



**FY2010-11 Colorado Nurse Home Visitor Program (NHVP)**

**ASSURANCE of INTENTION to be an ACTIVE MEDICAID PROVIDER**

The Center for Medicaid and Medicare Services (CMS) has approved Medicaid reimbursement for Targeted Case Management (TCM) services provided by NHVP sites. Targeted Case Management services are defined by CMS as “services which will assist individuals eligible under the Colorado State Plan in gaining access to needed medical, social, educational, and other services.” Nurse home visitors provide targeted case management through 1) assessment of the needs for health, mental health, social service, educational, housing, child care and related services to women and children; 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 Colorado Department of Public Health and Environment and the Colorado Department of Health Care Policy and Financing have created a Medicaid Management Information System that allows for electronic billing of TCM services under the NHVP. All NHVP sites are required to be active Medicaid providers, if not already, and must bill Medicaid for TCM services as allowed. A portion of the annual funding for each NHVP site is derived from Medicaid reimbursements.

NHVP applicants seeking funding must assure that they intend to meet the Medicaid requirements by initialing each of the outlined areas below and by signing this assurance page. The entity will:

- \_\_\_\_\_ Be an active Medicaid Provider on or before July 1, 2010 through June 30, 2011.
- \_\_\_\_\_ Enroll all NHVP nurses in Medicaid as providers.
- \_\_\_\_\_ Have a Medicaid consulting physician.
- \_\_\_\_\_ Submit TCM claims as established by Medicaid billing rules and requirements, including timely filing of claims.
- \_\_\_\_\_ Ensure that all Medicaid-eligible participants are identified and receive assistance with enrollment and referrals to other programs, including the Early and Periodic Screening, Diagnosis and Treatment (EPSDT).

Name of Agency: \_\_\_\_\_

Name of Authorized Signer: \_\_\_\_\_

Signature of Authorized Signer: **X** \_\_\_\_\_

Date: \_\_\_\_\_