

**FY 2013-14
Colorado Health Care
Resource Book**

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



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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 three sections to make it easier for the reader to access information. The first section provides an overview of the health care system in Colorado, including private health insurance and public health programs. The second section reviews the budgets and health care responsibilities of key executive branch departments. The third section provides more detailed program information on public health programs in Colorado, and is generally organized by population group. Program summaries in Section III include information on eligibility, costs, services, and provide contact information for the programs. Departmental and program budget figures were drawn primarily from the FY 2013-14 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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Section I

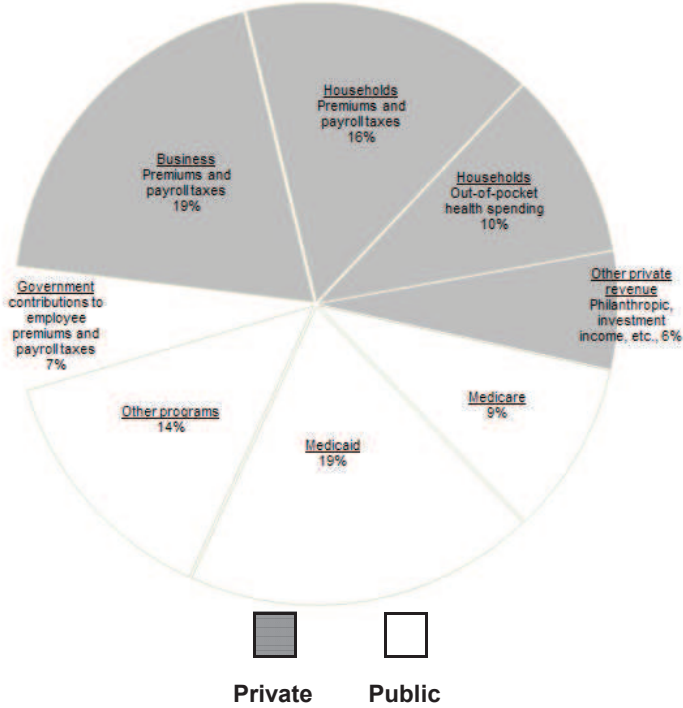
Health Care Issues in Colorado

Health care in Colorado is in a period of transition, with federal health care reform and other state-based health initiatives currently being implemented. Federal health care reform, in particular, will change the way many citizens access and pay for health insurance and health care services. This section is intended to provide an overview of the health care system in Colorado and illustrate the different health coverage options that are available to citizens. Key topics that are discussed include the costs of health care, private health insurance, implementation of federal health care reform, and public health care programs.

Health Care Spending

Nationally, health expenditures are projected to grow to \$3.1 trillion dollars in 2014, or about \$9,808 for each person in the country, representing 18.2 percent of the Gross Domestic Product (GDP).¹ Over the last several years, health care spending has grown at a rate of about 4 to 5 percent per year. Chart 1 illustrates the sources of payment for the country's health care costs. Revenue from federal, state, and local governments is estimated to be the source of 48 percent of national health spending in 2014; revenue from households, businesses, and other private sources will make up 52 percent of total spending.² The proportion of health care spending paid for by government has increased in recent years and is projected to account for 50 percent of all health care spending in 2021.³

Chart 1
Projected Sources of Payment
for Health Care in the U.S., 2014



Source: Health Affairs, June 2012

Private Health Insurance

Nationwide, as well as in Colorado, most individuals access private health insurance through their employer.⁴ The private health insurance market is broken down into the following categories of health plans: the self-funded, large employer group, small employer group, and individual markets.

Types of health insurance. Self-funded plans, often used by larger employers, are subject to federal laws and regulation, and are not regulated by Colorado law. With self-funded plans, employers assume the risk and pay for all covered services claimed through the health plan by members of the group. On the other hand, fully insured plans are regulated by the state and include individuals in Colorado's small employer group market, persons who seek individual coverage outside of their employer, and large employer groups that do not self-fund their health insurance plans. With fully insured plans, health insurers assume the risk and pay the health care claims submitted by the covered group. Health insurers set the premiums and cost-sharing amounts paid by employers and covered individuals to cover the estimated cost of care and administrative costs. According to an annual survey of Colorado employers, approximately 46 percent of employers offer fully insured plans that are regulated by state law.⁵

Health insurance regulations. Federal and state law require health plans to cover certain benefits. For example, there are state mandates to cover pregnancy and childbirth, newborn children, mental illness, diabetes, and prostate cancer screening. Health insurers are required to comply with other state laws, including a requirement that carriers file proposed premium changes with the Division of Insurance in the Department of Regulatory Agencies to ensure that they are not excessive, inadequate, or unfairly discriminatory. Federal law requires fully insured health plans in the individual and small employer group markets to refund a portion of the premiums paid by employers and covered individuals if more than 20 percent of the premiums collected are used for non-medical purposes such as administration and advertising. For large employer groups with more than 50 persons, refunds are required if more than 15 percent of revenue goes to non-medical expenses.⁶

Persons without health insurance. The 2013 Colorado Health Access Survey estimates that approximately 741,000 persons in Colorado, or approximately 14 percent of the state's population, do not have health insurance.⁷ The significant number of persons without insurance 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 shifted to other private payers.

Fifty percent of uninsured Coloradans have been without insurance for three or more years, and 10 percent have never had insurance coverage. Over 47 percent of uninsured Coloradans reported they did not make a medical appointment due to lack of insurance. Uninsured Coloradans cite the primary reasons for not having insurance as the cost being too high, the person in the family who had health insurance lost a job or changed employers, or the family member's employer does not offer coverage or the employee is not eligible for employer coverage.⁸

In Colorado, uninsured individuals may be found in all income levels; however, persons with the lowest incomes make up the largest share of the persons without health insurance, with just over 86 percent of uninsured Coloradans having incomes at or below 300 percent of the Federal Poverty Level (FPL).⁹ Young adults between 19 and 34 years of age are the most likely not to carry health insurance, comprising 36 percent of uninsured individuals in Colorado.¹⁰ In contrast, the elderly, because of the availability of Medicare, are less likely to be uninsured than any other age group.

Beginning in 2014, federal health care reform requires most persons to carry health insurance or pay a tax penalty. This individual mandate to carry insurance, as well as access to health insurance through a state marketplace, the availability of subsidies to purchase insurance for families with low or moderate incomes, and the expansion of Medicaid in Colorado are expected to decrease the number of persons without health insurance in 2014 and beyond. More detail on federal health care reform is provided in the next section.

Federal Health Care Reform

In March 2010, the Patient Protection and Affordable Care Act (PPACA), also known as federal health care reform, was adopted by the U.S. Congress and signed by the President.¹¹ PPACA expands health care coverage by increasing access to private health insurance and expanding eligibility for Medicaid.

Effect on health insurance. The health reform law increases regulations on health insurance providers and makes changes to how the health insurance market operates. PPACA also requires individuals to have health care coverage and certain employers to offer health insurance to employees. Changes that have already taken effect under PPACA include:

- prohibiting lifetime and annual caps on health insurance benefits;
- allowing children to stay on their parents' health insurance through age 26;
- prohibiting health insurance providers from rescinding coverage, except in cases of fraud; and
- prohibiting health insurance providers from denying coverage to children because of preexisting conditions.

Beginning in 2014, health insurance providers cannot deny coverage to adults with pre-existing conditions and cannot set rates based on a person's health status or medical condition. Factors such as age, family size, geographic area, and tobacco use may still be considered when determining rates. In 2014, providers must offer health insurance coverage to all persons who apply or wish to renew their coverage. Subsidies to purchase health insurance will be available to individuals who have incomes between 133 and 400 percent of the FPL who are not offered affordable health coverage through their employer.

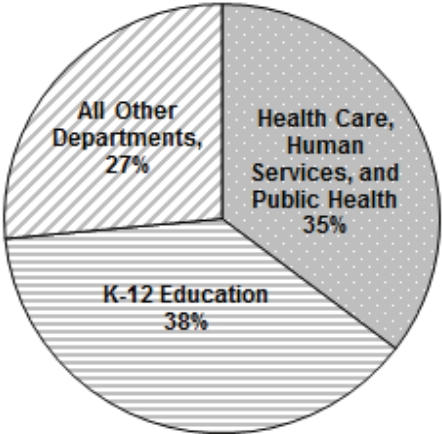
Health insurance marketplace. An important step associated with federal health reform in Colorado is the creation of a health insurance marketplace, known as Connect for Health Colorado. Connect for Health Colorado is a state-chartered nonprofit organization that operates a health insurance marketplace to allow consumers to get information, compare health plans, and purchase

coverage. Connect for Health Colorado screens clients for eligibility for other public health care programs and determines federal subsidy amounts for eligible persons who wish to purchase insurance through the marketplace. The marketplace began selling health plans in October 2013, with coverage under these plans taking effect in January 2014. All health insurance sold both inside and outside the marketplace must provide a minimum level of benefits, known as essential health benefits, and meet standards of cost effectiveness and value in terms of premiums paid versus medical claims paid. Persons wishing to shop for or purchase insurance through the marketplace may go to www.connectforhealthco.com.

Section II
State Department Functions

The state departments that focus much of their work on health-related issues are the Departments of 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. In FY 2013-14, General Fund appropriations for the three primary health and human services departments totaled \$2.8 billion, or 35 percent of the state General Fund budget. Chart 2 illustrates the size of the General Fund appropriations for all state departments. Table 1 provides detail on all the funding sources for the state departments providing health care services.

Chart 2
General Fund Appropriations, FY 2013-14



Source: Joint Budget Committee Staff

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 32 percent of its funding comes from the state's General Fund. Another 14 percent comes from cash funds and provider fees paid by hospitals and nursing homes. These General Fund and cash fund dollars are used to match and access federal moneys to fund health programs such as Medicaid and to reimburse hospitals for uncompensated care they provide to persons without health insurance. Federal funds comprise about 55 percent of the department's budget.

The entire DHCPF budget is used for health-related programs. The budget's cash funds are primarily: (1) the Hospital Provider Fee, which is paid by public hospitals and nursing homes and used to increase federal funding to the state; (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. The DHCPF also receives reappropriated funds. These funds consist primarily of General Fund dollars credited to various cash funds for health services, transfers from other state departments, and transfers of Amendment 35 moneys.

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 75 percent of the department's budget goes toward health-related

programs. About 56 percent of the budget is made up of federal funds. Cash funds used for health-related programs are primarily funds from the Tobacco Master 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 and other state departments.

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 Division of Behavioral Health, Developmental Disability Services, and the Division of Aging and Adult 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 Regulatory Agencies

The Department of Regulatory Agencies (DORA) addresses the state's health care needs through the Division of Insurance and the Division of Professions and Occupations. About 30 percent of the department's \$81 million budget is allocated to these two divisions.

The **Division of Insurance** (DOI) works to promote a competitive insurance marketplace that 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).

Department	General Fund	Cash Funds	Reappropriated Funds	Federal Funds	Total Appropriation
Department of Health Care Policy and Financing	\$2,063.2	\$888.5	\$10.5	\$3,575.6	\$6,537.6
	32%	14%	<1%	55%	100%
Department of Public Health and Environment	\$53.4	\$149.7	\$29.7	\$291.3	\$524.1
	10%	29%	6%	56%	100%
Department of Human Services	\$724.8	\$358.9	\$519.8	\$610.8	\$2,214.4
	33%	16%	23%	28%	100%
Division of Insurance - Department of Regulatory Agencies	\$0	\$6.8	\$0	\$0.5	\$7.4
		93%		7%	100%
Division of Professions and Occupations - Department of Regulatory Agencies	\$0	\$16.0	\$0.6	\$0	\$16.6
		96%	4%		100%
TOTAL	\$2,841.4	1,419.9	560.6	4,478.2	9,300.1
	31%	15%	6%	48%	100%

Table 1
State Department Budgets
FY 2013-14 (in millions)

Source: Joint Budget Committee Staff

**Section III
Major Health Care Programs and Services
in Colorado**

Section III provides an overview of the major health care-related programs in Colorado. The state provides a range of health care programs and services for citizens, with eligibility typically based on income level, as well as population category or service need. State health programs take a variety of forms, including public health insurance programs, direct services, contracted provider services, managed care programs, and public health initiatives. Clients in state health programs include low-income adults, pregnant women, children, the elderly, persons with disabilities, persons with mental health or substance abuse disorders, and persons without health insurance. Community and nonprofit organizations are also a health care resource for persons requiring services. Funding and caseload information for the programs discussed in this section are summarized in Table 2.

**Table 2
Colorado Health Care Program Funding
and Caseload, FY 2013-14**

Program	Total Funding	Caseload
Low-income Populations		
Medicaid	\$4,736,824,877	809,452 clients
Children and Pregnant Women		
Child Health Plan Plus	\$200,601,356	73,773 children 1,395 pregnant women
Nurse Home Visitor Program	\$14,635,500	2,557 first-time mothers
Elderly		
Community Services for the Elderly	\$36,531,477	37,062 seniors
Old Age Pension Health and Medical Program	\$8,300,000	3,265 clients ¹
Old Age Pension Dental Program	\$3,022,800	1,420 seniors ²

Table 2
Colorado Health Care Program Funding
and Caseload, FY 2013-14 (Cont.)

Program	Total Funding	Caseload
Persons with Disabilities		
Developmental Disability Services	\$474,673,497	9,240 clients served in community 300 in regional center
Mental Health and Substance Abuse Services		
Medicaid Behavioral Health Community Program	\$385,638,470	80,000 ³
Non-Medicaid Mental Health Community Programs	\$70,158,665	12,635 clients
Mental Health Institutes	\$95,371,595	485.5 bed spaces occupied ⁴
Suicide Prevention Program	\$384,348	N/A
Alcohol and Drug Abuse Services	\$44,666,681	53,303 detoxification admissions 27,274 substance abuse treatment admissions 23,210 admissions for DUI services
Tobacco Education, Prevention, and Cessation Program	\$26,584,735	16,200 received assistance through grant programs funded through this program
Persons Without Health Insurance		
Colorado Indigent Care Program	\$357,413,184	220,934 clients
CoverColorado	\$75,300,000	13,800 clients

¹ OAP Health and Medical Program caseload is as of October 2013; this number is expected to decrease to 863 clients in January 2014 as many current enrollees become Medicaid eligible.

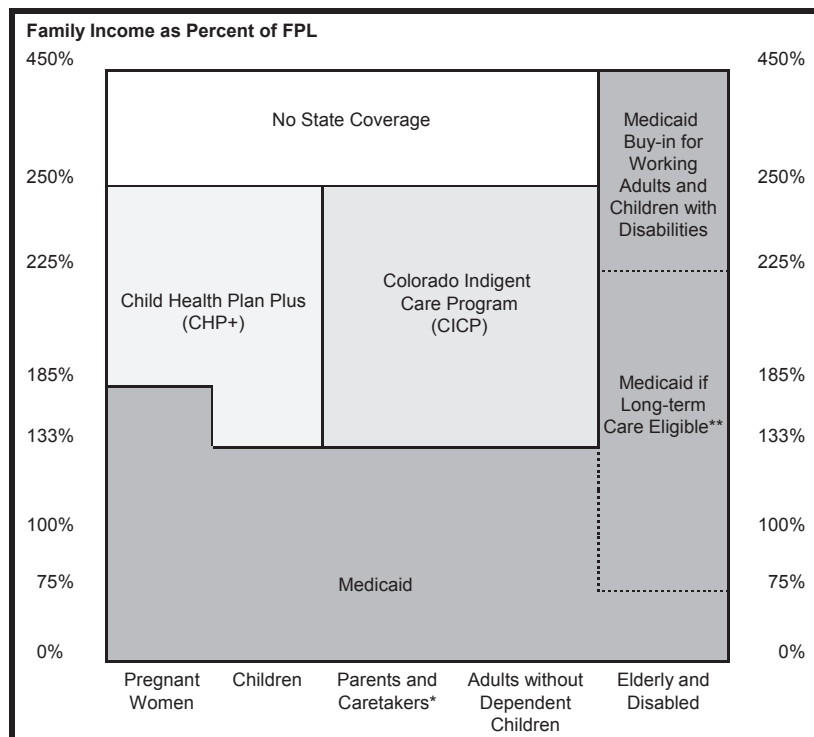
² OAP Dental Program caseload represents total clients served in FY 2012-13 and the first half of FY 2013-14.

³ At least 80,000 Medicaid clients are expected to received mental health services. An estimate of substance abuse treatment caseload is not available at this time.

⁴ Figure represents the average daily census for the two mental health institutions. Total available bed space is 545 beds.

Eligibility for public health care programs. Eligibility for many health care programs is determined by county departments of social services and largely based upon family income. Chart 3 shows eligibility by income level for the major public health insurance programs in Colorado — Medicaid and the Child Health Plan Plus (CHP+), as well for the Colorado Indigent Care Program (CICP). Appendix A lists the annual incomes associated with different percentages of the federal poverty level (FPL). For easy reference, Appendix B provides the contact information of programs discussed in this section, sorted by population served.

**Chart 3
Eligibility for Public Health Care Programs
by Income Level and Population, 2014**



* Parents and caretakers of children enrolled in Medicaid or CHP+.

** Eligibility for Medicaid long-term care is based on multiples of the Supplemental Security Income limit (SSI) of \$710, which corresponds to about 75% of the FPL. Three times the SSI is equal to about 225% of the FPL.

Low-Income Populations

Medicaid

Overview. Medicaid is a joint federal and state public health insurance program administered in Colorado by the Department of Health Care Policy and Financing. Medicaid in Colorado provides health care coverage to the elderly, children, parents, persons with disabilities, and adults without dependent children. All persons seeking Medicaid coverage must meet income and other eligibility requirements to receive services through the program. Medicaid also provides mental health services (page 29) and funding for human services programs for persons with developmental disabilities (page 27).

Budget. Generally, for every dollar Colorado spends on Medicaid, the federal government contributes one dollar. For newly eligible populations under federal health care reform, the federal government pays the whole cost of coverage in the initial years (2014 to 2016), with the federal share of these costs decreasing to 90 percent in 2020. Colorado pays Medicaid costs using General Fund, fees on hospitals, and tobacco tax revenue.

Medicaid Fiscal Year 2013-14 Budget (millions)

Total Appropriation	General Fund/Cash Funds	Federal Funds
\$4,736.8	\$2,102.7	\$2,634.1
100%	44%	56%

Eligibility. Medicaid provides coverage to elderly persons, persons with disabilities, children and parents, and adults without dependent children who meet income and other requirements. Eligibility criteria for each of these populations are described below.

Elderly persons typically qualify for Medicaid by first qualifying for the Supplemental Security Income (SSI) or Old Age Pension (OAP) programs. There are a number of categories of eligibility for elderly persons in Medicaid that vary based upon certain criteria, such as level of disability. Depending upon a client's category, the maximum allowable income for elderly persons may be as low as \$710 per month or as high as \$2,130 per month.

Persons with disabilities who have been deemed permanently and totally disabled by the federal Disability Determination Service and are eligible for federal Supplemental Security Income (SSI) benefits qualify for Medicaid disabled assistance if they meet the income and financial resources limits. The income limit for enrollees is \$710 per month, or approximately 75 percent of the FPL in 2013.

Persons with disabilities and families with children with disabilities who have incomes above the regular Medicaid limit may be eligible to participate in the Medicaid Buy-in Program and to pay a portion of the Medicaid medical service premium in order to receive services. Families with children with disabilities may have incomes up to 300 percent of the FPL and must not otherwise be eligible for Medicaid. Working adults with disabilities may participate in the buy-in program if they have incomes up to 450 percent of the FPL. Premiums for the buy-in programs are set on a sliding scale, with higher premiums required as income increases.

Children and parents meeting income and other eligibility requirements are eligible for Medicaid coverage. Specifically, children in families with incomes up to 133 percent of the FPL and children in foster care qualify for Medicaid coverage. Parents of children who are enrolled in Medicaid or the CHP+ are eligible for Medicaid if they have incomes up to 133 percent of the FPL. Pregnant women with incomes up to 185 percent of the FPL are eligible for Medicaid services.

Adults without dependent children qualify for Medicaid if they have incomes below 133 percent of the FPL. In addition, adults requiring certain types of medical care may qualify for Medicaid. For example, the Breast and Cervical Cancer Program serves women age 40 to 64 with incomes up to 250 percent of the FPL. Non-citizen adults may also receive emergency services through Medicaid.

Population served. The total Medicaid population is projected to be 809,452 in FY 2013-14. The projected caseload and costs for each eligibility category are shown in Table 2.

**Table 3
Projected Medicaid Caseload and Costs
by Eligibility Group, FY 2013-14**

Population	Eligibility Category	Caseload	Per Capita Cost	Total Cost
Elderly	65 years old and older	42,166	\$21,875	\$922,386,299
	Medicare/Medicaid dual eligible	23,291	\$1,340	\$31,209,657
Persons with Disabilities	Persons with disabilities (60-64 years of age)	9,746	\$17,492	\$170,480,294
	Persons with disabilities (up to age 59 years of age)	63,956	\$15,103	\$965,943,502
	Medicaid buy-in for persons with disabilities	1,928	\$11,293	\$21,773,806
Children	Eligible children	403,649	\$1,496	\$603,660,474
	Foster care children	17,979	\$4,095	\$73,624,158

**Table 3 (Cont.)
Projected Medicaid Caseload and Costs
by Eligibility Group, Fiscal Year 2013-14**

Population	Eligibility Category	Caseload	Per Capita Cost	Total Cost
Parents	Adults (up to 100% FPL)	149,257	\$3,177	\$474,205,483
	Adults (101% to 133% FPL)	6,534	N/A*	N/A*
	Pregnant women (up to 185% FPL)	8,370	\$8,879	\$74,311,402
Adults	Adults without dependent children (up to 100% FPL)	18,938	\$8,945	\$116,958,469
	Adults without dependent children (101% to 133% FPL)	35,896	N/A*	N/A*
	Breast and Cervical Cancer Treatment and Prevention Program	818	\$15,425	\$12,617,764
	Non-citizens qualifying for emergency services	2,770	\$18,406	\$46,695,375
Total		809,452**	\$4,774**	\$4,736,824,877**

Source: Joint Budget Committee Staff

*Per capita and total cost estimates are not available at this time.

**Total caseload and costs include certain populations added as a result of Senate Bill 13-200 that were not included in the caseload category estimates above. Thus, the totals exceed the sum of the respective columns by a small amount.

Resources and contact information. Individuals may apply for Medicaid online, by mail, or by visiting a local county department of social services. Medicaid and CHP+ share a common medical assistance application form. Information on the application methods and contact information follow.

Regular Medicaid

Apply for Medicaid or determine eligibility online:

coloradopeak.force.com/

Print and mail an application:

www.colorado.gov/hcpf

Find a county department of social services:

Go to www.colorado.gov/CDHS and click on the "Services by County" link on the right-hand side of the page.

Call for more information about Medicaid or get assistance completing an application: **303-866-3513** or **1-800-221-3943**.

Other Medicaid Programs

Breast and Cervical Cancer Treatment and Prevention Program: Women ages 40 to 64 with incomes below 250 percent of the FPL may get screened for breast and cervical cancer at Women's Wellness Connection screening sites, and if diagnosed with cancer through such a screening, may apply for the Medicaid Breast and Cervical Cancer Prevention and Treatment Program. Women can locate a Women's Wellness Connection screening site by calling **866-951-9355** or by going to:

www.womenswellnessconnection.org.

Long-term care services: In Colorado, individuals may access publicly funded community-based long-term care services through single-entry point agencies. Single-entry-point agencies serve as a source of information on long-term care, determine the level of care required, and make referrals to appropriate long-term care services. A listing of Colorado's long-term care single-entry-point agencies can be found at www.colorado.gov/hcpf by clicking on the "Benefits" link, followed by the "Long-term Services and Supports" link.

Children and Pregnant Women

Child Health Plan Plus (CHP+)

Overview. The Child Health Plan Plus (CHP+), also known administratively as the Children's Basic Health Plan, provides health insurance to low-income children and pregnant and postpartum women who are not eligible for Medicaid. The Department of Health Care Policy and Financing administers the plan. Services provided through CHP+ include regular checkups, immunizations, prescriptions, hospital services, eye glasses, hearing aids, prenatal services, and mental health services. Coverage for dental care is available to children.

Budget. A 65 percent match is available from the federal government for CHP+. Therefore, for every dollar Colorado spends on CHP+, the federal government contributes about \$1.85. Transfers to the CHP+ program are received from the Children's Basic Health Plan Trust, the Hospital Provider Fee Cash Fund, and other sources. The Children's Basic Health Plan Trust consists of Tobacco Master Settlement funds, General Fund moneys, and fees paid by families enrolled in CHP+.

The annual enrollment fees are \$25 for one child (\$35 for two or more children) for families with incomes up to 205 percent of the FPL, and \$75 for one child (\$105 for two or more children) for families with incomes above this level. Co-payments for services are also assessed on a sliding scale.

Children's Basic Health Plan Fiscal Year 2013-14 Budget (millions)

Total Appropriation	General Fund	Transfers from Funds and Trusts	Federal Funds
\$200.6	\$23.3	\$48.4	\$128.9
100%	12%	24%	64%

Eligibility. Pregnant women and children age 18 years old and younger may be enrolled in CHP+ if their families have incomes below 250 percent of the FPL and they are not otherwise eligible for Medicaid. Women must be pregnant or less than 60 days postpartum to be eligible for CHP+.

Population served. In FY 2013-14, CHP+ is projected to provide coverage to 73,773 children and 1,398 pregnant women. The average estimated per capita costs are \$2,414 per year for children and \$13,517 per year for pregnant women.

Resources and contact information. Individuals may apply for CHP+ online, by mail, or by visiting a local county department of social services. Medicaid and CHP+ share a common medical assistance application form. Information on the application methods and contact information are provided below.

Apply for CHP+ or determine eligibility online:

coloradopeak.force.com/

Print and mail an application:

www.cchp.org

Find a county department of social services:

Go to www.colorado.gov/CDHS and click on the "Services by County" link on the right-hand side of the page.

Call for more information about CHP+ or get assistance completing an application: **1-800-359-1991**.

Nurse Home Visitor Program

Overview. The Colorado Nurse Home Visitor Program provides grants to public and private organizations to provide health education and counseling services to first-time, low-income mothers. Services are provided beginning in pregnancy and up to the child's second birthday. The program is administered by the Department of Human Services through 21 partner agencies serving 58 counties.

Budget. The program receives a portion of Tobacco Master Settlement revenue, as well as federal funds.

Nurse Home Visitor Program Fiscal Year 2013-14 Budget (millions)

Total Appropriation	General Fund	Cash Funds	Federal Funds
\$14.6	\$0	\$14.4	\$0.2
100%	0%	99%	1%

Eligibility. The program serves women with incomes up to 200 percent of the FPL and who are pregnant for the first time. Most participants are referred to the program by a primary care provider or other community partner. Once referred, a nurse home visitor contacts the family to determine interest and confirm eligibility.

Population served. The program is projected to serve 2,557 first-time mothers and their infants in FY 2013-14.

Resources and contact information. Information on local providers that offer nurse home visits can be found online at www.coloradoofficeofearlychildhood.com by clicking on the "Nurse Home Visitor Center" link under the "Community and Family Support" menu at the top of the page or by calling **303-866-5948**.

Elderly

Community Services for the Elderly (Older Americans/Coloradans Act Programs)

Overview. Community Services for the Elderly in the Department of Human Services provide health and non-health services for disabled or vulnerable elderly adults who require some level of assistance to maintain their independence. Created by the federal Older Americans Act and the Older Coloradans Act, these programs are administered by 16 Area Agencies on Aging that serve specific geographic areas throughout the state. 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.

Budget. Cash funds for community services for the elderly are sales and use tax revenue that is statutorily diverted to the Older Coloradans Cash Fund.

Community Services for the Elderly Fiscal Year 2013-14 Budget (millions)

Total Appropriation	General Fund	Cash Funds	Federal Funds
\$36.5	\$4.2	\$13.5	\$18.8
100%	12%	37%	51%

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

Population served. In FY 2012-13, the Department of Human Services reports that 37,062 seniors received services through the Area Agencies on Aging.

Resources and contact information. In Colorado, 16 Area Agencies on Aging provide nutrition services, transportation, elder-abuse prevention, health care, and other services to persons age 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.colorado.gov/CDHS.

Old Age Pension Health and Medical Care Program

Overview. The Old Age Pension Health and Medical Care Program assists low-income persons age 60 and older who are receiving Old Age Pension cash assistance payments and who do not qualify for Medicaid due to a disability. The program is administered by the Department of Health Care Policy and Financing. Services available 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.

Budget. The program is funded primarily through sales and use taxes. According to the state constitution, 85 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, and up to \$10 million of the fund's money may be transferred to the Health and Medical Care Fund.

Old Age Pension Health and Medical Care Program Fiscal Year 2013-14 Budget (millions)

Total Appropriation	General Fund	Cash Funds	Federal Funds
\$8.3	\$0	\$8.3	\$0
100%	0%	100%	0%

Eligibility. The income eligibility test for this program is constitutionally established and adjusted for cost of living. In 2012, the maximum allowable income is \$710 per month. Qualifying individuals must also have available resources of less than \$2,000 for a single person, or \$3,000 for married couples.

Population served. As of October 2013, the Old Age Pension Health and Medical Care Program has a caseload of 3,265 clients. Enrollment is expected to decrease to 863 in January 2014 as many current enrollees become Medicaid-eligible.

Resources and contact information. 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.colorado.gov/CDHS by clicking the "Services by County" link on the right-hand side of the page.

Old Age Pension Dental Program

Overview. The Old Age Pension Dental Program (also referred to as the Dental Assistance Program for Seniors), provides dental services to low-income seniors who are eligible to receive Old Age Pension cash benefits. Services include preventive and restorative services, complete and partial dentures, denture repair, and tooth extractions. Under the program, dental providers receive grant funding to offer services to eligible seniors according to a set fee schedule. Clients may be charged a co-payment for services. The program is not an entitlement and services are provided based on available funding. The program is administered by the Department of Public Health and Environment.

Budget. The Old Age Pension Dental Program is funded entirely with General Fund moneys.

Old Age Pension Dental Program Fiscal Year 2013-14 Budget (millions)

Total Appropriation	General Fund	Cash Funds	Federal Funds
\$3.0	\$3.0	\$0	\$0
100%	100%	0%	0%

Eligibility. To qualify for the Old Age Pension Dental Program, an individual must be 60 years or older, live in Colorado, and receive Old Age Pension or Medicaid benefits. Interested seniors should contact their individual county department of social services for eligibility information.

Population served. In FY 2012-13 and the first half of FY 2013-14, the Department of Public Health and Environment estimates that more than 1,420 seniors received services through the dental assistance program.

Resources and contact information. To find a dental provider under the Old Age Pension Dental Program, contact the Oral Health Unit at the Department of Public Health and Environment at **303-692-2470**. Additional information and a list of the providers may also be found on the department's website at www.colorado.gov/CDPHE/ by clicking on "Division/Programs" and then clicking on "Oral Health."

Persons with Disabilities

Developmental Disability Services

Overview. The Division for Developmental Disabilities within the Department of Human Services administers various community-based and residential services for persons with developmental disabilities. Community-based services for children and adults with developmental disabilities, as well as family support services, are provided by 20 local nonprofit agencies known as community centered boards (CCBs). The DHS also operates three regional centers that provide institutional programs for persons with developmental disabilities. 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. In March 2014, administration of the community-based services for persons with disabilities will be transferred to the Department of Health Care Policy and Financing.

Budget. Most funding for the Developmental Disability Services' budget is provided through transfers of Medicaid funds from the Department of Health Care Policy and Financing. These transferred Medicaid funds are half General Fund and half federal funds.

**Developmental Disability Services
Fiscal Year 2013-14 Budget
(millions)**

Total Appropriation	General Fund	Local Funds/ Patient Fees	Transferred Medicaid Dollars	Federal Funds
\$474.7	\$16.8	\$32.9	\$425.0	\$0
100%	4%	7%	90%	0%

Eligibility. Adults must have a developmental delay that manifests 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.

Population served. In FY 2012-13, 9,240 clients received home- and community-based developmental disability services and about 300 persons with developmental disabilities were served in the three regional centers in FY 2012-13.

Resources and contact information. In Colorado, local nonprofit agencies known as community centered boards (CCBs) serve as the single-entry point for state and federally funded services for persons with developmental disabilities. Twenty CCBs throughout the state are responsible for conducting eligibility determinations and providing case management services to eligible persons. A listing of Colorado's CCBs may be found at www.colorado.gov/CDHS/ddd by clicking the "Service Providers" link, followed by the "Community Centered Boards" link on the left-hand side of the page. Contact information for the boards may also be obtained by calling **303-866-7450**.

Mental Health and Substance Abuse Services

Medicaid Behavioral Health Community Programs

Overview. The Department of Health Care Policy and Financing administers behavioral health services for Medicaid enrollees. These services are primarily delivered through contracts with five behavioral health organizations (BHOs) that serve a set geographic area through a managed care model. The BHOs determine the appropriate level of service for clients, and offer a range of services, including assessment, treatment planning, case management, and inpatient and outpatient care for mental health and substance abuse treatment.

Budget. For every dollar Colorado spends on Medicaid, the federal government contributes about one dollar. The cash funds are transfers of Amendment 35 and Hospital Provider Fee moneys. Each BHO is paid a contracted rate to serve persons in its service area who are eligible for Medicaid behavioral health services. For behavioral health services outside the scope of the BHOs, Medicaid also pays on a fee-for-service basis.

Medicaid Behavioral Health Community Programs Fiscal Year 2013-14 Budget (millions)

Total Appropriation	General Fund	Cash Funds	Federal Funds
\$385.6	\$153.5	\$2.0	\$230.1
100%	40%	<1%	60%

Eligibility. Persons enrolled in Medicaid are eligible to receive coverage for mental health services and beginning in January 2014, substance abuse treatment.

Population Served. In FY 2013-14, at least 80,000 persons are projected to receive Medicaid mental health services. An estimate of persons receiving substance abuse services through Medicaid is not available at this time.

Resources and contact information. Medicaid-eligible persons may contact their local BHO for information on how to obtain necessary mental health services. A list of BHOs can be found at www.colorado.gov/CDHS/DBH by clicking on the "For Consumer and Families" link on the left-hand side of the page. Individuals may also call **303-866-3513** or **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 **877-435-7123**.

Non-Medicaid Mental Health Community Programs

Overview. The Division of Behavioral Health 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. Individuals may receive a range of outpatient, case management, residential, and acute stabilization services. Specialized services are also available to youth requiring residential treatment, juvenile and adult offenders in state correctional facilities, and persons with chronic mental illness. In FY 2013-14, the Department of Human Services will develop and implement a behavioral health crisis hotline and coordinated response system.

Budget. Most of the funding for non-Medicaid mental health services comes from the General Fund. Cash funds include tobacco master settlement moneys, transfers of Medicaid funds, and local funds. Federal funds are primarily from the Mental Health Services Block Grant.

**Non-Medicaid Mental Health Community Programs
Fiscal Year 2013-14 Budget
(millions)**

Total Appropriation	General Fund	Cash Funds	Transfers from State Agencies	Federal Funds
\$70.2	\$59.4	\$4.3	\$0.3	\$6.2
100%	85%	6%	<1%	9%

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. State funds are targeted to individuals with incomes under 300 percent of the FPL who do not qualify for other public programs.

Population served. In FY 2012-13, 12,635 clients received non-Medicaid community mental health services.

Resources and contact information. 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.colorado.gov/CDHS/DBH and clicking on the "For Consumer and Families" link on the left-hand side of the page or by calling **303-866-7400**.

Mental Health Institutes

Overview. The Mental Health Institute Division 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. The institutions provide inpatient psychiatric treatment services to patients referred by the state's community mental health centers or by the criminal justice system.

Budget. Most of the funding for the Mental Health Institutes comes from the General Fund. Other sources include transfers from other state departments, primarily Medicaid payments for qualifying patients from the Department of Health Care Policy and Financing, and medical services payments from the Department of Corrections.

**Mental Health Institutes
Fiscal Year 2013-14 Budget
(millions)**

Total Appropriation	General Fund	Patient Revenues & Payments from Counties & School Districts	Transfers from State Agencies
\$95.4	\$78.5	\$9.6	\$7.3
100%	82%	10%	8%

Eligibility. Persons receiving services through the community mental health system who require inpatient care may be referred to the mental health institutions. Also, persons facing criminal charges who are found incompetent to proceed to trial or who were found not guilty by reason of insanity are treated in the forensics unit at the Mental Health Institute at Pueblo.

Population Served. In FY 2013-14, the institutes have a combined total of 545 beds. The average daily census is about 486 patients, for an occupancy rate of about 89 percent. The bed space at the institutes is as follows:

- Forensic - 307;
- Adult - 158;
- Geriatric - 40;
- Adolescent - 20; and
- Other - 20.

Resources and contact information. Information about the two mental health institutes can be found at www.colorado.gov/CDHS/DBH by clicking on the "Mental Health Institutes" link at the top of the page. The Colorado Mental Health

Institute at Fort Logan may be reached at **303-866-7066** and the Colorado Mental Health Institute at Pueblo may be reached at **719-546-4000**.

Suicide Prevention Program

Overview. The Office of Suicide Prevention within the Colorado Department of Public Health and Environment is a resource clearinghouse for information on suicide, prevention programs, mental illness, and statistics on suicide and related risk factors. The three main components of the suicide prevention program are: a statewide public information campaign, training on the recognition and response to suicide, and development of local suicide prevention and education services.

Budget. Funding for the Office of Suicide Prevention comes from the General Fund.

Suicide Prevention Services Program Fiscal Year 2013-14 Budget

Total Appropriation	General Fund
\$384,348	\$384,348
100%	100%

Eligibility. Anyone who is impacted by suicide is eligible to participate in or receive information from the various suicide prevention and education services.

Population served. In 2012, the Suicide Prevention Lifeline received 14,261 calls. Between July 2012 and June 2013, the Office of Suicide Prevention awarded community grants to 11 agencies resulting in a total funding of \$110,000. The community grants focused on the Man Therapy campaign, which

is designed to reach working-age men to address their mental health and overall wellness. The community grants provided 80 Man Therapy-related trainings in which 978 individuals were trained. During FY 2012-13, the Office of Suicide Prevention distributed over 50,000 materials throughout the state, and presentations. Additionally, more than 25,000 materials were disseminated to Colorado's 79 short-term, critical access, and licensed general hospitals as a result of House Bill 12-1140, which requires the Office of Suicide Prevention to provide Colorado hospitals with information and materials about risk factors and warning signs for suicide, treatment, and care after a suicide attempt.

Resources and contract information. Individuals in crisis, whether contemplating suicide or dealing with other problems, may call the National Suicide Prevention Lifeline at **1-800-273-TALK** (1-800-273-8255). The Suicide Prevention Coalition of Colorado offers additional information and resources online at www.suicidepreventioncolorado.org.

Alcohol and Drug Abuse Services

Overview. The Division of Behavioral Health 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 the division are provided primarily through four managed service organizations, each of which administers treatment for residents of a specified geographic area of the state.

Budget. The majority of funds come from a federal Substance Abuse Prevention and Treatment Block Grant and other federal grants, and from the General Fund. Cash fund sources include fines and surcharges from people convicted of various drug- and alcohol-related offenses, and tobacco Master Settlement funds. Transfers from other state agencies include Medicaid payments from the Department of Health Care Policy and Financing, offender substance abuse treatment payments from the Department of Public Safety, and limited gaming funds from the Department of Local Affairs.

**Alcohol and Drug Abuse Services
Fiscal Year 2013-14 Budget
(millions)**

Total Appropriation	General Fund	Cash Funds	Transfers from State Agencies	Federal Funds
\$44.7	\$14.8	\$3.2	\$3.1	\$23.6
100%	33%	7%	7%	53%

Eligibility. Anyone needing alcohol and drug abuse services is eligible to participate. Alcohol and drug abuse services are not an entitlement, and the number of persons served depends on the amount of funding appropriated to the various programs.

Population served. In FY 2012-13, the Division of Behavioral Health reports the following alcohol and drug abuse services provided:

- 53,303 detoxification admissions (28,634 unique clients);
- 27,274 substance abuse treatment admissions (23,266 unique clients); and
- 23,210 admissions for driving-under-the-influence (DUI) services (21,623 unique clients).

Resources and contact information. Individuals can contact the Division of Behavioral Health within the state Department of Human Services for information on alcohol and drug treatment programs. The division may be reached at **303-866-7400**. The division maintains a list of prevention and treatment providers on its website. The division's website can be accessed at www.colorado.gov/CDHS/DBH, and the list of providers can be accessed through the "Directories" link on the left-hand side of the website.

Tobacco Education, Prevention, and Cessation Program

Overview. The Tobacco Education, Prevention, and Cessation Program provides funding to organizations that offer evidence-based, culturally appropriate, and cost-effective programs to reduce and prevent tobacco use.

Budget. Funding for the Tobacco Education, Prevention, and Cessation Program consists primarily of state tobacco taxes. Additional funds are transferred from the Medicaid program in the Department of Health Care Policy and Financing. The program's grant review committee has recommended that 50 programs receive about \$22 million in grant funding in FY 2013-14.

**Tobacco Education, Prevention, and Cessation Program
Fiscal Year 2013-14 Budget
(millions)**

Total Appropriation	Cash Funds	Transfers From State Agencies
\$26.6	\$25.3	\$1.3
100%	95%	5%

Eligibility. Any nonsmoking or smoking Coloradan seeking tobacco cessation, prevention, and education services is eligible for services.

Population served. The Department of Public Health and Environment estimates that 16,200 people received direct services through the Tobacco Education, Prevention, and Cessation Grant Program in FY 2012-13.

Resources and contact information. Individuals seeking assistance quitting tobacco may call the Colorado QuitLine at **1-800-QUIT-NOW** (1-800-784-8669) or find information online at www.myquitpath.org.

Persons Without Health Insurance

Colorado Indigent Care Program

Overview. The Colorado Indigent Care Program (CICP) provides partial reimbursement to participating hospitals and clinics for the costs of serving uninsured and underinsured Coloradans.

It is administered by the Department of Health Care Policy and Financing. Unlike other state programs such as Medicaid and CHP+, CICIP 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.

When the Medicaid expansion under federal health care reform goes into effect on January 1, 2014, many, but not all, clients who would otherwise be eligible for CICIP will now be eligible for Medicaid coverage. Hospitals and providers may still be reimbursed under CICIP for care provided to persons without insurance with incomes between 133% and 250% of the federal poverty level. Persons in this income range who are not eligible for Medicaid, but who cannot afford, or choose not to purchase, private health insurance may have health care expenses covered under CICIP. In addition, legal immigrants who have been in the United States fewer than five years are not eligible for Medicaid or CHP+ and may be eligible for CICIP.

Budget. Funding for this program is based on policy decisions at the state and federal levels and is not directly dependent on the number of individuals served or the cost of the services provided. A significant amount of funding for this program is from federal sources. State funds for the program come mainly through General Fund appropriations, the Hospital Provider Fee Cash Fund, and a transfer of tobacco tax revenue from the Primary Care Fund.

**Colorado Indigent Care Program
Fiscal Year 2013-14 Budget
(millions)**

Total Appropriation	General Fund	Cash Funds	Federal Funds
\$357.4	\$8.9	\$183.8	\$164.6
100%	3%	52%	46%

Eligibility. To be eligible for the CICP, clients must have income or assets equal to or lower than 250 percent of the FPL and cannot be eligible for Medicaid or CHP+.

Population served. This program served approximately 220,934 distinct clients in FY 2011-12.

Resources and contact information. Individuals seeking to receive discounted care through the 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/hcpt by clicking on the "Programs and Benefits" link on the left-hand side of the page. Additional information can be obtained by calling **303-866-3513** or **800-221-3943**.

CoverColorado

Overview. CoverColorado is a nonprofit organization created in state law that provides major medical health insurance to Colorado residents who have been denied access to health insurance because of preexisting medical conditions. Beginning in 2014, under the federal Affordable Care Act, health insurance plans can no longer deny coverage due to a preexisting condition, so there will no longer be a need for CoverColorado beyond 2013. CoverColorado will continue to exist until March 2015 in order to help transition its members to other health insurance providers and allow for wind-down activities. CoverColorado will cease enrollment of new participants with a coverage effective date later than December 1, 2013, and will end health care coverage for all participants on April 1, 2014.

Budget. Funding for CoverColorado comes from member premiums, federal grants, and interest.

CoverColorado
Calendar Year 2013 Budget
(millions)

Total Budget	Premiums	Federal Grants	Interest
\$75.3	\$73.9	\$1.2	\$0.2
100%	98%	2%	< 0%

Population served. The total number of people enrolled in CoverColorado in 2013 is 13,800.

GettingUsCovered/Preexisting Condition Insurance Plan

Colorado's federally funded high-risk pool insurance program, GettingUsCovered, was merged into the federally operated Pre-Existing Conditions Insurance Plan (PCIP) as of June 30, 2013. At this time, the PCIP has suspended acceptance of new enrollment applications. The PCIP serves clients who have a preexisting condition; are U.S. citizens or live in the U.S. legally; and have been without health coverage for the last six months.

Additional information about PCIP can be found at www.pcip.gov.

Community and Nonprofit Health Resources

Community Health Centers

In Colorado, 18 community health centers provide health, dental, and other services to individuals eligible for Medicaid, CHP+, and CACP, as well as persons without health insurance. A list of community health care clinics throughout the state can be found at www.cchn.org. Information on Colorado's community health care clinics can also be obtained by calling **303-861-5165**.

School-based Health Centers

School-based health centers operate in public schools to provide a range of services, including physical exams, immunizations, care for acute illness and injury, care for chronic conditions such as asthma, behavioral health services, and oral health services. In 2013, there were 51 school-based health centers in Colorado. The Department of Public Health and Environment contracts with a variety of organizations, including federally qualified health centers, universities, hospitals, school districts, and private providers, to operate the centers. Parents must consent to the child receiving services at a school-based health center, and all children at the school are eligible to receive care at the center.

Services are provided to children regardless of insurance status or ability to pay, and fees are set using a sliding scale structure. School-based health centers rely on a variety of funding sources, including grants from the Department of Public Health and Environment, Medicaid, CHP+, in-kind support, and private insurance. Information regarding the school-based health centers can be found by calling **303-692-2386** or looking online at www.colorado.gov/CDPHE/ and clicking on "Topics A-Z" and then finding School-based Health Centers in the alphabetical list of programs.

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.

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 or by calling **303-740-6900**.

Appendix A
Federal Poverty Guidelines, 2013

The federal poverty guidelines, commonly referred to as the federal poverty level (FPL), are used to determine eligibility for many health care programs and other types of assistance. The FPL guidelines are based upon family size and income, and the 2013 FPL guidelines are shown in Table 4. The guidelines are adjusted each year to account for inflation and are typically updated in January. More information on the 2013 federal poverty guidelines can be found at <http://aspe.hhs.gov/poverty/>

Table 4
Annual Incomes and Percent of Federal Poverty Level, 2013

Family Unit Size*	75 % Poverty Level	100% Poverty Level	133% Poverty Level	185% Poverty Level	225% Poverty Level	250% Poverty Level	300% Poverty Level	400% Poverty Level	450% Poverty Level
1	\$8,618	\$11,490	\$15,282	\$21,257	\$25,853	\$28,725	\$34,470	\$45,960	\$51,705
2	\$11,633	\$15,510	\$20,628	\$28,694	\$34,898	\$38,775	\$46,530	\$62,040	\$69,795
3	\$14,648	\$19,530	\$25,975	\$36,131	\$43,943	\$48,825	\$58,590	\$78,120	\$87,885
4	\$17,663	\$23,550	\$31,322	\$43,568	\$52,988	\$58,875	\$70,650	\$94,200	\$105,975
5	\$20,678	\$27,570	\$36,668	\$51,005	\$62,033	\$68,925	\$82,710	\$110,280	\$124,065

Source: United States Department of Health and Human Services

- * Family sizes of one to five are show for illustrative purposes. Allowable incomes continue to increase as family size increases.
- ** 2013 Federal Poverty Guidelines will remain in effect at least through January 2014,at which time the 2014 guidelines are expected to be released.

Appendix B
Program Contact Information by Population Served
Table 5
Summary of Program Contact Information
and Populations Served

Program Information		Population Served				
Program	Contact Information	Elderly	Persons with Disabilities	Children and Pregnant Women	Mental Health / Substance Abuse Services	Uninsured
<i>Department of Health Care Policy and Financing</i>						
Medicaid	303-866-3513 or 1-800-221-3943	x	x	x	x	x
Medicaid Behavioral Health	Locate a local behavioral health organization by calling: 303-866-3513 or 1-800-221-3943	x	x	x	x	x
Child Health Plan Plus	<u>CHP+ Customer Service</u> 1-800-359-1991			x		x
Colorado Indigent Care Program	303-866-3513 or 1-800-221-3943					x
Breast and Cervical Cancer Prevention and Treatment	<u>Women's Wellness Connection</u> 866-951-9355					x
Old Age Pension Health and Medical Care Program	Contact county department of social services.	x				x
<i>Department of Human Services</i>						
Adult Assistance Services	303-866-2800	x				
Community Mental Health Services (Non-Medicaid)	303-866-7066				x	x
Mental Health Institutes	<u>Fort Logan</u> 303-866-7066 <u>Pueblo</u> 719-546-4000				x	x

Program Information		Population Served				
Program	Contact Information	Elderly	Persons with Disabilities	Children and Pregnant Women	Mental Health / Substance Abuse Services	Uninsured
Alcohol and Substance Abuse Services	303-866-7400				x	
Developmental Disability Services	Locate your local Community Centered Board by calling: 303-866-7450		x			
Nurse Home Visitor Program	Contact your primary care provider for a referral.			x		
Department of Public Health and Environment						
Suicide Prevention	Persons in crisis may call 1-800-273-TALK (1-800-273-8255)	All Coloradans may get assistance.				
Tobacco Education, Prevention, and Cessation	For assistance quitting tobacco call: 1-800-QUIT-NOW (1-800-784-8669)	All Coloradans may get assistance.				
Department of Regulatory Agencies						
Division of Insurance	303-863-7490					
Nonprofit and community organizations						
Connect for Health Colorado	1-855-PLANS-4-YOU (1-855-752-6749)					x
Community Health Centers (including dental services)	303-861-5165	x		x		x
Colorado Dental Association	To find providers that offer dental services to persons with low incomes, call: 303-740-6900	Services vary by provider.				

Appendix B
Program Contact Information by Population Served
Table 5 (Cont.)
Summary of Program Contact Information and Populations Served

Endnotes

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