

# FY2012-13 NHVP

January 12, 2012

Grant Application Workshop  
&  
Mid-year Review Meeting

# WELCOME!

# AGENDA

- 1:00 – 1:30 p.m.  
*Cheryl Williams, NFPNSO; Sandy Dunlap, NFPNSO; Michelle Neal, IIK; Flora Martinez, CDPHE*  
Review of the FY2012-13 Continuation Application (2011 Progress Report)
- 1:30 – 2:00 p.m.  
*Julie Becker, NHVP Fiscal Officer*  
Review of fiscal documents for the Continuation Application
- 2:00– 2:30p.m.  
*Ginger Burton, Health Care Policy and Financing*  
Medicaid Update
- 2:30 – 2:45 p.m.   **BREAK**
- 2:45 – 3:15 p.m.  
*Julie Becker, Flora Martinez, Mary Martin*  
Mid-Year Grantee Update/Mid-Year Adjustment Process
- 3:15 – 4:00 p.m.  
*Mary Martin, Cheryl Williams, Julie Becker, Michelle Neal*  
Question and Answer Period
- 4:00 p.m.           Adjourn

# FY2012–13 Time Line

- January 3, 2012 Release of the grant application
- January 4 – 11, 2012 Questions from Applicants
- January 12, 2012 Grant application workshop
- **February 13, 2012 (4:00 PM)** **Due Date for Continuation Application (2011 Progress Report)**  
All materials must be **received** by this date
- February 14 – March 14, 2012 Review and evaluation of qualified applications by the NFP National Service Office and CDPHE
- April 18, 2011 Formal request to the State Board of Health for approval of the grant awards.
- April – June 15, 2011 Contracting process for the grant period of July 1, 2012 through June 30, 2013.

## FY2012-13 Continuation Application

# Conditions for Acceptance

- Page Specifications: **Continuation Application (2011 Progress Report)**, not including the budget page (Attachment C1), Expenditures-to-date Report (Attachment C2) and other attachments, is limited to no more than eight (8) single-spaced, double-sided, 8½ x 11 numbered pages. Use Courier font, 10 pt.
- Binding: All materials must be binder clipped only. Rubber bands, staples and paperclips are not allowed.
- Signatures: Cover Sheet must be signed by both the agency authorized signer and the nurse supervisor.
- Copies: **One (1) original and four (4) copies.** Five (5) complete sets of all required materials, including attachments.
- Complete: All items listed in the Application Checklist (Attachment A) are included in each copy. Excel copies of Attachments C1 and C2 are emailed to Julie Becker, Fiscal Officer, prior to the Due Date.
- Due Date: Received by CDPHE on or before **Monday, February 13, 2011 by 4:00 p.m.**
- Mailed or delivered to:

Flora Kulwa Martinez, Home Visiting Programs Coordinator  
Colorado Department of Public Health and Environment  
4300 Cherry Creek Drive South, PSD-A4  
Denver, CO 80246-1530

## FY2012-13 Continuation Application

# Conditions for Denial

- Late. Materials received on February 13, 2012 but after 4:00 p.m. or postmarked on or before February 13, 2012, but received by CDPHE after February 13, 2012 4:00 p.m.
- Wrong application. Modifications have been made to the application. Previous versions will not be accepted.
- Incomplete. Required materials or attachments are missing. Cover sheet and budget are not properly signed. Excel copies of Attachments C1 and C2 emailed to Julie Becker after February 13, 2012 at 4:00 p.m.
- Insufficient copies. Submitted without the required number of copies.
- Faxed or Emailed.

# FY2012-13 Continuation Application

# Application Materials

- Continuation Application (2011 Progress Report) Cover Sheet
- Continuation Application (**Progress Report for the reporting period of JANUARY 1, 2011 through DECEMBER 31, 2011**)
- Attachment A: Application Checklist
- Attachment B: Nurse-Family Partnership National Service Office Description of NFP Services and Fees for Implementing Agencies
- Attachment C1: **FY2012-13 Proposed Budget for the period of July 1, 2012 through June 30, 2013**  
*The funding appropriation for the NHVP FY2012-13 funding period is expected to remain the same as that in FY2011-12. The ability to increase grantee budgets beyond the FY2011-12 level is significantly limited. Budget growth may be considered in unusual circumstances.*
- Attachment C2: **FY2011-12 Expenditures-to-date Report for the period of July 1, 2011 through December 31, 2011**

## FY2012-13 Continuation Application

# Application Materials (continued)

- ◉ **Attachment C3** Instructions for completing NHVP Attachment C2
- ◉ **Attachment D** Assurance of Intention to Meet Program Requirements
- ◉ **Attachment E:** Assurance of Intention to be an Active Medicaid Provider
- ◉ **Attachment F:** Assurance of Intention to Follow Caseload Guidelines
- ◉ **Attachment G:** Caseload Maintenance Guidelines
- ◉ **Attachment H:** NHVP Rules
- ◉ **Attachment I:** 2011 HHS Poverty Guidelines
- ◉ **Attachment J:** Estimates of First-Time, Low-Income Mothers
- ◉ **Attachment K:** Statewide Contract Management System

# Part A: 2011 Progress Report

- To demonstrate effectiveness, please share how your site has addressed the areas critical to implementing and sustaining the program in your community. The Progress Report must be a clear articulation of how effective your site has been in achieving the stated outcomes and other contract related requirements. At minimum, applicants are required to utilize the most recent data reports (Quarterly Reports ending September 30, 2011) in preparing the 2011 Progress Report. The application reviewers will be compiling the same information for each applicant as well as using financial and contract compliance information to verify and judge the funding request; therefore, it is imperative that your Progress Report data is consistent with that of the application reviewers. Please contact Cheryl Williams at the Nurse-Family Partnership National Service Office at 303-865-8390 or [cheryl.williams@nursefamilypartnership.org](mailto:cheryl.williams@nursefamilypartnership.org) for any program data related issues.
- **COMPLETE YOUR RESPONSES WITHIN THE WHITE CELLS OF THIS TABLE. DO NOT PROVIDE ANSWERS ON A SEPARATE DOCUMENT.**
- **The progress report is limited to EIGHT pages (including Part B).**

# Part B: Grantee Response to FY11-12 NHVP Award Summary

- Applicants are expected to describe improvements made to items outlined in the FY2011-12 Award Summary letter from CDPHE (dated April 20, 2011), specifically Areas Recommended for Enhancement and Continued Focus and Areas Requiring Performance Improvement Plan or Funding Conditions as applicable. In Part B, the applicant must indicate where in the 2011 Progress Report the award letter items are addressed. If an item is not already addressed within the 2011 Progress Report, it must be answered separately under Part B: Grantee Response to FY11-12 NHVP Award Summary section.
- The page limit for Part B is included in the Progress Report page limit (both sections together are limited to **EIGHT** pages).

# NFPNSO Pricing Letter

	<b>July 1, 2012 through June 30, 2013</b>	<b>July 1, 2013 through June 30, 2014</b>	<b>July 1, 2013 through June 30, 2015</b>
Program Development (new agencies only)	\$ 25,391	\$ 25,391	\$ 25,391
NHV Education	\$ 4,069	\$ 4,069	\$ 4,069
Supervisor Education	\$ 734	\$ 734	\$ 734
NHV Manuals	\$ 517	\$ 517	\$ 517
Program Support	\$ 7,046	\$ 7,046	\$ 7,046
Nurse Consultation for first supervisor at a location (\$8,447 discounted by 70% because of Nurse Consultation Support provided by Invest in Kids and funded by a grant from CDPHE)	\$ 2,534	\$ 2,534	\$ 2,534
Nurse Consultation for each additional supervisor at a location (\$5,068 discounted by 70% because of Nurse Consultation Support provided by Invest in Kids and funded by a grant from CDPHE)	\$1,520	\$1,520	\$1,520

# NHVP ATTACHMENT C1

FY 2012-13 Proposed Budget for the period of:  
July 1, 2012 – June 30, 2013

# Goals of this presentation

- Provide an overview of the fiscal documents and requirements for the FY 2012-13 Continuation Application including NHVP Attachment C1 (FY 2012-13 Proposed Budget)
- Provide agencies a forum to ask questions re: the fiscal requirements of the FY 2012 -13 Continuation Application.

To limit confusion, we will NOT be discussing details of Attachment C2: FY 2011 -12 Expenditures-to-date report for the period July 1, 2011 – Dec. 31, 2011 at this time.

Discussion about Attachment C2 and the mid-year adjustment process will take place after the break.

# Fiscal Requirements in the FY 2012 -13 CO NHVP Continuation Application

- Attachment C1: FY 2012-13 Proposed Budget for the periods of July 1, 2012 – June 30, 2013
- FY 2012 -13 Budget Narrative – use CDPHE narrative template.
- Attachment C2: FY 2011 -12 Expenditures-to-date Report for the Period July 1, 2011 – December 31, 2011.
- Items 1 & 2 on page 14 & 15 of NHVP Continuation Application
- Excel copies of attachments C1 & C2 MUST be emailed to Julie Becker at [julie.becker@state.co.us](mailto:julie.becker@state.co.us) by 4pm Feb 13, 2012.

# Changes from last year

- ⦿ Budget Narrative has prescribed format.
- ⦿ The fiscal section in the application has changed. Emphasis on explaining under-spent budgets.
- ⦿ New and IMPROVED guidance on Administrative / Indirect costs.
- ⦿ Formula Cells protected on C1 & C2.

COUNTY

Project Name:

	Annual Salary	No. of months	FTE	FY 12/13 BUDGET 1, 2012 to June 30, 2013			July	TOTAL CDPHE FY12/13 CONTRACT BUDGET (B+C)	TOTAL AGENCY FY12/13 NHVP BUDGET (A+B+C)
				A. Other Sources of Funding *1	B. Medicaid Estimate *2	C. CDPHE FUNDING (NHVP) *3	(B + C) Medicaid Estimate & Requested CDPHE	(A + B + C)	
				Rate	Budget				
<b>PERSONAL SERVICES (Detail Expenses)</b>									
PERSONAL SERVICES (Title and Name)									
Example: Nurse Home Visitor 1 - Anne Johnson									
Contractual/Fee for Service									
Supervising Personnel									
Fringe Benefits: Rate =									
<b>1. TOTAL PERSONAL SERVICES</b>				\$0	\$0	\$0	\$0	\$0	\$0
<b>OPERATING (Detail Expenses)</b>									
Office Operating Expenses (i.e. supplies, pens, etc)									
Client Support Materials									
Printing & Publications									
Postal & Shipping Services									
Communications (long distance, cellular and network service)									
Medical Supplies									
Outside Services									
<b>2. TOTAL OPERATING</b>				\$0	\$0	\$0	\$0	\$0	\$0
<b>EQUIPMENT (Detail Expenses)</b>									
Computers w/ Software									
Cellular Phones									
<b>3. TOTAL EQUIPMENT</b>				\$0	\$0	\$0	\$0	\$0	\$0
<b>TRAVEL (Detail Expenses)</b>									
Visit Outreach Mileage									
NFP Training Travel									
Dyadic Assessment Tool									
Annual Supervisor Training (2-3 days in Denver - budget travel, hotel & meals)									
Program Meetings (nurses, supervisor, other)									
Other Travel									
<b>4. TOTAL TRAVEL</b>				\$0	\$0	\$0	\$0	\$0	\$0
<b>NFP TRAINING &amp; TECH ASSISTANCE (Detail Expenses)</b>									
Program Development (\$25,391 new agencies ONLY)									
Administrator Orientation (\$480 per participant (Required for new NHVP programs optional for established)									
Program Support Fee (\$7,046 per supervisor)									
Nurse Consultation (\$2,543 for first supervisor)									
Nurse Consultation (\$1,520 for each additional supervisor)									
Initial Nurse Education (\$4,069 per participant - new NHVP supervisors and nurses only)									
Initial NFP Education Materials (\$517 per participant - new NHVP supervisors and nurses only)									
Initial Supervisor Education (\$734 per participant - new NHVP supervisors only)									
Supervisor Expansion / Replacement Fee (\$2,764 per new supervisor)									
Data Transmission Setup fee (\$3,275 one time per agency fee)									
Data Transmittal fee (monthly transmission \$623 per year, quarterly transmission \$230, annual transmission \$64 per year)									
Education Materials									
Professional Development									
<b>5. TOTAL TRAINING &amp; TECH ASSISTANCE</b>				\$0	\$0	\$0	\$0	\$0	\$0
<b>NCAST COSTS (Detail NCAST Training &amp; Materials)</b>									
NCAST Registration									
NCAST Materials									
PIPE Training Materials									
<b>6. TOTAL NCAST COSTS</b>				\$0	\$0	\$0	\$0	\$0	\$0
<b>OTHER COSTS (Detail Other Program Costs)</b>									
7. TOTAL OTHER COSTS									
<b>TOTAL DIRECT PROGRAM COSTS (Add budget categories 1-7)</b>				\$0	\$0	\$0	\$0	\$0	\$0
<b>ADMINISTRATIVE COSTS (Detail Administrative Costs)</b>									
Administrative Personnel Services (i.e. acting, admin, HR)									
Administrative Supplies (not program supplies)									
Accounting (audit, bank expenses, liability)									
Supporting Costs (mileage, recruitment)									
Board of Health									
Other Administrative Costs									
<b>TOTAL ADMINISTRATIVE COSTS</b>				\$0	\$0	\$0	\$0	\$0	\$0
<b>TOTAL PROJECT COSTS (Direct Program + Administrative Costs)</b>				\$0	\$0	\$0	\$0	\$0	\$0

- Yellow cells filled out by agency
- Blue cells auto calculate
- 3 main budget columns:
  - A. Other sources of funding: funds other than Medicaid & CDPHE NHVP
  - B. Medicaid Estimate: CDPHE provided amount that must be budgeted for NHVP.
  - C. CDPHE Funding (NHVP): Amount requested from CDPHE.
- CDPHE contract includes B & C.

# NEW: Administrative Cost Portion of your Budget (1 of 2)

- In the past NHVP implementing partners have been told that they **COULD NOT** budget for or bill indirect costs due to language in the 2002 & 2006 performance audits.
- CDPHE did a thorough review of prior audits and has approved a process that would simplify this issue for many agencies.

# NEW: Administrative Cost Portion of your Budget (2 of 2)

Agencies may:

- ⦿ direct charge all administrative/ indirect costs (as they were previously required to do)

or

- ⦿ budget and charge their CDPHE approved indirect rate up to a set rate cap.

\*In order to honor the 2002 and 2006 audit findings, implementing partners charging indirect will still need to provide a rough estimate of the items that make up their indirect costs in their annual grant application budget.

# NHVP Rate Cap (applies to CDPHE Funding & Medicaid Funding)

- ⦿ Agencies can bill their approved CDPHE indirect rate up to the following amounts:
  - 25% of total direct costs
  - 27% of total direct salaries and fringe
- ⦿ If your agency's CDPHE approved indirect rate is based on direct costs, the 25% limit will apply.
- ⦿ If your agency's CDPHE approved indirect rate is based on direct salaries & fringe, the 27% limit will apply.

# Important items to note (1 of 2)

- The ability to increase grantee budgets beyond the FY2011-12 level is significantly limited. Funding for the entire NHVP program has not increased from the FY 2011-12 level.
- Agencies **MUST** budget for certain expenses that will be assessed by the Nurse-Family Partnership as listed in Attachment B.

# Important items to note (2 of 2)

- Funding limits of \$600 per nurse and nurse supervisor for professional development.
- Funding limits of \$2,000 per agency for equipment.
- In the personal services section of the budget, please list the title and name of each employee working on the NHVP.
- FTE should include the total NHVP FTE covered by all NHVP funding sources.

# Budget Narrative

- A budget narrative is required.
- Narrative must describe/calculate how figures on the CDPHE Funding budget column were estimated.
- Amounts on Narrative MUST correspond with the CDPHE Funding column on C1: FY 2012 -13 Proposed Budget.
- All items budgeted in the CDPHE Funding column must be supported in the narrative.
- If agency requests budget increases, the narrative must provide compelling reasons.

Personnel Services				
Contributing Individual & Role	Description	Annual Salary	FTE	Position Cost
<b>Position &amp; Name (if known)</b>				
<b>EXAMPLE: Tom Smith, Media Specialist</b>	Tom will continue to coordinate paid and earned media activities (in association with the state media), including development, testing, and placement of media and generation of op-eds and letters to the editor. He is responsible for providing spokesperson training, developing key messages, and creating materials that best reflect those messages in both English and Spanish. Tom will refine the media plan for this initiative, including a timeline, to reflect the needs and input of the community. Tom will participate in campaign activities in conjunction with other staff and leadership team members.	\$65,841	0.70	\$46,089
<b>EXAMPLE: Fringe Benefits</b>	Fringe benefits include workers' comp insurance, unemployment insurance, long-term disability, as well as the county's portion of FICA, Medicare, PERA, health and dental insurance, and life insurance. They are calculated on actual salaries and vary for each employee.			
<b>Subtotal Personnel Services:</b>				

Operating Expenses		
Item	Description	Item Cost
Office Expense		
Client Support		
Printing & Publications		
Postal & Shipping		
Communications		
Medical Supplies		
Outside Services		

## BUDGET NARRATIVE TEMPLATE

- The budget narrative template is shown on the left.
- The Narrative should be ONLY the costs and FTE associated with the CDPHE Funding column.
- Please double check all calculations. With funding being limited, an incorrect calculation could reduce the amount of your award.

# Item 1 on page 14 of NHVP Continuation Application

## 1. Related to FY2010-11 (July 1, 2010 through June 30, 2011):

	A	B	C (=B/A)
CDPHE NHVP funding ( do not include Medicaid or in-kind)	Final Budget (after mid-year budget revision) (\$)	Final Expenditures billed to CDPHE (\$)	% of budget expended (%)*
CDPHE NHVP funding ( do not include Medicaid or in-kind)			

\*If the percentage of your budget expended is less than 97.0%, please provide a detailed explanation of why your organization under-spent the budget.

	A	B	C (=B/A)
Medicaid	Total Medicaid Reimbursements for Claims with dates of payments between 7/1/2010 - 6/30/2011 (\$)	Final Medicaid Expenditures for the period 7/1/2010 - 6/30/2011 (\$)	% of reimbursements expended (%)**
Medicaid			
Note:	This figure should match reports from the Office of Health Care Policy and Financing. Flora Martinez will email you this figure.	This figure should be in your accounting system AND should match the total cumulative you showed on your cost reimbursement statements for the period 7/1/2010 - 6/30/2011	

\*\*If the percentage of your reimbursements expended is less than 97.0%, please provide a detailed explanation of why your organization under-spent the budget.

# Item 2 on page 15 of NHVP Continuation Application

## 2. Related to FY2011-12 (July 1, 2011 through June 30, 2012):

	A	B	C (=B/A)
CDPHE NHVP FUNDING	Budget for FY 2011-12	Expenditures July 1, 2011 - Dec. 30, 2011	%***
CDPHE NHVP FUNDING (Do NOT include in-kind or Medicaid)	\$		

MEDICAID	Medicaid Estimate for FY 2011-12	Total Medicaid Reimbursements for Claims with dates of payments between 7/1/2010 - 6/30/2011 (\$)	%***
Medicaid			

\*\*\*50% of the contract period has elapsed. If % of reimbursements is less than 40% of your Medicaid estimate, please explain.

# Medicaid Update

Ginger Burton:

[ginger.burton@state.co.us](mailto:ginger.burton@state.co.us)

303-866-2693

# BREAK TIME



# NHVP ATTACHMENT C2

FY 2011-12 Expenditures-to-Date / Mid-Year Projections

# Goals of this presentation

- Provide an overview of Attachment 2 FY 2011 – 12 Expenditure-to-Date / Mid-Year Projections.
- Provide agencies a forum to ask questions regarding Attachment 2.

# Purpose of C2 Expenditures-to-Date/Mid-Year Projections

- NHVP Attachment C2 is used to maximize the impact of NHVP funding.
- NHVP funding cannot be carried over from 2011-12 to 2012-13.
- If an agency under-spends its FY 2011-12 allocation, this money is no longer available for the NHVP.
- Agencies with excess Medicaid or CDPHE funding are encouraged to revise their budgets downward, so funds can be redistributed to agencies encountering shortfalls.

# Your NHVP Contract amount may change based on what you submit.

- If the sum of what you spent from July 1, 2011 to December 31, 2011 AND your projections for January 1– June 30, 2012 are less than your current award, your funding will be reduced.
- If the sum of what you spent from July 1, 2011 to December 31, 2011 AND your projections for January 1– June 30, 2012 are greater than your current award, your funding may be increased.

**NHVP Attachment C2**

**FY2011-12 Expenditures-to-Date/Mid-Year Projections (July 1, 2011 - June 30, 2012)**

Agency Details

COUNTY

Project Name:

	ORIGINAL FY 11/12 BUDGET July 1, 2011 to June 30, 2012			TOTAL ORIGINAL CDPHE FY11/12 BUDGET (B+C)	EXPENDITURES to Date July 1, 2011 to December 31, 2011		
	A. Other Sources of Funding *2	B. Medicaid Estimate *3	C. CDPHE FUNDING (NHVP) *4	(B + C) Medicaid Estimate & Requested CDPHE	A. Other Sources of Funding *2	B. Medicaid Estimate *3	C. CDPHE FUNDING (NHVP) *4
<b>PERSONAL SERVICES (Detail Expenses)</b>	BUDGET				EXPENDITURES		
Personal Services (Title and Name)				\$0			
				\$0			
Smith, Jane - Nurse Supervisor				\$0			
				\$0			
				\$0			
				\$0			
				\$0			
				\$0			
				\$0			
				\$0			
Contractual/Fee for Service				\$0			
				\$0			
				\$0			
Supervising Personnel				\$0			
				\$0			
				\$0			
Fringe Benefits: Rate =				\$0			
				\$0			
<b>1. TOTAL PERSONAL SERVICES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>OPERATING (Detail Expenses)</b>	BUDGET				EXPENDITURES		
Office Operating Expenses (i.e. supplies, pens, etc)				\$0			
Client Support Materials				\$0			
Printing & Publications				\$0			
Postal & Shipping Services				\$0			

# Cells are color coded

- ⦿ Yellow cells require your agency to review or enter data.
- ⦿ Blue cells auto calculate.

# Documents that can assist your team in preparing Attachment C2

- ⦿ Your agency's original NHVP budget for FY 11/12
- ⦿ Your agency's funding letter showing your reduced CDPHE budget for FY 11/12.
- ⦿ Reports from your agency's accounting system showing all NHVP costs from July 1, 2011–December 31, 2011
- ⦿ NHVP cost reimbursement statements for the months of July 1, 2011–December 31, 2011
- ⦿ A projection of NHVP costs from Jan 1, 2012–June 30, 2012

# Steps for preparing C2 (1 of 2)

- ① 1. Enter your approved 2011-12 budget for Other Sources of Funding, Medicaid Estimate and CDPHE Funding columns. The budgets for your *Other Sources of Funding* and *Medicaid Estimate* columns should be listed in your original FY 2011-12 contract. The budget for your *CDPHE Funding (NHVP)* column should be listed in your most recent funding letter.
- ② 2. Using your cost reimbursement statements or your agency's accounting reports, enter your expenditures-to-date through December 31, 2011 by funding source.
- ③ 3. Enter your projected cost for January 2012 – June 2012 in the columns titled, "Estimates".

# Steps for preparing C2 (2 of 2)

- Review the “Projected Variance” columns. If the Medicaid Estimate\*3 or the CDPHE Funding (NHVP)\*4 columns are not zero all the way down, you are essentially requesting that CDPHE revise your budget.
- If you are requesting a budget revision, the FY11 & 12 Justification tab MUST be filled out and must accompany attachment C2 in your application submission.

## After you submit NHVP Attachment C2

- CDPHE staff will review all requested budget changes to see if funding can be reallocated from agencies that do not need it to those that will be encountering shortfalls.
- If your budget revision is approved, an official funding letter with a revised budget will be sent to your agency.

# CHECKLIST

Materials must be submitted in the order listed below.

- **Attachment A:** Application Checklist
- **Continuation Application (2011 Progress Report) Cover Sheet.** This page must be typed and signed.
- **Continuation Application (2011 Progress Report),** not including the budget page (Attachment C1), Expenditures-to-date Report (AttachmentC2) and other attachments, is limited to no more than **eight (8)** single-spaced, double-sided, 8½ x 11 numbered pages. Use Courier font, 10 pt.
- **Attachment C1: FY2012-13 Proposed Continuation Budget** for the period of **July 1, 2012 through June 30, 2013.**
- **Attachment C2: FY2011-12 Expenditures-to-Date Report** for the period of **July 1, 2011 through December 31, 2011.**

# CHECKLIST (continued)

Materials must be submitted in the order listed below

- ⦿ **Electronic Excel copy of Attachments C1 and C2** emailed to Julie Becker by 4:00 p.m. on February 13, 2012 at: [julie.becker@state.co.us](mailto:julie.becker@state.co.us)
- ⦿ **Attachment D:** Assurance of Intention to Meet Program Requirements
- ⦿ **Attachment E:** Assurance of Intention to be an Active Medicaid Provider
- ⦿ **Attachment F:** Assurance of Intention to Follow Caseload Guidelines

# CHECKLIST (continued)

- **Assembly and Submission:**

Binding: All materials must be binder clipped ONLY. Rubber bands, staples and paperclips are not allowed.

Signatures: Cover Sheet must be signed by both the agency authorized signer and the NFP Supervisor.

Copies: **One (1) original and four (4) copies.** Five complete sets of all required materials, including attachments.

Complete: All items listed in the Application Checklist (Attachment A) are included in each copy. Excel copies of Attachments C1 and C2 are emailed to Julie Becker by the Due Date.

**Due Date: Received by CDPHE on or before Monday, February 13, 2011 by 4:00 p.m.**

Mailed or delivered to:

Flora Kulwa Martinez, Home Visiting Programs Coordinator  
Colorado Department of Public Health and Environment  
4300 Cherry Creek Drive South, PSD-A4  
Denver, CO 80246-1530

# FY2012-13 NHVP

January 12, 2012

## QUESTIONS & ANSWERS



# Change to Contract SOW

- Beginning in the FY12-13 contracting period, the program will require that all new nurse supervisors or fiscal staff working on the Nurse Home Visitor Program participate in a fiscal orientation within 45 days of employment.

# Contact Information

## Fiscal

- Mary Martin: [mary.w.martin@state.co.us](mailto:mary.w.martin@state.co.us)  
303-692-2321
- Flora Kulwa Martinez: [flora.martinez@state.co.us](mailto:flora.martinez@state.co.us)  
303-691-4919
- Julie Becker: [julie.becker@state.co.us](mailto:julie.becker@state.co.us)  
303- 692-2431
- Francesca Isabelle: [francesca.isabelle@state.co.us](mailto:francesca.isabelle@state.co.us)  
303-692-4963

## Program

- Cheryl Williams: [cheryl.williams@nursefamilypartnership.org](mailto:cheryl.williams@nursefamilypartnership.org)  
303-865-8390
- Sandy Dunlap: [sandy.dunlap@nursefamilypartnership.org](mailto:sandy.dunlap@nursefamilypartnership.org)  
303-327-4247
- Michelle Neal: [mneal@iik.org](mailto:mneal@iik.org)  
303-839-1808 x101

## Medicaid

- Ginger Burton: [ginger.burton@state.co.us](mailto:ginger.burton@state.co.us)  
303-866-2693