

# STATE OF COLORADO

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Colorado Department  
of Public Health  
and Environment

**NURSE HOME VISITOR PROGRAM  
ANNUAL REPORT  
JULY 2003 – JUNE 2004**

Submitted by the Division of Prevention and Intervention Services for Children and Youth  
Colorado Department of Public Health and Environment  
October 1, 2004

## Nurse Home Visitor Program

### Executive Summary

**Purpose:** The intent of the Colorado Nurse Home Visitor Program is to make nurse home visitation services available to all first-time pregnant women whose incomes are under 200 percent of the poverty level and who choose to participate in the program. Research shows that short-term and long-term improvements in the health and the life courses of the participating mothers and their children have resulted when specially trained nurses provide home visitation services for low-income, first-time mothers from early in pregnancy through the child's second birthday.<sup>1</sup> The Nurse Home Visitor Program addresses a mother's personal health, provides care giving advice for her newborn, children's health care, child development and home safety as well as provides access to educational, social and employment resources needed to achieve personal goals and the well-being of the family.

**Use of Funds:** The Colorado General Assembly appropriated \$6,911,997 of Tobacco Master Settlement funds for the FY 2003-04 Nurse Home Visitor Program. The program also received approval to roll forward \$31,000 in spending authority that supported funds encumbered in a purchase order with the Department of Health Care Policy and Financing for changes to the Medicaid Management Information System (MMIS) related to the Introduction of Medicaid billing to the program. The total FY 2003-04 spending authority was \$6,942,997. The roll forward dollars resulted from unexpected delays in the completion of the MMIS. In FY 2003-04, the program provided continuing funding to the 17 local agencies that had received awards in the previous fiscal year. The amount of the 17 grant awards totaled \$6,587,324. The total amount of funding used in FY 2003-04 was \$6,694,354. Of this amount, \$6,450,165 was paid to the 17 local program grantees and \$244,188 was spent by the Colorado Department of Public Health and Environment in administration of the program, which was 3.5 percent of the appropriation and less than the five percent allowed for state administrative costs.

**Accomplishments:** The grants awarded for FY 2003-04 allowed for services in 49 of the state's 64 counties and increased the number of families served from 1,562 in FY2002-03 to 1,637. A fifth round of the competitive grant application process was conducted for FY 2004-05 awards. The applications were reviewed by the National Center for Children, Families and Communities, known as the National Center, of the University of Colorado Health Sciences Center, the agency designated to assist the Colorado Board of Health in the selection of the programs to be funded. The same 17 programs funded in FY 2003-04 were recommended for continuation funding in 2004-05 permitting 1,962 families to be served in the same 49 counties.

All of the Nurse Home Visitor Programs provided services following the training requirements, program protocols, program management information system and program evaluation requirements of the Nurse-Family Partnership, which is the model program developed by Dr. David Olds and associates of the National Center. The National Center is the entity designated to assist the State Board of Health in selecting entities to be funded. The evaluation of the local

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<sup>1</sup> Olds, DL, Eckenrode J, Henderson CR, Kitzman H, Powers J, Cole R, Sidora K, Morris P, Pettit LM, Luckey D. (1997). Long-term effects of home visitation on maternal life course and child abuse and neglect; Fifteen year follow-up of a randomized trial. *JAMA*, 178, 637-643.

programs completed by the National Center for FY 2003-04 found that the programs have been successful in implementing the Nurse-Family Partnership model. The nurses provided weekly to bi-weekly home visits, averaging nine visits per family during pregnancy, 12 visits per family for those with infants, and six visits per family for those with toddlers. From the inception of the Nurse Home Visitor Program in FY 2000-01 through June 30, 2004, a total of 3,803 participants have been enrolled into the program, of which 46 percent entered the program by the 16<sup>th</sup> week of gestation and 90 percent entered the program by the 28<sup>th</sup> week of gestation. The National Center's evaluation reports several positive outcomes for the program's participants and their babies. They include a statistically significant decrease in smoking during pregnancy, lower premature infant rates, higher breastfeeding rates, higher immunization rates, a higher number of women completing their high school diploma or GEDs, a higher number of women participating in the workforce, and a higher percentage of participants who were married all as compared to national program standards. Areas identified for improvement include reducing the percent of low birth weight infants and decreasing the client attrition.

**Medicaid funding:** Since FY 2001-02, department staff have worked with the Colorado Department of Health Care Policy and Financing to put in place the infrastructure to allow the program to obtain Medicaid reimbursement for Targeted Case Management (TCM) services (75 percent of all services are estimated to qualify). Approximately 72 percent of Nurse Home Visitor Program enrollees reported, at intake, using Medicaid during FY 2003-04. A decision item was approved in the 2003 legislative session allowing the Nurse Home Visitor Program to be reimbursed by Medicaid for the Targeted Case Management portion of the costs of Medicaid-eligible clients. Beginning July 1, 2004, funding for Nurse Home Visitor Program sites will be a combination of state Nurse Home Visitor Program funds and of Medicaid revenue. Local sites will submit Targeted Case Management claims to Medicaid with reimbursements being paid directly to the local Nurse Home Visitor Programs.

## **I. Administrative Report**

### **A. Amount of tobacco settlement monies received.**

The Colorado General Assembly appropriated \$6,911,997 of Tobacco Master Settlement funds for the FY 2003-04 Nurse Home Visitor Program. The program also received approval to roll forward \$31,000 in spending authority that supported funds encumbered in a purchase order with the Department of Health Care Policy and Financing for changes to the Medicaid Management Information System (MMIS). The total FY 2003-04 spending authority was \$6,942,997. The roll forward dollars resulted from unexpected delays in the completion of the MMIS. In addition, \$15,922 was received in the Nurse Home Visitor Program Fund as the program's share of interest earned by the tobacco settlement agreement funds. This amount is not available for program spending until appropriated by the General Assembly.

### **B. Description of program.**

The Nurse Home Visitor Program provides funding for the services of nurse home visitors who work with low-income first-time pregnant women from early in their pregnancy, until ideally the child's second birthday. Through home visits that occur weekly or bi-weekly, the women receive educational and health services designed to promote healthier pregnancies and birth outcomes, improve the child's health and development and enhance the self-sufficiency of the young families. Topics addressed in the home visits include the mother's personal and prenatal health care, including the reduction of smoking and substance abuse, care giving for newborns, child health and development, home safety as well as information regarding access to needed health, social, educational and employment resources. Through the relationships that are established, the nurse home visitors help young mothers develop knowledge, skills and confidence in providing for their children's needs and achieving their personal goals.

Research has substantiated that short-term and long-term improvements in the health and the lives of the mothers and their children have resulted when specially trained nurses provide home visitation services for low-income, first-time mothers.<sup>2</sup> Improved outcomes include reduced tobacco and alcohol use during pregnancy, reduced rates of subsequent pregnancies, reduced incidences of child abuse and neglect, reduced arrests of mothers, reduced arrests among the children when reaching adolescence, reduced cigarette and alcohol consumption among the children when reaching adolescence, reduced reliance on public assistance and increased workforce participation by the mothers.

#### ***Goal of the program***

As established in the statute, the goal of the Nurse Home Visitor Program is that nurse home visitation services as described above be made available, beginning with a limited number of participants in FY 2000-01 and expanded to full capacity by the year 2010, to all low-income,

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<sup>2</sup> Olds, DL, Eckenrode J, Henderson CR, Kitzman H, Powers J, Cole R, Sidora K, Morris P, Pettit LM, Luckey D. (1997). Long-term effects of home visitation on maternal life course and child abuse and neglect; Fifteen year follow-up of a randomized trial. *JAMA*, 178, 637-643.

first-time mothers in the state who consent to receiving services. House Bill 04-1421 changed the level of funding from the tobacco settlement dollars such that for FY 2004-05 the Nurse Home Visitor Program was appropriated nine percent of the total amount of funds received by the state. Beginning with FY 2005-06 through 2013-14, the percentage appropriated will increase by one percent each year. In FY 2014-15 and each year thereafter, the appropriation will be 19 percent of the tobacco settlement funds received by the state.

### ***Target population***

The target population for services from the Nurse Home Visitor Program is first-time, defined as no previous live births, pregnant women whose income is less than 200 percent of the Federal Poverty Level. Services are provided from enrollment during pregnancy, or within one month postpartum, until age 2 of the child. Enrollment in the program is encouraged as early in pregnancy as possible. The number of women in the target population is estimated to be 14,642. This estimate is based on data provided by the Colorado Prenatal Risk Assessment Monitoring System (PRAMS), a survey that has been conducted by the Colorado Department of Public Health and Environment's Center for Health and Environmental Information and Statistics annually since 1997. The PRAMS data found that approximately 21.4 percent of all of the births in the state from 1997 through 2001 were to women who were under 200 percent of the poverty level and for whom this was the first live birth.

### ***Actual numbers served***

In Fiscal Year 2003-04, 17 local entities were funded to serve a total of 1,637 families. "Families" means the pregnant woman or the mother and her child, once born, and the father of the baby, if present. Since the inception of Nurse Home Visitor Program and through June 30, 2004, a total of 3,803 women have been enrolled in the program and 2,667 babies have been born to these mothers. At the end of FY 2003-04 there were 1,447 families with 1,074 children active in the program. The median age of the women served was 19, with 11 years of education completed. Eighty-two percent were unmarried. The largest proportion of participants identified themselves as Hispanic (47 percent) or non-Hispanic White (41 percent). Seventy-two percent reported using Medicaid at program intake.

### ***Services provided***

The services provided were home visits by the nurse home visitors, provided at weekly or bi-weekly intervals, depending on the stage of pregnancy or age of the child and the needs of the mother. The visits averaged approximately 73 minutes in duration. Nurses follow specific visit-by-visit guidelines that focus on six domains: personal, health, life course development, maternal role, family and friends and health and human services. The nurse home visitors covered such topics as the physical and mental health of the mother and the child; safety of the home and community environment; development of social support systems through friends and family, child development; parenting skills and planning for the desired future, including future pregnancy planning; education and employment goals. The National Center at the University of Colorado Health Sciences Center, which is responsible for monitoring and evaluating the effectiveness of the local entities in delivering the program, includes a detailed report of the

services provided in its annual evaluation of local program implementation. This evaluation is attached as the second part of this annual report.

### **C. Evaluation of the program operation.**

#### ***Grant award process***

The Nurse Home Visitor Program was implemented in FY 2000-2001. Rules were written and adopted by the Colorado Board of Health. The competitive grant application process was developed and put into practice by the Department of Public Health and Environment. The first grant application process was conducted in October through November 2000 for grants that were awarded for January through June 2001. Every subsequent grant application process occurred in February through April of each year for grants to be awarded for the following state fiscal year beginning July 1.

The grant application process enables the department to award funds to entities that provide the nurse home visitor services following the program training requirements, program protocols, program management information systems and program evaluation requirements that are set forth in the Nurse Home Visitor Program Rules by the Colorado Board of Health. These training requirements, protocols, information systems and evaluation requirements are those of the model program now named the Nurse-Family Partnership. This is the model program developed by Dr. David Olds and associates at the National Center for Children, Families and Communities at the University of Colorado Health Sciences Center. All of the local entities that have applied for funding from the Nurse Home Visitor Program have applied as programs that would implement the Nurse-Family Partnership model.

The grant application process, as established in the statute, also allows applications from other alternative nurse home visitor programs if such other programs have been in existence in Colorado for a minimum of five years as of July 1, 1999, and have achieved significant reductions in infant behavioral impairments due to alcohol, drugs and nicotine use, child abuse and neglect, subsequent pregnancies, the receipt of public assistance and criminal activity by the mothers and by their children upon reaching adolescence. However, no applications have been submitted for funding by other models of nurse home visitor programs in the five grant application processes that have been conducted thus far.

For each of the grant cycles, the applications have been reviewed first by the Colorado Department of Public Health and Environment to ensure that all basic program elements were addressed. They then were forwarded to the National Center at the University of Colorado Health Sciences Center, which reviewed them for the quality of the proposal content. The National Center is the entity designated to assist the Board of Health in selecting of the local entities to be funded, as well as with monitoring and evaluating the implementation of local programs and reporting on the effectiveness of the local programs to the department. A three-member panel from National Center carried out the reviews of the applications, which included proposals from new entities as well as those from the current grantees requesting continuation and expansion funding. The recommendations for funding were then forwarded to the Board of Health.

The Board of Health has approved the recommendations as presented for the five funding cycles conducted to date. In April 2003, the Board of Health approved the funding recommendations, including an average 3 percent salary increase for local program staff, for FY 2003-2004. However, revised recommendations were submitted to the Board of Health in May 2003 because feedback from the sites revealed that a 3 percent salary increase was not sufficient to cover increased costs and there was concern that programs might not be able to continue operation. A revised list of recommendations was submitted and approved by the Board reflecting a 5 percent salary cap.

In FY 2003-04, services were made available in 21 of the state's 29 rural counties, 18 of its 23 frontier counties and 10 of its 12 urban counties for a total of 49 counties. A map representing the counties served in FY 2003-04 is included with this report as Attachment A. In FY 2004-05, services will be made available to the same 49 counties as no new or additional agencies were funded in the new fiscal year.

The Nurse Home Visitor Program funds have been used to provide:

- **FY 2000-01** - Grants totaling \$2,375,744 to 12 local entities to provide services to 1,150 families in 33 of the state's 63 counties. As this was the first year of the program, the grants were for only a six-month period from January 2001 through June 2001, following the writing and adoption of the program's rules and the implementation of the competitive grant application process in the first half of the fiscal year. Each of the 12 local programs was funded to serve 100 families, with the exception of one multi-county coalition funded to serve only 50 families due to the sparse populations in its service area.
- **FY 2001-02** - Continuation of funding to the 12 original local entities plus grants to two new local agencies totaling \$4,532,835, bringing the total number of counties in which services were available to 38 and the total number of families to be served to 1,300. One of the newly funded programs was approved to serve 100 families and the second to serve only 50 families, due to the sparse population in its four-county rural area.
- **FY 2002-03** - Grant awards totaling \$6,066,055 that further expanded program availability to a total of 1,562 families in 49 of the state's 64 counties. This was accomplished through continuation of funding to the 14 local entities that provided services in FY 2001-02, the awarding of an expansion grant for an additional 100 families to one of the grantees, and grant awards to three new local agencies, two of which served multi-county areas. One of the newly funded programs did not begin program implementation until January 2003, as there were not sufficient funds to support services for the full 12-month period.
- **FY 2003-04** - Continuation of funding for the 17 grantees selected in FY 2002-03 for a total of \$6,587,324 to expand the program availability to a total of 1,637 families in 49 of the state's 64 counties. The FY 2003-04 program list indicates 17 grantees, instead of 18, because in FY 2003-04 the two Jefferson County programs merged into one. Due to funding limitations, no new grant applications were recommended for awards.

- **FY 2004-05** – Beginning with FY 2004-05, funding for the program will be a combination of tobacco funds and Medicaid revenue, which will be generated by sites directly billing and receiving Medicaid reimbursements for Targeted Case Management (TCM) services provided by the nurses. FY 2004-05 tobacco awards for the same 17 grantees selected in FY 2003-04 totaled \$5,844,182 expanding the program availability to a total of 1,962 families in 49 of the state’s 64 counties. Estimated Medicaid revenue for the sites was set at \$2,478,059 for an overall funding amount of \$8,322,241 for FY 2004-05.

Please see Attachment B for a listing of the programs funded, the counties served, the years for which they have received funding and the amounts of the grant awards.

***Effectiveness in Achieving Goals of Program***

The Nurse Home Visitor Program has been successful in establishing the infrastructure for the distribution and use of the Nurse Home Visitor Program funds, expanding the number of counties in which the services are available from 33 counties in the first year to 49 counties for FY 2003-2004. The Department of Public Health and Environment administers the contracts with the local entities and carries out policy development and program oversight in close cooperation with the National Center and Invest in Kids, a private, not-for-profit organization, providing site development assistance, program implementation and quality improvement consultation to the local agencies. From the inception of the Nurse Home Visitor Program through June 30, 2004, 3,803 participants have been enrolled into the program. The amount of Nurse Home Visitor Program funds actually used by the local programs and by the state for the administration of the program since the inception through June 30, 2004, has been \$17,884,105 (\$1,340,566 in FY 2000-01, \$4,288,525 in FY 2001-02, \$5,560,660 in FY 2002-03 and \$6,694,354 in FY 2003-04). The cost to the state per family, financed by tobacco settlement funds, served through June 30, 2004, has been \$4,703 (\$17,884,105 divided by 3,803 families served).

As noted earlier, it is the National Center that monitors and evaluates the effectiveness of local program implementation. The National Center provides the Nurse-Family Partnership training for the nurse home visitors, nurse supervisors and clerical data staff of the local programs as well as the ongoing monitoring and evaluation.

In the evaluation report for FY 2003-2004, the National Center identifies a number of strengths in the implementation of the program by the local grantees. They include a reduction in the number of participants who smoke during pregnancy, lower premature births and decreased low birth weight rates, and higher rates of breastfeeding, and high immunization completion rates. Program results showed advancements in the areas of mothers earning a GED or diploma, mothers gaining further education for those that already have a GED or diploma, mothers participating in the workforce, and mothers who married. The evaluation also reports areas for improvement. They include improving current participant attrition rates, continuing to improve premature births, and improving low birth weight rates.

The department worked with the National Center and Invest in Kids to develop and put in place appropriate methods to more effectively monitor operational effectiveness and to promote



improved performance through contractual requirements, where appropriate. These methods should contribute to the program areas identified as needing improvement in the National Center's evaluation. The complete evaluation report prepared by the National Center is found as Attachment C.

**D. Costs incurred by the program.**

Total spending authority in FY 2003-2004 for the program was \$6,942,997, as detailed in Table 1. Amounts expended for the year totaled \$6,694,354. Of this amount, \$6,450,165 was spent by the 17 local program grantees and \$244,188 was spent by the state in administration of the program. The majority of the administrative costs, \$138,032, were for the salaries and benefits of the 2.0 FTE staff members from the Prevention Services Division in the Colorado Department of Public Health and Environment who administer the program. The staff included 1.0 FTE program manager, 0.5 for accounting and clerical support, and 0.5 for fiscal staff.

The program also paid \$9,815 for its share of the costs incurred by the department in carrying out the tobacco settlement program oversight responsibilities; \$20,676 for MMIS programming costs; and \$75,665 for operational costs, including the National Center contract activities, local contractor training, printing, in-state travel, educational supplies, office supplies and postage. Primarily due to contractor vacancy savings, \$248,643 in spending authority was unutilized.

**TABLE 1**

<b>DESCRIPTION:</b>	<b>SFY 2004 Amount:</b>
SFY 2004 Long Bill, Nurse Home Visitor Program	\$7,577,035
SFY 2004 Roll Forward	\$31,000
SFY 2004 Supplemental Bill adjustment to the Nurse Home Visitor Program	- \$665,038
<b>Total Nurse Home Visitor Program Spending Authority</b>	<b>\$6,942,997</b>
<b>Less:</b>	
SFY 2004 Expenditures	\$6,694,354
Roll Forward to SFY 2005	\$0
<b>Reverted Spending Authority in SFY 2004</b>	<b>\$248,643</b>

## **II. Additional Information Requested of the Nurse Home Visitor Program**

### **A. Evaluation of the implementation of the program and the results achieved**

The National Center for Children, Families and Communities is the agency designated by the University of Colorado Health Sciences Center to assist the Board of Health in administering the Nurse Home Visitor Program, including evaluation of the local programs and reporting this evaluation to the department in this annual report. The National Center provides training and ongoing support for each of the local programs in the data collection and reporting processes needed for their program evaluation. These data are used to produce the annual evaluation report and for reports used by the local programs for ongoing program management and quality improvement efforts. Local programs submit their data via a Web-based system. A number of the reports generated from the data are available to local program staff at any time and nurse supervisors are encouraged and supported in the use of these reports in the supervision of the nurse home visitors and the management of the local program's operations. In addition, the National Center produces benchmark reports for each site beginning at one year after the site starts seeing clients and each year thereafter.

With a year-and-a-half to two years of program implementation by the majority of the program sites, a large enough number of women have given birth and newborns have completed the infancy stage (first year) and started the toddler stage (second year) that the National Center is able to report on an increased number of measures compared to last year's report. The complete evaluation report by the National Center is included as Attachment C.

### **B. Changes in training requirements, protocols, management information systems or evaluation criteria**

The National Center reports that there were no changes in training requirements, protocols or evaluation criteria. The management information system is Web-based, allowing local programs to access certain reports at any time to be used in program management and quality improvement. The department has worked with the National Center, Invest in Kids and the local programs to assure that the local programs have the skills needed to submit and retrieve data and to interpret and use the data effectively.

### **C. Extent to which the program serves Medicaid-eligible persons and provides services that may be provided in part through Medicaid funding**

The population to be served by the Nurse Home Visitor Program is first-time pregnant women and their babies whose income is below 200 percent of the Federal Poverty Level. The number of women in the target population and eligible for services under the Nurse Home Visitor Program was estimated to be 14,642 women, which is 21.4 percent of all live births. This estimate is based on survey data from the Prenatal Risk Assessment Monitoring System (PRAMS). The Colorado Medicaid program currently provides coverage to low-income pregnant women up to 133 percent of the Federal Poverty Level. Therefore, many of the women eligible for services under the Nurse Home Visitor Program are eligible for Medicaid coverage. Analysis

of the most recent PRAMS data estimates that 56 percent of the first-time pregnant women with incomes under 200 percent of poverty level are Medicaid-eligible. The reports submitted by the local programs to the National Center indicate that the programs are actually enrolling a higher percentage of Medicaid-eligible clients. This is because the programs have established referral systems with community agencies and health care providers that are effective in referring Medicaid-eligible, first-time pregnant women to the program. According to the National Center, in FY 2003-04, the percentage of women who reported using Medicaid at the time of program intake was 72 percent, at 6 months it was 67 percent, at 12 months it was 68 percent and at 24 months it was 58 percent.

The department worked with the Colorado Department of Health Care Policy and Financing to identify the best method to obtain Medicaid funding for Nurse Home Visitor Program services. It was determined that the most feasible method was to obtain Medicaid payment for those services that qualified as Targeted Case Management services. Targeted Case Management services are an optional category of Medicaid services for at-risk populations that have service needs that go beyond the basic health care services that Medicaid provides. Targeted Case Management services are defined by the Centers for Medicaid and Medicare Services as “services which will assist an individual eligible under the State plan in gaining access to needed medical, social, educational and other services.” The nurse home visitors do this by assessing the needs and planning with the mother; by providing education and counseling so the mother may learn to access services or meet needs herself; and by monitoring and reinforcing progress toward achieving the plans. The rationale, then, was that Medicaid reimbursement could be claimed for the portion of services that the nurses provide for those families that are Medicaid-eligible. Currently, the tobacco settlement dollars pay 50 percent of the Medicaid cost and federal matching funds pay the other 50 percent. At the onset of this process, it was estimated that up to 80 percent of the clients served by the program might be Medicaid-eligible and approximately 85 percent of the services that are provided might qualify as Medicaid Targeted Case Management services.

#### **D. Changes to the Nurse Home Visitor Program to enable it to receive Medicaid funding**

In FY 2003-04, the Colorado Department of Public Health and Environment and the Colorado Department of Health Care Policy and Financing staff worked to build the infrastructure to allow the program to obtain Medicaid reimbursement for Nurse Home Visitor Targeted Case Management services. Previously, representatives of the Region VIII Centers for Medicaid and Medicare Services of the Health Resources and Services Administration were consulted regarding the proposed plan to add this service to the Colorado State Medical Assistance Plan, also called the State Plan, and the proposed methods for claiming reimbursement. A detailed Time and Content study was undertaken in 2001, utilizing the system by which the nurse home visitors report the content and methods of their home visit activities to analyze which activities qualify as Targeted Case Management services and the percentage of time spent in providing such services. Through this process, it was established that 75 percent of the nurse home visitor activities qualify for reimbursement as targeted case management services rather than the 85 percent of the earlier estimate. The Targeted Case Management Service was approved for addition to the State Plan in March 2002, with an effective date retroactive to January 1, 2002.

Concurrent with this work, Colorado Department of Health Care Policy and Financing staff prepared and submitted a budget decision item to the Colorado Legislature to secure the needed authority to transfer funds to the Colorado Department of Health Care Policy and Financing to enable the state to make changes to the Medicaid payment system in FY 2002-03. The decision item requested spending authority to provide \$31,000 as the 25 percent state share of the cost of the changes to the Medicaid Management Information System (MMIS) to include the Nurse Home Visitor Program. The decision item also sought the authority to transfer up to \$1,502,462 of the tobacco settlement dollars appropriated to the program to the Colorado Department of Health Care Policy and Financing to be used as the state's share of the payment for the targeted case management services that would be matched by federal Medicaid funds. A conservative estimate of 50 percent of the client caseload would be Medicaid-eligible over the course of the first year of implementing the system was used for the decision item.

The decision item also included a request for an additional 0.5 FTE for fiscal support staff, bringing the total FTE for the administration of the program to 2.0. The additional fiscal staff support was sought due to the added complexity of incorporating the Medicaid reimbursement and reconciling those reimbursements with the tobacco settlement funding provided to the Colorado Department of Health Care Policy and Financing as state match and to the local programs for payment for services which are not Medicaid-reimbursed and for clients who are not Medicaid-eligible. The department decision item was approved by the Legislature in April 2002, but the Colorado Department of Health Care Policy and Financing did not receive the needed additional spending authority in its budget for FY 2002-2003. A department supplemental request was submitted and spending authority was granted effective July 1, 2003.

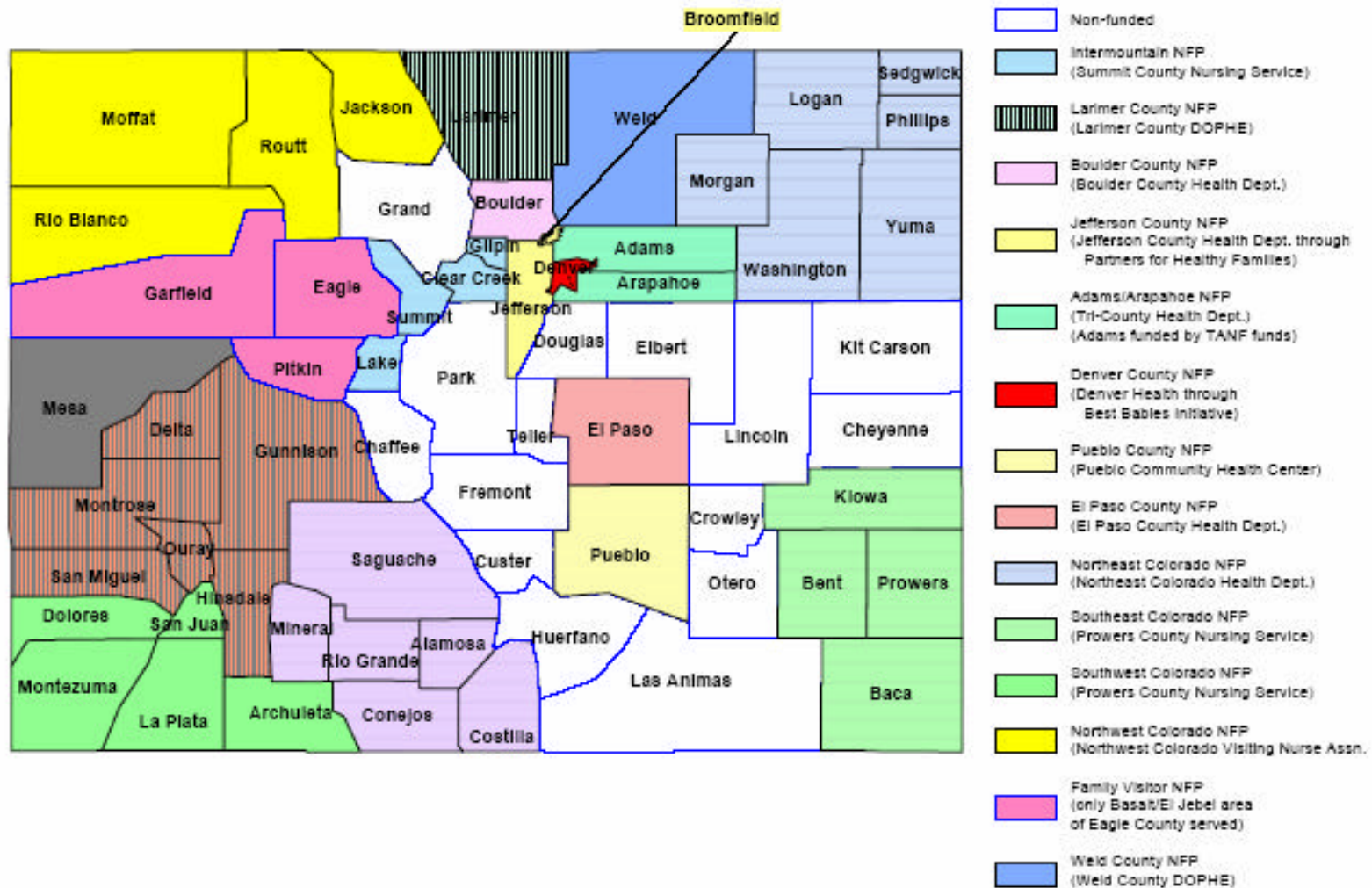
In FY 2002-03, an inter-agency purchase order was issued by the department to the Colorado Department of Health Care Policy and Financing for a total of \$31,000 to cover programming work necessary to modify the Medicaid Management Information System to allow Nurse Home Visitor contractors to bill the Colorado Department of Health Care Policy and Financing for Medicaid reimbursable expenses. This inter-agency purchase order was funded by dollars rolled forward from FY 2002-03 to FY 2003-04. In FY 2003-04, the department and the Colorado Department of Health Care Policy and Financing staffs finalized the specifications for the Medicaid Management Information System, which was scheduled for use by providers on January 1, 2004. However, due to unforeseen changes, the start date for the use of the Medicaid Management Information System was moved to July 1, 2004.

At the same time, the Governor's Office of State Planning and Budgeting contracted with Public Consulting Group, Inc. to assist the state in identifying additional federal revenues. Public Consulting Group worked with five state agencies, including the Colorado Department of Public Health and Environment, to develop and implement projects that were expected to generate additional revenues in FY 2002-03 and FY 2003-04. Public Consulting Group coordinated with Colorado Department of Health and Environment staff and local sites to conduct a Time Study for the Nurse Home Visitor Program. This Time Study served as an update to the Time and Content Study completed in 2001. The Time Study results were submitted to Centers for Medicaid and Medicare Services and to the Colorado Department of Health Care Policy and Financing for Targeted Case Management rate setting. The reimbursement rates were also used to establish FY 2004-05 Medicaid revenue estimates for each of the Nurse Home Visitor Program sites since, commencing July 1, 2004, program funding for the sites would include a

combination of tobacco settlement funds and Medicaid revenue. Public Consulting Group worked with the Colorado Department of Public Health and Environment staff on a retroactive claim process covering January 2002 through June 2004. They will continue to collect client data from the Nurse Home Visitor Program sites until approximately September 2004 for this retroactive time period and have coordinated with the Colorado Department of Health Care Policy and Financing to submit the retroactive claim.

The same 17 sites selected for funding in FY 2003-04 were given continuation awards for FY 2004-05 with five sites receiving expansion funding. In total, \$5,844,182 of tobacco settlement monies was awarded to these sites and an estimated \$2,478,059 is expected to be generated by the local agencies in Medicaid reimbursements for Targeted Case Management services. The total combination funding for FY 2004-05 is \$8,322,241.

## NURSE-FAMILY PARTNERSHIP COLORADO NURSE HOME VISITOR PROGRAM FY04/05



## Nurse Home Visitor Program Grant Recipients

### **Boulder County Health Department**

Counties to be Served:	Boulder
FY 2002-03 Award:	\$395,614
FY02-03 Reduced Award:	\$321,674
FY 2003-04 Award:	\$384,279
FY 2004-05 Award:	\$305,050 (Plus \$101,979 in estimated Medicaid revenue)
Families to be Served:	100

### **Denver Health and Hospital Authority: Best Babies**

Counties to be Served:	Denver
January-June 2001 Award:	\$231,558
FY 2001-02 Award:	\$448,774
FY 2002-03 Award:	\$408,662
FY02-03 Reduced Award:	\$394,359
FY 2003-04 Award:	\$439,867
FY 2004-05 Award:	\$200,410 (Plus \$256,983 in estimated Medicaid revenue)
Families to be Served:	100

### **El Paso County Department of Health and Environment**

Counties to be Served:	El Paso
January-June 2001 Award:	\$167,694
FY 2001-02 Award:	\$273,844
FY 2002-03 Award:	\$391,723
FY02-03 Reduced Award:	\$352,880
FY 2003-04 Award:	\$408,193
FY 2004-05 Award:	\$247,743 (Plus \$164,891 estimated Medicaid revenue)
Families to be Served:	100

### **Family Visitor Program**

Counties to be Served:	Garfield, Pitkin and Basalt/El Jebel area of Eagle
January-June 2003 Award:	\$210,476
Reduced 2003 Award:	\$127,720
FY 2003-04 Award:	\$428,205
FY 2004-05 Award:	\$339,824 (Plus \$117,927 estimated Medicaid revenue)
Families to be Served:	100

### **Jefferson County Department of Health and Environment**

Counties to be Served:	Broomfield and Jefferson
January-June 2001 Award:	\$194,097
FY 2001-02 Award:	\$383,297
FY 2002-03 Award:	\$398,567

FY 2002-03 Expansion Award:	\$394,184
FY02-03 Reduced Award:	\$264,472
FY 2003-04 Award:	\$831,954
FY 2004-05 Award:	\$566,248 (Plus \$265,932 estimated Medicaid revenue)
Families to be Served:	200

**Larimer County Department of Health and Environment**

Counties to be Served:	Larimer
FY 2001-02 Partial Award:	\$ 42,250 (Total program costs \$332,450)
FY 2002-03 Partial Award:	\$177,729 (Total program costs \$371,203)
FY02-03 Reduced Award:	\$170,718
FY 2003-04 Award:	\$382,778
FY 2004-05 Award:	\$349,109 (Plus \$80,752 estimated Medicaid revenue)
FY 2004-05 Expansion Award:	\$355,624 (Plus \$80,752 estimated Medicaid revenue)
Families to be Served:	100

**Mesa County Health Department**

Counties to be Served:	Mesa
January-June 2001 Award:	\$172,105
FY 2001-02 Award:	\$348,036
FY 2002-03 Award:	\$395,205
FY02-03 Reduced Award:	\$381,373
FY 2003-04 Award:	\$400,953
FY 2004-05 Award:	\$324,241 (Plus \$103,360 estimated Medicaid revenue)
FY 2004-05 Expansion Award:	\$162,121 (Plus \$51,680 estimated Medicaid revenue)
Families to be Served:	150

**Montrose County Public Health Nursing**

Counties to be Served:	Montrose, Delta, Ouray, Gunnison, San Miguel, and Hinsdale
January-June 2001 Award:	\$182,659
FY 2001-02 Award:	\$337,531
FY 2002-03 Award:	\$292,935
FY02-03 Reduced Award:	\$252,604
FY 2003-04 Award:	\$262,687
FY2004-05 Award:	\$271,469 (Plus \$38,385 estimated Medicaid revenue)
Families to be Served:	75

**Northeast Colorado Health Department**

Counties to be Served:	Logan, Morgan, Phillips, Sedgwick, Washington and Yuma
FY 2002-03 Award:	\$202,360
FY02-03 Reduced Award:	\$192,908
FY 2003-04 Award:	\$217,035
FY 2004-05 Award:	\$140,054 (Plus \$54,538 estimated Medicaid revenue)
Families to be Served:	50



**Northwest Colorado Visiting Nurse Association**

Counties to be Served: Routt, Moffat, Jackson and Rio Blanco  
 January-June 2001 Award: \$120,745  
 FY 2001-02 Award: \$195,974  
 FY 2002-03 Award: \$229,388  
     FY02-03 Reduced Award: \$217,645  
 FY 2003-04 Award: \$246,040  
 FY 2004-05 Award: \$218,541 (Plus \$66,125 estimated Medicaid revenue)  
 Families to be Served: 50

**Prowers County Public Health Nursing Service**

Counties to be Served: Baca, Bent, Kiowa and Prowers  
 FY 2001-02 Award: \$238,797  
 FY 2002-03 Award: \$255,172  
     FY02-03 Reduced Award: \$228,872  
 FY 2003-04 Award: \$244,919  
 FY 2004-05 Award: \$207,952 (Plus \$62,852 estimated Medicaid revenue)  
 Families to be Served: 50

**Pueblo Community Health Center**

Counties to be Served: Pueblo  
 January-June 2001 Award: \$154,191  
 FY 2001-02 Award: \$420,271  
 FY 2002-03 Award: \$383,137  
     FY02-03 Reduced Award: \$369,727  
 FY 2003-04 Award: \$405,961  
 FY 2004-05 Award: \$239,801 (Plus \$167,880 estimated Medicaid revenue)  
 Families to be Served: 100

**San Juan Basin Health Department**

Counties to be Served: La Plata, Archuleta, San Juan, Montezuma and Dolores  
 January-June 2001 Award: \$195,913  
 FY 2001-02 Award: \$358,936  
 FY 2002-03 Award: \$395,726  
     FY02-03 Reduced Award: \$372,612  
 FY 2003-04 Award: \$378,951  
 FY 2004-05 Award: \$215,809 (Plus \$193,079 estimated Medicaid revenue)  
 Families to be Served: 112

**Summit County Public Health Nursing**

Counties to be Served: Summit, Lake, Clear Creek and Gilpin  
 January-June 2001 Award: \$202,875  
 FY 2001-2002 Award: \$404,367  
 FY 2002-2003 Award: \$403,471  
     FY02-03 Reduced Award: \$384,846  
 FY 2003-04 Award: \$422,307

FY 2004-05 Award: \$327,950 (Plus \$126,365 estimated Medicaid revenue)  
Families to be Served: 100

**Tri County Health Department**

Counties to be Served: Adams and Arapahoe  
January-June 2001 Award: \$195,276  
FY 2001-02 Award: \$360,929  
FY 2002-03 Award: \$365,980  
FY02-03 Reduced Award: \$345,515  
FY 2003-04 Award: \$373,131  
FY 2004-05 Award: \$244,265 (Plus \$153,891 estimated Medicaid revenue)  
FY 2004-05 Expansion Award: \$254,188 (Plus \$153,891 estimated Medicaid revenue)  
Families to be Served: 200

**Valley-Wide Health Services, Inc.**

Counties to be Served: Alamosa, Conejos, Costilla, Mineral, Rio Grande and Saguache  
January-June 2001 Award: \$176,731  
FY 2001-02 Award: \$398,895  
FY 2002-03 Award: \$410,157  
FY02-03 Reduced Award: \$369,153  
FY 2003-04 Award: \$393,833  
FY 2004-05 Award: \$348,243 (Plus \$53,977 estimated Medicaid revenue)  
FY 2004-05 Expansion Award: \$80,996 (Plus \$13,494 estimated Medicaid revenue)  
Families to be Served: 125

**Weld County Department of Public Health and Environment**

Counties to be Served: Weld  
January-June 2001 Award: \$175,831  
FY 2001-02 Award: \$320,933  
FY 2002-03 Award: \$342,758  
FY02-03 Reduced Award: \$326,347  
FY 2003-04 Award: \$366,231  
FY 2004-05 Award: \$285,770 (Plus \$112,884 estimated Medicaid revenue)  
FY 2004-05 Expansion Award: \$158,801 (Plus \$56,442 estimated Medicaid revenue)  
Families to be Served: 150