

STATE OF COLORADO



Colorado Department
of Public Health
and Environment

**NURSE HOME VISITOR PROGRAM
ANNUAL REPORT
JULY 2012 – JUNE 2013**

Submitted by the Prevention Services Division
Colorado Department of Public Health and Environment
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Colorado Nurse Home Visitor Program Executive Summary

Purpose: The Colorado Nurse Home Visitor Program makes available nurse home visiting services to first-time pregnant women whose incomes are 200 percent of the Federal Poverty Level or less, and who elect to participate in the program. Research shows that short-term and long-term improvements in the health and the life course of participating mothers and their children result when specially trained nurses provide home visiting services for low-income, first-time mothers from early in pregnancy through the child's second birthday.¹ Nurse home visitor program staff address a mother's personal health; provide advice on newborn and children's health care, child development, and home safety; and facilitate access to educational, social and employment resources needed to achieve personal goals and improve the well-being of the family.

Use of Funds: For FY2012-13, \$13,037,008 of Tobacco Master Settlement Agreement (MSA) funds were appropriated in the Long Bill for the Nurse Home Visitor Program. The appropriation was reduced by \$299,658 due to lower-than-projected MSA revenues for the year. The final FY 2012-13 spending authority for NHVP was \$12,737,350. In FY2012-13, the program provided continuation funding to 19 local agencies that received awards in the previous fiscal year. MSA funds were also used to provide the match required to draw down Medicaid funds, and for fiscal and programmatic administration of the program by, respectively, the Colorado Department of Public Health and Environment (CDPHE) and the University of Colorado at Denver.

Medicaid Funding: A portion of the annual funding for the Nurse Home Visitor Program is derived from Medicaid reimbursements. Grantee sites began billing the Department of Health Care Policy and Financing (HCPF) for Medicaid reimbursements for Targeted Case Management (TCM) services in FY2004-05. Among the activities conducted by nurse home visitors that qualify as TCM services, approximately 75 percent are eligible for Medicaid reimbursement. For FY2012-13, CDPHE estimated that grantees would collect \$1,236,516 in Medicaid funds. As of July 2013, HCPF reported paying \$964,071 in TCM claims to grantee sites between July 1, 2012 and June 30, 2013. The difference between the estimate and the actual amount claimed is a result of grantees billing for fewer Medicaid services than anticipated.

Accomplishments: The grants awarded for FY2012-13 funded services in 53 of the state's 64 counties. The FY2012-13 awards were given to a total of 19 agencies to serve a total of 2,490 families. The final spending authority was unchanged from FY2011-12 to FY2012-13, so funding was not sufficient to provide for program expansion.

A continuation grant application process was conducted in February 2012 to determine FY2012-13 awards. As the agency responsible for programmatic oversight and monitoring, the National Center for Children, Families and Communities (the National Center) at the University of Colorado at Denver designated its subcontractors, the Nurse-Family Partnership National Service Office (NFPNSO) and Invest in Kids, to review applications and make funding recommendations to the Colorado State Board of Health (Board of Health).

¹ 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.

All of the Nurse Home Visitor Program grantees provided services in accordance with the training requirements, program protocols, program management information system and program evaluation requirements of the Nurse-Family Partnership (NFP) model. The NFP is the nurse home visitation intervention model developed and tested by Dr. David Olds and colleagues.

The Nurse-Family Partnership National Service Office completed an evaluation of each local program funded in FY2012-13, noting those that have been successful in implementing the NFP model. Data were analyzed for the 16,682 women enrolled in the program from inception in January 2000 - June 30, 2013. Below are some of the outcome highlights for Colorado NFP sites. The complete 2013 evaluation report provided by the Nurse-Family Partnership National Service Office is attached.

- A statistically significant reduction of 21% in smoking during pregnancy (16% national NFP)
- A 63% reduction in marijuana use during pregnancy.
- A 32% reduction in alcohol use during pregnancy.
- A 49% reduction in experience of violence during pregnancy.
- 9.9% preterm birth rate (9.8% national NFP); rates of predominant ethnic groups were:
 - 8.3% for Hispanics (8.3% national NFP),
 - 9.1% for Whites (9.1% national NFP), and
 - 10.7% for multiracial/others (7.8% national NFP).
- 9.2% low birth weight rate (8.4% national NFP); rates for predominant ethnic groups were:
 - 8.9% for Hispanics (7.5% national NFP),
 - 9.2% for White (7.3% national NFP), and
 - 10.1% for multiracial/others (6.9% national NFP).
- For the ASQ at 4 months infancy, 96% of children were assessed and 6% needed a referral. At 20 months infancy, 95% of children were assessed and 7% needed a referral.
- At 12 months of infant age, 86% of infants were fully immunized (87% national NFP). By 24 months of child's age, 90% were fully immunized (92% national NFP).
- 92% of clients initiated breastfeeding (80% national NFP); 36% of clients were breastfeeding at 6 months (29% national NFP); 21% of clients were breastfeeding at 12 months of infancy (17% national NFP).
- At 12 months postpartum, 11% of clients reported a subsequent pregnancy (12% national NFP).
- 29% of clients reported subsequent pregnancies within 24 months of birth of their child (29% national NFP).
- Of those who entered the program without a high school diploma or GED, 40% completed their diploma/GED by program completion (40% national NFP) and 14% were continuing their education beyond high school (14% national NFP); an additional 17% were still working toward their diploma/GED (19% national NFP).
- 73% of Colorado NFP clients 18 years or older at intake (70% national NFP) and 61% of those 17 years or younger (57% national NFP) were working at program completion.

House Bill 13-1117 and Nurse Home Visitor Program Transfer: The vision of early childhood partners in Colorado to establish a state office focused exclusively on early childhood was realized in 2012 when the Office of Early Childhood (OEC) was officially established by Executive Order of the Governor in the Colorado Department of Human Services (CDHS) and early childhood programs domiciled in various divisions of CDHS were consolidated within the new Office. The 2013 General Assembly passed legislation to move early childhood programs located by statute in other state agencies to the OEC, facilitating a further consolidation of programs serving families and young children. The home visiting programs, including the Nurse Home Visitor Program, at the Colorado Department of Public Health and Environment (CDPHE) began transitioning to the OEC on July 1, 2013. CDHS now has statutory responsibility for the NHVP, including producing the Annual Fiscal Report as of FY13-14.

Conclusion: CDPHE and the National Center administer the Nurse Home Visitor Program with the goal of reaching all first-time, low-income mothers in the state who consent to participate. The target population eligible for services under the Nurse Home Visitor Program is estimated to be between 11,278 and 12,712 women per year, according to the 2012 estimate derived from the Prenatal Risk Assessment Monitoring System (PRAMS). In FY2012-13, statewide funding was provided to serve 2,490 women. While there are more mothers yet to reach, the Nurse Home Visitor Program has made progress in serving some of Colorado's highest risk first-time mothers and children. These mothers and babies have benefited greatly from the care and education provided by the nurse home visitors, including healthier pregnancies and better early childhood outcomes.

I. ADMINISTRATIVE REPORT

A. Amount of Tobacco Master Settlement Agreement monies received

For FY2012-13, \$13,037,008 of Tobacco Master Settlement Agreement (MSA) funds were appropriated in the Long Bill for the Nurse Home Visitor Program. The appropriation was reduced by \$299,658 due to lower-than-projected MSA revenues for the year, so the final FY 2012-13 spending authority was \$12,737,350.

B. Description of program

The Nurse Home Visitor Program funds services for nurse home visitors who work with low-income, first-time pregnant women from early in pregnancy through the child's second birthday. Participants receive educational and health services designed to promote healthier pregnancies and birth outcomes, improve child health and development, and enhance the self-sufficiency of the young families. Services are provided through home visits that occur weekly or biweekly. Topics addressed in the home visits focus on maternal and prenatal health care, including the reduction or cessation of smoking and substance use, care giving for newborns, child health and development, and home safety. In addition, information regarding access to needed health, social, educational and employment resources is provided. Through the relationships that are established, the nurse home visitors help young mothers develop knowledge, skills and confidence to provide for their children's needs and achieve their personal goals.

Research has substantiated that short-term and long-term improvements in the health and the lives of mothers and their children have resulted when specially trained nurses provide home visitation services for low-income, first-time mothers.¹ 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.

Legislative History

As outlined in statute and beginning with a limited number of participants in FY2000-01, the Nurse Home Visitor Program is charged with serving low-income, first-time mothers in the state who consent to participate. The number of families served is contingent upon the funding appropriated to the Nurse Home Visitor Program each year. Throughout the history of the program, there has been legislative action to adjust the percentage increase appropriated to the program from the MSA funds, with funding capped at \$19 million. The table below details the impacts of legislation by fiscal year.

¹ 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.

Legislation	Amount of Funding Appropriated to the NHVP	Fiscal Years Affected
House Bill 04-1421	9% of the MSA funds	FY2005-06
House Bill 04-1421	Increase by 1% each year (unless otherwise appropriated by legislative action)	FY2005-06 through FY2013-14
House Bill 04-1421	19% of the MSA funds not to exceed \$19 million in any fiscal year	FY2014-15 and each year thereafter
24-75-1104.5 (1) (a), C.R.S.	11% of the MSA dollars	FY2006-07
24-75-1104.5 (1) (a), C.R.S.	1 % increase each year from FY2006-07 appropriation	FY2007-08 and FY2008-09
24-75-1104.5 (1) (a), C.R.S.	13% of MSA funds	FY2009-10
24-75-1104.5 (1) (a), C.R.S.	14% of MSA funds	FY2010-11
Senate Bill 11-224	14% of MSA funds or \$12,737,350 (whichever is greater)	FY2011-12 and FY2012-13
Senate Bill 11-224	15% of MSA dollars	FY2013-14
Senate Bill 11-224	Increase by 1% each year	FY2014-15 through FY2017-18
Senate Bill 11-224	19% of the MSA funds not to exceed \$19 million	FY2017-18 and beyond, in perpetuity
House Bill 13-1180	Restores the distribution of MSA moneys to the NHVP, less amounts that are redirected to the Defense Account of the Tobacco Litigation Settlement Cash Fund	FY2013-14 through FY2015-16
House Bill 13-1181	Unspent moneys for the fiscal year shall remain in the fund, up to a maximum of 5% of the amount appropriated	FY2012-13 and beyond, in perpetuity

Target population

The target population for the Nurse Home Visitor Program is first-time pregnant women whose incomes are 200 percent of the Federal Poverty Level or less. Services are provided from the time of enrollment during pregnancy, or within one month postpartum, through the child’s second birthday. Enrollment in the program is encouraged as early in pregnancy as possible.

Between 11,278 and 12,712 women are estimated to be eligible for NHVP services per year. This 2012 estimate is based on data from the Prenatal Risk Assessment Monitoring System (PRAMS), an annual survey conducted since 1997 by the Center for Health and Environmental Information and Statistics at the Colorado Department of Public Health and Environment (CDPHE).

Numbers served

Since the inception of the Nurse Home Visitor Program through June 30, 2013, there have been 16,682 participants enrolled in the program. Success for the NHVP is measured by several outcomes, e.g. educational attainment, self-sufficiency, birth weight, breastfeeding rates, tobacco and substance use. Clients who completed and exited the program upon their child’s second birthday are counted as graduates; since January, 2000 4,733 clients have graduated from the program. In FY2012-13, 19 local entities were funded to serve a total of 2,490 families. “Families” refers to the pregnant woman or to the mother, her child and the father of the baby, if present. For FY12-13, the median age of participants was

20 years. Fifty percent of enrollees completed high school or received General Educational Development (GED) certificates. Non-high school graduates had a median education of 9 years. Seventy-eight percent of mothers were unmarried; eighty-two percent were unemployed; and seventy-two percent reported using Medicaid at program intake. The largest proportion of participants identified themselves as White, non-Hispanic (forty-nine percent) or Hispanic (forty-four percent). The attached Nurse-Family Partnership National Service Office evaluation report includes more complete client demographics.

Services provided

The nurse visitors conducted home visits at weekly or biweekly intervals depending upon the stage of pregnancy, the age of the child and/or the needs of the mother. The visits averaged 70 to 72 minutes in length. Nurses followed specific visit guidelines that focused on five domains: personal health of the client, environmental health, the client's life course development, maternal role, and relationships with family and friends. The nurse home visitors reviewed 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; and education and employment goals.

C. Program operation

Grant award process

Upon implementation of The Nurse Home Visitor Program in FY2000-01, rules were written and adopted by the Colorado State Board of Health (Board of Health) and a competitive grant application process was established by CDPHE. The first grants were awarded for January through June 2001. Subsequent grant application processes have been administered annually in the spring with grants funded for the state fiscal year beginning July 1.

The grant application process enables CDPHE to award funds to entities that provide nurse home visitor services in alignment with the program protocols and requirements established by the Board of Health. All funded entities implement the Nurse-Family Partnership (NFP) model developed by Dr. David Olds and associates of the National Center for Children, Families and Communities (the National Center) at the University of Colorado at Denver.

The grant application process, as established in statute, allows applicants to propose the implementation of alternative nurse home visitor program models provided they have been in existence in Colorado for a minimum of five years, as of July 1, 1999. Alternate models must also 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, in the thirteen grant application cycles thus far, no applications have been funded for an alternative nurse home visitor program because the criteria for an alternative program were not met.

For each of the grant cycles, CDPHE conducted a technical review of the applications to ensure that all basic elements were addressed. The applications were forwarded to the Nurse-Family Partnership National Service Office, the entity designated by the National Center to assist the Board of Health in selection of the local entities to be funded, for the content review. Four program reviewers and three fiscal reviewers read each application. The nurse consultants from Invest in Kids, another subcontractor of the National Center, provided the reviewers with site-specific summaries of their work with the existing grantees as a supplement to the application review process. The recommendations for funding were presented to the Board of Health and were subsequently approved during the Board's April meeting.

Since the program's inception in 2000, Nurse Home Visitor Program funds have been allocated as follows:

FY2000-01 – Awards totaling \$2,375,744 were granted to 12 local entities to provide services for 1,150 families in 33 of the state's 64 counties. As this was the first year of the program, the grants were for only a six-month period, from January 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 the service area.

FY2001-02 – Awards totaled \$4,532,835 and included continuation of funding to the 12 original local entities, plus grants to two new local agencies, bringing the number of counties with available services to 38 and the 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.

FY2002-03 – Awards totaled \$6,066,055 expanding 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 FY2001-02, an expansion grant for an additional 100 families to one of the grantees; and the provision of 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, due to insufficient funds to support services for the full 12-month period.

FY2003-04 – Continuation of funding for the 17 grantees selected in FY2002-03 totaled \$6,587,324 expanding the program availability to 1,637 families in 49 of the state's 64 counties. The FY2003-04 program list indicates 17 grantees, instead of 18, because in FY2003-04 two Jefferson County programs merged into one. Due to funding limitations no new grant applications were recommended for awards.

FY2004-05 – Beginning with FY2004-05, funding for the program became a combination of MSA funds and Medicaid revenue generated by sites directly billing and receiving Medicaid reimbursements for targeted case management (TCM) services. FY2004-05 MSA awards for the same 17 grantees selected in FY2003-04 totaled \$5,584,965, expanding program availability to 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 \$8,063,024 for FY2004-05. As of August 2005, Department of Health Care Policy and Financing (HCPF) reported paying \$2,469,800 in Medicaid claims.

FY2005-06 – Awards totaled \$7,051,543 and included funds for the 17 FY2004-05 grantees plus two expansion grants and one new award for 18 grantees to serve 2,162 families in 50 of the state's 64 counties. Estimated Medicaid revenue for the sites was set at \$2,358,419, for a combined funding amount of \$9,409,962 for FY2005-06. As of August 2006, HCPF reported paying \$2,721,774 in Medicaid claims.

FY2006-07 – Awards totaling \$7,350,203 were granted to the 18 entities funded in FY2006-07, including one expansion grant, for services to 2,187 families in 51 of the state's 64 counties. Medicaid revenue for the sites was estimated at \$2,576,284, for a combined funding amount of \$9,926,487 for FY2006-07. As of August 2007, HCPF reported paying \$2,735,407 in Medicaid claims.

FY2007-08 – Awards totaling \$8,193,180 were granted to the 18 grantees funded in FY2006-07, including three expansion grants, for services to 2,358 families in 52 of the state's 64 counties. Medicaid revenue for the sites was estimated at \$2,773,430, for a combined funding amount of \$10,966,610 for FY2007-08. As of August 2008, HCPF reported paying \$2,875,461 in Medicaid claims.

FY2008-09 – Awards totaled \$9,895,501 and included funds for the 18 grantees funded in FY2007-08, including three expansion grants and a new grant award, for services to 2,590 families in 53 of the state's 64 counties. Medicaid revenue for the sites was estimated at \$2,838,736, for a combined funding amount of \$12,734,237 for FY2008-09. As of August 2009, HCPF reported paying \$3,104,604 in Medicaid claims.

FY2009-10 – Awards totaled \$11,668,449 and included funds for the 19 grantees funded in FY2008-09 for services to 2,590 families in 53 of the state's 64 counties. Medicaid revenue for the sites was reduced from previous years' estimates to \$1,274,413 as a result of the new, significantly lower Medicaid reimbursement rates effective June 26, 2009. The reimbursement rates were approximately 10 percent of the previous rate. The combined funding amount for FY2009-10 was \$12,942,862. As of September 2010, HCPF reported paying \$766,256 in Medicaid claims during FY2009-10.

FY2010-11– Initial awards totaled \$11,593,603 and included funds for the 19 grantees funded in FY2009-10. Services were provided to 2,590 families in 53 of the state's 64 counties. Medicaid revenue for the sites was estimated at \$1,262,411 for a combined funding amount of \$12,856,014 for FY2010-11. HCPF reported paying \$1,062,564 in Medicaid claims. Northeast Colorado Health Department's funding was discontinued beginning October 2010 due to the agency's inability to meet the standards of the evidence-based program. A second round of a request for applications resulted in Kit Carson County Health and Human Services receiving an award in the amount of \$212,627 to serve Kit Carson, Lincoln, Elbert and Cheyenne counties beginning in January 2011.

FY2011-12– Initial awards totaled \$11,898,155 and included funds for the 19 grantees funded in FY2010-11 for services to 2,515 families in 50 of the state's 64 counties. Medicaid revenue for the sites was estimated at \$1,258,410 for a combined funding amount of \$13,156,565 for FY2011-12. Senate Bill 11-224 and 11-76 reduced the FY2011-12 total appropriation, so awards were reduced to \$11,507,896. The combined final award amount (NHVP and Medicaid) for the 19 grantees for FY2011-12 is \$12,766,306.

FY2012-13- Initial awards totaled \$11,141,152 and included funds for the 19 grantees funded in FY2011-12 for services to 2,490 families in 53 of the state's 64 counties. Medicaid revenue for the sites is estimated at \$1,263,516 for a combined funding amount of \$12,404,608 for FY2012-13.

FY2013-14- Initial awards totaled \$12,461,716 to serve 2,557 families in 58 of the state's 64 counties. Medicaid revenue for the sites is estimated at \$1,132,254 for a combined funding amount of \$13,593,970 for FY2012-13. The NHVP received a continuation application from eighteen of the nineteen previous program grantees. There were three new applicants, which include two from agencies that previously implemented the NHVP together (Montezuma and San Juan Counties), and now implement the program separately. In addition, the Baby Bear Hugs agency in northeast Colorado completed the NHVP application and is implementing the program for the first time. These expansions significantly broaden the ability of the program to serve families in the northeast and southwest corners of the state.

Please see Attachment A 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; and Attachment B for a map of the FY2012-13 counties served.

Effectiveness in achieving goals of the 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 with available services from 33 in the first year to 53 counties in FY2012-13. CDPHE administers the contracts with the local entities and shares oversight duties with the National Center; the Nurse-Family

Partnership National Service Office; 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, 2013, the number of participants enrolled in the program has grown to 16,682.

The Nurse-Family Partnership National Service Office, in collaboration with the National Center, is responsible for evaluating program effectiveness and has produced a detailed program implementation and evaluation report, which has been submitted as an attachment to this summary. The Nurse-Family Partnership National Service Office maintains the program database, is responsible for data collection and reporting- including the preparation of the Colorado evaluation report, as well as provides NFP education to nurses. Invest in Kids provides ongoing training and technical assistance for local nurse home visitors, nurse supervisors and clerical data staff, including technical assistance related to caseload, and offers site development and nurse consultation.

In the attached 2013 evaluation report, the Nurse-Family Partnership National Service Office identifies the outcomes achieved by local grantees. They include:

- A statistically significant reduction of 21% in smoking during pregnancy (16% national NFP)
- A 63% reduction in marijuana use during pregnancy.
- A 32% reduction in alcohol use during pregnancy.
- A 49% reduction in experience of violence during pregnancy.
- 9.9% preterm birth rate (9.8% national NFP); rates of predominant ethnic groups were:
 - 8.3% for Hispanics (8.3% national NFP),
 - 9.1% for Whites (9.1% national NFP), and
 - 10.7% for multiracial/others (7.8% national NFP).
- 9.2% low birth weight rate (8.4% national NFP); rates for predominant ethnic groups were:
 - 8.9% for Hispanics (7.5% national NFP),
 - 9.2% for White (7.3% national NFP), and
 - 10.1% for multiracial/others (6.9% national NFP).
- For the ASQ at 4 months infancy, 96% of children were assessed and 6% needed a referral. At 20 months infancy, 95% of children were assessed and 7% needed a referral.
- At 12 months of infant age, 86% of infants were fully immunized (87% national NFP). By 24 months of child's age, 90% were fully immunized (92% national NFP).
- 92% of clients initiated breastfeeding (80% national NFP); 36% of clients were breastfeeding at 6 months (29% national NFP); 21% of clients were breastfeeding at 12 months of infancy (17% national NFP).
- At 12 months postpartum, 11% of clients reported a subsequent pregnancy (12% national NFP). 29% of clients reported subsequent pregnancies within 24 months of birth of their child (29% national NFP).
- Of those who entered the program without a high school diploma or GED, 40% completed their diploma/GED by program completion (40% national NFP) and 14% were continuing their education beyond high school (14% national NFP); an additional 17% were still working toward their diploma/GED (19% national NFP).
- 73% of Colorado NFP clients 18 years or older at intake (70% national NFP) and 61% of those 17 years or younger (57% national NFP) were working at program completion.
- Clients worked an average of 6 months during the first postpartum year (5.7 national NFP), and 8 months during the second postpartum year (7.8 national NFP).
- CDPHE collaborated with the National Center, the Nurse-Family Partnership National Service Office, and Invest in Kids to develop and implement methods to monitor operational effectiveness and promote improved fiscal and programmatic performance.

D. Costs incurred by the program

For FY2012-13, \$13,037,008 of Tobacco Master Settlement Agreement (MSA) funds were appropriated in the Long Bill for the Nurse Home Visitor Program. The appropriation was reduced by \$299,658 due to lower-than-projected MSA revenues, so the final FY 2012-13 spending authority was \$12,737,350.

Table 1

Description:	FY2011-12 Amount:
FY2012-13 Long Bill, Nurse Home Visitor Program (NHVP) Tobacco Master Settlement Agreement (MSA)	\$13,037,008
FY2012-13 Adjustments to the NHVP: Fewer MSA funds were collected than anticipated at the time the Long Bill was signed.	\$299,658
Total NHVP Revenues Received from Treasury	\$12,737,350
Less FY2012-13 Expenditures:	
Local Agencies	\$10,903,007
University of Colorado at Denver, the National Center	\$382,121
Colorado Department of Public Health and Environment Administration	\$261,369
Medicaid match to the Department of Health Care Policy and Financing	\$481,337
MSA Oversight	\$94
Total FY2012-13 Expenditures	\$12,027,928
Over Estimated Accounts Payable	\$ 65,096
Total FY2012 -13 Expenditures including Over Estimated Accounts Payable	\$12,093,024
HB13-1181 Retention Allowed	\$644,326
Reverted Spending Authority in FY2012-13:	\$ 0

The amount of Nurse Home Visitor Program MSA funds expended by local agencies and the state for the administration of the program in FY2012-13, as reflected in the financial system at the end of the fiscal year, was \$12,093,024, with an unspent balance of \$644,326. As a result of HB13-1181, a balance of \$644,326 was allowed to be retained. The Nurse Home Visitor Program was transferred from CDPHE to the Colorado Department of Human Services (CDHS) as a result of HB13-1117. The unspent balance of \$644,326 was added to CDHS's FY13-14 appropriation for the NHVP. This resulted in a reconciled total for expenditures and retained amount of \$12,737,350. A total of \$0 was reverted to Treasury. The estimated Medicaid match was \$631,578; total billing for NHVP's match was actually \$481,337.

Since the inception of the Nurse Home Visitor Program through June 30, 2013, \$115,853,598 was spent as detailed below. The cost to the state per family financed by MSA dollars through June 30, 2013 was \$6,945. This amount is derived by taking the total MSA funds used (\$115,853,598), including the Medicaid match, divided by the number of participants enrolled in the program (16,682).

The statutory allowance for program administrative costs is limited to five percent of the total appropriation. The program administrative costs for FY2012-13 totaled \$643,490 or five percent of the appropriation. The \$643,490 in program administrative expenses included the contract with the University of Colorado at Denver (\$382,121), MSA oversight (\$94), and CDPHE's administrative costs (\$261,369). CDPHE is directed to expend 95 percent of the total amount appropriated on program-related expenses. Local agencies under-spent their portion of the appropriation, including the Medicaid match, resulting in programmatic local agency expenses of \$11,384,344 for FY2012-13.

Total Nurse Home Visitor Program MSA Expended Funds

FY2000-01	\$ 1,340,566
FY2001-02	\$ 4,288,525
FY2002-03	\$ 5,560,660
FY2003-04	\$ 6,694,354
FY2004-05	\$ 7,573,845
FY2005-06	\$ 8,662,974
FY2006-07	\$ 8,974,714
FY2007-08	\$ 9,995,394
FY2008-09	\$ 12,361,408
FY2009-10	\$ 12,737,350
FY2010-11	\$13,152,160
FY2011-12	\$12,418,624
FY2012-13	\$12,093,024
TOTAL	\$ 115,853,598

Beginning July 1, 2004, funding for Nurse Home Visitor Program sites became a combination of state Nurse Home Visitor Program MSA dollars and Medicaid revenue. Local sites submitted TCM claims to Medicaid with reimbursements being paid directly to the local Nurse Home Visitor Programs. It was estimated that FY2012-13 grantees would collect \$1,263,516 in Medicaid funds. As of July 2013, HCPF reported paying \$964,071 in claims between July 1, 2012 and June 30, 2013.

II. ADDITIONAL INFORMATION REQUESTED OF THE NHVP

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

The National Center is the agency designated by the University of Colorado at Denver to assist the Board of Health in administering the Nurse Home Visitor Program. The National Center has subcontracted most of these responsibilities: nurse training, local program evaluation and annual reporting is conducted by the Nurse-Family Partnership National Service Office; and site development, nurse consultation and ongoing training and technical assistance is conducted by Invest in Kids. Data collection and reporting processes for program evaluation are managed by the Nurse-Family Partnership National Service Office. These data are used to inform the local program evaluation and to produce the annual outcome report. A number of the reports generated from the data are directly accessible to local program staff from the web-based data system. Nurse supervisors are encouraged to use these reports in the supervision of the nurse home visitors and the management of the local program operations. In addition, the Nurse-Family Partnership National Service Office produces comprehensive reports for all funded sites on a quarterly basis.

The attached 2013 Nurse Family-Partnership evaluation report represents analyses of data available from all sites from program initiation through June 30, 2013. Throughout the report, outcome indicators for Colorado NFP families are compared to the national sample of NFP participants.

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

In December 2010, the Nurse-Family Partnership National Service Office implemented the Efforts to Outcomes (ETO™) software system to capture data collected by the nurse home visitors. ETO™ is a web-based software system that enables the nurse to enter the information directly in the system and provides on-demand reporting capabilities at the agency level.

Although the ETO™ system is still in use for NFP data collection, the 2013 annual evaluation report differs from the 2012 report primarily because of a change in the data collection forms. These modifications in the data collection forms are due to requests from nurses in the field, as well as changes to meet requirements of the Affordable Care Act Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program. Below is a description of data collection changes found in the 2013 evaluation report. For footnotes and explanations of these changes, please refer to the attached Nurse-Family Partnership 2013 Evaluation Report.

- For FY12-13, Colorado received MIECHV funding to serve 13 clients in Pueblo County and 50 clients in Tri-County NFP. The Nurse-Family Partnership anticipates that their exclusion from the cumulative calculations would have little if any impact. These clients are included in all general calculations due to their small numbers. The inclusion of MIECHV clients is consistent with the FY11-12 Nurse-Family Partnership Evaluation Report.
- Calculations for referrals and client characteristics at intake were updated to align with the improvements made in the Nurse-Family Partnership National Service Office's standard Quarterly Report calculations.
- For intimate partner violence, the calculation was updated to use more specific questions indicating physical violence. The questions are specific to physical abuse and fear of the partner from the Nurse-Family Partnership standard Relationship Assessment.
- An additional form revision occurred in June of 2012. Data entry into ETO became available on August 20, 2012. It is possible that some data may appear as missing due to these mapping changes. Most

notable of the revisions in June 2012 were the changes to the education and income demographic questions.

The Nurse-Family Partnership National Service Office continues to provide Invest in Kids and local agencies with education, marketing, and advocacy resources. These resources included a Community PowerPoint presentation, fact sheets, brochures, and written client success stories aimed at increased public relations, and public policy initiatives to secure new federal funding and protect existing state and local dollars.

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

The target population eligible for services under the Nurse Home Visitor Program is estimated to be between 11,278 and 12,712 women per year, according to the 2012 estimate derived from PRAMS. Many of the women eligible for services under the Nurse Home Visitor Program are also eligible for Medicaid coverage. Analysis of the most recent PRAMS data suggests that 61 percent of first-time, pregnant women with incomes below 200 percent of the Federal Poverty Level are Medicaid-eligible. Reports submitted by local agencies indicate that a higher percentage of Medicaid-eligible clients are currently being enrolled in the NHVP due largely to effective local referral systems with community agencies and health care providers directing Medicaid-eligible, first-time pregnant women to the program. For FY2012-13, the NFPNSO reported the percentages of women using Medicaid between intake and 24 months of their child's age as seventy-two percent at intake, sixty percent at 6 months, fifty-three percent at 12 months, and forty-seven percent at 24 months. These figures are noteworthy because agencies are permitted to bill for Medicaid services under the NHVP until the child's second birthday.

CDPHE, in accordance with the Nurse Home Visitor Program statutory directive, worked with HCPF 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 (TCM). TCM includes four core activities:

1. Assessment of the first-time pregnant woman and her first child's needs for health, mental health, social services, education, housing, childcare and related services;
2. Development of care plans to obtain the needed services;
3. Referral to resources to obtain the needed services, including medical providers who provide care to a first-time pregnant woman and her first child; and
4. Routine monitoring and follow-up visits with the women where progress in obtaining the needed services is monitored, problem -solving assistance is provided and the care plans are revised to reflect the woman's and child's current needs.

The nurse home visitors provide TCM by conducting a needs assessment and developing a life plan with the mother; providing education and counseling so the mother may learn how to access services or to meet needs on her own; and by monitoring and reinforcing progress toward achieving her plan. Medicaid reimbursement is claimed for the TCM services provided for those families who are Medicaid-eligible. MSA dollars are used to pay 50 percent of the state Medicaid match costs and federal funds cover the other 50 percent.

D. Areas for future development.

1) Colorado was awarded formula-based funding in 2011 to expand evidence-based home visiting programs in high-risk communities through the Affordable Care Act – Maternal, Infant and Early Childhood Home Visiting Program (MIECHV). The Nurse-Family Partnership model is one of thirteen evidence-based models approved for funding under MIECHV, and one of five funded in Colorado. Expansions of Nurse-Family Partnership Programs in Adams and Pueblo counties began October 1, 2011, along with expansions of Parents as Teachers (PAT) and Home Instruction for Parents of Preschool Youngsters (HIPPO) programs. In Federal Fiscal Year (FFY) 2012, Denver, Alamosa, Saguache, Costilla, Crowley and Otero counties expanded existing evidence-based models with MIECHV funding, including the Healthy Steps and SafeCare models. Colorado was awarded a MIECHV competitive grant in April 2012 that is supporting further program expansion in Adams, Denver, Morgan, and Mesa counties. In order to continue receiving MIECHV funds, states must demonstrate progress in six legislatively mandated benchmark areas and must maintain state level investments in evidence-based home visiting programs at the March, 2010 level.

2) Early childhood systems building activities at the state and local level are also a priority for the MIECHV program. The Colorado Home Visiting plan calls for investments in local Early Childhood Councils to strengthen infrastructure support for home visiting programs in the identified at-risk communities, including activities that build and strengthen partnerships, develop public/private funding activities, address local policy issues, build public engagement, promote shared accountability, and generate education and leadership opportunities.

3) Staff from CDPHE, HCPF, the National Center and Invest in Kids, with support from the NFPNSO Medicaid Policy Director, have been meeting as a group to investigate additional opportunities for Medicaid reimbursement for home visiting services.

III. CHANGES TO THE NURSE HOME VISITOR PROGRAM TO ENABLE IT TO RECEIVE MEDICAID FUNDING

As directed by the Colorado Nurse Home Visitor Program Act, CDPHE staff, in conjunction with HCPF, established the necessary infrastructure for local grantees to obtain Medicaid reimbursement for TCM services of all TCM services, approximately 75 percent qualify for Medicaid reimbursement. Beginning July 1, 2004, funding for Nurse Home Visitor Program sites became a combination of state MSA funds and Medicaid revenue. Local sites submitted TCM claims to Medicaid with reimbursements being paid directly to the local Nurse Home Visitor Programs. CDPHE estimated that FY2012-13 grantees would collect \$1,263,516 in Medicaid funds. As of July 2013, HCPF reported paying \$964,071 in claims to local program grantees.

IV. CONCLUSION

CDPHE and the University of Colorado at Denver, through the National Center for Children, Families and Communities, administer the Nurse Home Visitor Program with the goal of reaching all first-time, low-income mothers in the state who consent to participate. Beginning July 1, 2013, following the promulgation of 26-6.4-101 C.R.S., NHVP is administered by the Colorado Department of Human Services in the Office of Early Childhood.

Since the program's inception in January 2000, the number of mothers served annually increased from 1,150 in FY2000-01 to 2,490 in FY2012-13. The Nurse-Family Partnership National Service Office reported the total participants served from January 2000 to June 30, 2013 as 16,682. The target population eligible for services under the Nurse Home Visitor Program is estimated to be between 11,278 and 12,712

women per year, according to the 2011 estimate derived from the Prenatal Risk Assessment Monitoring System. While there are more mothers yet to reach, the Nurse Home Visitor Program has made progress in serving some of Colorado's most vulnerable first-time mothers and children. These mothers and babies have benefited greatly from the care and education provided by the nurse home visitors, resulting in healthier pregnancies and better early childhood outcomes.

Nurse Home Visitor Program Grant Recipients

Boulder County Health Department

Counties to be Served:	Boulder
Families to be Served:	100
FY2002-03 Award:	\$395,614
FY2002-03 Reduced Award:	\$321,674
FY2003-04 Award:	\$384,279
FY2004-05 Award:	\$305,050 (Plus \$101,979 in estimated Medicaid revenue)
FY2005-06 Award:	\$327,918 (Plus \$101,979 in estimated Medicaid revenue)
FY2006-07 Award:	\$317,765 (Plus \$133,627 in estimated Medicaid revenue)
FY2007-08 Award:	\$326,791 (Plus \$146,991 in estimated Medicaid revenue)
FY2008-09 Award:	\$358,045 (Plus \$155,734 in estimated Medicaid revenue)
FY2009-10 Award:	\$491,232 (Plus \$47,839 in estimated Medicaid revenue)
FY2010-11 Award:	\$499,350 (Plus \$47,839 in estimated Medicaid revenue)
FY2011-12 Initial Award:	\$513,874 (Plus \$47,839 in estimated Medicaid revenue)
FY2011-12 Award (per SB 11-224)	\$497,019 (Plus \$47,839 in estimated Medicaid revenue)
FY2012-13 Award:	\$475,107 (Plus \$47,839 in estimated Medicaid revenue)
FY2013-14 Award:	\$503,978 (Plus \$43,427 in estimated Medicaid revenue)

Denver Health and Hospital Authority: Best Babies

Counties to be Served:	Denver
Families to be Served:	100
January-June 2001 Award:	\$231,558
FY2001-02 Award:	\$448,774
FY2002-03 Award:	\$408,662
FY2002-03 Reduced Award:	\$394,359
FY2003-04 Award:	\$439,867
FY2004-05 Award:	\$200,410 (Plus \$256,983 in estimated Medicaid revenue)
FY2005-06 Award:	\$366,931 (Plus \$173,184 in estimated Medicaid revenue)
FY2006-07 Award:	\$365,551 (Plus \$173,184 in estimated Medicaid revenue)
FY2007-08 Award:	\$384,925 (Plus \$180,569 in estimated Medicaid revenue)
FY2008-09 Award:	\$417,740 (Plus \$168,018 in estimated Medicaid revenue)
FY2009-10 Award:	\$511,375 (Plus \$68,487 in estimated Medicaid revenue)
FY2010-11 Award:	\$527,325 (Plus \$68,487 in estimated Medicaid revenue)
FY2011-12 Initial Award:	\$554,821 (Plus \$68,487 in estimated Medicaid revenue)
FY2011-12 Award (per SB 11-224)	\$536,623 (Plus \$68,487 in estimated Medicaid revenue)
FY2012-13 Award:	\$486,513 (Plus \$68,487 in estimated Medicaid revenue)
FY2013-14 Award:	\$581,227 (Plus \$43,616 in estimated Medicaid revenue)

Eagle County Health and Human Services

Counties to be Served:	Eagle
Families to be Served:	50
FY2008-09 Award:	\$304,116
FY2009-10 Award:	\$300,200 (Plus \$15,290 in estimated Medicaid revenue)
FY2010-11 Award:	\$305,058 (Plus \$15,290 in estimated Medicaid revenue)
FY2011-12 Initial Award:	\$305,044 (Plus \$15,290 in estimated Medicaid revenue)
FY2011-12 Award (per SB 11-224)	\$295,039 (Plus \$15,290 in estimated Medicaid revenue)

FY2012-13 Award:	\$286,598 (Plus \$15,290 in estimated Medicaid revenue)
FY2013-14 Award:	\$294,687 (Plus \$14,789 in estimated Medicaid revenue)

El Paso County Department of Health and Environment

Counties to be Served:	El Paso and Teller
Families to be Served:	300
January-June 2001 Award:	\$167,694
FY2001-02 Award:	\$273,844
FY2002-03 Award:	\$391,723
FY2002-03 Reduced Award:	\$352,880
FY2003-04 Award:	\$408,193
FY2004-05 Award:	\$247,743 (Plus \$164,891 in estimated Medicaid revenue)
FY2005-06 Award:	\$270,665 (Plus \$164,891 in estimated Medicaid revenue)
FY2005-06 Expansion Award:	\$391,859
FY2006-07 Award:	\$674,971 (Plus \$185,877 in estimated Medicaid revenue)
FY2007-08 Award:	\$673,161 (Plus \$222,844 in estimated Medicaid revenue)
FY2007-08 Expansion Award:	\$427,357
FY2008-09 Award:	\$1,068,323 (Plus \$322,603 in estimated Medicaid revenue)
FY2009-10 Award:	\$1,335,767 (Plus \$107,917 in estimated Medicaid revenue)
FY2010-11 Award:	\$1,374,996 (Plus \$107,917 in estimated Medicaid revenue)
FY2011-12 Initial Award:	\$1,304,774 (Plus \$107,917 in estimated Medicaid revenue)
FY2011-12 Award (per SB 11-224)	\$1,261,977 (Plus \$107,917 in estimated Medicaid revenue)
FY2012-13 Award:	\$1,219,924 (Plus \$107,917 in estimated Medicaid revenue)
FY2013-14 Award:	\$1,258,235 (Plus \$107,917 in estimated Medicaid revenue)

Family Visitor Program

Counties to be Served:	Eagle, Garfield and Pitkin
Families to be Served:	100
January-June 2003 Award:	\$210,476
2003 Reduced Award:	\$127,720
FY2003-04 Award:	\$428,205
FY2004-05 Award:	\$339,824 (Plus \$117,927 in estimated Medicaid revenue)
FY2005-06 Award:	\$347,492 (Plus \$117,927 in estimated Medicaid revenue)
FY2006-07 Award:	\$411,781 (Plus \$76,909 in estimated Medicaid revenue)
FY2007-08 Award:	\$406,783 (Plus \$65,975 in estimated Medicaid revenue)
FY2008-09 Award:	\$466,337 (Plus \$71,530 in estimated Medicaid revenue)
FY2009-10 Award:	\$534,058 (Plus \$29,315 in estimated Medicaid revenue)
FY2010-11 Award:	\$562,316 (Plus \$29,315 in estimated Medicaid revenue)
FY2011-12 Initial Award:	\$576,780 (Plus \$29,315 in estimated Medicaid revenue)
FY2011-12 Award (per SB 11-224)	\$557,862 (Plus \$29,315 in estimated Medicaid revenue)
FY2012-13 Award:	\$537,504 (Plus \$29,315 in estimated Medicaid revenue)
FY2013-14 Award:	\$540,192 (Plus \$37,638 in estimated Medicaid revenue)

Jefferson County Department of Health and Environment

Counties to be Served:	Broomfield and Jefferson
Families to be Served:	200
January-June 2001 Award:	\$194,097
FY2001-02 Award:	\$383,297
FY2002-03 Award:	\$398,567
FY2002-03 Reduced Award:	\$264,472
FY2002-03 Expansion Award:	\$394,184

FY2003-04 Award:	\$831,954
FY2004-05 Award:	\$566,248 (Plus \$265,932 in estimated Medicaid revenue)
FY2005-06 Award:	\$593,604 (Plus \$231,396 in estimated Medicaid revenue)
FY2006-07 Award:	\$606,554 (Plus \$255,571 in estimated Medicaid revenue)
FY2007-08 Award:	\$550,451 (Plus \$352,051 in estimated Medicaid revenue)
FY2007-08 Expansion Award:	\$62,514
FY2008-09 Award:	\$738,753 (Plus \$334,175 in estimated Medicaid revenue)
FY2009-10 Award:	\$840,899 (Plus \$89,441 in estimated Medicaid revenue)
FY2010-11 Award:	\$802,432 (Plus \$89,441 in estimated Medicaid revenue)
FY2011-12 Initial Award:	\$718,636 (Plus \$89,441 in estimated Medicaid revenue)
FY2011-12 Award (per SB 11-224)	\$695,065 (Plus \$89,441 in estimated Medicaid revenue)
FY2012-13 Award:	\$685,746 (Plus \$78,260 in estimated Medicaid revenue)
FY2013-14 Award:	\$822,860 (Plus \$74,689 in estimated Medicaid revenue)

Kit Carson County Health and Human Services

Counties to be Served:	Cheyenne, Elbert, Kit Carson and Lincoln
Families to be Served:	50
January-June 2011 Award	\$212,627
FY2011-12 Initial Award:	\$329,206
FY2011-12 Award (after SB 11-224)	\$318,408
FY2012-13 Award:	\$284,493 (Plus \$26,562 in estimated Medicaid revenue)
FY2013-14 Award:	\$315,424 (Plus \$26,000 in estimated Medicaid revenue)

Larimer County Department of Health and Environment

Counties to be Served:	Larimer
Families to be Served:	200
FY2001-02 Partial Award:	\$ 42,250 (Total program costs \$332,450)
FY2002-03 Partial Award:	\$177,729 (Total program costs \$371,203)
FY2002-03 Reduced Award:	\$170,718
FY2003-04 Award:	\$382,778
FY2004-05 Award:	\$349,109 (Plus \$80,752 in estimated Medicaid revenue)
FY2004-05 Expansion Award:	\$355,624 (Plus \$80,752 in estimated Medicaid revenue)
FY2005-06 Award:	\$747,546 (Plus \$161,504 in estimated Medicaid revenue)
FY2006-07 Award:	\$738,909 (Plus \$161,504 in estimated Medicaid revenue)
FY2007-08 Award:	\$678,156 (Plus \$192,253 in estimated Medicaid revenue)
FY2008-09 Award:	\$731,447 (Plus \$164,914 in estimated Medicaid revenue)
FY2009-10 Award:	\$819,185 (Plus \$108,391 in estimated Medicaid revenue)
FY2010-11 Award:	\$859,936 (Plus \$108,391 in estimated Medicaid revenue)
FY2011-12 Initial Award:	\$863,000 (Plus \$108,391 in estimated Medicaid revenue)
FY2011-12 Award (per SB 11-224)	\$834,694 (Plus \$108,391 in estimated Medicaid revenue)
FY2012-13 Award:	\$854,710 (Plus \$108,391 in estimated Medicaid revenue)
FY2013-14 Award:	\$947,380 (Plus \$102,210 in estimated Medicaid revenue)

Mesa County Health Department

Counties to be Served:	Mesa
Families to be Served:	200
January-June 2001 Award:	\$172,105
FY2001-02 Award:	\$348,036
FY2002-03 Award:	\$395,205
FY2002-03 Reduced Award:	\$381,373
FY2003-04 Award:	\$400,953

FY2004-05 Award:	\$324,241 (Plus \$103,360 in estimated Medicaid revenue)
FY2004-05 Expansion Award:	\$162,121 (Plus \$51,680 in estimated Medicaid revenue)
FY2005-06 Award:	\$444,402 (Plus \$155,040 in estimated Medicaid revenue)
FY2006-07 Award:	\$474,374 (Plus \$155,040 in estimated Medicaid revenue)
FY2007-08 Award:	\$509,432 (Plus \$151,274 in estimated Medicaid revenue)
FY2007-08 Expansion Award:	\$187,253
FY2008-09 Award:	\$737,357 (Plus \$142,476 in estimated Medicaid revenue)
FY2009-10 Award:	\$821,426 (Plus \$102,398 in estimated Medicaid revenue)
FY2010-11 Award:	\$867,230 (Plus \$102,398 in estimated Medicaid revenue)
FY2011-12 Initial Award:	\$862,568 (Plus \$102,398 in estimated Medicaid revenue)
FY2011-12 Award (per SB 11-224)	\$834,276 (Plus \$102,398 in estimated Medicaid revenue)
FY2012-13 Award:	\$817,002 (Plus \$102,398 in estimated Medicaid revenue)
FY2013-14 Award:	\$811,298 (Plus \$102,398 in estimated Medicaid revenue)

Montezuma County Health Department

Counties to be Served:	Montezuma and Dolores
Families to be Served:	50
FY2013-14 Award:	\$295,566 (Plus \$19,346 in estimated Medicaid revenue)

Montrose County Public Health Nursing

Counties to be Served:	Delta, Gunnison, Montrose and Ouray
Families to be Served:	75
January-June 2001 Award:	\$182,659
FY2001-02 Award:	\$337,531
FY2002-03 Award:	\$292,935
FY2002-03 Reduced Award:	\$252,604
FY2003-04 Award:	\$262,687
FY2004-05 Award:	\$271,469 (Plus \$38,385 in estimated Medicaid revenue)
FY2005-06 Award:	\$249,215 (Plus \$39,385 in estimated Medicaid revenue)
FY2006-07 Award:	\$279,189 (Plus \$22,791 in estimated Medicaid revenue)
FY2007-08 Award:	\$257,704 (Plus \$56,427 in estimated Medicaid revenue)
FY2008-09 Award:	\$270,025 (Plus \$58,376 in estimated Medicaid revenue)
FY2009-10 Award:	\$293,499 (Plus \$51,322 in estimated Medicaid revenue)
FY2010-11 Award:	\$306,603 (Plus \$51,322 in estimated Medicaid revenue)
FY2011-12 Initial Award:	\$301,344 (Plus \$51,322 in estimated Medicaid revenue)
FY2011-12 Award (per SB 11-224)	\$291,460 (Plus \$51,322 in estimated Medicaid revenue)
FY2012-13 Award:	\$302,544 (Plus \$51,322 in estimated Medicaid revenue)
FY2013-14 Award:	\$317,621 (Plus \$44,940 in estimated Medicaid revenue)

Northwest Colorado Visiting Nurse Association

Counties to be Served:	Jackson, Moffat, Rio Blanco and Routt
Families to be Served:	50
January-June 2001 Award:	\$120,745
FY2001-02 Award:	\$195,974
FY2002-03 Award:	\$229,388
FY2002-03 Reduced Award:	\$217,645
FY2003-04 Award:	\$246,040
FY2004-05 Award:	\$218,541 (Plus \$66,125 in estimated Medicaid revenue)
FY2005-06 Award:	\$219,170 (Plus \$66,125 in estimated Medicaid revenue)
FY2006-07 Award:	\$234,063 (Plus \$61,286 in estimated Medicaid revenue)
FY2007-08 Award:	\$220,349 (Plus \$83,382 in estimated Medicaid revenue)

FY2008-09 Award:	\$224,967 (Plus \$92,251 in estimated Medicaid revenue)
FY2009-10 Award:	\$301,830 (Plus \$31,249 in estimated Medicaid revenue)
FY2010-11 Award:	\$302,079 (Plus \$31,249 in estimated Medicaid revenue)
FY2011-12 Initial Award:	\$310,921 (Plus \$31,249 in estimated Medicaid revenue)
FY2011-12 Award (per SB 11-224)	\$300,723 (Plus \$31,249 in estimated Medicaid revenue)
FY2012-13 Award:	\$291,499 (Plus \$31,249 in estimated Medicaid revenue)
FY2013-14 Award:	\$299,059 (Plus \$22,775 in estimated Medicaid revenue)

Prowers County Public Health Nursing Service

Counties to be Served:	Baca, Bent, Kiowa and Prowers
Families to be Served:	50
FY2001-02 Award:	\$238,797
FY2002-03 Award:	\$255,172
FY2002-03 Reduced Award:	\$228,872
FY2003-04 Award:	\$244,919
FY2004-05 Award:	\$207,952 (Plus \$62,852 in estimated Medicaid revenue)
FY2005-06 Award:	\$227,539 (Plus \$62,852 in estimated Medicaid revenue)
FY2006-07 Award:	\$196,460 (Plus \$108,451 in estimated Medicaid revenue)
FY2007-08 Award:	\$200,349 (Plus \$108,566 in estimated Medicaid revenue)
FY2008-09 Award:	\$215,474 (Plus \$109,136 in estimated Medicaid revenue)
FY2009-10 Award:	\$295,209 (Plus \$45,779 in estimated Medicaid revenue)
FY2010-11 Award:	\$312,245 (Plus \$45,779 in estimated Medicaid revenue)
FY2011-12 Initial Award:	\$329,701 (Plus \$45,779 in estimated Medicaid revenue)
FY2011-12 Award (per SB 11-224)	\$318,887 (Plus \$45,779 in estimated Medicaid revenue)
FY2012-13 Award:	\$313,782 (Plus \$45,779 in estimated Medicaid revenue)
FY2013-14 Award:	\$343,911 (Plus \$31,800 in estimated Medicaid revenue)

Pueblo Community Health Center

Counties to be Served:	Huerfano and Pueblo
Families to be Served:	125
January-June 2001 Award:	\$154,191
FY2001-02 Award:	\$420,271
FY2002-03 Award:	\$383,137
FY2002-03 Reduced Award:	\$369,727
FY2003-04 Award:	\$405,961
FY2004-05 Award:	\$239,801 (Plus \$167,880 in estimated Medicaid revenue)
FY2005-06 Award:	\$261,033 (Plus \$167,880 in estimated Medicaid revenue)
FY2005-06 Expansion Award:	\$125,657
FY2006-07 Award:	\$391,612 (Plus \$169,181 in estimated Medicaid revenue)
FY2007-08 Award:	\$438,362 (Plus \$146,890 in estimated Medicaid revenue)
FY2008-09 Award:	\$400,511 (Plus \$137,225 in estimated Medicaid revenue)
FY2009-10 Award:	\$513,265 (Plus \$51,358 in estimated Medicaid revenue)
FY2010-11 Award:	\$530,488 (Plus \$51,358 in estimated Medicaid revenue)
FY2011-12 Initial Award:	\$537,305 (Plus \$51,358 in estimated Medicaid revenue)
FY2011-12 Award (per SB 11-224)	\$519,681 (Plus \$51,358 in estimated Medicaid revenue)
FY2012-13 Award:	\$517,031 (Plus \$51,358 in estimated Medicaid revenue)
FY2013-14 Award:	\$472,392 (Plus \$78,298 in estimated Medicaid revenue)

Regional Home Visitation Program, dba Baby Bear Hugs

Counties to be Served:	Logan, Morgan, Phillips, Sedgwick, Washington, Yuma
Families to be Served:	50

FY2013-14 Award: \$327,187 (\$0 in estimated Medicaid revenue: sites in Year 1 of implementation are not required to bill Medicaid)

San Juan Basin Health Department

Counties to be Served: Archuleta, Dolores, La Plata, Montezuma and San Juan
Families to be Served: 108
January-June 2001 Award: \$195,913
FY2001-02 Award: \$358,936
FY2002-03 Award: \$395,726
FY2002-03 Reduced Award: \$372,612
FY2003-04 Award: \$378,951
FY2004-05 Award: \$215,809 (Plus \$193,079 in estimated Medicaid revenue)
FY2005-06 Award: \$236,334 (Plus \$193,079 in estimated Medicaid revenue)
FY2006-07 Award: \$235,525 (Plus \$204,742 in estimated Medicaid revenue)
FY2007-08 Award: \$275,060 (Plus \$187,042 in estimated Medicaid revenue)
FY2008-09 Award: \$291,119 (Plus \$188,914 in estimated Medicaid revenue)
FY2009-10 Award: \$409,269 (Plus \$67,850 in estimated Medicaid revenue)
FY2010-11 Initial Award: \$431,650 (Plus \$67,850 in estimated Medicaid revenue)
FY2011-12 Award (per SB 11-224) \$417,492 (Plus \$67,850 in estimated Medicaid revenue)
FY2012-13 Award: \$410,122 (Plus \$67,850 in estimated Medicaid revenue)
FY2013-14 Award: \$343,707 (Plus \$29,019 in estimated Medicaid revenue)

St. Anthony Health Foundation

Counties to be Served: Adams, Denver and Jefferson
Families to be Served: 200
FY2005-06 New Award: \$428,377
FY2006-07 Award: \$370,323 (Plus \$79,473 in estimated Medicaid revenue)
FY2007-08 Award: \$367,191 (Plus \$104,550 in estimated Medicaid revenue)
FY2008-09 Award: \$363,498 (Plus \$126,763 in estimated Medicaid revenue)
FY2008-09 Expansion Award: \$477,213
FY2009-10 Award: \$911,213 (Plus \$86,284 in estimated Medicaid revenue)
FY2010-11 Award: \$950,338 (Plus \$86,284 in estimated Medicaid revenue)
FY2011-12 Initial Award: \$989,848 (Plus \$86,284 in estimated Medicaid revenue)
FY2011-12 Award (per SB 11-224) \$957,381 (Plus \$86,284 in estimated Medicaid revenue)
FY2012-13 Award: \$864,140 (Plus \$86,284 in estimated Medicaid revenue)
FY2013-14 Award: \$874,155 (Plus \$84,000 in estimated Medicaid revenue)

Summit County Public Health Nursing

Counties to be Served: Chafee, Clear Creek, Gilpin, Lake, Park and Summit
Families to be Served: 157
January-June 2001 Award: \$202,875
FY2001-2002 Award: \$404,367
FY2002-2003 Award: \$403,471
FY2002-03 Reduced Award: \$384,846
FY2003-04 Award: \$422,307
FY2004-05 Award: \$327,950 (Plus \$126,365 in estimated Medicaid revenue)
FY2005-06 Award: \$343,795 (Plus \$126,365 in estimated Medicaid revenue)
FY2006-07 Award: \$312,142 (Plus \$144,823 in estimated Medicaid revenue)
FY2006-07 Expansion: \$164,371
FY2007-08 Award: \$556,645 (Plus \$142,852 in estimated Medicaid revenue)
FY2008-09 Award: \$584,071 (Plus \$155,038 in estimated Medicaid revenue)

FY2008-09 Expansion Award:	\$158,066
FY2009-10 Award:	\$840,791 (Plus \$66,474 in estimated Medicaid revenue)
FY2010-11 Award:	\$832,090 (Plus \$64,474 in estimated Medicaid revenue)
FY2011-12 Initial Award:	\$859,521 (Plus \$66,474 in estimated Medicaid revenue)
FY2011-12 Award (per SB 11-224)	\$831,329 (Plus \$66,474 in estimated Medicaid revenue)
FY2012-13 Award:	\$740,889 (Plus \$55,838 in estimated Medicaid revenue)
FY2013-14 Award:	\$743,915 (Plus \$46,000 in estimated Medicaid revenue)

Tri-County Health Department

Counties to be Served:	Adams, Arapahoe and Douglas
Families to be Served:	250
January-June 2001 Award:	\$195,276
FY2001-02 Award:	\$360,929
FY2002-03 Award:	\$365,980
FY2002-03 Reduced Award:	\$345,515
FY2003-04 Award:	\$373,131
FY2004-05 Award:	\$244,265 (Plus \$153,891 in estimated Medicaid revenue)
FY2004-05 Expansion Award:	\$254,188 (Plus \$153,891 in estimated Medicaid revenue)
FY2005-06 Award:	\$480,843 (Plus \$307,782 in estimated Medicaid revenue)
FY2006-07 Award:	\$520,274 (Plus \$307,782 in estimated Medicaid revenue)
FY2007-08 Award:	\$608,072 (Plus \$246,197 in estimated Medicaid revenue)
FY2008-09 Award:	\$656,428 (Plus \$240,100 in estimated Medicaid revenue)
FY2008-09 Expansion Award:	\$272,526
FY2009-10 Award:	\$1,053,243 (Plus \$121,284 in estimated Medicaid revenue)
FY2010-11 Award:	\$904,693 (Plus \$121,284 in estimated Medicaid revenue)
FY2011-12 Initial Award:	\$923,161 (Plus \$121,284 in estimated Medicaid revenue)
FY2011-12 Award (per SB 11-224)	\$892,881 (Plus \$121,284 in estimated Medicaid revenue)
FY2012-13 Award:	\$874,435 (Plus \$121,284 in estimated Medicaid revenue)
FY2013-14 Award:	\$1,078,497 (Plus \$115,392 in estimated Medicaid revenue)

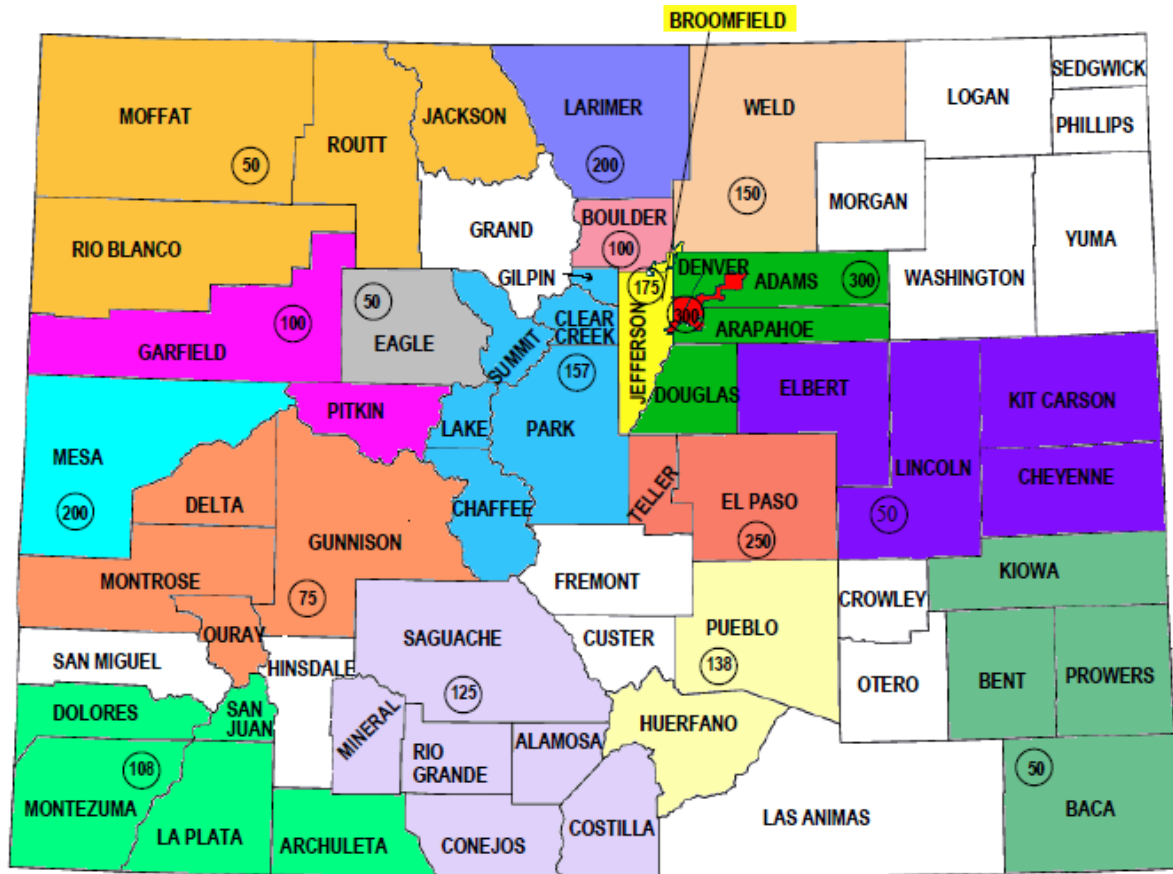
Valley-Wide Health Services, Inc.

Counties to be Served:	Alamosa, Conejos, Costilla, Mineral, Rio Grande and Saguache
Families to be Served:	125
January-June 2001 Award:	\$176,731
FY2001-02 Award:	\$398,895
FY2002-03 Award:	\$410,157
FY2002-03 Reduced Award:	\$369,153
FY2003-04 Award:	\$393,833
FY2004-05 Award:	\$348,243 (Plus \$53,977 in estimated Medicaid revenue)
FY2004-05 Expansion Award:	\$80,996 (Plus \$13,494 in estimated Medicaid revenue)
FY2005-06 Award:	\$368,048 (Plus \$66,736 in estimated Medicaid revenue)
FY2006-07 Award:	\$422,775 (Plus \$123,657 in estimated Medicaid revenue)
FY2007-08 Award:	\$407,082 (Plus \$153,219 in estimated Medicaid revenue)
FY2008-09 Award:	\$428,197 (Plus \$160,671 in estimated Medicaid revenue)
FY2009-10 Award:	\$521,393 (Plus \$89,935 in estimated Medicaid revenue)
FY2010-11 Award:	\$552,053 (Plus \$89,935 in estimated Medicaid revenue)
FY2011-12 Initial Award:	\$565,047 (Plus \$89,935 in estimated Medicaid revenue)
FY2011-12 Award (per SB 11-224)	\$546,513 (Plus \$89,935 in estimated Medicaid revenue)
FY2012-13 Award:	\$540,224 (Plus \$89,936 in estimated Medicaid revenue)
FY2013-14 Award:	\$578,811 (Plus \$58,000 in estimated Medicaid revenue)

Weld County Department of Public Health and Environment

Counties to be Served:	Weld
Families to be Served:	150
January-June 2001 Award:	\$175,831
FY2001-02 Award:	\$320,933
FY2002-03 Award:	\$342,758
FY2002-03 Reduced Award:	\$326,347
FY2003-04 Award:	\$366,231
FY2004-05 Award:	\$285,770 (Plus \$112,884 in estimated Medicaid revenue)
FY2004-05 Expansion Award:	\$158,801 (Plus \$56,442 in estimated Medicaid revenue)
FY2005-06 Award:	\$478,819 (Plus \$168,756 in estimated Medicaid revenue)
FY2006-07 Award:	\$466,320 (Plus \$168,756 in estimated Medicaid revenue)
FY2007-08 Award:	\$500,105 (Plus \$166,547 in estimated Medicaid revenue)
FY2008-09 Award:	\$530,549 (Plus \$159,188 in estimated Medicaid revenue)
FY2009-10 Award:	\$637,892 (Plus \$77,797 in estimated Medicaid revenue)
FY2010-11 Award:	\$630,921 (Plus \$77,797 in estimated Medicaid revenue)
FY2011-12 Initial Award:	\$620,954 (Plus \$77,797 in estimated Medicaid revenue)
FY2011-12 Award (after SB 11-224)	\$600,587 (Plus \$77,797 in estimated Medicaid revenue)
FY2012-13 Award:	\$638,889 (Plus \$77,797 in estimated Medicaid revenue)
FY2013-14 Award:	\$730,958 (Plus \$50,000 in estimated Medicaid revenue)

Colorado Nurse Home Visitor Program Sites FY12-13



○ Numbers of NFP families served at each site

<ul style="list-style-type: none"> Southwest Colorado NFP (San Juan Basin Health Department through Healthy Kids) Mesa County NFP (Mesa County Department of Public Health and Environment) Region 10 NFP (Montrose County Dept. of Health and Human Services) Northwest Colorado NFP (Northwest Colorado Visiting Nurse Association) San Luis Valley NFP (Valley-Wide Health Services, Inc.) Intermountain NFP (Summit County Nursing Service) 	<ul style="list-style-type: none"> Larimer County NFP (Larimer County Department of Public Health and Environment) Boulder County NFP (Boulder County Health Dept.) Jefferson/Broomfield Counties NFP (Jefferson County Health Dept. through Partners for Healthy Families) Adams/Arapahoe NFP (Tri-County Health Department) Denver County NFP sites (Denver Health through Best Babies Initiative, and St. Anthony's through Shared Beginnings*) Weld County NFP (Weld County Department of Public Health and Environment) Kit Carson NFP (Kit Carson Health and Human Services) 	<ul style="list-style-type: none"> Pueblo/Huerfano Counties NFP (Pueblo Community Health Center) El Paso County NFP (El Paso County Department of Public Health and Environment) Southeast Colorado NFP (Prowers County Nursing Service) Family Visitor NFP (only Basalt/EI Jebel area of Eagle County is served) Eagle County NFP (Eagle County Health and Human Services) Non-funded
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*St. Anthony's primarily serves Denver County, although there are some families served in Jefferson and Adams Counties also.