

***A Guide to Major Health Care Issues
and Programs***



**2009
Colorado Health Care
Resource Book**

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February 2009

INTRODUCTION

The Resource Book is intended to serve as a reference guide for information on some of Colorado's major health care issues and programs. The book is divided into four sections to make it easier for the reader to access information. The first section covers issues such as the uninsured, health insurance, and prescription drugs. The second section reviews the budgets and health care responsibilities of relevant executive branch departments. The third section provides more detailed program information and is organized by population group. Program summaries include information on eligibility, costs, and services. The fourth section provides contact information for the various programs described in the book. An index appears in the back of the book to assist in finding specific topics. Departmental and program budget figures were drawn primarily from the FY 2008-09 appropriations bill (Long Bill) and the Joint Budget Committee Staff's Appropriations Report. Please note that budget figures have been rounded. At times, figures do not sum due to rounding.

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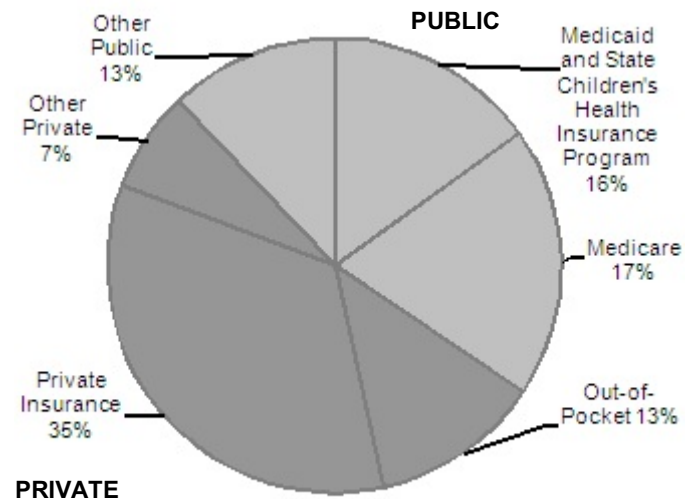
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SECTION I

MAJOR HEALTH CARE ISSUES

Health care is one the most difficult issues lawmakers face. The decisions they make affect people's lives in many ways. Some of the biggest health care policy issues are summarized here. They include health insurance, prescription drugs, and the uninsured. Overarching all of these issues is the high cost of health care. Nationally, health expenditures grew to \$2.1 trillion dollars, or 16 percent of the Gross Domestic Product, in 2006. State and local government health care spending reached \$265 billion in the same year. In Colorado, the General Fund appropriation for the Department of Health Care Policy and Financing alone is just over \$1.5 billion or about 20 percent of the state's General Fund budget in FY 2008-09. Chart I illustrates the sources of payment for the country's health care costs. As shown in the chart, public moneys accounted for 46 percent of health care payments in 2006. Private spending accounted for 54 percent.

Chart I
Sources of Payment for Health Care in the U.S., 2006



Source: Centers for Medicare and Medicaid Services, US DHHS

THE UNINSURED

The U.S. Census Bureau estimates that over 799,000 individuals, or almost 17 percent of Colorado's population, were uninsured in Colorado between 2005 and 2007.¹ The significant number of uninsured persons is thought to increase the cost of health care in the state, both for public and private health care payers. The state may cover a portion of the health care costs of uninsured persons, but not the entire burden. As a result, the costs of treating the uninsured may be passed on to private payers. For example, health care providers indicate that uninsured patients are increasingly avoiding medical care until their conditions are severe, requiring visits to the emergency room and extensive treatment. This practice in turn impacts the cost of care for insured patients whose premiums and hospital charges frequently reflect the high cost of treating those extremely ill patients without insurance.

In Colorado, there are several consistent characteristics of the uninsured population. About 62 percent of uninsured individuals are in a family with one or more workers.² However, many uninsured individuals either do not earn high enough incomes to afford their portion of health insurance premiums, work in jobs that do not provide health insurance, or don't qualify for health insurance because they are part-time or contract workers. In Colorado, uninsured individuals may be found in all income levels; however, those with the lowest incomes make up a large share of the uninsured. Seventy-one percent of uninsured Coloradans have incomes below 300 percent of the Federal Poverty Level (FPL).³ In recent years, the highest rates of the uninsured in Colorado have been in rural counties such as: Mineral, Ouray, Phillips, Saguache, and San Juan counties.⁴ In these counties, over 30 percent of residents were uninsured in 2005. Throughout Colorado, young adults between 18 and 34 years of age are the most likely to be uninsured, comprising 40 percent of the total uninsured individuals in Colorado.⁵ In contrast, the elderly, because of the availability of Medicare, are less likely to be uninsured than any other age group.⁶

HEALTH INSURANCE

Nationwide, as well as in Colorado, the majority of individuals access health insurance through their employer.⁷ Larger employers often self-fund their health insurance plans. These self-funded plans are subject to federal laws and regulations, but are not regulated by Colorado law. Approximately 47 percent of all insured persons in Colorado have fully-insured plans that are regulated by state law.⁸ These plans cover individuals in Colorado's small group market, persons who seek individual coverage outside of their employer, and large groups that do not self-fund their health insurance plans.

Colorado's laws and regulations vary based upon the type of plan (e.g., HMO, group, individual), but include requirements to cover certain benefits, cover emergency care, and offer internal and external grievance processes. For example, there are mandates to cover pregnancy and childbirth, newborn children, childhood immunizations, low-dose mammography, mental illness, diabetes, and prostate cancer screening. Other mandates include requirements for carriers to file proposed premium changes with the Division of Insurance to ensure that they are not excessive, inadequate, or unfairly discriminatory.

The rising cost of health insurance continues to be an issue in Colorado. The increase in health insurance costs is especially evident in Colorado's small group market (employers with 50 or fewer employees and business groups of one) where a review of insurance premiums illustrates large increases over the past five years. For example, in 2004, the average HMO premium for a 34-year-old employee with a family of four in Denver was \$1,092 per month.⁹ By 2008, the cost had increased by 42 percent to \$1,556 per month.¹⁰

Enrollment in Colorado's small group market continues to be a focus of interest for Colorado lawmakers. As costs have risen, an increasing number of small employers have dropped out of the small group market. For instance, in 2001, approximately 65,590 groups were covered in Colorado's small group market, but by 2007, this number had declined by 30 percent to 45,667 groups.¹¹ Responding to reports that insurers were leaving the state because of Colorado's regulatory environment, in 2003, Colorado adopted legislation to relax

restrictions on insurers who sell to the small group market. This legislation allowed insurers to offer plans that do not cover mandated benefits such as mammograms and prostate cancer screening, and to adjust premiums based upon claims experience, health status, and tobacco use. After the enactment of these reforms, enrollment in the small group market continued to decline and costs continued to rise, although a small increase in enrollment in the market was seen from 2005 to 2006. In 2007, the legislature reversed course, adopting House Bill 07-1355, which disallows the use of claims experience and health status to set rates for small groups, beginning January 1, 2009.

HEALTH CARE REFORM

The rising costs of health care insurance, coupled with the increasing number of uninsured individuals, led the Colorado General Assembly to establish the Blue Ribbon Commission for Health Care Reform (208 Commission) in 2006 to evaluate comprehensive health care reform. Over a two-year period, the commission heard about issues facing health care reform from members of the business community, consumers of health care, and experts in health care reform. In keeping with the charge of the commission, an independent consultant evaluated several proposals submitted by various organizations, including one developed by the commission, for an in-depth 'modeling' analysis. The analysis evaluated the potential impacts on health care spending and coverage, plan design, plan coverage, the projected number of individuals insured under each plan, and mechanisms for financing, including costs to the state and potential federal funding dollars. In January of 2008, the commission submitted its report with recommendations to the Joint Senate and House Health and Human Services committee. The report made over 32 recommendations, including increasing eligibility for the Child Health Plan Plus and creating a subsidy for low-income individuals to purchase health insurance. The commission suggested that the recommendations in the report be implemented in phases and when financing became available.

Building upon the recommendations from the 208 Commission's report, the General Assembly passed Senate Bill 08-217 Centennial Care Choices. The law requires the

Department of Health Care Policy and Financing, in coordination with the Division of Insurance and a panel of experts, to prepare a request for information (RFI) from health insurance companies and other interested parties to design a new health insurance product known as a value benefit plan. Value benefit plans (VBPs), at a minimum, must:

- offer benefits that approximate 80 percent of the actuarial value of the preferred provider organization plan offered to state employees;
- include benefits for participation in wellness programs and incentives for participation in healthy behavior;
- provide the lowest-level of benefits that may be offered in the state's individual market;
- specify an adequate network of providers;
- encourage the use of health information technology, telemedicine, and internet-based health care education materials and tools;
- encourage the use of pay-for-performance systems for reimbursing health care providers;
- encourage the use of regional networks of hospitals, physicians, community health centers, and other safety net providers;
- limit rate setting characteristics to those based on age and geographic location of the policyholder with optional coverage choices for consumers;
- be offered statewide and issued to any Colorado resident eligible; and
- allow payment through a state-paid premium subsidy.

The RFI went out October 1, 2008, and over 17 RFI proposals were received. On or before March 1, 2009, a final report on the RFI must be submitted to the Joint House and Senate Health and Human Services committee for review. The Joint House and Senate Health and Human Services committee will review the final report and determine whether to create the Centennial Care Choices Program, whether to create a premium subsidy program, and how to establish a permanent funding source for the program. The entire General Assembly have to approve any recommendations of the committee with regard to the program.

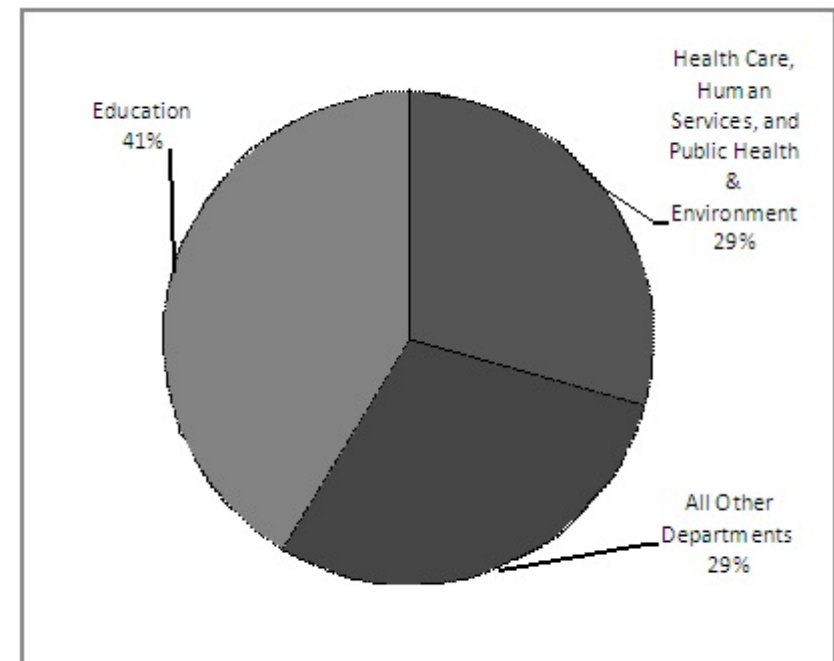
Along with Senate Bill 08-217, the General Assembly enacted other health care reform legislation in 2008. Specifically, bills were adopted that expanded eligibility for the Children's Health Plan Plus and increased the use of health information technology.

SECTION II

STATE DEPARTMENT FUNCTIONS

The state departments that focus much of their work on health-related issues are Health Care Policy and Financing, Public Health and Environment, Human Services, and Regulatory Agencies. Each department administers several programs to address Coloradans' various health care needs. Table II on page 43 shows the programs described in this book and the departments responsible for their administration. In FY 2008-09, General Fund appropriations for the three primary health and human services departments totaled \$2.3 billion, or 29 percent of the state General Fund budget. Chart II illustrates the size of the General Fund appropriations for all state departments.

Chart II
General Fund Appropriations, FY 2008-09



DEPARTMENT OF HEALTH CARE POLICY AND FINANCING

The Department of Health Care Policy and Financing (DHCPF) is the federally recognized single state agency for administering the Colorado Medicaid program. The department also develops and provides policy, program, and financial oversight for the Child Health Plan Plus (CHP+), the Colorado Indigent Care Program (CICP), and other health programs. Approximately 41 percent of its funding comes from the state's General Fund. These General Fund dollars are used to match and access federal moneys to fund health programs such as Medicaid. Federal funds comprise almost half of the department's budget.

The entire DHCPF budget is used for health-related programs. The budget's cash funds are primarily: (1) costs incurred by public hospitals and nursing homes that are used to increase the state's federal funding; (2) money from the additional tax on tobacco products as a result of Amendment 35, which was passed in 2004; and (3) money transferred from the Tobacco Litigation Settlement Cash Fund and the Children's Basic Health Plan Trust. The trust receives the majority of its funding from the Tobacco Settlement. Reappropriated funds are primarily General Fund dollars credited to cash funds for health services, transfers from other state departments, and transfers of Amendment 35 moneys.

Department of Health Care Policy and Financing Fiscal Year 2008-09 Budget (millions)

Total Appropriation	General Fund	Cash Funds	Reappropriated Funds	Federal Funds
\$3,764.0	\$1,528.9	\$372.8	\$25.5	\$1,836.8
100%	41%	10%	<1%	49%

DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT

The Department of Public Health and Environment (DPHE) administers public health and environmental protection services. Health program areas include tobacco education and cessation, disease control, local health services, inspection of hospitals and nursing homes, emergency medical services, preventative medical services for children, and suicide prevention. Approximately 76 percent of the department's budget goes toward health-related programs. A majority of the budget is made up of federal funds. Cash funds used for health-related programs are primarily funding from the Tobacco Settlement and money from the additional tax on tobacco products as a result of Amendment 35. Reappropriated funds for health-related programs are primarily transfers from other programs within the department, as well as other state departments.

Department of Public Health and Environment Fiscal Year 2008-09 Budget (millions)

Total Appropriation	General Fund	Cash Funds	Reappropriated Funds	Federal Funds
\$467.2	\$26.8	\$161.6	\$69.2	\$209.6
100%	6%	35%	15%	45%

DEPARTMENT OF HUMAN SERVICES

The Department of Human Services (DHS) administers health and non-health services provided by county departments of social services, state mental health institutes, youth corrections facilities, nursing homes, vocational rehabilitation offices, regional centers for persons with developmental disabilities, and numerous community-based public and private providers. Health-related services include those administered by the Alcohol and Drug Abuse Division, Developmental Disability Services, the Division of Aging and Adult Services, and Mental Health Services.

Because some DHS programs incorporate both health and non-health aspects, it is difficult to specify exactly how much of the department's budget goes toward health-related services. A large portion of the budget is funded through reappropriated funds due to transfers of various Medicaid dollars from the Department of Health Care Policy and Financing. Cash funds are primarily from the Old Age Pension Fund for non-health related cash assistance, local funds, and various other sources.

**Department of Human Services
Fiscal Year 2008-09 Budget
(millions)**

Total Appropriation	General Fund	Cash Funds	Reappropriated Funds	Federal Funds
\$2,134.9	\$694.5	\$342.2	\$437.0	\$661.2
100%	33%	16%	20%	31%

DEPARTMENT OF REGULATORY AGENCIES

The Department of Regulatory Agencies (DORA) addresses the health care needs of the state through the Division of Insurance and the Division of Registrations. About 34 percent of the Department's \$79 million budget is allocated to these two divisions.

The **Division of Insurance** (DOI) works to promote a competitive insurance marketplace, which allows for affordable insurance and adequate consumer choice. The division regulates insurance companies, health maintenance organizations, and workers' compensation self-insurance pools through financial examinations, inspections, and enforcement of regulations. The division also acts as a consumer advocate, responding to and investigating complaints from consumers. The Division of Insurance is funded almost entirely through tax assessments on insurers and various fees paid by regulated entities (e.g., licensing fees for insurers).

**Division of Insurance
Fiscal Year 2008-09 Budget
(millions)**

Total Appropriation	Cash Funds	Federal Funds
\$8.9	\$8.4	\$0.5
100%	94%	6%

The **Division of Registrations** works to protect health care consumers through licensure of qualified medical practitioners, facilities, and programs. Its occupational boards and licensing programs have been created by the General Assembly to ensure a minimum level of competency among licensees and to protect the public welfare. The division conducts inspections, investigates complaints, and restricts or revokes licenses when standards of practice have not been met. The budget is primarily funded through fees paid for licensure or registration by those professions regulated by the division. Reappropriated funds are cost recoveries conducted by the division and transfers from other state departments.

**Division of Registrations
Fiscal Year 2008-09 Budget
(millions)**

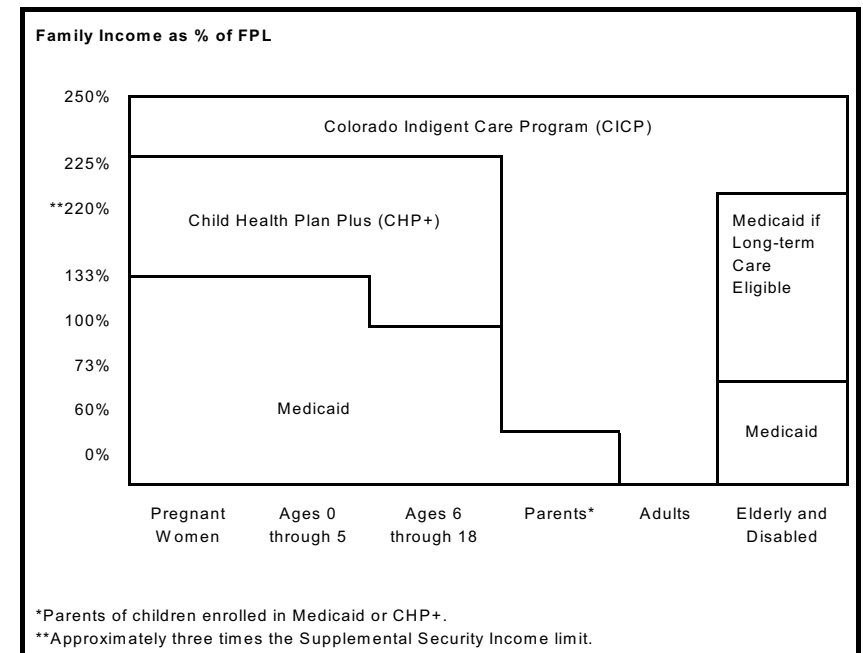
Total Appropriation	General Fund	Cash Funds	Reappropriated Funds	Federal Funds
\$17.6	\$0.1	\$15.3	\$2.2	\$0.0
100%	<1%	87%	12%	0%

SECTION III

MAJOR HEALTH CARE PROGRAMS AND SERVICES

Colorado provides health care programs and services for low-income citizens of all ages with various needs. Clients include the elderly, women, children, the mentally ill, substance abusers, the disabled, and the uninsured. This section provides program-specific information and is organized by recipient group. Eligibility for services is determined primarily by county departments of social services and depends largely upon family income. Table I on page 41 lists annual incomes associated with different federal poverty levels (FPL). Chart III illustrates income eligibility requirements for the state's primary medical coverage programs.

Chart III
Income Eligibility for State Health Programs



ELDERLY

Colorado has three major programs to provide health care assistance to the elderly. In FY 2008-09, approximately \$916 million was appropriated for the programs highlighted here. Approximately \$440 million, or 48 percent, of the total appropriation comes from the state's General Fund.

Medicaid

Elderly persons typically qualify for Medicaid by first qualifying for the Supplemental Security Income (SSI) or Old Age Pension (OAP) programs. Qualifying for OAP is based on income and resources, while SSI requires a disability diagnosis and includes income and resource limitations. Medicaid is administered by the Department of Health Care Policy and Financing.

Medicaid for the Elderly Fiscal Year 2008-09 Budget (millions)

Total Appropriation	General Fund	Federal Funds
\$873.9	\$437.0	\$437.0
100%	50%	50%

Budget: For every dollar Colorado spends on Medicaid, the federal government contributes a dollar.

Number of enrollees: FY 2008-09 is estimated at 57,562.

Cost per enrollee: FY 2008-09 ranges from \$20,683 for individuals with full benefits to \$1,391 for individuals with partial benefits.

Services: Benefits vary based upon the category of eligibility, but most elderly clients receive full Medicaid benefits. Benefits include nursing facility services, community long-term care, physician care, home health care, pharmaceuticals, the Program for All-Inclusive

Care for the Elderly (PACE), inpatient and outpatient hospital care, hospice care, nursing care, and durable medical equipment. Some clients receive assistance in paying Medicare premiums, coinsurance, and deductibles.

Eligibility: There are a number of categories of eligibility for Medicaid that vary based upon such things as level of disability. Depending upon a client's category, maximum allowable income for elderly persons may be as low as \$637 per month or up to \$1,911 per month.

Old Age Pension Health and Medical Care Program

This program assists low-income persons 60 and older who are receiving Old Age Pension payments and who do not qualify for Medicaid due to a disability. The Old Age Pension program is a state-funded program that provides monthly cash assistance to elderly persons. The Old Age Pension Health and Medical Care Program is administered by the Department of Health Care Policy and Financing.

Old Age Pension Health and Medical Care Program Fiscal Year 2008-09 Budget (millions)

Total Appropriation	Sales and Use Taxes	Tobacco Tax Revenue
\$15.3	\$12.8	\$2.5
100%	84%	16%

Budget: The program is funded primarily through sales and use taxes. Eighty-five percent of all sales and use tax revenue is diverted to the Old Age Pension Fund before being allocated to other program funds and the General Fund. Up to \$10 million of the fund's money may be transferred to the Health and Medical Care Fund. The General Assembly may also appropriate additional funding for medical services through a supplemental fund. Funding for the supplemental fund is primarily from the additional tax on tobacco products as a result of Amendment 35.

Number of enrollees: FY 2008-09 is estimated at 5,389.

Cost per enrollee: FY 2008-09 is estimated at \$2,841.

Services: Services available to this population are the same as Medicaid, except that recipients do not have coverage for inpatient psychiatric care, nursing home care, or home- and community-based services.

Eligibility: The income eligibility test for this program is constitutionally established and adjusted for cost of living. In 2008, the maximum allowable income is \$662 per month, or approximately 76 percent of the federal poverty level. Qualifying individuals must also have available resources of less than \$2,000.

Older Americans/Coloradans Act Programs

The Aging and Adult Services programs of the Department of Human Services provide health and non-health services for disabled or vulnerable adults who require some level of assistance to maintain their independence. The Older Americans Act and Older Coloradans Act programs are administered by 16 Area Agencies on Aging throughout the state.

Older Americans/Coloradans Act Programs Fiscal Year 2008-09 Budget (millions)

Total Appropriation	General Fund	Cash Funds	Local Funding	Federal Funds
\$26.6	\$3.0	\$5.0	\$3.5	\$15.1
100%	11%	19%	13%	57%

Budget: Cash funds are sales and use tax revenue that is statutorily diverted to the Older Coloradans Cash Fund.

Number of persons served: FY 2008-09 is estimated at 30,000.

Cost per person: FY 2008-09 is estimated at \$50 to \$100 per consumer.

Services: Services include senior centers, nutrition services, in-home services for persons not eligible for Medicaid, transportation, elder abuse prevention, disease prevention and health promotion services, the National Family Caregiver Support Program, and the State Long-term Care Ombudsman Program.

Eligibility: The programs are available to individuals who are aged 60 or older and have difficulty with some aspects of daily living.

CHILDREN AND PARENTS

Two major programs provide health care services to children and their parents. In FY 2008-09, over \$904 million was appropriated for the programs discussed here. Approximately \$368 million of the total comes from the state's General Fund.

Medicaid

Children and parents typically qualify for Medicaid through enrollment in Temporary Assistance for Needy Families (TANF), the cash assistance welfare program, or by meeting specific income and resource criteria. Medicaid is administered by the Department of Health Care Policy and Financing.

Medicaid for Children and Families Fiscal Year 2008-09 Budget (millions)

Total Appropriation	General Fund	Federal Funds
\$736.7	\$368.4	\$368.4
100%	50%	50%

Budget: For every dollar Colorado spends on Medicaid, the federal government contributes a dollar.

Number of enrollees and cost per enrollee: Because the number of children and adults and cost per enrollee differs significantly among the different enrollment categories, each category is listed separately below.

Category	Enrollees	Cost per Enrollee
Children - Total Enrollees 212,342		
Eligible Children	193,484	\$1,963
Foster Care	18,858	\$3,726
Adults - Total Enrollees 57,625		
Categorically Eligible	41,667	\$4,673
Baby Care/Kids Care	6,028	\$9,873
Breast & Cervical Cancer Treatment	301	\$24,336
Low-Income Adults	9,629	\$2,674

Services: Enrollee benefits include physician and clinic services, hospital care, prescriptions, home health care, and mental health services. Children may receive additional coverage through the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program. these services include dental care, vision and hearing screening, and immunizations.

Eligibility: The Medicaid eligibility threshold for pregnant women and children through age five is 133 percent of the federal poverty level. Children ages 6 through 18 must have family incomes less than 100 percent of the federal poverty level. Parents of children enrolled in Medicaid or the CHP+ are eligible up to 60 percent of the federal poverty level. Table I on page 41 lists annual incomes associated with specific federal poverty levels.

Child Health Plan Plus (CHP+)

The Child Health Plan Plus (administratively known as the Children's Basic Health Plan) provides health insurance to low-income children and pregnant and post-partum women who are not eligible for Medicaid. The Department of Health Care Policy and Financing administers the plan. Depending upon income and type of care received, families may pay an annual enrollment fee up to \$35 and office visit co-payments up to \$15.

Children's Basic Health Plan Fiscal Year 2008-09 Budget (millions)

Total Appropriation	Transfers from Funds and Trusts	Federal Funds
\$167.2	\$58.8	\$108.4
100%	35%	65%

Budget: For every dollar Colorado spends on CHP+, the federal government contributes two dollars. The transfers are moneys received from two sources: the Children's Basic Health Plan Trust, which is primarily funded with Tobacco Settlement dollars, and the Health Care Expansion Fund, which is funded with Amendment 35 revenue.

Number of enrollees: FY 2008-09 estimated enrollment is 77,152 children and an average monthly caseload of 1,697 pregnant women.

Cost per enrollee: FY 2008-09 estimated medical and dental costs per child are \$1,787 per year. The estimated costs per woman are \$12,723 per year.

Services: Services include inpatient and outpatient hospital services, physician services, prescription drugs, prenatal care, labor and delivery, and mental health services. Coverage for dental care is available to children.

Eligibility: Eligible women and children must have family incomes that do not exceed 225 percent of the federal poverty level. Children can be as old as 18. Women must be pregnant or less than 60 days post-partum. Table I on page 41 lists annual incomes associated with specific federal poverty levels.

MENTALLY ILL AND SUBSTANCE ABUSERS

Colorado has five major resources for mental health and substance abuse treatment. Approximately \$410.9 million was appropriated in FY 2008-09 to administer the programs highlighted here. Approximately \$232.5 million of that total comes from the state's General Fund.

Mental Health Services

Medicaid Mental Health Services

The Department of Health Care Policy and Financing administers mental health services for Medicaid enrollees. These services are primarily delivered through contracts with five Behavioral Health Organizations (BHOs). The BHOs are responsible for implementing Medicaid mental health managed care.

Medicaid Mental Health Services Fiscal Year 2008-09 Budget (millions)

Total Appropriation	General Fund	Cash Funds	Federal Funds
\$209.4	\$97.7	\$7.0	\$104.7
100%	47%	3%	50%

Budget: For every dollar Colorado spends on Medicaid, the federal government contributes a dollar. The cash funds are transfers of Amendment 35 moneys.

Number of persons served: In FY 2008-09, an estimated 361,782 persons are eligible for Medicaid mental health services. Of this number, it is estimated approximately 10 to 12 percent will seek services.

Cost per person served: Each BHO is paid a rate to serve persons in its service area who are eligible for Medicaid mental health services. In FY 2008-09, statewide average rates paid to the BHOs range from approximately \$166 to \$3,343 per person annually.

Services: A wide range of services is provided by the BHOs, which determine the appropriate level of service. Services include assessment, a treatment plan, case management, and inpatient and outpatient care.

Eligibility: Persons enrolled in Medicaid are eligible to receive coverage for mental health services, if needed.

Non-Medicaid Mental Health Services

The Division of Mental Health Services in the Department of Human Services administers services for persons who are not eligible for Medicaid, and do not have mental health insurance coverage. These non-Medicaid, community-based mental health treatment services are provided by 17 community mental health centers and 6 specialty clinics.

Non-Medicaid Mental Health Services Fiscal Year 2008-09- Budget (millions)

Total Appropriation	General Fund	Transfers and Local Funds	Federal Funds
\$53.3	\$41.4	\$5.7	\$6.2
100%	78%	11%	12%

Budget: Federal funds are primarily from the Mental Health Services Block Grant.

Number of persons served: FY 2008-09 is estimated at over 11,262 persons.

Cost per person served: FY 2007-08 is estimated at \$4,736.

Services: Individuals may receive a range of outpatient, case management, residential, and acute stabilization services.

Eligibility: Anyone may take advantage of services at a community mental health agency. To qualify for financial assistance, individuals' incomes are evaluated according to a sliding scale.

Mental Health Institutes

The Office of Behavioral Health and Housing in the Department of Human Services oversees the two state inpatient mental health institutes for seriously mentally ill persons: the Colorado Mental Health Institute at Fort Logan and the Colorado Mental Health Institute at Pueblo.

Mental Health Institutes Fiscal Year 2008-09 Budget (millions)

Total Appropriation	General Fund	Patient Fees & Payments from Counties & School Districts	Patient Revenues and Transfers from State Agencies
\$98.9	\$78.3	\$10.7	\$9.9
100%	79%	10%	11%

Budget: The transfers from state departments are primarily Medicaid payments for qualifying patients and payments from the Department of Corrections for medical services.

Number of persons served: FY 2008-09 is estimated at an average daily enrollment of 416 persons at Pueblo and 153 persons at Fort

Logan. The institutes will serve approximately 3,415 patients throughout the course of the year.

Cost per person served: The average cost per bed is estimated at \$188,325 in FY 2008-09.

Services: The mental health institutes provide long- and short-term inpatient hospital care for seriously mentally ill citizens of Colorado.

Eligibility: Patients are referred to the institutes by their mental health care provider for inpatient hospitalization if their illness is too severe to be treated in a community setting. Persons are also sentenced to the institutes through involvement with the criminal justice system.

Substance Abuse Services

Alcohol and Drug Abuse Division

The Alcohol and Drug Abuse Division (ADAD), within the Department of Human Services, develops and oversees comprehensive prevention, intervention, and treatment services for residents of the state. Alcohol and drug abuse services administered by ADAD are provided primarily through six managed service organizations, each of which administers treatment for residents of a specified geographic area of the state.

Alcohol and Drug Abuse Division Fiscal Year 2008-09 Budget (millions)

Total Appropriation	General Fund	Fines for Substance Abuse Convictions	Transfers From Other State Departments	Federal Funds
\$49.2	\$15.1	\$2.6	\$3.3	\$28.2
100%	31%	5%	7%	57%

Budget: The majority of funds come from a federal Substance Abuse Prevention and Treatment Block Grant and other federal grants. Transfers from other state departments include funds from the Judicial Department's Alcohol and Drug Driving Safety Program, the Department of Revenue's Persistent Drunk Driver Cash Fund, federal and state substance abuse treatment funds transferred by the Department of Public Safety, Medicaid dollars transferred by the Department of Health Care Policy and Financing, and transfers of tobacco settlement moneys.

Number of persons served: FY 2008-09 is estimated at 41,100 detoxification episodes and 18,440 substance abuse treatment episodes.

Cost per person served: Cost varies according to services provided, ranging from approximately \$459 for detoxification to \$4,218 for a residential treatment program.

Services: Prevention services include information dissemination, education, problem identification, and referral. Treatment services include inpatient and outpatient care. The division also funds and oversees involuntary commitments into detoxification facilities and substance abuse treatment programs. Finally, the division also approves, monitors, and investigates treatment programs and sets standards for alcohol and drug abuse counselors.

Eligibility: Anyone needing the services of ADAD is eligible to participate.

DISABLED

Colorado has two major resources to address the needs of the physically and developmentally disabled populations. In FY 2008-09, \$1.1 billion was appropriated for the programs described here. Approximately \$358.0 million is directly from the state's General Fund. Services for the disabled are also funded with transferred Medicaid funds, which originate in the state's budget as half General Fund and half federal funds.

Medicaid

Individuals who receive Medicaid disabled assistance have been deemed permanently and totally disabled by the federal Disability Determination Service and are eligible for federal Supplemental Security Income (SSI) benefits. Eligible persons must have limited income and financial resources. Medicaid is administered by the Department of Health Care Policy and Financing.

Medicaid for the Disabled Fiscal Year 2008-09 Budget (millions)

Total Appropriation	General Fund	Federal Funds
\$650.5	\$325.2	\$325.2
100%	50%	50%

Budget: For every dollar Colorado spends on Medicaid, the federal government contributes a dollar.

Number of persons served: FY 2008-09 is estimated at 50,123.

Cost per person served: FY 2008-09 is estimated at \$12,978.

Services: Persons who qualify for Medicaid through an SSI disability determination receive full Medicaid benefits except for nursing facility care and home- and community-based services. Enrollees who need those benefits must meet specific eligibility and level-of-care criteria.

Eligibility: The income limit for enrollees is \$637 per month or approximately 74 percent of the federal poverty level in 2008.

Developmental Disability Services

The Division for Developmental Disabilities within the Department of Human Services administers residential and family support services for persons with developmental disabilities. Most

state-funded services for children and adults with developmental disabilities are provided by 20 local non-profit agencies known as Community Centered Boards. The division also operates three regional centers that provide institutional programs for persons with developmental disabilities.

**Developmental Disability Services
Fiscal Year 2008-09 Budget
(millions)**

Total Appropriation	General Fund	Local Funds/ Patient Fees	Transferred Medicaid Dollars	Federal Funds
\$435.1	\$32.8	\$43.2	\$352.3	\$6.8
100%	8%	10%	81%	2%

Budget: The great majority of Developmental Disability Services' budget is funded by transfers of Medicaid dollars from the Department of Health Care Policy and Financing. These transferred Medicaid funds are comprised of half General Fund and half federal funds.

Number of persons served: FY 2008-09 is estimated at 12,071 adults and children.

Cost per person served: Costs vary from an average annual cost of \$182,750 for adults served in regional centers to \$5,360 for early intervention resources for children.

Services: A wide array of services are available, depending upon an individual's specific needs. Services include case management, residential placements, homemaker care, skilled nursing services, and supported living services.

Eligibility: Adults must have a developmental delay that manifested before the age of 22 in order to qualify for services. Children must either have a developmental delay or be at risk for factors that contribute to a developmental disability to be eligible for services.

UNINSURED

Colorado has two major programs that offer coverage to persons who are unable to get private insurance and do not qualify for other programs. In FY 2008-09 about \$369 million was budgeted for the programs described here. Over \$19 million of the total appropriation comes from the state's General Fund.

Colorado Indigent Care Program

The Colorado Indigent Care Program (CICP) provides partial reimbursement to participating hospitals and clinics for the costs of serving uninsured and under-insured Coloradans. It is administered by the Department of Health Care Policy and Financing. Unlike other state programs such as Medicaid and CHP+, CICP does not offer enrollment with a defined list of benefits. Instead, it is a safety net program for persons who are not eligible for other programs but do not have the means to pay for care.

**Indigent Care Program
Fiscal Year 2008-09 Budget
(millions)**

Total Appropriation	General Fund	Public Hospital Expenditures	Cash Funds	Federal Funds
\$345.2	\$36.7	\$135.0	\$0.9	\$172.6
100%	11%	39%	<1%	50%

Budget: The public hospital expenditures are used to increase the level of federal funding for the program. Cash funds are transfers of money from the additional tax on tobacco products as a result of Amendment 35 and the tobacco settlement.

Number of persons served: For FY 2008-09, CICP will cover approximately 172,500 clients.

Cost per person served: Costs vary greatly according to services provided. For example, a client may only need a prescription or he or she may need emergency trauma care. Clients pay co-payments for services based upon income.

Services: All medically necessary care is eligible for reimbursement with the exception of nursing facility care, outpatient mental health services, and non-emergency dental care. CICP-covered services vary by provider because services are limited by the provider's physical, financial, and staff resources. Given such limitations, patient care must be prioritized based upon the following guidelines:

- at a minimum, emergency care;
- care for conditions which most seriously threaten the health of an indigent person; and
- any other medical care, dependent on the provider's resources.

Eligibility: Maximum eligible income is 250 percent of the federal poverty level. Clients cannot be eligible for Medicaid or CHP+. Table I on page 41 lists annual incomes associated with specific federal poverty levels.

CoverColorado

CoverColorado (formerly the Colorado Uninsurable Health Insurance Plan, or CUHIP) is a non-profit organization that provides major medical health insurance to Colorado residents who have been denied access to health insurance because of pre-existing medical conditions.

CoverColorado Fiscal Year 2008-09 Budget (millions)

Total Budget	Premiums	Insurer Assessment	Unclaimed Property	Other Sources
\$97.8	\$42.1	\$24.2	\$24.2	\$7.4
100%	43%	25%	25%	8%

Budget: The insurer assessment is the amount generated by an mandatory assessment levied on all health insurers in the state. The program also receives transfers from the Unclaimed Property Trust Fund, a fund that, pursuant to state law, holds money from the sale of items that have been determined to have been abandoned or otherwise go unclaimed. Other sources of funding for the program include premium tax credits that are directed to CoverColorado, interest, and federal grants.

Number of enrollees: Average enrollment in FY 2008-09 is expected to be 10,200 individuals.

Cost per enrollee: FY 2008-09 estimated average medical expenses paid by CoverColorado total \$665 per enrollee per month. The average monthly premium paid by enrollees is \$366 per month.

Services: Services include inpatient and outpatient hospital care, skilled nursing facilities, transplants, home health care, prescription drugs, preventive care, mental health and substance abuse treatment, and hospice care.

Eligibility: To participate in the CoverColorado program, an individual must meet a number of criteria. They include:

- being a legal resident of Colorado for at least six months prior to application;
- having an application for insurance coverage denied because of previous medical conditions;

- having an application for a new policy accepted, but the premium rate is higher than CoverColorado's most similar plan;
- involuntary termination of prior coverage for reasons other than non-payment of premiums; and
- diagnosis with a condition such as HIV/AIDS, metastatic cancer, and cystic fibrosis.

SECTION IV RESOURCES

In Colorado, public and private health care programs are administered by various entities. This section provides contact information for a variety of health-related programs in the state.

Alcohol and Drug Abuse Services

Individuals can contact the Division of Alcohol and Drug Abuse within the state Department of Human Services for information on alcohol and drug treatment programs. The division may be reached at **303-866-7480**.

The division maintains a list of prevention and treatment providers on its website. The directories can be accessed through the "Prevention Directory" and "Treatment Directory" links on the left hand side of the website. The division's website can be accessed at www.cdhs.state.co.us/adad/index.htm.

Area Agencies on Aging

In Colorado, 16 Area Agencies on the Aging provide nutrition services, transportation, elder-abuse prevention, health care, and other services to persons aged 60 and older.

To locate a Colorado Area Agency on the Aging, individuals may call **303-866-2800**. A list of the agencies may also be found at www.cdhs.state.co.us/aas/PDFs/AAAs.pdf

Breast and Cervical Cancer Treatment Program

___ Through the Women's Wellness Connection, uninsured women with limited incomes can receive screenings for breast and cervical cancer. If the woman is subsequently diagnosed with cancer, she may receive Medicaid benefits through the Breast and Cervical Cancer Program.

___ Women can locate a Women's Wellness Connection screening site by calling **1-866-951-9355**. Information on screening sites can also be found at www.womenswellnessconnection.org.

If a woman is diagnosed with cancer through a screening obtained at a Women's Wellness Connection screening site, a Medicaid application for treatment through the Breast and Cervical Cancer Treatment Program will be completed. Information on the Breast and Cervical Cancer Treatment Program can be obtained by calling **303-866-2693** or at www.colorado.gov/cs/Satellite/HCPF/HCPF/1210324172204.

Child Health Plan Plus (CHP+)

See "Medicaid and Child Health Plan Plus."

Colorado Indigent Care Program (CICP)

Individuals seeking to receive discounted care through the Colorado Indigent Care Program (CICP) must visit a hospital or clinic that participates in the program and meet with an eligibility technician to determine if they are eligible. A list of participating hospitals and clinics can be found at www.colorado.gov/cs/Satellite/HCPF/HCPF/1214299805914. Additional information can be obtained by calling **303-866-2580**.

Community Health Centers

In Colorado, 14 community health centers provide health, dental, and other services to individuals eligible for Medicaid, the Child Health Plan Plus, the CICP, as well as uninsured individuals. A list of community health care clinics throughout the state can be found at www.cchn.org/health_centers.php. Information on Colorado's community health care clinics can also be obtained at **303-861-5165**.

CoverColorado

___ CoverColorado is Colorado's insurance program for individuals who have been denied coverage in the individual insurance market due to a preexisting condition. An application for the program can be submitted online or printed out and mailed in. Applications and information about the program can be found at www.covercolorado.org. Information on the CoverColorado program can also be obtained by calling **303-863-1960** or **1-866-787-9129**.

Dental Care

Some community health centers in Colorado provide low-cost dental services to children and adults. Information on Colorado's community health centers can also be obtained by calling **303-861-5165** or at www.cchn.org/health_centers.php.

The Colorado Dental Association maintains a list of private and nonprofit organizations that provide dental services to persons with limited incomes. The list may be found at www.cdaonline.org/dentalcharities.htm or by calling **303-740-6900**.

Developmental Disability Services

In Colorado, local nonprofit agencies known as Community Centered Boards serve as the single-entry point for state and federally-funded services for persons with developmental disabilities.

Twenty Community Centered Boards throughout the state are responsible for conducting eligibility determinations and providing case management services to persons eligible for services. A listing of Colorado's Community Centered Boards may be found at www.cdhs.state.co.us/ddd/CCB_Main.htm. Contact information for the boards may also be obtained by calling **303-866-7450**.

Division of Insurance

The state Division of Insurance maintains information for health insurance consumers throughout the state. The division's website contains numerous resources for consumers, including information on Colorado laws and regulations governing insurance carriers, how to file a complaint against an insurance company, and a premium comparison for various health insurance products. The division's consumer information line is **303-894-7490**. The division's website can be accessed at www.dora.state.co.us/insurance.

Long-term Care

In Colorado, individuals access publicly funded community-based long-term care service through single entry point agencies. Single entry point agencies serve as a source of information on long-term care, conduct eligibility determinations, and make referrals to appropriate long-term care services. A listing of Colorado's long-term care single entry point agencies can be found by clicking on "Single Entry Point Agencies" at www.colorado.gov/cs/Satellite/HCPF/HCPF/1205189474220

Colorado has a Long-Term Care Ombudsman charged with assisting individuals in finding appropriate long-term care facilities, resolving disputes between residents and facilities, and addressing complaints against long-term care providers. Colorado's Long-Term Care Ombudsman can be reached at **303-722-0300 x217** or **1-800-288-1376**. Information can also be obtained at www.thelegalcenter.org/services_older.html.

Medicaid and Child Health Plan Plus (CHP+)

In Colorado, eligibility determinations for Medicaid, the Child Health Plan Plus (CHP+), and other public assistance programs, such as food stamps and Temporary Assistance to Needy Families (TANF), are made by county departments of social services. Individuals interested in applying for such programs should contact the county department of social service in which they live. Contact information for county departments throughout the state can be found at www.cdhs.state.co.us/servicebycounty.htm.

Individuals may print out the application for Medicaid and CHP+ and mail it to a county department of social services. Applications for Medicaid can be found at www.colorado.gov/cs/Satellite/HCPF/HCPF/1197969485591. Applications for CHP+ can be found at www.cchp.org. Individuals can also receive information about the programs and receive assistance in completing the applications by calling either **303-866-3513** or **1-800-221-3943** for Medicaid and **1-800-359-1991** for CHP+.

Finally, certain community-based organizations can also assist individuals in applying for Medicaid or CHP+. A list of organizations designated to assist in applications for Medicaid or CHP+ can be found at this address, by clicking on the "Application Assistance Sites" link at www.colorado.gov/cs/Satellite/HCPF/HCPF/1197969485591.

Mental Health Care

Medicaid-eligible persons may contact their local Behavioral Health Organization (BHO) for information on how to obtain necessary mental health services. A list of BHOs can be found at www.colorado.gov/cs/Satellite/HCPF/HCPF/1212398231156. Individuals may also call **303-866-3513** or **1-800-221-3943** for assistance.

Medicaid-eligible persons who are having problems accessing care through a BHO may call the Ombudsman for Medicaid Managed Care at **303-830-3560** or **1-877-435-7123**.

Non Medicaid-eligible persons may contact the community mental health center that serves their area of residence. Eligibility technicians at each center will determine the services an individual may qualify for, and the cost of services. A list of Colorado's community mental health centers can be found at www.cdhs.state.co.us/dmh/directories_cmhc.htm or by calling **303-866-7400**.

There are two state-administered inpatient mental health institutes in Colorado. Information about the Colorado Mental Health Institute at Fort Logan can be found at www.cdhs.state.co.us/cmhlfi. The institute may also be reached at **303-866-7066**.

Information on the Colorado Mental Health Institute at Pueblo may be found at: www.cdhs.state.co.us/cmhip. The telephone number for the institute is **719-546-4000**.

Old Age Pension Health and Medical Care Program

Persons who are eligible for Old Age Pension cash benefits may also qualify for medical care through the Old Age Pension Health and Medical Care Program. In order to apply for the program, individuals should contact their county department of social services. A listing of county departments may be found at www.cdhs.state.co.us/servicebycounty.htm.

Table I
Annual Incomes and Percent of Federal Poverty Level, 2009

Family Unit Size	60% of poverty level	73% of poverty level	100% of poverty level	133% of poverty level	200% of poverty level	220% of poverty level	225% of poverty level	250% of poverty level	300% of poverty level	400% of poverty level
1	\$6,498	\$7,906	\$10,830	\$14,404	\$21,660	\$23,826	\$24,368	\$36,010	\$32,490	\$43,320
2	\$8,742	\$10,636	\$14,570	\$19,378	\$29,140	\$32,054	\$32,783	\$36,425	\$43,710	\$58,280
3	\$10,986	\$13,366	\$18,310	\$24,352	\$36,620	\$40,282	\$41,198	\$45,775	\$54,930	\$73,240
4	\$13,230	\$16,097	\$22,050	\$29,327	\$44,100	\$48,510	\$49,613	\$55,125	\$66,150	\$88,200
5*	\$15,474	\$18,827	\$25,790	\$34,301	\$51,580	\$56,738	\$58,028	\$64,475	\$77,370	\$103,160

*Family sizes of one to five are shown for illustrative purposes. Allowable incomes continue to increase as family size increases.

Table II
State Departments and Corresponding Programs

Department	Elderly	Children and Parents	Mentally Ill and Substance Abusers	Disabled	In cured	Uninured
Health Care Policy and Planning	Medical 303-866-3513 1-800-221-3943 Old Age Pension Health and Medical Care Program Connecticut county department of social services Women's Wellness Connection 1-866-951-9355 Breast and Cervical Cancer Treatment Program 303-866-2953	Medical 303-866-3513 1-800-221-3943 CHP+ 1-800-355-1991	Medical 303-866-3513 1-800-221-3943	Medical 303-866-3513 1-800-221-3943	Medical 303-866-3513 1-800-221-3943	Medical 303-866-3513 1-800-221-3943 Colorado Inpatient Care Program 303-866-2580
Human Services	Older Americans/Colonians Act Program 303-866-2800 Aging and Adult Services 303-866-2800		Alcohol and Drug Abuse Division 303-866-7480 Mental Health Services - Behavioral Health Organizations 303-866-3513 or 1-800-221-3943 - Community Mental Health Centers 303-866-7400 Mental Health Institute - Colorado Mental Health Institute 303-866-7066 - Colorado Mental Health Institute 719-546-4000	Developmental Disability Services 303-866-7450 Community Centered Boards 303-866-7450		
Regulatory Agencies					Division of Insurance 303-866-47490	Cover Colorado 303-863-1950 Community Health Centers (including dental information) 303-861-5165
Non-profit Organizations						

Table II provides information on each state department that handles health care issues in Colorado and the corresponding programs for each department. Health issues are listed in the table. For more detailed information on each program, see Section IV, Resources.

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