



MEMORANDUM

Date: October 31, 2022

To: Subrecipient agencies

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

Subject: Reproductive Health and Wellness Program Continuation Solicitation (RH24)

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

All electronic applications and attachments are due by 4:00 p.m., December 12, 2022. Applications received after the due date will not be considered for funding. Faxed, hand-delivered or mailed applications will not be accepted.

Electronic application components must be submitted via the on-line Grants Management Information System (GMIS). For new staff requiring GMIS access, you must successfully complete GMIS training offered by ODH.

Any award made through this program is contingent upon the availability of funds for this purpose. The subrecipient agency must be prepared to support the costs of operating the program until receipt of grant payments.

Submission of the **continuation application** constitutes acknowledgment and acceptance of ODH Grants Administration Policies and Procedures (OGAPP) Manual rules, policy and procedure updates posted on the GMIS Bulletin Board, and any other program-specific requirements as outlined in the competitive Solicitation. Reference the competitive Solicitation for more information. The competitive Solicitation for this grant program can be found on the ODH website [www.odh.ohio.gov]. 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 Michelle Clark at (614) 728-0774 or e-mail at Michelle.Clark@odh.ohio.gov.

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I. CONTINUATION FUNDING APPLICATION GUIDANCE

100% Deliverable Funding

A. Policy and Procedures: The Continuation Funding Application consists of three parts: Program Updates (if applicable), Program Budget and Budget Narrative, and Other Required Attachments.

Submission of the continuation application constitutes acknowledgment and acceptance of ODH GAPP (OGAPP) manual rules and any other program-specific requirements as outlined in the competitive Solicitation. This Solicitation pertains to budget period: April 1, 2023 – March 31, 2024 of the total project period, April 1, 2022 – March 31, 2027. Reference the competitive Solicitation for more information.

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

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

A. Number of Grants and Funds Available: The sources of funding for the Reproductive Health and Wellness Program subrecipient program are both state and federal funds. Only those subrecipients currently funded for this grant may apply. Up to 43 grants may be awarded for a total amount of \$8,887,500 which includes funding from the Maternal and Child Health Block Grant (Title V), The Population Research and Voluntary Family Planning Programs (Title X), and General Revenue Funds from the state of Ohio. 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 B2. Agencies may subcontract with other agencies to provide services. Agencies may collaborate with external partners on an application to provide services. To be considered for funding, the application must score at least 70% (174 of 248 points) on the Appendix D – Application Review Tool. If the application does not reach the minimum score, the application will be disqualified.

Eligible Award Amounts

Awards will be determined using two criteria. Applicants will be categorized by the average annual number of family planning client visits completed in the most recent one-year time frame. (See Table 1 for the maximum award amount per client volume). Applicant will be placed in the eligible award band at the maximum eligible award amount. Secondly, applicant will be ranked on the following measures: female population, age 13-44, by county; women aged 13-44 in need of publicly funded contraceptive services and supplies; rank chlamydia rate, male and female; and Social Vulnerability Index (SVI) (See Table 2.) Final awards will be determined using the eligible band amount and the county measure rank. Variables used in the SVI are socioeconomic status, household composition & disability, minority status

& language, and housing type and transportation. Link for more information regarding the SVI <https://www.atsdr.cdc.gov/placeandhealth/svi/index.html>

Agency award amounts will be based on a minimum required client visit of 100. Agencies meeting the minimum 100 client visits will be considered for funding at \$30,000. See Table 1 Eligible Award Amounts when projecting your number of client visits.

Funding amounts for all sub-recipients will be re-evaluated mid-year, with a potential decrease or increase in funding based on the number of client visits provided in the first five months. Technical Assistance will be provided to assist your program throughout the grant year.

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 sub recipient does not maintain the client volume on which the original award amount was based. The funding formula calculations may change at the discretion of the RHWP.

Table 1 Eligible Award Amounts

Eligible Award Amounts Band	Annual number of clients served	Eligible Award Amount
0	6,000 and above	Up to \$750,000
1	4,000 to 5,999	Up to \$650,000
2	2,500 to 3,999	Up to \$400,000
3	1,800 to 2,499	Up to \$300,000
4	1,300 to 1,799	Up to \$220,000
5	900 to 1,299	Up to \$160,000
6	550 to 899	Up to \$120,000
7	350 to 549	Up to \$80,000
8	250 to 399	Up to \$65,000
9	100 to 249	Up to \$50,000
10	100 visits	\$30,000

Once the above category is identified, the level of funding is based on the index below:

Table 2 Scoring Index

Index scoring/Weight determines dollar amount of award for each county	
1. Population, Female, aged 13-44, by county	20%
2. Women, aged 13-44, in need of publicly funded contraception	20%

3. Chlamydia rate, Male and Female	10%
4. Social Vulnerability Index	50%

In Fiscal Years 2023 through 2027, sub recipients must submit a non-competitive annual application. Each year continuing funding is contingent upon the availability of funds, accurate submission of reports; an 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.

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 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 the department of health 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.

B. Formatting Requirements for Attachments

- Properly label each item of the application packet (ex. budget narrative, program narrative).
- Each section should use 1.5 spacing with one-inch margins.
- Program and budget narratives must be submitted in portrait orientation and fit on 8 ½ x 11 paper when printed.
- Number all pages (print on one side only). Place agency name and GMIS number on each page.
- Use a 12-point font.
- Forms must be completed and submitted in the format provided by ODH.
- Program Narrative should not exceed 8 pages (**excludes** appendices, attachments, budget, and budget narrative).

C. Qualified Applicants:

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

1. Applicant does not owe funds in excess of \$1,000 to the ODH.
2. Applicant has not been certified to the Attorney General's (AG's) office.
3. Applicant has submitted application and all required attachments by **4:00 p.m. on Monday, December 5, 2022**.

To be considered for funding, the application must score at least 70% (98 of 140 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 July 30, 2023. The comprehensive review process includes electronically submitting all Title X policies and procedures, as well as the clinical protocol manual.

II. PROGRAM UPDATES:

Program should review the Evidence of Health Equity Strategies Checklist in Appendix C when drafting the program narrative, objectives, and workplan.

- A. **Program Progress Report: 1) Attach the program progress report for the current grant period. If the program progress report is not scheduled to be submitted before the application due date, then it must be submitted with the application.** Progress should be reported via the approved FY2022 RHWP interim progress report, which was due on **October 15, 2022**, for the period **April 1, 2022 – September 30, 2022**. The interim progress report should include mid-year updated RHWP Program Plan (Attachment 5), chart review summary, Culturally and Linguistically Appropriate Services in Health Care (CLAS) Strategic Plan, itemized budget, and a separate narrative progress report.
- B. **Program Narrative:** Complete and submit a narrative statement (do not exceed [8] pages) which explains any changes to program scope, personnel, partnerships with agencies or organizations, or other information the subrecipient wishes to share for continuation funding. If the agency was unable to meet grant expectations, the agency should also identify and elaborate on problems, delays, and adverse conditions and explain the plan to address the issues.

The applicant's plan is expected to adhere to the Title X statutory purpose and goals for the establishment and operation of voluntary family planning projects which shall offer a broad range of acceptable and effective family planning methods and clinical services (including natural family planning methods, infertility services, and services for adolescents), while meeting all of the statutory and regulatory requirements and restrictions, including that none of the funds shall be used in programs where abortion is a method of family planning. A Title X project may not perform, promote, or support abortion as a method of family planning.

All activities funded under this announcement must be in compliance with the Title X statute, as well as the program regulations and legislative mandates, as applicable. Copies of the Title X statute, regulations, and legislative mandates may be downloaded from the Office of Population Affairs web site at <http://www.hhs.gov/opa>.

- C. **Objectives and Work Plan:** Complete and submit a short summary of any changes in the Specific, Measurable, Achievable, Results-Oriented, and Time-Based (SMART) objectives and submit an updated work plan. Reference the competitive Solicitation for information. This should be based on a review of the Progress Plans submitted to date. Provide a brief report addressing elements of each objective and activity, including current status (met, ongoing or unmet); major findings; and barriers and how barriers were addressed.

Complete the FY2024 RHWP Program Plan (Attachment 5) using the RHWP Goals & Objectives Grid (Appendix E). Refer to Appendix E: Goals and Deliverable Grid of the Competitive Solicitation for expected activities and evaluation measures. One comprehensive program plan must be submitted by the applicant agency. Multiple program plans are not acceptable. Direct reproductive health care services using nationally recognized standards of care are a requirement for all RHWP applicants. Deliverable Goals must be included by all applicants. Complete the Program Plan for all deliverables in which the agency is requesting funding.

Applicants must address outreach too hard to reach and/or vulnerable populations and partnering with other community-based health and social service providers that provide needed services.

D. Documentation and Progress on Health Equity and Disparity Reduction Activities:

Please provide detailed updates on the goals, objectives and deliverables specified in the Competitive Solicitation relating to health equity. This information must be supported by data. Continuation Solicitations should prepare a summary of activities completed, during the previous funding period, to outreach to the priority populations and / or neighborhoods specified in their plan.

Complete the Evidence of Health Equity Strategies Form (Appendix C1). Provide descriptions on how program addresses each health equity strategy in the current funding period. Submit a CLAS Plan for FY2024. Complete the plan for all 15 Standards.

E. Program Budget: Prior to completion of the budget section, reference the competitive Solicitation for unallowable costs and review criteria.

- 1. Budget Narrative:** Provide a budget justification narrative outlining how the deliverable will be met. (A budget justification example can be found on GMIS and Appendix M).

For your convenience, a budget justification narrative example is available at <https://odhgateway.odh.ohio.gov/gmis/forms/BulletinForm.aspx>.

Match or Applicant Share is not required by this program. Do not include match or Applicant Share in the budget and/or the Applicant Share column of the Budget Summary. Only the narrative may be used to identify additional funding information from other resources.]

- 2. 2024 Budget via GMIS:** Complete requested budget information as follows:

- Other Direct Costs:** Submit a budget for this section and the necessary form(s) to support costs for the period 4/1/2023 to 3/31/2024.

The applicant shall retain all original fully executed contracts on file.

- Compliance:** Answer each question on this form. Completion of the form ensures your agency's compliance with the administrative standards of ODH and federal grants.

- 3. Unallowable Costs:** Funds **may not** be used for the following:

1. To advance political or religious points of view or for fund raising or lobbying;
2. To disseminate factually incorrect or deceitful information;
3. Consulting fees for salaried program personnel to perform activities related to grant objectives;
4. Bad debts of any kind;
5. Contributions to a contingency fund;
6. Entertainment;
7. Fines and penalties;
8. Membership fees — unless related to the program and approved by ODH;
9. Interest or other financial payments (including but not limited to bank fees);
10. Contributions made by program personnel;

11. Costs to rent equipment or space owned by the funded agency;
12. Inpatient services;
13. The purchase or improvement of land; the purchase, construction, or permanent improvement of any building;
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 or promote abortion services.

Subrecipients will not receive payment from ODH grant funds used for prohibited purposes. ODH has the right to recover funds paid to subrecipients for purposes later discovered to be prohibited. Please refer to the OGAPP manual for additional information.

Subrecipients who are contracting the clinical services and keeping an administrative fee may not keep more than 20% of the award amount. Additionally, the subrecipient must be able to document all Reproductive Health grant funding is spent on 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.

F. Other Application Requirements:

Program Specific Attachments: Complete and submit the following attachments.

- Attachment 1 - Assurances
- Attachment 2 - Budget Overview
- Attachment 3 - Itemized Budget
- Attachment 4 - Site and Service
- Attachment 5 - Program Plan, with Outreach Plan explained
- Attachment 7 - Fee Management
- Appendix C1 – Evidence of Health Equity Strategies Form
- Appendix C2 – CLAS Plan

All attachments must clearly identify the authorized program name and program numbers.

a. Other Required Documentation:

- Subrecipients are required to maintain their current supplier information in the State of Ohio Supplier Portal. This information includes, but is not limited to, Electronic Funds Transfer (EFT), 1099 Form and current address.

This information is maintained on the following website: <http://supplier.ohio.gov/>.

Note: Subrecipients future payments will be held if the agency receives a paper check due to the EFT information not being properly maintained in the supplier portal.

- **Audit:** Subrecipient agencies are responsible for submitting an audit report. Once an audit is completed, a copy must be sent to ODH via audits@odh.ohio.gov. Reference the GMIS Bulletin Board for more information.
- **Civil Rights Review Questionnaire — EEO Survey:** The Civil Rights Review Questionnaire (EEO) Survey is a part of the Application Section of GMIS. Subrecipients must complete the questionnaire as part of the application process. This questionnaire is submitted automatically with each application via the Internet.
- **Assurances Certification:** Each subrecipient must acknowledge the Assurances (Federal and State Assurances for Sub-grantees) form in GMIS. The Assurances Certification sets forth standards of financial conduct relevant to receipt of grant funds and is provided for informational purposes. The listing is not all-inclusive and any omission of other statutes does not mean such statutes are not assimilated under this certification. Review the form and then press the “Complete” button. By submission of an application, the subrecipient agency agrees by electronic acknowledgment to the financial standards of conduct as stated therein.
- **Federal Funding Accountability and Transparency Act (FFATA):** All 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 in order to submit the application.)

- **For Non-Profit Organizations Only:**
 1. **Liability Coverage:** Liability coverage is required for all non-profit agencies. Non-profit organizations must submit documentation validating current liability coverage. Attach the current Certificate of Insurance Liability in GMIS.
 2. **Non-Profit Organization Status:** Non-profit organizations must submit documentation validating current status. If changed, attach in GMIS the Internal Revenue Services (IRS) letter approving non-tax-exempt status.

G. Human Trafficking:

Human trafficking is defined by the use of force, fraud, or coercion to compel victims into performing labor or commercial sex acts. Populations at increased risk include but are not limited to lesbian-gay-bisexual-transgender-questioning individuals, individuals with disabilities, undocumented immigrants, runaway and homeless youth, temporary guest-workers, and low-income individuals.

The ODH is committed to the elimination of human trafficking in Ohio. If applicable to the subrecipient program, ODH will give priority consideration to those subrecipients who can demonstrate the following:

- a. Victims of human trafficking are included in your agency's target population that may include, but are not limited to the following:
 1. Populations at increased risk
 2. Mental health population
 3. Homeless population
- b. Agency promotes the expansion of services to identify and serve those affected by human trafficking.

☒ Applicable ☐ Not Applicable to Reproductive Health and Wellness Program

H. Post Submission Requirements:

Continuation applicants are required to submit subrecipient program and expenditure reports.

Note: Failure to assure quality of reporting such as submitting incomplete and/or late program or expenditure reports will jeopardize the receipt of future agency payments.

Reports shall be submitted as follows:

- a. **Program Reports: Subrecipient Program Reports must be completed and submitted via GMIS** by the following dates. **Program reports that do not include required attachments (non-Internet submitted) will not be approved.** All program report attachments must clearly identify the authorized program name and grant number.

☒ Program Reports Required ☐ No Program Reports Required

Period	Report Due Date
April 1, 2023 – September 30, 2023	October 15, 2023
April 1, 2023 – March 31, 2024	May 15, 2024
Ahler's data	8 th of each month

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

Mandatory Meetings/Trainings – All funded RHWP 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/Conference calls-as provided by RHWP staff or Clinical Training Center. Providers/Clinicians, Program Directors and necessary staff are required to attend at a minimum of 70%. CEUs will be provided when available.

Required Reports:

- **ODH Reproductive Health and Wellness Program Plan (Attachment 5) is due with the application and demonstrates the goals for the upcoming year.**
 - An **Interim progress report** is due by via GMIS attachment in the Project Comments Section on **October 15, 2023**, for the period **April 1, 2023 – September 30, 2023**. 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 RHWP 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 RHWP Program Plan (Attachment 5), chart review summary, CLAS Plan (Appendix C2), and Itemized Budget (Attachment 3), and a separate narrative progress report must be submitted via GMIS in the Project Comments Section.
 - **Final Program Report:** A final progress report that documents accomplishments made on goals and objectives for the period of **April 1, 2023-March 31, 2024**, is due via GMIS attachment in the Project Comments Section by **May 15, 2024**. The applicant agency is responsible for completing the RHWP 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 RHWP Program Plan (Attachment 5), chart review summary, CLAS Plan (Appendix C2), and Itemized Budget (Attachment 3), and a separate narrative progress report must be submitted via GMIS in the Project Comments Section.
- **The Ohio Department of Health Reproductive Health and Wellness Program 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 off-site but no payment provided or not provided.
- **The Culturally and Linguistically Appropriate Services in Health Care (CLAS) Strategic Plan:** The FY2024 RHWP CLAS Strategic Plan (Attachment 6 Appendix C2) 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 **October 15, 2023**, and with the final report by **May 15, 2024**. Complete all 15 standards on the CLAS Plan.
- **Fee Management:** The FY24 Reproductive Health and Wellness Program Fee Management Form (Attachment 7) must be completed and submitted with application via GMIS attachment in the Project Comments Section. This form will be utilized to assist applicant in developing a fee schedule and sliding fee scale. Agency must attach a complete sliding fee scale and a fee schedule with application via GMIS in the Project Comments section.

- **Budget Overview:** The FY2024 Reproductive Health and Wellness Program 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 B2) for the amount of available funds for each deliverable.
 - **Itemized Budget:** The FY2024 Reproductive Health and Wellness Program 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 (**October 15, 2023**) and your final report (**May 15, 2024**).
 - **ODH Reproductive Health and Wellness Program Patient Data:** ODH RHWP Patient Data is due electronically to Ahlers & Associates (<http://www.ahlerssoftware.com>) by the **8th of each month**. Final data for FY2024 is due to the data contractor **April 8, 2024**. Failure to submit data accurately and on time may impact the timing and level of funding.
 - **Reproductive Health and Wellness Program 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:** Subrecipient Monthly Expenditure Reports **must** be completed and submitted **via GMIS** by the following dates:

Period	Report Due Date
April 1 – 30, 2023	May 10, 2023
May 1 – 31, 2023	June 10, 2023
June 1 – 30, 2023	July 10, 2023
July 1 – 31, 2023	August 10, 2023
August 1 – 31, 2023	September 10, 2023
September 1 – 30, 2023	October 10, 2023
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

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

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

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

- c. **Final Expenditure Reports:** A Subrecipient Final Expenditure Report reflecting total expenditures for the fiscal year must be completed and submitted **via GMIS** by 4:00 p.m. on or before May 5, 2024. 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 ODH’s GMIS system indicates acceptance of OGAPP. Clicking the “Submit” or “Approve” button signifies your authorization of the submission as an agency official and constitutes your electronic acknowledgment and acceptance of OGAPP rules and regulations.

APPENDICES

- A. Continuation Solicitation Reimbursement Type Form
- B. B1 Deliverable — Objective Descriptions
B2 Deliverable — Objective Allocations
- C. Evidence of Health Equity Strategies Checklist
C1 Evidence of Health Equity Strategies Form
C2 Culturally and Linguistically Appropriate Services (CLAS) Plan
- D. Application Review Tool
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- J. Change of Scope
- K. Outreach Event Reporting Form
- L. Quality Improvement Plan
- M. Budget Justification Example

Appendix A

Submission Required

CONTINUATION SOLICITATION REIMBURSEMENT TYPE FORM

See due date below

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

ODH Program Title:
Reproductive Health and Wellness
Program – RH24

Reimbursement Type (check one) Monthly ☐ **OR** Quarterly ☐

(Please note that no changes to the reimbursement type can be made after the project number is created in GMIS. No waivers/appeals will be accepted.)

Please print:

Current Project Number _____

Applicant Agency/Organization _____

Applicant Agency Address _____

Agency Contact Person Name and Title _____

Telephone Number _____

E-mail Address _____

Agency Head (Print Name)

Agency Head (Signature)

Please note that the agency head listed above must match the agency head listed in GMIS. Unless a new agency, NOIAF's will not be accepted if name doesn't match what is listed in GMIS.

Due to ODH by November 7, 2022

Please email completed form to Karen Tinsley (karen.tinsley@odh.ohio.gov).

Appendix B1

Name of Subgrant Program: Reproductive Health and Wellness

Budget Period: April 1, 2023 – March 31, 2024

Of Deliverables: 2

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

100% Deliverables

Deliverable 1 – Objective 1: By March 31, 2024, 100% of clients will have received comprehensive reproductive health and wellness direct health care services per nationally recognized standards of care.

Deliverable 2 – Objective 1: By March 31, 2024, sub-recipients will have implemented activities to support infrastructure and program sustainability.

Appendix B2

Form# OFA-011

Name of Subgrant Program:**Budget Period:****# of Deliverables:****Use Budget Justification Scenario
#:**☐ **Base Only**☐ **Base and Deliverables**☒ **Deliverables Only**

	Deliverable 1 - Objectives 1-2	Deliverable 2- Objectives 1- 3	Total
Adams/Brown Counties Economic Opportunities, Inc. (serving Adams & Brown Counties)	\$ 64,750.00	\$ 27,750.00	\$ 92,500.00
Adams County	\$ 33,250.00	\$ 14,250.00	\$ 47,500.00
Brown County	\$ 31,500.00	\$ 13,500.00	\$ 45,000.00
Allen County Health Department	\$ 112,000.00	\$ 48,000.00	\$ 160,000.00
		\$ -	
AFWI (Montgomery)	\$ 35,000.00	\$ 15,000.00	\$ 50,000.00
		\$ -	
Belmont County General Health District	\$ 56,700.00	\$ 24,300.00	\$ 81,000.00
Cambridge - Guernsey County Health Department	\$ 63,000.00	\$ 27,000.00	\$ 90,000.00
Cincinnati Health Department (Hamilton County)	\$ 525,000.00	\$ 225,000.00	\$ 750,000.00
Clark County Combined Health District	\$ 210,000.00	\$ 90,000.00	\$ 300,000.00
Cleveland City Health Department (Cuyahoga County)	\$ 455,000.00	\$ 195,000.00	\$ 650,000.00

Columbus City Health Department (Franklin County)	\$ 525,000.00	\$ 225,000.00	\$ 750,000.00
Community Health Centers of Greater Dayton (Montgomery)	\$ 154,000.00	\$ 66,000.00	\$ 220,000.00
Erie County Health Department	\$ 199,500.00	\$ 85,500.00	\$ 285,000.00
Fayette County Health Department	\$ 83,125.00	\$ 35,625.00	\$ 118,750.00
Family Health Services of East Central Ohio (serving Fairfield, Licking, Muskingum, and Perry Counties)	\$ 367,325.00	\$ 157,425.00	\$ 524,750.00
Fairfield County	\$ 31,500.00	\$ 13,500.00	\$ 45,000.00
Licking County	\$ 138,600.00	\$ 59,400.00	\$ 198,000.00
Muskingum County	\$ 154,000.00	\$ 66,000.00	\$ 220,000.00
Perry County	\$ 43,225.00	\$ 18,525.00	\$ 61,750.00
Fulton County Health Department (serving Fulton & Williams Counties)	\$ 108,500.00	\$ 46,500.00	\$ 155,000.00
Fulton County	\$ 78,750.00	\$ 33,750.00	\$ 112,500.00
Williams County	\$ 29,750.00	\$ 12,750.00	\$ 42,500.00
Gallia County General Health District	\$ 106,400.00	\$ 45,600.00	\$ 152,000.00
Healthcare 2000 Community Clinic (Wayne)	\$ 87,500.00	\$ 37,500.00	\$ 125,000.00
Highland Co. Community Action Organization	\$ 93,100.00	\$ 39,900.00	\$ 133,000.00
Clinton County	\$ 33,250.00	\$ 14,250.00	\$ 47,500.00
Highland County	\$ 59,850.00	\$ 25,650.00	\$ 85,500.00
Huron County General Health District	\$ 59,850.00	\$ 25,650.00	\$ 85,500.00

Kno-Ho-Co-Ashland CAC (serving Ashland, Coshocton, Holmes, & Knox Counties)	\$ 430,500.00	\$ 184,500.00	\$ 615,000.00
Ashland County	\$ 83,125.00	\$ 35,625.00	\$ 118,750.00
Coshocton County	\$ 146,300.00	\$ 62,700.00	\$ 209,000.00
Holmes County	\$ 31,500.00	\$ 13,500.00	\$ 45,000.00
Knox County	\$ 138,600.00	\$ 59,400.00	\$ 198,000.00
Lawrence County Health Department	\$ 63,000.00	\$ 27,000.00	\$ 90,000.00
Lorain County General Health District	\$ 266,000.00	\$ 114,000.00	\$ 380,000.00
Lucas County Health Department	\$ 154,000.00	\$ 66,000.00	\$ 220,000.00
Madison County-London City Health Department	\$ 31,500.00	\$ 13,500.00	\$ 45,000.00
Medina County Health District	\$ 38,675.00	\$ 16,575.00	\$ 55,250.00
Miami County Health District	\$ 29,750.00	\$ 12,750.00	\$ 42,500.00
Morrow County Health Department	\$ 29,750.00	\$ 12,750.00	\$ 42,500.00
Noble County Health Department	\$ 40,950.00	\$ 17,550.00	\$ 58,500.00
Ottawa County Health Department	\$ 29,750.00	\$ 12,750.00	\$ 42,500.00
Portsmouth City Health Department (Scioto County)	\$ 154,000.00	\$ 66,000.00	\$ 220,000.00
Richland Public Health	\$ 280,000.00	\$ 120,000.00	\$ 400,000.00

Sandusky Co. General Health District	\$ 116,375.00	\$ 49,875.00	\$ 166,250.00
Sandusky County	\$ 83,125.00	\$ 35,625.00	\$ 118,750.00
Seneca County	\$ 33,250.00	\$ 14,250.00	\$ 47,500.00
Signature Health, Inc. (serving Ashtabula & Lake Counties)	\$ 353,500.00	\$ 151,500.00	\$ 505,000.00
Ashtabula County	\$ 112,000.00	\$ 48,000.00	\$ 160,000.00
Lake County	\$ 178,500.00	\$ 76,500.00	\$ 255,000.00
Cuyahoga County	\$ 63,000.00	\$ 27,000.00	\$ 90,000.00
Stark County Health Department	\$ 112,875.00	\$ 48,375.00	\$ 161,250.00
Stark County	\$ 83,125.00	\$ 35,625.00	\$ 118,750.00
Carroll County	\$ 29,750.00	\$ 12,750.00	\$ 42,500.00
Summit County General Health District	\$ 83,125.00	\$ 35,625.00	\$ 118,750.00
Talbert House Health Center (Butler)	\$ 83,125.00	\$ 35,625.00	\$ 118,750.00
Trumbull County Health Department	\$ 63,000.00	\$ 27,000.00	\$ 90,000.00
Tuscarawas County General Health District	\$ 100,800.00	\$ 43,200.00	\$ 144,000.00
Union Co. General Health District (serving Crawford, Logan, Marion, & Union Counties)	\$ 122,500.00	\$ 52,500.00	\$ 175,000.00
Marion County	\$ 35,000.00	\$ 15,000.00	\$ 50,000.00
Union County	\$ 74,375.00	\$ 31,875.00	\$ 106,250.00
Warren County Combined Health District	\$ 74,375.00	\$ 31,875.00	\$ 106,250.00

Women's Health Center of Jefferson County	\$ 154,000.00	\$ 66,000.00	\$ 220,000.00
Wood County Combined Health District	\$ 40,950.00	\$ 17,550.00	\$ 58,500.00
Youngstown City Health Department (Mahoning)	\$ 63,000.00	\$ 27,000.00	\$ 90,000.00
Total	\$ 6,221,250.00	\$ 2,666,250.00	\$ 8,887,500.00

Appendix C

ODH Evidence of Health Equity Strategies Checklist

This checklist should be used to support planning, implementation, and evaluation of equitable strategies to reduce disparities and overcome social determinants of health. This checklist is a guide to establish a baseline criterion that all projects funded by ODH to support alignment with established priorities to achieve optimal health for all Ohioans.

Health Disparities, Health Inequities, Social Determinants of Health & Health Equity

Racial and ethnic minorities, those living in rural communities, people with disabilities, the LGBTQ community and Ohio's economically disadvantaged residents do not have the same opportunities as other groups to achieve and sustain optimal health. Health disparities occur when these groups experience more disease, death, or disability beyond what would normally be expected based on their relative size of the population. Health disparities are often characterized by such measures as disproportionate incidence, prevalence and/or mortality rates of diseases or health conditions. Health is largely determined by where people live, learn, work, play, and age. Health disparities are unnatural and occur because of low socioeconomic status, race/ethnicity, sexual orientation, gender, disability status, geographic location, or some combination of these factors. Those most impacted by health disparities also tend to have less access to resources like healthy food, safe housing, quality education, safe neighborhoods and freedom from racism and other forms of discrimination. These are referred to as **social determinants of health (SDOH)**. SDOH are a root cause of health disparities. The systematic nature of health disparities is considered unjust and is referred to as **health inequities**. The ability of everyone to have the same opportunity to achieve the best health possible is referred to as **health equity**. Programs that incorporate social determinants into the planning and implementation of interventions will greatly contribute to advancing health equity.

The ODH is committed to the elimination of health disparities and achieving health equity for all Ohioans. The items below are requirements for all applicants to ensure health equity is embedded within all components of the application (e.g., Goals, Program Narrative, and Objectives.)

- 1) Identify specific groups who experience a disproportionate burden of disease, health condition or health outcome targeted by this solicitation. See Ohio's State Health Assessment Ohio's health data. <https://odh.ohio.gov/wps/portal/gov/odh/explore-data-and-stats/interactive-applications/2019-online-state-health-assessment>
- 2) Identify geographic reference points (i.e., census tracts, census block groups or zip codes) to specify where program activities are focused. Consider using the Ohio Health Improvement Zones Dashboard to determine or refine your priority service areas. The dashboard was created to support and aid efforts to reach Ohioans living in communities that may experience barriers to health. The dashboard quantifies specific factors that affect the resilience of individuals and communities to achieve optimal health and overcome a disaster like COVID-19.

By understanding where these populations are located and what factors contribute to their levels of risk and overall health outcomes, subrecipients can collectively and holistically develop strategies to improve health in the communities that need it most. Interactive maps, census tract information and more can be found on the Ohio Health Improvement Zones Dashboard, here: <https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/health-equity/health-improvement-zones>.

- 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.

Consider using the Community Wellbeing: Social Determinants of Health Dashboard to identify these areas. The Social Determinants of Health dashboard provides greater insight into the condition that impact Ohioans' ability to live out a healthy lifestyle. The dashboard can be filtered by five (5) domains and over 100 attributes/metrics that impact health, including Economic Vitality, Neighborhood and Physical Environment, Healthcare Access and Quality, Education Access and Quality, and Social and Community Environment. Data is utilized from the Census Bureau, the Centers for Disease Control and Prevention, and American Community Survey at the census tract level which helps to understand which programming can most benefit specific communities. This can be found here: <https://data.ohio.gov/wps/portal/gov/data/view/social-determinants-of-health>

- 4) Identify measurable health equity targets that demonstrate reducing disparities and improving health equity are critical goals to be achieved through program activities. This information must also be supported by data. For guidance on methodology to establish equity targets, review [2030 Target Setting Methodologies for Objectives in Healthy People 2030](#).
- 5) Outline specific evaluation strategies to measure the impact of program activities on decreasing and/or eliminating health disparities and health inequities.

The following are best practices 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.

Appendix C1 - Evidence of Health Equity Strategies Form

Program Name: _____ Program Number: _____

The ODH is committed to the elimination of health disparities and achieving health equity for all Ohioans. The items below are requirements and recommendations for all applicants to ensure health equity is embedded within all components of the application (e.g., Goals, Program Narrative, and Objectives.)

Please describe how applicant's program addresses each health equity strategy in the current funding period.

Evidence of Health Equity Strategies in Program Application	Summarize Data of Activities Completed
<i>ODH Required:</i> 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	
<i>ODH Required:</i> Identify geographic reference points (i.e., census tracts, census block groups or zip codes) to specify where program activities are focused. https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/health-equity/health-improvement-zones .	
<i>ODH Required:</i> 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. https://data.ohio.gov/wps/portal/gov/data/view/social-determinants-of-health	
<i>ODH Required:</i> 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 .	
<i>ODH Recommended:</i> Outline specific evaluation strategies to measure the impact of program activities on decreasing and/or eliminating health disparities and health inequities.	
<i>ODH Recommended:</i> 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 .	
<i>ODH Recommended:</i> Develop staffing plans where board members, leadership and program staff reflect the race, ethnicity, background, and/or culture of the population being served.	
<i>ODH Recommended:</i> 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.	
<i>Program Required:</i> Submit the Culturally and Linguistically Appropriate Services (CLAS) initial plan for Standards 1-15.	
<i>Program Required:</i> Submit Health Equity Action Plan. (CLAS plan Standard 15).	

<i>Program Required:</i> Offer direct healthcare clinic hours outside of Monday through Friday, 9am-4:30pm.	
<i>Program Required:</i> Provision of comprehensive primary health care services in the same location or nearby with formal referral agreements.	
<i>Program Required:</i> Offer a sliding fee scale and accept all patients, regardless of income.	
<i>Program Required:</i> Ensure clients with no insurance coverage are assisted with Medicaid/insurance enrollment.	
<i>Program Required:</i> Offer and promote telehealth services.	
<i>Program Required:</i> Adopt and implement a local policy/practice change that will address a social determinant of health that impacts inequities in reproductive health. May do this in partnership with community.	
<i>Program Required:</i> Use Program provided Dashboard or CDC Social Vulnerability Index to guide outreach and advertising.	
<i>Program Required:</i> Information and Education or Advisory Committee membership is reflective of the community served.	
<i>Optional:</i> Quality Improvement project focuses on health equity topic.	
<i>Optional:</i> Participation in special population or faith-based organization deliverable.	

FY2024 RHWP Culturally and Linguistically Appropriate Services (CLAS) Strategic Plan

Appendix C2

RHWP 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 10/15/2023) ☐ **Final Report** (due 5/15/2024)

Objective	Activities	Person(s) Responsible	Begin/End Date	Evaluation	Accomplishments Mid-Year Report 4/1/2023 – 9/30/2023	Accomplishments Final Report 10/1/2023 – 3/31/2024
Standard #1: Understandable and Respectful Care						
Standard #2: Diverse Staff and Leadership						
Standard #3: Ongoing Education and Training <i>EXAMPLE</i>	<ul style="list-style-type: none"> Orient new staff members to cultural competence training Develop orientation materials related to cultural competency Encourage all staff to participate in cultural competence training 	Administrative Staff Clinical Staff	April 1, 2023 – March 31, 2024	<p>Staff participation in ongoing 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>	The percentage of staff who have participated in ongoing training and education increased from 75% to 90%.	The percentage of staff who have participated in ongoing training and education increased from 90% to 100%.
Standard #4: Language Assistance Services						
Standard #5: Right to Receive Language Assistance Services						
Standard #6: Informing About Language Assistance						
Standard #7: Competence of Language Assistance						
Standard #8: Patient-Related Materials						
Standard #9: Written Strategic Plan						
Standard #10: Organizational Self-Assessment						
Standard #11 Patient / Consumer Data						
Standard #12: Community Profile						
Standard #13: Community Partnerships						
Standard #14: Conflict/Grievance Processes						
Standard #15: Implementation of health equity action plan on an	<ul style="list-style-type: none"> Describe tasks needed Create SMART goals 					

<p>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>	<ul style="list-style-type: none"> Design and implement an evaluation plan. 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>Communications Manager</p> <p>Data Team: Biostatistician</p> <p>Young Adults 18-24</p>	<p>April 1, 2023 to March 1, 2024</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 and EC training</p> <p># Clients ages 18-24 with reproductive life plan</p> <p># And type of new contraceptives in stock clinic</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 18-24 adults from 85% to 100%</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>
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FY 2024 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, 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 the 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.

FY 2024 RHWP Continuation Application Review Form

Criterion (Total Points) 140.	Score	Comments
Must receive a score of 98 (70%) to be eligible for continuation of funding.		
General Requirements: Application materials uploaded to GMIS	0 = No 2 = Yes	
GMIS application complete and on time: Due Monday, December 5, 2022, by 4pm	0 2	
ODH Reproductive Health and Wellness Program Assurances	0 2	
ODH Reproductive Health and Wellness Program Budget Overview	0 2	
ODH Reproductive Health and Wellness Program Budget Justification/Narrative	0 2	
ODH Reproductive Health and Wellness Program Itemized Budget	0 2	
ODH Reproductive Health and Wellness Program Site and Service Form	0 2	
ODH Reproductive Health and Wellness Program Work Plan, with Outreach Plan explained	0 2	
ODH Reproductive Health and Wellness Program Fee Management Form	0 2	
ODH Reproductive Health and Wellness Program Evidence of Health Equity Strategies Form	0 2	
ODH Reproductive Health and Wellness Program 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		(Score 1 if repeat deliverable language. Score 2 if detail how funding will be spent.)
<ul style="list-style-type: none"> Budget justification in same order as GMIS budget Explains and justifies Deliverable 1 Explains and justifies Deliverable 2 	0 1 2 0 1 2 0 1 2	

FY 2024 RHWP Continuation Application Review Form

<ul style="list-style-type: none"> Includes authorized representative's certification language Signed by the agency head listed in GMIS (must be the same person) 	<div>0 1 2</div> <div>0 1 2</div>	
Program Updates	0 = Not provided, incorrect, or inadequate 1 = Good 2 = Excellent	
Midyear Progress Report <ul style="list-style-type: none"> FY23 midyear progress report uploaded in GMIS by Oct. 15, 2022 (under RH23 grant) Program Plan progress (proper evaluation and accomplishments) Chart review summaries (correct amount, plans to take corrective action if needed) CLAS plan accomplishments Updated Itemized Budget Midyear narrative 	<div>0 1 2</div> <div>0 1 2</div> <div>0 1 2</div> <div>0 1 2</div> <div>0 1 2</div> <div>0 1 2</div>	
Deliverable Progress – Ahlers data and deliverable reporting forms indicate 50% completion of deliverables (April 1 – September 30, 2022) <ul style="list-style-type: none"> Has sufficient progress been made on Deliverable 1? <ul style="list-style-type: none"> (At least 50% of projected visits seen by September 30, 2022) Has sufficient progress been made on Deliverable 2? Has sufficient progress been made on Deliverable 3? <ul style="list-style-type: none"> (At least one outreach event and both parts of QI project submitted.) Has sufficient progress been made on Deliverable 5? <ul style="list-style-type: none"> (If NA, then 2). At least 100 special population visits reported by September 30, 2022, to Ahlers. Documentation of 20 hours per month of clinical services provider dedicated solely to Deliverable 5. Has sufficient progress been made on Deliverable 6? <ul style="list-style-type: none"> (If NA, then 2). At least 100 faith-based organization visits reported by September 30, 2022, to Ahlers. Documentation of 20 hours per month of clinical services provider dedicated solely to Deliverable 6. Has sufficient progress been made on Deliverable 7? <ul style="list-style-type: none"> (If NA, then 2). At least 50% of incentives purchased were distributed by September 30, 2022. Policy uploaded in GMIS. 	<div>0 1 2</div> <div>0 1 2</div> <div>0 1 2</div> <div>0 1 2</div> <div>0 1 2</div> <div>0 1 2</div>	
Program Narrative <ul style="list-style-type: none"> Does not exceed 8 pages Addresses changes to scope of program, personnel, partnerships Plan to address issues and/or continue to meet deliverables 	<div>0 1 2</div> <div>0 1 2</div> <div>0 1 2</div>	

FY 2024 RHWP Continuation Application Review Form

<ul style="list-style-type: none"> Brief description of broad range of clinical services provided Statement of adhering to all statutory and regulatory requirements/restrictions Statement assuring abortion is not performed, promoted, or supported as a method of family planning 	0 1 2 0 1 2 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 April 1 – March 31) Specific, individualized outreach plan is detailed within Deliverable 2, Objective 3 	0 1 2 0 1 2 0 1 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.
Attachments	0 = Not uploaded or blank 1 = Issues noted 2 = Fully correct	
Attachment 1 – Assurances <ul style="list-style-type: none"> Must be signed by agency head listed in GMIS 	0 1 2	
Attachment 2 Budget Overview <ul style="list-style-type: none"> Deliverable funding amounts match amounts in Appendix B2 Client visits projected matches visits projected in Attachment 4 	0 1 2 0 1 2	
Attachment 3 Itemized Budget <ul style="list-style-type: none"> Funding requested and program income = total budget Budgeted amount column complete 	0 1 2 0 1 2	
Attachment 4 Site and Service Information <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 	0 1 2 0 1 2 0 1 2 0 1 2	
Attachment 5 Program Work Plan For all deliverables, are the following completed? <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? 	0 1 2 0 1 2 0 1 2 0 1 2 0 1 2	

FY 2024 RHWP Continuation Application Review Form

<ul style="list-style-type: none"> Outreach Plan (Deliverable 2, Objective 2)– included or explained? Need specific activities and dates. 		
Attachment 7 Fee Management <ul style="list-style-type: none"> Fee schedule and sliding fee scale (100% poverty level \$13,590) attached in GMIS Explanation of how fees and sliding fee scale were developed Third party contracts listed CPT code chart complete 	0 1 2 0 1 2 0 1 2 0 1 2	
Appendix C1 Evidence of Health Equity Strategies <ul style="list-style-type: none"> Summarized data of activities completed for all ODH required strategies Summarized data of activities completed for all Program required strategies 	0 1 2 0 1 2	
Appendix C2 CLAS Plan <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? All 15 standards addressed Standard 15 health equity action plan created 	0 1 2 0 1 2 0 1 2 0 1 2 0 1 2 0 1 2	
Total Score for Proposal (____ of 140)		

Review Notes:

Strengths

Weaknesses

FY 2024 RHWP Continuation Application Review Form

Approval

Approval with Special Conditions

Disapproval (The following criteria constitute grounds for disapproval of applications: 1. Incompleteness of grant proposal or inconsistency with RHWP goals and/or the purpose of the ODH RHWP program and Solicitation); 2. Gross inappropriateness in the purpose, objectives, and activities of an application or its budgets measured by 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

FY 2024 RHWP Continuation Application Review Form

Comments

Reviewer Signature:	Date:
Reviewer Email:	Reviewer Phone:

Appendix E

FY2024 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, 2024, 100% of clients will have received comprehensive reproductive health and wellness direct health care services per nationally recognized standards of care.

Strategy	Activities	Evaluation Measures
<p>Ensure comprehensive reproductive health and wellness direct health care 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 	<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

FY2024 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>health 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 9:00 am to 4:30 pm).</p>	<p>Number of clients seen at appointment times are available outside of M-F 9:00 am-4:30pm.</p> <p>Documentation that 10% of appointment times are available outside of M-F 9:00 am-4:30pm.</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 9:00 am-4:30pm.</p>
<p>Promote provision of comprehensive primary health</p>	<p>Either primary health care services are co-located with RHWP services or RHWP provider establishes formal</p>	<p>Documentation that sub-recipient is either co-located with primary care provider or RHWP provider has established formal agreements</p>

Appendix E

FY2024 Reproductive Health and Wellness Goals & Deliverables

care services to make it easier for individuals to receive both primary health care and family planning services preferably in the same location, or through nearby referral providers.	agreements with Primary Care Providers including private practices, FQHCs, look alike FQHCs, and Rural Health Centers.	with 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 March 31, 2024.</p>
Optional: Build or expand capacity to provide RHW services within the existing RHW agency or off-site location(s) to special populations or faith-based organizations. *If providing this service, additional funding up to \$10,000 may be provided mid-year based on the number of visits provided over the initial projected number.	Provide clinical services to special populations, at specialty clinics, off-site clinics, or at faith-based organizations.	Agency reports on the number of clients served. Track these visits separate in Ahlers and on the DPV form.
Optional: Ensure that comprehensive health services are	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

FY2024 Reproductive Health and Wellness Goals & Deliverables

provided to women no longer of child-bearing status		
<u>Deliverable 1:</u> To improve the overall reproductive health and well-being of women and men.		
Objective 2: By March 31, 2024, 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>
<u>Deliverable 2:</u> To support infrastructure and increase sustainability of Reproductive Health and Wellness services.		
Objective 1: By March 31, 2024, 100% of subrecipients will have implemented and maintain appropriate financial and billing procedures.		
Strategy	Activities	Evaluation Measures

Appendix E

FY2024 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 RHPW 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, 2022, 100% of subrecipients will have implemented and utilize an electronic medical record (EMR) system.		
Strategy	Activities	Evaluation

Appendix E

FY2024 Reproductive Health and Wellness Goals & Deliverables

Ensure that the Agency is utilizing an Electronic Medical Records (EMR) system for client direct health care visits/enabling services.	Agency is utilizing the full capabilities of each Module in their EMR system for client documentation. If EMR is not in compliance with Title X requirements, the agency will upgrade the EMR to comply.	EMR system is in place and is in compliance with Title X requirements.
<u>Deliverable 2: To support infrastructure and increase sustainability of Reproductive Health and Wellness services.</u>		
Objective 3: By March 31, 2022, 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
FY2024 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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Reproductive Health and Wellness Program Income and Disbursement Reporting Form

Reproductive Health and Wellness Program Income and Disbursement Reporting Form

Agency Name: GMIS Number: Budget Period: April 1 2023- March 31, 2024	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: _____
--	--

Program Income Type	Budgeted Amount	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

FY2024 RHWP Deliverable Objectives

The FY2024 Reproductive Health and Wellness Program (RHWP) Continuation Solicitation contains two deliverables. Each subrecipient is to receive reimbursement for completed RHWP 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 FY2024 RHWP 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, 2024, 100% of clients will have received comprehensive reproductive health and wellness direct health care 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 RHWP 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 RHWP visits completed within that payment period**
1.2	By March 31, 2024, 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	March 31, 2024, 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/#payment periods.	If met, each payment period payment may be requested.
2.2	By March 31, 2022, 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, 2022, 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		

****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.**

FY2024 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.

APPENDIX G

FY2024 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, 2024, 100% of clients will have received comprehensive reproductive health and wellness direct health care services per nationally recognized standards of care.				
1.2: By March 31, 2024, 100% of subrecipients will conduct a systematic and coordinated approach in quality improvement to enhance outcomes for patients.				
Total Amount Requested this Billing Period for Deliverable 1:				
	Number of client visits this reporting period	Number of special populations/faith based visits	Number of clients 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 expense report section DUE 7/10/23</i>	Quality Improvement Plan Part 2 <i>Attach RHWP QI plan template in GMIS in the expense report section DUE 10/10/23</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 March 31, 2024, 100% of subrecipients will have implemented and maintain appropriate financial and billing procedures.				
2.2 By March 31, 2022, 100% of subrecipients will have implemented and utilize an electronic medical record (EMR) system.				
2.3 By March 31, 2022, 100% of subrecipients will serve hard to reach and vulnerable populations utilizing various clinical service delivery modalities to increase access and remove barriers to care.				
Total Amount Requested this Billing Period for Deliverable 2:				
	Agency has billed for 100% of clients with 3rd party coverage who are not seeking confidential services	Number of Telehealth Visits this reporting period	Number of clients who were assisted with enrollment to Medicaid /Insurance	Amount Requested
County Name	<input type="checkbox"/> Yes <input type="checkbox"/> No			
County Name	<input type="checkbox"/> Yes <input type="checkbox"/> No			

FY2024 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

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

FY2024 ODH Reproductive Health and Wellness Program FPAR Data Report

RHWP 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 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 the ODH RHWP no later than **February 1, 2024**.

FY2024 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 Health Care (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)	

FY2024 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

FY2024 Reproductive Health and Wellness Program
ODH & OPA Change of Scope FAQs

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 1:00p, 4:40p, and 4:30pm – 7:00pm 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
<i>(Explain the “why” for this event)</i>	<p><i>(How will the success of the outreach be evaluated? Consider using quantitative values when evaluating the outreach success, something that can be measured consistently. Some examples include:</i></p> <ul style="list-style-type: none"> <i>• Questionnaire upon check-in on how the clients heard about the clinic?</i> <i>• # of new client appointments booked or services provided at the event</i> <i>• # of likes, shares and comments</i> 		<p>Summarize feedback from the I&E committee:</p> <p>Testimonials from clients:</p> <p>Social Media Mentions (<i>if applicable</i>):</p>

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)

RHWP QI TEMPLATE

Part 1: **DUE JULY 10, 2023 in GMIS**

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.				

RHWP QI TEMPLATE

Part 2: **DUE OCTOBER 10, 2023 in GMIS**

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 \$15,000Note: 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

BUDGET JUSTIFICATION EXAMPLE (Deliverable Funding Only)

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
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BUDGET JUSTIFICATION EXAMPLE (Deliverable Funding Only)

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
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Budget Grand Total	\$
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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]

FY2024 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 8th 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 April 1, 2023 to March 31, 2024. 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 #:
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FY2024 REPRODUCTIVE HEALTH AND WELLNESS PROGRAM ASSURANCES

Authorized Signature:	Date:
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FY2024 Reproductive Health and Wellness Program Budget Overview

Subrecipient Agency Name: _____

GMIS # _____

Applicants should see Maximum Amount of Funds Available by County (Appendix B2) to determine the amount of funding available for each deliverable.

Funding Proposal

\$ _____ Total RHWP Funding Requested

.....

DELIVERABLE GOALS & OBJECTIVES

\$ _____ **Deliverable 1:** Clients will have received comprehensive reproductive health and wellness direct health care 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 implement and utilize an electronic medical record (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.

**See Maximum Amount of Funds Available by County (Appendix B2) for Available Funds*

**FY2024 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 B2) to determine the amount of funding available for each deliverable.

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

Budget breakdown:	Total Budgeted Amount	Mid-year Report Billed amount (Apr 1, 2023 – Sept 30, 2023)	Final Report Billed amount (Apr 1, 2023 – Mar 31, 2024)
	Due with application	Due Oct 15, 2023	Due May 15, 2024
Personnel	\$	\$	\$
Advertising/Outreach	\$	\$	\$
Client expenses (such as client incentives, transportation etc.)	\$	\$	\$
Facility Costs (such as rent, depreciation, interest on a debt 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	\$	\$	\$

Attachment 4 FY2024 Site and Service Form

Reproductive Health and Wellness Program FY2024 Site and Service Form											
Please fill in the yellow highlighted fields.											
Subgrantee Agency Name:											
GMS 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 RHW listerv	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 RHW 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 ONLY for Deliverable 1.			
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 ONLY fill this out if you've applied for the optional deliverables #5 and #6.											
On-site or Off-site If off-site, please provide the address	Special Population or Faith-based Organization	Populations Served	Service Area (by county)	Provider/Clinician Hours	SP/BO Projected Visits for FY24						

Attachment 4

FY2024 Site and Service Form

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 off-site, paid for by Title X 4= Referral to off-site, no payment provided 5=Not Provided	1= Provided on-site 2= Provided within delegate system, but not this site 3= Referral to off-site, paid for by Title X 4= Referral to off-site, no payment provided 5=Not Provided	1= Provided on-site 2= Provided within delegate system, but not this site 3= Referral to off-site, paid for by Title X 4= Referral to off-site, 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			
HMI			
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			

FY24 Reproductive Health and Wellness Program Plan

Applicants must use the RHWP Goals and Deliverables Grid, Appendix E to populate the FY24 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. However, the strategy listed at the bottom of Goal 1 is optional. If you do not choose this strategy, Deliverable 1 award amount will be decreased by 5%. Applicants may also choose to apply for deliverable 5, 6 and/or 7. 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 RH24 Mid-Year Progress Report (MYPR) must be submitted by October 15, 2023. A RH23 Annual Progress Report (APR) must be submitted after the close of the FY2024 grant year (May 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.

FY24 Reproductive Health and Wellness Program Plan

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

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

☐ Initial Program Plan

☐ Revised Program Plan

☐ Mid-Year Progress Report (MYPR)

☐ Annual Progress Report (APR)

Objective: ☐ Objective 1.1 ☐ Objective 1.2 ☐ Objective 2.1 ☐ Objective 2.2 ☐ Objective 2.3

RHWP Deliverable:

Strategy	Activities	Person Responsible	Timeline	Evaluation Measures	Accomplishments
					<i>Accomplishments column to be completed for Mid-Year Progress Report and Annual Progress Report</i>

FY24 Reproductive Health and Wellness Program Fee Management

This form is due with continuation application

1. Title X regulation states that sub-recipients 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.

FY24 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		