



OHIO DEPARTMENT OF HEALTH

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John R. Kasich/Governor

Richard Hodges/Director of Health

Date: January 6, 2016

To: Sub-grantee Applicants

From: Shancie Jenkins, Chief
Office of Health Improvement and Wellness-

A handwritten signature in blue ink, appearing to be "Shancie Jenkins", is written over the "From:" line.

Subject: Reproductive Health and Wellness Program (RHWP) Sub-grant

The Ohio Department of Health (ODH), Bureau of Maternal and Child Health announces the availability of Reproductive Health and Wellness Program (RHWP) competitive grant funds to comprehensively address issues of reproductive health and wellness with a focus on populations in greatest need and identified priorities. Funds will be available for applicants to ensure there is an organized effort to improve the overall health and well-being of women and men by promoting healthy lifestyles and encouraging the establishment of a reproductive life plan.

All potential applicants are encouraged to attend a Bidders' Conference that will be held via teleconference/webinar on Monday, January 25, 2016 at 10:00 a.m. The Bidders' Conference will provide an opportunity for interested parties to learn more about the Request for Proposals. Information regarding the time and instructions on accessing the webinar will be posted to the Reproductive Health and Wellness Program web page at <https://www.odh.ohio.gov/odhprograms/cfhs/rhwp/rhawp.aspx>.

All electronic applications and attachments are due by 4:00 p.m., Monday, February 22, 2016. 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). New staff requiring GMIS access must successfully complete GMIS training offered by ODH.

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

Submission of the competitive application constitutes acknowledgment and acceptance of ODH Grants Administration Policies and Procedures (OGAPP) Manual rules and any other program-specific requirements as outlined in the competitive Request for Proposal (RFP). Reference the competitive RFP for more information. The competitive RFP 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 Lori Deacon at (614) 466-6056 or via email at BCFHS.MCH@odh.ohio.gov.



ALL APPLICATIONS MUST BE SUBMITTED VIA THE INTERNET

OHIO DEPARTMENT OF HEALTH

OFFICE OF
Health Improvement and Wellness

BUREAU OF
Maternal and Child Health

Reproductive Health and Wellness Program

SOLICITATION

FOR

FISCAL YEAR 2017

(04/01/16-03/31/21)

**Local Public Applicant Agencies
Non-Profit Applicants**

COMPETITIVE GRANT APPLICATION INFORMATION

**Revised 6/26/15
For grant starts 1/1/2016 and thereafter**

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 - a. Services Site(s) Information
 - b. Services Provided
5. ODH Reproductive Health and Wellness Program Culturally and Linguistically Appropriate Services (CLAS) Strategic Plan
6. ODH Reproductive Health and Wellness Program FPAR Data Report Sheet
7. ODH Reproductive Health and Wellness Program Plan Template

I. APPLICATION SUMMARY and GUIDANCE

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

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

NEW AGENCIES ONLY or if UPDATES are needed: For non-profit agencies, the NOIAF must be accompanied by proof of non-profit status. Both non-profit and local public agencies must submit proof of liability coverage. Request for Taxpayer Identification Number and Certification (W-9), and Authorization Agreement for Direct Deposit of EFT Payments Form (EFT).

The above mentioned forms are located on the Ohio Department of Administrative Services website at: <http://www.ohiosharedservices.ohio.gov/VendorsForms.aspx>

or directly at the following websites:

- **Request for Taxpayer Identification Number and Certification (W-9),** <http://www.irs.gov/pub/irs-pdf/fw9.pdf?portlet=103>
- **Authorization Agreement for Direct Deposit of EFT Payments Form (EFT)** <http://media.obm.ohio.gov/oss/documents/EFT+FORM+-+REVISED+01+14+2014.pdf>
- **Vendor Information Form** http://media.obm.ohio.gov/oss/documents/New+Vendor+Information+Form_11+15+2013.pdf

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

- A. Policy and Procedure:** Uniform administration of all the ODH grants is governed by the ODH Grants Administration Policies and Procedures (OGAPP) manual. This manual must be followed to ensure adherence to the rules, regulations and procedures for preparation of all Subrecipient applications. The OGAPP manual is available on the ODH website:

<http://www.odh.ohio.gov>.

(Click on Grant/Contracts, ODH Grants, Grants Administrative Policies and Procedures Manual (OGAPP)) or copy and paste the following link into your web browser:

<http://www.odh.ohio.gov/~media/ODH/ASSETS/Files/funding%20opportunities/OGAPP%20Manual%20V100-2%20Rev%2010-1-2014.ashx>

Please refer to Policy and Procedure updates found on the GMIS bulletin board.

- B. Application Name:** Reproductive Health and Wellness Program

- C. Purpose:** [The purpose of the Reproductive Health and Wellness Program in Ohio is to improve the overall health and well-being of women, men, and children by improving health care access, promoting healthy lifestyles and encouraging the establishment of a reproductive life plan.

There is a nationwide movement to prevent babies from dying and to eliminate racial disparities in infant mortality. The U.S. Department of Health and Human Services

Secretary's Advisory Committee on Infant Mortality (SACIM) was charged with developing recommendations for national strategies. SACIM uses the life course perspective (LCP) as a guiding framework for the development of its recommendations. The LCP views life not as disconnected stages but as an integrated continuum, recognizing that the current environment and historical experience of individuals influence their health outcomes. The first of the six strategic directions presented by SACIM is to "Improve women's health before, during, and after pregnancy".

The three year data summary for the most recent years available for the Ohio Pregnancy Risk Assessment Monitoring System indicated that only 53 % of Ohio pregnancies were intended. In addition, the Perinatal Periods of Risk analysis in Ohio indicates that the best opportunity for improving birth outcomes is in helping women get healthy before they become pregnant through preconception and interconception care. During 2014, in anticipation of the Fiscal Year 2015 Maternal and Child Health Block Grant (MCHBG) application, Ohio began a comprehensive assessment of the health needs of women and children in the state. Almost a third of the respondents to Stakeholder and Consumer Assessment Surveys identified family planning services as the biggest health-related trend for reproductive age women. Similarly, nearly half (42.5 percent) of the respondents reported that family planning is one of the unmet needs for this population.

The Ohio Collaborative to Reduce Infant Mortality has identified *Promoting Optimal Women's Health Before, During and After Pregnancy* as a strategic area of focus. The workgroup focusing on this area has identified the use of a reproductive life plan for all Ohioans of childbearing status a key activity. A reproductive life plan will allow individuals the opportunity to determine when and if they are physically, emotionally, and financially prepared to become parents. In addition, the life plan can help to lower the risk of adverse perinatal and birth outcomes by assuring access to health care services to low-income, uninsured, under-insured and others, regardless of the individual's religion, race, national origin, handicapping condition, age, sex, number of pregnancies, marital status, culture, ethnicity or sexual orientation. The RHWP will ensure a focus on populations in greatest need and identified priorities. |

- D. Qualified Applicants:** |All applicants must be a local public or non-profit agency, Applicant agencies must attend or document in writing prior attendance at Grants Management Information System (GMIS) training and must have the capacity to accept an electronic funds transfer (EFT). If an applicant agency needs GMIS training prior to the establishment of access to the application, then a GMIS training form must be submitted (Appendix B) |

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

1. Applicant does not owe funds to ODH and has repaid any funds due within 45 days of the invoice date.
2. Applicant has not been certified to the Attorney General's (AG's) office.
3. Applicant has submitted application and all required attachments by **4:00 p.m. on Monday, February 22, 2016.** |

- E. Service Area:** |Applicants shall clearly define the specific geographic area (county, zip code(s), census tract(s)) and the specific population to be served with the grant funds provided. |This grant shall not establish residency requirements for eligible patients. The RHWP service area includes all counties in Ohio. Applicants are required to indicate the areas of service and explain how these areas were selected.

Applications to provide services to multiple counties will be accepted. Funding designated for a county must be spent for **services provided in that county**.

If other service providers in the applicant's county provide publicly funded family planning services, including those funded through Title X funds administered by another federally funded Title X entity, the applicant must clearly define how their agency will be serving a different population and that there is no duplication of effort within the county in order to be eligible for Reproductive Health and Wellness Program funding.

- F. 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. 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 88 grants may be awarded for a total amount of \$5,303,189 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 Base Amount of Funds Available by County (Appendix C). Funding is divided into payment per goal and only the amount allotted to that goal may be spent on that specific goal. Base goals will be reimbursed as invoiced; deliverable goals will be reimbursed when deliverables have been met.

The funding formula for the maximum amount was identified based on these three criteria: (1) the number of women aged 15 to 44 in need of publicly funded contraceptive services, (2) the number of women aged 20 to 44 seen who are at less than 100% of the federal poverty line, and (3) the number of black or Hispanic female reproductive-aged women.

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.

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 \$45,000. 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.

Allotments will be established in GMIS by ODH.

- G. Due Date:** All parts of the application, including any required attachments, must be completed and received by ODH electronically via GMIS or via ground delivery-by **4:00 p.m. by Monday, February 22, 2016.** Applications and required attachments received after this deadline will not be considered for review.

Contact Lori Deacon at (614) 466-6056 or at BCFHS.MCH@odh.ohio.gov with any questions.

- H. Authorization:** [Authorization of funds for this purpose is contained in P.L. 91-572 PHS Act Sec. 1001 as Amended, 42 CFR 59 Catalog of Federal Domestic Assistance (CFDA) Number 93.217, Section 3701.046, the Maternal Health Services Block Grant (Title V, Social Security Act, as amended, Catalog of Federal Domestic Assistance Number 93.994) and Am. Sub. H.B. 64.]

- I. Goals:** The goal of the Reproductive Health and Wellness Program is to assist individuals and couples in planning and spacing births, contributing to positive birth outcomes and improved health for women and infants. The goals and objectives based on federal mandate and guidance from the Office of Population Affairs and are detailed in FY2017 Reproductive Health and Wellness Goals & Objectives Grid (Appendix D). Goals of the program are as follows:

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

Deliverable Goal 2: To improve the quality of services offered within a Reproductive Health and Wellness Program.

Base Goal 1: To increase outreach and access for target population to a broad range of Reproductive Health and Wellness services.

Base Goal 2: To increase sustainability of Reproductive Health and Wellness services.

Base Goal 3: To enhance the services provided by the Reproductive Health and Wellness program.

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

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

- Pelvic exams and lab testing;
- Breast exams and patient education on breast cancer;

- Testicular exams and patient education on testicular cancer;
- Screening for cervical cancer;
- Screening for HPV and HBV vaccine status;
- Screening and treatment for sexually transmitted diseases (STDs) including HIV (testing only);
- Pregnancy testing;
- Neutral, factual information and nondirective counseling on all options (*Program Requirements for Title X Funded Family Planning Projects Section 9.11*)
- Voluntary choice of contraception: including abstinence, Long Acting Reversible Contraception (LARC), and natural family planning;
- Client Centered Contraceptive Counseling;
- Patient education and pre-pregnancy counseling on the dangers of smoking, alcohol, and drug use during pregnancy;
- Education on sexual coercion and violence in relationships; and
- Referral for Primary Care, HIV treatment, Substance Abuse, and Mental Health services.

All Agencies must:

- Have an Electronic Medical Record (EMR) system in place or agree to have one in place no later than March 2017;
- Bill all applicable third party insurances;
- Provide at least one type of Long Active Reversible Contraceptive (LARC) onsite;
- Follow *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;
- Have a Certified Application Counselor (CAC)/Navigator to help enroll clients into the Marketplace and a designated person to assist clients with enrollment into Medicaid. Number of Clients assisted must be reported to RHWP.

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

An applicant must select and provide one or more enhanced service listed in Base Goal 3, Objectives 3a-3g in addition to providing all Objectives listed in Base Goal 1 and 2 and Deliverable Goal 1 and 2. RHWP applicants must clearly identify the enhanced service(s) for which they are applying. In order to be funded for RHWP enhanced services, the applicant must clearly justify the need and health disparity in their service area.

Applicants are required to provide assurance and documentation of collaboration so that programs and services are not overlapping with other programs serving the reproductive health and wellness population with similar approaches and other funding sources.

- J. Program Period and Budget Period:** The program period will begin [April 1, 2016] and end on [March 31, 2021]. The budget period for this application is [April 1, 2016] through [March 31, 2017].
- K. Public Health Accreditation Board (PHAB) Standard(s):** Identify the PHAB Standard(s)

that will be addressed by grant activities. This grant program will address PHAB Standard 3.1: Provide Health Education and Health Promotion Policies, Programs, Processes, and Interventions to Support Prevention and Wellness and Standard 3.2: Provide Information on Public Health Issues and Public Health Functions Through Multiple Methods to a Variety of Audiences. The PHAB standards are available at the following website:

<http://www.phaboard.org/wp-content/uploads/PHAB-Standards-Overview-Version-1.0.pdf>

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

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

The Public Health Accreditation Board (PHAB) Standard(s) to be addressed by grant activities:

- A description of the demographic characteristics (e.g., age, race, gender, ethnicity, socio-economic status, educational levels) of the target population and the geographical area in which they live (e.g., census tracts, census blocks, block groups)
- A summary of the services to be provided or activities to be conducted; and
- A plan to coordinate and share information with appropriate local health districts.

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

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

M. Incorporation of Strategies to Eliminate Health Inequities

The ODH is committed to the elimination of health inequities. Racial and ethnic minorities and Ohio's economically disadvantaged residents experience health inequities and, therefore, do not have the same opportunities as other groups to achieve and sustain optimal health. Throughout the various components of this application (e.g., Program Narrative, Goals & Objectives) applicants are required to:

- 1) Explain the extent to which health disparities and/or health inequities are manifested within the problem addressed by this funding opportunity. This includes the identification of specific group(s) who experience a disproportionate burden of disease or health condition (this information must be supported by data).

- 2) Explain and identify how specific social and environmental conditions (social determinants of health) put groups who are already disadvantaged at increased risk for health inequities.
- 3) Explain how proposed program interventions will address this problem.
- 4) Link health equity interventions in the grant proposal to national health equity strategies using the GMIS Health Equity Module. Care should be taken to avoid repetition to keep the responses focused and specific.

The following section will provide basic framework, links and guidance to information to understand and apply health equity concepts.

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

*Certain groups in Ohio face significant barriers to achieving the best health possible. These groups include Ohio's poorest residents and racial and ethnic minority groups. 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, work and play. Health disparities are unnatural and can occur because of 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, good housing, good education, safe neighborhoods, freedom from racism and other forms of discrimination. These are referred to as **social determinants of health**. Social determinants are the root causes of health disparities. The systematic and unjust distribution of social determinants resulting in negative health outcomes is referred to as **health inequities**. As long as health inequities persist, those aforementioned groups will not achieve their best possible health. The ability of marginalized groups to achieve optimal health (like those with access to social determinants) is referred to as **health equity**. Public health programs that incorporate social determinants into the planning and implementation of interventions will greatly contribute to the elimination of health inequities.*

GMIS Health Equity Module:

The GMIS Health Equity Module links health equity initiatives in grant proposals to national health equity strategies such as those found in *Healthy People 2020* or the *National Stakeholder Strategy for Achieving Health Equity*. Applicants are required to select the goals and strategies from the module which best reflect how their particular grant proposal addresses health disparities and/or health inequities. Applicants can choose more than one goal and/or strategy.

For more resources on health equity, please visit the ODH website at:

<http://www.healthyohioprogram.org/healthequity/equity.aspx>.

N. 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 Reproductive Health and Wellness Program.]

- O. Appropriation Contingency:** Any award made through this program is contingent upon the availability of funds for this purpose. **The subrecipient agency must be prepared to support the costs of operating the program in the event of a delay in grant payments.**
- P. Programmatic, Technical Assistance and Authorization for Internet Submission:** *Initial authorization for Internet submission, for new agencies, will be granted after participation in the GMIS training session. All other agencies will receive their authorization after the posting of the Solicitation to the ODH website and the receipt of the Notice Of Intent to Apply for Funding (NOIAF).* Please contact Lori Deacon at (614) 466-6056 or at BCFHS.MCH@odh.ohio.gov

Applicant must attend or must document in the NOIAF prior attendance at GMIS training in order to receive authorization for internet submission.

- Q. Acknowledgment:** An Application Submitted status will appear in GMIS that acknowledges ODH system receipt of the application submission.
- R. Late Applications:** GMIS automatically provides a time and date system for grant application submissions. Required attachments and/or forms sent electronically must be transmitted by the application due date. Required attachments and/or forms mailed that are non-Internet compatible must be postmarked or received on or before the application due date of **[Monday, February 22, 2016 at 4:00 p.m.]**

Applicants should request a legibly dated postmark, or obtain a legibly dated receipt from the U.S. Postal Service or a commercial carrier. Private metered postmarks shall **not** be acceptable as proof of timely mailing. Applicants can hand-deliver attachments to ODH, Grants Services Unit (GSU), via the front desk at 246 N. High St., Columbus, Ohio; but they must be delivered by **4:00 p.m.** on the application due date. Fax attachments will not be accepted. **GMIS applications and required application attachments received late will not be considered for review.**

- S. Successful Applicants:** Successful applicants will receive official notification in the form of a Notice of Award (NOA). The NOA, issued over the signature of the Director of the Ohio Department of Health, allows for expenditure of grant funds.
- T. Unsuccessful Applicants:** Within 30 days after a decision to disapprove or not fund a grant application, written notification, issued over the signature of the Director of Health, or his designee, shall be sent to the unsuccessful applicant.

U. Review Criteria: All proposals will be judged on the quality, clarity and completeness of the application. Applications will be judged according to the extent to which the proposal:

1. 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 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 OGAPP;
11. Explicitly identifies specific groups in the service area who experience a disproportionate burden of the diseases; health condition(s); or who are at an increased risk for problems addressed by this funding opportunity; and,
12. Describe activities which support the requirements outlined in sections I. thru M. of this Solicitation. The RHWP Application Review form (Appendix E) is the form that will be used by reviewers to assess and score applications.

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

V. Freedom of Information Act: The Freedom of Information Act (5 U.S.C.552) and the associated Public Information Regulations require the release of certain information regarding grants requested by any member of the public. The intended use of the information will not be a criterion for release. Grant applications and grant-related reports are generally available for inspection and copying except that information considered being an unwarranted invasion of personal privacy will not be disclosed. For guidance regarding specific funding sources, refer to: 45 CFR Part 5 for funds from the U.S. Department of Health and Human Service.

W. Ownership Copyright: Any work produced under this grant, including any documents, data, photographs and negatives, electronic reports, records, software, source code, or other media, shall become the property of ODH, which shall have an unrestricted right to reproduce, distribute, modify, maintain, and use the work produced. If this grant is funded in whole, or in part, by the federal government, unless otherwise provided by the terms of that grant or by federal law, the federal funder also shall have an unrestricted right to reproduce, distribute, modify, maintain, and use the work produced. No work produced under this grant shall include copyrighted matter without the prior written consent of the owner, except as may otherwise be allowed under federal law.

ODH must approve, in advance, the content of any work produced under this grant. All work must clearly state:

“This work is funded either in whole or in part by a grant awarded by the Ohio Department of Health, Bureau of Maternal and Child Health, Reproductive Health and Wellness Program and as a sub-award of a grant issued by [Department of Health and Human Services, Office of Population Affairs] under the [Title X] grant, grant award number [FPHPA056202-01-00], and CFDA number [93.217].”

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

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

Reports shall be submitted as follows:

1. **Program Reports:** Subrecipients Program Reports must be completed and submitted via GMIS, as required by the subgrant program by the following dates:

- **The Ohio Department of Health Reproductive Health and Wellness Program Revenue Report (Attachment 3):** ODH Reproductive Health and Wellness Program sub-grantees 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 on the following dates: **October 15, 2016** (mid-year revenue report) and **May 15, 2017** (final revenue report).
- **The Ohio Department of Health 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 actually open. The applicant must provide Services Provided information in Attachment 4.

- **The Culturally and Linguistically Appropriate Services in Health Care (CLAS) Strategic Plan:** In the project narrative, state that the required FY2017 RHWP CLAS Strategic Plan (Attachment 5) will be completed and submitted via GMIS attachment in the Project Comments Section by the due date **July 15, 2016**.

- **Sliding Fee Scale and Schedule of Charges:** The sub-grantees 2017 Sliding Fee Scale (Appendix F) and a current Schedule of Charges 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 **July 15, 2016**.
- **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 CY2017 is due to the data contractor **April 8, 2017**. 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** (Attachment 6) to due to ODH Reproductive Health and Wellness Program by February 8th of each calendar year.
- **ODH Reproductive Health and Wellness Program Plan (Attachment 7) 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 FY2017 RHWP Program Plan, Attachment 7.
 - An **Interim progress report** is due by via GMIS attachment in the Project Comments Section on **October 15, 2016**, for the period April 1, 2016 – September 30, 2016. 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 ODH Reproductive Health and Wellness Program Plan (Attachment 7) 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 sub grantee’s ability to meet the program’s goals and objectives or time schedules.
 - **Final Program Report:** A final progress report that documents accomplishments made on goals and objectives for the period of **April 1, 2016-March 31, 2017** is due via GMIS attachment in the Project Comments Section by **May 15, 2017**. The applicant agency is responsible for completing the ODH Reproductive Health and Wellness Program Plan (Attachment 7) 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 objectives for the period, any current problems or favorable or unusual developments, and work to be performed during the succeeding period.

Any paper non-Internet compatible report attachments must be submitted to GSU Central Master Files by the specific report due date. **Program Reports that do not include required attachments will not be approved.** All program report attachments must clearly identify the authorized program name and grant number.

Submission of Subrecipient Program Reports via GMIS indicates acceptance of the

OGAPP.

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 Director’s on new and emerging RHWP topics. Project Directors and necessary staff are required to attend.

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

<i>Period</i>	<i>Report Due Date</i>
<i>April 1 – 30, 2016</i>	<i>May 10, 2016</i>
<i>May 1 – 31, 2016</i>	<i>June 10, 2016</i>
<i>June 1 – 30, 2016</i>	<i>July 10, 2016</i>
<i>July 1 – 31, 2016</i>	<i>August 10, 2016</i>
<i>August 1 – 31, 2016</i>	<i>September 10, 2016</i>
<i>September 1 – 30, 2016</i>	<i>October 10, 2016</i>
<i>October 1 – 31, 2016</i>	<i>November 10, 2016</i>
<i>November 1 – 30, 2016</i>	<i>December 10, 2016</i>
<i>December 1 – 31, 2016</i>	<i>January 10, 2017</i>
<i>January 1 – 31, 2017</i>	<i>February 10, 2017</i>
<i>February 1 – 29, 2017</i>	<i>March 10, 2017</i>
<i>March 1 – 31, 2017</i>	<i>April 10, 2017</i>

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

<i>Period</i>	<i>Report Due Date</i>
<i>April 1 – June 30, 2016</i>	<i>July 10, 2016</i>
<i>July 1 – September 30, 2016</i>	<i>October 10, 2016</i>
<i>October 1 – December 31, 2016</i>	<i>January 10, 2017</i>
<i>January 1 – March 31, 2017</i>	<i>April 10, 2017</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.

3. 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, 2017. 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 the Monthly/Quarterly and Final Subrecipient Expenditure reports via the GMIS system indicates acceptance of OGAPP. Clicking the "Approve" button signifies authorization of the submission by an agency official and constitutes electronic acknowledgment and acceptance of OGAPP rules and regulations.

4. Inventory Report: A list of all equipment purchased in whole or in part with **current** grant funds (Equipment Section of the approved budget) must be submitted via GMIS as part of the subrecipient Final Expenditure Report. At least once every two years, inventory must be physically inspected by the Subrecipient. Equipment purchased with ODH grant funds must be tagged as property of ODH for inventory control. Such equipment may be required to be returned to ODH at the end of the grant program period.

X. Special Condition(s): Responses to all special conditions **must be submitted via GMIS within 30 days of receipt of the first quarter payment.** A Special Conditions link is available for viewing and responding to special conditions within GMIS. This link is viewable only after the issuance of the subrecipient's first payment. The 30 day time period, in which the subrecipient must respond to special conditions will begin when the link is viewable. Subsequent payments will be withheld until satisfactory responses to the special conditions or a plan describing how those special conditions will be satisfied is submitted in GMIS.

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

1. To advance political or religious points of view or for fund raising or lobbying;
2. To disseminate factually incorrect or deceitful information;
3. Consulting fees for salaried program personnel to perform activities related to grant objectives;
4. Bad debts of any kind;
5. Contributions to a contingency fund;
6. Entertainment;
7. Fines and penalties;
8. Membership fees -- unless related to the program and approved by ODH;
9. Interest or other financial payments (including but not limited to bank fees);
10. Contributions made by program personnel;
11. Costs to rent equipment or space owned by the funded agency;
12. Inpatient services;
13. The purchase or improvement of land; the purchase, construction, or permanent improvement of any building;
14. Satisfying any requirement for the expenditure of non-federal funds as a condition for the receipt of federal funds;
15. Travel and meals over the current state rates (see OBM website: <http://obm.ohio.gov/MiscPages/Memos/default.aspx> for the most recent Mileage Reimbursement memo.)
16. Costs related to out-of-state travel, unless otherwise approved by ODH, and described in the budget narrative;
17. Training longer than one week in duration, unless otherwise approved by ODH;
18. Contracts for compensation with advisory board members;
19. Grant-related equipment costs greater than \$1,000, unless justified in the budget

- narrative and approved by ODH;
20. Payments to any person for influencing or attempting to influence members of Congress or the Ohio General Assembly in connection with awarding of grants;
 21. Funding to provide abortion services; or if the applicant provides abortion services, the applicant's services are organized so that Reproductive Health and Wellness Program 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.

Z. Client Incentives and Client Enablers:

Client incentives [are not an allowable cost.]
Client enablers are [not an allowable cost.]

Recipients of incentives must sign a statement acknowledging the receipt of the incentive and agreeing to the purpose(s) of the incentive. Subrecipients are required to maintain a log of all client incentives and enablers purchased and distributed. These files must be readily available for review during your programmatic monitoring visit.

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

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

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

Once an audit is completed, a copy must be sent via e-mail to audits@odh.ohio.gov or to the ODH, Grants Services Unit, (GSU) within 30 days. Reference: OGAPP and OMB's Omni Circular Federal Uniform Administrative Requirements regarding Audits of States, Local Governments, and Non-Profit Organizations for additional audit requirements.

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

- Lists and highlights the applicable findings;

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

AB. Submission of Application

Formatting Requirements:

- Properly label each item of the application packet (e.g., Budget Narrative, Program Narrative).
- Each section should use 1.5 spacing with one-inch margins.
- Program and Budget Narratives must be submitted in portrait orientation on 8 ½ by 11 paper.
- Number all pages (print on one side only).
- Program Narrative should not exceed 25 pages (**excludes** appendices, attachments, budget and budget narrative).
- Use a 12 point font.
- Forms must be completed and submitted in the format provided by ODH

The GMIS application submission must consist of the following:

<p>Complete & Submit Via Internet</p>
--

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

Overview

Attachment 3- ODH Reproductive Health and Wellness Program Revenue Report

Attachment 4- ODH Reproductive Health and Wellness Program

a. Services Site(s) Information

b. Services Provided

Attachment 7- ODH Reproductive Health and Wellness Program Plan

An original and one (1) copy of **Attachments** must be mailed to:
Ohio Department of Health
Reproductive Health and Wellness Program
Bureau of Maternal and Child Health, 6th Floor
246 N. High Street
Columbus, Ohio 43215

- **Attachment 1** - ODH Reproductive Health and Wellness Program Assurances (must also be submitted via GMIS)

One copy of the following document(s) must be e-mailed to audits@odh.ohio.gov or mailed to the address listed below:

<p>Complete Copy & E-mail or Mail to ODH</p>
--

Current Independent Audit (latest completed organizational fiscal period; **only if not previously submitted**)

**Ohio Department of Health
Grants Services Unit
Central Master Files, 4th Floor
246 N. High Street
Columbus, Ohio 43215**

II. APPLICATION REQUIREMENTS AND FORMAT

GMIS access will be provided to an agency after it has completed the required ODH sponsored training. Agencies who have previously completed GMIS training will receive access after the Solicitation is posted to the ODH website.

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

- A. Application Information:** Information on the applicant agency and its administrative staff must be accurately completed. This information will serve as the basis for necessary communication between the agency and the ODH.
- B. Budget:** Prior to completion of the budget section, please review page |13| of the Solicitation for unallowable costs|

Match or Applicant Share is not required by this program. Do not include Match or

Applicant Share in the budget and/or the Applicant Share column of the Budget Summary. Only the narrative may be used to identify additional funding information from other resources.

Funding is divided into payment per goal and only the amount allotted to that goal may be budgeted and spent on that specific goal. Base goals will be reimbursed as invoiced; deliverable goals will be reimbursed when deliverables have been met. |

Program income is required to be reported and includes all sources of income, including Medicaid, Medicare, 3rd Party, and private pay. Program income is the gross income earned by the grant recipient during the grant period that is directly generated by a supported activity or earned as a result of the award. Program income is formally defined in 45 CFR 74.2(ag) and 92.25(b). Grantees are encouraged to earn income to defray program costs. Details concerning program income must be submitted to ODH via Attachment 3 - ODH Reproductive Health and Wellness Program Revenue Report. In addition, the narrative section must also identify additional funding information from all other resources that support the RHWP described in the application.

- 1. Primary Reason and Justification Pages:** Provide a detailed budget justification narrative that describes how the categorical costs are derived. Discuss the necessity, reasonableness, and allocability of the proposed costs. Describe the specific functions of the personnel, consultants and collaborators. Explain and justify equipment, travel, (including any plans for out-of-state travel), supplies and training costs. (A budget justification example can be found on GMIS).
- 2. Personnel, Other Direct Costs, Equipment and Contracts:** Submit a budget with these sections and form(s) completed as necessary to support costs for the period (April 1, 2016 to (March 31, 2017.)

Funds may be used to support personnel, their training, travel (see OBM website) <http://obm.ohio.gov/MiscPages/TravelRule> and supplies directly related to planning, organizing and conducting the initiative/program/activity described in this announcement.

The applicant shall retain all original fully executed contracts on file. A completed "Confirmation of Contractual Agreement" (CCA) must be submitted via GMIS for each contract once it has been signed by both parties. All contracts must be signed and dated by all parties prior to any services being rendered and must be attached to the CCA section in GMIS. The submitted CCA and attached contract must be approved by ODH before contractual expenditures are authorized. **CCAs and attached contracts cannot be submitted until the first quarter grant payment has been issued.**

Please refer to the memorandum issued by the Director on November 26, 2013 Subject: Contracts. The memorandum was posted on the GMIS Bulletin Board on November 27, 2013.

The applicant shall itemize all equipment (**minimum \$1,000, unit cost value**) to be purchased with grant funds in the Equipment Section.

- 3. Indirect (Facilities and Administration): Note to Applicant- please select one of the 3**

options that apply.

Use the indirect cost rate included in the agency's Indirect Cost Rate Agreement as negotiated with and approved by the cognizant federal funder. If the applicant chooses this option, then the agreement must be submitted in GMIS as an attachment to the application

If the subrecipient has not executed a federally approved Indirect Cost Rate Agreement, the subrecipient may elect to charge a de minimis rate of 10% of modified total direct costs (MTDC) which may be used indefinitely.

Base the budget solely upon direct costs |

For further information please see section B2.10 of OGAPP.

- 4. Compliance Section:** Answer each question on this form in GMIS as accurately as possible. *Completion of the form ensures your agency's compliance with the administrative standards of ODH and federal grants.*

C. Assurances Certification: Each subrecipient must submit the Assurances (Federal and State Assurances for subrecipients) form within GMIS. This form is submitted as a part of each application via GMIS. The Assurances Certification sets forth standards of financial conduct relevant to receipt of grant funds and is provided for informational purposes. The listing is not all-inclusive and any omission of other statutes does not mean such statutes are not assimilated under this certification. Review the form and then press the "Complete" button. By submission of an application, the subrecipient agency agrees by electronic acknowledgment to the financial standards of conduct as stated therein.

D. Project Narrative:

- 1. Executive Summary:** |Identify the target population, *burden of health disparities and health inequities*, services and programs to be offered and what agency or agencies will provide those services. Describe the public health problem(s) that the program will address. Specify the **total** project budget (including program income) and the portion requested from ODH through this grant. Describe the project objectives, strategies and action steps to reach and serve the priority population. Describe how the project will be evaluated |
- 2. Description of Applicant Agency/Documentation of Eligibility/Personnel:** Briefly discuss the applicant agency's eligibility to apply. Summarize the agency's structure as it relates to this program and, as the lead agency, how it will manage the program.

Describe the capacity of your organization, its personnel or contractors to communicate effectively and convey information in a manner that is easily understood by diverse audiences. This includes persons of limited English proficiency, those who are not literate, have low literacy skills, and individuals with disabilities.

Note any personnel or equipment deficiencies that will need to be addressed in order to carry out this grant. Describe plans for hiring and training, as necessary. Delineate all personnel who will be directly involved in program activities. Include the relationship

between program staff members, staff members of the applicant agency, and other partners and agencies that will be working on this program. Include position descriptions for these staff.

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

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

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

- 4. Methodology:** Complete the FY2017 RHWP Program Plan (Attachment 7) using the RHWP Goals & Objectives Grid (Appendix D). Complete instructions for completing the Program Plan are located in the instruction section of FY2017 RHWP Program Plan (Attachment 7). One comprehensive program plan must be submitted by the applicant agency. Multiple program plans are not acceptable. Applicants must use the format provided in this RFP in order to be considered for funding. Direct reproductive health care services using nationally recognized standards of care are a requirement for all RHWP applicants. Deliverable and Base Goals must be included by all applicants.

At least one Enhanced Objective (B3a-B3g) must be proposed by applicants. These services further the goals of the RHWP. An applicant may choose any number of Enhanced Objectives. In order to be funded for Enhanced Objectives the applicant must show clear justification (including specific local data), activities and evaluation measures/benchmarks for the proposed service. For Enhanced Objectives, applicants need only complete the objectives 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. Outreach activities must be submitted as part of the RHWP Program Base Goal 1 and must include an evaluation component for planned outreach activities.

- 5. Cultural Competency:** Cultural competency in health care describes the ability of systems to provide care to patients with diverse values, beliefs and behaviors, including tailoring delivery to meet patients' social, cultural and linguistic needs. In 1997, the DHHS Office of Minority Health (OMH) initiated a project to develop recommended National Standards for Culturally and Linguistically Appropriate Services in Health Care (CLAS) that would support a more consistent and comprehensive approach to cultural/linguistic competence in health care. The FY2017 RHWP CLAS Strategic Plan (Attachment 5) must be completed and submitted by **July 15, 2016**. Applicants must acknowledge in the project narrative that the RHWP CLAS Strategic Plan will be completed and submitted by the due date.

6. Program Assurances: Agencies must sign ODH Reproductive Health and Wellness Program Assurances (Attachment 1) agreeing to have these assurances in place by April 1, 2016.

E. Civil Rights Review Questionnaire - EEO Survey: The Civil Rights Review Questionnaire Survey is a part of the Application Section of GMIS. Subrecipients must complete the questionnaire as part of the application process. This questionnaire is submitted automatically with each application via the Internet.

F. Federal Funding Accountability and Transparency Act (FFATA) Requirements:

FFATA was signed on September 26, 2006. FFATA requires ODH to report all subrecipients receiving \$25,000 or more of federal funds. All applicants applying for ODH grant funds are required to complete the FFATA reporting form in GMIS.

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 <http://fedgov.dnb.com/webform>. For information about System for Award Management (SAM) go to www.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 www.whitehouse.gov/omb/open.

(Required by all applicants, the FFATA form is located on the GMIS Application page and must be completed in order to submit the application.)

G. Public Health Impact: Applicants that are not local health departments are to attach in GMIS the statement(s) of support from the local health district(s) regarding the impact of your proposed grant activities on the PHAB Standards. If a statement of support from the local health districts is not available, indicate that and submit a copy of the program summary that your agency forwarded to the local health district(s).

H. Attachment(s): Attachments are documents which are not part of the standard GMIS application but are deemed necessary to a given grant program. All attachments must clearly identify the authorized program name and program number. All attachments submitted to GMIS must be attached in the "Project Narratives" section and be in one of the following formats: PDF, Microsoft Word or Microsoft Excel. Please see the GMIS bulletin board for instructions on how to submit attachments in GMIS. Attachments that are non-Internet compatible must be postmarked or received on or before the application due date. An original and the required number of copies of non-Internet compatible attachments must be mailed to the ODH, Grants Services Unit, Central Master Files address by **4:00 p.m. on or before Monday, February 22, 2016.**

Attachments as Required by Program:

Provide an original and one (1) hard copy of the following attachments:

Attachment 1 - ODH Reproductive Health and Wellness Program Assurances

Provide the following attachments via the GMIS 2.0

Attachment 2 - ODH Reproductive Health and Wellness Budget Overview

Attachment 3 - ODH Reproductive Health & Wellness Program Revenue Report

Attachment 4 - ODH Reproductive Health and Wellness Program

a. Services Site(s) Information

b. Services Provided

Attachment 5 - Culturally and Linguistically Appropriate Services Strategic Plan Report
(*due October 15, 2016*)

Attachment 6 - Reproductive Health and Wellness FPAR Data Report Sheet (*due Feb. 1, 2017*)

Attachment 7 - ODH Reproductive Health and Wellness Program Work Plan

III. APPENDICES

- A.** Notice of Intent to Apply For Funding
- B.** GMIS Training Form
- C.** Reproductive Health and Wellness Maximum Available Funds by County
- D.** Reproductive Health and Wellness Goals & Objectives Grid
- E.** Application Review Form
- F.** Sample Sliding Fee Scale

Reimbursement Type <input type="checkbox"/> Monthly OR <input type="checkbox"/> Quarterly

NOTICE OF INTENT TO APPLY FOR FUNDING

Ohio Department of Health
 Office of Health Improvement and Wellness
 Bureau of Maternal and Child Health
 Reproductive Health and Wellness Program
ALL INFORMATION REQUESTED MUST BE COMPLETED.

County of Applicant Agency _____ Federal Tax Identification Number _____

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

Type of Applicant Agency (Check One)

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

Applicant Agency/Organization _____

Applicant Agency Address _____

Agency Contact Person Name and Title _____

Telephone Number _____ E-mail Address _____

Agency Head (Print Name) _____ Agency Head (Signature) _____

Does your agency have at least two staff members who have been trained in and currently have access to the ODH GMIS system? YES NO

If yes, no further action is needed.

If no, at least two people from your agency are **REQUIRED** to complete the training before you will be able to access the ODH GMIS system and submit a grant proposal. Complete the GMIS training request form in the Request for Proposal.

The NOIAF must be accompanied by the agency's Proof of Non-Profit status (if applicable); Proof of Liability Coverage (if applicable); Request for Taxpayer Identification Number and Certification (W-9), Authorization Agreement for Direct Deposit of EFT Payments Form (EFT), (New Agency Only) Vendor Information Form. These forms are located on the Ohio Department of Administrative Services website at: <http://www.ohiosharedservices.ohio.gov/VendorsForms.aspx>. You can also access these forms at the following websites:

- Request for Taxpayer Identification Number and Certification (W-9), <http://www.irs.gov/pub/irs-pdf/fw9.pdf?portlet=103>
- Authorization Agreement for Direct Deposit of EFT Payments Form (EFT) <http://media.obm.ohio.gov/oss/documents/EFT+FORM+-+REVISED+01+14+2014.pdf>
- Vendor Information Form http://media.obm.ohio.gov/oss/documents/New+Vendor+Information+Form_11+15+2013.pdf

Forms are only required for NEW AGENCIES or if UPDATES are needed for current agencies. ODH will forward the forms to Ohio Shared Services. FORMS MUST BE RECEIVED BY 4:00 P.M. ON WEDNESDAY, JANUARY 20, 2016.

Mail, E-mail: [Lori Deacon at \(614\) 466-6056 or at BCFHS.MCH@odh.ohio.gov](mailto:Lori.Deacon@odh.ohio.gov)

Ohio Department of Health
 Reproductive Health and Wellness Program
 246 North High Street – BMCH, 6th Floor
 Columbus, OH 43215
 E-mail: BCFHS.MCH@odh.ohio.gov

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



OHIO DEPARTMENT OF HEALTH

246 North High Street
Columbus, Ohio 43215

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

John R. Kasich/Governor

health

GMIS 2.0 TRAINING FORM

(Competitive Solicitations ONLY)

It is mandatory that all new agencies to ODH have at least two people trained in order to apply of a grant. Each Training form must request training for one person. Requests will only be processed when this form has been signed *by the Agency Head or Agency Financial Head*. The user will receive his/her username and password via e-mail once they have completed the required GMIS Training.

Agency Name: _____ **County:** _____

Federal Tax Identification Number: _____

NOTE: The applicant agency/organization name must be the same as that on the IRS letter. This is the legal name by which the tax identification number is assigned and as listed, if applicable, currently in GMIS.

Employee Name: (no nicknames, please) _____ **Title** _____

Agency Address: _____

Office Number: _____ **Fax Number:** _____

E-mail address: _____

Agency/Financial Head Signature: X _____
(*Signature of Agency/ Financial Head) *Required

X _____
(*Printed Name of Agency /Financial Head) *Required

Requests may be mailed to ODH address or e-mailed to:

Gail Byers, Processing Team Manager
Office of Finance & Information Technology
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**2017 Reproductive Health and Wellness Program
Maximum Amount of Funds Available by County**

	Total Maximum Funding	Maximum Funding for Base Goals	Maximum Funding for Deliverable Goal 1	Maximum Funding for Deliverable Goal 2
County	<i>Objectives</i>	<i>B1a, B1b, B2a, B2b, B2c, B3a-g</i>	<i>D1a, D1b</i>	<i>D2a, D2b, D3c</i>
Adams County	\$ 45,000.00	\$ 9,000.00	\$ 27,000.00	\$ 9,000.00
Allen County	\$ 60,000.00	\$ 12,000.00	\$ 36,000.00	\$ 12,000.00
Ashland County	\$ 45,000.00	\$ 9,000.00	\$ 27,000.00	\$ 9,000.00
Ashtabula County	\$ 45,000.00	\$ 9,000.00	\$ 27,000.00	\$ 9,000.00
Athens County	\$ 75,000.00	\$ 15,000.00	\$ 45,000.00	\$ 15,000.00
Auglaize County	\$ 45,000.00	\$ 9,000.00	\$ 27,000.00	\$ 9,000.00
Belmont County	\$ 45,000.00	\$ 9,000.00	\$ 27,000.00	\$ 9,000.00
Brown County	\$ 45,000.00	\$ 9,000.00	\$ 27,000.00	\$ 9,000.00
Butler County	\$ 200,000.00	\$ 40,000.00	\$ 120,000.00	\$ 40,000.00
Carroll County	\$ 45,000.00	\$ 9,000.00	\$ 27,000.00	\$ 9,000.00
Champaign County	\$ 45,000.00	\$ 9,000.00	\$ 27,000.00	\$ 9,000.00
Clark County	\$ 75,000.00	\$ 15,000.00	\$ 45,000.00	\$ 15,000.00
Clermont County	\$ 60,000.00	\$ 12,000.00	\$ 36,000.00	\$ 12,000.00
Clinton County	\$ 45,000.00	\$ 9,000.00	\$ 27,000.00	\$ 9,000.00
Columbiana County	\$ 45,000.00	\$ 9,000.00	\$ 27,000.00	\$ 9,000.00
Coshocton County	\$ 45,000.00	\$ 9,000.00	\$ 27,000.00	\$ 9,000.00
Crawford County	\$ 45,000.00	\$ 9,000.00	\$ 27,000.00	\$ 9,000.00
Cuyahoga County	\$ 600,000.00	\$ 120,000.00	\$ 360,000.00	\$ 120,000.00
Darke County	\$ 45,000.00	\$ 9,000.00	\$ 27,000.00	\$ 9,000.00
Defiance County	\$ 45,000.00	\$ 9,000.00	\$ 27,000.00	\$ 9,000.00
Delaware County	\$ 45,000.00	\$ 9,000.00	\$ 27,000.00	\$ 9,000.00
Erie County	\$ 45,000.00	\$ 9,000.00	\$ 27,000.00	\$ 9,000.00
Fairfield County	\$ 60,000.00	\$ 12,000.00	\$ 36,000.00	\$ 12,000.00
Fayette County	\$ 45,000.00	\$ 9,000.00	\$ 27,000.00	\$ 9,000.00
Franklin County	\$ 600,000.00	\$ 120,000.00	\$ 360,000.00	\$ 120,000.00
Fulton County	\$ 45,000.00	\$ 9,000.00	\$ 27,000.00	\$ 9,000.00
Gallia County	\$ 45,000.00	\$ 9,000.00	\$ 27,000.00	\$ 9,000.00
Geauga County	\$ 45,000.00	\$ 9,000.00	\$ 27,000.00	\$ 9,000.00
Greene County	\$ 100,000.00	\$ 20,000.00	\$ 60,000.00	\$ 20,000.00
Guernsey County	\$ 45,000.00	\$ 9,000.00	\$ 27,000.00	\$ 9,000.00
Hamilton County	\$ 600,000.00	\$ 120,000.00	\$ 360,000.00	\$ 120,000.00
Hancock County	\$ 45,000.00	\$ 9,000.00	\$ 27,000.00	\$ 9,000.00
Hardin County	\$ 45,000.00	\$ 9,000.00	\$ 27,000.00	\$ 9,000.00
Harrison County	\$ 45,000.00	\$ 9,000.00	\$ 27,000.00	\$ 9,000.00
Henry County	\$ 45,000.00	\$ 9,000.00	\$ 27,000.00	\$ 9,000.00
Highland County	\$ 45,000.00	\$ 9,000.00	\$ 27,000.00	\$ 9,000.00
Hocking County	\$ 45,000.00	\$ 9,000.00	\$ 27,000.00	\$ 9,000.00
Holmes County	\$ 45,000.00	\$ 9,000.00	\$ 27,000.00	\$ 9,000.00
Huron County	\$ 45,000.00	\$ 9,000.00	\$ 27,000.00	\$ 9,000.00
Jackson County	\$ 45,000.00	\$ 9,000.00	\$ 27,000.00	\$ 9,000.00
Jefferson County	\$ 45,000.00	\$ 9,000.00	\$ 27,000.00	\$ 9,000.00
Knox County	\$ 45,000.00	\$ 9,000.00	\$ 27,000.00	\$ 9,000.00
Lake County	\$ 100,000.00	\$ 20,000.00	\$ 60,000.00	\$ 20,000.00
Lawrence County	\$ 45,000.00	\$ 9,000.00	\$ 27,000.00	\$ 9,000.00
Licking County	\$ 75,000.00	\$ 15,000.00	\$ 45,000.00	\$ 15,000.00

**2017 Reproductive Health and Wellness Program
Maximum Amount of Funds Available by County**

	Total Maximum Funding	Maximum Funding for Base Goals	Maximum Funding for Deliverable Goal 1	Maximum Funding for Deliverable Goal 2
County	<i>Objectives</i>	<i>B1a, B1b, B2a, B2b, B2c, B3a-g</i>	<i>D1a, D1b</i>	<i>D2a, D2b, D3c</i>
Logan County	\$ 45,000.00	\$ 9,000.00	\$ 27,000.00	\$ 9,000.00
Lorain County	\$ 200,000.00	\$ 40,000.00	\$ 120,000.00	\$ 40,000.00
Lucas County	\$ 350,000.00	\$ 70,000.00	\$ 210,000.00	\$ 70,000.00
Madison County	\$ 45,000.00	\$ 9,000.00	\$ 27,000.00	\$ 9,000.00
Mahoning County	\$ 150,000.00	\$ 30,000.00	\$ 90,000.00	\$ 30,000.00
Marion County	\$ 45,000.00	\$ 9,000.00	\$ 27,000.00	\$ 9,000.00
Medina County	\$ 45,000.00	\$ 9,000.00	\$ 27,000.00	\$ 9,000.00
Meigs County	\$ 45,000.00	\$ 9,000.00	\$ 27,000.00	\$ 9,000.00
Mercer County	\$ 45,000.00	\$ 9,000.00	\$ 27,000.00	\$ 9,000.00
Miami County	\$ 45,000.00	\$ 9,000.00	\$ 27,000.00	\$ 9,000.00
Monroe County	\$ 45,000.00	\$ 9,000.00	\$ 27,000.00	\$ 9,000.00
Montgomery County	\$ 350,000.00	\$ 70,000.00	\$ 210,000.00	\$ 70,000.00
Morgan County	\$ 45,000.00	\$ 9,000.00	\$ 27,000.00	\$ 9,000.00
Morrow County	\$ 45,000.00	\$ 9,000.00	\$ 27,000.00	\$ 9,000.00
Muskingum County	\$ 45,000.00	\$ 9,000.00	\$ 27,000.00	\$ 9,000.00
Noble County	\$ 45,000.00	\$ 9,000.00	\$ 27,000.00	\$ 9,000.00
Ottawa County	\$ 45,000.00	\$ 9,000.00	\$ 27,000.00	\$ 9,000.00
Paulding County	\$ 45,000.00	\$ 9,000.00	\$ 27,000.00	\$ 9,000.00
Perry County	\$ 45,000.00	\$ 9,000.00	\$ 27,000.00	\$ 9,000.00
Pickaway County	\$ 45,000.00	\$ 9,000.00	\$ 27,000.00	\$ 9,000.00
Pike County	\$ 45,000.00	\$ 9,000.00	\$ 27,000.00	\$ 9,000.00
Portage County	\$ 100,000.00	\$ 20,000.00	\$ 60,000.00	\$ 20,000.00
Preble County	\$ 45,000.00	\$ 9,000.00	\$ 27,000.00	\$ 9,000.00
Putnam County	\$ 45,000.00	\$ 9,000.00	\$ 27,000.00	\$ 9,000.00
Richland County	\$ 60,000.00	\$ 12,000.00	\$ 36,000.00	\$ 12,000.00
Ross County	\$ 45,000.00	\$ 9,000.00	\$ 27,000.00	\$ 9,000.00
Sandusky County	\$ 45,000.00	\$ 9,000.00	\$ 27,000.00	\$ 9,000.00
Scioto County	\$ 60,000.00	\$ 12,000.00	\$ 36,000.00	\$ 12,000.00
Seneca County	\$ 45,000.00	\$ 9,000.00	\$ 27,000.00	\$ 9,000.00
Shelby County	\$ 45,000.00	\$ 9,000.00	\$ 27,000.00	\$ 9,000.00
Stark County	\$ 200,000.00	\$ 40,000.00	\$ 120,000.00	\$ 40,000.00
Summit County	\$ 300,000.00	\$ 60,000.00	\$ 180,000.00	\$ 60,000.00
Trumbull County	\$ 150,000.00	\$ 30,000.00	\$ 90,000.00	\$ 30,000.00
Tuscarawas County	\$ 45,000.00	\$ 9,000.00	\$ 27,000.00	\$ 9,000.00
Union County	\$ 45,000.00	\$ 9,000.00	\$ 27,000.00	\$ 9,000.00
Van Wert County	\$ 45,000.00	\$ 9,000.00	\$ 27,000.00	\$ 9,000.00
Vinton County	\$ 45,000.00	\$ 9,000.00	\$ 27,000.00	\$ 9,000.00
Warren County	\$ 60,000.00	\$ 12,000.00	\$ 36,000.00	\$ 12,000.00
Washington County	\$ 45,000.00	\$ 9,000.00	\$ 27,000.00	\$ 9,000.00
Wayne County	\$ 45,000.00	\$ 9,000.00	\$ 27,000.00	\$ 9,000.00
Williams County	\$ 45,000.00	\$ 9,000.00	\$ 27,000.00	\$ 9,000.00
Wood County	\$ 100,000.00	\$ 20,000.00	\$ 60,000.00	\$ 20,000.00
Wyandot County	\$ 45,000.00	\$ 9,000.00	\$ 27,000.00	\$ 9,000.00

FY2017 Reproductive Health and Wellness Goals & Objectives Grid

<p><u>Deliverable Goal 1: To improve the overall reproductive health and well-being of women and men.</u></p> <p><u>Deliverable Objective -D1a:</u> By March 31, 2017, 100% of clients will have received comprehensive reproductive health and wellness direct health care services per nationally recognized standards of care..</p>		
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 3a. Male genital exam/screenings 3a. Referrals for other medical, psychological, or social services 	<p>This objective will be successfully met if the following are completed:</p> <ul style="list-style-type: none"> • Agency has completed 90% 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.

FY2017 Reproductive Health and Wellness Goals & Objectives Grid

<p><u>Deliverable Goal 1: To improve the overall reproductive health and well-being of women and men.</u></p> <p><u>Deliverable Objective - D1b: By March 31, 2017, 100 % of clients, of child bearing status, will receive counseling and education to establish a reproductive life plan (RLP).</u></p>		
Strategy	Activities	Evaluation Measures
<p>Ensure counseling and education to clients of child bearing status to establish a reproductive life plan.</p> <p>Ensure staff is trained on establishing a reproductive life plan.</p> <p>Ensure that all clients are offered preconception counseling.</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. • Include the one key question, “Do you want to become pregnant within the next year” in every reproductive life plan discussion. <p>Conduct quality assurance activities per agency protocols and grant requirements.</p> <p>Provide training on the reproductive life plan to all staff.</p>	<p>This objective will be successfully met if the following are completed:</p> <ul style="list-style-type: none"> • Documentation that clients of childbearing status have a documented reproductive life plan established in their chart. • Documentation of staff has been appropriately trained on counseling and education on the establishment of a Reproductive Life Plan

FY2017 Reproductive Health and Wellness Goals & Objectives Grid

<p><u>Deliverable Goal 2:</u> To improve the quality of services offered within a Reproductive Health and Wellness Program.</p> <p><u>Deliverable Objective - D2a:</u> By March 31, 2017, 100% of clients will be screened for Sexually Transmitted Diseases (STDs), according to current CDC guidelines. (http://www.cdc.gov/std/tg2015/screening-recommendations.htm)</p>		
Strategy	Activities	Evaluation Measures
<p>Ensure all clients are screened for STDs, including those at high risk for contracting Sexually Transmitted Diseases (STDs), according to the current CDC guidelines.</p> <p><i>(Quality Family Planning, pages 17 and 18):</i></p> <p>Chlamydia Gonorrhea Syphilis HIV HBV- Hepatitis B virus HCV- Hepatitis C virus</p>	<p>Provide STD screening for all clients, as appropriate, according to current CDC guidelines.</p> <p>Provide additional screening and treatment for high risk clients:</p> <ul style="list-style-type: none"> • injection-drug users and their sex partners • person who exchange sex for money or drugs • partners infected with HIV • men who have sex with men (MSM) • persons whom have multiple sex partners 	<p>This objective will be successfully met if the following are completed:</p> <ul style="list-style-type: none"> • Documentation that agency is screening 75% of clients according to CDC guidelines • Agency reports 100% of the following outcomes: <ul style="list-style-type: none"> ○ Number of STD screenings provided or referred ○ Number of high risk clients provided additional screening and treatment.

FY2017 Reproductive Health and Wellness Goals & Objectives Grid

Deliverable Goal 2: To improve the quality of services offered within a Reproductive Health and Wellness Program.

Deliverable Objective -D2b: By March 31, 2017, appropriate care and follow-up will be offered to 100% clients receiving a pregnancy test.

Strategy	Activities	Evaluation Measures
<p>Ensure that all clients with a positive pregnancy test receive appropriate education and counseling.</p> <p>Ensure that all clients with a negative pregnancy test are offered preconception counseling.</p>	<p>Provide all clients with a positive pregnancy test with:</p> <ul style="list-style-type: none"> • Prenatal vitamins with folic acid. • Reproductive life plan. • Neutral, factual information and nondirective counseling on all options • Referrals as needed. <p>Provide all clients with a negative pregnancy test with:</p> <ul style="list-style-type: none"> • Multivitamin containing folic acid. • Reproductive life plan • Preconception counseling • Contraceptive counseling, as appropriate. • Follow up appointment for contraception. • Appointment for comprehensive visit if new patient or annual visit as needed. <p>Conduct quality assurance activities per agency protocols and grant requirements.</p>	<p>This objective will be successfully met if the following are completed:</p> <ul style="list-style-type: none"> • Agency will report on the following: <ul style="list-style-type: none"> ○ Number of clients with a positive pregnancy test are provided (dispensed or RX) prenatal vitamins with folic acid and receive all options counseling and referral to care. ○ Number of clients with a negative pregnancy test are provided (dispensed or RX) multivitamins containing folic acid and pre-conception counseling.

FY2017 Reproductive Health and Wellness Goals & Objectives Grid

Deliverable Goal 2: To improve the quality of services offered within a Reproductive Health and Wellness Program.		
Deliverable Objective - D2c: By March 31, 2017, 100% of agencies will offer at least one type of Long Acting Reversible Contraceptive (LARC) onsite.		
Strategy	Activities	Evaluation Measures
<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 on site.</p> <p>Provide/offer training on all methods of LARC and client centered counseling to all staff.</p>	<p>This objective will be successfully met if the following are completed:</p> <ul style="list-style-type: none"> • Agency reports on the following outcomes: <ul style="list-style-type: none"> ○ Baseline number of IUD/IUS provided per month (<i>in the month prior to the grant year starting</i>) (if providing IUD/IUS) ○ Number of IUD/IUS provided per month (if providing IUD/IUS) ○ Baseline number of hormonal implants provided per month (<i>in the month prior to the grant year starting</i>) (if providing hormonal implants) ○ Number of hormonal implants provided per month (if providing hormonal implants) • Documentation of the type/s of Long Acting Reversible Contraceptives available to clients on site

FY2017 Reproductive Health and Wellness Goals & Objectives Grid

Base Goal 1: To increase outreach and access for target population to a broad range of Reproductive Health and Wellness Services.		
Base Objective - B1a: By March 31, 2017, the RHWP subgrantee agency will identify hard-to-reach and vulnerable populations. A targeted outreach plan will be established to increase provision of RHWP services to these groups.		
Strategy	Activities	Evaluation Measures
<p>Identify vulnerable and hard to reach populations.</p> <p><i>Please note-2c) Reference Program Requirements for Title X Funded Family Planning Projects 12-12.6</i></p> <p>http://www.hhs.gov/opa/pdfs/ogc-cleared-final-april.pdf</p> <p>Outreach to vulnerable and hard to reach populations.</p> <p>Services provided to hard-to-reach and vulnerable populations.</p>	<p>Conduct Needs Assessment to identify vulnerable/hard to reach populations.</p> <p>Develop a culturally appropriate outreach plan that includes racial/ethnic minorities and LGBT persons.</p> <p>Identify and implement evidence-based outreach activities to reach vulnerable populations (ex: social media, radio, posters, brochures, billboards, word of mouth etc...)</p> <p>Ensure an Informational and Educational (I & E) committee is developed and implemented.</p> <p>Provide services to hard-to-reach and vulnerable populations as identified within a local community needs assessment, this may include but is not limited to:</p> <ul style="list-style-type: none"> • Adolescents • Males • African Americans • Hispanics • Clients with incomes at or below 100% of the poverty level. • Clients with incomes at or below 250% of the poverty level. <p>Provide appointments within 14 days of request.</p> <p>Conduct quality assurance activities per agency protocols and grant requirements.</p>	<p>This objective will be successfully met if the following are completed:</p> <ul style="list-style-type: none"> • A formal Needs Assessment has been conducted in past three years. • Vulnerable and hard to reach populations in need have been identified. • Zip codes/census tracts of populations in need have been identified. • Culturally appropriate outreach plan that includes racial/ethnic minorities and LGBT persons is established. • Training in cultural competencies is provided to all staff • Documentation of evidence-based outreach activities (Outreach plan) is submitted. • Description of committee members. Documentation of (I & E) committee meeting minutes and determinations. • At least 55% of clients have incomes at or below 100% of the poverty level • At least 90% of clients are offered an appointment within 14 days of calling for an appointment. • Client satisfaction survey completed and summaries are submitted.

FY2017 Reproductive Health and Wellness Goals & Objectives Grid

<p>Base Goal 1: To increase outreach and access for target population to a broad range of RHWP Services.</p> <p>Base Objective -B1b: By March 31, 2017, at least 10% of scheduled appointments times are available outside of normal business hours (M-F 9:00am-4:30pm).</p>		
<p>Strategy</p>	<p>Activities</p>	<p>Evaluation Measures</p>
<p>Ensure that all clients are offered evening and/or weekend hours for provision of RHWP services.</p> <p>Appointments times are available outside of M-F 9-4:30</p>	<p>Offer appointment times outside of normal operating hours (<i>Monday through Friday from 9:00 am - 4:30pm</i>).</p> <p>Advertise that evening and/or weekend hours are available.</p> <p>Conduct quality assurance activities per agency protocols and grant requirements.</p>	<p>This objective will be successfully met if the following are completed:</p> <ul style="list-style-type: none"> • Documentation that extended hours are provided. • Documentation that the number of clients seen during extended hours is monitored and used to adjust appointment availability if needed. • 10% of appointments times are available outside of M-F 9-4:30

FY2017 Reproductive Health and Wellness Goals & Objectives Grid

<p>Base Goal 2: To increase sustainability of Reproductive Health and Wellness services.</p> <p>Base Objective -B2a: By March 31, 2017, 100% of agencies will have integrated an Electronic Medical Records (EMR) system at their Health Center.</p>		
Strategy	Activities	Evaluation Measures
<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>	<p>This objective will be successfully met if the following are completed:</p> <ul style="list-style-type: none"> • Agency has implemented Electronic Medical Records

FY2017 Reproductive Health and Wellness Goals & Objectives Grid

Base Goal 2: To increase sustainability of Reproductive Health and Wellness services.		
Base Objective -B2b: By March 31, 2017, 100% of agencies will have implemented infrastructure activities to support Program Sustainability.		
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>Voluntary donations from clients are permissible; however, clients must not be pressured to make donations, and donations must not be a prerequisite to the provision of services or supplies.</p> <p>A schedule of discounts, based on ability to pay, is required for individuals with family incomes between 101% and 250% of the Federal Poverty Level</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 and charges are based on client income.</p> <p>Services are not denied due to inability to pay.</p> <p>Conduct quality assurance activities per agency protocols and grant requirements.</p> <p>Develop and implement a donation policy/protocol as appropriate.</p> <p>Include client donations in the revenue report.</p> <p>Develop and implement a schedule of discounts and clients are charged accordingly.</p> <p>Provide services to minors receiving confidential services on the income of the minor.</p> <p>Assess client fees based on the most current sliding fee scale guidelines, published in the Federal Register.</p> <p>Obtain a written agreement with Medicaid, including Managed Care Plans, Medicare (if appropriate) and other 3rd party payors</p> <p>Develop a policy outlining the procedure for collection of outstanding balances on client accounts.</p>	<p>This objective will be successfully met if the following are completed:</p> <ul style="list-style-type: none"> • Documentation policies and procedures are in place which require: <ul style="list-style-type: none"> ○ Clients whose documented income is at or below 100% of the FPL are not charged for services; ○ Program to request and accept donations. ○ Schedule of discounts are developed and updated periodically. ○ Billing and collection from Medicaid, including Managed Care Plans, Medicare (if appropriate) and other 3rd party payors. ○ discounts for un-emancipated minors who receive confidential services are based on the income of the minor. • Revenue including donations are reported to RHWP through RHWP Revenue Report. • Agency utilizes the most current Sliding Fee Scale guidelines, published in the Federal Register, to assess client fees. • Agency reports dates policies are developed and/or updated. • Documentation of a written agreement and ability to bill Medicaid, including Managed Care Plans, Medicare (if appropriate) and other 3rd party payors. • Agency reports number of clients with outstanding balances over 90 days for: Medicaid, including Managed Care Plans, Medicare (if appropriate), other 3rd party payors and private pay.

FY2017 Reproductive Health and Wellness Goals & Objectives Grid

Base Goal 2: To increase sustainability of Reproductive Health and Wellness services.		
Base Objective - B2c: By March 31, 2017, 100% of agencies will be assisting clients with enrollment into Medicaid and Marketplace at their Health		
Strategy	Activities	Evaluation Measures
<p>Ensure that a Certified Application Counselor (CAC) or Navigator is available to assist Title X clients with Marketplace enrollment.</p> <p>Ensure eligible Title X clients are assisted with enrollment into Medicaid.</p>	<p>Agency has identified trained CAC or Navigator.</p> <p>CAC or Navigator provides services to clients in need.</p> <p>Agency has identified personnel trained to assist with Medicaid enrollment.</p> <p>Agency provides Medicaid enrollment assistance to clients in need.</p>	<p>This objective will be successfully met if the following are completed:</p> <ul style="list-style-type: none"> • Training is provided to workers in order to become a CAC or Navigator (if not already available) • Training is provided to personnel in order assist with Medicaid enrollment (if not already available) • 100% of clients in need are offered assistance from a CAC or Navigator to enroll in the Marketplace. • 100% of clients in need are offered assistance with enrollment into Medicaid. • Agency reports on the following outcomes: <ul style="list-style-type: none"> ○ Number of staff trained as Marketplace CAC or Navigator ○ Number of staff trained to assist with Medicaid enrollment ○ Number of no pay/partial pay clients receiving assistance with enrollment into Marketplace ○ Number of no pay/partial pay clients receiving assistance with enrollment into Medicaid ○ Number of no pay/partial pay clients enrolled in Marketplace as a result of agency assistance ○ Number of no pay/partial pay clients enrolled in Medicaid as a result of agency assistance

FY2017 Reproductive Health and Wellness Goals & Objectives Grid

<p>Base Goal 3 (must choose one or more objective): To enhance the services provided by the Reproductive Health and Wellness program.</p> <p>Base Objective - B3a: By March 31, 2017, 100% of all clients who are no longer of childbearing status will be offered RHWP services.</p>		
<p>Strategy</p>	<p>Activities</p>	<p>Evaluation Measures</p>
<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> <p>Conduct quality assurance activities per agency protocols and grant requirements.</p>	<p>This objective will be successfully met if the following are completed:</p> <ul style="list-style-type: none"> • Agency has completed 90% of projected visits to men and women who are no longer of childbearing status. • Agency reports on the following outcomes: <ul style="list-style-type: none"> ○ Number of clients not of child bearing status served

FY2017 Reproductive Health and Wellness Goals & Objectives Grid

<p><u>Base Goal 3 (must choose one or more objective):</u> To enhance the services provided by the Reproductive Health and Wellness program.</p> <p><u>Base Objective - B3b:</u> By March 31, 2017, rapid testing method will be offered to 100% of clients.</p>		
<p>Strategy</p>	<p>Activities</p>	<p>Evaluation Measures</p>
<p>Ensure that RHWP sites are using the rapid testing method.</p>	<p>Provide clients with the rapid test method HIV testing.</p> <p>Conduct quality assurance activities per agency protocols and grant requirements.</p>	<p>This objective will be successfully met if the following are completed:</p> <ul style="list-style-type: none"> • Agency reports on the following outcomes: <ul style="list-style-type: none"> ○ Number of Rapid HIV tests performed ○ Number of all HIV tests performed

FY2017 Reproductive Health and Wellness Goals & Objectives Grid

Base Goal 3 (must choose one or more objective): To enhance the services provided by the Reproductive Health and Wellness program.		
Base Objective - B3c: By March 31, 2017, 100% of clients choosing LARC will be offered same day insertions (if medically appropriate).		
Strategy	Activities	Evaluation Measures
<p>Ensure that all clients requesting LARC will be offered and provided the option of same day insertion.</p>	<p>Offers all clients choosing a LARC method the option of same day insertion.</p> <p>Ensure that all LARC methods offered are stocked and available for same day LARC insertions.</p> <p>Monitor inventory per agency protocol to ensure supplies are available when needed for same day LARC insertion.</p> <p>Provide staff training in billing, appropriate coding, and reimbursement.</p> <p>Update billing system as needed to accommodate any changes or needs to ensure that infrastructure is in place and adequate for proper billing of same day LARC insertion.</p> <p>Provide clinician/staff training on same day LARC insertion.</p> <p>Provide clinician/staff education on the importance of providing the option of same day insertion.</p> <p>Ensure that all clients requesting same day LARC insertion are provided client centered contraceptive counseling, to include:</p> <ul style="list-style-type: none"> • Accurate contraceptive education and information including use, mechanism of action, benefits, risks and side effects. • Medically accurate information, and accurately address questions and myths. • Models and other visuals, as needed. • Simple, non-technical language. • Prepare client for procedure, as necessary. • Review plan to protect herself from STD's. 	<p>This objective will be successfully met if the following are completed:</p> <ul style="list-style-type: none"> • Agency reports on the following outcomes: <ul style="list-style-type: none"> ○ Number of same day IUD/IUS insertions and/or: ○ Number of same day hormonal implant insertions • 100% of inventory audits show that LARC methods are available and in stock. • 100% of billing staff are trained on proper billing and coding for same day LARC insertions. • Documentation that all staff are trained on the availability of same day LARC insert/removals.

FY2017 Reproductive Health and Wellness Goals & Objectives Grid

Base Goal 3 (must choose one or more objective) To enhance the services provided by the Reproductive Health and Wellness program.		
Base Objective - B3d: By March 31, 2017, the number of clients being offered evidence-based 5As preconception healthy weight program will increase per targeted goals set in application.		
Strategy	Activities	Evaluation Measures
<p>Ensure that infrastructure is in place to implement the 5As evidence based program.</p> <p>Clients who qualified actively participate in the healthy weight program.</p>	<p>Provide training and education to all staff on the 5As healthy weight program.</p> <p>Conduct clinic flow analysis to ensure that clinic space and staff time will accommodate the healthy weight program.</p> <p>Enroll clients into the healthy weight program upon qualification.</p> <p>Ensure that all healthy weight clients actively and voluntarily participate in all activities required as part of the healthy weight program (i.e. fitness class, food diary, nutrition class, etc.)</p> <p>Utilize the ODH approved 5As chart form with all clients enrolled in the healthy weight program.</p>	<p>This objective will be successfully met if the following are completed:</p> <ul style="list-style-type: none"> • 100% of staff who interact with clients have received training on implementation of 5As healthy weight program. • Clinic has incorporated 5As healthy weight program into clinic flow. • 75% of clients who qualify are offered enrollment into the healthy weight program • 75% of clients enrolled in the 5As healthy weight program have documented successes (weight loss, inches lost, healthier eating or exercise habits documented) • 75% of chart audits on clients participating in the 5As healthy weight program are using ODH approved 5As chart forms to document progress.

FY2017 Reproductive Health and Wellness Goals & Objectives Grid

<p>Base Goal 3 (must choose one or more objective): To enhance the services provided by the Reproductive Health and Wellness program.</p> <p>Base Objective - B3e: By March 31, 2017, the number of clients being offered evidence-based 5As preconception smoking cessation program will increase per targeted goals set in application.</p>		
Strategy	Activities	Evaluation Measures
<p>Ensure that infrastructure is in place to implement the 5As preconception smoking cessation program based program.</p> <p>Clients who qualified actively participate in the preconception smoking cessation program.</p>	<p>Provide training and education to all staff on the 5As smoking cessation program.</p> <p>Conduct clinic flow analysis to ensure that clinic space and staff time will accommodate the 5As smoking cessation program.</p> <p>Enroll clients into the 5As smoking cessation program upon qualification.</p> <p>Utilize the ODH approved 5As chart form with all clients enrolled in the smoking cessation program</p>	<p>This objective will be successfully met if the following are completed:</p> <ul style="list-style-type: none"> • 100% of staff who interact with clients have received training on the 5As smoking cessation program. • Clinic has incorporated 5As smoking cessation program into clinic flow. • 75% of clients who qualify are offered enrollment into the smoking cessation program and offered the Ohio Quit Line phone number. • 75% of chart audits on clients participating in the 5As smoking cessation program are using ODH approved 5As chart forms to document progress.

FY2017 Reproductive Health and Wellness Goals & Objectives Grid

Base Goal 3 (must choose one or more objective) To enhance the services provided by the Reproductive Health and Wellness program.		
Base Objective - B3f: By March 31, 2017, awareness of evidence based comprehensive reproductive health and wellness education to reproductive aged males and females will have increased.		
Strategy	Activities	Evaluation Measures
<p>Provide outreach to adolescents and their parents/guardians concerning reproductive health and communication skills.</p>	<p>Select an evidence based comprehensive reproductive health and wellness education curriculum which includes abstinence and encourages increased communication between adolescent and parents/guardians. Provide evidence based comprehensive reproductive health and wellness education to schools, Community Based Organizations, Faith Based Organizations or other entity that serves adolescents.</p>	<p>This objective will be successfully met if the following are completed:</p> <ul style="list-style-type: none"> • Evidence based comprehensive reproductive health and wellness education curriculum was submitted and approved by ODH. • Documentation for each event includes: <ul style="list-style-type: none"> ○ Participating organization(s) ○ Location(s) ○ Number of participants (were parents involved), ○ Length of time education was provided ○ Type of education provided (1 part, entire series, etc.). • Pre/post-test evaluation per curriculum.

FY2017 Reproductive Health and Wellness Goals & Objectives Grid

Base Goal 3 (must choose one or more objective): To enhance the services provided by the Reproductive Health and Wellness program.		
Base Objective - B3g: By March 31, 2017, sub-grantee will ensure the socioemotional health needs of clients are addressed.		
Strategy	Activities	Evaluation
<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 receives referrals and assigns case to provider.</p> <p>Tracking system developed to document and ensure monitoring and oversight of referrals to providers including processes and outcomes.</p> <p>Initiate relationships with other stakeholders in your county/region to support women struggling with mental health/drug and alcohol issues (including the ADAMH board, mental health agencies, drug/alcohol agencies, and community centers).</p> <p>With partners, identify the best way to leverage funding when working with women to reach more clients.</p> <p>Identify a referral system that can be used when a client needs to be referred for treatment.</p> <p>Implement best practices regarding screening for mental health and/or addiction issues (e.g., Edinburgh Screening tool, ASBI).</p> <p><i>Not allowable:</i> Distributing educational materials/ handouts without referral and tracking.</p> <p>Completing a screening and referral but not securing a linkage to care and following up.</p>	<p>This objective will be successfully met if the following are completed:</p> <ul style="list-style-type: none"> • Documentation is maintained of activities to address barriers to mental health and/or addiction services for clients identified in need of mental health and/or addiction services. • A screening system is in place and 75% of clients are screened using an ODH approved screening. • 75% of referrals are tracked, followed up on, and an outcome is reported • Agency reports on 100% of the following outcomes: <ul style="list-style-type: none"> ○ Number of clients screened. ○ Number of clients referred receiving treatment.

Reproductive Health and Wellness Program 2017 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	Comments
<p>General Requirements (ODH staff will complete)</p> <p>1. GMIS application complete and on time Attachments:</p> <ul style="list-style-type: none"> • 1 - ODH Reproductive Health and Wellness Program Assurances (<i>original and one (1) hard copy</i>) • 2 - ODH Reproductive Health and Wellness Budget Overview • 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 Culturally and Linguistically Appropriate Services Strategic Plan Report (<i>due October 15, 2016</i>) • 6 - ODH Reproductive Health and Wellness FPAR Data Report Sheet (<i>due February 1, 2017</i>) • 7 - ODH Reproductive Health and Wellness Program Work Plan • DMA Questionnaire only if non-governmental applicant agency *** If all not present, do not proceed further 	<p style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </p>		
<p>Budget (*Note 0-not provided/inadequate 1-Good 2-Excellent)</p>	<p style="text-align: center;">Score 0 - 2</p>		
<p>Sub-total Points (16)</p> <p>A. Application Information</p> <p>B. Budget</p> <p style="padding-left: 20px;">Allowable costs only Allocated across all funding sources Includes program income</p> <p>Budget Narrative</p> <p style="padding-left: 20px;">1. Primary Reason and Justification</p> <ul style="list-style-type: none"> • Narrative describes how categorical costs are derived • Discusses necessity, reasonableness and allocation of proposed costs • Describes specific functions of personnel, consultants and collaborators 	<p style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 0 1 2 0 1 2 0 1 2 </p>	<p style="text-align: center;">Score</p>	

<ul style="list-style-type: none"> • Explains and justifies equipment, travel, supplies and training costs • Explains and justifies Deliverable Goal1 (60% allocation) • Explains and justifies Deliverable Goal 2 (20% allocation) • Explains and justifies Base Goal 1 (5% allocation) • Explains and justifies Base Goal 2 (5% allocation) • Explains and justifies Base Goal 3 Enhanced (10% allocation) • Justifies need for contractual services (if NOT applicable =2) 	<p>0 1 2</p>		
<p>Budget Information completed in GMIS (ODH staff will complete)</p> <ul style="list-style-type: none"> • Personnel • Other Direct Costs • Equipment • Contracts • Compliance Section • Assurances Certification • EEO Survey 	<p>Check Boxes</p> <p><input type="checkbox"/></p>		
<p>Project Narrative <i>(*Note 0-not provided/inadequate 1-Good 2-Excellent)</i></p>	<p>Score 1 - 5</p>		<p>Comments</p>
<p>Sub-total Points (68)</p> <p>1. Executive Summary RFP p. 18</p> <p>a. Identifies the target population, services and programs to be offered and what agency or agencies will provide those services.</p> <p>b. Describes the public health problem (s) that the program will address.</p> <p>c. Specify the total project budget and the portion requested from ODH through this grant.</p> <p>d. Describes the project goals and measures to reach and serve the priority population.</p> <p>e. Describes how the project will be evaluated.</p>	<p>0 1 2</p>		

2. Description of Applicant Agency	RFP p. 18				
a. Discusses eligibility to apply		0	1	2	
b. At least 10% of Clinical hour appointment times are available outside of M-F 9-4:30pm		0	1	2	
c. Number of Clinical hours open meets/exceeds level requirement		0	1	2	
d. Provide at least one type of LARC onsite		0	1	2	
e. Number expected visits meets/exceeds level requirement		0	1	2	
f. Has a EMR/EHR system for medical records		0	1	2	
g. Is able to bill all Managed Care and 3 rd Party insurances in area		0	1	2	
h. Will follow all QFP guidance and Program Requirements		0	1	2	
i. Will follow most updated CDC guidance on STD testing/treatment		0	1	2	
j. Has personnel responsible to assist clients with enrolling in Medicaid or Marketplace Insurance (CAC or Navigator). Numbers of clients assisted will be tracked.		0	1	2	
k. If county is already receiving other Title X funds-justified that <u>clearly</u> states how population served is different. (If N/A=2)		0	1	2	
l. Summarizes agency structure		0	1	2	
m. Describes how it will manage the program		0	1	2	
n. Describes the capacity to communicate effectively with diverse audiences including racial, ethnic, and LGBT persons.		0	1	2	
o. Notes any personnel or equipment deficiencies		0	1	2	
p. Describes plans for hire/training as needed		0	1	2	
q. Delineates all personnel involved in program activities		0	1	2	
r. Discusses the relationship between applicant agency/partners in the community.		0	1	2	
s. Includes position descriptions		0	1	2	
t. Describes the program's potential in improving health outcomes		0	1	2	
u. Uses data to substantiate past achievements		0	1	2	
3. Problem/Need	RFP p. 18				
The following should be identified/described/explained/justified:					
a. Agency uses nationally recognized standards of care (ACOG, ACS, AMA, CDC etc.)		0	1	2	
b. Describes the local health concern addressed by the program (does		0	1	2	

	Score 0 - 2	Score	Comments
<p>not restate national and state data)</p> <p>c. Describes the specific health status concerns</p> <p>d. Indicators are measurable</p> <p>e. Clearly identifies the target population</p> <p>f. Enhanced services proposed by applicant includes justification of need for services.</p> <p>g. Describes how changes in the project will improve health of individuals by partnering with other public health programs (WIC, FQHCs, etc.)</p>	<p>0 1 2</p>		
<p>Public Health Impact Statement Summary RFP p. 20</p> <p>Describes impact to proposed grant activities on Local Health Districts Improvement Standards</p>	<p>0 1 2</p>		
<p>Attachments</p> <p>(*Note 0-not provided/inadequate 1-Good 2-Excellent)</p> <p>Sub-total Points (16)</p>	<p>Score 0 - 2</p> <p>Score</p>		
<p>Attachment E Budget Overview</p> <ul style="list-style-type: none"> All proposed enhanced services are accounted for within the budget summary 	<p>0 1 2</p>		
<p>Attachment F Revenue Report</p> <p>Are all sources of revenue reported; is only the first column complete?</p>	<p>0 1 2</p>		
<p>Attachment G Site and Service Information</p> <p>A. Services Site(s) Information</p> <p>B. Services Provided</p>	<p>0 1 2</p> <p>0 1 2</p>		
<p>Attachment I Program Work Plan</p> <p>For all base, deliverable and all proposed enhanced services, are the following completed?</p>	<p>0 1 2</p> <p>0 1 2</p> <p>0 1 2</p> <p>0 1 2</p>		
<p>a. Activities – are they appropriate for the objective and specific?</p> <p>b. Person Responsible – is the responsible person appropriate?</p> <p>c. Timeline - have they indicated interim timelines?</p> <p>d. Outreach – is an outreach work plan that includes evaluation components for planned outreach activities completed?</p>	<p>0 1 2</p> <p>0 1 2</p> <p>0 1 2</p> <p>0 1 2</p>		
<p>Total Score for Proposal (out of 100)</p>			

Review Notes:

Strengths

Weaknesses

Approval

Approval with Special Conditions

REPRODUCTIVE HEALTH AND WELLNESS PROGRAM ASSURANCES - FY2017

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.

Agency Name:	GMIS 2 User #:
Authorized Signature:	Date:

FY2017 Reproductive Health and Wellness Program Budget Overview

Applicants should see Maximum Amount of Funds Available by County (Appendix C) to determine the amount of funding available for the following: Deliverable Objective 1, Deliverable Objective 2 and Base Objectives 1-3. Applicants may determine how much funding to apply to each sub-objective (D1s, D1b, etc.) as long as the total within each does not exceed the total allotted in Appendix C for Deliverable Objective 1, Deliverable Objective 2 and Base Objectives 1-3.

Funding Proposal

\$ _____ Total Base Funding Requested

\$ _____ Total Deliverable Funding Requested

\$ _____ Total RHWP Funding Requested



DELIVERABLE GOALS & OBJECTIVES

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

\$ _____ **D1a:** The RHWP subgrantee agency will provide comprehensive reproductive health and wellness direct health care services per nationally recognized standards of care.
_____ Total # of visits proposed

\$ _____ **D1b:** The RHWP subgrantee agency will provide counseling and education to establish a reproductive life plan (RLP) to clients of child bearing status.

\$ _____ **Total RHWP Funding Requested for Deliverable Goal 1***

Deliverable Goal 2; To improve the quality of services offered within a Reproductive Health and Wellness Program.

\$ _____ **D2a:** The RHWP subgrantee agency will screen clients for Sexually Transmitted Diseases (STDs), Human Immunodeficiency Virus (HIV), Hepatitis B (HBV) and Hepatitis C (HCV) according to current CDC guidelines.

\$ _____ **D2b:** The RHWP subgrantee agency will offer appropriate care and follow-up to clients receiving a pregnancy test.

\$ _____ **D2c:** The RHWP subgrantee agency will offer at least one type of Long Acting Reversible Contraceptive (LARC) onsite.

\$ _____ **Total RHWP Funding Requested for Deliverable Goal 2***

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

FY2017 Reproductive Health and Wellness Program Budget Overview

BASE GOALS & OBJECTIVES

Base Goal 1 : To increase outreach and access for target population to a broad range of RHWP Services.

\$ _____ **B1a:** The RHWP subgrantee agency will identify hard-to-reach and vulnerable populations. A targeted outreach plan will be established to increase provision of RHWP services to these groups.

\$ _____ **B1b:** The RHWP subgrantee agency will have at least 10% of scheduled appointments times available outside of normal business hours (*Monday through Friday from 9:00 am - 4:30pm*).

Base Goal 2 : To increase sustainability of Reproductive Health and Wellness services

\$ _____ **B2a:** The RHWP subgrantee agency will have integrated an Electronic Medical Records (EMR) system at their Health Center.

\$ _____ **B2b:** The RHWP subgrantee agency will have implemented infrastructure activities to support Program Sustainability.

\$ _____ **B2c:** The RHWP subgrantee agency will assist clients with enrollment into Medicaid and Marketplace at their Health Center.

Base Goal 3 - Enhanced: (must choose one or more) ; To enhance the services provided by the Reproductive Health and Wellness program.

\$ _____ **B3a:** The RHWP subgrantee agency will offer RHWP services to clients who are no longer of childbearing status.

\$ _____ **B3b:** The RHWP subgrantee agency will offer rapid HIV testing method to 100% of clients.

\$ _____ **B3c:** The RHWP subgrantee agency will provide same day insertions to clients choosing LARC (if medically appropriate).

\$ _____ **B3d:** The RHWP subgrantee agency will increase the number of clients participating in evidence-based 5As preconception healthy weight program per targeted goals set in application

\$ _____ **B3e:** The RHWP subgrantee agency will increase the number of clients being offered evidence-based 5As preconception smoking cessation program per targeted goals set in application.

\$ _____ **B3f:** The RHWP subgrantee agency will increase awareness of evidence based comprehensive reproductive health and wellness education to reproductive aged males and females.

\$ _____ **B3g:** By March 31, 2017, sub-grantee will ensure the socioemotional health needs of clients are addressed.

\$ _____ **Total RHWP Funding Requested for Base Goals 1-3***

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

**Reproductive Health and Wellness Program
FY2017 Site and Service Form**

Subgrantee Agency Name: _____ GMIS # _____

FY2017 Site Information

Address <i>(BOLD the Administrative address List all clinic addresses)</i>	City	Service Area <i>(by County)</i>	Office Hours <i>(see below)*</i>	Provider/ Clinician Hours <i>(see below)**</i>	Number of Visits Projected for 2017 <i>(see below)***</i>

* - 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 Unduplicated Patients projected at the sub-grantee agency level for each site served.

**Reproductive Health and Wellness Program
FY2017 Site and Service Form**

Subgrantee Agency Name: _____ **GMIS #** _____

2017 Service Information

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

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

SERVICES	1	2	3	4	5
Informed Consent					
Method Specific Consent					
Client Education/Counseling					
Medical History					
Physical Assessment					
Lab Testing					
Notification of Abnormal Lab Testing					
Pap Testing					
• Slide					
• Liquid Pap					
IUD					
IUS					
Emergency Contraception					
Hormonal Implant					
3 month Hormonal Injection					
Oral Contraceptives					
Contraceptive Patch					
Vaginal Ring					
Barrier Methods – please list					
Spermicidal Methods or Products – please list					
Fertility Awareness, including Natural Family Planning					
Abstinence Education					
Female Sterilization					
• Counseling					
• Procedure					
Male Sterilization- Counseling/Procedure					
• Counseling					
• Procedure					

**Reproductive Health and Wellness Program
FY2017 Site and Service Form**

Subgrantee Agency Name: _____ **GMIS #** _____

SERVICES	1	2	3	4	5
Level I Infertility Services					
Pregnancy Diagnosis					
• History					
• Testing					
• Physical exam					
Non-directive Pregnancy Counseling					
Identification of Estrogen-Exposed Offspring					
Male Services					
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					
Prenatal Vitamins/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					
• Human Papilloma Virus (warts)					
• HIV Testing/ Post Test Counseling					

FY2017 RHWP Culturally and Linguistically Appropriate Services (CLAS) Strategic Plan

RHWP Subgrantee Agency Name: _____

GMIS # _____

This document is being submitted as: *(please check one)* Initial Plan Annual Progress Report

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	July 1 st 2016 – April 30 th 2017	Staff participation in ongoing training and education will be accounted for in a database. The percentage of staff who have participated in ongoing training will be assessed bi-monthly to monitor progress toward our objective.	The percentage of staff who have participated in ongoing training and education from 75% to 90%
Standard #4: Language Assistance Services					
Right to Receive Language Assistance Services					
Standard #6: Competence of Language Assistance					
Standard #7: Patient-Related Materials					
Standard #8: Written Strategic Plan					
Standard #9: Organizational Self-Assessment					
Standard #10 Patient / Consumer Data					
Standard #11: Community Profile					
Standard #12 Community Partnerships					
Standard #13 Conflict/Grievance Processes					
Standard #14 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 FY2017.
- At the end of the grant cycle, you will submit this form to show what you have accomplished toward each objective.

ODH Reproductive Health and Wellness Program

FPAR Data Report

Data is for the calendar year (Jan-Dec, 2016)

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, 2017.**

FY2017 RHWP Program Plan Instructions

Applicants must use the RHWP Goals and Objectives Grid, Appendix D to populate the FY2017 RHWP Program Plan, Attachment 7

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.

Objectives: List the objective that will be addressed in the program plan. An applicant must apply for all Deliverable Objectives listed in D1 & D2 and all Base Objectives listed in B1& B2. Applicants must also select at least one objective from Base Objectives B3a-B3g.

Strategy: For each Objective, copy the specific strategies from the "RHWP Goals and Objectives 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 Objectives 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 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 in Attachment 3 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 2017 Mid-Year Progress Report (MYPR) must be submitted by October 15, 2016. A FY2017 Annual Progress Report (APR) must be submitted after the close of the FY2017 grant year (May 15, 2017). 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 subgrantee's ability to meet the program's objectives or time schedules. The Progress Reports should address how the specific evaluation measures are being addressed.

FY2017 RHWP Program Plan

RHWP Subgrantee 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)

Goal: <input type="checkbox"/> Base Goal 1 <input type="checkbox"/> Base Goal 2 <input type="checkbox"/> Base Goal 3 RHWP Objective Identifier (i.e. B1a, D2c, ED1a): _____ <input type="checkbox"/> Deliverable Goal 1 <input type="checkbox"/> Deliverable Goal 2					
RHWP Objective: _____					
Strategy	Activities	Person Responsible	Timeline	Evaluation Measures	Accomplishments
					<i>Accomplishments column to be completed for Mid-Year Progress Report and Annual Progress Report</i>