



**COLORADO**  
Department of Health Care  
Policy & Financing

303 E. 17th Avenue  
Denver, CO 80203

# Prenatal Plus Program Site Application

*Updated September 2023*

Organization Name: \_\_\_\_\_

Contact Name & Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Website: \_\_\_\_\_

## Organization Description:

## Existing Services at Organization:

## How did you find out about Prenatal Plus?

## Do you have a Colorado Medicaid Billing Provider?

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

### Staffing and Organization

Check Billing Provider Type:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Clinic                            | <input type="checkbox"/> Physician Assistant              | <input type="checkbox"/> Nurse Practitioner      |
| <input type="checkbox"/> Federally Qualified Health Center | <input type="checkbox"/> Physician                        | <input type="checkbox"/> Certified Nurse Midwife |
| <input type="checkbox"/> Rural Health Center               | <input type="checkbox"/> Non-Physician Practitioner Group |  |



**Do you have a Colorado Medicaid-enrolled physician, nurse practitioner, certified nurse-midwife, or physician's assistant who is the rendering provider that delegates the provision of Prenatal Plus Program services to the multi-disciplinary team?**

Name:

Number:

Email:

Please describe relationship to the program:

**Do you have a care coordinator already employed?**

Name:

Number:

Email:

Title:

Credentials:

Does this person have experience working with the perinatal population and a knowledge of community resources?

Please describe:

**Do you have a registered dietitian (RD) ready to join your team?**

On site/Off site?

Name:

Number:

Email:

Title:

Credentials:

Organization:

Is this person a RD with some specialty knowledge of perinatal nutrition?

Please describe:



**Do you have a mental health professional ready to join your team?**

On site/off site?

Name:

Number:

Email:

Title:

Credentials:

Organization:

Is this a master's level provider with some specialty knowledge of perinatal mental health?

Please describe:

Describe the population of at-risk pregnant people you will be serving:

### **Supports and Timeline**

What support do you anticipate needing to begin delivering Prenatal Plus services?

When do you anticipate being able to begin delivering Prenatal Plus services?

Additional Comments:

- ☐ Yes, our team can commit at least one staff person to attend Quarterly Prenatal Plus Advisory Committee meetings.
- ☐ No, our team is unable to commit at least one staff person to Quarterly Prenatal Plus Advisory Committee meetings.

**Please direct your questions about partnership and submit your application to the Colorado Department of Health Care Policy and Financing to:**

[mailto:hcpf\\_maternalchildhealth@state.co.us](mailto:hcpf_maternalchildhealth@state.co.us)