



Prenatal Plus Program Site Application

Updated October 2024

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/NPI?

Name: _____

Phone Number: _____

Email: _____

NPI or Medicaid Provider Number: _____

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 submit your completed [Prenatal Plus New Site Application using this link](#). Any questions about partnership and submitting your application can be directed to the Colorado Department of Health Care Policy and Financing at:

hcpf_maternalchildhealth@state.co.us

