2020

Health Care Resource Book

Research Publication No. 745

Legislative Council Staff
Nonpartisan Services for Colorado's Legislature

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Introduction

The Legislative Council Staff's Health Care 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 two sections.

The first section covers health care spending; private health insurance regulation; the state's health benefit exchange; an overview of public health care programs; and discussion of issues related to uninsured individuals.

The second section provides an overview of the state departments that are involved in health care matters in Colorado and the programs that fall under each department. Program summaries include information on eligibility, costs, and services, and provide contact information for the programs. Departmental and program budget figures are drawn primarily from the FY 2019-20 long appropriations bill (Long Bill) and the Joint Budget Committee Staff's Appropriations Report. Please note that budget figures have been rounded.

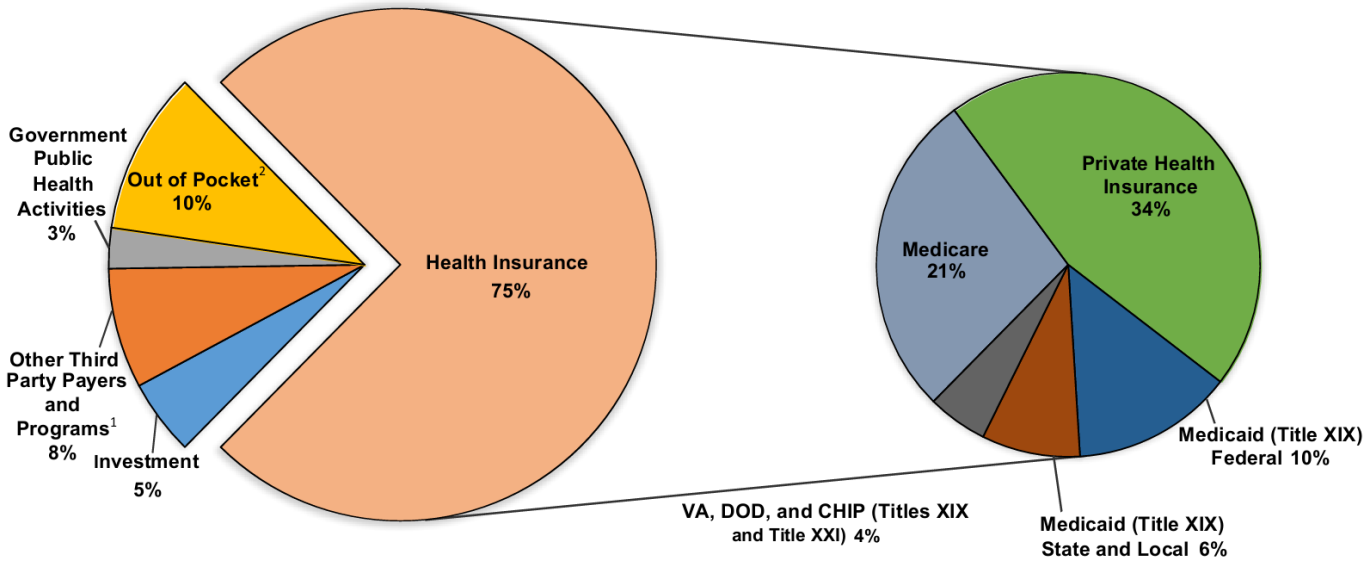
Section I:
Health Care Spending and Insurance Coverage

Health Care Spending

National Health Care Spending

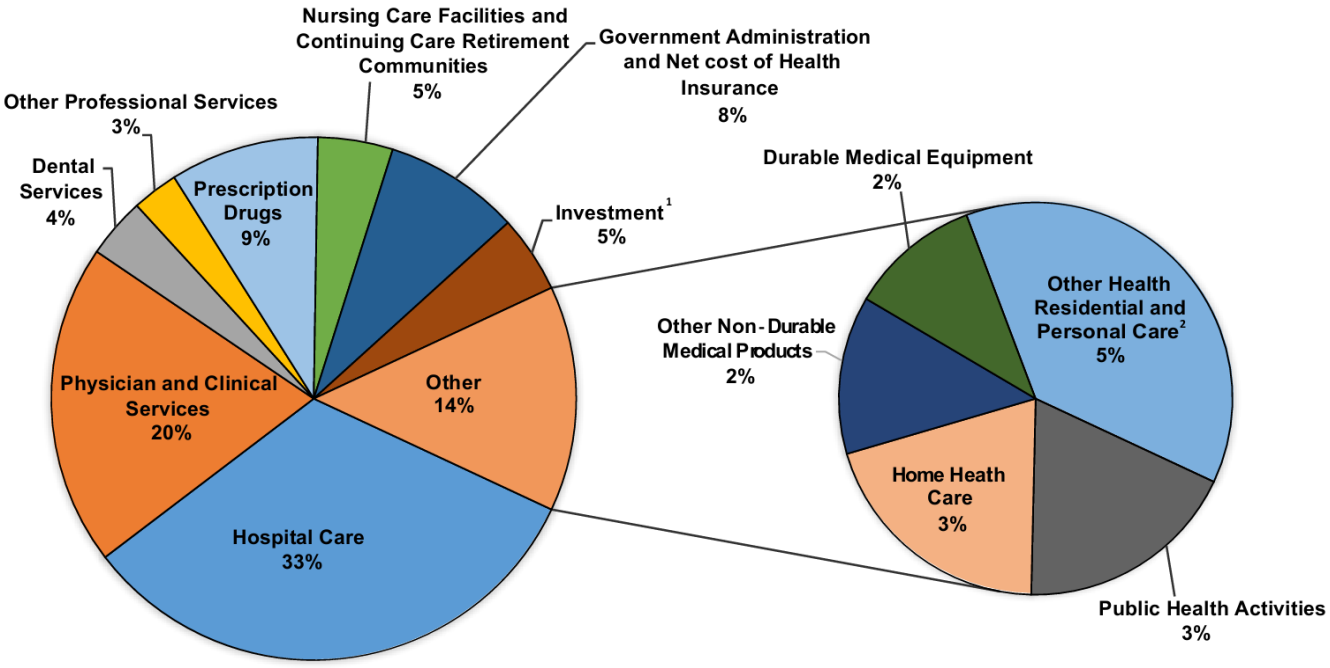
Nationally, the Centers for Medicare and Medicaid Services (CMS) forecasts health expenditures to grow 4.6 percent to $4.0 trillion dollars in 2020. This represents 17.9 percent of the nation's Gross Domestic Product (GDP). CMS projects that health care spending will continue to grow annually by 5.7 percent and reach nearly $6.0 trillion by 2027.[1] Figures 1 and 2 display 2018 national health expenditures by payer and services.

Figure 1
National Health Care Spending — Where it Came From
2018



Source: Centers for Medicare and Medicaid Services, Office of the Actuary, National Health Statistics Group.
[1]Other third-party payers include worksite health care, other private revenues, Indian Health Service, workers' compensation, general assistance, maternal and child health, vocational rehabilitation, Substance Abuse and Mental Health Services Administration, school health, and other federal and state local programs.
[2]Out-of-pocket costs include co-payments, deductibles, and any amounts not covered by health insurance.

Figure 2
National Health Care Spending — Where it Went
2018

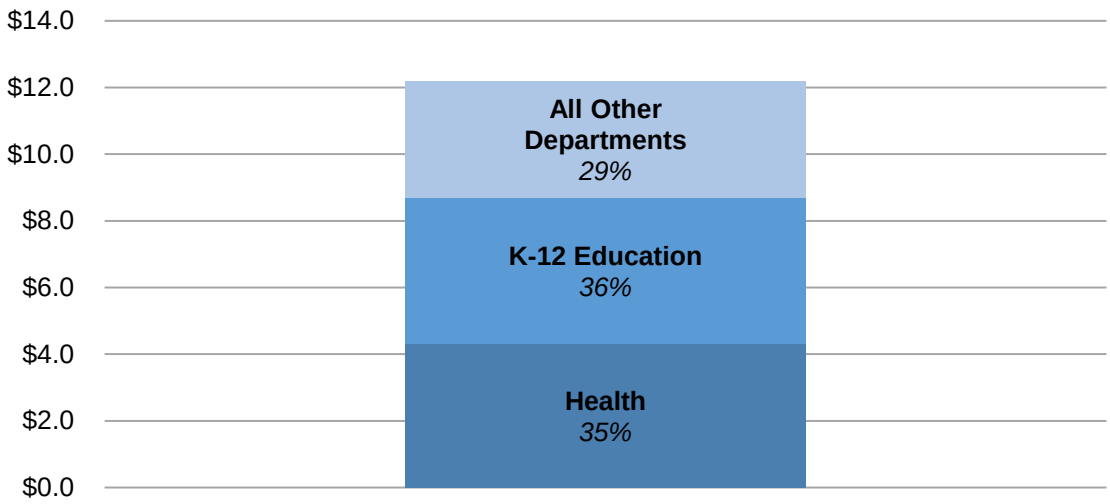


Source: Centers for Medicare and Medicaid Services, Office of the Actuary, National Health Statistics Group.
[1]Investment includes noncommercial research and structures and equipment.
[2]Other Health Residential and Personal Care includes expenditures for residential care facilities, ambulance providers, medical care delivered in nontraditional settings (such as community centers, senior citizens centers, schools, and military field stations), and expenditures for Home and Community Waiver programs under Medicaid.

State Health Care Spending

In FY 2019-20, General Fund appropriations for the three primary state departments that deliver health services totaled $4.3 billion, or 35 percent of the state's $12.2 billion General Fund budget. Figure 1 illustrates the size of General Fund appropriations to the state's two largest General Fund expenditure categories, health and K-12 education, compared to the remainder of state services.

Figure 3
General Fund Appropriations by Category, FY 2019-20



Prepared by Legislative Council Staff.
Source: FY 2019-20 Appropriations Report, Joint Budget Committee Staff.
Health spending includes spending for programs administered by the Departments of Health Care Policy and Financing, Human Services, Public Health and Environment, and Regulatory Agencies.

Self-Funded and Fully Insured Plans

In Colorado, about 53 percent of individuals access private health insurance through their employer, while about 7 percent purchase private individual plans for themselves and their families.[2] Health insurance plans can be identified as either self-funded plans or fully insured plans. According to a 2018 survey of Colorado employers, more than 31 percent of employers offer fully insured plans that are regulated by state and federal law, 50 percent offer self-funded plans regulated solely by federal law, and the remaining 19 percent offer employees a choice of plans that includes both self-funded and fully insured options.[3]

Self-funded plans. 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. Employers have flexibility to design a health care plan to meets their needs. Many employers contract with plan administrators to manage the plans.

Fully insured plans. Fully insured plans are regulated by the state and include Colorado's small employer group plans, individual health plans, and large employer group plans that are not self-funded. 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.

Health Insurance Regulation in Colorado

The Division of Insurance (DOI) in the Department of Regulatory Agencies regulates all fully insured health benefit plans and health maintenance organization subscriber contracts offered in Colorado, including plans in the individual, small employer group, and large employer group markets. These plans are subject to requirements associated with both state law and the federal Patient Protection and Affordable Care Act (PPACA). The DOI does not regulate self-funded health plans, government plans—such as Medicaid, Medicare, or TRICARE—or plans issued in other states.

Health insurers are required to file proposed premium changes with the DOI to ensure that the new premiums are not excessive, inadequate, or unfairly discriminatory. A provision of the PPACA requires insurance companies 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 (employers with more than 100 employees), refunds are required if more than 15 percent of revenue goes to non-medical expenses.

Essential health benefits (EHB). Under both the PPACA and Colorado law, carriers offering individual or group health benefit plans in Colorado must ensure that the coverage includes the essential health benefits (EHB) package. EHB are the categories of benefits that must be covered by all qualifying health benefit plans in the state, but they do not specify a list of covered benefits.

EHB are defined to include:

- ambulatory patient services;
- emergency services;
- hospitalization;
- laboratory services;
- maternity and newborn care;
- mental health and substance use disorder services, including behavioral health treatment;
- pediatric services, including vision and dental care;
- prescription drugs;
- preventative and wellness services and chronic disease management; and
- rehabilitative and habilitative services and devices.

Other mandatory benefits under state law and the PPACA. Colorado law requires health benefit plans to cover certain mandated benefits. Appendix A lists all health benefits mandated in Colorado law. These benefits include mandates to cover diabetes; mental illness; newborn children; pregnancy and childbirth; and prostate cancer screening. Other prominent provisions of the PPACA and state law 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.

Colorado Health Benefit Exchange

The Colorado Health Benefit Exchange (exchange), doing business as Connect for Health Colorado, was created in 2011 by the state legislature as a nonprofit public entity, governed by an appointed board of directors. The exchange allows individual consumers to get information, compare health plans, purchase health insurance coverage, and, in accordance with the PPACA, receive the federal premium subsidy, known as the Advanced Premium Tax Credit (APTC). All individual health insurance plans sold on the exchange must meet state and federal coverage requirements. As of October 2019, there were 136,527 individuals covered by health insurance plans purchased through the exchange.[4]

Funding. The exchange's operating budget for plan year 2020 is $42.2 million. Funding for the exchange comes from fees on insurers, tax credit donations, and cost reimbursements from the Department of Health Care Policy and Financing for expenses incurred for providing Medicaid eligibility determination services, grants, and interest.

Financial assistance. The exchange screens clients for eligibility for public health care programs and determines APTC amounts for eligible persons. Subsidies are available to individuals who have incomes between 133 and 400 percent of the federal poverty level (FPL) who are not offered affordable health coverage through their employer and who purchase coverage through the exchange. See Appendix B for 2019 FPL guidelines.

For the 2019 plan year, 76 percent of exchange customers received financial assistance, with an average monthly APTC of $558. Overall, exchange customers received an estimated total of $765.7 million in APTCs in 2019.[5]

Enrollment. The annual open enrollment period for the exchange runs November 1 to January 15 each year. Coloradans may purchase individual health insurance plans during this period through the exchange, a broker, or directly from the insurer. Enrollment at other times of year is only permitted as a result of a qualifying life event, such as change in family status or loss of health coverage. Colorado residents may access the exchange at www.connectforhealthco.com. Consumers in states without a state-based marketplace may purchase insurance and receive the subsidy through the federal marketplace, www.healthcare.gov.

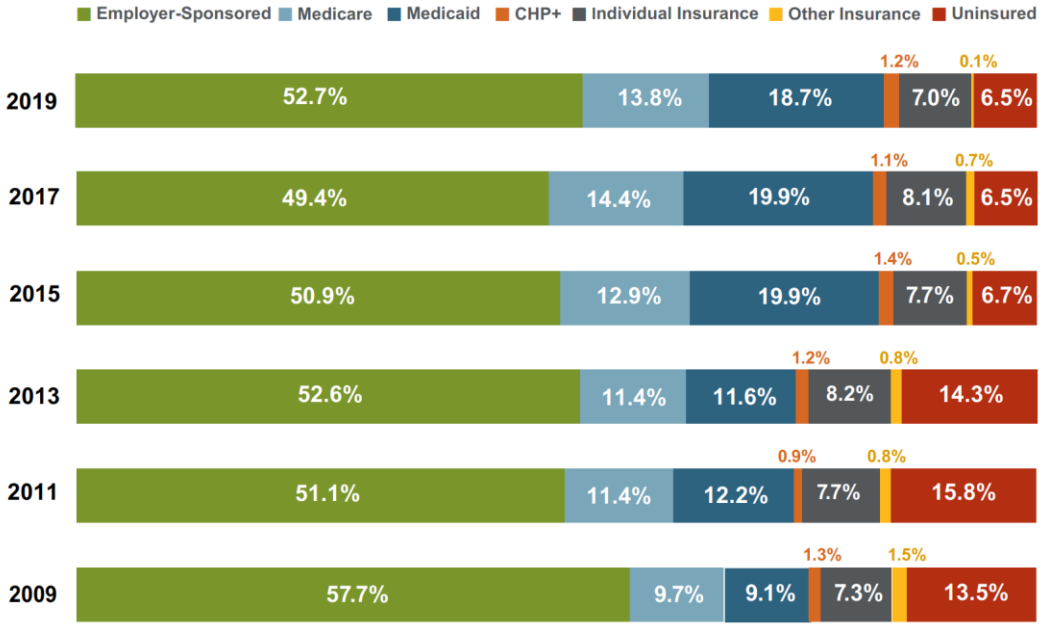
Health Insurance Coverage of Coloradans

In 2019, approximately 6.5 percent of Coloradans had no health insurance. This is a reduction by half of the rate of uninsured individuals in the state ten years prior.[6] Contributing factors to the reduction in the uninsured rate are: increased access to health insurance through the state health insurance marketplace; the availability of federal subsidies to purchase insurance for families with low or moderate incomes; and the expansion of Medicaid in Colorado.

Uninsured individuals are found at all income levels and age groups across Colorado; however, individuals with the lowest incomes make up the largest share of the uninsured. Of the state's uninsured population, 28 percent are individuals with incomes at or below 300 percent of the FPL, whereas 10 percent are individuals with incomes above 300 percent of FPL.[7] In terms of age, Coloradans in their 30s and 40s are the most likely not to carry health insurance, with approximately

10 percent of this age group uninsured.[8] In contrast, the elderly, because of the availability of Medicare, are less likely to be uninsured than any other age group. Uninsured Coloradans cite the primary reasons for being uninsured as: high cost; change in employer; lost eligibility for Medicaid or CHP+; and/or no employer coverage or ineligibility for employer coverage.[9] Figure 4 shows the health insurance coverage of Coloradans every two years since 2009.

Figure 4
Health Insurance Coverage of Coloradans
2009 to 2019



Source: Colorado Health Institute.

Public Health Care Coverage

The state and federal government offer options for health care coverage to low-income individuals, disabled individuals, and the elderly.

Medicare. Medicare is a federal program designed to provide health coverage for the elderly and disabled. It is funded through federal payroll taxes, premium payments, and federal general revenues. Approximately 13.8 percent of Coloradans are covered by Medicare.[10] More information about Medicare coverage may be found at www.medicare.gov.

Medicaid. Medicaid, a joint federal and state public health insurance program, provides health care coverage to the elderly, children, parents, persons with disabilities, and adults without dependent children. Medicaid is funded through federal and state tax revenues. In September 2019, Colorado Medicaid covered 1.3 million individuals, or about 23 percent of Coloradans. More information about Medicaid can be found in Section II of this report.

Child Health Plan Plus. The Child Health Plan Plus (CHP+) provides health insurance to low-income children and pregnant and postpartum women who are not eligible for Medicaid. Funding for CHP+ is made up of both federal and state dollars. In August 2019, 79,373 children and pregnant women in Colorado were enrolled in CHP+. More information about CHP+ can be found in Section II of this report.

SECTION II:
ADMINISTRATION AND OVERSIGHT OF HEALTH CARE PROGRAMS IN COLORADO

Overview of State Departments Involved in Health Care Services

The state departments that focus on health-related issues are the Departments of Health Care Policy and Financing, Human Services, Public Health and Environment, and Regulatory Agencies. Each department administers several programs to address Coloradans' various health care needs. Table 1 shows the budgets for these departments.

Table 1
Budgets for State Departments Involved in Health Care Services
FY 2019-20
(in millions)

Department	General Fund	Cash Funds	Reappropriated Funds	Federal Funds	Total Appropriation
Department of Health Care Policy and Financing	$3,151.4	$1,386.3	$93.6	$6,057.8	$10,689.1
	29%	13%	1%	57%	100%
Department of Human Services	$1,043.3	$440.0	$214.2	$647.0	$2,344.6
	44%	19%	9%	28%	100%
Department of Public Health and Environment	$59.2	$204.7	$49.3	$303.0	$616.1
	10%	33%	8%	49%	100%
Division of Insurance – Department of Regulatory Agencies	$0.2	$8.9	$0	$0.6	$9.7
	2%	92%	N/A	6%	100%
Division of Professions and Occupations – Department of Regulatory Agencies	$0	$19.2	$0.6	$0	$19.7
	N/A	97%	3%	N/A	100%
TOTAL	**$4,254.1**	**$2,059.1**	**$357.7**	**$7,008.4**	**$13,679.2**
	31%	**15%**	**3%**	**51%**	**100%**

Source: FY 2019-20 Appropriations Report, Joint Budget Committee Staff.

State Health Care Programs

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 use disorders, and persons without health insurance. Table 2 shows funding and caseload information for the programs discussed in this section.

Table 2
Colorado Health Care Program Funding and Caseload by Department
FY 2019-20

Program	Total Funding	Annual Caseload*
Department of Health Care Policy and Financing		
Medicaid	$7,895,417,527	1,292,797 clients (projected)
Services for Persons with Intellectual and Developmental Disabilities	$683,378,555	Over 14,000 clients served in the community 138 clients in long-term habilitation program in regional centers
Colorado Indigent Care Program	$330,830,771	52,074 clients in FY 2018-19
Child Health Plan Plus	$208,935,025	87,916 children 878 pregnant women (projected)
Old Age Pension Health and Medical Program	$10,000,000	Fewer than 30 clients
Dental Health Care Program for Low-income Seniors	$3,990,358	3,339 seniors
Department of Human Services		
Mental Health Institutes	$129,199,363	589 bed spaces available
Non-Medicaid Mental Health Community Programs	$128,546,076	91,132 persons (non-Medicaid) received mental or behavioral health services at a community mental health center
Substance Use Disorder Services	$67,290,327	54,318 persons received treatment and detoxification services
Community Services for the Elderly	$52,844,053	56,898 seniors
Nurse Home Visitor Program	$24,661,125	4,600 children and families
Department of Public Health and Environment		
Tobacco Education, Prevention, and Cessation Program	$22,295,358	29,911 persons received assistance through grant programs funded through this program
Suicide Prevention Program	$1,053,103	Grant program; no caseload

Source: FY 2019-20 Appropriations Report, Joint Budget Committee Staff, FY 2019-20 Long Appropriations Bill, and department staff.
** Caseload figures are annual numbers, unless otherwise noted.*

Department of Health Care Policy and Financing

The Department of Health Care Policy and Financing (HCPF) is the federally recognized single state agency for administering Colorado's Medicaid program, Health First Colorado. 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 HCPF budget is used for health-related programs.

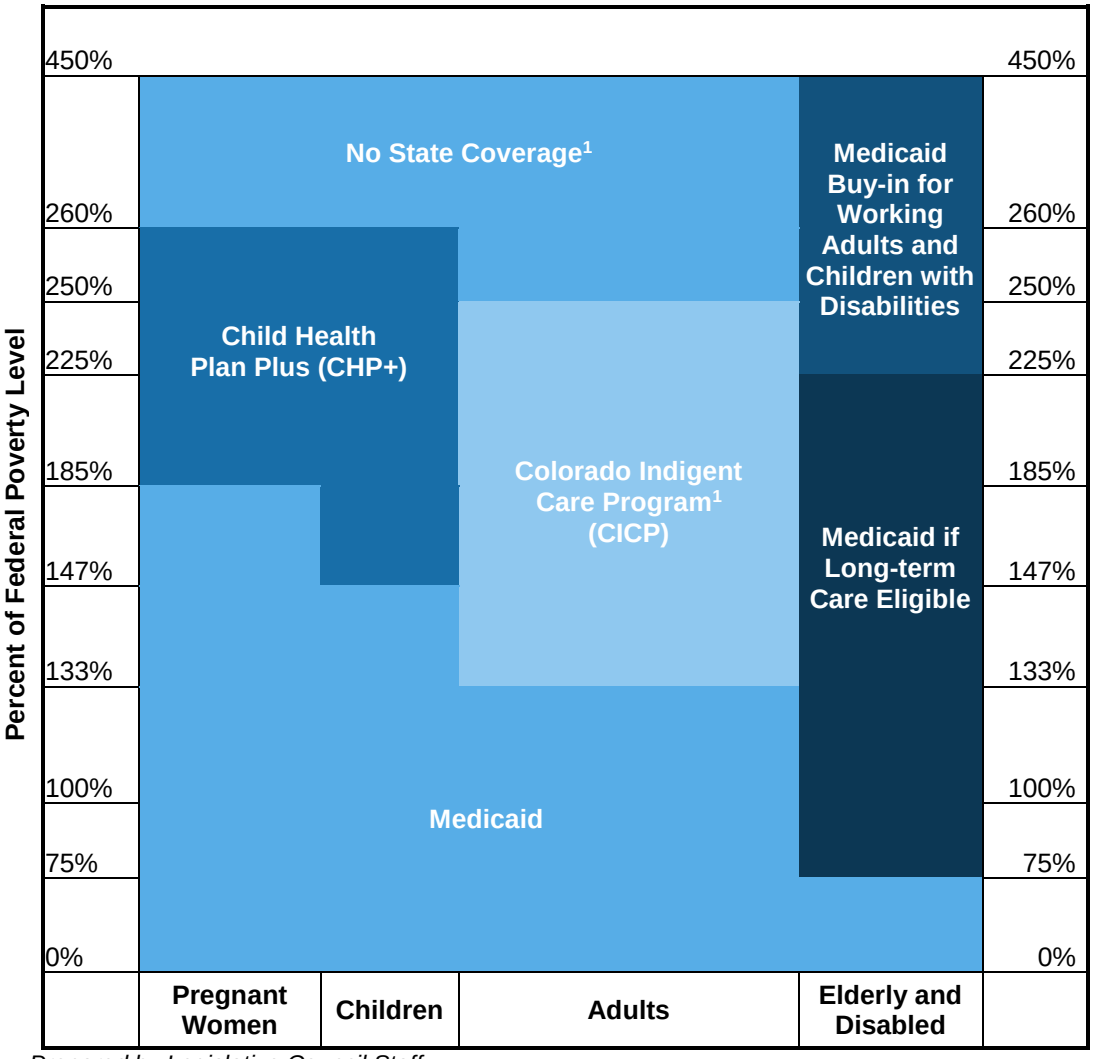
Funding sources. The department finances its programs using a mix of fund sources. Approximately 29 percent of the department's funding comes from the state's General Fund**.** Another 13 percent comes from cash funds, which are described below. These funds are used to match and access federal moneys to fund health programs such as Medicaid and to reimburse hospitals for uncompensated care they provide to persons without health insurance. The department's cash funds are primarily:

- provider fees on hospitals and nursing homes that are used to increase the federal funding to the state;
- money from the additional tax on tobacco products as a result of Amendment 35, a constitutional amendment to expand access to health care and funding for prevention programs by increasing the sales tax on tobacco products;
- money transferred from the Tobacco Litigation Settlement Cash Fund; and
- money transferred from the Children's Basic Health Plan Trust, which consists of Tobacco Master Settlement funds, General Fund moneys, and fees paid by families enrolled in CHP+.

HCPF 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 58 percent of the department's budget.

Program eligibility. Eligibility for many health care programs administered by HCPF is primarily based upon family income. Figure 5 shows eligibility by income level for selected programs—Medicaid and the Child Health Plan Plus (CHP+), as well as for the Colorado Indigent Care Program (CICP). For easy reference, Appendix C provides the contact information for programs discussed in this section, sorted by population served.

Figure 5
Eligibility for Public Health Care Programs by Income Level and Population
2019



Prepared by Legislative Council Staff.

[1]Individuals with incomes between 133% and 400% of the FPL who are not eligible for Medicaid or CHP+ may be eligible for federal tax subsidies to purchase health insurance through Connect for Health Colorado.

[2]Percentages represent family income in terms of FPL. Eligibility for Medicaid long-term care is based on multiples of the Supplemental Security Income (SSI) limit of $771, which corresponds to about 74 percent of the FPL. Three times the SSI is equal to about 225 percent of the FPL.

The following sections discuss the various health care-related programs administered by HCPF.

Medicaid

Overview. Health First Colorado, Colorado's Medicaid program, provides health insurance coverage to the elderly, children, parents, persons with disabilities, and adults without dependent children. Health First Colorado members access care through seven Regional Accountable Entities (RAEs) that serve set geographic areas. The RAEs contract with HCPF and are responsible for coordinating members' care, ensuring they are connecting with primary and behavioral health care, and developing regional strategies to serve Health First Colorado members.

All persons seeking Medicaid coverage must meet income and other eligibility requirements to receive services through the program. Persons covered by Medicaid do not pay premiums for health care and the copays for services range from $0 for emergency services to $10 per day for certain inpatient surgeries.

Medicaid enrollment and costs in Colorado have grown rapidly over the past several years due to four primary factors:

- increased enrollment during and following the 2008 recession;
- implementation of the Hospital Provider Fee (now the Healthcare Affordability and Sustainability (HAS) Fee) expansion in 2009;
- expansion of Medicaid eligibility under the federal PPACA in 2014; and
- rising costs for medical services in the economy.

Additionally, as eligibility criteria expanded, and the health insurance exchange was implemented, more people became aware of their eligibility under pre-expansion criteria. As a result, a larger share of these previously "eligible but not enrolled" individuals have signed up for Medicaid coverage.

Medical services budget. The Medical Services Premiums appropriation covers medical and long-term care services for Medicaid-eligible individuals. Colorado pays medical services costs for Medicaid using General Fund, the HAS Fee Cash Fund, and tobacco tax revenue. Generally, the federal government matches Colorado Medicaid spending dollar for dollar, for a 50 percent state matching rate. For newly eligible adult populations under the PPACA, the federal government initially contributed 100 percent of the cost to cover this population. However, beginning in 2017, states were required to pay an increasing share of the cost until 2020 at which point the federal government will contribute 90 percent of the cost and the states will pay 10 percent. Table 3 shows Medicaid's medical services premiums for FY 2019-20.

Table 3
Medicaid Medical Services Premiums
FY 2019-20 Budget
(in millions)

General Fund	Cash Funds	Transfers from State Agencies	Federal Funds	Total Appropriation
$2,273.8	$982.7	$88.9	$4,523.9	**$7.9 billion**
29%	12%	1%	57%	**100%**

Source: FY 2019-20 Long Appropriations Bill.

Behavioral health budget. Medicaid covers behavioral health services through a managed care model. Each RAE receives a pre-determined monthly amount for each Medicaid member within its geographic region to provide behavioral health services. In addition, Medicaid covers fee-for-service payments for behavioral health services provided to members who are not enrolled in a RAE and for the provision of behavioral health services that are not covered by the RAE. As shown in Table 4, funding for behavioral health capitation payments and behavioral health fee-for-service payments are primarily General Fund and federal funds. Cash fund sources include the HAS Fee Cash Fund and the Breast and Cervical Cancer Prevention and Treatment Fund.

Table 4
Medicaid Behavioral Health Capitation and Fee-For-Service Payments
FY 2019-20 Budget
(in millions)

General Fund	Cash Funds	Federal Funds	Total Appropriation
$201.9	$38.3	$482.8	**$723.0**
28%	5%	67%	**100%**

Source: FY 2019-20 Long Appropriations Bill.

Eligibility. Medicaid provides health insurance 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 member's category, the maximum allowable income for elderly persons may be as low as $771 per month or as high as $2,313 per month.

- **Persons with disabilities** who have been deemed permanently and totally disabled by the federal Disability Determination Service and are eligible for federal SSI benefits qualify for Medicaid disabled assistance if they meet the income and financial resources guidelines. The income limit for enrollees is $771 per month, or approximately 74 percent of the FPL in 2019.

  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 147 percent of the FPL and children in foster care qualify for Medicaid coverage.

- **Adults** qualify for Medicaid if they have incomes below 138 percent of the FPL. Under the PPACA, Colorado expanded coverage to adults without children. In addition, adults requiring certain types of medical care may temporarily qualify for Medicaid. For example, the Breast and Cervical Cancer Program serves women aged 21 to 65 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 195 percent of the FPL are eligible for Medicaid services.

Population served. HCPF projects the total Medicaid population at 1,292,797 in FY 2019-20. The projected caseload and costs for each eligibility category are shown in Table 6.

Table 5
Projected Medicaid Caseload and Costs by Eligibility Group
FY 2019-20

Population	Caseload	Per Capita Cost	Total Cost
Elderly	86,060	$17,257	**$1.5 billion**
Persons with Disabilities	93,640	$19,098	**$1.8 billion**
Children	502,300	$2,185	**$1.1 billion**
Adults	610,797	$3,621	**$2.2 billion**
Total	**1,292,797**	**$5,092**	**$6.6 billion**

Source: FY 2019-20 Appropriations Report, Joint Budget Committee Staff.

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

- Apply for Medicaid or determine eligibility online: coloradopeak.secure.force.com.
- Print and mail an application: www.healthfirstcolorado.com.
- Find a county department of human services: www.colorado.gov/pacific/cdhs/contact-your-county.
- Call for more information about Medicaid or get assistance completing an application: *1-800-221-3943.*

Specialty Medicaid Programs

Breast and Cervical Cancer Program. Certain uninsured and underinsured women 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 Program. Women between the ages of 40 to 65 with a diagnosis of breast cancer, and women between the ages of 21 to 65 with a diagnosis of cervical cancer may be eligible for the program. In FY 2018-19, the program served 145 women.

Women may get screened for breast and cervical cancer at a Women's Wellness Connection site by calling 1-866-951-9355 or by going to: www.womenswellnessconnection.org. More information on the Breast and Cervical Cancer Program can be found by visiting: www.colorado.gov/hcpf/breast-and-cervical-cancer-program-bccp.

Long-term care services. In Colorado, qualifying 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. Long-term care programs include support services for persons with a brain injury; individuals with mental health needs; persons who are elderly, blind, and disabled; persons with a spinal cord injury; and children with a life-limiting illness. In addition, the joint Medicaid and Medicare Program of All-Inclusive Care for the Elderly (PACE) provides comprehensive medical and social services to certain frail individuals 55 years of age and older, with the goal of helping them live and stay in their homes and communities.

Information about the long-term services and supports available through Medicaid may be found at www.colorado.gov/hcpf/long-term-services-and-supports-programs. A listing of Colorado's long-term care single entry-point agencies can be found at www.colorado.gov/hcpf/single-entry-point-agencies.

Medicaid Waivers for Persons with Intellectual and Developmental Disabilities

Overview. HCPF administers various community-based and residential services for adults and children with intellectual and developmental disabilities (IDD). These services are primarily provided through Home- and Community-Based Services (HCBS) Medicaid Waivers. A Medicaid waiver is a detailed agreement between the federal government and a state that allows the state to provide additional benefits to specific populations who meet special eligibility criteria. HCBS waivers are designed to allow individuals at risk for institutional placement, meaning they require care that would typically be provided through a hospital, nursing facility, or intermediate care facility, to remain in the community.

IDD services for adults are primarily delivered through two HBCS Medicaid waivers. One waiver serves adults who require residential and daily support services to live in the community. The other waiver serves adults who require only daily support services to live in the community. HCPF also administers three HBCS Medicaid waivers that cover children with varying needs.

Eligibility criteria differ between these waivers, and each provides a different suite of services that address the specific needs of the population served. Specialized services and supports covered by HBCS waivers include case management, in-home support services, specialized medical equipment and supplies, community connection services, home modifications, personal assistance, and professional services.

Budget. Most funding for the IDD waiver services are paid with General Fund and federal Medicaid matching funds, as shown in Table 6. A portion of this funding is the transferred to the Department of Human Services for the operation of the state's three regional centers, which provide specialized services to adults with IDD.

Table 6
Intellectual and Developmental Disability Services
FY 2019-20 Budget
(in millions)

General Fund	Cash Funds	Federal Funds	Total Appropriation
$346.4	$7.8	$329.2	**$683.4**
51%	1%	48%	**100%**

Source: FY 2019-20 Appropriations Report, Joint Budget Committee Staff.

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. Applicants must also be at risk of placement in a nursing facility, hospital, or intermediate care facility for individuals with intellectual disabilities and must be willing to receive services in their homes or communities. Individuals who receive services through a waiver are also eligible for all basic Health First Colorado covered services except nursing facility and long-term hospital care. More information about each waiver may be found here: www.colorado.gov/hcpf/long-term-services-and-supports-training.

Population served. In FY 2018-19, an average of 14,065 members received home- and community-based intellectual and developmental disability services through the five IDD waivers, and approximately 279 persons received services at one of the regional centers.

Resources and contact information. Community Centered Boards (CCBs) serve as the single-entry point for 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 and contact information may be found at: www.colorado.gov/pacific/hcpf/community-centered-boards.

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. 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.

Hospitals and providers may still be reimbursed under CICP for care provided to persons without insurance with incomes between 133 percent and 250 percent 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 may be eligible for CICP.

Budget. Funding for the CICP 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.

Fifty percent of funding for this program is from federal sources, while state funds for the program come mainly through General Fund appropriations, the HAS Fee Cash Fund, and a transfer of tobacco tax revenue, as shown in Table 7.

Table 7
Colorado Indigent Care Program
FY 2019-20 Budget
(in millions)

General Fund	Cash Funds	Federal Funds	Total Appropriation
$9.7	$155.7	$165.4	**$330.8**
3%	47%	50%	**100%**

Source: FY 2019-20 Long Appropriations Bill.

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. In FY 2018-19, CICP covered services for 52,074 clients.

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 www.colorado.gov/hcpf/colorado-indigent-care-program or by calling *1-800-221-3943.*

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. Services provided through CHP+ include primary care visits, emergency and urgent care visits, immunizations, prescriptions, hospital services, eye glasses, hearing aids, dental care, maternity care, and mental and behavioral health services.

Budget. As shown in Table 8, the federal government provides 87 percent of the funding for CHP+, while the state contributes 13 percent in FY 2019-20. A majority of the state funding for the CHP+ program are transfers from the Children's Basic Health Plan Trust, the HAS Fee Cash Fund, and other sources.

The annual enrollment fees are $25 for one child and $35 for two or more children for families with incomes up to 214 percent of the FPL, and $75 for one child and $105 for two or more children for families with incomes above this level. Co-payments for services are also assessed on a sliding scale.

Table 8
Child Health Plan Plus
FY 2019-20 Budget
(in millions)

General Fund	Cash Funds	Federal Funds	Total Appropriation
$0.4	$43.7	$164.8	**$208.9**
<1%	21%	79%	**100%**

Source: FY 2019-20 Long Appropriations Bill.

Eligibility. Pregnant women and children aged 18 years old and younger may be enrolled in CHP+ if their families have incomes below 260 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 2019-20, CHP+ is projected to provide coverage to 87,916 children and 878 pregnant women. The average estimated per capita costs are $2,294 per year for children and $17,750 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.colorado.gov/pacific/hcpf/child-health-plan-plus.
- Find a county department of human services: www.colorado.gov/pacific/cdhs/contact-your-county.
- Call for more information about CHP+ or get assistance completing an application: *1-800-359-1991.*

Old Age Pension Health and Medical Program

Overview. The Old Age Pension (OAP) Health and Medical Care Program provides limited medical care for Coloradans receiving the Old Age Pension who do not qualify for Medicaid. The OAP Health and Medical Care Program is also known as the Modified Medical Plan, State Medical Program, Limited Medicaid, and OAP State Only Program. The program provides medical and dental benefits to low-income older Coloradans, including: physician and practitioner services; inpatient hospital services; outpatient services; laboratory and x-ray services; emergency transportation; dental services; pharmacy benefits; home health services and supplies; and Medicare cost-sharing.

Budget. The program is funded primarily from the General Fund. In FY 2019-20, the program received a $10.0 million appropriation.

Eligibility. To qualify for the program, participants must:

- be low-income Coloradans who are 60 years of age and over;
- receive Old Age Pension monthly financial assistance;

- not qualify for Medicaid; and
- not be a patient in an institution for tuberculosis or mental disease.

Population served. There are fewer than 30 clients covered by the Old Age Pension State Medical Program.

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. Find a county department of human services here: www.colorado.gov/pacific/cdhs/contact-your-county.

Colorado Dental Health Care Program for Low-Income Seniors

Overview. The Colorado Dental Health Care Program for Low-Income Seniors, created in 2014, provides dental services to low-income seniors who are not eligible to receive services under any other dental health care program, such as Medicaid or the Old Age Pension Health and Medical Care Program. 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.

Budget. The Colorado Dental Health Care Program for Low-Income Seniors is funded entirely with General Fund; it received an appropriation of $4.0 million in FY 2019-20.

Eligibility. To qualify for the Colorado Dental Program for Low-Income Seniors, an individual must be at least 60 years old, live in Colorado, not be eligible for other public dental health care programs or have private dental insurance, and must have an income at or below 250 percent of the FPL.

Population served. In FY 2018-19, 3,339 seniors received services though the dental assistance program.

Resources and contact information. Interested seniors should contact a dental provider who participates in the program. To find a dental provider under the Colorado Dental Program for Low-Income Seniors, individuals may visit www.colorado.gov/pacific/hcpf/grantee-appointment-information-county for a list of providers and contact information by county.

Department of Human Services

The Department of Human Services (DHS) administers and oversees health and non-health services provided by county departments of human services, state mental health institutes, youth corrections facilities, nursing homes, 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 from transfers of various Medicaid dollars from the HCPF. Cash funds are primarily from the Old Age Pension Fund for non-health-related cash assistance, local funds, and various other sources. About 45 percent of the department's budget is made up of General Fund dollars.

Regional Centers

Overview. The Division for Regional Center Operations administers three state-owned and -operated regional centers as part of the continuum of service in the IDD service system. These centers are designed to provide direct support in cases where adults with intellectual and developmental disabilities have significant needs and for whom privately available services and supports are not sufficient to maintain them safely in the community. The centers currently have 350 licensed beds across the state and serve residents within three treatment models: short-term treatment and stabilization; the intensive treatment program; and long-term habilitation.

Budget. Medicaid funds transferred from the Department of Health Care Policy and Financing and client cash revenues fund the regional centers. Total funding for the three facilities for FY 2019-20 is $57.0 million.

Eligibility. Admission to regional centers are only available to adults with intellectual and developmental disabilities who have significant needs, and for whom all reasonable alternatives have been exhausted to provide services and supports for the individuals in their communities. The person must also be eligible for federal Medicaid and Supplemental Security Income benefits.

Population served. In FY 2018-19, approximately 279 persons received services at a regional center. As of October 2019, 138 residents are being cared for through the long-term habilitation program. However, the regional centers no longer accept new admissions to the habilitation program.

Resources and contact information. More information and a phone number for each regional center can be found on the DHS website here: https://www.colorado.gov/pacific/cdhs/regional-centers.

Mental Health Institutes

Overview. The Mental Health Institute Division 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. A funding breakdown is provided in Table 9.

Table 9
Mental Health Institutes
FY 2019-20 Budget
(in millions)

General Fund	Patient Revenues/ Payments from Counties/School Districts	Transfers from State Agencies	Total Appropriation
$114.1	$3.7	$11.4	**$129.2**
88%	3%	9%	**100%**

Source: FY 2019-20 Long Appropriations Bill.

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. As of December 2019, the institutes have a combined total of 589 beds. For FY 2018-19, the Mental Health Institute at Pueblo had an average daily occupancy rate of 95.3 percent. The Mental Health Institute at Fort Logan had an average daily occupancy rate of 95.9 percent. The bed space at the institutes is as follows:

- MHI Fort Logan
  Adult civil – 94 beds
- MHI Pueblo
  Adolescent multi-purpose – 20 beds
  Geriatric multi-purpose – 34 beds
  Adult forensic competency — 244 beds
  Adult forensic non-competency — 197 beds

Resources and contact information. Information about the two mental health institutes can be found at www.colorado.gov/pacific/cdhs/mental-health-institutes. 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*.

Office of Behavioral Health Community Programs

Overview. The Office of Behavioral Health (OBH) contracts with 17 community mental health centers across the state to provide mental health services for persons who are not eligible for Medicaid and do not have health insurance that covers mental health services. Individuals may receive a range of outpatient, case management, residential, and acute stabilization services. Some mental health centers offer specialized services such as substance use disorder programs and programs for special populations, including youth and adults involved with the justice system, refugees and immigrants, and persons experiencing homelessness.

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. A funding breakdown is provided in Table 10.

Table 10
Non-Medicaid Mental Health Community Programs and Integrated Behavioral Health Services
FY 2019-20 Budget
(in millions)

General Fund	Cash Funds	Transfers from State Agencies	Federal Funds	Total Appropriation
$91.1	$19.9	$9.3	$8.2	$128.6
71%	15%	7%	6%	100%

Source: FY 2019-20 Long Appropriations Bill.

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 2018-19, 91,132 non-Medicaid clients received mental and behavioral health services at community mental health centers.

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/pacific/cdhs/behavioral-health or by calling *303-866-7400*.

Behavioral Health Crisis Response System

Overview. The OBH administers Colorado Crisis Services, a statewide resource for mental health, substance use, and emotional crisis help. The Colorado Crisis Services system consists of ten 24-hour walk-in crisis centers throughout the state, a telephone hotline, texting service, and online chat service. Mobile crisis clinicians are also available in some areas. The walk-in and mobile crisis centers offer confidential, in-person clinical intervention, stabilization, and referrals for persons experiencing mental, emotional, or substance use issues, including those who may be suicidal. The telephone hotline, text service, and online chat also provide confidential counseling and information for people in crisis, and are staffed by trained crisis counselors. The OBH contracts with Administrative Services Organizations to coordinate the crisis services and partner with local law enforcement and health facilities in seven regions in the state.

Budget. The program receives $28.1 million from the Non-Medicaid Mental Health Community Programs and Integrated Behavioral Health Services budget, shown in Table 12.

Eligibility. All Coloradans may access crisis services. If an individual has private insurance, a co-payment may be required for some services at crisis centers depending on the plan coverage.

Population served. For FY 2018-19, Colorado Crisis Services provided the following number of services to Coloradans:

- 173,547 contacts to the crisis services call line, and chat and text feature;
- 30,147 unique service encounters at the Colorado Crisis Services walk-in centers;
- 4,465 unique service encounters at crisis stabilization units;
- 18,208 unique service encounters by Colorado Crisis Services mobile units; and
- 1,302 unique service encounters by Colorado Crisis Services respite.

Resources and contact information. More information about the program and its services, including walk-in center locations and online chat capabilities, can be found here: coloradocrisisservices.org. The telephone hotline is *1-844-493-8255*, and the chat may be accessed by texting 'TALK' to *38255*.

Substance Use Treatment and Prevention Programs

Overview. The Office of Behavioral Health also oversees substance use prevention, harm reduction, treatment, and recovery programs. These programs promote the health and safety of Coloradans by working with community partners to improve access to high-quality primary prevention of substance use programs. OBH funds substance use detoxification and treatment services through contracts with four Managed Service Organizations (MSOs) that cover seven geographic regions in Colorado. The MSOs subcontract with licensed local treatment providers who deliver substance use disorder services focused on prevention, early intervention, treatment, and recovery. The OBH also funds an anti-stigma campaign, a program to support family members of individuals struggling with substance use disorders, and provides funding to recovery support service providers to facilitate long-term recovery from substance use disorders. In addition, OBH funds several programs specific to opioid use disorder.

Budget. The majority of program funding comes from a federal Substance Abuse Prevention and Treatment Block Grant, as well as other federal grants and 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 use disorder treatment payments from the Department of Public Safety, and limited gaming funds from the Department of Local Affairs. A funding breakdown is provided in Table 11.

Table 11
Substance Use Treatment and Prevention Services
FY 2019-20 Budget
(in millions)

General Fund	Cash Funds	Transfer from State Agencies	Federal Funds	Total Appropriation
$16.2	$18.8	$3.4	$28.9	$67.3
24%	28%	5%	43%	100%

Source: FY 2019-20 Long Appropriations Bill.

Eligibility. Anyone needing substance use disorder services is eligible to participate. Substance use disorder 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 2018-19, the OBH reports that 54,318 individuals received substance use disorder treatment and withdrawal management services.

Resources and contact information. Individuals can contact the OBH for information on substance use prevention and early intervention 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/pacific/cdhs/community-programs-behavioral-health.

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

Overview. Community Services for the Elderly in the DHS 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. Programs also receive General Fund and federal dollars, as shown in Table 12.

Table 12
Community Services for the Elderly
FY 2019-20 Budget
(in millions)

General Fund	Cash Funds	Federal Funds	Transfers from State Agencies	Total Appropriation
$16.8	$16.7	$18.3	$1.0	$52.8
32%	32%	35%	2%	100%

Source: FY 2019-20 Long Appropriations Bill.

Population served. The Area Agencies on Aging provide community services to the elderly. In FY 2018-19, the program served 56,898 seniors.

Resources and contact information. For information about services provided through Area Agencies on Aging, visit: https://www.colorado.gov/pacific/cdhs/support-services. For a map of locations, visit: https://drive.google.com/file/d/0B6jLab7wPqJtTVJSdzljR0Q1anNLd2p1LWRncGtiQ3ZjOG9r/view

Nurse Home Visitor Program

Overview. The Colorado Nurse Home Visitor Program, also known as the Nurse-Family Partnership, 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 DHS through 21 partner agencies serving every county in Colorado.

Budget. The program receives a portion of Tobacco Master Settlement revenue, as well as federal funds, as shown in Table 13.

Table 13
Nurse Home Visitor Program
FY 2019-20 Budget
(in millions)

Cash Funds	Federal Funds	Total Appropriation
$22.9	$1.8	**$24.7**
93%	7%	**100%**

Source: FY 2019-20 Long Appropriations Bill.

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 4,600 children and families in FY 2018-19.

Resources and contact information. Information on local providers that offer nurse home visits can be found online at coloradoofficeofearlychildhood.force.com/oec by clicking on the Nurse-Family Partnership link under the Family Support Programs menu, or by calling *303-866-5205*.

Department of Public Health and Environment

The Department of Public Health and Environment (CDPHE) 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 67 percent of the department's budget goes toward health-related programs. About 51 percent of the total budget is made up of federal funds, and about 9 percent of the total budget is made up of General Fund dollars. Cash funds used for health-related programs are primarily funds from the Tobacco Master Settlement and money from the additional tax on tobacco products as a result of Amendment 35. Reappropriated funds for health-related programs are primarily transfers from other programs within the department and other state departments.

Tobacco Education, Prevention, and Cessation Programs

Overview. The Tobacco Education, Prevention, and Cessation Grant Program provides funding to organizations that offer education programs designed to reduce initiation of tobacco use by children and youth, promote cessation of tobacco use among youth and adults, and to reduce exposure to second-hand smoke. The State Tobacco Education and Prevention Partnership (STEPP) is a collaborative partnership between the state program and the grantee projects.

Budget. Program funding consists primarily of state tobacco taxes. Additional funds are transferred from the Medicaid program in the Department of Health Care Policy and Financing. The STEPP was appropriated $22.3 million in FY 2019-20 to award in grants. The full program budget is shown in Table 14.

Table 14
Tobacco Education, Prevention, and Cessation Program
FY 2019-20 Budget
(in millions)

Cash Funds	Transfer from State Agencies	Total Appropriation
$21.6	$1.3	**$22.9**
94%	6%	**100%**

Source: FY 2019-20 Long Appropriations Bill.

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 29,911 people received direct services through the Tobacco Education, Prevention, and Cessation Grant Program in FY 2018-19.

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.coquitline.org.

Suicide Prevention Programs

Overview. The Office of Suicide Prevention (OSP) is a resource clearinghouse for information on suicide, prevention programs, mental health disorders, and statistics on suicide and related risk factors. The OSP provides resources and trainings to various organizations on suicide prevention; provides statistics on suicide; and administers several grant programs for community partners addressing suicide prevention. The grant programs include: a community-based suicide prevention program; the Zero Suicide grant program; the Source of Strength grant program; and the Man Therapy program.

Budget. Funding for the OSP comes from the General Fund. The program was awarded $1.1 million General Fund in FY 2019-20.

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. Community grants provided through the OSP focus on suicide prevention and intervention training programs, agency website development and enhancement, and staff support.

Resources and contact 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 suicidepreventioncolorado.org.

School-Based Health Centers

Overview. The CDPHE contracts with a variety of organizations, including federally qualified health centers, universities, hospitals, school districts, and private providers, to operate school-based health centers in public schools. The centers 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.

Budget. The CDPHE was appropriated $5.0 million General Fund in FY 2019-20 for grants to school-based health centers. School-based health centers also receive funding from reimbursements from Medicaid, CHP+, and private insurance, as well as in-kind support.

Eligibility. All children attending school where a school-based health center is located are eligible to receive care; however, parents must consent to the child receiving services at a school-based health center. Services are provided to children regardless of insurance status or ability to pay, and fees are set using a sliding scale structure.

Population served. There are 59 school-based health centers currently in operation in the state, 54 of which receive grants from the CDPHE.

Resources and contact information. 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.

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 24 percent of the department's $115.0 million budget is allocated to these two divisions.

Division of Insurance. 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).

Division of Professions and Occupations. The Division of Professions and Occupations licenses and regulates various professions, including a number of health-related occupations, such as physicians, nurses, and mental health professionals. This division is funded through license fees paid by licensed professionals. For a list of professions regulated by the division, visit: https://www.colorado.gov/pacific/dora/boards_programs.

APPENDIX A: COLORADO HEALTH INSURANCE MANDATES

Insurance Benefit	Summary of Current Law
Behavioral, mental health, and substance use disorders Section 10-16-104 (5.5), C.R.S.	Every health benefit plan must provide coverage for the prevention of, screening for, and treatment of behavioral, mental health, and substance use disorders that is no less extensive than the coverage provided for any physical illness, including the same preauthorization standards and out-of-network reimbursement rates, and that complies with the requirements of the federal Mental Health Parity and Addiction Equity Act. A health benefit plan must provide coverage without prior authorization for a five-day supply of at least one of the federally approved drugs for the treatment of opioid dependence; except that this requirement is limited to a first request within a twelve-month period. Behavioral, mental health, and substance use disorder means a condition or disorder, regardless of etiology, that may be the result of a combination of genetic and environmental factors and that falls under any of the diagnostic categories listed in the mental disorders section of statutorily specified diagnostic manuals, and includes autism spectrum disorder.
Cervical cancer vaccination Section 10-16-104 (17), C.R.S.	All individual and group insurance policies, except supplemental polices covering specific diseases or other limited benefits, must provide coverage for the full cost of cervical cancer vaccination for all females for whom a vaccine is recommended by the U.S. Department of Health and Human Services.
Complications of pregnancy and childbirth Section 10-16-104 (2), C.R.S.	Any health insurance policy covering a disability due to sickness must also cover a sickness or disease that is a complication of pregnancy or childbirth in the same way as any other similar sickness or disease is otherwise covered under the policy. Any policy providing coverage for disability due to an accident must also cover accidents that occur during the course of pregnancy or childbirth in the same way as any other similar accident is covered.
Children *Adopted children* Section 10-16-104 (6.5), C.R.S.	Whenever an entity subject to regulation under Colorado's mandated health benefit law offers coverage for dependent children, the entity must provide benefits to a child placed for adoption and adopted children under the same terms and conditions that apply to a natural dependent child, regardless of whether the adoption of the child is final.
Autism spectrum disorder Section 10-16-104 (1.4), C.R.S	All health benefit plans issued or renewed in the state must provide coverage to assess, diagnose, and treat autism spectrum disorder (ASD). Treatment covered includes: • evaluation and assessment services; • behavior training and management; • habilitative or rehabilitative care, which includes speech, occupational, and physical therapies. Speech, occupation, and physical therapies may exceed 20 visits if deemed medically necessary; • pharmacy and medication if covered by the individual's health plan; • psychiatric care; • psychological care, including family counseling; and • therapeutic care, which includes speech, occupational, and applied behavioral analytic physical therapies. Any treatment for ASD must be deemed medically necessary. The law specifies that early intervention services, which are currently mandated under law, shall supplement, but not replace, ASD services.

APPENDIX A: COLORADO HEALTH INSURANCE MANDATES (CONT.)

Insurance Benefit	Summary of Current Law
Children (Cont.) *Cleft lip and cleft palate* Section 10-16-104 (1)(c)(II), C.R.S.	All group and individual insurance policies must provide coverage for a dependent child born with cleft lip or cleft palate, including oral and facial surgery, surgical management, follow-up care by a plastic and/or oral surgeon, prosthetic treatment, any medically necessary orthodontic, prosthodontic treatment, habilitative speech therapy, and audiological assessments and treatments. There is no age limit to receive benefits for coverage.
Congenital defects and birth abnormalities Section 10-16-104 (1)(c)(I), C.R.S	All group and individual insurance policies must provide coverage for medically necessary treatment and care of medically diagnosed congenital defects and birth abnormalities for the first 31 days of the newborn's life. After the first 31 days of life, all individual and group health benefit plans must provide medically necessary physical, occupational, and speech therapy for the care and treatment of congenital defects and birth abnormalities for a covered child from the child's third birthday to the child's sixth birthday. Early intervention services from the time of birth to age three are classified under "Early intervention services" below.
Dependent children Section 10-16-104 (6), C.R.S.	An entity subject to regulation under Colorado's mandated health benefit law cannot refuse to cover a dependent child for any of the following reasons: • the child's claim was filed by a custodial parent who is not the insured under the policy; • the child does not live in the home of the parent applying for the policy; • the child does not live in the insurer's service area; • the child was born out of wedlock; or • the child is not claimed as a dependent child on the federal or state income tax returns of the child's parent.
Early intervention services Section 10-16-104 (1.3), C.R.S.	All individual and group insurance policies must provide coverage for early intervention services delivered by a qualified early intervention service provider. Services must be available from birth up to the eligible child's third birthday and are limited to a coverage amount that is adjusted annually by the commissioner. Early intervention services means services, defined by the Colorado Department of Human Services, that are authorized through an eligible child's Individual Family Service Plan.
Hearing aids for children Section 10-16-104 (19), C.R.S.	Any health benefit plan that offers hospital, surgical, or medical expense insurance, except supplemental policies that cover specific diseases or other limited benefits, must provide coverage for hearing aids for minor children who have a hearing loss that has been verified by a licensed physician or audiologist. Coverage includes: • initial hearing aids and replacement hearing aids not more frequently than every five years; • a new hearing aid when alterations to the existing hearing aid cannot adequately meet the needs of the child; and • services and supplies including the initial assessment, fitting adjustments, and auditory training.
Hospitalizations and general anesthesia for dental procedures for dependent children Section 10-16-104 (12), C.R.S.	All individual and group insurance policies, except supplemental polices that cover specific diseases or other limited benefits, must provide coverage for general anesthesia, when rendered in a hospital, outpatient surgical facility, or other licensed facility, and for associated hospital or facility charges for dental care provided to a child when the treating dentist's opinion satisfies specific criteria defined in Colorado law, such as the child has a physical, mental, or medically compromising condition.
Newborns Section 10-16-104 (1), C.R.S.	All group and individual insurance policies must provide coverage for a dependent newborn of the insured from the moment of birth. Unless the decision to discharge is made by an attending provider with the agreement of the mother, coverage for a newborn hospital stay following a normal vaginal delivery must not be limited to less than 48 hours; following a cesarean delivery hospital stay coverage must not be limited to fewer than 96 hours.
Phenylketonuria (PKU) Section 10-16-104 (1)(c)(III), C.R.S.	All group and individual insurance policies must provide coverage for a dependent child born with an inherited enzymatic disorder caused by single gene defects involved in the metabolism of amino, organic, fatty acids, and severe protein allergic conditions including the following diagnoses: phenylketonuria, maternal phenylketonuria, maple syrup urine disease, tyrosinemia, homocystinuria, hisidinemia, urea cycle disorder, hyperlysinemia, glutaric acidemias, methylmalonic acidemia, and propionic acidemia. Coverage must include medical foods for home use prescribed by a physician.

APPENDIX A: COLORADO HEALTH INSURANCE MANDATES (CONT.)

Insurance Benefit	Summary of Current Law
Clinical trials and studies Section 10-16-104 (20), C.R.S.	All individual and group health benefit plans are required to provide coverage for routine patient care costs while the covered person participates in a clinical trial or study as long as the coverage is a benefit that the covered person would receive if he or she were receiving standard chronic disease treatment outside of the clinical trial or study. The clinical trials must meet specific requirements as to review board approvals and patient care.
Contraception Section 10-16-104 (3)(a)(I), C.R.S.	All individual and group health insurance policies must provide coverage for contraception in the same manner as any other sickness, disease, or condition that is otherwise covered by that policy.
Dependent health coverage for persons under 26 years of age Section 10-16-104.3, C.R.S.	All individual and group health benefit plans that offer dependent coverage must offer the same dependent coverage for a child who is under 26 years of age. Carriers may not deny or restrict coverage for a child under the age of 26 based on the child's eligibility for other coverage or the following factors: • residency with the policyholder or another person; • presence or absence of financial dependence on the policyholder or another person; • marital or civil union status; or • employment status.
Diabetes Section 10-16-104 (13), C.R.S.	Any health benefit plan, except supplemental policies covering a specified disease or other limited benefits, that provides hospital, surgical, or medical expense insurance must provide coverage for diabetes that includes equipment, supplies, and outpatient self-management training and education, including nutritional therapy if prescribed.
Hospice care availability Section 10-16-104 (8), C.R.S.	No individual or group policy that provides hospital, surgical, or major medical coverage on an expense-incurred basis may be sold in Colorado unless the policyholder has the opportunity to purchase coverage for benefits for the costs of home health services and hospice care.
Maternity coverage Section 10-16-104 (1)(b), C.R.S. Section 10-16-104 (3), C.R.S.	All individual and group health insurance policies must cover normal pregnancy and childbirth in the same manner as any other condition, sickness, injury, or disease that is otherwise covered. Coverage for a hospital stay following a normal vaginal birth must be for at least 48 hours. Coverage for a hospital stay following a cesarean section must be for at least 96 hours. Individual health policies may exclude coverage on the grounds that pregnancy was a preexisting condition, but the exclusion may not apply to subsequent pregnancies.
Off-label use of cancer drugs Section 10-16-104.6, C.R.S.	A health benefit plan that provides coverage for prescription drugs may not limit or exclude coverage for any drug approved by the federal Food and Drug Administration for the use in treatment for cancer on the basis that the drug has not been approved for the specific type of cancer being treated.
Oral anticancer medication Section 10-16-104 (21), C.R.S.	Any health benefit plan that provides coverage for cancer chemotherapy treatment must cover orally administered anticancer medication at a cost not to exceed the coinsurance percentage or relative copayment amount that is applied to intravenously administered or injected anticancer medication. Oral medication is covered if it is approved by the federal Food and Drug Administration, determined to be medically necessary to kill or slow the growth of cancerous cells, and not prescribed primarily for the convenience of the patient or physician.
Prescription eye drop refill Section 10-16-104 (22), C.R.S.	Any health benefit plan, except supplemental policies covering a specified disease or other limited benefits, that provides coverage for prescription eye drops must provide coverage for an additional bottle, if requested at the time the original prescription is filled, and the prescription states that an additional bottle is needed for use in a day care center, school, or adult day program, limited to one every three months. A plan also must provide coverage for a renewal of the original prescription if the prescription states that additional quantities are needed and the renewal does not exceed the number of additional quantities needed, and is requested a number of days after receipt of the original prescription or latest renewal, as follows: • 21 days for a 30-day supply; • 42 days for a 60-day supply; or • 63 days for a 90-day supply.

APPENDIX A: COLORADO HEALTH INSURANCE MANDATES (CONT.)

Insurance Benefit	Summary of Current Law
Preventative health care services Section 10-16-104 (18), C.R.S.	All individual and group insurance policies must provide coverage for preventative health care services. Preventative care services are determined according to recommendations by the U.S. Preventative Services Task Force. Preventative services include: • unhealthy alcohol use screening for adults, depression screening for adolescents and adults, and perinatal maternal counseling for persons at risk; • cervical cancer screening; • cholesterol screening for lipid disorders; • colorectal cancer screening coverage for tests for the early detection of colorectal cancer and adenomatous polyps; • child health supervision services and childhood immunizations pursuant to the schedule established by the ACIP; • influenza vaccinations pursuant to the schedule established by the ACIP; • Pneumococcal vaccinations pursuant to the schedule established by the ACIP; • tobacco use screening of adults and tobacco cessation interventions by primary care providers; • effective through December 31, 2020, breast cancer screening with mammography, including an annual screening for all individuals with at least one risk factor including a family history of breast cancer, being 40 years of age or older, or a genetic predisposition to breast cancer; • effective January 1, 2021, preventive breast cancer screening study and subsequent breast imaging: ○ annually, for patients possessing at least one of the following risk factor for breast cancer: a family history of breast cancer, being 40 years of age or older, or a genetic predisposition to breast cancer; ○ where it is deemed appropriate by a patient's health care provider and is within appropriate use guidelines as determined by the American College of Radiology and the National Comprehensive Cancer Network; and • any other preventive services included in the U.S. Preventative Services Task Force A or B Recommendations. Coverage for preventative care is not subject to a policy deductible or coinsurance.
Prostate cancer screening Section 10-16-104 (10), C.R.S.	All individual and group health insurance policies must cover annual screenings for men over the age of 50 years and men over 40 years of age who are in high-risk categories. The coverage is limited to $65 per screening or the actual cost of the screening, whichever is less. The screening must be performed by a qualified medical professional and include at a minimum a prostate-specific antigen (PSA) blood test and a digital rectal exam.
Prosthetic devices Section 10-16-104 (14), C.R.S.	Any health benefit plan that provides hospital, surgical, or medical expense insurance, except supplemental policies covering a specified disease or other limited benefit, must provide coverage for benefits for prosthetic devices that equal the benefits provided for under federal laws for health insurance for the aged and disabled. Repairs and replacements of prosthetic devices are also covered, subject to copayments and deductibles, unless necessitated by misuse or loss.
Reproductive health and gynecological care Section 10-16-139 (1), C.R.S.	Health benefit plans that provide coverage for reproductive health or gynecological care must allow women covered by the plan direct access to a participating obstetrician, gynecologist, physician assistant, or a certified nurse midwife.

Source: Legislative Council Staff.

APPENDIX B: FEDERAL POVERTY GUIDELINES

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. The guidelines are adjusted each year to account for inflation and are typically updated in January. The 2019 FPL guidelines are shown in Table A below. More information on the 2019 federal poverty guidelines can be found at aspe.hhs.gov/poverty-guidelines.

Table A
2019 Federal Poverty Guidelines*

Family Size**	50% Poverty Level	100% Poverty Level	133% Poverty Level	185% Poverty Level	200% Poverty Level	250% Poverty Level	300% Poverty Level	400% Poverty Level
1	$6,245	$12,490	$16,612	$23,107	$24,980	$31,225	$37,470	$49,960
2	$8,455	$16,910	$22,490	$31,284	$33,820	$42,275	$50,730	$67,640
3	$10,665	$21,330	$28,369	$39,461	$42,660	$53,325	$63,990	$85,320
4	$12,875	$25,750	$34,248	$47,638	$51,500	$64,375	$77,250	$103,000
5	$15,085	$30,170	$40,126	$55,815	$60,340	$75,425	$90,510	$120,680

Source: U.S. Department of Health and Human Services.
* Alaska and Hawaii have separate poverty guidelines.
**Family sizes of one to five are show for illustrative purposes. Allowable incomes continue to increase as family size increases.

APPENDIX C: PROGRAM CONTACT INFORMATION BY POPULATION SERVED

Program Information		Population Served				
Program	**Contact Information**	**Elderly**	**Persons with Disabilities**	**Children and Pregnant Women**	**Mental Health/Substance Use Disorder Services**	**Uninsured/ Underinsured**
Department of Health Care Policy and Financing						
Medicaid	*303-866-3513* or *1-800-221-3943*	▲	▲	▲	▲	▲
Medicaid Behavioral Health	*303-866-3513* or *1-800-221-3943*	▲	▲	▲	▲	▲
Child Health Plan Plus	*1-800-359-1991*			▲		▲
Colorado Indigent Care Program	*303-866-3513* or *1-800-221-3943*					▲
Breast and Cervical Cancer Prevention and Treatment	*1-866-951-9355*					▲
Developmental Disability Services	Locate your local Community Centered Board at www.colorado.gov/pacific/hcpf/community-centered-boards		▲			
Old Age Pension Health and Medical Care Program	Contact your county department of human services	▲				▲
Department of Human Services						
Adult Assistance Services	*303-866-2800*	▲				
Community Mental Health Services (Non-Medicaid)	www.colorado.gov/ladders or 844-493-8255				▲	▲
Mental Health Institutes	Fort Logan: *303-866-7066* Pueblo: *719-546-4000*				▲	▲
Substance Use Disorder Services	*303-866-7400*				▲	▲
Nurse Home Visitor Program	Contact your primary care provider for a referral			▲		
Department of Public Health and Environment						
Suicide Prevention	Persons in crisis may call: *1-800-273-TALK (1-800-273-8255)*			*All Coloradans may get assistance.*		
Tobacco Education, Prevention, and Cessation	For assistance quitting tobacco call: *1-800-QUIT-NOW (1-800-784-8669)*			*All Coloradans may get assistance.*		
Department of Regulatory Agencies						
Division of Insurance	*303-894-7499*			*All Coloradans may get assistance.*		
Nonprofit and Community Organizations						
Connect for Health Colorado	*1-855-PLANS-4-YOU (1-855-752-6749)*					▲
Community Health Centers (including dental services)	*303-861-5165*	▲		▲	▲	▲
Colorado Dental Association	To find providers that offer dental services to persons with low incomes, call: *303-740-6900*					▲

ENDNOTES

[1]Centers for Medicare and Medicaid Services, Office of the Actuary, "National Health Expenditures and Selected Economic Indicators, Levels and Annual Percent Change," 2019.
[2]Colorado Health Institute, 2019 Colorado Health Access Survey, Updated October 31, 2019. Accessed from: www.coloradohealthinstitute.org/research/CHAS.
[3]Lockton Companies, LLC, 2018 Colorado Employer Benefits Survey Report, April 16, 2018. Accessed from: www.lockton.com/Resource_/PageResource/MKT/Communications/2018_Lockton_Survey_Report_-_Final.pdf.
[4]Connect for Health Colorado, Marketplace Dashboard: October 2019. Accessed from: https://s3.amazonaws.com/c4-media/wp-content/uploads/2019/11/11112116/Marketplace-Dashboard-October-2019.pdf.
[5]Kaiser Family Foundation, State Health Facts, Health Reform, 2019 Marketplace Effectuated Enrollment and Financial Assistance, Estimated Total Premium Tax Credits Received by Marketplace Enrollees. Accessed from: www.kff.org/health-reform/state-indicator/average-monthly-advance-premium-tax-credit-aptc/.
[6]Colorado Health Institute, 2019 Colorado Health Access Survey, Updated October 31, 2019. Accessed from: www.coloradohealthinstitute.org/research/CHAS.

[7]Ibid.
[8]Ibid.
[9]Ibid.
[10]Ibid.