by RHWP.</p> <p>Update Site and Service form (Attachment 4) and Change of Scope form (Appendix J) with opening or closing of service site or change in services offered.</p>
Provide and implement an outreach plan targeting to hard-to-reach and high need populations as reflected in their need's assessment.	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.	<p>Subrecipients may provide incentives to encourage clients to take advantage of Title X reproductive health services.</p> <p>Types of incentives may include the following:</p> <ul style="list-style-type: none"> • Gas cards • Phone minute cards • Transportation vouchers • Babysitting service voucher • Gift Card for Telehealth participants • Drawings/Raffles 	Subrecipient will report the number of incentives purchased and provided to clients on the deliverable reporting form and tracker.

Appendix E

PW24 Reproductive Health and Wellness Goals & Deliverables

	<p>Subrecipients must develop policy and procedure with very structured internal controls at the site level for who will receive incentives and how to track them.</p> <p>All incentives will be financially tracked.</p> <p>Funding requests to ODH will occur after purchase of the incentives and will be for the same amount as spent.</p> <p>Agency will not discriminate in their method of disbursing incentives.</p>	<p>Subrecipient will upload policy and procedure into GMIS with application to monitor incentive purchase and distribution</p> <p>Subrecipient will maintain accurate log of incentive purchases and distribution, which may be requested at any time by ODH.</p>
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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.	<p>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).</p> <p>Provide warm referrals to primary care or specialist for chronic disease management follow up care.</p>	<p>Upload referral list in GMIS by January 10, 2023, with the expenditure report.</p> <p>Report number of preconception health referrals to primary care or specialist for chronic disease management follow up care.</p>
Incorporate screening tools into all preconception health visits.	<p>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.</p> <p>Topics to address include the following: reproductive life plan, reproductive history, sexual history, chronic medical conditions, medications, mental health, tobacco use, alcohol and substance use, infectious disease, family and genetic history, nutrition, weight status, physical activity, psychosocial stressors, and environmental exposure. Examples – CEP Preconception Healthcare Tool or RHNTC Preconception Counseling Checklist or RHNTC Preconception Health Screening and Counseling</p>	<p>Upload preconception health tool(s) in GMIS by January 10, 2023, with the expenditure report.</p> <p>Report number of preconception health visits.</p> <p>Report number of preconception health tools/screenings conducted. (Report the number of full assessments, not individual number of RLPs or BPs).</p>

Appendix E

PW24 Reproductive Health and Wellness Goals & Deliverables

	<p>Offer opt-out STI testing with positive pregnancy tests.</p> <p>Update clinical policy to reflect offering opt-out STI testing with positive pregnancy tests.</p>	<p>Report the number of STI tests offered with positive pregnancy tests.</p> <p>Report the number of STI tests provided with positive pregnancy tests.</p> <p>Statement reflecting status of policy.</p>
<p>Provide community education and screening events based on preconception health.</p>	<p>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.</p> <p>Hold at least 4 preconception health screening events. Recommend structuring these events to count as visits. Provide referrals as needed.</p>	<p>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.</p> <p>Report number of referrals provided at each screening event.</p> <p>Report number of people reached, screened, visits (CVRs) provided at each screening event.</p> <p>Report number of participants at each community educational class/event.</p> <p>Report pretest and posttest results if applicable for educational sessions.</p>

Preconception Health and Wellness Program Income and Disbursement Reporting Form

Agency Name:
 GMIS Number:
 Budget Period: October 1, 2023 - March 31, 2025

Certification:
 I certify that the information being reported is accurate and can be supported by accounting records. I understand that the Ohio Department of Health has the authority to request documentation to support program income revenue received and disbursements. program income received for the Reproductive Health and Wellness subgrant program is only being used to support and enhance the RHWP program at our agency. Additionally, only program income earned in March may be carried over into the next budget period and must follow the first in first out rule.
 Signature: _____ Date: _____
 Agency Head listed in GMIS or authorized designee on file

Program Income Type	Budgeted Amount	October	November	*Quarterly December	January	February	*Quarterly March	April	May	*Quarterly June	July	August	*Quarterly September	October	November	*Quarterly December	January	February	*Quarterly March	Final Report	Total
Total client fees collected/self-pay																					\$ -
Client donations																					\$ -
Medicaid (Title XIX) including Managed Care Plans																					\$ -
Medicare (Title XVIII)																					\$ -
State CHIP																					\$ -
Private health insurance																					\$ -
Other, (please specify)																					\$ -
Total program Income Revenue Received	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
**Total program Income Disbursed																					\$ -

*Quarterly submissions only fill in gray quarterly reporting columns.
 **Amount should only include program income. DO NOT include grant dollars.

Remaining Prior Year Income: \$ -
 Revenue Received to date: \$ -
 Disbursed to date: \$ -
 Balance: \$ -

Expenditure Report Submission Instructions

PW24 RHWP Deliverable Objectives

The FY2024 Preconception Health and Wellness (PHW) Competitive solicitation contains three deliverables. Each subrecipient is to receive reimbursement for completed PHW activities when expenditure reports are submitted showing the **Deliverable** listed individually in the *Other Direct Costs* budget.

All incurred expenses for **Deliverable Objectives** are to be shown in the itemized **Other Direct Costs** category that corresponds to the specific deliverable objective. Each deliverable objective is to be shown as an incurred expense in the **Expenditure Report** when the deliverable objective is fully complete by activity. Each PWH deliverable will be considered complete according to the following table:

Deliverable Number	Deliverable	Type of Expense	What documentation is required?	How is payment determined?	When can the expense be submitted in GMIS?
1.1	By March 31, 2025, 100% of clients will have received comprehensive reproductive health and wellness direct healthcare services per nationally recognized standards of care.	<i>Other Direct Costs:</i> Deliverable 1	Self-reported on Deliverable Report Form (Appendix H)– will subsequently be validated via Ahlers	The payment per deliverable is based on the Total PHW Funding Requested for Deliverable 1 divided by the number of visits proposed on the FY2024 Reproductive Health and Wellness Program Budget Overview (Attachment #2)*	Each payment period payment may be requested for the # of PHW visits completed within that payment period**
1.2	By March 31, 2025, 100% of subrecipients will conduct a systematic and coordinated approach in quality improvement to enhance outcomes for patients.	<i>Other Direct Costs:</i> Deliverable 1	Self-reported on Deliverable Report Form (Appendix H) Part 1 and 2 of QI Plan (Appendix L)		
2.1	By March 31, 2025, 100% of subrecipients will have implemented and maintain appropriate financial and billing procedures.	<i>Other Direct Costs:</i> Deliverable 2	Self-reported on Deliverable Report Form (Appendix H)– will subsequently be validated at site reviews	Payment per billing period for the deliverable is based on the total maximum amount per deliverable/ 3 payment periods if monthly or 1 payment period if quarterly.	If met, each payment period in the first quarter of PHW24 payment may be requested.
2.2	By March 31, 2025, 100% of subrecipients will have implemented and utilize an electronic medical record (EMR) system.	<i>Other Direct Costs:</i> Deliverable 2	Self-reported on Deliverable Report Form (Appendix H)– will subsequently be validated at site reviews		
2.3	By March 31, 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.	<i>Other Direct Costs:</i> Deliverable 2	Self-reported on Deliverable Report Form (Appendix H)– will subsequently be validated via Ahlers and at site reviews Outreach Reporting form must be uploaded in GMIS If incentives are purchased, must maintain incentive tracking log		

Expenditure Report Submission Instructions

PW24 RHWP Deliverable Objectives

3	By March 31, 2025, 100% of subrecipients will provide preconception health clinical services and promote awareness of preconception health in the community.	<i>Other Direct Costs:</i> Deliverable 3	Self-reported on Deliverable Report Form (Appendix H)– will subsequently be validated at site reviews. Outreach Event Reporting form (Appendix K) must be used to report on education sessions and screening events. This form must be uploaded in GMIS for each educational session and community screening event.	Sub recipient may bill for up to 4 educational sessions and 4 community health screening events in the grant year. Payment is up to \$1,500 per outreach event and \$3,187.50 per community health screening event submission.	Payment may be requested up to 4 times for an educational session completion. Payment may be requested up to 4 times for a community health screening completion.
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*****For those sub recipients who have been awarded funding for multiple counties: Dollars designated for a county must be spent for services in that county.***

PHW24 Reproductive Health and Wellness Program Deliverable Reporting Form - This form **must** be completed and submitted each billing cycle. The form must be uploaded in GMIS in **the Expenditure Reports Comments section**. Reports are due on the same date as the Subrecipient Reimbursement Expenditure Reports.

PHW24 Reproductive Health and Wellness Program
Deliverable Reporting Form for Subrecipients Serving Multiple Counties

This form must be completed and submitted each billing cycle. The form must be uploaded in GMIS to the Expenditure Reports Comments section. Reports are due on the same date as the Subrecipient Reimbursement Expenditure Reports.

Sub recipient Agency Name: _____ **GMIS #** _____

Reporting Period: _____ **Reporting Unit:** ____ Monthly ____ Quarterly

Deliverable 1				
1.1: By March 31, 2025, 100% of clients will have received comprehensive reproductive health and wellness direct healthcare services per nationally recognized standards of care.				
1.2: By Monday, March 31, 2025, 100% of subrecipients will conduct a systematic and coordinated approach in quality improvement to enhance outcomes for patients.				
<div style="display: flex; justify-content: space-between;"> <div>Total Amount Requested this Billing Period for Deliverable 1:</div> <div style="border: 1px solid black; width: 200px; height: 20px;"></div> </div>				
	Number of client visits this reporting period	Number of special populations/faith based visits this period	Number of client visits served outside of childbearing status this period	Amount requested
County Name				
County Name				
County Name				
County Name				
	Quality Improvement Plan Part 1 <i>Attach RHWP QI plan template in GMIS in the program report section DUE 4/10/24</i>		Quality Improvement Plan Part 2 <i>Attach RHWP QI plan template in GMIS in the program report section DUE 8/10/24</i>	
County Name	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
County Name	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
County Name	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
County Name	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Deliverable 2				
2.1: By Monday, March 31, 2025, 100% of subrecipients will have implemented and maintain appropriate financial and billing procedures.				
2.2 By Monday, March 31, 2025, 100% of subrecipients will have implemented and utilize an electronic medical record (EMR) system.				
2.3 By Monday, 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.				
<div style="display: flex; justify-content: space-between;"> <div>Total Amount Requested this Billing Period for Deliverable 2:</div> <div style="border: 1px solid black; width: 200px; height: 20px;"></div> </div>				
	Agency has billed for 100% of clients with 3rd party coverage who are not seeking confidential services	Number of Telehealth Visits this reporting period	Number of clients who were assisted with enrollment to Medicaid /Insurance this period	Amount Requested
County Name	<input type="checkbox"/> Yes <input type="checkbox"/> No			

County Name	<input type="checkbox"/> Yes <input type="checkbox"/> No			
County Name	<input type="checkbox"/> Yes <input type="checkbox"/> No			
County Name	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	Number of outreach events this period <i>Attach Outreach Reporting form in GMIS in the Expenditure report section.</i>	Incentives Purchased this period (dollar amount) <i>If incentives are purchased, must maintain incentive tracking log</i>		
County Name				
County Name				
County Name				
County Name				

Deliverable 3			
3.1: By Monday, March 31, 2025, 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 preconception health visits this reporting period.		Number of STI tests offered with positive pregnancy test this period.	Number of STI tests provided with positive pregnancy test this period.
County Name			
County Name			
County Name			
County Name			
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.	Referral list <u>and</u> preconception health screening tool uploaded to GMIS by Jan 10, 2024.
County Name			<input type="checkbox"/> Yes <input type="checkbox"/> No
County Name			<input type="checkbox"/> Yes <input type="checkbox"/> No
County Name			<input type="checkbox"/> Yes <input type="checkbox"/> No
County Name			<input type="checkbox"/> Yes <input type="checkbox"/> No
		Number of community preconception health education sessions this period using provided teaching curriculum.	Number of preconception health community screening events this period.
County Name			
County Name			
County Name			
County Name			

PW24 Reproductive Health and Wellness Program

Deliverable Reporting Form for Subrecipients

This form must be completed and submitted each billing cycle. The form must be uploaded in GMIS to the Expenditure Reports Comments section. Reports are due on the same date as the Sub recipient Reimbursement Expenditure Reports.

Sub recipient Agency Name: _____ **GMIS #** _____

Reporting Period: _____ **Reporting Unit:** ____ Monthly ____ Quarterly

Deliverable 1		
1.1: By March 31, 2025, 100% of clients will have received comprehensive reproductive health and wellness direct healthcare services per nationally recognized standards of care.		
1.2: By March 31, 2025, 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:		<input style="width: 150px; height: 30px;" type="text"/>
Number of client visits this reporting period	Number of special populations/faith based visits this period	Number of visits outside of childbearing status this period
<input style="width: 50px; height: 30px;" type="text"/>	<input style="width: 50px; height: 30px;" type="text"/>	<input style="width: 50px; height: 30px;" type="text"/>
Quality Improvement Plan Part 1 <i>Attach QI plan template in GMIS in the program report section</i> <i>DUE 4/10/24</i>		Quality Improvement Plan Part 2 <i>Attach QI plan template in GMIS in the program report section</i> <i>DUE 8/10/24</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Deliverable 2		
2.1: By March 31, 2025, 100% of subrecipients will have implemented and maintain appropriate financial and billing procedures.		
2.2 By March 31, 2025, 100% of subrecipients will have implemented and utilize an electronic medical record (EMR) system.		
2.3 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.		
Total Amount Requested this Billing Period for Deliverable 2:		<input style="width: 150px; height: 30px;" type="text"/>
Agency has billed for 100% of clients with 3rd party coverage who are not seeking confidential services		<input type="checkbox"/> Yes <input type="checkbox"/> No
Number of Telehealth Visits this reporting period	Number of clients assisted with enrollment to Medicaid/insurance this period	
<input style="width: 50px; height: 30px;" type="text"/>	<input style="width: 50px; height: 30px;" type="text"/>	
Number of outreach events this period <i>Attach Outreach Reporting form in GMIS in the Expenditure report section.</i>	Incentives Purchased this period (dollar amount) <i>If incentives are purchased, must maintain incentive tracking log</i>	
<input style="width: 50px; height: 30px;" type="text"/>	<input style="width: 50px; height: 30px;" type="text"/>	

PW24 Reproductive Health and Wellness Program

Deliverable Reporting Form for Subrecipients

This form must be completed and submitted each billing cycle. The form must be uploaded in GMIS to the Expenditure Reports Comments section. Reports are due on the same date as the Sub recipient Reimbursement Expenditure Reports.

Sub recipient Agency Name: _____ GMIS # _____

Reporting Period: _____ Reporting Unit: ____ Monthly ____ Quarterly

Deliverable 3		
3.1: By March 31, 2025, 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:		<input type="text"/>
Number of preconception health visits this reporting period. <input type="text"/>	Number of STI tests offered with positive pregnancy test this period. <input type="text"/>	Number of STI tests provided with positive pregnancy test this period. <input type="text"/>
Number of visits with preconception health screening tool used this period. <input type="text"/>	Number of preconception health referrals to primary care or specialist for chronic disease management this period. <input type="text"/>	Referral list and preconception health screening tool uploaded to GMIS by Jan 10, 2024. <input type="checkbox"/> Yes <input type="checkbox"/> No
Number of community preconception health education sessions this period using provided teaching curriculum. (Bill for 4 sessions.)		<input type="text"/>
Number of preconception health community screening events this period (Bill for 4 events.)		<input type="text"/>

PW24 ODH Reproductive Health and Wellness Program

FPAR Data Report

Subrecipient Agency Name: _____ GMIS # _____

Data is for the calendar year (January-December 2023)

Data Point	Results
Number of reports made for child abuse	
Number of RHWP patients with HGSIL results	
Number of RHWP patients with LGSIL results	
Number of RHWP with positive HIV tests	
Number of anonymous HIV tests (regardless of results) for RHWP patients	
Number of FTE* Physicians working in the Reproductive Health and Wellness Program	
Number of FTE* Physician Assistants/Nurse Practitioners/ Certified Nurse Midwives working in the Reproductive Health and Wellness Program	
Number of FTE* Registered nurses with an expanded scope of practice who are trained and permitted by state-specific regulations to perform all aspects of the user physical assessment. working in the Preconception /Reproductive Health and Wellness Program	

**An FTE is a "full time equivalent (40hrs)" If you have 3 NPs that work 10 hours, 20 hours and 30 hours, this would be 1.5 FTEs (60hrs).*

Submit this form via GMIS to ODH RHWP no later than Thursday, **February 1, 2024.**

PW24 ODH Reproductive Health and Wellness Program

FPAR Data Report

Revenue Source	Amount
Title X	
1. Reproductive Health & Wellness Program grant	
Payment for Services	
2. Total client collections/self-pay	
3. Third-party payers	
3a. Medicaid (Title XIX)	
3b. Medicare (Title XVIII)	
3c. Children's Health Insurance Program (CHIP)	
3d. Other public health insurance	
3e. Private health insurance	
4. Total – Third-Party Payers (add rows 3a +3b + 3c + 3d + 3e)	
5. Total – Payment for Services (add row 2 + 4)	
Other Revenue	
6. Title V (MCH Block Grant)	
7. Title XX (Social Security Block Grant)	
8. TANF funds	
9. Local government revenue, i.e. levy funds	
10. State government revenue	
11. Bureau of Primary Healthcare (BPHC)	
12. Other: BCCP	
13. Other: United Way	
14. Other: Donations	
15. Other: Workers Comp	
16. Other: Specify_____	
17. Total – Other Revenue(add rows 6+7+8+9+10+11+12+13+14+15+16)	
18. Total Revenue(add rows 1 + 5 + 17)	

PHW24 Reproductive Health and Wellness Program

ODH & OPA Change of Scope FAQs

When do I need to submit a change of scope form?

1. Open a new service site.
2. Close an existing service site.
3. First enter or withdraw from the Title X program.

What do I need to do?

1. Fully complete the [Title X Family Planning Change in Scope Worksheet](#).
2. Write a formal letter explaining the following: (See page 2 for a sample).
 - a. Paragraph 1: Briefly describe the change, reasons affecting the change, effective date, and any budgetary implications of the proposed change.
 - b. Paragraph 2: Client notification process/plan.
 - c. Paragraph 3: Alternate Title X service sites that patients can be referred to.
 - d. Paragraph 4: Any continuing efforts or relocated personnel.
3. Send both to your **program consultant and Sandra Grieshop** at Sandra.Grieshiop@odh.ohio.gov.

When does OPA want the change of scope forms and formal letter?

1. OPA would like the documentation 90 days before a clinic opening or closure.



Department of Health

Mike DeWine, Governor
Jon Husted, Lt. Governor

Bruce Vanderhoff, MD, MBA, Director

DATE

SAMPLE

Re: Grant #FPHPA006567

Scott Moore, Grants Management Officer
Dept of Health and Human Services
Office of Grants Management, OASH
1101 Wootton Pkwy, Suite 550
Rockville, MD 20852

Dear Mr. Moore:

I am writing to request a change in Scope of Project for the OHIO DEPARTMENT OF HEALTH (ODH) Title X Family Planning Services Project.

ODH Sub-recipient, “ABC” Services is closing one service site. It was located in Town, Ohio. The clinic site had limited hours of operation (Tuesdays 1p.m., 4:40 p.m., and 4:30– 7 p m the second Tuesday of every month). Over the years the site has experienced a decrease in the number of clients served. Loss of staff at the clinic paired with financial issues for ABC Services has resulted in the determination to close the sites. The remaining grant funds allocated to this site will be distributed to the QRS site which had seen an increase in clients and an improvement in achieving their performance goals. The closure will be effective month day, year.

Clients have been notified of the closure via mail. A sign has been also posted at the clinics indicating closure and providing contact information for the past 30 days. Information has also been posted on the ABC website. Client medical records are available upon request.

Clients from the “name” clinic can be referred to the following Title X sites: “DEF” clinic in city/town, state and “RST” clinic in city/town, state. Clients from the "name" clinic can be referred to the following Title X sites: city/town, state and city/town, state.

“ABC Services” will continue to provide community education and outreach efforts to the ([geographic/state](#)) area. The Community Educator who was housed in the city/town, state clinic will be relocated and continue to provide programming in the area.

Please contact me if you have questions or need additional information.

Thank you for your assistance.

Sincerely,

246 North High Street
Columbus, Ohio 43215 U.S.A.

614 | 466-3543
www.odh.ohio.gov

The State of Ohio is an Equal Opportunity Employer and Provider of ADA Services.

Outreach Event Reporting Form

Event Name:	
Event Date:	Venue/Platform:
Event Timeline:	Targeted Counties:
List data sources used to determine target demographic:	

Description and Purpose of the event	Evaluation of Success	Number of people reached/ attended	Feedback
(Explain the “why” for this event)	(How will the success of the outreach be evaluated? Use quantitative values when evaluating the outreach success.)		Summarize feedback from the I&E committee: Testimonials from clients: Social Media Mentions (<i>if applicable</i>):

Budget Breakdown:

Total budget for this outreach event
Cost breakdown

Insights and Recommendations:

What worked?

What would be done differently next time?

Event's Screenshots:

(Insert pictures of your outreach event/campaign)

PW QI TEMPLATE

Part 1: **DUE WEDNESDAY, APRIL 10, 2024 in GMIS (Program Report)**

AIM: *State the overall goal the agency wants to achieve.*

PLAN: *What is happening now? What will happen if the agency tries something different? What is the change the agency plans to test?*

Develop a plan (who is going to do what, by when, and where?)

List of tasks needed to set up this test of change	Person responsible	When to be done	Where to be done	Measure to determine success
1.				
2.				
3.				
4.				

PW QI TEMPLATE

Part 2: **DUE SATURDAY, AUGUST 10, 2024 in GMIS (Program Report)**

DO: *Let's try it! Carry out the test. Document the data and observations.*

STUDY: *Did it work? Analyze the data.*

ACT: *Decide what to do. Is the agency going to: Adopt? Adapt? Abandon? Next steps:*

BUDGET JUSTIFICATION EXAMPLE (Deliverable Funding Only)

NOTES:

1. Budget justification line items **MUST** be in the same order as in the GMIS budget.

OTHER DIRECT COSTS

Deliverable – Objectives

(PLEASE REFER TO SUBGRANT SOLICITATION FOR THE REQUIRED SCENARIO)

(Note: Budget leverage cannot be used to move funding into or out of any Deliverables – Objective line item. Also, indirect cannot be charged against this line item.)

Scenario 1 (please refer to the solicitation to determine which scenario to use)

- Deliverable – Objective 1 \$10,000
Note: A brief description of how agency will accomplish meeting the deliverable may be required. Please refer to the solicitation to determine if this is required to be included in the budget justification. A detailed breakout of the deliverable budget is not required and should not be included in the budget justification.
- Deliverable – Objective 2 \$45,000
Note: A brief description of how agency will accomplish meeting the deliverable may be required. Please refer to the solicitation to determine if this is required to be included in the budget justification. A detailed breakout of the deliverable budget is not required and should not be included in the budget justification.
- Deliverable – Objective 3 \$75,000
Note: A brief description of how agency will accomplish meeting the deliverable may be required. Please refer to the solicitation to determine if this is required to be included in the budget justification. A detailed breakout of the deliverable budget is not required and should not be included in the budget justification.

Scenario 2 (please refer to the solicitation to determine which scenario to use)

- Deliverable – Objective 1
 - Franklin County \$40,000
 - Union County \$11,000
 - Madison County \$20,000
 - Licking County \$15,000

Note: A brief description of how agency will accomplish meeting the deliverable may be required. Please refer to the solicitation to determine if this is required to be included in the budget justification. A detailed breakout of the deliverable budget is not required and should not be included in the budget justification.

- Deliverable – Objective 2

Franklin County	\$52,500
Union County	\$9,500
Madison County	\$12,500
Licking County	\$16,500

Note: A brief description of how agency will accomplish meeting the deliverable may be required. Please refer to the solicitation to determine if this is required to be included in the budget justification. A detailed breakout of the deliverable budget is not required and should not be included in the budget justification.

- Deliverable – Objective 3

Franklin County	\$78,750
Union County	\$16,750
Madison County	\$8,750
Licking County	\$38,750

Note: A brief description of how agency will accomplish meeting the deliverable may be required. Please refer to the solicitation to determine if this is required to be included in the budget justification. A detailed breakout of the deliverable budget is not required and should not be included in the budget justification.

Scenario 3 (please refer to the solicitation to determine which scenario to use)

- Deliverable – Objective 1

Objective A	\$10,000
Objective B	\$20,000
Objective C	\$30,000
Objective D	\$40,000

Note: A brief description of how agency will accomplish meeting the deliverable may be required. Please refer to the solicitation to determine if this is required to be included in the budget justification. A detailed breakout of the deliverable budget is not required and should not be included in the budget justification.

- Deliverable – Objective 2

Objective A	\$12,500
Objective B	\$2,500
Objective C	\$1,500
Objective D	\$16,500

Note: A brief description of how agency will accomplish meeting the deliverable may be required. Please refer to the solicitation to determine if this is required to be included in the

budget justification. A detailed breakout of the deliverable budget is not required and should not be included in the budget justification.

- Deliverable – Objective 3

Objective A	\$28,750
Objective B	\$8,750
Objective C	\$1,750
Objective D	\$38,050

Note: A brief description of how agency will accomplish meeting the deliverable may be required. Please refer to the solicitation to determine if this is required to be included in the budget justification. A detailed breakout of the deliverable budget is not required and should not be included in the budget justification.

Total Other Direct Costs	\$Total
---------------------------------	----------------

Budget Grand Total	\$
---------------------------	-----------

Notes:

- 1. The budget justification must be signed by the agency head listed in GMIS.**
- 2. Budget revisions that do not include a signed budget justification by the agency head listed in GMIS will be disapproved.**
- 3. Authorized representative certification language must also be included with agency head signature.**

Subrecipient's authorized representative certifies the foregoing:

- Subrecipient understands and agrees that it must follow the federal cost principle that applies to its type of organization (2 CFR, Part 225; 2 CFR, Part 220; or, 2 CFR, Part 230).
- Sub-recipient's budgeted costs are reasonable, allowable and allocable under OGAPP and federal rules and regulations.
- The OGAPP and the rules and regulations have been read and are understood.
- Subrecipient understands and agrees that costs may be disallowed if deemed unallowable or in violation of OGAPP and federal rules and regulations.
- The appropriate programmatic and administrative personnel involved in this application are aware of agency policy in regard to subawards and are prepared to establish the necessary inter-institutional agreements consistent with those policies.
- Subrecipient agrees and understands that costs incurred in the fulfillment of the Deliverables must be allowable under OGAPP and federal rules and regulations to qualify for reimbursement.

[Signature]

[Print Name & Title]

Date]

PHW24 REPRODUCTIVE HEALTH AND WELLNESS PROGRAM ASSURANCES

1. Assurance that the applicant is familiar with and will comply with all ODH standards and guidelines, and that those services will be provided in accordance with the *Program Requirements for Title X Funded Family Planning Projects* of the DHHS Office of Population Affairs, April 2014, the Centers for Disease Control and Prevention, *Providing Quality Family Planning Services*, April 25, 2014, and the Office of Population Affairs *Title X Program Handbook*, July 2022.
2. Assurance that at least 60% of the patients served with this grant will have incomes at or below 100% of the Federal poverty level.
3. Assurance that Sliding Fee Scale reflecting the current Federal poverty guidelines will be used to assign charges to patients and that a schedule of charges, with sufficient proportional increments are used for patients with incomes between 101-250% of the Federal Poverty Level. Note: Agencies cannot require proof of income and must rely on patient declaration of income if no other income verification is available in order to determine where a patient falls on the Sliding Fee Scale. Patients with income at or below 100% of the Federal Poverty Level must not be charged.
4. Assurance that the program does not discriminate in the provision of services based on an individual's religion, residence, race, national origin, handicapping condition, age, sex, number of pregnancies, marital status, culture, ethnicity or sexual orientation.
5. Assurance that the applicant has the capacity to implement the data collection system utilized by the project which documents the provision of services. All data must be submitted by the eighth of the following month.
6. Assurance that the Health Insurance Portability and Accountability Act (HIPAA) is instituted in the agency.
7. Assurance that the applicant has the capacity to provide services to persons with Limited English Proficiency (LEP);
8. Assurance that the program provides services without subjecting individuals to any coercion to accept services or to employ any particular method of family planning.
9. Assurance that acceptance of services shall be solely on a voluntary basis and may not be made a prerequisite to eligibility for, or receipt of, any other services, assistance from, or participation in, any other program of the service provider.
10. Assurance that staff are trained to provide counseling/education on how to resist sexual coercion and to encourage family participation that promotes positive family relationships.
11. Assurance that the program is in compliance with State laws requiring notification or the reporting of child abuse, child molestation, sexual abuse, rape, or incest.
12. Assurance that services shall be provided by licensed clinical personnel, including but not limited to licensed doctors, licensed nurses, licensed social workers, and licensed counselors in a medical clinical setting.
13. Assurance that there is expanded access to a broad range of acceptable and effective family planning methods and related preventive health services. The broad range of services does not include abortion as a method of family planning.
14. Assurance that eligible funds will be spent on planned, approved and evaluated outreach strategies to hard-to-reach and/or vulnerable populations, and partnering with other community-based health and social service providers that provide needed services.
15. Assurance that the applicant's services are organized so that the reproductive health and wellness services are financially separate from abortion-providing and abortion-promoting activities.
16. Assurance that the applicant will provide referrals to clients for needed clinical or social services. Formal referrals (MOU or contracts) will be in place, as appropriate, with Primary Care Providers, Mental Health, Substance Abuse, and HIV Care Services.
17. Assurance that the applicant will provide reproductive health and wellness services as outlined in this application for the full budget period of October 1, 2023, to March 31, 2025. It is the expectation of ODH that clients will be served for the entire grant year.
18. Assurance that any activity targeted to adolescents do not normalize sexual risk behaviors, but instead clearly communicate the research informed benefits of delaying sex or returning to a sexually risk-free status.

Agency Name:	GMIS User #:
Authorized Signature:	Date:

PHW24 Reproductive Health and Wellness Program Budget Overview

Subrecipient Agency Name: _____

GMIS # _____

Applicants should see Maximum Amount of Funds Available by County (Appendix C2) to determine the amount of funding available for each deliverable.

Funding Proposal

\$ _____ Total PHW Funding Requested

.....

DELIVERABLE GOALS & OBJECTIVES

\$ _____ **Deliverable 1:** Clients will have received comprehensive reproductive health and wellness direct healthcare services per nationally recognized standards of care. Clients must be served for the entire grant year. Subrecipients will conduct a systematic and coordinated approach in quality improvement to enhance outcomes for patients. Subrecipients will conduct and report on at least 1 quality improvement project.

County Name	# Projected Visits
1.	
2.	
3.	
4.	

\$ _____ **Deliverable 2:** Subrecipients will implement and maintain appropriate financial and billing procedures. Subrecipients will implemented and utilize an EMR system. Subrecipients will serve hard to reach and vulnerable populations utilizing various clinical service delivery modalities to increase access and remove barriers to care.

\$ _____ **Deliverable 3:** Subrecipients will provide preconception health clinical services and promote awareness of preconception health in the community.

*See Maximum Amount of Funds Available by County (Appendix C2) for Available Funds

PW24 Reproductive Health and Wellness Program Itemized Budget

(Program use ONLY)

Subrecipient Agency Name: _____ **GMIS #** _____

Applicants should see Maximum Amount of Funds Available by County (Appendix C2) to determine the amount of funding available for each deliverable.

Funding Requested: \$ _____ **+ Projected Program Income:** \$ _____ **= Total Budget:** \$ _____

Budget breakdown:	Total Budgeted Amount	Midyear Report Billed amount (Oct. 1, 2023 – June 30, 2024)	Final Report Billed amount (Oct. 1, 2023 – Mar 31, 2025)
	Due with application	Due July 15, 2024	Due May 15, 2025
Personnel	\$	\$	\$
Advertising/Outreach	\$	\$	\$
Client expenses (such as client incentives, transportation etc.)	\$	\$	\$
Facility Costs (such as rent, depreciation, etc.)	\$	\$	\$
Fees (such as website maintenance, lab fees, background check, audit fees fiscal management services)	\$	\$	\$
Maintenance/Lease (such as liability insurance, postage, postage meter, copier, snow removal, trash removal etc.)	\$	\$	\$
Contracts	\$	\$	\$
Subscription/Publications	\$	\$	\$
Medical supplies (such as medical instruments for exams, medications etc.)	\$	\$	
Office supplies (such as file cabinet, tablets etc.)	\$	\$	\$
Program supplies (such as promotional materials, pelvic model etc.)	\$	\$	\$
Travel (such as in state, out of state travel costs)	\$	\$	\$
Utilities (such as gas, electric, water, telephone service, cell phone service etc.)	\$	\$	\$
Equipment (such as laptop computer, printer etc.)	\$	\$	\$
Other			
TOTAL	\$	\$	\$

Reproductive Health and Wellness Program

PHW24 Site and Service Form

Please fill in the yellow highlighted fields.

Subgrantee Agency Name:	
GMSIS Number:	

Site(s) Name	Address BOLD the administrative address List all clinic addresses of RHW physical sites only (sites where any person could make an appointment and be seen)	City, State, Zip	Service Area (by county)	Clinic Phone number For booking appointments	Clinic's Website address	Office Hours (see below)*	Provider/Clinician Hours (see below)**	Number of Visits Projected 2024 (see below)***	Please provide email addresses for those to be included on the RHWP/PHW listserve	Phone number(s) of the Project Director for each site	Does this site have mobile health clinic? (Y/N)

* – Times of day/days of month that the office is open to patients, such as to receive phone calls, make appointment, pick up refills, pregnancy tests, etc.

** – Times of day/days of month that a Clinician/Provider (MD/NP/PA/DO) is available to provide full RHWP medical services such as exams, prescribe medication, and evaluate problems for each site served.

*** – Number of client visits projected at the sub-grantee agency level for each site served

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

List sites where not anyone can make an appointment and be seen. For example, a clinic in a high school where only students may receive services, a prison where only inmates are treated, or a treatment center in which only residents have appointments.

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

Services Provided to ONLY Special Populations and/or Faith-based Organization

On-site or Offsite If offsite, please provide the address	Special Population or Faith-based Organization	Populations Served	Service Area (by county)	Provider/Clinician Hours

2024 Service Information

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

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

PW24 Reproductive Health and Wellness Program Plan

Applicants must use the PHW24 RHWP Goals and Deliverables Grid, Appendix E to populate the PHW24 Reproductive Health and Wellness Program Plan

One comprehensive program plan must be submitted by the applicant agency. Multiple program plans from the applicant agency and subcontractors will not be accepted.

Applicants should complete the program plan for each Objective proposed.

Goals: List the goals that will be addressed in the program plan.

Deliverable: List the deliverable that will be addressed in the program plan. Applicant must apply for Deliverable 1, 2, and 3. A detailed and specific work plan must be provided to be considered for this funding.

Strategy: For each deliverable, copy the specific strategies from the “RHWP Goals and Deliverables Grid” to the program plan. The strategies describe how the applicant will meet each measure. Strategies should align with program activities.

Activities: The applicant should copy the specific activities that will be implemented to address each strategy. Applicants must list all activities listed in the “RHWP Goals and Deliverables Grid” Applicants may provide additional activities as appropriate. Evaluation measures are provided for each strategy, but additional evaluation measures for specific activities should be included and documented in the program plan.

Benchmarks/Evaluation Measures: Copy the specific evaluation measures from the “RHWP Goals and Deliverables Grid” to the program plan. The evaluation measures describe how the strategies will be measured and evaluated. All evaluation measures associated with a strategy must be addressed. Program reports should reflect the enablers and/or barriers to meeting the proposed benchmark. **Evaluation measures cannot be altered.** However, additional evaluation measures for specific activities should be included in the program plan.

Person(s) Responsible: List the name of the person(s) that will be responsible for implementing the specific activities.

Timeline: Indicate the date the activities will be completed or accomplished. It is not acceptable to list “ongoing” or “at end of grant period” for any activities.

Accomplishments: Please note that the accomplishments column when submitted as the applicant’s initial program plan should remain blank. Applicants will complete the accomplishments column when they submit Mid-Year and Annual progress reports. A description of the accomplishments is due on two dates. A PHW24 Mid-Year Progress Report must be submitted by April 15, 2024. A PHW24 Annual Progress Report must be submitted after the close of the FY2024 grant year (November 15, 2024). Both Progress Reports should describe the overall progress, including results to date and comparison of actual accomplishments with proposed goals for the period, any current problems or favorable or unusual developments, and work to be performed during the succeeding period. The report should identify and elaborate on problems, delays, and adverse conditions that affect the subrecipient's ability to meet the program's objectives or time schedules. The Progress Reports should address how the specific evaluation measures are being addressed.

PW24 Reproductive Health and Wellness Program Plan

PHW Subrecipient Agency Name: _____ GMIS # _____ Date: _____

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

☐ Initial Program Plan

☐ Revised Program Plan

☐ Mid-Year Progress Report

☐ Annual Progress Report

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

PW24 RHWP Culturally and Linguistically Appropriate Services (CLAS) Strategic Plan

Subrecipient Agency Name: _____

GMIS # _____

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

- Based on what was learned from the CLAS self-assessment, activities should be identified to improve the cultural competency of services in FY2024.

- Submit this form with initial application, mid-year, and final report to show accomplishments.

This document is being submitted as: *(please check one)* ☐ **Initial Plan** (due with application) ☐ **Progress Report** (due 7/15/2024) ☐ **Final Report** (due 5/15/2025)

Objective	Activities	Person(s) Responsible	Begin/End Date	Evaluation	Accomplishments Mid-Year Report 10/1/2023 – 6/30/2024	Accomplishments Final Report 7/1/2024 – 3/31/2025
UNDERSTANDABLE AND RESPECTFUL CARE						
Standard #1: Understandable and Respectful Care	<ul style="list-style-type: none"> • Provide effective, equitable, understandable, respectful quality care, and services that are responsive to diverse cultural health beliefs and practices in preferred languages with health literacy, and other communication. • Signages • Interpretations • Translations of publication 					
GOVERNANCE, LEADERSHIP, AND WORKFORCE						
Standard #2: Diverse Staff and Leadership	<ul style="list-style-type: none"> • Recruit and promote diverse governance, leadership, and workforce that are responsive and supportive culturally and linguistically to the populations in the service areas. 					
Standard #3: Ongoing Education and Training	<ul style="list-style-type: none"> • Orient new staff members to cultural competence training • Develop orientation materials 	Administrative Staff	October 1, 2023 – September	Staff participation in ongoing	The percentage of staff who have participated in	The percentage of staff who have participated in

PW24 RHWP Culturally and Linguistically Appropriate Services (CLAS) Strategic Plan

EXAMPLE	<p>related to cultural competency.</p> <ul style="list-style-type: none"> Encourage all staff to participate in cultural competence training 	Clinical Staff	30, 2024	<p>training and education will be accounted for in a database.</p> <p>The percentage of staff who have participated in ongoing training will be assessed bi-monthly to monitor progress toward our objective.</p>	ongoing training and education increased from 75% to 90%.	ongoing training and education increased from 90% to 100%.
Standard #4: Language Assistance Services	<ul style="list-style-type: none"> Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all healthcare and services. 					
COMMUNICATION AND LANGUAGE ASSISTANCE						
Standard #5: Right to Receive Language Assistance Services	<ul style="list-style-type: none"> Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally, signages, and in writing. 					

PW24 RHWP Culturally and Linguistically Appropriate Services (CLAS) Strategic Plan

Standard #6: Informing About Language Assistance	<ul style="list-style-type: none"> Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided. 					
Standard #7: Competence of Language Assistance	<ul style="list-style-type: none"> Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area. 					
Standard #8: Patient-Related Materials	<ul style="list-style-type: none"> Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organization's planning and operations. 					
ENGAGEMENT, CONTINUOUS IMPROVEMENT, AND ACCOUNTABILITY						
Standard #9: Written Strategic Plan	<ul style="list-style-type: none"> Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities. 					

PW24 RHWP Culturally and Linguistically Appropriate Services (CLAS) Strategic Plan

Standard #10: Organizational Self-Assessment	<ul style="list-style-type: none"> Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery. 					
Standard #11 Patient / Consumer Data	<ul style="list-style-type: none"> Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area. 					
Standard #12: Community Profile	<ul style="list-style-type: none"> Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness. 					
Standard #13: Community Partnerships	<ul style="list-style-type: none"> Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints. 					

PW24 RHWP Culturally and Linguistically Appropriate Services (CLAS) Strategic Plan

Standard #14: Conflict/Grievance Processes	<ul style="list-style-type: none"> Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the public. 					
<p>Standard #15: Implementation of health equity action plan on an additional health equity topic.</p> <p>Example:</p> <p>Increase access to contraceptive services for young adults 18-24 in at least 3 neighborhoods with health disparities in birth spacing outcomes.</p>	<p>Example of needed steps</p> <ul style="list-style-type: none"> Describe tasks needed. Create SMART goals. Design and implement an evaluation plan. <ul style="list-style-type: none"> Review birth spacing data, maternal and infant mortality data, pregnancy related reports. Prioritize top 3 neighborhoods to target outreach. Conduct interviews with at least 10 young adults. Engage young adults on I & E Committee to develop marketing materials. Create and implement outreach and marketing plan with 18-24 Increase weekend and teen clinic hours. Train staff on new contraceptive approaches Build capacity of clinic to increase supply of contraceptives and EC 	<p>Clinical Staff</p> <p>Maternal & Infant Health Staff</p> <p>Communication Manager</p> <p>Data Team: Biostatistician</p> <p>Young Adults 18-24</p>	<p>October 1, 2023, to March 31, 2025</p>	<p># Of new young adults on I & E Committee</p> <p># Of interviews completed with 18-24 for marketing plan</p> <p># Of shares, # comments, # views for social media campaign in target neighborhoods</p> <p># Of staff who completed 100% of contraceptive</p>	<p>Increased awareness of clinic location & services among 18-24 adults in target neighborhoods</p> <p>Increase in stock of variety of contraceptives and EC from 75% to 90% at clinic</p> <p>% Staff implementing new contraceptive and EC protocols during client visits</p> <p>Increased use of reproductive life plan among of 18-24 adults from 85% to</p>	<p>% Of young adults sustained on I & E Committee</p> <p>Increased visits to clinic among clients aged 18-24</p> <p>Increased use of contraceptive services among young adults from 65% to 80% in priority neighborhoods</p> <p>Increased birth spacing interval from 12 months to 18 months among clients aged 18-24</p>

PW24 RHWP Culturally and Linguistically Appropriate Services (CLAS) Strategic Plan

				and EC training	100%	
				# Clients ages 18-24 with reproductive life plan		
				# And type of new contraceptives in stock clinic		

PW24 Reproductive Health and Wellness Program Fee Management

**This form is due with initial application for current RH24 subrecipients and
January 10, 2024 for new awardees.**

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

***Please be sure to attach complete fee schedules in GMIS**

2. Title X regulation states that service sites must follow a written policy and procedure requiring that a schedule of discounts be developed for services provided in the project and updated annually to be in accordance with the Federal Poverty Level. Please describe the rationale for how the sliding fee scale at your reproductive health clinic is developed. If clinic uses exact sliding fee scale sent out annually by the Ohio Department of Health, please state that below.

***Please be sure to attach your sliding fee scale in GMIS**

3. Please list all private insurance companies with which site has a contract in place.

PW24 Reproductive Health and Wellness Program

Fee Management

4. For each CPT code listed below, please fill in the current charge for the service, as well as the highest private insurance reimbursement rate for each code. If you are unable to pull data on the highest reimbursement rate for each CPT code, please think of your highest paying private insurer and list their reimbursement rates. If you do not use one of the CPT codes listed below, please add lines and list the codes for similar services that are offered at your clinic.

CPT Code	Code Description	Current Charge	Highest PI Reimbursement
99204	Comprehensive Visit, New (MOD)		
99211	Minimum, Est.		
99212	Problem Focus Visit, Est.		
99385	New 18-39		
99395	Est 18-39		
11981	Nexplanon Insertion		
11982	Nexplanon Removal		
58300	IUD/IUC Insertion		
58301	IUD/IUC Removal		
96372	Depo Injection Admin		