



MEMORANDUM

Date: October 25, 2019

To: Subrecipient agencies

From: Anna Starr, Interim Chief
Maternal, Child, and Family Health
Ohio Department of Health

Subject: Reproductive Health and Wellness Program
RH21 April 1, 2020 – March 31, 2021

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

All electronic applications and attachments are due by 4:00 p.m., Monday, December 9, 2019. 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 ([insert hyperlink](#)). 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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1. Assurances
2. Budget Overview
3. Revenue Report
4. Site and Services
5. Program Plan

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, 2020 – March 31, 2021] of the total project period, [April 1, 2019 – March 31, 2022.] 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).
- 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 regarding subawards and are prepared to establish the necessary inter-institutional agreements consistent with those policies.

Subrecipient agrees and understands that costs incurred in the fulfillment of the Deliverables must be allowable under OGAPP and federal rules and regulations to qualify for reimbursement.

B. Number of Grants and Funds Available: [The sources of funds supporting the RHWP sub-grant program are both state and federal funds. Only one applicant per county will be awarded funding for this program. Only those subrecipients currently funded for this grant may apply. Agencies may subcontract with other agencies to provide services. However, only one entity per county may be identified as the applicant agency. Two or more entities may collaborate on an application to provide services. Up to 46 grants may be awarded for a total amount of \$7,014,666 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. Eligible applicants may apply for an amount up to the amount stated in the Reproductive Health and Wellness Maximum Amount of Funds Available by County (Appendix E). Funding is divided into payment per goal and only the amount allotted to that goal may be spent on that specific goal. Deliverable goals will be reimbursed when deliverables have been met.]

Applications proposing to serve multiple counties will be accepted. Applicants may apply for the sum of funds available for all counties to be served. A detailed budget narrative is required for each county. Dollars designated for a county must be spent for services in that county. No award will be granted with an increase or decrease greater than 50% of the prior year's funding amount. A mid-year review will be conducted with a potential reallocation of funding based on the number of required visits.

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 the purpose of providing family planning services. In addition, if a subrecipient intends to contract for any services to fulfill grant requirements, foremost contract priority shall be given to public entities that are operated by state or local government entities and that provide or are able to provide family planning services. If funds would be distributed to nonpublic entities via the contract, the subrecipient shall contract for services with nonpublic entities in the following order of descending priority: (a) Nonpublic entities that are federally qualified health centers or federally qualified health center look-alikes, both as defined in section 3701.047 of the Revised Code, or community action agencies, as defined in section 122.66 of the Revised Code; (b) Nonpublic entities that provide comprehensive primary and preventive care services in addition to family planning services; (c) Nonpublic entities that provide family planning services, but do not provide comprehensive primary and preventive care services. ODH may require certification that funds are distributed according to O.R.C.3701.033. |

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

C. Formatting Requirements for Attachments

- 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.

D. 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 is not 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 9, 2019.**

II. PROGRAM UPDATES:

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 FY2020 RHWP Program Plan as submitted with the most recent approved application for FY2020.

B. Program Narrative: Complete and submit a narrative statement (do not exceed 6 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. Program can insert additional program specific guidance.

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 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, refer for, 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 FY2021 RHWP Program Plan (Attachment 5) using the RHWP Goals & Objectives Grid (Appendix D). Complete instructions for completing the Program Plan are in the instruction section of FY2021 RHWP Program Plan (Attachment 5). 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.

At least one Strategy in Goal 3 found in Appendix D must be proposed by applicants. These services further the goals of the RHWP. An applicant may choose any number of Goal 3 strategies. In order to be funded for a Goal 3 strategy the applicant must show clear justification (including specific local data), activities and evaluation measures/benchmarks for the proposed service. For Goal 3 strategies, applicants need only complete the strategy for which they are

proposing.

Applicants must address outreach to hard to reach and/or vulnerable populations and partnering with other community-based health and social service providers that provide needed services. An Outreach Plan must be submitted as part of the RHWP grant application. Descriptions of two (2) outreach events must be provided prior to the implementation of the events. When developing events, select activities that focus on the hard to reach, vulnerable populations. Activities should include, but are not limited, to the use of media, group presentations and educational events. An abbreviated list of approved activities can be found in Appendix D under Deliverable 4. Additional outreach activities can be submitted for approval.

D. Documentation & Progress on Health Disparity/Inequity 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 must also use the *Place Matters Documentation Spreadsheet* to document where (i.e., addresses, census tracts, census block groups or zip codes) health equity activities occurred during the previous funding period. All applicants must complete and submit the FY2019 RHWP Culturally and Linguistically Appropriate Services (CLAS) Strategic Plan (Attachment I) as part of the 2021 application. This will include activities, person responsible and timeline. The evaluation and accomplishments of the CLAS will be due on October 15, 2020.

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 deliverables will be met. (A budget justification example can be found on GMIS).

For your convenience, a budget justification narrative example is available at
(<https://odhgateway.odh.ohio.gov/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. 2021 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 04/01/2020 to 03/31/2021.

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 for abortion services; this includes performing, promoting, referring for, or supporting abortion as a method of family planning. The applicant's services are organized so that the RHWP is physically and financially separate from abortion-providing and abortion-promoting activities.

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

F. Other Application Requirements:

Program Specific Attachments: Complete and submit the following attachments with application.

Attachment 1 - Reproductive Health and Wellness Program Assurances

Attachment 2 - Reproductive Health and Wellness Program Budget Overview

Attachment 3 - Reproductive Health and Wellness Program Revenue Report

Attachment 4 - Reproductive Health and Wellness Program

a. Services Site(s) Information

b. Services Provided.....

Attachment 5 - Reproductive Health and Wellness Program Plan

Appendix I - Culturally and Linguistically Appropriate Services in Health Care (CLAS) Strategic Plan

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:

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

[Applicable to the (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.

Program Reports Required

Reports shall be submitted as follows:

- a. **Program Reports:** Subrecipient Program Reports must be completed and submitted via GMIS by the following dates. [Additional language is optional] **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.

☒ **X** Program Reports Required ☐ No Program Reports Required

<i>Period</i>	<i>Report Due Date</i>
<i>April 1, 2020 – September 30, 2020</i>	<i>October 15, 2020</i>
<i>April 1, 2020 – March 31, 2021</i>	<i>May 15, 2021</i>

- **Reproductive Health and Wellness Revenue Report** (Attachment 3): ODH Reproductive Health and Wellness Program sub recipients are required to maintain a financial management system that meets the standards for grant administration, and to document and keep records of all income and expenditures. The Revenue Report identifies the source and amount of funds received during the reporting period that support activities within the scope of the ODH Reproductive Health and Wellness Program grant. The ODH Reproductive Health and Wellness Program Revenue Report must be submitted by GMIS attachment **with the application** and on the following dates: **October 15, 2020** (mid-year revenue report) and **May 15, 2021** (final revenue report).
- **Reproductive Health and Wellness Program Services Site(s) and Services Provided forms** (Attachment 4): Detailed information about clinical service sites and the services provided are required to be sent with the application and at any point during the grant cycle when changes are made. 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 unduplicated patients projected for the proposed budget period.

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 provide Services Provided information in Attachment 4 and submit by GMIS attachment **with the application**.

- **Reproductive Health and Wellness Program Patient Data:** ODH RHWP Patient Data are due electronically to Ahlers & Associates (<http://www.ahlerssoftware.com>) by the **8th of each month**. Final data for CY20 are due to the data contractor **April 8, 2021**. 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 J) is due to ODH Reproductive Health and Wellness Program and must be submitted by GMIS attachment by February 1st of each calendar year.
- **Federal Poverty Level Sliding Fee Discount Schedule** (Appendix L) that delineates each step of the fee scale and is based on justified reasonable costs, are due via GMIS attachment in the Project Comments Section to ODH **May 15, 2020**.
- **Reproductive Health and Wellness Program Plan** (Attachment 5) is due

with the application and demonstrates the goals for the upcoming year. Applicants must use the RHWP Deliverables Grid, Appendix D to populate the FY2020 RHWP Program Plan, Attachment 5.

- An **Interim progress report** is due via GMIS attachment in the Project Comments Section on **October 15, 2020**, for the period April 1, 2020 – September 30, 2020. This report will determine whether the applicant has achieved the goals and deliverables 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 ODH Reproductive Health and Wellness Program Plan (Attachment 5) and submitting the chart review summary for this time period. In a separate narrative, the agency must also identify and elaborate on problems, delays, and adverse conditions that will affect the subrecipient's ability to meet the program's goals and deliverables or time schedules.
- **Final Program Report:** A final progress report that documents accomplishments made on goals and deliverables for the period of **April 1, 2020-March 31, 2021** is due via GMIS attachment in the Project Comments Section by **May 15, 2021**. The applicant agency is responsible for completing the ODH Reproductive Health and Wellness Program Plan (Attachment 5) and submitting the chart review summary for this time period. The agency must provide a narrative that describes the progress made towards the goals and deliverables for the period, any current problems or favorable or unusual developments, and work to be performed during the succeeding period.
- **Reproductive Health and Wellness Deliverable Reporting Form (Appendix H) must be completed and submitted for the subrecipient to be reimbursed.** RHWP Deliverable Reporting 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.

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.

Mandatory Meetings – All funded RHWP must participate in the following meetings:

- Annual Project Director's Meeting- a one day face-to-face meeting in central Ohio every grant year. Project Directors and necessary staff are required to attend.
- Quarterly webinar/conference calls - at least each quarter, RHWP program will host a webinar/conference call with Project Directors on

new and emerging RHWP topics. Project Directors and necessary staff are required to attend

- b. Subrecipient Expenditure Reports:** Subrecipient Monthly Expenditure Reports **must** be completed and submitted **via GMIS** by the following dates:

<i>Period</i>	<i>Report Due Date</i>
<i>April 1 – 30, 2020</i>	<i>May 10, 2020</i>
<i>May 1 – 31, 2020</i>	<i>June 10, 2020</i>
<i>June 1 – 30, 2020</i>	<i>July 10, 2020</i>
<i>July 1 – 31, 2020</i>	<i>August 10, 2020</i>
<i>August 1 – 31, 2020</i>	<i>September 10, 2020</i>
<i>September 1 – 30, 2020</i>	<i>October 10, 2020</i>
<i>October 1 – 31, 2020</i>	<i>November 10, 2020</i>
<i>November 1 – 30, 2020</i>	<i>December 10, 2020</i>
<i>December 1 – 31, 2020</i>	<i>January 10, 2021</i>
<i>January 1 – 31, 2021</i>	<i>February 10, 2021</i>
<i>February 1 – 28, 2021</i>	<i>March 10, 2021</i>
<i>March 1 – 31, 2021</i>	<i>April 10, 2021</i>

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

<i>Period</i>	<i>Report Due Date</i>
<i>April 1 – June 30, 2020</i>	<i>July 10, 2020</i>
<i>July 1 – September 30, 2020</i>	<i>October 10, 2020</i>
<i>October 1 – December 31, 2020</i>	<i>January 10, 2021</i>
<i>January 1 – March 31, 2021</i>	<i>April 10, 2021</i>

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, 2021). 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. Deliverable – Objective Descriptions
- C. Place Matters Documentation Template
- D. RHWP Objectives Grid
- E. Maximum Available Funding
- F. Program Income Report Form
- G. Expenditure Report Submission Instructions
- H. Deliverable Reporting Form (2)
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- J. FPAR Data Report
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- L. Sample Sliding Fee Discount Schedule



Appendix A

CONTINUATION SOLICITATION REIMBURSEMENT TYPE FORM

Submission Required

Ohio Department of Health
Bureau of Maternal, Child, and Family Health

See due date below

[Reproductive Health and Wellness Program]

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, NOLAF's will not be accepted if name doesn't match what is listed in GMIS.

Due to ODH by [November 18, 2019]

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

Name of Subgrant Program:

Budget Period:

of Deliverables:

Use Budget Justification Scenario#:

100% Deliverables

Deliverable – Objective 1:

By March 31, 2021, 100% of clients will have received comprehensive reproductive health and wellness direct health care services per nationally recognized standards of care.

Deliverable – Objective 2:

By March 31, 2021, subrecipients will have implemented activities to support program infrastructure and sustainability.

Deliverable – Objective 3:

By March 31, 2021, subrecipients will have implemented activities to enhance the services provided by their sites.

Deliverable – Objective 4:

By March 31, 2021, subrecipients will provide an outreach plan describing at least 2 outreach activities targeting to hard-to-reach and high need populations as reflected in their need's assessment. Targeted populations are women in need of publicly funded contraceptive services including but not limited to Appalachian, Latina and Non-Hispanic Black or African-American women of childbearing age and those with disabilities. The outreach plan should include the following: description of the activity, target audience and documented need, evidence base supporting outreach activity and plan to evaluate outreach activity.

Deliverable – Objective 5: **(optional; limit up to 2 sub-recipients; max \$200,000 in funding; amount not included in total funding)**

By March 31, 2021, RHWP clinician/provider will develop and implement clinical training program promoting evidence-based clinical standards.

Appendix C

Place Matters Documentation Template

County: Your County

Budget Period:

GMISID:

Agency Name:

Subgrant Program:

[illegible]

Appendix D

FY2021 Reproductive Health and Wellness Goals & Deliverables

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

Deliverable 1: By March 31, 2021, 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 (<i>Title X Program Requirements 9.7</i>):</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 disease 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 	<ul style="list-style-type: none"> • Agency has completed 100% of projected visits • Chart audit summary forms are submitted to ODH with the Mid-Year and Final Report and show evidence of compliance with Program Requirements for Title X Funded Family Planning Projects of the DHHS OPA, April 2014 and the CDC Providing Quality Family Planning Services, April 25, 2014 and all applicable updates.
<p>Ensure counseling and education to clients of child bearing status to establish a reproductive life plan.</p>	<p>Counseling and education to clients of child bearing 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 or as needed with any change in their health status. • A meaningful emphasis on education and counseling that communicates the social science research and practical application of topics related to healthy relationships, to committed, safe, stable, healthy marriages, and the benefits of avoiding sexual risk or returning to a sexually risk-free status, especially (but not only) when communicating with adolescents. 	<ul style="list-style-type: none"> • Documentation that clients of childbearing status have a documented reproductive life plan established in their chart. • Documentation that reproductive life plans include: a meaningful emphasis on education and counseling that communicates the social science research and practical application of topics related to healthy relationships, to committed, safe, stable, healthy marriages, and the benefits of avoiding sexual risk or returning to a sexually risk-free status, especially (but not only) when communicating with adolescents.

<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>	<ul style="list-style-type: none"> • Number of same day IUD/IUS insertions and/or: • Number of same day hormonal implant insertions
<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>	<ul style="list-style-type: none"> • Number of clients seen at appointment times are available outside of M-F 9:00 am-4:30pm • Documentation that 10% of appointment times are available outside of M-F 9:00 am-4:30pm • Documentation that the number of clients seen during extended hours is monitored and used to adjust appointment availability if needed
<p>Promote provision of comprehensive primary health 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.</p>	<p>Either primary health care services are co-located with RHWP services or RHWP provider establishes formal agreements with Primary Care Providers including private practices, FQHCs, look alike FQHCs, and Rural Health Centers.</p>	<ul style="list-style-type: none"> • Documentation that sub-recipient is either co-located with primary care provider or RHWP provider has established formal agreements with primary care provider
<p><u>Goal 2:</u> To support infrastructure and increase sustainability of Reproductive Health and Wellness services.</p> <p><u>Deliverable 2:</u> By March 31, 2021, subrecipients will have implemented activities to support program infrastructure and sustainability.</p>		
Strategy	Activities	Evaluation Measures

<p>Ensure that clients whose reported income is at or below 100% of the Federal Poverty Level (FPL) must not be charged. Projects must bill all third parties authorized or legally obligated to pay for services.</p> <p>Ensure that a written agreement for reimbursement is in place with Managed Care, 3rd Party, or Fee for Service Medicaid.</p> <p>Ensure outstanding balances on accounts have follow-up for payment.</p>	<p>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.</p> <p>Obtain a written agreement with Medicaid, including Managed Care Plans, Medicare (if appropriate) and other 3rd party payers</p> <p>Develop a policy outlining the procedure for collection of outstanding balance on client accounts.</p>	<ul style="list-style-type: none"> 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 based on the most recent Federal Register has been developed; -Revenue including donations are reported to RHWP through RHWP Revenue Report. Documentation of a written agreement and ability to bill Medicaid, including Managed Care Plans, Medicare (if appropriate) and other 3rd party payers. Agency reports number of clients with outstanding balances over 90 days for: Medicaid, including Managed Care Plans, Medicare (if appropriate), other 3rd party payers and private pay.
<p>Ensure that clients with no insurance coverage are assisted with Medicaid/insurance enrollment.</p>	<p>Agency has identified qualified personnel to assist clients with Medicaid/insurance enrollment.</p>	<ul style="list-style-type: none"> Agency reports number of clients assisted with Medicaid /insurance enrollment.
<p>Ensure that the Agency is utilizing an Electronic Medical Records system for client direct health care visits/enabling services</p>	<p>Agency is utilizing the full capabilities of each Module in their EMR system for client documentation.</p>	<ul style="list-style-type: none"> Agency has implemented Electronic Medical Records
<p><u>Goal 3 (must choose one or more strategies): To enhance the services provided by the Reproductive Health and Wellness program.</u></p> <p><u>Deliverable 3:</u> By March 31, 2021, subrecipients will have implemented activities to enhance the services provided by their sites.</p>		
Strategy	Activities	Evaluation Measures
<p>Ensure that men and women that are no longer of childbearing status receive services at RHWP sites.</p>	<p>Provide RHWP services to men and women who are no longer of childbearing status.</p>	<ul style="list-style-type: none"> Agency reports on the number of clients not of child bearing status served

Ensure that infrastructure is in place to provide family planning services externally to special populations (e.g., substance abuse disorders, incarcerated women, students)	<p>Collaboration with local treatment centers, correctional facilities, educational institutions, etc. to provide family planning direct care services and/or education/counseling/referral within their facility.</p> <p>CVR and RLP implemented with each client visit provided off-site.</p>	<ul style="list-style-type: none"> Agency reports number of client services provided at the off-site location. Agency reports number of clients who received education/counseling/referral.
<p>Enhance the coordination and collaboration of evidence-based strategies among diverse stakeholders in women's health to address mental health and/or addiction needs for clients.</p> <p><i>(This may include hiring a social worker or psychologist.)</i></p>	<p>Care coordination and quality assurance of linkages of women to care by developing a network of providers that will accept referrals for un/under-insured clients and tracking those referrals. Coordinating agency developments network for referrals and receive referrals and assigns case to provider.</p> <p>Tracking system developed to document and ensure monitoring and oversight of screening and referrals to providers including processes and outcomes.</p> <p>Implement best practices regarding screening for mental health and/or addiction issues (e.g., Edinburgh Screening tool, ASBI).</p>	<ul style="list-style-type: none"> Agency reports on 100% of the following outcomes: <ul style="list-style-type: none">umber of clients screened.umber of clients referred receiving treatment.

Goal 4: To increase outreach for target population to a broad range of Reproductive Health and Wellness Services.

Deliverable 4: By March 31, 2021, subrecipients will provide an outreach plan describing at least 2 outreach activities targeting to hard-to-reach and high need populations as reflected in their need's assessment. Targeted populations are women in need of publicly funded contraceptive services including but not limited to Appalachian, Latina and Non-Hispanic Black or African-American women of childbearing age and those with disabilities. The outreach plan should include the following: description of the activity, target audience and documented need, evidence base supporting outreach activity and plan to evaluate outreach activity.

Strategy	Activities	Evaluation Measures
Provide outreach to hard-to-reach and vulnerable populations concerning the availability of reproductive health and wellness services.	<ol style="list-style-type: none"> 1) Social media campaign including but not limited to Facebook, Twitter, Instagram 2) Billboards 3) Posters and flyers in locations where the target populations live and work 4) Group presentation 5) School presentations 	<ul style="list-style-type: none"> Social media engagement (likes, shares, comments, etc.) Number of patients who reported seeing the billboard/poster/presentation on intake form Number of people who attended the group/school presentation

	6) Community information events 7) Formal public presentations to the community 8) Radio or Television Public Service Announcements and Interviews 9) Implementation of evidence based comprehensive reproductive health and wellness education to schools, community-based organizations, faith-based organizations or other adolescent-serving entities Other ODH approved marketing events	or event • Number of patients who reported hearing/seeing the PSA on intake form
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Goal 5: To strengthen the clinical competency of the Reproductive Health and Wellness Program.

Deliverable 5: (optional; limit up to 2 sub-recipients; max \$200,000 in funding; amount not included in total funding) By March 31, 2021, RHWP clinician/provider will develop and implement clinical training program promoting evidence-based clinical standards.

Strategy	Activities	Evaluation Measures
Establish a comprehensive, capacity building plan for the development of a clinical contraceptive training program.	<p>Deliver a continuous, high quality clinical skills and resource training program to RHWP health care providers.</p> <p>Develop competency-based curriculum to train and support RHWP health care providers evidenced-based information using new technologies and national standards. Establish outcomes.</p> <p>Plan for ongoing support/TA in collaboration with project directors/clinical staff at all RHWP clinic sites.</p> <p>Provide training to RHWP sub-recipients regarding Fertility Awareness Based contraceptive methods and on how to provide education and counseling that communicates the social science research and practical application of topics related to healthy relationships, to committed, safe, stable, healthy marriages, and</p>	<p>Develop and finalize curriculum</p> <p>Submit plan with established outcomes.</p> <p>Identify key project staff – minimum of one clinician/provider and one ancillary staff.</p> <p>Documentation of training.</p>

	the benefits of avoiding sexual risk or returning to a sexually risk-free status, especially (but not only) when communicating with adolescents.	
Increase the number of trained and competent providers in the provision of comprehensive and evidence-based contraceptive options, including an innovative LARC Preceptorship.	<p>Offer/Provide a minimum of one (1) LARC placement/removal trainings annually to RHWP sub-recipients as needed.</p> <p>Provide on-site clinical training (classroom/workshop) training followed by preceptor shadowing and in-clinic support to RHWP clinicians/providers.</p> <p>Train the trainer module providing a minimum of one (1) LARC placement/removal trainings annually to RHWP clinicians/providers as needed.</p> <p>Develop billing training module related to LARC insertion/removal.</p>	<p>Quality improvement measures following completion of preceptorship Documentation of training.</p> <p>Documentation of training.</p> <p>Documentation of training.</p> <p>Submit billing training module and documentation of training.</p>

Appendix E
2021 Reproductive Health and Wellness Program Maximum Amount of
Funds
Available by County

County	Total Maximum Funding	Maximum Funding for Deliverable 1	Maximum Funding for Deliverable 2	Maximum Funding for Deliverable 3	Maximum Funding for Deliverable 4
Adams	36,000\$	19,200\$	8,000\$	4,800\$	4,000\$
Allen	90,000\$	51,600\$	21,500\$	12,900\$	4,000\$
Ashland	87,962\$	50,377\$	20,990\$	12,594\$	4,000\$
Ashtabula	98,838\$	56,903\$	23,710\$	14,226\$	4,000\$
Athens	63,000\$	35,400\$	14,750\$	8,850\$	4,000\$
Belmont	49,500\$	27,300\$	11,375\$	6,825\$	4,000\$
Brown	36,000\$	19,200\$	8,000\$	4,800\$	4,000\$
Butler	101,000\$	58,200\$	24,250\$	14,550\$	4,000\$
Carroll	31,500\$	16,500\$	6,875\$	4,125\$	4,000\$
Clark	132,000\$	76,800\$	32,000\$	19,200\$	4,000\$
Clinton	40,500\$	21,900\$	9,125\$	5,475\$	4,000\$
Coshocton	77,063\$	43,838\$	18,266\$	10,959\$	4,000\$
Cuyahoga	700,000\$	417,600\$	174,000\$	104,400\$	4,000\$
Erie	105,726\$	61,036\$	25,432\$	15,259\$	4,000\$
Fairfield	30,000\$	15,600\$	6,500\$	3,900\$	4,000\$
Fayette	30,000\$	15,600\$	6,500\$	3,900\$	4,000\$
Franklin	700,000\$	417,600\$	174,000\$	104,400\$	4,000\$
Fulton	70,000\$	39,600\$	16,500\$	9,900\$	4,000\$
Gallia	67,500\$	38,100\$	15,875\$	9,525\$	4,000\$
Guernsey	80,000\$	45,600\$	19,000\$	11,400\$	4,000\$
Hamilton	700,000\$	417,600\$	174,000\$	104,400\$	4,000\$
Harrison	30,000\$	15,600\$	6,500\$	3,900\$	4,000\$
Highland	77,063\$	43,838\$	18,266\$	10,959\$	4,000\$
Holmes	30,000\$	15,600\$	6,500\$	3,900\$	4,000\$
Huron	44,000\$	24,000\$	10,000\$	6,000\$	4,000\$

Jefferson	103,256\$	59,553\$	24,814\$	14,888\$	4,000\$
Knox	97,794\$	56,276\$	23,449\$	14,069\$	4,000\$
Lake	200,361\$	117,817\$	49,090\$	29,454\$	4,000\$
Lawrence	49,500\$	27,300\$	11,375\$	6,825\$	4,000\$
Licking	135,000\$	78,600\$	32,750\$	19,650\$	4,000\$
Lorain	447,630\$	266,178\$	110,908\$	66,545\$	4,000\$
Lucas	177,000\$	103,800\$	43,250\$	25,950\$	4,000\$
Madison	30,000\$	15,600\$	6,500\$	3,900\$	4,000\$
Mahoning	139,000\$	81,000\$	33,750\$	20,250\$	4,000\$
Marion	41,625\$	22,575\$	9,406\$	5,644\$	4,000\$
Medina	81,600\$	46,560\$	19,400\$	11,640\$	4,000\$
Miami	67,500\$	38,100\$	15,875\$	9,525\$	4,000\$
Montgomery	177,000\$	103,800\$	43,250\$	25,950\$	4,000\$
Morrow	30,000\$	15,600\$	6,500\$	3,900\$	4,000\$
Muskingum	107,802\$	62,281\$	25,951\$	15,570\$	4,000\$
Noble	52,500\$	29,100\$	12,125\$	7,275\$	4,000\$
Ottawa	30,000\$	15,600\$	6,500\$	3,900\$	4,000\$
Perry	36,000\$	19,200\$	8,000\$	4,800\$	4,000\$
Portage	139,000\$	81,000\$	33,750\$	20,250\$	4,000\$

Reproductive Health and Wellness Project Income and Disbursement Reporting Form

Agency Name:		Certification:														
GMIS Number:		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 project income revenue received and disbursements. Project 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 project income earned in March may be carried over into the next budget period and must follow the first in first out rule.														
Budget Period: April 1 2020– March 31, 2021		Signature: _____ Date: _____														
Project Income Type	Budgeted Amount	April	May	Quarterly June	July	August	Quarterly Septemb	October	November	Quarterly Decembe	January	February	Quarterly March	Final Report	Total	
Total client fees collected/self-pay															\$ -	
Client donations															\$ -	
including Managed Care Plans	\$ -														\$ -	
Medicare (Title XVIII)	\$ -														\$ -	
State CHIP	\$ -														\$ -	
Private health insurance															\$ -	
specify)	\$ -														\$ -	
Total Project Income Revenue Received	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Total Project Income Disbursed															\$ -	
															Prior Year Project Income	\$ -
															Revenue Received to date	\$ -
															Disbursed to date:	\$ -
															Balance:	\$ -

Appendix G

Expenditure Report Submission Instructions

2021 RHWP Deliverable Objectives

The 2021 Reproductive Health and Wellness Program (RHWP) Competitive Solicitation contains five deliverables. Each sub recipient 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 2021 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	By March 31, 2021, 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 FY2021 Reproductive Health and Wellness Program Budget Overview (Attachment 2).*	Each payment period payment can be requested for the # of RHWP completed within that payment period**
2	By March 31, 2021, sub recipients will have implemented activities to support program infrastructure and sustainability.	<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.	Each payment period payment can be requested.
3	By March 31, 2021, sub recipients will have implemented activities to enhance the services provided by their sites.	<i>Other Direct Costs:</i> Deliverable 3	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.	Each payment period payment can be requested.
4	By March 31, 2021, sub recipients will provide a description of 2 outreach events targeted to hard-to-reach and vulnerable populations.	<i>Other Direct Costs:</i> Deliverable 4	Self-reported on Deliverable Report Form (Appendix H)—will subsequently be validated at site reviews	Sub recipient may bill for up to 2 outreach events in the grant year. Payment is up to \$2,000 per event.	Payment may be requested up to 2x when deliverable is met.

5	By March 31, 2021, RHWP clinician/provider will develop and implement clinical training program promoting evidence-based clinical standards.	<i>Other Direct Costs:</i> Deliverable 5	Self-reported on Deliverable Report Form (Appendix H)—will subsequently be validated at site reviews	Payment for the deliverable is up to the amount listed in Appendix B. To be eligible for Deliverable 5 payment, the subrecipient must have been rewarded additional funding to run training program.	Each payment period payment can be requested.

*****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.***

FY2021 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 to **the Expenditure Reports Comments section**. Reports are due on the same date as the Sub recipient Reimbursement Expenditure Reports.

Appendix H Multiple Counties
FY2021 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 Sub recipient Reimbursement Expenditure Reports.

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

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

Deliverable 1: By March 31, 2021, 100% of clients will have received comprehensive reproductive health and wellness direct health care services per nationally recognized standards of care.

Total Amount Requested this Billing Period for Deliverable 1:

	Number of client visits this reporting period	Amount requested
County Name		
County Name		
County Name		
County Name		

Deliverable 2: By March 31, 2021, subrecipients will have implemented activities to support program infrastructure and sustainability.

Total Amount Requested this Billing Period for Deliverable 2:

	Agency has billed for 100% of clients with 3 rd party coverage who are not seeking confidential services	Contracts are in place with all major third party payers	Number of clients who were assisted with enrollment to Medicaid /insurance	Amount Requested
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 3: By March 31, 2021, subrecipients will have implemented activities to enhance the services provided by their sites.

Total Amount Requested this Billing Period for Deliverable 3:

	Infrastructure is in place to serve clients outside of childbearing status	Number of clients outside of childbearing status served this period	Amount Requested
County Name	<input type="checkbox"/> Yes <input type="checkbox"/> No		
County Name	<input type="checkbox"/> Yes <input type="checkbox"/> No		
County Name	<input type="checkbox"/> Yes <input type="checkbox"/> No		
County Name	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Infrastructure is in place to provide family planning services externally	Number of clients provided services externally	Amount Requested

County Name	<input type="checkbox"/> Yes <input type="checkbox"/> No		
County Name	<input type="checkbox"/> Yes <input type="checkbox"/> No		
County Name	<input type="checkbox"/> Yes <input type="checkbox"/> No		
County Name	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Infrastructure is in place to screen and refer for mental health and/or addiction services	<i>Number of clients screened for mental health and/or addiction services and number of clients referred for mental health and addiction services</i>	Amount Requested
County Name	<input type="checkbox"/> Yes <input type="checkbox"/> No	# Referred:	
County Name	<input type="checkbox"/> Yes <input type="checkbox"/> No	# Referred:	
County Name	<input type="checkbox"/> Yes <input type="checkbox"/> No	# Referred:	
County Name	<input type="checkbox"/> Yes <input type="checkbox"/> No	# Referred:	
Deliverable 4: By March 31, 2021, subrecipients will provide a description of 2 outreach events targeted to hard-to-reach and vulnerable populations.			
Total Amount Requested this Billing Period for Deliverable 4:		<div style="border: 1px solid black; width: 150px; height: 20px;"></div>	
<i>Attach outreach event description in GMIS in the Application section.</i>			
	Number of outreach events (@ \$2,000 each)	Amount Requested	
County Name			
County Name			
County Name			
County Name			
Deliverable 5: (optional; limit up to 3 sub-recipients; max \$200,000 in funding) By March 31, 2021, RHWP clinician/provider will develop and implement clinical training program promoting evidence-based clinical standards.			
Total Amount Requested this Billing Period for Deliverable 5:		<div style="border: 1px solid black; width: 150px; height: 20px;"></div>	
Clinical Contraceptive Training Program implemented:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Provide documentation of activities from training plan program.			

**Appendix H Single County
FY2021 Reproductive Health and Wellness Program
Deliverable Reporting Form for Subrecipients**

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

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

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

Deliverable 1: By March 31, 2021, 100% of clients will have received comprehensive reproductive health and wellness direct health care services per nationally recognized standards of care.

Total Amount Requested this Billing Period for Deliverable 1:

Number of client visits this reporting period

Deliverable 2: By March 31, 2021, subrecipients will have implemented activities to support program infrastructure and sustainability.

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

☐ Yes

☐ No

Contracts are in place with all major third party payers

☐ Yes

☐ No

Number of clients assisted with enrollment to Medicaid/insurance

Deliverable 3: By March 31, 2021, subrecipients will have implemented activities to enhance the services provided by their sites.

Total Amount Requested this Billing Period for Deliverable 3:

Infrastructure is in place serve clients outside of childbearing status

☐ Yes

☐ No

Number of clients served outside of childbearing status

Infrastructure is in place to provide family planning services externally <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>Number of clients provided served externally</i>	<input type="text"/>
Infrastructure is in place to screen and refer for mental health and/or addiction services <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>Number of clients referred for mental health and addiction services</i>	<input type="text"/>
Deliverable 4: By March 31, 2021, subrecipients will provide a description of 2 outreach events targeted to hard-to-reach and vulnerable populations.	
Total Amount Requested this Billing Period for Deliverable 4: <i>Attach outreach event description in GMIS in the Application section.</i>	<input type="text"/>
Number of outreach events (@ \$1,500 each)	<input type="text"/>
Deliverable 5: (optional; limit up to 3 sub-recipients; max \$200,000 in funding) By March 31, 2021, RHWP clinician/provider will develop and implement clinical training program promoting evidence-based clinical standards.	
Total Amount Requested this Billing Period for Deliverable 6:	<input type="text"/>
Clinical Contraceptive Training Program implemented: <input type="checkbox"/> Yes <input type="checkbox"/> No Provide documentation of activities from training plan program.	

Appendix I

FY2021 RHWP Culturally and Linguistically Appropriate Services (CLAS) Strategic Plan

RHWP Subrecipient Agency Name: _____

GMIS # _____

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

☐ Initial Plan (due with application)

☐ Progress Report (due October 15)

Objective	Activities	Person(s) Responsible	Begin/End Date	Evaluation	Accomplishments (See note above)
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, 2020 – March 31, 2021	<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 from 75% to 90%
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					

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

- Based on what your agency learned from the CLAS self-assessment activities should be identified to improve Culturally Competency of services in FY2021.
- By October 15, 2020 you will submit this form to show what you have accomplished toward each objective

Appendix J **FY2021 ODH Reproductive Health and Wellness Program** **FPAR Data Report**

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

Data is for the calendar year (January-December 2020)

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, 2021**.

Appendix K
Reproductive Health and Wellness Program
2021 Continuation Application Review Form

Applicant Information	
Applicant Agency:	Amount Requested:
County(s):	GMIS 2 User #:

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. List objectives, activities, milestones and outcomes with respect to time-lines 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 Grants Administration Policy and Procedures (GAPP), Chapter 100; and
11. Explicitly identifies specific groups in the service area who experience a disproportionate burden of the diseases or health condition(s) and explains the root causes of health disparities.
12. Describes activities which support the requirements outlined in sections I. thru M. of the Solicitation.

Criterion (Total Points)	Check Boxes	Score	
General Requirements			Comments
1. GMIS application complete and on time Attachments: <ul style="list-style-type: none"> • 1 - ODH Reproductive Health and Wellness Program Assurances • 2 - ODH Reproductive Health and Wellness Budget Overview <i>(revised w/ visit projections)</i> • 3 - ODH Reproductive Health & Wellness Program Revenue Report • 4 - ODH Reproductive Health and Wellness Program <ul style="list-style-type: none"> a. Services Site(s) Information b. Services Provided • 5 - ODH Reproductive Health and Wellness Program Work Plan • DMA Questionnaire only if non-governmental applicant agency 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Budget (*Note 0-not provided/inadequate 1-Good 2-Excellent)	Score 0 - 2		Comments
Sub-total Points (16)		Score	
A. Application Information B. Budget <ul style="list-style-type: none"> Allowable costs only Allocated across all funding sources Includes program income Other Direct Costs Budget Narrative <ol style="list-style-type: none"> Primary Reason and Justification <ul style="list-style-type: none"> Budget justification line items MUST be in the same order as in the GMIS budget Explains and justifies Deliverable 1 Explains and justifies Deliverable 2 Explains and justifies Deliverable 3 Explains and justifies Deliverable 4 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 0 1 2 0 1 2 0 1 2 0 1 2 0 1 2		

<ul style="list-style-type: none"> Explains and justifies Deliverable 5 (If N/A =2) Includes authorized representative's certification language Signed by agency head as listed in GMIS 	0 1 2 0 1 2 0 1 2		
Budget Information completed in GMIS	Check Boxes		
<ul style="list-style-type: none"> Other Direct Costs Compliance Section Assurances Certification EEO Survey 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
PROGRAM UPDATES <i>(*Note 0-not provided/inadequate 1-Good 2-Excellent)</i>			Comments
Sub-total Points (58)			
A. Program Progress Report			
<ul style="list-style-type: none"> Have they met 100% of projected visits on Deliverable 1? 	0 1 2		
<ul style="list-style-type: none"> Has sufficient progress been made on Deliverable 1? 	0 1 2		
<ul style="list-style-type: none"> Has sufficient progress been made on Deliverable 2? 	0 1 2		
<ul style="list-style-type: none"> Has sufficient progress been made on Deliverable 3? 	0 1 2		
<ul style="list-style-type: none"> Has sufficient progress been made on Deliverable 4? 	0 1 2		
<ul style="list-style-type: none"> Has sufficient progress been made on Deliverable 5? (If N/A = 2) 	0 1 2		
B. Program Narrative			
Program Narrative <i>(no longer than 6 pages)</i>	0 1 2		
Explains changes to program scope, personnel, partnerships with agencies or organizations, other info.	0 1 2		
Adheres to the Title X statutory and regulatory requirements and restrictions.	0 1 2		
Acknowledges that the project will not perform, promote, refer for,			

or support abortion as a method of family planning.	0	1	2		
C. Program Work Plan					
• <u>Deliverable 1</u>					
-Number expected visits meets/exceeds level requirement	0	1	2		
- Will follow all QFP guidance and Program Requirements	0	1	2		
- Will follow most updated CDC guidance on STD testing/ treatment	0	1	2		
-Provides RLP for all new clients	0	1	2		
-Created resource list for non-directive pregnancy counseling	0	1	2		
-Co-located with primary care provider (PCP) or has a formal agreement with a PCP	0	1	2		
-Provides at least one type of LARC onsite	0	1	2		
-Provides LARC onsite same day	0	1	2		
-Offer LARC training to staff	0	1	2		
-Offers appointment times outside of normal operating hours	0	1	2		
• <u>Deliverable 2</u>					
-Appropriate billing infrastructure	0	1	2		
- Has a EMR/EHR system for medical records	0	1	2		
- Is able to bill all Managed Care and 3 rd Party insurances in area	0	1	2		
- Written agreements with Medicaid, MMCP, etc. in place	0	1	2		
- Policy for collections in place	0	1	2		
- Personnel in place to assist with Medicaid/insurance enrollment	0	1	2		
• <u>Deliverable 3 (must choose one or more strategies)</u>					
-Providing services to men and women who are no longer of <u>childbearing</u> status.					
- Ensure that infrastructure is in place to provide family planning services externally to special populations (e.g., substance abuse disorders, incarcerated women, students)	0	1	2		

<ul style="list-style-type: none"> - Care coordination provided/Tracking system/Implement best practices regarding screening for mental health and/or addiction issues 			
<ul style="list-style-type: none"> • <u>Deliverable 4</u> <ul style="list-style-type: none"> - 2 approved outreach activities planned 	0	1	2
D. Health Disparity/Inequity Activities Includes a short summary statement of how program activities over the last year addressed health disparities and/or health inequities Includes: specific objectives to address disparities/inequities; a summary of data to support the statement; and future plans to address this issue.	0	1	2
Attachments <i>(*Note 0-not provided/inadequate 1-Good 2-Excellent)</i>	Score 0 - 2		
Sub-total Points (16)	Score		
<ul style="list-style-type: none"> • 1 - ODH Reproductive Health and Wellness Program Assurances 	0	1	2
<ul style="list-style-type: none"> • 2 - ODH Reproductive Health and Wellness Budget Overview (w/ <i>visit projections</i>) All proposed enhanced services are accounted for within the budget summary 	0	1	2
<ul style="list-style-type: none"> • 3 - ODH Reproductive Health & Wellness Program Revenue Report Are all sources of revenue reported; is only the first column complete? 	0	1	2
<ul style="list-style-type: none"> • 4 - ODH Reproductive Health and Wellness Program <ul style="list-style-type: none"> a. Services Site(s) Information complete b. Services Provided information complete 	0	1	2
<ul style="list-style-type: none"> • 5 - ODH Reproductive Health and Wellness Program Work Plan For all services, are the following completed? Activities – are they appropriate for the objective and specific? 	0	1	2

Person Responsible – is the responsible person appropriate?	0	1	2		
Timeline - have they indicated interim timelines?	0	1	2		
Outreach – is an outreach work plan that includes evaluation components for planned outreach activities completed?	0	1	2		
<i>Total Score for Proposal (90)</i>					

Review Notes:

Strengths

Weaknesses

Special Conditions

Other Comments

Reviewer Signature:	Date:
Reviewer Name (printed):	

Appendix L

Sample Sliding Fee Discount Schedule 2019 - Ohio Department of Health										
Assessed Rate	Household Size									
		1	2	3	4	5	6	7	8	
	annual	\$ 12,490	\$ 16,910	\$ 21,330	\$ 25,750	\$ 30,170	\$ 34,590	\$ 39,010	\$ 43,430	
0%	monthly	\$ 1,041	\$ 1,409	\$ 1,778	\$ 2,146	\$ 2,514	\$ 2,883	\$ 3,251	\$ 3,619	
	weekly	\$ 240	\$ 325	\$ 410	\$ 495	\$ 580	\$ 665	\$ 750	\$ 835	
	annual	\$ 12,491 - \$ 17,173	\$ 16,911 - \$ 23,250	\$ 21,331 - \$ 29,328	\$ 25,751 - \$ 35,405	\$ 30,171 - \$ 41,483	\$ 34,591 - \$ 47,560	\$ 39,011 - \$ 53,638	\$ 43,431 - \$ 59,715	
20%	monthly	\$ 1,042 - \$ 1,430	\$ 1,410 - \$ 1,937	\$ 1,779 - \$ 2,443	\$ 2,147 - \$ 2,950	\$ 2,515 - \$ 3,456	\$ 2,884 - \$ 3,962	\$ 3,252 - \$ 4,469	\$ 3,620 - \$ 4,975	
	weekly	\$ 241 - \$ 329	\$ 326 - \$ 446	\$ 411 - \$ 563	\$ 496 - \$ 680	\$ 581 - \$ 797	\$ 666 - \$ 914	\$ 751 - \$ 1,031	\$ 836 - \$ 1,147	
	annual	\$ 17,174 - \$ 21,857	\$ 23,251 - \$ 29,592	\$ 29,329 - \$ 37,327	\$ 35,406 - \$ 45,062	\$ 41,484 - \$ 52,797	\$ 47,561 - \$ 60,532	\$ 53,639 - \$ 68,267	\$ 59,716 - \$ 76,002	
40%	monthly	\$ 1,431 - \$ 1,820	\$ 1,938 - \$ 2,465	\$ 2,444 - \$ 3,110	\$ 2,951 - \$ 3,754	\$ 3,457 - \$ 4,399	\$ 3,963 - \$ 5,043	\$ 4,470 - \$ 5,688	\$ 4,976 - \$ 6,333	
	weekly	\$ 330 - \$ 419	\$ 447 - \$ 568	\$ 564 - \$ 717	\$ 681 - \$ 866	\$ 798 - \$ 1,014	\$ 915 - \$ 1,163	\$ 1,032 - \$ 1,312	\$ 1,148 - \$ 1,461	
	annual	\$ 21,858 - \$ 26,540	\$ 29,593 - \$ 35,933	\$ 37,328 - \$ 45,325	\$ 45,063 - \$ 54,718	\$ 52,798 - \$ 64,110	\$ 60,533 - \$ 73,503	\$ 68,268 - \$ 82,895	\$ 76,003 - \$ 92,288	
60%	monthly	\$ 1,821 - \$ 2,211	\$ 2,466 - \$ 2,993	\$ 3,111 - \$ 3,776	\$ 3,755 - \$ 4,559	\$ 4,400 - \$ 5,342	\$ 5,044 - \$ 6,124	\$ 5,689 - \$ 6,907	\$ 6,334 - \$ 7,690	
	weekly	\$ 420 - \$ 509	\$ 569 - \$ 690	\$ 718 - \$ 871	\$ 867 - \$ 1,051	\$ 1,015 - \$ 1,232	\$ 1,164 - \$ 1,413	\$ 1,313 - \$ 1,593	\$ 1,462 - \$ 1,774	
	annual	\$ 26,541 - \$ 31,224	\$ 35,934 - \$ 42,274	\$ 45,326 - \$ 53,324	\$ 54,719 - \$ 64,374	\$ 64,111 - \$ 75,424	\$ 73,504 - \$ 86,474	\$ 82,896 - \$ 97,524	\$ 92,289 - \$ 108,574	
80%	monthly	\$ 2,212 - \$ 2,601	\$ 2,994 - \$ 3,522	\$ 3,777 - \$ 4,443	\$ 4,560 - \$ 5,364	\$ 5,343 - \$ 6,284	\$ 6,125 - \$ 7,205	\$ 6,908 - \$ 8,126	\$ 7,691 - \$ 9,047	
	weekly	\$ 510 - \$ 599	\$ 691 - \$ 812	\$ 872 - \$ 1,024	\$ 1,052 - \$ 1,237	\$ 1,233 - \$ 1,449	\$ 1,414 - \$ 1,662	\$ 1,594 - \$ 1,874	\$ 1,775 - \$ 2,087	
	annual	\$ 31,225 - \$ 36,907	\$ 42,275 - \$ 49,599	\$ 53,325 - \$ 62,449	\$ 64,375 - \$ 75,425	\$ 75,425 - \$ 86,475	\$ 86,475 - \$ 97,525	\$ 97,525 - \$ 108,575	\$ 108,575 - \$ 120,625	
100%	monthly	\$ 2,602 - \$ 3,000	\$ 3,523 - \$ 4,050	\$ 4,444 - \$ 5,000	\$ 5,365 - \$ 6,000	\$ 6,285 - \$ 7,000	\$ 7,206 - \$ 8,000	\$ 8,127 - \$ 9,000	\$ 9,048 - \$ 10,000	
	weekly	\$ 600 - \$ 750	\$ 813 - \$ 1,013	\$ 1,025 - \$ 1,250	\$ 1,238 - \$ 1,500	\$ 1,450 - \$ 1,750	\$ 1,663 - \$ 2,000	\$ 1,875 - \$ 2,250	\$ 2,088 - \$ 2,500	
	annual	\$ 36,908 - \$ 42,600	\$ 49,601 - \$ 56,600	\$ 62,500 - \$ 71,250	\$ 75,500 - \$ 86,250	\$ 86,250 - \$ 97,500	\$ 97,500 - \$ 108,750	\$ 108,750 - \$ 120,000	\$ 120,000 - \$ 131,250	

FOR FAMILY UNITS WITH MORE THAN 8 MEMBERS, ADD \$4,420 FOR EACH ADDITIONAL FAMILY MEMBER.

SERVICES WILL NOT BE DENIED DUE TO INABILITY TO PAY.

BASED ON REVISED CSA POVERTY GUIDELINES PUBLISHED IN THE FEDERAL REGISTER ON 01/11/19

Date:	Project#:	Project Name:
County:	Agency Name:	

Attachment 1

FY2021 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 and the Centers for Disease Control and Prevention, *Providing Quality Family Planning Services*, April 25, 2014;
2. Assurance that at least 55% 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 physically and 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, 2020 to March 31, 2021. 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 2 User #:
Authorized Signature:	Date:

Attachment 2
FY2021 Reproductive Health and Wellness Program Budget Overview

Subrecipient Agency Name: _____

GMIS # _____

Applicants should see Maximum Amount of Funds Available by County (Appendix E) 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.

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

\$ _____ Deliverable Goal 2: Subrecipient will have implemented activities to support program infrastructure and sustainability.

\$ _____ Deliverable Goal 3: Subrecipient will have implemented activities to enhance the services provided by their sites.

\$ _____ Deliverable Goal 4: Subrecipient will provide a description of 2 outreach events targeted to hard-to-reach and vulnerable populations.

\$ _____ Deliverable Goal 5: (optional; limit up to 2 sub-recipients)
Subrecipient will develop and implement clinical training program promoting evidence-based clinical standards.

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

Reproductive Health and Wellness Program Revenue Report (April 1, 2020 to March 31, 2021)			
Subrecipient Agency Name: _____		GMIS # _____	
Revenue Budget Due with application	Mid-Year Report (April 1, 2020 – September 30, 2020) Due October 15, 2020	FPAR report (January 1, 2020 – December 31, 2020) Due February 8, 2021	Final Report (April 1, 2020 – March 31, 2021) Due May 15, 2021
Federal and State Grant Funds Received			
1	<u>Reproductive Health</u> & Wellness Program grant		
2	Title XX Social Security Block grant		
3	Bureau of Primary Health Care (BPHC)		
4	Federally Qualified Health Center (FQHC)		
5	Other (please specify) _____		
6	Other (please specify) _____		
7	TOTAL GRANTS (sum rows 1 to 7)		
Client Fees and Reimbursements			
8	Total client fees collected/self-pay		
9	Client donations		
10	Medicaid (Title XIX) including Managed Care Plans		
11	Medicare (Title XVIII)		
12	State CHIP		
13	Private health insurance		
14	Other, (please specify) _____		
	TOTAL FEES AND REIMBURSEMENTS (sum rows 8 to 14) Note: This equals program income in GMIS		
Other Revenue			
16	TANF funds		
17	Local government funds, i.e. levy funds		
18	Private donations		
19	Fundraising		
20	Other (please specify) _____		
21	TOTAL OTHER REVENUE		
	GRAND TOTAL (line 7+line14+line21)		

Attachment 4 Site and Services

Please fill in the yellow highlighted fields.						
Subgrantee Agency Name						
GMIS Number:						
Address (BOLD the administrative address List all clinic addresses)	City, State, Zip	Service Area (by county)	Office Hours (see below)*	Provider/Clinician Hours (see below)**	Number of Visits Projected 2021 (see below)***	Please provide email addresses for those to be included on the rhwp listserv
* – Times of day/days of month that the office is open to patients, such as to receive phone calls, make appointment, pick up refills, pregnancy tests, etc.	** – Times of day/days of month that a Clinician/Provider (MD/NP/PA/DO) is available to provide full RHWP medical services such as exams, prescribe medication, and evaluate problems for each site served.	*** – Number of client visits projected at the sub-grantee agency level for each site served.				
Offsite Services Provided to Specific Populations ex. colleges, treatment						

SERVICES	#1 to 5			
Informed Consent				
Client Education/Counseling				
Medical History				
Physical Assessment				
Lab Testing				
• Diabetes				
• Cervical cytology				
• Mammography				
Notification of Abnormal Lab Testing				
Pap Testing: Liquid				
IUD				
Hormonal Implant				
Emergency Contraception				
3 month Hormonal Injection				
Oral Contraceptives				
Contraceptive Patch				
Vaginal Ring				
Barrier Methods				
Spermicidal Methods				
Fertility Awareness, including Natural Family Planning				
Abstinence Education				

Female Sterilization				
• Counseling				
• Procedure				
Male Sterilization				
• Counseling				
• Procedure				
SERVICES	#1 to 5			
Level I Infertility Services				
PrEP				
Pregnancy Diagnosis				
• History				
• Testing				
• Physical exam				
Non-directive Pregnancy Counseling				
Male Services				
• History				
• Physical exam				
• Testing				
Minor Gynecological Problems – please list				
Health Promotion and Disease Prevention				

Special Gynecologic Procedures – please list			
Adolescent Services			
• Encouragement of Family Involvement			
• Education on Sexual Coercion			
Psychosocial Services			
Postpartum Care			
HPV Vaccination			
Folic Acid			
Prenatal Care			
Sexually Transmitted Disease Testing and Treatment For treatment indicate (C) Client, (P) Partner or (B) Both			
• Gonorrhea			
• Chlamydia			
• Syphilis			
• Trichomonas			
• Herpes			

• Hepatitis B			
• Hepatitis C			
• Human Papilloma Virus (warts)			
• HIV Testing/ Post Test Counseling			

Attachment 5

Applicants must use the RHWP Goals and Deliverables Grid, Appendix D to populate the FY2021 RHWP 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. An applicant must apply for all deliverables listed in Goal 1,2 and 4 and must also select at least one strategy from Goal 3. Applicants may also choose to apply for deliverable 5.

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 FY 2021 Mid-Year Progress Report (MYPR) must be submitted by October 15, 2020. A FY2021 Annual Progress Report (APR) must be submitted after the close of the FY2021 grant year (May 15, 2021). 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.

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)

Goals: <input type="checkbox"/> Goal 1 <input type="checkbox"/> Goal 2 <input type="checkbox"/> Goal 3 <input type="checkbox"/> Goal 4 <input type="checkbox"/> Goal 5					
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>