

FY 2014-15

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 care programs in Colorado, and is generally organized by population group. Program summaries in Section III include information on eligibility, costs, and services, and provide contact information for the programs. Departmental and program budget figures were drawn primarily from the FY 2014-15 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.

TABLE OF CONTENTS

SECTION I — HEALTH CARE ISSUES IN COLORADO	1
Health Care Spending.....	1
Private Health Insurance.....	2
Federal Health Care Reform	3
SECTION II — STATE DEPARTMENT FUNCTIONS	5
Department of Health Care Policy and Financing	5
Department of Public Health and Environment	6
Department of Human Services	6
Department of Regulatory Agencies	7
SECTION III — MAJOR HEALTH CARE PROGRAMS AND SERVICES IN COLORADO	9
Low-Income Populations.....	10
Medicaid.....	10
Children and Pregnant Women.....	13
Child Health Plan Plus (CHP+)	13
Nurse Home Visitor Program	14
Elderly	15
Community Services for the Elderly	15
Old Age Pension Health and Medical Care Program	15
Old Age Pension Dental Program	16
Intellectual and Developmental Disability Services.....	17
Mental Health and Substance Abuse Services	18
Medicaid Behavioral Health Community Programs.....	18
Non-Medicaid Mental Health Community Programs	19
Mental Health Institutes.....	20
Suicide Prevention Program.....	21
Substance Use Treatment and Prevention	22
Tobacco Education, Prevention, and Cessation Program.....	23
Persons Without Health Insurance.....	24
Colorado Indigent Care Program	24

Community and Nonprofit Health Resources	25
Community Health Centers	25
School-based Health Centers	25
Dental Care	25

APPENDICES

Appendix A — Federal Poverty Guidelines, 2014.....	27
Appendix B — Program Contact Information by Population Served.....	29

TABLES AND CHARTS

Table 1 — State Department Budgets	7
Table 2 — Colorado Health Care Program Funding and Caseload, FY 2014-15.....	9
Table 3 — Projected Medicaid Caseload and Costs by Eligibility Group, FY 2014-15.....	12
Chart 1 — Projected Sources of Payment for Health Care in the U.S., 2015.....	1
Chart 2 — General Fund Appropriations, FY 2014-15.....	5
Chart 3 — Eligibility for Public Health Care Programs by Income Level and Population, 2015	10

ENDNOTES

SECTION I

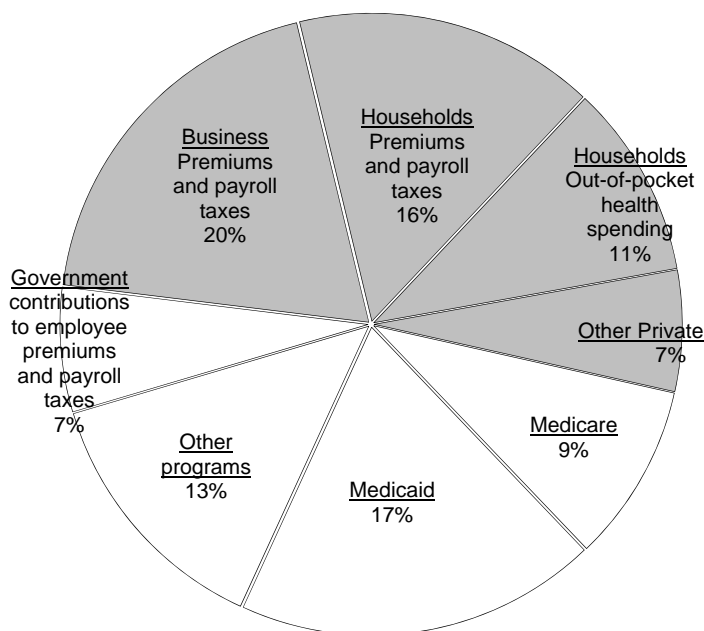
HEALTH CARE ISSUES IN COLORADO

Health care in Colorado has undergone much change in recent years with the implementation of federal health care reform and other state-based health initiatives currently being implemented. Federal health care reform, in particular, has changed 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 \$3.2 trillion dollars in 2015, or about \$9,983 for each person in the country, representing 17.6 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 46 percent of national health spending in 2015; revenue from households, businesses, and other private sources will make up 54 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 approximately 48 percent of all health care spending in 2023.³

Chart 1
Projected Sources of Payment for Health Care in the U.S., 2015



Source: Centers for Medicare and Medicaid Services, Office of the Actuary, September 2014

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: 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, more than 47 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 do not have health insurance, or approximately 14 percent of the state's population.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 at 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.

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. 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. Some key changes 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 because of preexisting conditions.

Since 2014, health insurance providers 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. Health insurance providers must offer health insurance coverage to all persons who apply or wish to renew their coverage. Subsidies to purchase health insurance are available to individuals who have incomes between 133 and 400 percent of the FPL who are not offered affordable health coverage through their employer. In 2015, adults who fail to obtain health insurance must pay a penalty equal to 2 percent of their income or \$325 per adult and \$162.50 per child, whichever is the higher of the two.¹²

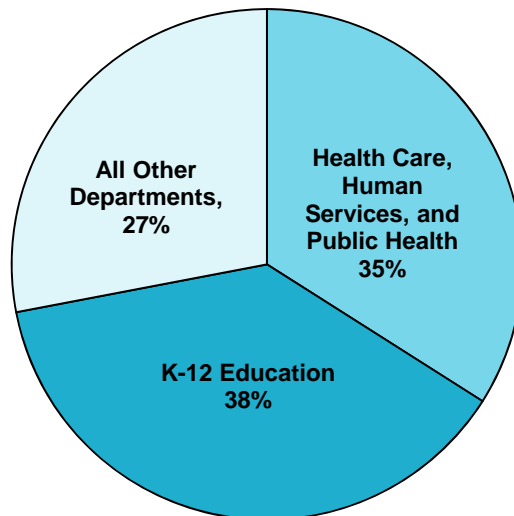
Health insurance marketplace. An important step associated with federal health reform in Colorado is the creation of a health insurance marketplace, known as Connect for Health Colorado. Connect for Health Colorado is a state-chartered nonprofit organization that operates a health insurance marketplace 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. 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. Open enrollment to sign up for health insurance through Connect for Health Colorado runs from November 15, 2014, to February 15, 2015. Enrollment at other times of year may only occur during special enrollment periods related to life changes, such as change in family status or loss of health coverage. 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 2014-15, General Fund appropriations for the three primary health and human services departments totaled \$3.1 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 on page 7 provides detail on all the funding sources for the state departments providing health care services.

**Chart 2
General Fund Appropriations, FY 2014-15**



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. The entire DHCPF budget is used for health-related programs. The budget's cash funds are primarily: (1) provider fees on public hospitals and nursing homes that are used to increase the 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 amending the Colorado Constitution to expand access to health care and funding for prevention programs by increasing the sales tax on tobacco products; 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 Master Settlement. Approximately 29 percent of the department's funding comes from the state's General Fund. Another 12 percent of the department's budget comes from cash funds and from the Hospital Provider Fee. 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.

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. Federal funds comprise about 59 percent of the department's budget.

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 82 percent of the department's budget goes toward health-related programs. About 53 percent of the budget is made up of federal funds, and about 12 percent of the budget is made up of General Fund dollars. Cash funds used for health-related programs are primarily funding 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 Office of Behavioral Health, regional centers for people with disabilities, veterans community living centers, 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 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. About 33 percent of the department's budget is made up of General Fund dollars.

Department of Regulatory Agencies

The Department of Regulatory Agencies (DORA) addresses the state's health care needs through the Division of Insurance (DOI) and the Division of Professions and Occupations. About 29 percent of the department's \$87 million budget is allocated to these two divisions.

The 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 DOI is funded almost entirely through tax assessments on insurers and various fees paid by regulated entities (e.g., licensing fees for insurers). The Division of Professions and Occupations licenses and regulates various professions, including a number of health-related occupations, such as doctors, nurses, and mental health professionals.

Table 1
State Department Budgets, FY 2014-15
(in millions)

Department	General Fund	Cash Funds	Reappropriated Funds	Federal Funds	Total Appropriation
Department of Health Care Policy and Financing	\$2,264.5	\$952.3	\$7.8	\$4,652.3	\$7,876.9
	29%	12%	<1%	59%	100%
Department of Public Health and Environment	\$63.9	\$160.4	\$35.5	\$291.3	\$551.3
	12%	29%	6%	53%	100%
Department of Human Services	\$782.0	\$347.2	\$144.4	\$627.7	\$1,901.3
	41%	18%	8%	33%	100%
Division of Insurance – Department of Regulatory Agencies	\$0	\$7.1	\$0	\$0.5	\$7.6
	N/A	93%	N/A	7%	100%
Division of Professions and Occupations – Department of Regulatory Agencies	\$0	\$17.0	\$0.6	\$0	\$17.6
	N/A	97%	3%	N/A	100%
TOTAL	\$3,110.4	\$1,484.0	\$188.3	\$5,571.9	\$10,354.3
	30%	14%	2%	54%	100%

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 resource for persons requiring services. Funding and caseload information for the programs discussed in this section are summarized in Table 2.

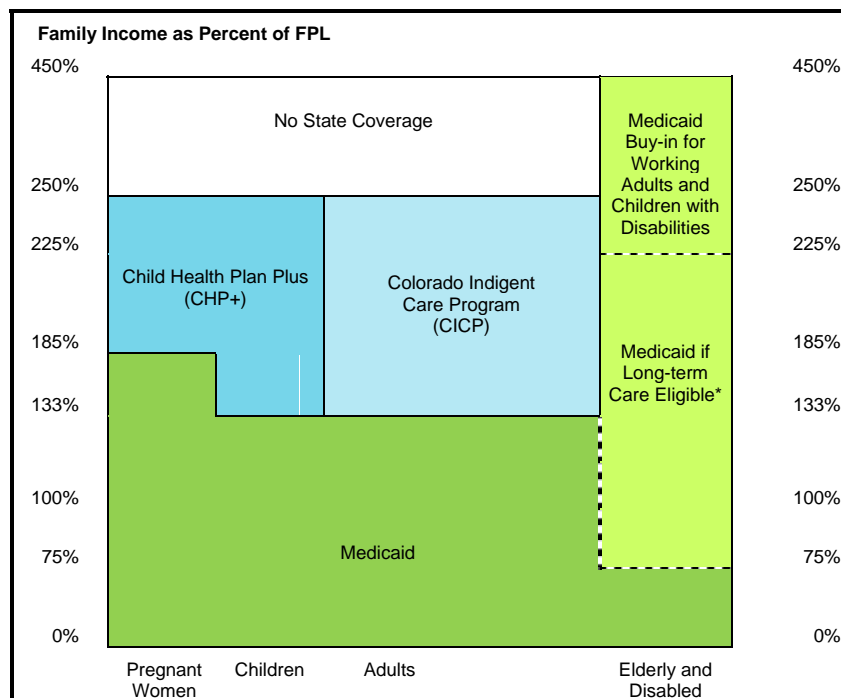
**Table 2
Colorado Health Care Program Funding
and Caseload, FY 2014-15**

Program	Total Funding	Annual Caseload*
Low-income Populations		
Medicaid	\$5,724,517,770	1,003,612 clients
Children and Pregnant Women		
Child Health Plan Plus	\$204,830,157	73,116 children 997 pregnant women
Nurse Home Visitor Program	\$15,231,270	2,725 children 4,058 parents
Elderly		
Community Services for the Elderly	\$41,156,107	36,967 seniors
Old Age Pension Health and Medical Program	\$4,504,973	404 average seniors per month
Old Age Pension Dental Program	\$3,202,743	2,458 seniors
Persons with Disabilities		
Developmental Disability Services	\$484,685,929	12,000 clients served in community; 300 in regional centers
Mental Health and Substance Abuse Services		
Medicaid Behavioral Health Community Program	\$557,158,663	976,687 eligible clients
Non-Medicaid Mental Health Community Programs	\$97,995,056	27,130 clients
Mental Health Institutes	\$102,290,256	501 daily average bed spaces occupied
Suicide Prevention Program	\$465,820	N/A
Alcohol and Drug Abuse Services	\$47,129,054	53,735 detoxification admissions
Tobacco Education, Prevention, and Cessation Program	\$24,573,213	18,951 received assistance through grant programs funded through this program
Persons Without Health Insurance		
Colorado Indigent Care Program	\$330,870,958	N/A

*Caseload figures are annual numbers, unless otherwise noted. Additional information about each program can be found in the sections following this table.

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, 2015**



Source: Legislative Council Staff

*Eligibility for Medicaid long-term care is based on multiples of the Supplemental Security Income limit (SSI) of \$729, 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 18) and funding for services for persons with developmental disabilities (page 11).

Budget. Generally, for every dollar Colorado spends on Medicaid, the federal government contributes \$1.04. For newly eligible populations under federal health care reform, the federal government pays the entire 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 2014-15 Budget
(millions)**

Total Appropriation	General Fund	Cash Funds	Federal Funds
\$5,724.5	\$1,608.8	\$623.1	\$3,492.6
100%	28%	11%	61%

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 \$721 per month or as high as \$2,163 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 \$721 per month, or approximately 75 percent of the FPL in 2014.

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 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.

Adults 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 aged 40 to 64 with incomes up to 250 percent of the FPL. Non-citizen adults may also receive emergency services through Medicaid. Pregnant women with incomes up to 185 percent of the FPL are eligible for Medicaid services.

Population served. The total Medicaid population is projected to be 1,003,612 in FY 2014-15. The projected caseload and costs for each eligibility category are shown in Table 3.

**Table 3
Projected Medicaid Caseload and Costs
by Eligibility Group, FY 2014-15**

Population	Caseload	Per Capita Cost	Total Cost
Elderly	68,239	\$15,063	\$1,027,902,328
Persons with Disabilities	81,878	\$15,824	\$1,295,610,763
Children	476,585	\$1,643	\$783,158,744
Adults	376,910	\$4,685	\$1,765,682,145
Total	1,003,612	\$4,855	\$5,716,177,008

Source: Joint Budget Committee Staff

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.secure.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: Uninsured and underinsured women aged 40 to 64 with incomes below 250 percent of the FPL with a diagnosis of breast or cervical cancer may be eligible to apply for the Medicaid Breast and Cervical Cancer Prevention and Treatment Program. Women may get screened for breast and cervical cancer at a Women's Wellness Connection 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/single-entry-point-agencies.

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. The federal government provides approximately a 66 percent match for CHP+. Therefore, for every dollar Colorado spends on CHP+, the federal government contributes about \$1.92. 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 2014-15 Budget (millions)

Total Appropriation	General Fund	Cash Funds	Federal Funds
\$204.8	\$22.3	\$50.6	\$131.9
100%	11%	25%	64%

Eligibility. Pregnant women and children aged 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 2014-15, CHP+ is projected to provide coverage to 73,116 children and 997 pregnant women. The average estimated per capita costs are \$2,539 per year for children and \$11,361 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.secure.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 59 counties.

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

Nurse Home Visitor Program Fiscal Year 2014-15 Budget (millions)

Total Appropriation	Cash Funds	Federal Funds
\$15.2	\$15.0	\$0.2
100%	99%	1%

Eligibility. The program serves first-time parents and their infants. Families served by the program may have incomes up to 200 percent of the FPL. 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 served 4,058 parents and 2,725 children 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 2014-15 Budget (millions)

Total Appropriation	General Fund	Cash Funds	Federal Funds
\$41.2	\$8.8	\$13.5	\$18.8
100%	21%	33%	46%

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 2013-14, 36,967 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 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.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 aged 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 entirely 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 may be transferred to the Health and Medical Care Fund.

**Old Age Pension Health and Medical Care Program
Fiscal Year 2014-15 Budget
(millions)**

Total Appropriation	Cash Funds
\$4.5	\$4.5
100%	100%

Eligibility. The income eligibility test for this program is constitutionally established and adjusted for cost of living, and the maximum allowable income is \$759 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. In FY 2014-15, the Old Age Pension Health and Medical Program is projected to have an average monthly caseload of 404 clients. Enrollment has decreased significantly since January 2014 as many former enrollees became Medicaid-eligible, following the recent expansions of Medicaid eligibility in Colorado.

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 2014-15 Budget
(millions)**

Total Appropriation	General Fund
\$3.2	\$3.2
100%	100%

Eligibility. To qualify for the Old Age Pension Dental Program, an individual must be at least 60 years, 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 2013-14, an estimated 2,458 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/old-age-pension-dental-program.

Intellectual and Developmental Disability Services

Overview. The Division for Intellectual and Developmental Disabilities (IDD) within the Department of Health Care Policy and Financing 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 was transferred from the Department of Human Services to the Department of Health Care Policy and Financing.

Budget. Most funding for the IDD services are paid with General Fund, cash funds, and federal Medicaid matching funds.

Intellectual and Developmental Disability Services
Fiscal Year 2014-15 Budget
(millions)

Total Appropriation	General Fund	Cash Funds	Federal Funds
\$484.7	\$230.6	\$33.7	\$220.4
100%	48%	7%	45%

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 2014-15, approximately 12,000 clients are expected to receive home- and community-based intellectual and developmental disability services, and about 300 persons with intellectual and developmental disabilities will be served in the three regional centers.

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.

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 \$1.04. The funding for this division is primarily General Fund and federal funds. Cash fund sources include the Hospital Provider Fee Cash Fund and the Breast and Cervical Cancer Prevention and Treatment Fund. 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 2014-15 Budget
(millions)**

Total Appropriation	General Fund	Cash Funds	Federal Funds
\$557.2	\$176.5	\$4.5	\$376.2
100%	32%	<1%	68%

Eligibility. Most persons enrolled in Medicaid are eligible to receive coverage for mental health services and substance abuse treatment.

Population Served. In FY 2014-15, at least 976,687 Medicaid Clients persons are projected to be eligible for Medicaid mental health services.

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 Office of Behavioral Health in the Department of Human Services administers services for persons who are not eligible for Medicaid and do not have health insurance that covers mental health services. 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. Additionally, in 2014, funding was provided for integrated behavioral health care services that include a crisis response system, community transition services, jail-based behavioral health services, and rural co-occurring disorder services. The crisis response system is comprised of a telephone hotline and walk-in, stabilization, mobile, residential, and respite services.

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. Funding for the integrated behavioral health services is supported by General Fund, transfers from the Judicial Department, which originate as General Fund and drug offender surcharge revenues, and marijuana tax revenues.

**Non-Medicaid Mental Health Community Programs
and Integrated Behavioral Health Services
Fiscal Year 2014-15 Budget
(millions)**

Total Appropriation	General Fund	Cash Funds	Transfers from State Agencies	Federal Funds
\$98.0	\$75.1	\$6.6	\$4.7	\$11.6
100%	77%	7%	5%	12%

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 2013-14, 27,130 clients received non-Medicaid community mental health services.

Resources and contact information. Persons who are not eligible for Medicaid 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 **303-866-7191**.

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 institutes 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 2014-15 Budget
(millions)**

Total Appropriation	General Fund	Patient Revenues & Payments from Counties & School Districts	Transfers from State Agencies
\$102.3	\$86.8	\$7.5	\$8.0
100%	85%	7%	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 2014-15, the institutes have a combined total of 545 beds. The Mental Health Institute at Pueblo has an average daily census of about 412 patients, for an occupancy rate of 91 percent. The Mental Health Institute at Fort Logan has an average daily census of about 89 patients, for an occupancy rate of 92 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. In 2014, the Suicide Prevention Commission, comprised of public and private sector partners, was created to help establish suicide prevention priorities in the state.

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

Suicide Prevention Services Program Fiscal Year 2014-15 Budget

Total Appropriation	General Fund
\$465,820	\$465,820
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 2014, the Suicide Prevention Lifeline received 16,161 calls. Community grants provided through the Office of Suicide Prevention focused on suicide

prevention and intervention training programs, agency website development and enhancement, and staff support. The Office of Suicide Prevention staff and partners at the Man Therapy project completed ten presentations to 250 individuals. The Man Therapy campaign is designed to reach working-age men to address their mental health and overall wellness. During FY 2013-14, the Office of Suicide Prevention distributed over 12,000 educational materials throughout the state. Additionally, information and materials about risk factors and warning signs for suicide, treatment, and care after a suicide attempt were distributed to each of the 88 licensed general, critical access, acute care, and psychiatric hospitals in 2014.

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.

Substance Use Treatment and Prevention

Overview. The Office 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.

Substance Use Treatment and Prevention Services Fiscal Year 2014-15 Budget (millions)

Total Appropriation	General Fund	Cash Funds	Transfer from State Agencies	Federal Funds
\$47.1	\$15.2	\$5.2	\$3.0	\$23.7
100%	32%	11%	6%	50%

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 2013-14, the Office of Behavioral Health reports the following alcohol and drug abuse services provided:

- 53,735 detoxification admissions (26,671 unique clients);
- 29,387 substance abuse treatment admissions (24,901 unique clients); and
- 24,725 admissions for driving-under-the-influence (DUI) services (22,984 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 69 programs receive more than \$24 million in grant funding in FY 2014-15.

Tobacco Education, Prevention, and Cessation Program Fiscal Year 2014-15 Budget (millions)

Total Appropriation	Cash Funds	Transfer from State Agencies
\$24.4	\$23.1	\$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 18,951 people received direct services through the Tobacco Education, Prevention, and Cessation Grant Program in FY 2014-15.

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.

The CICP 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.

When the Medicaid expansion under federal health care reform went into effect on January 1, 2014, many, but not all, clients who would otherwise be eligible for CICP became eligible for Medicaid coverage. Hospitals and providers may still be reimbursed under CICP for care provided to persons without insurance with incomes between 133% and 250% of the FPL. 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 CICP. In addition, legal immigrants who have been in the United States fewer than five years are not eligible for Medicaid or CHP+ may be eligible for CICP.

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 2014-15 Budget

Total Appropriation	General Fund	Cash Funds	Federal Funds
\$330.9	\$9.6	\$153.3	\$167.9
100%	3%	46%	51%

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+.

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. Additional information can be found at <https://www.colorado.gov/hcpf/colorado-indigent-care-program> or by calling **800-221-3943**.

Community and Nonprofit Health Resources

Community Health Centers

In Colorado, 17 community health centers provide health, dental, and other services to individuals eligible for Medicaid, CHP+, and CICP, 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 2014, there were 49 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 at www.colorado.gov/pacific/cdphe/school-based-health-centers.

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, 2015

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 2015 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 2015 federal poverty guidelines can be found at <http://aspe.hhs.gov/poverty/>

Annual Incomes and Percent of Federal Poverty Level, 2015

Family Unit Size*	75% Poverty Level	100% Poverty Level	133% Poverty Level	185% Poverty Level	200% Poverty Level	250% Poverty Level	300% Poverty Level	400% Poverty Level
1	\$8,828	\$11,770	\$15,654	\$21,775	\$23,540	\$29,425	\$35,310	\$47,080
2	\$11,948	\$15,930	\$21,187	\$29,471	\$31,860	\$39,825	\$47,790	\$63,720
3	\$15,068	\$20,090	\$26,720	\$37,167	\$40,180	\$50,225	\$60,270	\$80,360
4	\$18,188	\$24,250	\$32,253	\$44,863	\$48,500	\$60,625	\$72,750	\$97,000
5	\$21,308	\$28,410	\$37,785	\$52,559	\$56,820	\$71,025	\$85,230	\$113,640

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.

Appendix B Program Contact Information by Population Served

Program Information		Population Served				
Program	Contact Information	Elderly	Persons with Disabilities	Children and Pregnant Women	Mental Health/Substance Abuse Services	Uninsured/Underinsured
Department of Health Care Policy and Financing						
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	Women's Wellness Connection 866-951-9355					x
Developmental Disability Services	Locate your local Community Centered Board by calling: 303-866-7450		x			
Old Age Pension Health and Medical Care Program	Contact county department of social services	x				x
Department of Human Services						
Adult Assistance Services	303-866-2800	x				
Community Mental Health Services (Non-Medicaid)	303-866-7066				x	x
Mental Health Institutes	Fort Logan 303-866-7066 Pueblo 719-546-4000				x	x
Alcohol and Substance Abuse Services	303-866-7400				x	x
Nurse Home Visitor Program	Contact your primary care provider for a referral			x		

Appendix B Program Contact Information by Population Served (Cont.)

Program Information		Population Served				
Program	Contact Information	Elderly	Persons with Disabilities	Children and Pregnant Women	Mental Health/Substance Abuse Services	Uninsured/Underinsured
Department of Public Health and Environment						
Suicide Prevention	Persons in crisis may call: 1-800-273-TALK (1-800-273-8255)	<i>All Coloradans may get assistance.</i>				
Tobacco Education, Prevention, and Cessation	For assistance quitting tobacco call: 1-800-QUIT-NOW (1-800-784-8669)	<i>All Coloradans may get assistance.</i>				
Department of Regulatory Agencies						
Division of Insurance	303-863-7490	<i>All Coloradans may get assistance.</i>				
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	x
Colorado Dental Association	To find providers that offer dental services to persons with low incomes, call: 303-740-6900					x

ENDNOTES

¹ Centers for Medicare and Medicaid Services, Office of the Actuary, “National Health Expenditure Projections 2013-2023,” September 2014.

² Ibid.

³ Ibid.

⁴ Colorado Health Institute, 2013 Colorado Health Access Survey, 20 High-Level Findings, November 2013.

⁵ Lockton Companies, LLC, 2014 Colorado Employer Benefits Survey Report, November 14, 2013.

⁶ “Rate Review and the 80/20 Rule.” Accessed on 10/20/2014 at:

<https://www.healthcare.gov/health-care-law-protections/rate-review/>.

⁷ Colorado Health Institute, 2013 Colorado Health Access Survey, 20 High-Level Findings, November 2013.

⁸ Ibid.

⁹ Ibid.

¹⁰ Ibid.

¹¹ Public Law 111-148, The Patient Protection and Affordable Care Act (PPACA), Adopted March 23, 2010.

¹² <https://www.healthcare.gov/fees-exemptions/fees-exemptions-overview/>.