A Guide to Major Health Care Issues and Programs

2012
Colorado Health Care Resource Book

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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 2012-13 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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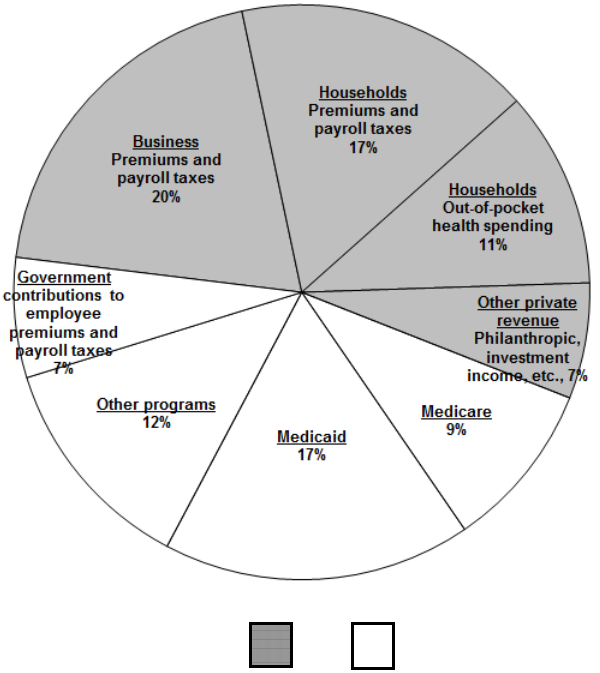
Section I
The Health Care System in Colorado

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 result in changes in 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 $2.9 trillion dollars in 2013, or about $9,214 for each person in the country, representing 17.8 percent of the Gross Domestic Product (GDP).[1] Over the last several years, health care spending has grown at a rate of about 4 percent per year. Chart I.1 illustrates the sources of payment for the country's health care costs. Revenues from federal, state, and local governments are estimated to be the source of 46 percent of national health spending in 2013; 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 50 percent of all health care spending in 2021.[3]

Chart I.1
Projected Sources of Payment
for Health Care in the U.S., 2013



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. Under 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. Under 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 so as to cover the estimated cost of care and administrative costs. According to an annual survey of Colorado employers, approximately 58 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. Beginning in 2012, 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 2011-12 Colorado Health Access Survey estimates that approximately 829,000 persons in Colorado, or approximately 16 percent of the state's population, did 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.

In Colorado, there are several consistent characteristics of the uninsured population. About 71 percent of uninsured individuals are in a family with one or more workers.[8] However, many uninsured individuals either do not earn high enough incomes to afford their portion of health insurance premiums, work in jobs that do not provide health insurance, or do not qualify for health insurance because they are part-time or contract workers. Over half of the individuals who were working and unable to obtain health insurance worked for small businesses.[9]

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 nearly 88 percent of uninsured Coloradans having incomes below 300 percent of the Federal Poverty Level (FPL).[10] Young adults between 18 and 34 years of age are the most likely not to carry health insurance, comprising 41 percent of uninsured individuals in Colorado.[11] 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

In March 2010, federal health care reform, also known as the Patient Protection and Affordable Care Act (PPACA), was adopted by the U.S. Congress and signed by the President.[12] 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 pre-existing 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 100 and 400 percent of the FPL who are not offered affordable health coverage through their employer.

Health Benefit Exchange. An important step associated with federal health reform in Colorado is the creation of the Colorado Health Benefit Exchange. The exchange is a state-chartered nonprofit organization that is responsible for creating a health insurance marketplace that allows consumers to get information, compare health plans, and purchase coverage. The exchange will screen clients for eligibility for other public health care programs and determine federal subsidy amounts for eligible persons who wish to purchase insurance through the exchange. The exchange will begin selling health plans in October 2013, with these plans first taking effect in January 2014. All health insurance sold both inside and outside the exchange 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.

Public Health Care Programs

State health care programs in Colorado take a variety of forms, including public health insurance programs, direct services, contracted provider services, managed care programs, and public health initiatives. Eligibility for public health care programs is typically based on income level, as well as population category (e.g., elderly, children, disabled, etc.) or service need (e.g., mental health, substance abuse). The main groups that are eligible for health care programs in Colorado are highlighted below. Chart I.2 on page 9 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).

Low-income populations. Medicaid is the largest health care program in the state with a projected caseload of more than 687,000 enrollees in FY 2012-13. Medicaid serves multiple low-income populations, including the elderly, children, parents, persons with disabilities, and to a limited extent, adults without dependent children. For more information on Medicaid, see page 15.

Children and pregnant women. In addition to Medicaid, children and pregnant women may be eligible for health coverage under CHP+. Generally, CHP+ serves persons with higher incomes relative to the Medicaid population and has higher premiums and cost sharing than Medicaid. For more information on CHP+, see page 20.

Elderly. The most common source of health coverage for elderly adults is the federal Medicare program. The state of Colorado has no role in Medicare, which is solely operated by the federal government. Persons who have worked in Medicare-covered employment for ten years and their spouses who are 65 years old or older qualify for Medicare. However, non medical long-term care, such as assisted living and nursing home care, is generally not covered by the federal Medicare program. Elderly adults requiring long-term care who have low incomes and limited assets can receive services under Colorado Medicaid (page 15).

Elderly persons with low incomes who are disabled and are not eligible for Medicaid may be able to receive health coverage through the Old Age Pension Health and Medical Care Program (page 24). Also, elderly persons requiring assistance living independently may be eligible for adult assistance programs through the Department of Human Services, which partners with 16 Area Agencies on Aging in Colorado (page 23).

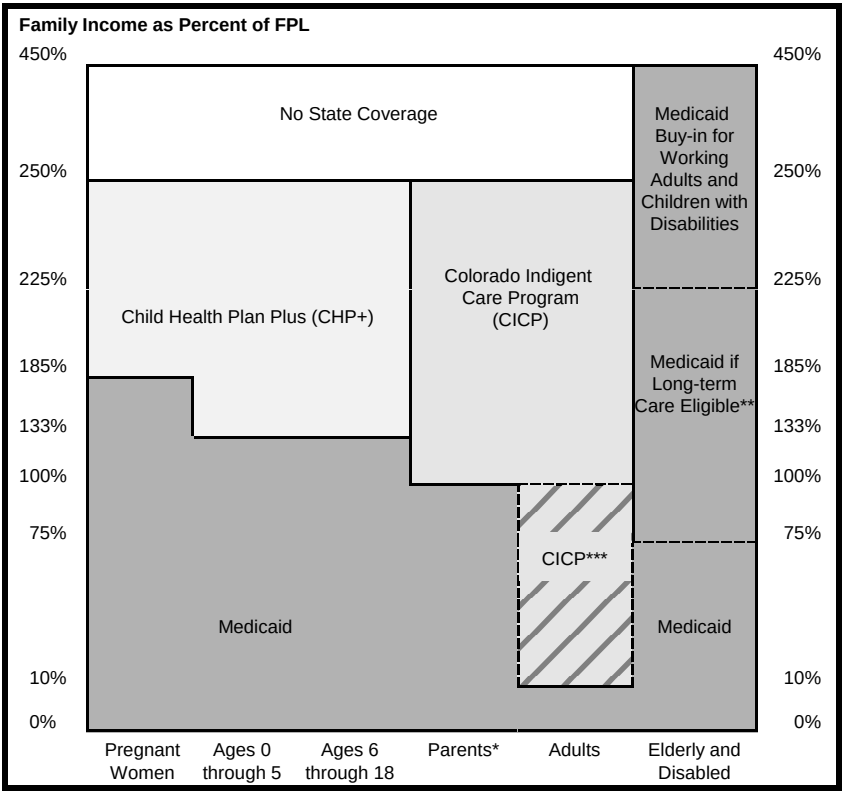
Persons with disabilities. Medicaid offers health coverage to persons deemed permanently and totally disabled according to federal law (i.e., eligible for federal Social Security Income benefits). Persons with developmental disabilities can receive residential and family support services through the Department of Human Services. For more information on Medicaid and services for persons with developmental disabilities, see pages 15 and 26, respectively.

Mental health services. Persons who are eligible for Medicaid can receive mental health services through several regional care providers throughout the state (page 27). Persons who are not Medicaid-eligible and do not have private insurance that covers mental health services may be able to receive assistance through the Department of Human Services at community mental health providers (page 28) or at one of the state mental health institutes (page 30), depending on the level of services required.

Substance abuse treatment. Persons requiring treatment for alcohol or drug use who do not have health insurance or who have health insurance that does not cover substance abuse treatment may be eligible for treatment through several regional treatment providers that contract with the Department of Human Services to offer prevention, intervention, and treatment services for persons with substance abuse issues. More information on this program is on page 32.

Public health programs. The Department of Public Health and Environment (DPHE) operates programs in areas such as suicide prevention, tobacco prevention and cessation, dental hygiene, vaccinations, and children's and maternal health. The DPHE does not offer services directly and instead works to improve health care access and availability. Often these public health programs provide funds to organizations that offer services to certain populations or in areas where there are unmet public health needs. Several public health programs that support health-related services for individuals are discussed in this book, including suicide prevention (page 31), nurse home visitation for first-time mothers (page 22), and tobacco prevention and cessation (page 33).

Chart I.2
Eligibility for Public Health Care Programs by Income Level and Population, 2012

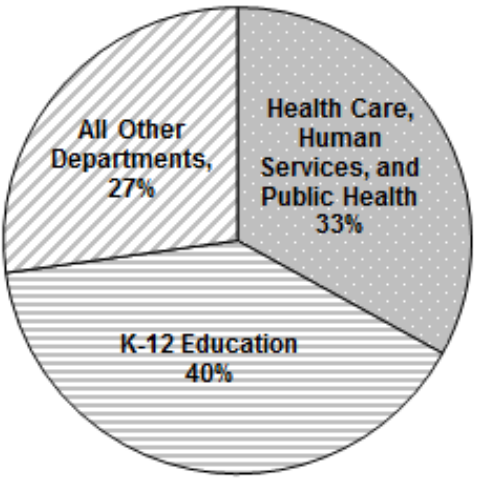


* Parents of children enrolled in Medicaid or CHP+.
** Eligibility for Medicaid long-term care is based on multiples of the Supplemental Security Income limit (SSI) of $698, which corresponds to about 75% of the FPL. Three times the SSI is equal to about 225% of the FPL.
*** House Bill 09-1293 authorizes Medicaid to serve childless adults with incomes up to 100% of FPL. However, current funding limits eligibility to persons with incomes up to 10% of FPL with an enrollment cap of 10,000 individuals. Hospitals may be reimbursed for care provided to adults without dependent children who have incomes between 11% and 100% of the FPL through the Colorado Indigent Care Program.

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 2012-13, General Fund appropriations for the three primary health and human services departments totaled $2.5 billion, or 33 percent of the state General Fund budget. Chart II.1 illustrates the size of the General Fund appropriations for all state departments.

Chart II.1
General Fund Appropriations, FY 2012-13



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 33 percent of its funding comes from the state's General Fund. Another 17 percent 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. Federal funds comprise about half of the department's budget.

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; 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 72 percent of the department's budget goes toward health-related programs. About 53 percent of the budget is made up of federal funds. 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 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 $78 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).

Table II.1
State Department Budgets
***FY 2012-13* (in millions)**

Department	General Fund	Cash Funds	Reappropriated Funds	Federal Funds	Total Appropriation
Department of Health Care Policy and Financing	$1,858.0	$925.4	$7.2	$2,770.5	$5,561.1
	33%	17%	<1%	50%	100%
Department of Public Health and Environment	$27.8	$156.2	$32.1	$246.2	$462.3
	6%	34%	7%	53%	100%
Department of Human Services	$637.6	$330.7	$465.7	$614.9	$2,048.9
	31%	16%	23%	30%	100%
Division of Insurance*	$0	$6.8	$0	$0.6	$7.3
		93%		7%	100%
Division of Professions and Occupations*	$0	$15.1	$0	$0.6	$15.7
		96%		4%	100%

Source: Joint Budget Committee staff
*Department of Regulatory Agencies

Section III
Major Health Care Programs and Services in Colorado

Colorado provides health care programs and services for low-income citizens of all ages or who have various medical or service needs. Clients include the elderly, women, children, persons with mental illness, substance abusers, persons with disabilities, and persons without health insurance. This section provides program-specific information and is generally organized by recipient group. Eligibility for services is determined primarily by county departments of social services and depends largely upon family income. Chart I.2 on page 9 illustrates the income eligibility requirements for the state's primary medical coverage programs. 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.

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 a limited number of 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 27) and funding for human services programs for persons with developmental disabilities (page 26).

Budget. For every dollar Colorado spends on Medicaid, the federal government contributes one dollar. Colorado pays Medicaid costs using General Fund, fees on hospitals, and tobacco tax revenue.

Medicaid
Fiscal Year 2012-13 Budget
(millions)

Total Appropriation	General Fund/Cash Funds	Federal Funds
$3,994.7	$2,021.7	$1,972.9
100%	51%	49%

Eligibility. The 14 specific eligibility categories for Medicaid generally include elderly persons, persons with disabilities, children and parents, and adults without dependent children. 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 criteria, such as level of disability. Depending upon a client's category, the maximum allowable income for elderly persons may be as low as $698 per month or as high as $2,094 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 $698 per month, or approximately 75 percent of the FPL in 2012.

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 typically qualify for Medicaid through enrollment in Temporary Assistance for Needy Families (TANF), the cash assistance welfare program, or by meeting specific income and resource criteria. Parents of children who are enrolled in Medicaid or the CHP+ are eligible for Medicaid if they have incomes up to 100 percent of the FPL. Pregnant women with incomes up to 185percent of the FPL are eligible for Medicaid services. Children in families with incomes up to 133 percent of the FPL and children in foster care qualify for Medicaid coverage.

Adults without dependent children may qualify for Medicaid if they have incomes below 100 percent of the FPL. However, Medicaid for adults without children is currently limited to persons with incomes below 10 percent of the FPL up to a cap of 10,000 adults. 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 687,473 in FY 2012-13. The projected caseload and costs for each eligibility category are shown in Table III.1.

Table III.1
Projected Medicaid Caseload and Costs by Eligibility Group, Fiscal Year 2012-13

Population	Eligibility Category	Caseload	Per Capita Cost	Total Cost
Elderly	65 years old and older	40,820	$24,867	$1,015,050,729
	Medicare/Medicaid dual eligible	20,503	$1,663	$34,091,703
Persons with Disabilities	Persons with disabilities (60-64 years of age)	8,948	$20,466	$183,126,151
	Persons with disabilities (up to age 59 years of age)	62,098	$17,765	$1,103,171,414
	Medicaid buy-in for persons with disabilities	2,208	$13,096	$28,915,416
Children	Eligible children	367,649	$1,943	$714,389,037
	Foster care children	18,159	$4,934	$89,587,884
Parents	Adults (AFDC* eligible)	77,455	$4,266	$330,437,500
	Adults (AFDC* to 60% FPL)	26,498	$3,537	$93,726,012
	Adults (60-100% FPL)	42,381	$3,283	$139,127,138
	Pregnant women (up to 185% FPL)	7,546	$10,355	$78,139,747

Projected Medicaid Caseload and Costs by Eligibility Group, Fiscal Year 2012-13 (Cont.)

Population	Eligibility Category	Caseload	Per Capita Cost	Total Cost
Adults without dependent children	Breast and Cervical Cancer Treatment and Prevention Program	679	21,958	14,909,151
	Adults without dependent children (up to 100% FPL)	10,000	12,103	121,029,477
	Non-citizens qualifying for emergency services	2,529	20,018	50,625,528
	Total	**687,473**	**$5,813**	**$3,996,326,887**

*Aid to Families with Dependent Children (AFDC) was the federal public assistance program that preceded the federal Temporary Assistance for Needy Families (TANF) program prior to welfare reform in 1990s.

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:
https://peak.state.co.us/selfservice

Print and mail an application:
http://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 income 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 clinking on the "Programs and Benefits" link, followed by the "Long-term Care" 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 post-partum 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 2012-13 Budget
(millions)

Total Appropriation	General Fund	Transfers from Funds and Trusts	Federal Funds
$187.7	$21.8	$44.5	$120.9
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 post partum to be eligible for CHP+.

Population served. In FY 2012-13, CHP+ is projected to provide coverage to 67,542 children and 1,360 pregnant women. The average estimated per capita costs are $2,210 per year for children and $15,818 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:
https://peak.state.co.us/selfservice

Print and mail an application:
http://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 Public Health and Environment.

Budget. In FY 2012-13, the program will receive 14 percent of the state's Tobacco Master Settlement revenue. Under current law, funding for the program will increase annually by 1 percent until it reaches 19 percent of Tobacco Master Settlement revenue in FY 2017-18.

Nurse Home Visitor Program
Fiscal Year 2012-13 Budget
(millions)

Total Appropriation	General Fund	Cash Funds	Federal Funds
$16.3	$0	$13.0	$3.3
100%	0%	80%	20%

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 approximately 1,500 women in FY 2012-13.

Resources and contact information. A directory of local providers that offer nurse home visits can be found online at *http://www.colorado.gov/cs/Satellite/CDPHE-PSD/CBON/1251617515048* by clicking on the "Related Documents and Websites" link at the bottom of the page.

Elderly

Adult Assistance Programs (Older Americans/Coloradans Act Programs)

Overview. Adult assistance programs in the Department of Human Services provide health and non-health services for disabled or vulnerable adults who require some level of assistance to maintain their independence. 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 adult assistance programs are sales and use tax revenue that is statutorily diverted to the Older Coloradans Cash Fund.

Adult Assistance Programs
Fiscal Year 2012-13 Budget
(millions)

Total Appropriation	General Fund	Cash Funds	Federal Funds
$32.3	$2.0	$11.5	$18.8
100%	6%	36%	58%

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 estimates that 38,808 seniors will receive adult assistance services though 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. This program assists low-income persons age 60 and older who are receiving Old Age Pension payments and who do not qualify for Medicaid due to a disability. The Old Age Pension Program is a state-funded program that provides monthly cash assistance to elderly persons. The Old Age Pension Health and Medical Care Program is administered by the Department of Health Care Policy and Financing. Services available to this population are the same as Medicaid, except that recipients do not have coverage for inpatient psychiatric care, nursing home care, or home- and community-based services.

Budget. The program is funded primarily through sales and use taxes, and currently receives an additional General Fund appropriation. 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 2012-13 Budget
(millions)

Total Appropriation	General Fund	Cash Funds	Federal Funds
$12.4	$2.4	$10.0	$0
100%	19%	81%	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 $698 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 2012-13, the Old Age Pension Health and Medical Care Program is estimated to have an average monthly caseload of 3,900.

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.

Developmental Disability Services

Overview. The Division for Developmental Disabilities within the Department of Human Services administers residential and family support services for persons with developmental disabilities. Most state-funded services for children and adults with developmental disabilities are provided by 20 local nonprofit agencies known as community centered boards (CCBs). The division 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.

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 2012-13 Budget
(millions)

Total Appropriation	General Fund	Local Funds/ Patient Fees	Transferred Medicaid Dollars	Federal Funds
$464.8	$30.2	$36.4	$391.2	$7.0
100%	6%	8%	84%	2%

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, 23,822 adults and children are projected to receive developmental disability services.

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 persons eligible for services. 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 Mental Health Program

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

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 mental health services. For mental health services outside the scope of the BHOs, Medicaid also pays for mental health services on a fee-for-service basis.

Medicaid Mental Health Services
Fiscal Year 2012-13 Budget
(millions)

Total Appropriation	General Fund	Cash Funds	Federal Funds
$316.7	$144.8	$13.6	$158.3
100%	46%	4%	50%

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

Population Served. In FY 2012-13, 62,301 persons are projected to receive Medicaid mental health services.

Resources and contact information. Medicaid-eligible persons may contact their local Behavioral Health Organization (BHO) for information on how to obtain necessary mental health services. A list of BHOs can be found at *www.colorado.gov/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.

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 2012-13 Budget
(millions)

Total Appropriation	General Fund	Cash Funds	Transfers from State Agencies	Federal Funds
$50.7	$40.0	$4.3	$0.3	$6.2
100%	79%	8%	1%	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 2012-13, about 12,500 indigent persons are projected to receive 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 Institutions

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 Institutions 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 Institutions
Fiscal Year 2012-13 Budget
(millions)

Total Appropriation	General Fund	Patient Revenues & Payments from Counties & School Districts	Transfers from State Agencies
$92.5	$75.2	$9.1	$8.2
100%	81%	10%	9%

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 2012-13, the institutes have a combined total of 532 beds. As of February 2012, the average daily census is about 480 patients, for an occupancy rate of about 91 percent. The bed space at the institutes is as follows:

- Forensic - 294;
- 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 reached at ***719-546-4000***.

Suicide Prevention

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 2012-13 Budget
(millions)

Total Appropriation	General Fund
$0.4	$0.4
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 2010, the Suicide Prevention Lifeline received 11,010 calls. Between July 2009 through June 2012, the Office of Suicide Prevention awarded community grants to nine agencies resulting in a total funding of $85,000 per year. Between October 2010 through September 2011, the *Project Safety Net* project completed 86 training sessions, and 2,173 adults were trained to assist at-risk suicidal youth.

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 2012-13 Budget
(millions)

Total Appropriation	General Fund	Cash Funds	Transfers from State Agencies	Federal Funds
$46.7	$14.5	$4.4	$4.2	$23.7
100%	31%	10%	9%	51%

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. The FY 2012-13 estimates from the Division of Behavioral Health are 53,531 detoxification admissions and 31,382 substance abuse treatment admissions.

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 40 programs receive about $13.2 million in grant funding in FY 2012-13.

Tobacco Education, Prevention, and Cessation Program
Fiscal Year 2012-13 Budget
(millions)

Total Appropriation	Cash Funds	Transfers From State Agencies
$23.5	$22.1	$1.4
100%	94%	6%

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 at least 127,027 individuals received specific program services in FY 2010-11.

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+, 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.

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 2012-13 Budget
(millions)

Total Appropriation	General Fund	Cash Funds	Federal Funds
$333.4	$9.0	$171.9	$152.5
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 225,906 distinct clients in FY 2010-11.

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/hcpf* 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.

Budget. Funding for CoverColorado comes from member premiums, an insurance assessment levied on all health insurers in the state, and the Unclaimed Property Trust Fund, a fund that, pursuant to state law, holds money from the sale of items that have been determined to have been abandoned or otherwise go unclaimed. Additional sources of funding include a premium tax credit to health insurance carriers, interest, and federal grants.

CoverColorado
Calendar Year 2012 Budget
(millions)

Total Budget	Premiums	Insurer Assessment	Unclaimed Property	Other Sources
$130.1	$74.5	$40.0	$40.0	$7.7
100%	46%	25%	25%	4%

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

- being a legal resident of Colorado for at least six months prior to application;
- having an application for insurance coverage denied because of previous medical conditions;
- having an application for a new policy accepted, but the premium rate is higher than CoverColorado's most similar plan;
- involuntary termination of prior coverage for reasons other than nonpayment of premiums; and
- diagnosis with a condition such as HIV/AIDS, metastatic cancer, or cystic fibrosis.

Population served. The total number of people enrolled in CoverColorado in 2012 is 13,850.

Resources and contact information. Applications and information about the program can be found at *www.covercolorado.org*. Information on the CoverColorado program can also be obtained by calling ***303-863-1960*** or ***866-787-9129***.

GettingUSCovered

Overview. GettingUSCovered is a state-based high-risk pool established in Colorado in 2010 as part of federal health care reform. The program provides health care coverage to individuals unable to purchase comprehensive health insurance because of preexisting conditions. The Colorado-based nonprofit health insurer Rocky Mountain Health Plans administers the program through a contract with the federal Department of Health and Human Services. GettingUSCovered is expected to operate through December 31, 2013, as a bridge to 2014, when individuals with preexisting conditions will be able to purchase coverage through health insurance exchanges.

Budget. GettingUSCovered is fully funded by federal dollars and member premiums. It is estimated that GettingUSCovered will receive a total of about $90 million in federal funds under PPACA to operate the high-risk health insurance pool in Colorado from 2010 to 2014.

Eligibility. To participate in the GettingUSCovered program, an individual must:

- be a Colorado resident;
- be a U.S citizen or lawfully present in the United States;
- not have had creditable insurance coverage for at least six months prior to applying for GettingUSCovered; and
- have a preexisting health condition.

Population served. Up to 4,000 persons without health insurance are expected to receive coverage through GettingUSCovered by 2014.

Resources and contact information. Applications and information about the program can be found at *www.gettinguscovered.org*. Information on GettingUSCovered can also be obtained by calling ***303-749-1109*** or ***877-397-1109***.

Community and Nonprofit Health Resources

Community Health Centers

In Colorado, 15 community health centers provide health, dental, and other services to individuals eligible for Medicaid, CHP+, 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 2012, there were 52 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 by looking online at: *www.colorado.gov/cs/Satellite/CDPHE-PSD/CBON/1251629854323*.

Dental Care

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

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

Appendix A
Federal Poverty Guidelines, 2012

The federal poverty guidelines, commonly referred to as the federal poverty level (FPL), are used to determine eligibility for many public health care programs and other types of assistance. The FPL guidelines are based upon family size and income level, and the 2012 FPL guidelines are shown in Table A.1. The guidelines are adjusted each year to account for inflation and are typically updated in January. More information on the 2012 federal poverty guidelines can be found at *http://aspe.hhs.gov/poverty/12poverty.shtml*.

Table A.1
Annual Incomes and Percent of Federal Poverty Level, 2012

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	$8,378	$11,170	$14,856	$20,665	$25,133	$27,925	$33,510	$44,680	$50,265
2	$11,348	$15,130	$20,123	$27,991	$34,043	$37,825	$45,390	$60,520	$68,085
3	$14,318	$19,090	$25,390	$35,317	$42,953	$47,725	$57,270	$76,360	$85,905
4	$17,288	$23,050	$30,657	$42,643	$51,863	$57,625	$69,150	$92,200	$103,725
5	$20,258	$27,010	$35,923	$49,969	$60,773	$67,525	$81,030	$108,040	$121,545

Source: Department of Health and Human Services

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

**2012 Federal Poverty Guidelines will remain in effect at least through January 2013, at which time the 2013 guidelines are expected to be released.

Appendix B
Program Contact Information by Population Served

Table B.1
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**
Department of Health Care Policy and Financing						
Medicaid	303-866-3513 or 1-800-221-3943	x	x	x	x	x
Medicaid Mental Health	Locate a local behavioral health organization by calling: 303-866-3513 or 1-800-221-3943	x			x	x
Child Health Plan Plus	CHP+ Customer Service 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
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 Heath Institutions	Fort Logan 303-866-7066 Pueblo 719-546-4000				X	X

Appendix B
Program Contact Information by Population Served

Table B.1 (Cont.)
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**
Alcohol and Substance Abuse Services	303-866-7400				x	
Developmental Disability Services	Locate your local Community Centered Board by calling: 303-866-7450		x			
Department of Public Health and Environment						
Nurse Home Visitor Program	Contact your primary care provider for a referral.			x		
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						
CoverColorado	303-863-1960 866-787-9129					x
GettingUSCovered	303-749-1109 877-397-1109					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.				

Endnotes

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2. Sean P. Keehan, Gigi A. Cuckler, Andrea M. Sisko, Andrew J. Madison, Sheila D. Smith, Joseph M. Lizonitz, John A. Poisal and Christian J. Wolfe, "National Health Expenditure Projections: Modest Annual Growth Until Coverage Expands And Economic Growth Accelerates," Health Affairs, June 2012.

3. Sean P. Keehan, Gigi A. Cuckler, Andrea M. Sisko, Andrew J. Madison, Sheila D. Smith, Joseph M. Lizonitz, John A. Poisal and Christian J. Wolfe, "National Health Expenditure Projections: Modest Annual Growth Until Coverage Expands And Economic Growth Accelerates," Health Affairs, June 2012.

4. Colorado Health Institute, 2011 Colorado Health Access Survey, Overview of Coloradans' Health Care Coverage, Access, and Utilization, November 2011.

5. Lockton Companies, LLC, 2012 Colorado Employer Benefits Survey Report, October 2011.

6. Department of Health and Human Services, "Value for Your Premium Dollar," July 2012, Accessed on 10/22/2012 at <http://www.healthcare.gov/law/features/costs/value-for-premium>.

7. Colorado Health Institute, 2011 Colorado Health Access Survey, Overview of Coloradans' Health Care Coverage, Access, and Utilization, November 2011.

8. Colorado Health Institute, Analysis of 2011 Colorado Health Access Survey data provided to Legislative Council Staff, October 2012.

9. Colorado Health Institute, Analysis of 2011 Colorado Health Access Survey data provided to Legislative Council Staff, October 2012.

10. Colorado Health Institute, Analysis of 2011 Colorado Health Access Survey data provided to Legislative Council Staff, October 2012.

11. Colorado Health Institute, Analysis of 2011 Colorado Health Access Survey data provided to Legislative Council Staff, October 2012.

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