

FISCAL AGENT FOR
**The Colorado Medical
Assistance Program**



Provider Enrollment
P.O. Box 1100
Denver, CO 80201-1100

303-534-0146
1-800-237-0757
Fax: 303-534-0439

Re: Home Modification

Dear Colorado Medical Assistance Program Provider Applicant:

Thank you for your interest in becoming a Colorado Medical Assistance Program Home Modification provider.

Please submit completed Provider Enrollment forms to the fiscal agent, with the following information:

- Copies of Contractor's License for each county to be served or a letter of reciprocity indicating a county will honor a different county's contractor license.
- List of counties in service area. If a county does not require a contractor's license, please provide letters of recommendation from other jobs in that area.
- Proof of insurance.

We have enclosed the following:

- 1) A list of Single Entry Point Agencies,
- 2) Minimum insurance requirements,
- 3) Colorado Medical Assistance Program Rules and Regulations order form (Rules are also available on-line at http://www.chcpf.state.co.us/HCPF/refmat/Reference_Include.asp, Staff Manual Volume 8 State Rules concerning Medicaid), and
- 4) Colorado Medical Assistance Program Provider Enrollment packet.

Providers are reminded that a transfer of ownership terminates the Colorado Medical Assistance Program Provider participation agreement. New owners must re-apply and complete a new Colorado Medical Assistance Program Provider participation agreement in order to participate in the Colorado Medical Assistance Program.

For further assistance, please contact Colorado Medical Assistance Program Provider Services at: 303-534-0146 or 1-800-237-0757 (Toll free Colorado).

Sincerely,

The Colorado Medical Assistance Program