

STATE OF COLORADO



Colorado Department
of Public Health
and Environment

**NURSE HOME VISITOR PROGRAM
ANNUAL REPORT
JULY 2008 – JUNE 2009**

Submitted by the Prevention Services Division
Colorado Department of Public Health and Environment
November 1, 2009

Colorado Nurse Home Visitor Program Executive Summary

Purpose: The Colorado Nurse Home Visitor Program avails nurse home visitation services to all first-time pregnant women whose incomes are under 200 percent of the Federal Poverty Level and who elect to participate in the program. Research shows that short-term and long-term improvements in the health and the life courses of participating mothers and their children result when specially trained nurses provide home visitation 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: The annual Long Appropriations Bill appropriated \$13,845,461 of Tobacco Master Settlement Agreement (MSA) funds for FY2008-09 for the Nurse Home Visitor Program. Senate Bill 09-197 restricted the amount by \$391,739 resulting in a final appropriation of \$13,453,722. In FY2008-09, the program provided continuation funding to the 18 local agencies that had received awards in the previous fiscal year, expanded three current agencies and added one new agency. MSA funds were also used to provide the match to draw down additional Medicaid funds and for the Colorado Department of Public Health and Environment's (CDPHE) administration of the Nurse Home Visitor Program.

Medicaid Funding: The Colorado Nurse Home Visitor Program Act directs CDPHE to enable the program, to the extent possible, to receive Medicaid funding. Seventy-five percent of all Nurse-Family Partnership (NFP) program services were estimated to qualify for targeted case management (TCM) reimbursement. Approximately 74 percent of program participants were enrolled in the Medicaid program at the commencement of Medicaid billing. Working through the Department of Health Care Policy and Financing (HCPF), grantee sites began billing Medicaid for TCM reimbursements in FY2004-05. CDPHE estimated that FY2008-09 grantees would collect \$2,838,736 in Medicaid funds. As of August 2009, HCPF reported paying \$3,104,604 in TCM claims to local program grantees between July 1, 2008 and June 30, 2009.

Accomplishments: The grants awarded for FY2008-09 funded services in 52 of the state's 64 counties and increased the number of families served from 2,358 in FY2007-08 to 2,590 in FY2008-09. The FY2008-09 awards were given to the 18 local agencies previously funded, with three of these agencies receiving additional funding for expansion, and one new agency was added.

A competitive grant application process was conducted to determine FY2009-10 awards. The National Center for Children, Families and Communities (National Center) at the University of Colorado at Denver, or its designee, is responsible for assisting the Colorado State Board of Health (Board of Health) in the selection of the programs to be funded. The Nurse-Family Partnership National Service Office reviewed the applications at the request of the National Center.

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.

The Nurse Home Visitor Program received level funding from FY2008-09 to FY2009-10. In addition, Medicaid reimbursement rates for the program were significantly reduced effective June 26, 2009 resulting in a need to utilize a higher amount of Nurse Home Visitor Program dollars to keep provider funding whole in FY2009-10. These two factors led to the decision to only provide continuation funding for the 19 current grantees, with no dollars awarded for program expansion or new sites. An estimated 2,590 families will be served in 52 counties in FY2009-10.

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 NFP. 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 FY2008-09, noting those that have been successful in implementing the NFP model. Data were analyzed for the 11,030 participants enrolled in the program from January 2000 through June 30, 2009.

Below are some of the outcome highlights for Colorado NFP sites. The complete 2009 evaluation report is attached.

- A statistically significant reduction of 20 percent in smoking during pregnancy (15 percent national NFP average).
- A statistically significant reduction of 3.4 in the number of cigarettes smoked per day for those who continued to smoke (2.5 national NFP average).
- A statistically significant reduction of 64 percent in marijuana use during pregnancy.
- A statistically significant reduction of 32 percent in alcohol use during pregnancy.
- A statistically significant reduction of 46 percent in experience of violence during pregnancy.
- 8.8 percent preterm birth rate (9.7 percent national NFP average); rates for predominant ethnic groups were: 8.3 percent for Hispanics (8.5 percent for the national NFP); 8.6 percent for Non-Hispanic Whites (9.2 percent for the national NFP); 7.7 percent for multiracial/others (9.8 percent for the national NFP).
- 9.1 percent low birth weight rate (9.3 percent national NFP average); rates for predominant ethnic groups were: 9.0 percent for Hispanics (8.0 percent for the national NFP); 8.6 percent-Hispanic White (8.1 percent national NFP); 9.4 percent multi-racial/others (9.8 percent for the national NFP).
- The largest proportion of toddlers (26 percent) scored between the 26th and 50th percentiles for language development; 9 percent scored below the 10th percentile, compared to 10 percent of NFP toddlers nationwide. Scoring below the 10th percentile may indicate a delay in language skills. (Note: prior to 10/1/2006, all toddlers were assessed with the English version of the Language Assessment Form.)

- At 12 months of infant age, 82 percent of infants were fully immunized (84 percent for national NFP). By 24 months of child's age, 91 percent were fully immunized (92 percent for national NFP). Full immunization rates were tracked beginning October 1, 2006.
- 88 percent of clients initiated breastfeeding (national NFP average: 75 percent); 35 percent of clients were breastfeeding at 6 months (27 percent national NFP average); 19 percent of clients were breastfeeding at 12 months of infancy (16 percent national NFP average).
- At 12 months postpartum, 12 percent of clients reported a subsequent pregnancy (13 percent national NFP average). 32 percent of clients reported subsequent pregnancies within 24 months of the birth of their child (32 percent national NFP average).
- Of those who entered the program without a high school diploma or GED, 41 percent completed their diploma/GED by program completion (43 percent for national NFP) and 12 percent were continuing their education beyond high school (14 percent for national NFP); an additional 18 percent were still working toward their diploma/GED (21 percent for national NFP).
- 61 percent of Colorado NFP clients 18 years or older at intake (vs. 57 percent for the national NFP sample) and 47 percent of those 17 years or younger (vs. 43 percent for the national NFP sample) were employed at program completion.
- Clients worked an average of 6.5 months during the first postpartum year (6.4 national NFP average), and 8.8 months during the second postpartum year (8.3 national NFP average).

Conclusion: The Nurse Home Visitor Program enabling legislation declared that new mothers may benefit from receiving professional assistance and information concerning adequate prenatal care and care for their newborns and young children. The Colorado General Assembly recognized that a nurse home visitation program that provides educational, health and other resources for new mothers has proven to significantly reduce detrimental behaviors, such as drug, tobacco and alcohol use. Such a program has also been proven to reduce subsequent births, increase the time between subsequent births, reduce the mother's need for public assistance and increase the learning and functioning of young children. CDPHE and the University of Colorado at Denver administer the Nurse Home Visitor Program with the goal of reaching all first-time, low-income mothers in the state who consent to participate.

Since the program's inception in January 2000, the number of mothers annually served increased from 1,150 in FY2000-01 to 2,590 in FY2009-10. The Nurse-Family Partnership National Service Office reported the total participants to date as 11,030. The target population eligible for services under the Nurse Home Visitor Program is estimated to be between 13,311 and 14,514 women per year, according to the 2007 estimate derived from the Prenatal Risk Assessment Monitoring System (PRAMS). While there are more mothers yet to reach, the Nurse Home Visitor Program has made progress in serving some of Colorado's most high-risk women 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.

I. ADMINISTRATIVE REPORT

A. Amount of Tobacco Master Settlement Agreement monies received.

The annual Long Appropriations Bill appropriated \$13,845,461 of Tobacco Master Settlement Agreement (MSA) funds for FY2008-09 for the Nurse Home Visitor Program. Senate Bill 09-197 restricted the amount by \$391,739 resulting in a final appropriation to \$13,453,722.

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 their 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 abuse, 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.² 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 outlined in statute, the Nurse Home Visitor Program is charged with serving – beginning with a limited number of participants in FY2000-01 – all low-income, first-time mothers in the state who consent to participate. House Bill 04-1421 changed the level of funding from the MSA dollars such that for FY2005-06 the Nurse Home Visitor Program was appropriated nine percent of the total amount of MSA funds received by the state. Beginning with FY2005-06 through FY2013-14, the amount appropriated will increase by one percent each year unless otherwise appropriated by legislative action. In FY2014-15 and each year thereafter the appropriation will be 19 percent of the MSA funds received by the state, not to exceed \$19 million in any fiscal year.

Target population

The target population for services from the Nurse Home Visitor Program is first-time pregnant women whose incomes are less than 200 percent of the Federal Poverty Level. Services are provided

² 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.

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. The number of women in the target population is estimated to be between 13,311 and 14,514 per year. This 2007 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).

Actual numbers served

Since the inception of the Nurse Home Visitor Program through June 30, 2009, there have been 11,030 participants enrolled in the program and 2,652 clients have graduated from the program. Graduated refers to those clients that completed and exited the program upon their child's second birthday. In FY2008-09, 19 local entities were funded to serve a total of 2,590 families. "Families" refers to the pregnant woman or to the mother, her child and the father of the baby, if present. At the point of enrollment the median age of the women served was 19 years old, 49 percent of participants completed high school/General Educational Development (GED), non-high school graduates had a median education of 10 years, 80 percent of mothers were unmarried, 63 percent were unemployed, and 70 percent reported using Medicaid at program intake. The largest proportion of participants identified themselves as Hispanic (47 percent) or non-Hispanic White (41 percent). The attached Nurse-Family Partnership National Service Office evaluation report includes more complete details of client characteristics.

Services provided

The nurse visitors conducted home visits at weekly or biweekly intervals depending on the stage of pregnancy, age of the child and/or the needs of the mother. The visits averaged from 70 to 74 minutes in length. Nurses followed specific visit guidelines that focused on six domains: personal health, environment health, life course development, maternal role, and 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.

The Nurse-Family Partnership National Service Office is responsible for monitoring and evaluating program effectiveness by the local sites and has submitted a detailed program implementation and evaluation report. The 2009 evaluation report is attached as the second part of this report.

C. Evaluation of the program operation.

Grant award process

The Nurse Home Visitor Program was initiated 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 set of grants was 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 (National Center) at the University of Colorado at Denver.

The grant application process, as established in the statute, allows applicants to propose the implementation of other alternate 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 ten 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. A three-member panel from the Nurse-Family Partnership National Service Office conducted the review of the applications, including proposals from current grantees requesting continuation and expansion funding. The recommendations for funding were presented to the Board of Health and were subsequently approved during their April meeting.

Nurse Home Visitor Program funds have been used to provide:

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 \$11,668,450 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, lower Medicaid reimbursement rates effective June 26, 2009. The combined funding amount for FY2009-10 is \$12,942,863.

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 FY2009-10 counties to be 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 counties in the first year to 53 counties for FY2009-10. CDPHE administers the contracts with the local entities and carries out policy development and program oversight in close cooperation 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, 2009 the number of participants enrolled in the program has grown to 11,030.

The amount of Nurse Home Visitor Program MSA funds by local agencies and the state for the administration of the program since the inception through June 30, 2009 was \$65,452,440 as detailed below. The cost to the state per family financed by MSA dollars through June 30, 2009 was \$5,934. This amount is derived by taking the total MSA funds used (\$65,452,440) divided by the number of participants enrolled in the program (11,030).

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
TOTAL	\$ 65,452,440

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 FY2008-09 grantees would collect \$2,838,736 in Medicaid funds. As of August 2009, HCPF reported paying \$3,104,604 in claims between July 1, 2008 and June 30, 2009.

As noted earlier, the Nurse-Family Partnership National Service Office is responsible for monitoring and evaluating the effectiveness of local program implementation. These duties are partially carried out by its subcontractor, Invest in Kids. The Nurse-Family Partnership National Service Office provides training for local nurse home visitors, nurse supervisors and clerical data staff as well as prepares the annual Colorado evaluation report. Invest in Kids offers site development and nurse consultation.

In the attached 2009 evaluation report, the Nurse-Family Partnership National Service Office identifies the outcomes achieved by local grantees. They include:

- A statistically significant reduction of 20 percent in smoking during pregnancy (15 percent national NFP average).
- A statistically significant reduction of 3.4 in the number of cigarettes smoked per day for those who continued to smoke (2.5 national NFP average).
- A statistically significant reduction of 64 percent in marijuana use during pregnancy.
- A statistically significant reduction of 32 percent in alcohol use during pregnancy.
- A statistically significant reduction of 46 percent in experience of violence during pregnancy.

- 8.8 percent preterm birth rate (9.7 percent national NFP average); rates for predominant ethnic groups were: 8.3 percent for Hispanics (8.5 percent for the national NFP); 8.6 percent for Non-Hispanic Whites (9.2 percent for the national NFP); 7.7 percent for multiracial/others (9.8 percent for the national NFP).
- 9.1 percent low birth weight rate (9.3 percent national NFP average); rates for predominant ethnic groups were: 9.0 percent for Hispanics (8.0 percent for the national NFP); 8.6 percent-Hispanic White (8.1 percent national NFP); 9.4 percent multi-racial/others (9.8 percent for the national NFP).
- The largest proportion of toddlers (26 percent) scored between the 26th and 50th percentiles for language development; 9 percent scored below the 10th percentile, compared to 10 percent of NFP toddlers nationwide. Scoring below the 10th percentile may indicate a delay in language skills. (Note: prior to 10/1/2006, all toddlers were assessed with the English version of the Language Assessment Form.)
- At 12 months of infant age, 82 percent of infants were fully immunized (84 percent for national NFP). By 24 months of child's age, 91 percent were fully immunized (92 percent for national NFP). Full immunization rates were tracked beginning October 1, 2006.
- 88 percent of clients initiated breastfeeding (national NFP average: 75 percent); 35 percent of clients were breastfeeding at 6 months (27 percent national NFP average); 19 percent of clients were breastfeeding at 12 months of infancy (16 percent national NFP average).
- At 12 months postpartum, 12 percent of clients reported a subsequent pregnancy (13 percent national NFP average). 32 percent of clients reported subsequent pregnancies within 24 months of the birth of their child (32 percent national NFP average).
- Of those who entered the program without a high school diploma or GED, 41 percent completed their diploma/GED by program completion (43 percent for national NFP) and 12 percent were continuing their education beyond high school (14 percent for national NFP); an additional 18 percent were still working toward their diploma/GED (21 percent for national NFP).
- 61 percent of Colorado NFP clients 18 years or older at intake (vs. 57 percent for the national NFP sample) and 47 percent of those 17 years or younger (vs. 43 percent for the national NFP sample) were employed at program completion.
- Clients worked an average of 6.5 months during the first postpartum year (6.4 national NFP average), and 8.8 months during the second postpartum year (8.3 national NFP average).

CDPHE worked 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 performance. The 2009 evaluation report prepared by the Nurse-Family Partnership National Service Office is attached.

D. Costs incurred by the program.

The annual Long Appropriations Bill appropriated \$13,845,461 of MSA funds for FY2008-09 for the Nurse Home Visitor Program. Senate Bill 09-197 restricted the amount by \$391,739 resulting in a final appropriation of \$13,453,722. Table 1 summarizes the costs incurred by the program.

Table 1

Description:	FY2008-09 Amount:
FY2008-09 Long Bill, Nurse Home Visitor Program (NHVP) Tobacco Master Settlement Agreement (MSA)	\$13,845,461
FY2008-09 Adjustments to the NHVP: Senate Bill 09-197 restricted the amount by \$391,739	-\$391,739
Total NHVP Spending Authority	\$13,453,722
Less FY2008-09 Expenditures:	
Local Agencies	\$ 8,917,258
University of Colorado at Denver, National Center	\$394,436
Medicaid match to the Department of Health Care Policy and Financing	\$1,462,061
Medicaid claims processing fee to Department of Health Care Policy & Financing	\$2,347
MSA Oversight	\$4,362
Department Administration	\$309,853
Medicaid Recoupment Costs to Health Care Policy & Financing	<u>\$1,271,091</u>
Total FY2008-09 Expenditures	\$12,361,408
Reverted Spending Authority in FY2008-09	\$1,092,314

The reversion results from a combination of the following:

- Providers billed less than awarded.
- Three expansion grants and one new grant were awarded, but the start-up for this work was substantial, and program management at the four local agencies were unable to develop the program further during FY2008-09. Plans for complete implementation are in place, should funding be available in FY2009-10.
- Nurse Home Visitor Program staff was very conservative with expenditures as the Medicaid recoupment and reconciliation processes with HCPF were unknown during the majority of FY2008-09. Agencies were also conservative with expenditures pending the outcome of the revised Medicaid rate structure. For more information about the Medicaid recoupment and

reconciliation processes, please see section III. Changes To The Nurse Home Visitor Program To Enable It To Receive Medicaid Funding.

The statutory allowance for program administrative costs is limited to 5 percent of the total appropriation. The program administrative costs for FY2008-09 totaled \$508,968 or 4.1 percent of the appropriation. The \$508,968 in program administrative expenses includes the contract with the University of Colorado at Denver related to program administration (\$192,406), MSA oversight (\$4,362), Medicaid claims processing fee (\$2,347) and CDPHE's administrative costs (\$309,853). A maximum of 4.0 full time equivalent (FTE) positions are approved for administration of the program. The 4.0 FTE is comprised of 1.0 FTE program director, 1.0 FTE for accounting and clerical support, 1.0 FTE for contracts monitoring, and 1.0 FTE for fiscal staff.

CDPHE is directed to expend 95 percent of the total amount appropriated on program-related expenses. Programmatic expenses totaled \$11,852,440 for FY2008-09. As summarized in Table 1, programmatic expenditures included local agency costs (\$8,917,258), a portion of the University of Colorado at Denver contract (\$202,030), Medicaid match to HCPF (\$1,462,061), and Medicaid recoupment costs of (\$1,271,091).

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, including nurse training, local program evaluation and annual reporting to the Nurse-Family Partnership National Service Office. 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.

In FY2008-09, 19 local entities were funded to serve a total of 2,590 families. "Families" refers to the pregnant woman or to the mother, her child and the father of the baby, if present. At the point of enrollment, the median age of the women served was 19 years old, 49 percent of participants had completed high school/GED, non-high school graduates had a median education of 10 years, 80 percent of mothers were unmarried, 63 percent were unemployed, and 70 percent reported using Medicaid at program intake. The largest proportion of participants identified themselves as Hispanic (47 percent) or non-Hispanic White (41 percent). The attached Nurse-Family Partnership National Service Office evaluation report includes more complete details of client characteristics.

The attached 2009 Nurse Family-Partnership evaluation report represents analyses of data available from all sites from program initiation through June 30, 2009. 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.

Newly revised Pregnancy Visit Guidelines by the Nurse-Family Partnership National Service Office were distributed to all agencies in May 2009. The revised Infancy and Toddler Guidelines will be distributed by the end of 2009. In the past year, the book, *Motivational Interviewing in Health Care*, was distributed to all local agencies and distance learning study modules for each chapter were developed and posted to the online NFP Community. Other distance learning modules were developed, including subjects such as boundaries, safety and case conferencing.

The current data management system used by NFP implementing agencies has evolved and undergone multiple changes and updates from its original format. While the current system has served programs well in the past, the Nurse-Family Partnership National Service Office is committed to developing and implementing a new information system to address the shortfalls of the current system and to meet the new demands as the program grows and expands. An updated NFP data system will modify and refocus data collection protocol to better support decision-making of multiple stakeholders working within and for NFP programs at the local, state and national levels. A large component of developing and implementing the new data system will involve coordination with local and state agencies to ensure technical solutions will address identified needs. As with the current system, the new data system will be utilized to collect data about client services and outcomes, as well as provide online reporting and stakeholder access to program information. A major improvement of the new data system is its design to fit with the nurse home visitor workflow – both for entering data and for retrieving information about clients.

An expanded focus by the Nurse-Family Partnership National Service Office on policy and government affairs, program development, and marketing and communications has produced substantial results over the past year. President Obama called for significant funding in FY2010 for a new home visitation program for low-income families by way of federal grants to the states. The policy and government affairs staff has been a resource to the administration and congressional staff in drafting appropriate legislation to enact the President's proposal. Several bills are moving in Congress, which include some version of the President's proposal, although availability of federal funding is uncertain.

The Nurse-Family Partnership National Service Office provided Invest in Kids and local agencies with education, marketing, and advocacy resources as the state is in the midst of a severe budget shortage. 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. Additionally, a revision to the Nurse-Family Partnership National Service Office website is underway to better engage and serve all key NFP constituents with information and other resources.

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 13,311 and 14,514 women per year, according to the 2007 estimate derived from PRAMS. The Colorado Medicaid program 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 also eligible for Medicaid coverage. Analysis of the most recent PRAMS data suggests that 64 percent of the first-time, pregnant women with incomes under 200 percent of poverty level are Medicaid-eligible. Reports submitted by local agencies indicate that a higher percentage of Medicaid-eligible clients are currently being enrolled. This is because the

agencies 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. For FY2008-09, the Nurse-Family Partnership National Service Office reported the percentages of women using Medicaid between intake and 24 months of their child's age as 72 percent at intake, 66 percent at 6 months, 58 percent at 12 months, and 48 percent at 24 months. These figures are noteworthy because agencies are permitted to bill for Medicaid services under the Nurse Home Visitor Program 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:

- 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;
- Development of care plans to obtain the needed services;
- 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
- 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 to access services or meet needs herself; and by monitoring and reinforcing progress toward achieving her plan. Medicaid reimbursement is claimed for the TCM services provided for those families that are Medicaid-eligible. MSA dollars are used to pay 50 percent of the state Medicaid costs and federal funds cover the other 50 percent.

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 (approximately 75 percent of all services qualify as TCM). 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 FY2008-09 grantees would collect \$2,838,736 in Medicaid funds. As of August 2009, HCPF reported paying \$3,104,604 in TCM claims to local program grantees.

During FY2008-09, two major changes occurred related to Nurse Home Visitor Program Medicaid reimbursements. In 2003, local agencies participated in a time-study to determine agency-specific Medicaid reimbursement rates for TCM provided through the Nurse Home Visitor Program. The time-study and the methodology behind it were imperfect; some costs were included in the rate calculations that should not have been. This resulted in reimbursement rates that, upon recent review

by the Centers for Medicare and Medicaid Services (CMS), proved to be unrealistic and required reimbursement rates to be recalculated. The necessary recalculation resulted in significantly lower reimbursement rates for all local agencies that became effective June 26, 2009 for claims dated back to July 16, 2008. Those claims were adjusted to reflect the new, lower rates and a subsequent recoupment amount for the difference between the old rates and the new rates totaling \$1,271,091 was slated to be collected from the local grantees. Instead, Nurse Home Visitor Program staff utilized program dollars toward the recoupment in lieu of expansion funding, thereby preventing a gap in funding for local agencies. Medicaid estimates for all local agencies have been adjusted downward using the new, lower reimbursement rates, and the Nurse Home Visitor Program portion of local funding has been increased to keep provider funding whole in FY2009-10.

In January 2009, CMS requested that HCPF reconcile claims paid for TCM provided through the Nurse Home Visitor Program for FY2004-05 through FY2007-08 to ensure that the payments did not exceed the providers' costs of rendering TCM to Medicaid clients and to further verify that HCPF did not overdraw federal funds for the Nurse Home Visitor Program. In March, CMS approved HCPF's reconciliation plan, including the use of HCPF's independent medical review agency, the Colorado Foundation for Medical Care, for the purposes of this reconciliation. The reconciliation process entailed four main steps:

- Random sampling, records request, and chart review.
- Review of provider agencies' staffing and expenditure reports to determine overall available rendering provider time and average monthly program costs.
- Allocation of some program costs to Medicaid TCM based on the proportion of available time spent on TCM.
- Comparison of total monthly Medicaid TCM-allocable costs to actual average monthly provider payments from claims data.

On September 1, 2009, HCPF submitted the final Nurse Home Visitor Program Reconciliation Report to CMS for review. As of the date of this report, HCPF is still awaiting a decision from CMS on the reconciliation matter. It is unknown at this time whether a recoupment amount will be required as a result of this reconciliation process.

IV. CONCLUSION

The Nurse Home Visitor Program enabling legislation declared that new mothers may benefit from receiving professional assistance and information concerning adequate prenatal care and care for their newborns and young children. The Colorado General Assembly recognized that a nurse home visitation program that provides educational, health and other resources for new mothers has proven to significantly reduce detrimental behaviors, such as drug, tobacco and alcohol use. Such a program has also been proven to reduce subsequent births, increase the time between subsequent births, reduce the mother's need for public assistance and increase the learning and functioning of young children. CDPHE and the University of Colorado at Denver administer the Nurse Home Visitor Program with the goal of reaching all first-time, low-income mothers in the state who consent to participate.

Since the program's inception in January 2000, the number of mothers annually served increased from 1,150 in FY2000-01 to 2,590 in FY2009-10. The Nurse-Family Partnership National Service Office reported the total participants to date as 11,030. The target population eligible for services under the Nurse Home Visitor Program is estimated to be between 13,311 and 14,514 women per year, according to the 2007 estimate derived from the Prenatal Risk Assessment Monitoring System (PRAMS). While there are more mothers yet to reach, the Nurse Home Visitor Program has made progress in serving some of Colorado's most high-risk women 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)

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)

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)

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)

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)

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)

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 \$1085,391 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)

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)

Northeast Colorado Health Department

Counties to be Served:	Logan, Morgan, Phillips, Sedgwick, Washington and Yuma
Families to be Served:	50
FY2002-03 Award:	\$202,360
FY2002-03 Reduced Award:	\$192,908
FY2003-04 Award:	\$217,035
FY2004-05 Award:	\$140,054 (Plus \$54,538 in estimated Medicaid revenue)
FY2005-06 Award:	\$146,294 (Plus \$54,538 in estimated Medicaid revenue)
FY2006-07 Award:	\$167,244 (Plus \$43,630 in estimated Medicaid revenue)
FY2007-08 Award:	\$155,438 (Plus \$65,801 in estimated Medicaid revenue)
FY2008-09 Award:	\$200,739 (Plus \$54,624 in estimated Medicaid revenue)
FY2009-10 Award:	\$236,703 (Plus \$16,004 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)

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)

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)

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)

St. Anthony's 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)

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)

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)

Valley-Wide Health Services, Inc.

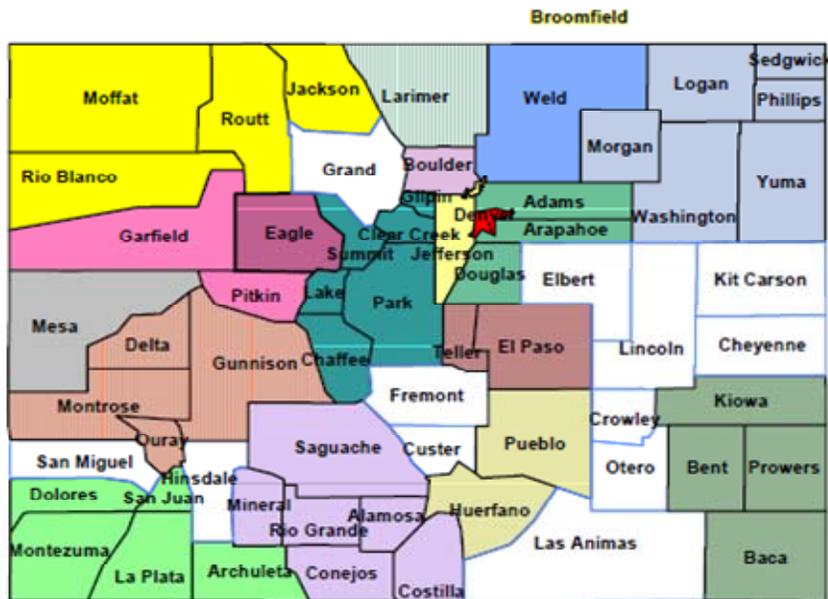
Counties to be Served: Alamosa, Conejos, Costilla, Mineral, Rio Grande and Saguache
Families to be Served: 125
January-June 2001 Award: \$176,731
FY2001-02 Award: \$398,895

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)

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)

Nurse-Family Partnership Colorado Nurse Home Visitor Program FY09/10



- Southwest Colorado NFP Serves: 108 families (San Juan Basin Health Dept.)
- Non-Funded
- Northwest Colorado NFP Serves: 50 families (Northwest Colorado Visiting Nurse Assn.)
- Family Visitor NFP Serves: 100 families (only Basalt/EI Jebel area of Eagle County served)
- San Luis Valley NFP Serves: 125 families (Valley-Wide Health Services, Inc.)
- Eagle County NFP Serves: 50 families (Eagle County Health & Human Services)
- Intermountain NFP Serves: 157 families (Summit County Public Health Nursing)
- Boulder County NFP Serves: 100 families (Boulder County Health Dept.)
- Jefferson County NFP Serves: 200 families (Jefferson County DOPHE)
- El Paso County NFP Serves: 300 families (El Paso County Health Dept.)
- Pueblo County NFP Serves: 125 families (Pueblo Community Health Center)
- Tri-County NFP Serves: 250 families (Tri-County Health Dept.)
- Denver County NFP Serves: 100 families (Denver Health through Best Babies Initiative)
- Weld County NFP Serves: 150 families (Weld County DOPHE)
- Northeast Colorado NFP Serves: 50 families (Northeast Colorado Health Dept.)
- Southeast Colorado NFP Serves: 50 families (Prowers County Public Health Nursing Service)
- Mesa County NFP Serves: 200 families (Mesa County Health Dept.)
- Larimer County NFP Serves: 200 families (Larimer County DOPHE)
- Region 10 NFP Serves: 75 families (Montrose County Health & Human Services)

*St. Anthony's Health Foundation serves 200 in Adams, Denver and Jefferson Counties