

2020

Colorado's Adult Medicaid Programs and Veteran's Benefits



Veterans Benefits begins on page 40
Statewide county resource agency list begins on page 54



Rocky Mountain **PACE**

Live Better

Rocky Mountain PACE

(Program of All-Inclusive Care for the Elderly)

provides innovative, coordinated healthcare for seniors, assisting participants so they can live enjoyable and independent lives.



Transportation to and from medical appointments and our Day Center



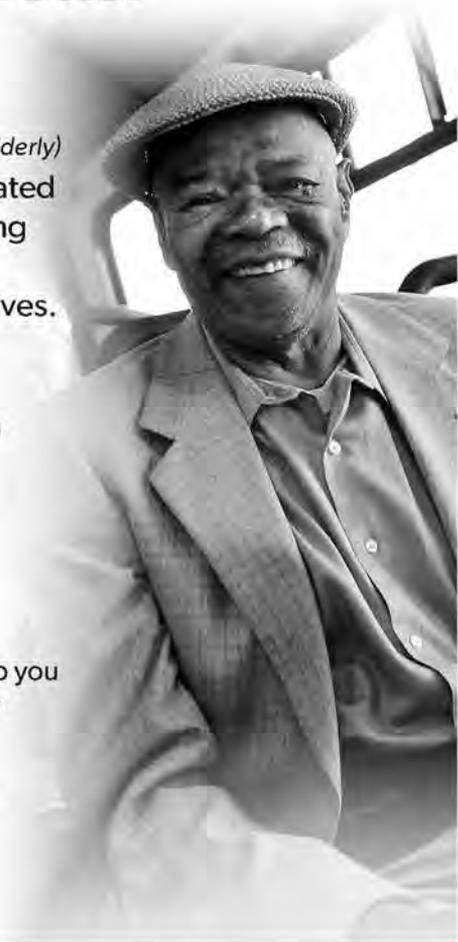
Coordinated healthcare



Staff and other seniors help you create a caring community



Day Center with activities and events



Call now to join us for a lunch and a tour.



(719) 314-2327



RMHCare.org

This publication is intended to guide the professional and the consumer through eligibility requirements and benefits available for Adult Medicaid programs, with a focus on programs for adults 60 years or older and those who are disabled.

Contact the appropriate agency directly for any additional information about their application process. Every effort has been made to provide current and correct information, however applicants are encouraged to confirm eligibility criteria with an eligibility technician during the application process.

THIS PUBLICATION IS SUPPORTED BY ADVERTISERS.

If you are interested in supporting this publication in the future, contact rcostanza@ppacg.org for ad sizing and pricing in our next publication.

Medicaid Book Sponsor	Page
C4A - Colorado Area Agencies on Aging	Inside Back Cover
Colorado Community Health Alliance.....	8
Cripple Creek Care Center.....	36/37
Family Caregiver Resource Center at PPACG AAA.....	33
Pikes Peak Area Agency on Aging Ombudsman.....	18
PPACG Area Agency on Aging.....	27
Rocky Mountain Health Care Services (PACE).....	Inside Front Cover
Senior Medicare Patrol (SMP).....	Back Cover
State Health Insurance Assistance at PPACG AAA (SHIP).....	30
State Veterans Community Living Centers.....	53
Weld County Area Agency on Aging - Region 2.....	17

**A statewide listing of county resource agencies
begins on page 54.**

Table of Contents

Health First Colorado Definition.....	4
Accountable Care Collaborative.....	5
Medicaid LTC Frequently Asked Questions.....	6
Program Eligibility Criteria 2019	
Maximum Monthly Income and Assets.....	10/11
What are Assets?	
Countable Assets.....	12
Exempt Assets.....	12
Adult/Senior Programs	
Old Age Pension (OAP).....	13
Home Care Allowance (HCA).....	13
Long Term Care Programs	
Home and Community Based Services (HCBS) and Assisted Living Facility (ALF).....	14
Nursing Facility Care.....	14
Program of All Inclusive Care for the Elderly (PACE).....	15
Medicare Savings Programs (MSP).....	15
Additional Adult/Senior Programs	
Supplement Nutrition Assistance Program (SNAP).....	18
Supplemental Security Income (SSI).....	18
Other Programs/Benefits	
TriCare for Life.....	19
Veterans Benefits.....	19
Medicare Eligibility	
Coverage.....	20
Medigap/Medicare Supplements.....	20
Medicare Advantage Plans (MAPD's).....	21
Medicare Part D.....	21
Affordable Care Act Medicaid Expansion Programs.....	22

LTC Medicaid Additional Information

Transfer of Assets.....23
Look Back Period.....23
Spousal Impoverishment Protection.....23
Colorado Estate Recovery.....24
Spendedown of Assets.....24
Income Trust.....25

Additional Eligibility Criteria

Identity and Citizenship.....26

Completing the Medicaid Application.....28

Document Check List.....29
Medicaid How to Apply.....31

Adult Medicaid Dental.....34

Activities of Daily Living (ADL's).....35

Denial of Application

Financial Application.....38
Functional Assessment.....38

Colorado Indigent Care Program (CICP).....39

Veterans Benefits Table of Contents.....40

Terms and Definitions.....41
Pension Benefits.....43
VA Medical Services Eligibility.....47
VA Medical Centers.....47
VA Community Living Centers.....49
VA Contract Nursing Homes.....50
State Nursing Homes.....50
Other VA Services and Benefits.....52

County Resource Agencies.....54

Medicaid

An income-based health care program

- Colorado Medicaid is now called **Health First Colorado**
- Adult Medicaid benefits may be available to adults 18 and older to include the elderly, blind and disabled.
- Eligibility is based on income and for some programs, total assets.
- May require meeting functional assessment criteria or approved disability. Medical necessity and the specific category eligibility criteria are also considered.

Partial Medicaid benefits may include coverage of the following:

- Payment of the Medicare Part B premium (\$144.60 in 2020) if eligible for any of the Medicare Savings Programs (MSP) known as the State Buy-in Program.
- Payment of Medicare deductible and coinsurance for Part A and B, if eligible for the Qualified Medicare Beneficiary (QMB) program.
- Payment of **ONLY** Medicare Part B premium in Special Low Income Beneficiary (SLMB) and Qualified Individual (QI) programs.
- Payment of Medicare Part D premium; in full or in part depending on the cost, (LIS/Extra Help). Apply through Social Security at www.ssa.gov.

In addition to the above, excluding the Medicare Savings Programs, individuals eligible for full Medicaid benefits may receive coverage of:

- Dental care - see page 34 for more info.
- Home health care
- Inpatient and outpatient hospital services
- Laboratory and x-ray services
- Limited medical transportation
- Medical supplies and durable medical equipment
- Physician services
- Prescription medications (a small co-payment may be required)



Accountable Care Collaborative Phase II

What is the Accountable Care Collaborative (ACC)?

The Department of Health Care Policy and Financing (Department) is committed to creating a high performing, cost effective Medicaid system that delivers quality services and improves the health of Coloradans.

The Accountable Care Collaborative (ACC) is a Medicaid program to improve clients' health and reduce costs. Health First Colorado clients in the ACC receive the regular Medicaid benefit package and belong to a Regional Care Collaborative Organization (RCCO).

Beginning July 1, 2018, Colorado's Medicaid behavioral health providers will be entering phase two of the Accountable Care Collaborative and operating under a new contract with new expectations. The Department will contract with one regional Entity that is accountable for coordinating both physical and behavioral health for its enrolled members. The state will be divided into seven regions. The RAE's (Regional Accountable Entities), will be responsible for the health and cost outcomes for members in their region, as well as overseeing regional networks, developing and supporting Health Teams and making value-based payments to Health Teams and more.

To reach your Regional Accountable Entity organization (RAE) go to county contacts starting on page 54.

Medicaid - Long Term Care Programs

Frequently Asked Questions

Will I have to give up my home and my car?

Your car and house are not considered in determining your eligibility for Medicaid assistance. See Exempt Assets and Countable Assets on page 12 and Colorado's Estate Recovery Program on page 24 for further explanation on your house and car.

Will I have to spend all my money to qualify for LTC Medicaid?

1. An unmarried person applying for LTC Medicaid assistance can keep only \$2,000 in countable assets which includes money in bank accounts, certificates of deposit, or other investments.
2. A married person applying for LTC Medicaid assistance is entitled to keep the same \$2,000 amount. The spouse remaining in the community and not applying for Medicaid assistance can keep an additional $\$126,640 + \$2,000 = \$128,640$.
3. People applying for other Medicaid programs (MSP) may have up to (in 2020) \$9,360 if single, or \$14,800 if married. Different resource limits apply to each program. See table on page 10/11 for more information.

Can I give my children or grandchildren gifts of money to bring my assets below the allowable limit?

No, you cannot give away money or assets to qualify for Medicaid assistance. You may be thinking of the Internal Revenue Service gifting policy permitting \$15,000 per year (2019).

I've got a Living Trust and have been told this will protect my assets from Medicaid.

Revocable Living Trusts do not protect assets from being considered in a Medicaid application and may require that certain assets be removed from the trust or the trust be completely dissolved in order to be eligible to apply for Medicaid benefits. Check with your technician at DHS about your specific situation.

Will my IRAs and annuities affect my application for Medicaid benefits?

Yes. Annuities will be evaluated based on when they were purchased and how they are annuitized to determine if it is considered income or a resource. An IRA will be evaluated to determine if it should be considered income or a resource. Penalties for withdrawing an IRA do not make it exempt for Medicaid.

What if I go to a nursing home or assisted living facility and my spouse cannot afford to continue to live in our home and pay bills on his/her Social Security or pension?

See Spousal Impoverishment Protection Provision on page 23. This provision may allow you to divert some of your income to your spouse before you make payment to a facility.

What will happen to my Social Security and other pensions if I get on Long Term Care Medicaid?

That depends on which Health First Colorado Medicaid program you are applying for.

1. In the Medicaid nursing home program (LTC), you keep \$89.55 (2020) of your monthly income for personal needs and you pay the rest to the nursing home for your care. Medicaid will pay additionally to the nursing home towards your care.
2. In the Medicaid Home and Community Based Services Assisted Living Facility program (HCBS ALF), you keep approximately \$89 of your monthly income for personal needs and you pay the rest to the assisted living facility (minimum of \$700 in 2020). Medicaid will pay additionally to the assisted living facility towards your care.
3. In the Medicaid Home and Community Based Services at home program you keep all of your monthly income.

If I'm a veteran and applying for Medicaid, are there any special benefits for me or my spouse?

Veteran's benefits depend on which Health First Colorado Medicaid program you are applying for and if you meet eligibility requirements. Veteran's benefits may apply to Medicaid's nursing home, assisted living residence, and at-home programs. (See VA section starting on page 40)

(Cont' from page 7)

If I get on Medicaid is it necessary to continue with Medicare and have a Medicare Supplement?

You will continue to be enrolled in Medicare when you become eligible for Health First Colorado Medicaid's medical benefits. Medicaid will pay the Part B premium for you. You may not need to continue other Medicare related coverage. Before deciding, you should consult with your technician or with an insurance counselor from the State Health Insurance Program (SHIP) by calling (888) 696-7213. (See ad on page 52)

Does Medicaid take my house?

The Medicaid program does not take people's homes. What Medicaid may do under certain conditions is place a lien against your primary residence, for individuals receiving Medicaid who are over the age of 55. See Colorado's Estate Recovery Program on page 24.



Colorado Community Health Alliance

We help Health First Colorado members (Colorado's Medicaid Program) in Boulder, Broomfield, Clear Creek, El Paso, Gilpin, Jefferson, Park and Teller counties get their physical and behavioral health needs met.

CCHA services are part of your Health First Colorado benefits, so there is **no cost** to you.

Contact our **Member Support Services** team for:

- Care coordination
- Transportation
- Dental services
- Food, shelter & clothing
- Long-term care
- Baby & childcare services
- Employment & more!

Member Support Services
719-598-1540 | 1-855-627-4685 (TTY 711)
Mon-Fri, 8 a.m.-5 p.m. | CCHAcares.com



**COLORADO
COMMUNITY
HEALTH
ALLIANCE**

Pikes Peak Area Agency on Aging

OMBUDSMAN PROGRAM

The Area Agency on Aging Ombudsman Program helps residents of assisted living and nursing home facilities, providing on-site help when problems arise.

**Call an Ombudsman
for assistance when
needing to report a
concern or problem.**



PIKES PEAK
AREA AGENCY ON AGING
Answers • Assistance • Advocacy

For information
and assistance

719-471-2096

Pikes Peak Area Agency on Aging

SENIOR INSURANCE ASSISTANCE

Education about Medicare and health insurance options

Senior Insurance Assistance can assist people with their Medicare Eligibility or coverage questions.

Contact Us

719-635-4891

Toll Free

888-696-7213

Email

seniorinsur@ppacg.org



PIKES PEAK
AREA AGENCY ON AGING
Answers • Assistance • Advocacy



Program Eligibility Criteria 2020

Programs	Maximum Monthly Income **	
Supplemental Security Income (SSI)	Individual Couple	\$783 \$1,175
Old Age Pension (OAP) (***)OAP eligibility changed as of 3/1/20 and approximately ½ of spouse's income is counted towards total income limit)	Individual	\$821
Home Care Allowance (HCA)	Individual	Variable
Long Term Care Programs (LTC)	All LTC programs Individual \$2,349 See Income Trust info on page 25 regarding possible exceptions	
Home & Community Based Services (HCBS)		
Program of All Inclusive Care for the Elderly (PACE)		
Nursing Facility (NF)		
Medicare Savings Programs (MSP)		
Income numbers INCLUDE \$20.00 disregard		
Qualified Medicare Beneficiary (QMB) 100% FPL + \$20.00 =	Individual Couple	\$1,084 \$1,457
Special Low Income Beneficiary (SLMB) 101% -120% FPL + \$20.00 =	Individual Couple	\$1,296 \$1,744
Qualified Individual (QI) 121% -135% FPL + \$20.00 =	Individual Couple	\$1,456 \$1,960
Qualified Disabled Working Individual (QDWI) include additional earned income exclusions =	Individual Couple	\$2,102 \$2,839
Affordable Care Act Medicaid Expansion Programs Modified Adjusted Gross Income (MAGI)	Individual (133% of Federal Poverty Limit)	\$1,414
Medicaid Buy-In Programs		
Adult Buy-In For working adults with disabilities	Individual less than 450% of Federal Poverty Limit	
Children's Buy-In for disabled children	Adjusted family income below 300% Federal Poverty Limit	
Low Income Subsidy (LIS) Extra Help for Part D Maximum monthly income Apply through Social Security for this program	Individual Couple	\$1,595 \$2,155

Max Assets		More Info Page
Individual	\$2,000	18
Couple	\$3,000	
	\$2,000	13
	\$2,000	13
Individual	\$2,000	
Couple	\$3,000	14
(If both applying)		
See Community		15
Spouse Provision		14
		15
Individual	\$9,360	
Couple	\$14,800	
Individual	\$9,360	
Couple	\$14,800	
Individual	\$9,360	
Couple	\$14,800	
Individual	\$4,000	
Couple	\$6,000	
Resource Limits Do Not Apply to this program		
Resource Limits Do Not Apply to this program		22
Resource Limits Do Not Apply to this program		22
Individual	\$14,610	
Couple	\$29,160	

Federal Poverty Guidelines 2020	
# of Persons in Household	Annual Income
1	\$12,760
2	\$17,240
3	\$21,720
4	\$26,200
5	\$30,680
Each Additional Add	\$4,480

***Gross monthly income is considered. Medicare Part B and Part D premiums must be added to the monthly amount they receive to correctly determine their monthly Social Security income.*

See Income Trust on page 25 regarding possible exceptions.

These income and asset amounts are intended to be used as a guide to determine possible eligibility.

In the past, updated amounts have been released following the printing of this publication. Ask the eligibility technician at your single entry point (SEP) agency or human services department (see page 54) to verify the amounts in use at the time of your application.

What are Assets?

Countable Assets are those items which ARE considered in determination of eligibility:

1. Investment, rental and income producing real estate
2. Cash, checking, savings accounts and certificates of deposit, stocks and bonds
3. A second car or RV or home
4. Life insurance with a cash surrender provision (whole life)
5. Secondary real property

Exempt Assets are items which ARE NOT considered in the determination of eligibility:

1. Primary residence (note Colorado's Estate Recovery Program, page 24, and new personal residence criteria) with an equity value less than \$595,000 in 2020
2. One automobile
3. Term life insurance (no cash-in value)
4. Irrevocable burial policy
5. Food stamps (SNAP)
6. Personal belongings (no limit)

Home Care Allowance (HCA) and Home and Community Based Services (HCBS), Programs of All-Inclusive Care for the Elderly (PACE), and the Nursing Home programs require, in addition to the financial criteria above, a Medical Necessity and Functional Assessment (the ULTC 100.2). It includes documentation of a medical form completed by the applicant's physician indicating a medical necessity for the program and a functional assessment to determine the applicant's level of care needs. The Home and Community Based Services for Individuals with a Major Mental Illness (HCBSMI) may require a mental health diagnosis (not required in all regions of Colorado)

“

*Actions speak louder than words,
but not nearly as often*

-Mark Twain

”

Adult/Senior Programs

Colorado Old Age Pension (OAP)

- Provides cash assistance and full Medicaid benefits to qualified recipients
- Must be US citizen or lawfully admitted into the US for five consecutive years
- Must be age 60 and over
- Medicare premiums may be paid by the State
- Have limited income and resources (see chart on pg. 10/11)

A monthly financial grant of up to \$821 for an individual with OAP eligibility plus full Medicaid benefits. OAP does not cover nursing home care. Benefits are provided by means of an Electronic Benefit Transfer Card (EBT).

Home Care Allowance (HCA)

- Provides cash assistance directly to the applicant to use specifically for the purchase of needed in-home supportive service
- Must be US citizen or lawfully admitted into the US for five consecutive years
- The amount of monthly benefit is determined by the applicants' income and level of functional impairment
- Must have own designated provider/caregiver
- Referral initiated by DHS to SEP for HCA Assessment needs

A monthly benefit amount is determined and awarded directly to the applicant. It is the applicant's responsibility to pay care providers based on a care plan and a contract for services, negotiated and approved by the County Department of Human/Social Services. Services can be provided by providers of the applicant's choice; it is permissible to contract with family members. Recipients of HCA may be eligible to receive full Medicaid medical benefits.

Long Term Care (LTC) Programs

Home and Community Based Services (HCBS) & Assisted Living Facility (ALF)

- Designed for persons who require long term care service in their home or community setting including adult day care or assisted living facility and respite care rather than admission to a nursing home
- Must be US citizen or lawfully admitted into the US for five consecutive years
- Level of care determined by Single Entry Point (SEP) functional assessment ULTC 100.2
- Individuals under the age of 65 requiring long-term care services must meet the Social Security disability criteria either through Supplemental Security Income (SSI) eligibility or Social Security Disability Income (SSDI) eligibility
- Medicare premium may be paid by the State
- Full Medicaid benefits are provided through HCBS programs

A plan of care is developed to provide supportive services in the applicant's place of residence, at a community-based adult day care and/or during respite care. All services must be provided by approved vendors. Services may also be provided in a Medicaid certified alternative care facility (in a personal care boarding home that meets State of Colorado Health Department licensing requirements.) HCBS services are not available to applicants residing in a long-term care nursing facility. Full Medicaid medical benefits are included.

Nursing Facility Care (NF)

- Provides full Medicaid benefits and assistance by covering all necessary skilled, intermediate or custodial care in a Medicaid certified facility
- Must be US citizen or lawfully admitted into the US for five consecutive years
- Must meet 30 day institutional requirements before applying
- Level of care determined by Single Entry Point (SEP) functional assessment on the ULTC 100.2
- Have limited income and resources
- Medicare premiums may be paid by the State

- Personal needs allowance of \$89.55 per month may be retained by the applicant

This Medicaid benefit covers the cost of care in a Medicaid certified nursing home after the applicant contributes all but personal needs benefit of their monthly income. Full Medicaid medical benefits are included.

Program of All-Inclusive Care for the Elderly (PACE)

- PACE is a Medicare/Medicaid managed care system that provides health care and support services to persons 55 years of age and older.
- The goal of PACE is to assist frail individuals to live in their communities as independently as possible by providing comprehensive services depending on their needs.
- Must meet eligibility criteria for Medicaid LTC Programs and complete the functional assessment ULTC 100.2 through the Single Entry Point (SEP). Veterans with 70% or greater service related disability are also eligible.
- Persons must live in the service area of the PACE organization (not available in all zip codes). Persons must be able to live in a community setting without jeopardizing his or her health or safety.
- For a list of available PACE programs in Colorado go to <https://www.colorado.gov/pacific/hcpf/program-all-inclusive-care-elderly>
- For more information go to www.npaonline.org

A plan of care is developed to provide the beneficiary with support in the home and/or for services at the PACE site for program participants. Services provided are based on an individual service plan to address their individual needs.

Medicare Savings Programs (MSP)

Medicare Savings Programs (MSP) help people with limited income and resources pay for some or all of their Medicare premiums. In some cases, Medicare Savings Programs may also pay Medicare Part A (Hospital Insurance) and Medicare Part B (Medical Insurance) deductibles and co-insurance.

The monthly income and asset limits are listed on pages 10/11 and are effective from January 1, 2020 through December 31, 2020. All the 2020 rates include the \$20 general income exclusion.

Qualified Medicare Beneficiary (QMB)

- Pays Medicare required premiums as well as deductibles and coinsurance.
- Applicant **MUST** have Part A of Medicare and may be able to apply for Part B once qualified for QMB program.
- Must be US citizen or lawfully admitted into the US for five consecutive years.

Special Low Income Beneficiary (SLMB)

- Pays Medicare required premiums only.
- Applicant **MUST** have Part A of Medicare and may be able to apply for Part B once qualified for SLMB program.
- Must be US citizen or lawfully admitted into the US for five consecutive years.

Qualified Individual Program (QI)

- Pays Medicare required premiums only.
- Applicant **MUST** have Part A of Medicare and may be able to apply for Part B once qualified for QI program.
- Must be US citizen or lawfully admitted into the US for five consecutive years.

Qualified Disabled Working Individual (QDWI)

- Covers Medicare Part A premiums.
- No longer eligible for SSDI due to work income.
- Cannot be eligible for any other Medicaid category.
- Must be US citizen or lawfully admitted into the US for five consecutive years.
- A Medicaid Buy-In Program.

The Qualified Disabled Working Individual (QDWI) rate is based on the maximum countable earned income an individual or couple may have and qualify for. (see page 10/11 for FPL chart). The QDWI limits assume that people who ask about this program are likely to be working.

Clients enrolled in the Medicaid Buy-In Program will receive regular Medicaid benefits. Additionally, clients who meet the functional and targeting criteria for the Elderly, Blind and Disabled or the community Mental Health Supports Home and Community-based Services (HCBS) waivers may also receive HCBS through the Adult Buy-In.

Medicaid-Medicare Savings Programs/LTC Programs

- If approved, serves as a very effective and comprehensive secondary coverage to your Original Medicare benefits. You DO need to enroll in a Medicare Part D drug plan if you become eligible for Medicaid. See graph on page 10/11 for more information.

Go to coloradopeak.secure.force.com or contact your local SHIP office at (888) 696-7213.



Weld County Area Agency on Aging
Assistance • Advocacy • Answers on Aging

Our mission is to help maintain an individual's independence and dignity in their home and community.

Weld County Area Agency on Aging Internal Services

- Adult Protective Services
- Chore Service
- Dental, Vision and Hearing
- Family Caregiver Support
- Friendly Fork (Senior Nutrition)
- Grandparents Raising Grandchildren
- Information and Assistance/ADRC (Aging and Disability Resources for Colorado)
- In-Home Services
- Long-Term Care Ombudsman
- Options for Long-Term Care
- Weld Aging Well

Additional Adult/Senior Programs

Supplemental Nutrition Assistance Program (SNAP) is the food assistance program in Colorado, formerly known as Food Stamps. SNAP provides food assistance benefits as part of a federal nutrition program to help low-income households purchase food.

Supplemental Security Income (SSI)

- Are between the ages of 18 and 65;
- Have never been married;
- Aren't blind;
- Are a U.S. citizen
- Monthly financial grants up to \$783/individual or \$1,175/couple (in 2020) and full Medicaid medical benefits are provided.

SSI pays benefits to disabled adults and children who have limited income and resources. People who have worked long enough may also be able to receive Social Security disability or retirement benefits as well as SSI.

Pikes Peak Area Agency on Aging

OMBUDSMAN PROGRAM

The Area Agency on Aging Ombudsman Program helps residents of assisted living and nursing home facilities, providing on-site help when problems arise.

**Call an Ombudsman
for assistance when
needing to report a
concern or problem.**



For information
and assistance
719-471-2096

Other Benefits

TriCare for Life

Medicare wraparound coverage for TRICARE-eligible beneficiaries and their spouses, who have Medicare Part A and B.

- Coverage is automatic if you have Medicare Part A & B
- Available worldwide:
 - TRICARE pays after Medicare in the U.S. and U.S. Territories.
 - TRICARE is the first payer in all other overseas areas (retirees and eligible dependents).
- Must have both Parts A and B of Medicare.
- Has no premium, deductible or copayments or coinsurance for most services.
- Can use coverage in community settings or at the military medical treatment facilities.
- Includes a drug benefit that is considered Creditable Coverage, meaning no need to get a Medicare Part D plan.
- <https://tricare.mil/tfl>

Veterans Benefits

Veterans of the U.S. armed forces may be eligible for a broad range of benefits and services provided by the U.S. Department of Veterans Affairs (VA). Eligibility for most VA benefits is based upon discharge from active military service under other than dishonorable conditions. Veterans seeking a VA benefit for the first time must submit a copy of their service discharge form which documents service dates and type of discharge, or provides full name, military service number, and branch and dates of service.

Detailed information on all Veteran's benefits and programs starts on page 40.

“

We are all alike, on the inside.

-Mark Twain

”

Medicare

Eligibility

- Persons aged 65 and older with the required working quarters (40) paid into Social Security have Medicare Part A without cost and Part B with a base premium, (\$144.60 in 2020).
 - Persons aged 65 and older without contribution to Social Security during working years may have a premium for Part A and Part B.
 - Contact Social Security Administration to verify eligibility. (800) 772-1213 or www.ssa.gov
- Any resident alien who has legally resided in this country for at least 5 consecutive years can purchase Medicare Part A and Medicare Part B.
- Persons of any age that have received 24 continuous months of Social Security Disability Income (SSDI). Beginning in the 25th month they will have premium free Part A and pay the base premium for Part B. (\$144.60 in 2020).
- ALS (Lou Gehrig's disease) and End Stage Renal Disease (ESRD) will expedite your eligibility for Medicare.

Original Medicare Coverage

- Part A hospital insurance usually has no premium. Has a per benefit period deductible of \$1,408 in 2020.
- Part B medical insurance has a monthly base premium (\$198 in 2020). That amount varies based on your adjusted gross income.
- Part D prescription drug coverage has a monthly premium and usually requires a co-payment for covered drugs.

Medicare Supplement Plans (Medigap)

- Must have both Part A and B of Medicare.
- Standardized Plans that help cover deductible and coinsurance on Original Medicare.
- Monthly premiums vary based on, age, gender, zip code and current health status, the plan you choose and the company you buy from.

- Does not include Part D drug coverage so you have to add that separately or have Creditable Coverage for drugs from another source (Employer/Retiree Program, VA, etc.).
- Go to colorado.gov/pacific/dora and look under Senior Health-care.

Medicare Advantage Plans (MA-PD/Part C)

- Must have both Part A and B of Medicare.
- Usually lower monthly premiums than a Medigap plan.
- NOT available in all counties.
- May have deductible and co-payments for services.
- Visit Medicare.gov for more information.

Medicare Part D

- Also called the Medicare prescription drug benefit, is an optional US federal-government program to help Medicare beneficiaries pay for self-administered prescription drugs through prescription drug insurance premiums.
- Those eligible for Medicare and approved for any Adult Medicaid program or Medicare Savings Program must enroll in a Medicare Part D plan. Medicaid will not pay for prescriptions if Medicare eligible.
- Medicaid or Medicare Savings Program approval qualifies the applicant for Low Income Subsidy (LIS), also known as Extra Help. Low Income Subsidy provides reduced premiums, deductibles and copays on prescriptions through Part D plans for eligible beneficiaries.
- Refer to “Medicare and You” Handbook or visit medicare.gov

Contact your local State Health Insurance Counseling Program (SHIP) office at (888) 696- 7213 with questions about any of the Medicare, Medicaid or other plans explained here.

Affordable Care Act Medicaid Expansion Plan

The following Programs are resource exempt with income limits based on Modified Adjusted Gross Income (MAGI)

MAGI Adult Medicaid

- Children ages 0-18 whose household income does not exceed 142% Federal Poverty Level (FPL)
- Pregnant Women whose household income does not exceed 195% FPL
- Adults without dependent children whose household income does not exceed 133% FPL (see page 10/11 for Federal Poverty Level chart)
- Applicant not eligible for any other Medicaid category
- Not eligible for Medicare

Adult Buy-In

Medicaid Buy-In for Working Adults with Disabilities. Adult age 19 through 64 years

- Applicant must have part or full time employment
- Applicant must have a qualifying disability
- MAGI applicant income less than 450% Federal Poverty Limit (FEP) with certain income deductions (see chart on page 10/11)
- Will receive regular Medicaid benefits
- Premium payment is sliding scale based on income

Children's Buy-In

Medicaid buy-in for Children with Disabilities. This is a family Medicaid assistance program benefit

- Child is under age 19
- Child has a qualifying disability
- MAGI family income is at or below 300% of Federal Poverty Limit (FEP) (see chart on page 10/11)
- Premium payment is sliding scale based on income

Long Term Care Medicaid

Additional Information

Transfer of Assets

- Assets include all income and resources of the individual and of the individual's spouse if the individual applying for Medicaid LTC services is married.
- If assets were transferred by a Medicaid applicant or the spouse of the applicant within the look-back period, the transfer is reviewed to determine if Fair Market Value (FMV) was received. If FMV was not received, the transfer could result in a period of ineligibility. The individual would be ineligible for payment of Medicaid LTC services during this period. The individual may qualify for other Medicaid benefits if otherwise eligible.

Look Back Period

- Asset transfers that occur during a certain period of time (60 months) prior to an application for Medicaid LTC are evaluated by the County Department of Human Services office.
- If the asset transfer occurred within the look back period, it may cause a period of ineligibility for the applicant as determined by the DHS.

Spousal Impoverishment Protection Provision

- Special Medicaid rules apply to couples to insure that the community spouse who does not need LTC services does not become impoverished when the other spouse needs Medicaid to help pay for LTC costs.
- Colorado has established the amount of $\$126,640 + \$2,000 = \$128,640$ in 2020, as the maximum amount of assets for the community spouse. The amount may be exceeded in special circumstances. NOTE: This total does not include the exempt home.
- The community spouse may receive funds from the LTC applicants' income to supplement their income. The amount the community spouse needs for food, clothing, shelter and personal needs is known as Minimum Monthly Maintenance Needs (MMNM) and is determined by DHS using a formula.

Colorado Estate Recovery Program

State Medicaid programs must recover certain Medicaid benefits paid on behalf of a Medicaid enrollee.

For individuals age 55 or older, states are required to seek recovery of payments from the individual's estate for nursing facility services, home and community-based services, and related hospital and prescription drug services. States have the option to recover payments for all other Medicaid services provided to these individuals, except Medicare cost-sharing paid on behalf of Medicare Savings Program beneficiaries.

Under certain conditions, money remaining in a trust after a Medicaid enrollee has passed away may be used to reimburse Medicaid.

States may not recover from the estate of a deceased Medicaid enrollee who is survived by a spouse, child under age 21, or blind or disabled child of any age. States are also required to establish procedures for waiving estate recovery when recovery would cause an undue hardship.

States may impose liens for Medicaid benefits incorrectly paid pursuant to a court judgment. States may also impose liens on real property during the lifetime of a Medicaid enrollee who is permanently institutionalized, except when one of the following individuals resides in the home: the spouse, child under age 21, blind or disabled child of any age, or sibling who has an equity interest in the home. The states must remove the lien when the Medicaid enrollee is discharged from the facility and returns home.

Spend down of Assets is when a person decreases assets in excess of the amount permitted to determine eligibility.

Expenses for things that an applicant may need such as health and personal care, many personal items, most generally accepted living expenses and items considered as "exempt assets" are generally permissible to decrease the applicant's countable assets to the allowable level. You should keep all receipts to show the technician when you reapply for benefits.

Giving away countable assets as gifts in order to qualify for Medicaid benefits within 60 months (Look Back Period) prior to the date of application is considered a 'transfer of assets without fair consideration' and will delay final Medicaid eligibility. It is advisable to discuss, prior to disposing of any assets, a proposed plan with a geriatric care manager or elder law attorney to avoid facing Medicaid ineligibility. You should also discuss any assets with your county technician.

Income Trust

- Applies only to Home and Community Based Services (HCBS) and Nursing Home Programs (LTC).
- Required to meet long-term care eligibility. If monthly income exceeds the maximum monthly amount permitted (see graph page 10/11) and is below the income limit established for each of the four regions below.
- The trust can be established by an individual, a guardian, a conservator, or a power of attorney.
- An attorney is not required to create an income trust. Obtain forms from DHS caseworker.
- Medicaid contributes towards the cost of care in a nursing home.
- Income in the trust above the maximum monthly income permitted is retained by the State of Colorado.

Region I:

\$9,780/month for Adams, Arapahoe, Boulder and Denver Counties

Region II:

\$8,538/month for Carson, Cheyenne, Clear Creek, Douglas, Elbert, Grand, Gilpin, Jackson, Kit Carson, Larimer, Logan, Morgan, Park, Phillips, Sedgwick, Summit, Washington, Weld and Yuma Counties

Region III:

\$7,885/month for Alamosa, Baca, Bent, Chaffee, Conejos, Costilla, Crowley, Custer, El Paso, Fremont, Huerfano, Kiowa, Lake, Las Animas, Lincoln, Mineral, Otero, Prowers, Pueblo, Rio Grande, Saguache and Teller Counties

Region IV:

\$8,830/month for Archuleta, Delta, Dolores, Eagle, Garfield, Gunnison, Hinsdale, La Plata, Mesa, Moffat, Montezuma, Montrose, Ouray and Pitkin Counties.

Additional Eligibility Criteria

Identity and Citizenship Requirements

Proof of identity and U.S. citizenship documentation is now required for Medicaid applicants. Individuals receiving Medicare, SSI, or SSDI are exempt from having to provide this verification.

Acceptable primary documentation for identification and citizenship includes:

- U.S. Passport
- Certificate of naturalization (DHS Forms N-550 or N-570) or Certificate of U.S. Citizenship (DHS Forms N-560 or N-561)

Proof of Identity

Acceptable documentation to verify proof of identity must be originals or copies notarized by issuing agency.

- Current state driver's license bearing the individual's picture or a state identity document, also with the individual's picture
- Certificate of Indian Blood or another U.S. American Indian or Alaska Native tribal document
- School identification card with a photograph of the individual
- Military dependent's ID card
- Native American Tribal document
- U.S. Coast Guard Merchant Mariner card
- U.S. military card or draft record Identification issued by the federal, state, or local government with the same information included on a driver's license

Proof of Citizenship

Acceptable secondary documentation to verify proof of citizenship (an identity document is also required) includes:

- U.S. birth certificate
- Certification of birth issued by the Department of State (Forms DS-1350)
- Report of Birth Abroad of a U.S. Citizen (Form FS-240)
- U.S. Citizen I.D. Card (DHS Form I-197)
- American Indian Card (I-872) issued by the Dept. of Homeland Security with "KIC" classification code

- Final adoption decree

Additional acceptable secondary, third and fourth level documentation to verify proof of citizenship and identity applies. If necessary, check with the county Department of Human/Social Services for specifics.

Pikes Peak Area Agency on Aging



Helping seniors maintain their
INDEPENDENCE

The PPACG Area Agency on Aging is a network of state and local programs that help older people to plan and care for their life-long needs and to live independently in their own homes for as long as possible.

Services

- Senior Information and Assistance
- Family Caregiver Support Center
- Ombudsman Program
- Senior Insurance Assistance

For information & assistance

719-471-2096



Completing the Medicaid Application

Note: If you are completing this application for another person, remember that the other person is the applicant. Be sure to complete the information as if you are that person. Information requested for anyone in the household, although asked, may not be required with the exception of information directly related to the applicant and usually the applicant's spouse, if married.

If you object to answering questions that apply to other people living in your household, ask the technician if you must provide this information. If they insist, provide the information requested.

The application process for Medicaid benefits may vary by county Departments of Human/Social Services. It is recommended that applicants check with their local agency to determine expectations for the first step in the application process.

The following information should be used as a guide only. Confirm with the local Department of Human/Social Services any discrepancies, and always follow their directions. Application and instructions can be found online at www.coloradopeak.secure.force.com

If the person who needs Medicaid Assistance is unable to participate in the application process, a medical or general power of attorney or a legal guardian can represent the applicant at the county department. If none of these proxy representatives exist or are unavailable, a county form for Authorized Representative may be available.

It is best to check with the local county department on their specific policy.

The following section provides an overview of the application process, identifying verification documents you will need to provide, and an explanation of the programs offered.

Each applicant will be asked to identify the cash assistance or medical assistance program for which they are applying. Review the explanation of the programs available that provide some form of cash assistance or Medicaid medical assistance. If the applicant is still unsure, this decision can be determined later.

Document Check List

To prevent delays in determining eligibility bring all documents that pertain to the person applying for assistance. Original documents, unless otherwise identified, should be shown. The eligibility technician or the person at the Certified Application Assistance Site (CAAS) will certify that they viewed the original documents, make copies, and return them to you. Additional documents may be requested by the local Department of Human/Social Services.

- Current picture identification card, birth certificate (not required if you have a Medicare card), Social Security and Medicare cards.
- Alien registration card(s) and sponsors statement of why applicant is seeking public assistance.
- Proof of all gross income for client and spouse, such as pay stubs, Social Security or pension award letter(s), workers compensation or unemployment benefits and/or self-employment ledgers.
- Verification of application for SSI, SSDI, and/or Veterans benefits. Veterans should contact Veteran Services Office to apply. (County listings begin on page 54)
- Most recent month itemized bank statements from all accounts for client and spouse.
- Legal documents showing amount of any inheritance and/or any lump sum payment received in the last five years (look back period) and how it was spent (include receipts, if available).
- Complete copy of any "Trust" documents including Income Trust documents which will be provided by your tech at DHS.
- Financial statement for any interest income and its source. Verification of balances in, and any disbursements from IRA's, Annuities, stocks, bonds, mineral and oil leases, rental property income.
- Copies of all motor vehicle registration or titles and verification of any loan balances if applicable.
- Current rent or mortgage statements, telephone and utility receipts. If you live with others you must complete a "living arrangement" statement.
- Tax and insurance statements for all property that you have title to or interest in. If property is for sale, bring a copy of the real estate listing.

(Cont' from page 29)

- Copies of all life insurance policies showing any cash value or that it is irrevocable (without cash value).
- Copies of burial/funeral policies showing policy numbers and a statement showing if it is irrevocable (without cash value).
- Receipts for monthly medical bills including prescription co-payments.
- Copy of divorce decrees or legal separation agreements, if applicable.
- If applying for someone else, copies of Power of Attorney or Personal Representative form and picture identification card for person serving in that capacity.

The new Expanded Adult Medicaid programs and insurance plans under the Affordable Care Act (ACA), may not require all of the above documentation.

Check with Connect for Health Colorado by calling (855) 752-6749, or online at ConnectForHealthCO.com to find an assistance site near you.

Pikes Peak Area Agency on Aging

SENIOR INSURANCE ASSISTANCE

Education about Medicare and health insurance options

Senior Insurance Assistance can assist people with their Medicare Eligibility or coverage questions.

Contact Us

719-635-4891

Toll Free

888-696-7213

Email

seniorinsur@ppacg.org



How to Apply for Adult Medicaid Programs

Step 1:

Are you eligible for SSI or VA benefits?

Health First Colorado requires all applicants for Medicaid benefits to first contact the Social Security office and see if they qualify for Supplemental Security Income (SSI). To qualify for SSI your gross monthly income must be less than \$771 for a single person or \$1,157 for a couple. Gross monthly income includes any money taken out of your Social Security pension to cover premiums for Medicare Part B and/or Part D. (see page 10/11 for more information).

SSI (Supplemental Security Income)

To apply for Supplemental Security Income (SSI) contact the Social Security Administration (SSA) by calling (800) 772-1213 and setting an appointment with your local office or a satellite office. You may also go to www.ssa.gov and apply on-line. You will need to show proof of application to Department of Human Services (DHS) to apply for other programs.

Note: It is important that the applicant call the Social Security Administration (SSA) themselves or be nearby to confirm their identity and give permission for the SSA representative to speak with someone other than that applicant.

You will need to bring the following documents to your appointment at Social Security:

- Birth Certificate (not required if you already have a Medicare Card)
- Social Security Card
- Photo Identification (current state issued driver's license or ID, government issued ID card or passport)
- Medicare Card (if applicable)
- Proof of Income (most recent tax return, SSA award letter, pay stubs, etc.)
- Proof of Living Expenses (mortgage or rent receipts, utilities bill, etc.)
- Most current month of bank statements for checking/savings, stocks, bonds, CDs, IRAs, annuities, 401k

(Cont' from page 31)

Note: If the applicant is unable to go to the appointment, the applicant must complete a Social Security authorization form. Social Security will not honor a Power of Attorney.

VA (Veterans benefits)

Applicants who have served in one of the military branches will be required to confirm their eligibility for any Veterans Benefits.

County Veterans Service Offices (CVSO) or other service related organizations can assist in determining eligibility and identifying benefits. (See county listings that begin on page 54) You will be required to make application for VA benefits if you are found to be eligible before you can apply for any Medicaid programs. You will need to show proof of application to DHS to apply for other programs.

You will need the following information for your visit to the local VA Office:

- DD Form 214
- Photo Identification

Step 2:

Getting the Medicaid Application

Applications for Medicaid programs can be found at the local Department of Human/Social Services, (DHS), your county Single Entry Point(SEP) or Certified Application Assistance Site (CAAS) or by going online to coloradopeak.secure.force.com.

Complete the application either on paper or online (print a hard copy for your records). Be sure to check the boxes for ALL services you are applying for. Contact your local county agency (page 54) to determine days and times they are available to accept new applications. Submit your application with as much of the documentation as you can to avoid delays.

If you are applying for any Long Term Care Medicaid benefits:

- All Home and Community Based Services (HCBS)
- Nursing Home Care (NF)
- Program of All Inclusive Care for the Elderly (PACE)

Additional criteria may be required, such as:

Functional Assessment (ULTC 100.2)

The ULTC 100.2 Functional Assessment must be completed to document medical necessity. This assessment is usually done by the Single Entry Point (SEP) social worker or case manager. It may also be done by a hospital or nursing home.

The functional assessment includes both medical and functional assessments. The applicant's ability to independently manage, or require assistance with, Activities of Daily Living (ADL) are assessed.

Additionally, the applicant's behavior and/or memory cognition may be assessed if necessary.

To qualify for Medicaid LTC, the applicant must have deficits in 2 of the 6 Activities of Daily Living (ADL) or have the need for supervision due to memory/cognition problems. (See page 34 to define ADL's).

CAREGIVER SUPPORT CENTER

We can give you the tools you need to manage your caregiving responsibilities while also caring for yourself.

Let us help you now; call for information about services and programs.

For information & assistance
719-886-7526

If you are caring for your spouse, an aging parent, a friend, or a loved one;

You are a caregiver



Adult Medicaid Dental Benefit

Historically, Medicaid has not covered dental services for adults. Lack of preventive dental coverage can contribute to a range of serious health complications and drives up Medicaid costs for both emergency services and medical services.

In 2013, the state legislature passed Senate Bill 242 which authorizes HCPF to create a new limited dental benefit for adults in Health First Colorado Medicaid. The new benefit will provide Medicaid enrolled adults age 21 and over an annual dental benefit of up to \$1,000 in dental services for the 2018- 2019 fiscal year, which runs from July 1, 2019 - June 30, 2020.

What the adult dental benefit covers

The adult dental benefit is available to all adult Medicaid clients and has been implemented in two phases:

- Basic adult dental preventive, diagnostic and minor restorative dental services (such as x-rays and minor fillings) and treatment planning will be available.
- More comprehensive dental services such as root canals, crowns, partial dentures, periodontal scaling and root planing. Other procedures requiring prior authorization will also be available.

Finding a dental provider

Clients may search for dental providers in their area by visiting the Department website at www.colorado.gov/hcpf/find-doctor.

Dental Benefit Type	Covered
Basic dental preventive	√
Diagnostic and minor restorative dental services (x-rays and minor fillings)	√ Questions about adult dental? Call (800) 221 - 3943
Root Canals	√
Crowns	√
Partial Dentures*	√
Periodontal scaling	√
Root Planing	√

Activities of Daily Living (ADLs)

Bathing - The ability to shower, bathe or take sponge baths for the purpose of maintaining adequate hygiene.

Dressing - The ability to dress and undress as necessary. This includes the ability to put on prostheses, braces, antiembolism hose or other assistive devices and includes fine motor coordination for buttons and zippers. Includes choice of appropriate clothing for the weather. Difficulties with a zipper or buttons at the back of a dress or blouse do not constitute a functional deficit.

Toileting - The ability to use the toilet, commode, bedpan or urinal. This includes transferring on/off the toilet, cleansing of self, changing of apparel, managing an ostomy or catheter and adjusting clothing.

Mobility - The ability to move between locations in the individual's living environment, both inside and outside the home.

Transferring - The physical ability to move between surfaces: from bed/ chair to wheelchair, walker or standing position; the ability to get in and out of bed or usual sleeping place; the ability to use assisted devices for transfers.

Eating - The ability to eat and drink using routine or adaptive utensils. This also includes the ability to cut, chew and swallow food.

Supervision - The need for supervision is indicated by a significant deficit in behavior and/or memory/cognition.

Behaviors - Wandering, disruptive, self-injurious, and resistive to care.

Memory/Cognitive Deficit-Disorientation, short or long term memory loss, impaired judgment, self-injurious, lack of awareness (as some examples).

*“Wrinkles merely indicate
where smiles have been*

-Mark Twain”



CRIPPLE CREEK CARE CENTER

Your Colorado Mountain Home



***Zero Deficiencies in 2018-2019 State Inspection
Rated in the top 10% Nationally***

***700 N 'A' St ~ Cripple Creek, Co
719.689.2931 ~ www.cc-care.org***



Long Term - Short Term residency
post hospital/accident recovery
inpatient physical therapies.
caregiver respite
Palliative Care
Inpatient Hospice Care

We accept: Medicare, Medicaid, Private
Pay, Pre-Approved Insurance Networks,
and we proudly serve our nation's
Veterans as a VA certified community
home.



Like Us On Facebook!
www.facebook.com/cccc1975

Reasons for Application Denial

Financial Applications

Applicants will receive a written explanation of the reason(s) for denial of their application.

If the maximum monthly income limit is exceeded for eligibility for the Home and Community Based Services or the Long Term Care Programs, you may be able to establish eligibility by creating an Income Trust which is explained on page 25.

If the countable assets exceed the maximum allowed, eligibility can be established after assets have been legitimately disposed of and appropriate documentation has been accepted by the county agency. See "Spendedown of Assets" on page 24.

Functional/Medical Need Assessment

If the functional assessment criteria (the ULTC 100.2) are not met, the applicant may appeal and have a hearing set through the Division of Hearings.

Applicants should keep all documents and correspondence received from the Single Entry Point agency or the County Department of Human Services. Assistance in an appeal process may be available. Contact the local Area Agency on Aging for resources. See the list of county resource agencies beginning on page 54 for the statewide list.

Colorado Indigent Care Program

What is the Colorado Indigent Care Program (CICP)?

The CICP provides discounted health care services to low income people and families. CICP is not a health insurance program. Discounted health care services are provided throughout Colorado by hospitals and clinics that participate in the CICP.

Who can have CICP?

- People legally residing in Colorado
- People who meet income and resource guidelines
- People who are not eligible for Medicaid or Child Health Plan Plus (CHP+)
- People who have Medicare
- People who have health insurance

How do I apply for CICIP?

You must provide personal identification, household income and resource information for you and your family to complete the CICIP application.

You may call a participating CICIP provider to schedule an appointment to complete the application process. To find hospitals and clinics that participate in the CICIP, visit: <https://www.colorado.gov/pacific/sites/default/files/2019%20July%20Provide%20Directory.pdf> or call toll free: (800) 221-3943, State Relay: 711.

What type of medical services does CICIP cover?

Emergency care is covered at all participating hospitals. Since CICIP is not health insurance, medical services covered under CICIP are different at each participating hospital or clinic. Some providers may cover urgent care, inpatient hospital care, and primary care and prescription drugs under CICIP.

What does CICIP cost?

Under CICIP, you are responsible for copayments for services received. Your copayments will be different depending on your family's income and resources and may vary depending on the medical services received.

You are responsible to pay in full for medical services or tests not covered by your CICIP. You are responsible to pay in full for services received by providers who do not participate in the CICIP program.

If you have health insurance and are also eligible for CICIP, you may use CICIP as a secondary coverage. Your CICIP provider will bill your health insurance first. You will pay the remaining charges your health insurance does not cover or your CICIP copayment, whichever amount is lower.

Veterans Benefits

“Always do what is right. It will gratify half of mankind and astound the other.”

-Mark Twain

Table of Contents – Veterans Benefits	Page
Eligibility.....	40
Terms/Definitions.....	41
Pension Benefits.....	43
VA Medical Services Eligibility Requirements.....	47
VA Medical Centers.....	47
VA Outpatient Clinics.....	48
VA Vet Centers.....	49
VA Community Living Centers.....	50
VA Contract Nursing Homes.....	50
State Veterans Nursing Homes.....	51
VA Benefits/Services (Other).....	52

Eligibility Requirements

Eligibility requires 90 days active duty with an honorable discharge and one day active duty during a declared wartime (combat duty not required) prior to September 1980. After September 1980, VA requires two years active service duty and an honorable discharge.

Under the law VA recognizes these periods of war:

- World War II: December 7, 1941 - December 31, 1946
- Korean Conflict: July 27, 1950 - January 31, 1955
- Vietnam: 1961-1964 Veterans stationed in Vietnam
- Vietnam Era: August 5, 1964 thru May 7, 1975
- Gulf War: August 2, 1990-presently no end date identified

Other periods of military service may apply. Eligibility requirements apply to the Improved Pension, Housebound, and Aid and Attendance benefits.

Terms/Definitions

Veterans served on active duty in one of the military services. Eligibility criteria can vary by benefit program. Veterans may be eligible for healthcare and other benefits through the Department of Veterans Affairs (VA).

Retired Military are also veterans, but not all veterans are military retirees. Retirees are eligible for TRICARE healthcare benefits. The Department of Defense (DOD) provides retirement and healthcare benefits to military retirees that have served 20 or more year's active duty and have been honorably discharged. Military retirees are also eligible to apply for VA benefits and health care services.

TRICARE healthcare benefits for persons under age 65 are available in two plans, Standard and Prime, require premiums, and may serve as the veteran and/or dependents primary healthcare insurance.

TRICARE FOR LIFE beneficiaries age 65, and those with Medicare Part A and Part B benefits due to disability must notify DEERS of Medicare coverage AS REQUIRED. TriCare Standard or Prime then converts to TRICARE for Life (TFL). There is no monthly premium for TFL, and it serves as secondary insurance coverage to Medicare and has no deductibles or copayments. Primary healthcare and inpatient services can be obtained at Military Treatment Facilities or from community, non-military providers. Specialty care is received from community providers and does not require a referral.

Department of Veterans Affairs (VA) - The VA includes the Veterans Benefit Administration (VBA) and Veterans Healthcare Administration (VHA).

The **VBA** generally manages non-healthcare benefits through VA Regional Offices which can be reached at (800) 827-1000 from anywhere in the U.S. Assistance with applications for VA benefits is available through a network of **county veterans service offices (CVSO)** that are located throughout the state.

Some communities may be served by veteran's service organizations (VSO) such as Veterans of Foreign Wars, American Legion, Disabled American Veterans or Paralyzed Veterans of America which may offer assistance with preparing applications for veteran benefits. CVSOs and VSOs will have the veteran appoint them as power of attorney for the purpose of the benefits application. (See county listings beginning on page 56)

(Cont' from page 41)

The County Veterans Service Office (CVSO) network has offices in each of Colorado's counties and can assist veterans and family members with a variety of issues including assistance with preparation and filing of claims for VA benefits. A complete roster of CVSOs is available in the County Resource Section starting on page 54, at the state Division of Veterans Affairs at (800) 827-1000 or at www.colorado.gov, search CVSO.

Veterans Service Organizations (VSO) - There are several service organizations that can assist veterans and family members with a variety of issues including assistance with preparation and filing of claims for VA benefits. Disabled American Veterans, American Legion, Veterans of Foreign Wars, Paralyzed Veterans of America, and Blind Veterans of America are examples of VSO. Availability varies by community.

Service Connected (SC) Disability Ratings are disabling conditions incurred or exacerbated as a result of military service. Ratings can range from 0% - 100%. A veteran can be assigned a single disability or multiple disability ratings.

Financial compensation may be provided and is dependent on the percentage assigned. Various non-financial benefits may also be available depending on the veterans SC rating. An SC rating of less than 100% may be financially compensated at the 100% SC rate if also rated as unemployable but may not include all the non-financial benefits. Compensation benefits may be increased based on the number of dependents credited to the eligible veteran. Identifying a veteran's specific benefit entitlements can best be done with the assistance of a county veterans service office or veteran's service organization. (See list on page 54)

Non-service Connected Disability Ratings (NSC) are disabling conditions unrelated to military service. A disability pension (**Improved Pension benefit**) may be available if income guidelines are met and the disability is determined to be total and permanent. Improved Pension benefits may also be available if medical eligibility criteria are met for **Housebound or Aid and Attendance** status. Income and asset guidelines and medical criteria must also be met. Identifying a veteran's specific benefit entitlements can best be done with the assistance of a county veteran's service office or veteran's service organization. (See list starting on page 54)

Spousal Benefits generally do not include VA healthcare services for a spouse of an eligible veteran. Contact a VBA office or a local

county veteran's service office or veteran's service organization that serves your community for assistance in determining possible spousal benefits that may be available.

Pension Benefits

Pension is a needs-based benefit. It is paid to wartime Veterans with financial needs and their survivors.

Monthly household income (effective December 1, 2019) of \$1,146 for a single veteran, \$1,500 for a married veteran, or \$768 for a single widowed spouse of a veteran. Veterans with incomes greater than the maximum may be allowed consideration of deductions for non-reimbursed medical expenses.

Net worth is the sum of a claimants or beneficiary's (including spouse, if applicable) assets and annual income. You should report all of your net worth. For purposes of entitlement to VA pension, the net worth limit effective December 1, 2019 is \$129,094.

Assets include bank accounts, stocks, bonds, mutual funds, and property other than the veteran's residence. Applicants should call to determine their local VSO location, hours of operation, and schedule an appointment. Applicants should bring the following documents to the appointment to help expedite the application process:

- certified copies of the veterans DD214 and/or other discharge documents
- marriage certificate or divorce decree
- death certificates, if applicable
- the "c" number if there is an established claim
- Social Security number and verification of income
- out-of-pocket for regularly incurred and non-covered medical expenses for veteran and spouse

Contact a County Veterans Service Office (CSVO), or a Veterans Service Organization (VSO) for assistance with an application. Wartime service requirements apply.

Three Year Look Back Period When we receive a pension claim, we review the terms and conditions of any assets the Veteran may have transferred in the 3 years before filing the claim.

(Cont' from page 43)

If you transfer assets for less than fair market value during the look-back period, and those assets would have pushed your net worth above the limit for a VA pension, you may be subject to a penalty period of up to 5 years. You won't be eligible for pension benefits during this time.

Note: This policy took effect on October 18, 2018. If you filed your claim before this date, the look-back period doesn't apply.

Housebound This Pension benefit is paid in addition to monthly pension and if approved would provide (effective December 1, 2019) \$1,400 per month for a single veteran, or \$1,755 per month for a married veteran, or \$939 for a single widowed spouse.

Eligibility criteria require that the veteran must have a single permanent disability evaluated as 100% disabling AND, due to such disability, is permanently and substantially confined to their immediate premises, OR has a single permanent disability evaluated as 100% disabling AND another disability, or disabilities rated as 60% or more disabling. Applications for this benefit can be done with the assistance of a CVSO or VSO. Wartime service requirements apply.

Note: You can not get Aid and Attendance benefits and Housebound benefits at the same time.

Aid and Attendance Benefit (known as A and A)

This Improved Pension benefit may provide a monthly stipend (eff. December 1, 2019) of up to \$1,911 for a single veteran, up to \$2,266 for a married veteran, up to \$1,228 for a single widowed spouse towards the cost of private pay care in a nursing home.

Eligibility criteria require that the veteran requires the aid of another person in order to perform activities of daily living:

- Bathing, feeding, dressing, toileting, adjustment of prosthetic devices, or protecting themselves from hazards in the daily environment,
- OR is bedridden,
- OR is in a nursing home,
- Or is blind or meets nearly blind criteria

Benefits may be provided for assisted living residents or for in-home care for community dwelling veterans. The benefit is reduced to \$90/month for a single veteran or widowed spouse who is in a nursing

home and may apply to assisted living facilities when becoming eligible for Long Term Care Medicaid benefits. Benefits for married veterans may be adjusted (reduced) when they notify the VA of their Medicaid eligibility. Applications for this benefit are best done with the assistance of a CVSO or VSO. Wartime service requirements apply.

Program of All-Inclusive Care for the Elderly (PACE)

This may be available to eligible veterans with a service connected disability rating of 70% or greater. (See full program description on page 15).

Veteran Directed Care Program (VDC) (Formerly VD-HCBS)

The VDC program provides veterans with opportunities to self-direct their Long Term Services and Supports (LTSS) and continue living independently at home. Eligible Veterans manage their own flexible budgets, decide what mix of goods and services best meet their needs, and hire and supervise their own workers. Through an options counselor, the Aging & Disability Network provides facilitated assessment and care/service planning, arranges fiscal management services, and provides ongoing counseling and support to veterans, their families, and caregivers.

This program is administered by The Independence Center (719) 471-8181 in Colorado Springs and serves El Paso, Park, Elbert, Kiowa, Teller, Kit Carson, Cheyenne, or Lincoln counties. This program may also be available in other (limited) areas of Colorado: Denver, La Junta and Mesa County.

Eligibility criteria are:

- Require assistance with 3 or more ADL's **OR**
- Have a significant cognitive impairment Require assistance with 2 ADL's **OR**
- Require assistance with 2 or more IADL's **AND**
- Recent discharge
- Are 75 years of age or older
- Have had 3 hospitalization within the last year
- Diagnosed as Clinically Depressed
- Live alone

The flexible budget for this program is based on a 12 tier system determined by VA.

(Cont' from page 45)

- VA Eastern Colorado Health Care System:
www.denver.va.gov or (303)-399-8020
 - o Colorado Springs Center for Independent Living
 - o Denver Regional Council of Governments
 - o Lower Arkansas Valley Area Agency on Aging
 - o The Center for People with Disabilities
- Grand Junction Veterans Health Care System:
www.grandjunction.va.gov or (866)-206-6415
 - o Northwest Colorado Area Agency on Aging

This program does not require a Service Connected disability to qualify but services provided through this program cannot duplicate any other services already provided from VA. It does not affect existing income or pension benefits.

For additional information or to see if a veteran is eligible, contact the VA social worker.

If a social worker is not already assigned to the veteran, call (303) 399-8020 x 3239.

Note: The Veterans Choice Program ended 6/6/19. Members will transition to the new Veteran Community Care program which provides Veterans with a greater choice over their health care and allows VA to deliver seamless customer service either through a VA facility or community provider. Veterans may be eligible for community care under the “Grandfather” provision related to distance eligibility for VCP.

Eligibility for community care continues to be dependent upon a Veteran’s individual health care needs or circumstances, and Veterans must receive approval from VA prior to obtaining care from a community provider for most services.

Go to: www.va.gov/COMMUNITYCARE/programs/veterans/VCP/index.asp

For questions about eligibility for community care before and after June 6, 2019, Veterans should talk to their care team at their local VA medical facility.

The Veterans Health Administration (VHA) - VA Medical Centers (VAMC)

VAMCs provide a variety of healthcare services including inpatient care, primary medical care, mental health services, some specialty outpatient medical services, specialized residential/inpatient treatment services, and some nursing home services through a network of VA medical centers (VAMC) and **community based outpatient clinics (CBOCs)**. Veterans may use the VAMC in Denver, Grand Junction, Cheyenne, Salt Lake City or Albuquerque, depending where they live in the state of Colorado.

VA Medical Services Eligibility Requirements

- 4 months active military service (post 1980), or other active duty pre-1980, or
- Combat duty including Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF)
- Honorable discharge
- Enrolled at a VA Clinic and assigned to a primary care provider (PCP)
- A service connected disability requirement (% varies) applies for dental, some vision, hearing, community nursing home, hospice
- Non-medical home care requires meeting specific diagnosis and ADL eligibility criteria

VA Medical Centers

Eligibility, access, and availability of inpatient or specialty services may vary between VA Health Care Systems. Access to a VAMC is mostly through a referral from a VA clinic primary care provider referral or through the VAMC emergency department.

VA Medical Centers

Albuquerque Veterans Health

(505) 265-1711 / (800) 465-8262

Veterans in southwest Colorado, Durango and Trinidad, are in the Albuquerque VAMC service area and served by VA Clinics in Durango and Raton, NM.

- Website: www.albuquerque.va.gov

(Cont' from page 47)

Cheyenne Veterans Health Care System

(307) 778-7550/(888) 483-9127

Veterans in northern Colorado communities may choose to be/may be served through the Cheyenne VAMC and CBOCs

- Website: www.cheyenne.va.gov

Eastern Colorado Health Care

(303) 399-8020 / (888) 336-8262

Colorado's central, southern, and eastern Front Range and Plains communities are served through the Eastern Colorado Health Care System and the Denver VA Medical Center (VAMC) and a network of CBOCs.

- Website: www.denver.va.gov

Grand Junction Veterans Health Care System

(970) 242-0731 / (866) 206-6415

Veterans in western slope communities are served through the Grand Junction VAMC, and VA Clinics in Montrose and Craig, and through the Salt Lake City VAMC if needed.

- Website: www.grandjunction.va.gov

VA Outpatient Clinics

VA Outpatient Clinics in Colorado may be operated by VA healthcare providers or contract clinics and are located in Alamosa, Aurora, Burlington, Colorado Springs, Craig, Durango, La Junta, Lakewood, Lamar, Montrose, and Pueblo. Accessing services at a VA Clinic or at a VAMC requires the enrollment in the VA Health Care System and assignment to a primary care provider (PCP). The VA does not bill Medicare or Medicaid but may bill a veteran's private health insurance for a co-payment for some services provided.

Services generally include: Primary Medical Care, Mental Health Services, Mental Health Intensive Case Management, Medical Social Work, Home Health Care (skilled and non-medical), Dental, Audiology, Optometry, Anticoagulation Clinic, Nutrition Counseling, Pharmacy, Podiatry, Physical Therapy, Substance Abuse, Radiology, Labs.

Outpatient Clinics in Colorado

For additional information and hours of operation, call **myVA311** at (844) 698-2311. Outpatient clinics may also be community clinics or telehealth clinics.

Alamosa VA Clinic	719-587-6800
Aurora VA Clinic.....	303-398-6340
Aurora Jewell VA Clinic.....	303-328-5400
Burlington VA Clinic.....	719-346-5239
Colorado Spgs VA Clinics.....	719-327-5660
Craig VA Telehealth Clinic.....	970-824-6721
Durango VA Clinic	970-247-2214
VA Eastern CO Health Care.....	303-399-8020
Fort Collins VA Clinic.....	970-224-1550
VA Western CO Health Care.....	970-242-0731
Golden VA Clinic.....	303-914-2680
Glenwood Springs VA Clinic.....	970-945-1007
La Junta VA Clinic.....	719-383-5195
Lamar VA Clinic.....	719-336-0315
Loveland VA Clinic.....	970-962-4900
Montrose VA Clinic.....	970-249-7791
Pueblo VA Clinic.....	719-553-1000
Sterling VA Telehealth Clinic.....	719-539-8666
Website.....	www.va.gov

VA Vet Centers

VA Vet Centers in Colorado primarily provide outpatient mental health services and operate separately from the VA Outpatient and Outreach Clinic mental health services. Call toll-free for additional information and hours of operation: 877-WAR-VETS (877-927-8387).

Boulder.....	303-440-7306
Colorado Springs.....	719-471-9992
Denver.....	303-326-0645
Fort Collins.....	970-221-5176

(Cont' from page 49)

Grand Junction.....	970-245-4156
Pueblo.....	719-583-4058
Website.....	www.va.gov

VA Community Living Centers

VA Community Living Centers are facilities staffed by VA employees. Bed availability is often limited. Note: Veterans Nursing Home in Aurora, Florence, Homelake, Rifle, and Walsenburg are not VA nursing facilities; they are State Veterans Nursing Homes. VA Nursing Homes are located in Denver (60 beds) and Pueblo (40 beds).

This benefit generally provides 100% of the cost of care in a VA nursing home for most veterans, however copayments may apply. Eligibility generally requires an honorable discharge, 60% or greater service connected (SC) disability rating total for combined conditions, and 60% SC additionally requires a 100% unemployable or total permanent rating, a 0-100% service connected condition that requires nursing home care, or on a case-by-case basis.

Non-service Connected veterans may also be eligible for comfort (hospice) care. Care in a VA Community Living Center may be available to veterans requiring rehab placement following surgery at a VMAC or placement for hospice/palliative care services. Contact the VA admissions coordinator to determine admission criteria and bed availability.

Admissions, contact the VA Clinic where the veteran receives medical care. Or contact Admissions at the Pueblo VA Nursing Home at 800-806-4718. For Admissions at the Denver VA Nursing Home contact 888 336- 8262.

VA Contract Nursing Homes (CNH)

VA Contract Nursing Homes (CNH) generally requires veterans to have a service-connected disability rating of 60%, or greater, for placement in a non-VA community-based nursing home that has a contract with the VA which will cover the cost of care. CNH facilities are located in some communities, but not all, throughout the state of Colorado. This benefit generally provides 100% of the cost of care. Eligibility requires a honorable discharge, 60% or greater service connected (SC) disability rating total for combined conditions, 60% SC for a single condition additionally requires a 100% unemployable or total/permanent rating

by the VA or a 100% service connected condition that requires nursing home care.

Admissions

Contact the VA Clinic Medical Social Worker where the veteran receives medical care for assistance or contact the Southern Colorado Contract Nursing Home Admissions Coordinator in Pueblo at 800-806-4718, or in the Denver area call the VA Clinic Medical Social Worker or the DVAMC Contract Nursing Home Admissions Coordinator at 888-336-8262.

State Veterans Nursing Homes

These are not VA nursing homes. There are five state veterans’ nursing home facilities in Colorado: Fitzsimmons, Florence, Homelake, Rifle, and Walsenburg (See page 56).

Two VA stipends may be available to eligible veterans that cover a portion, but not all of the cost of care. Additionally the VA per-diem may vary. A spouse of an eligible veteran is eligible for admission to these facilities. A limited benefit may be available to widowed spouses of eligible veterans. Daily costs at these facilities are all inclusive of medications, supplies, physician visits. All facilities are Medicaid certified to assist veterans who cannot afford applicable out-of-pocket expenses.

Admissions

Contact facility of interest and request to speak to the Admissions Coordinator. Service connected veterans may be eligible for the VA to completely cover the costs for care.

Eligibility requirements

30 days active duty and an Honorable or General discharge.

Applications may be started directly with the Admissions Coordinator at the Community Living Center (CLC) facility of choice:

- Fitzsimmons Veterans CLC720-857-6400
- Florence Veterans CLC.....800-283-2668
- Homelake Veterans CLC.....888-838-2687
- Rifle Veterans CLC800-828-4580
- Walsenburg Veterans CLC800-645-8387

Other VA Services/ Benefits

Adult Day Program Services

Program services are provided under VA contract with a community-based program. Consideration of program services requires a recommendation from the veteran's primary care provider, assessment of the veteran by the program provider, acceptance of the program by the veteran/family, and review/approval by the VA Program Coordinator at the Denver VA Medical Center. Services are provided at no cost to the veteran and may include transportation assistance if needed. This benefit is currently limited in southern Colorado to a single VA contracted program located in Colorado Springs.

Home Improvement/Structural Alteration (HISA) Grants

This benefit is often used for bathroom and other home modifications to accommodate wheelchair access, including carpet removal, bathtub replacement with roll-in shower, stair glides, etc. Portable ramps for accessing a home and some durable medical equipment may be provided from the VA Prosthetics Department at no cost to the veteran separately from this benefit.

One time home modification grants:

\$6800 for VA service connected veterans

\$2000 available to some non-service connected veterans

Requires medical necessity documented by VA or non-VA physician. Application assistance available thru VA Clinic Medical Social Worker, CVSO, DAV, or VBA. www.prosthetics.va.gov/psas/HISA2.asp

Veterans Affairs Medical Center Prosthetics Department

Veterans may be eligible to receive power wheelchairs, portable ramps, durable medical equipment, handicapped vehicle modifications including wheelchair lifts, and partial assistance towards the cost of handicapped vans. Applications for these benefits can be initiated by a VA primary care provider or CVSO. Veterans who are not active patients in the VA Health Care System should contact a CVSO or VSO for assistance with the application. For more information, go to: www.rehab.va.gov

Caring communities that honor America's heroes!



- Long-term care
- Short-term & Outpatient rehabilitation
- Memory care
- End-of-life & hospice services
- Assisted Living cottages available in Homelake
- Respite care—private pay*

*Respite care offered with Medicaid is available in Homelake and Florence only.



COLORADO
Department of Human Services
Veterans Community Living Centers



VISION

Our vision is that residents experience compassion, dignity and companionship in communities filled with life, love and laughter.

Veterans Community Living Center at Fitzsimons | 1919 Quentin Street, Aurora, CO 80045 | 720.857.6406
Veterans Community Living Center at Florence | 903 Moore Drive, Florence, CO 81226 | 1.800.283.2668
Veterans Community Living Center at Homelake | PO Box 97, Homelake, CO 81135 | 1.888.838.2687
Veterans Community Living Center at Rifle | 851 East 5th Street, Rifle, CO 81650 | 1.800.828.4580
Spanish Peaks Veterans Community Living Center | 23500 U.S. HW160, Walsenburg, CO 81089 | 1.800.645.8387

County Resource Agencies

If you have difficulty contacting a local resource agency, the following state agencies which should be able to help you.

Colorado Medicaid Customer Services	800-221-3943
Colorado Department of Human Service	303-866-5700
Colorado Division of Veterans Affairs	800-827-1000

County Resource Agencies Abbreviations

AAA = Area Agency on Aging **DHS** = Dept. of Human Services
SEP = Single Entry Point Agency **HHS** = Health and Human Services
VSO=Veterans Service Office **PHE** = Public Health and Environment
RAE= Regional Accountable Entity **PH** = Public Health
OLTC = Options for Long-Term Care

Adams County

Dept. of Human Services	Commerce City	303-227-2700
SEP - Colorado Access	Aurora	877-710-9993
AAA - Region 3A	Denver	303-455-1000
County VSO	Westminster	720-523-2770
RAE Region 3 (CO Access)		855-267-2095

Alamosa County

Dept. of Human Services	Alamosa	719-589-2581
SEP - Alamosa County PH	Alamosa	719-589-6639
AAA - Region 8	Alamosa	719-589-4511
County VSO	Alamosa	719-589-1109
RAE Region 4 HC		888-502-4185

Arapahoe County

Dept. of Human Services	Aurora	303-636-1130
SEP - Colorado Access	Aurora	877-710-9993
AAA - Region 3A	Denver	303-455-1000
County VSO	Littleton	303-738-8045
RAE Region 3 (Co Access)		855-267-2095

Archuleta County

Dept. of Human Services	Pagosa Spgs.	970-264-2182
SEP - San Juan Basin PH	Durango	970-247-2409
AAA - Region 9	Pagosa Spgs.	970-264-0501
County VSO	Pagosa Spgs.	970-264-4013
RAE - Region 1 RMHP		888-282-8801

Baca County

Dept. of Social Services	Springfield	719-523-4131
SEP - Prowers County PHE	Lamar	719-336-8721
AAA - Lower Arkansas Valley AAA	La Junta	800-438-3752
County VSO	Springfield	719-563-0976
RAE Region 4 HCI		888-502-4185

Bent County

Dept. of Social Services	Las Animas	719-456-2620
SEP - Bent Count PH	Las Animas	719-456-0517
AAA - Lower Arkansas Valley	La Junta	719-383-3166
County VSO	Las Animas	719-468-6406
RAE Region 4 HCI		888-502-4185

Boulder County

Dept. of HHS	Boulder	303-441-1000
SEP - Adult Care Mgmt, Inc.	Lafayette	303-439-7011
AAA - Region 3B	Boulder	303-441-3570
County VSO	Boulder	303-441-3890
	Longmont	720-864-6663
RAE Region 6 CCHA		855-627-4685

Broomfield County

Dept. of HHS	Broomfield	720-887-2200
SEP - Adult Care Mgmt, Inc.	Lafayette	303-439-7011
AAA - Region 3A	Denver	303-455-1000
County VSO	Broomfield	720-887-2263
RAE Region 6 CCHA		855-627-4685

Chaffee County

Dept. of Human Services	Salida	719-530-2500
SEP – Chaffee County Dept. of HHS	Salida	719-530-2500
AAA - Upper Arkansas AAA, Region 13	Salida	719-539-3341
County VSO	Salida	719-539-3803
RAE Region 4 HCI		888-502-4185

Cheyenne County

Dept. of Human Services	Cheyenne Wells	719-767-5629
SEP-Kit Carson Dept. of HHS	Burlington	719-346-7158
AAA - Region 5	Stratton	719-348-5562
County VSO	Cheyenne Wells	719-767-5808
RAE Region 2 NEHP		888-502-4189

Clear Creek County

Dept. of HHS	Georgetown	303-679-2365
SEP - Adult Care Mgmt Inc.,	Lafayette	303-439-7011
AAA - Region 3A	Denver	303-455-1000
County VSO	Idaho Springs	303-670-7543
	Georgetown	
RAE Region 6 CCHA		855-627-4685

Conejos County

Dept. of Social Services	Conejos	719-376-5455
SEP - Conejos County Nursing Svs.	La Jara	719-274-4307
AAA - Region 8	Alamosa	719-589-4511
County VSO	Conejos	719-376-6725
RAE Region 4 HCI		888-502-4185

Costilla County

Dept. of Social Service	San Luis	719-672-4131
SEP - Conejos County Nursing Svs.	La Jara	719-274-4307
AAA - Region 8	Alamosa	719-589-4511
County VSO	San Luis	719-580-6126
RAE Region 4 HCI		888-502-4185

Crowley County

Dept. of Human Services	Ordway	719-267-3546
SEP - Otero County DHS Courthouse	La Junta	719-383-3166
AAA - Lower Arkansas Valley	La Junta	719-383-3166
County VSO	Ordway	719-267-5251
RAE Region 4 HCI		888-502-4185

Custer County

Dept. of Social Services	Westcliffe	719-783-2371
SEP - Central Mountain OLTC	Canon City	719-275-2318
AAA - Region 13	Canon City	719-275-4979
County VSO	Westcliffe	719-783-9470
RAE Region 4 HCI		888-502-4185

Delta County

Dept. of HHS	Delta	970-874-2030
SEP - Delta County Dept. of HHS	Hotchkiss	970-872-1000
AAA - Region 10	Montrose	970-249-2436
County VSO	Delta	970-874-2082
RAE - Region 1 RMHP		888-282-8801

Denver County

Dept. of Human Services	Denver	720-944-4347
SEP - Colorado Access	Aurora	877-710-9993
AAA - Region 3A	Denver	303-455-1000
County VSO	Denver	720-944-3507
RAE Region 3 (CO Access)		855-267-2095

Dolores County

Dept. of Social Services	Dove Creek	970-677-2250
SEP - Montezuma County PH	Cortez	970-564-4772
AAA - San Juan Basin	Pagosa Spgs.	970-264-0501
County VSO	Dove Creek	970-677-3200
RAE - Region 1 RMHP		888-282-8801

Douglas County

Dept. of Human Services	Castle Rock	303-688-4825
SEP – Colorado Access	Aurora	877-710-9993
AAA - Region 3A	Denver	303-455-1000
County VSO	Castle Rock	303-663-6200
RAE Region 3 (CO Access)		855-267-2095

Eagle County

Dept. of HHS	Eagle	970-328-8840
SEP – Garfield County DHS	Rifle	970-943-1639
AAA – Northwest Region 12	Silverthorne	970-468-0295
County VSO	Eagle	970-328-9674
RAE - Region 1 RMHP		888-282-8801

Elbert County

Dept. of HHS	Kiowa	303-621-3149
SEP – Colorado Access	Aurora	877-710-9993
AAA - Region 5	Stratton	719-348-5562
County VSO	Elbert	303-520-6088
RAE Region 3 (CO Access)		855-267-2095

El Paso County

Dept. of Human Services	Colorado Spgs.	719-636-0000
SEP - The Resource Exchange	Colorado Spgs.	719-380-1100
AAA - Region 4 PPACG	Colorado Spgs.	719-471-7080
County VSO	Colorado Spgs.	719-520-7750
RAE Region 7 CCHA		855-627-4685

Fremont County

Dept. of Human Services	Canon City	719-275-2318
SEP - Central Mountain OLTC	Canon City	719-275-2318
AAA - Region 13	Canon City	719-275-4979
County VSO	Canon City	719-276-7400
RAE Region 4 HCI		888-502-4185

Garfield County

Dept. of Human Services	Rifle	970-625-5282
SEP - Garfield County DHS	Rifle	970-963-1639
AAA - Region 11	Grand Junction	970-248-2717
County VSO	Glenwood Spgs.	970-948-6767
RAE - Region 1 RMHP		888-282-8801

Gilpin County

Dept. of Human Services	Black Hawk	303-582-5444
SEP - Adult Care Mgmt Inc.	Lafayette	303-439-7011
AAA - Region 3	Denver	303-455-1000
County VSO	Blackhawk	303-515-4297
RAE Region 6 CCHA		855-627-4685

Grand County

Dept. of Social Services	Hot Sulphur Spgs.	970-725-3331
SEP - Garfield County DHS	Rifle	970-963-1639
AAA - Northwest Region 12	Silverthorne	970-468-0295
County VSO	Hot Sulphur Spgs.	970-725-3122
RAE - Region 1 RMHP		888-282-8801

Gunnison County

Dept. of HHS	Gunnison	970-641-3244
SEP - Delta County Dept. of HHS	Hotchkiss	970-872-1000
AAA - Region 10	Montrose	970-249-2436
County VSO	Gunnison	970-641-7919
RAE - Region 1 RMHP		888-282-8801

Hinsdale County

Dept. of HHS	Gunnison	970-641-3244
SEP - Delta County Dept. of HHS	Hotchkiss	970-872-1000
AAA - Region 10	Montrose	970-249-2436
County VSO	Lake City	970-944-0191
RAE - Region 1 RMHP		888-282-8801

Huerfano County

Dept. of Social Services	Walsenburg	719-738-2810
SEP - Las Animas County DHS	Trinidad	719-846-2276
AAA - Region 14	Trinidad	719-845-1133
County VSO	Walsenburg	719-738-2810
RAE Region 4 HCI		888-502-4185

Jackson County

Dept. of Social Services	Walden	970-723-4750
SEP - Garfield County DHS	Rifle	970-963-1639
AAA - Northwest Region 12	Silverthorne	970-468-0295
County VSO	Walden	970-218-9877
RAE - Region 1 RMHP		888-282-8801

Jefferson County

Dept. of Human Services	Golden	303-271-1388
SEP - Jefferson County DHS	Golden	303-271-1388
AAA - Region 3A	Denver	303-455-1000
County VSO	Golden	303-271-4205
RAE Region 6 CCHA		855-627-4685

Kiowa County

Dept. of Social Services	Eads	719-438-5541
SEP - Bent County PH	Las Animas	719-456-0517
AAA - Lower Arkansas Valley AAA	La Junta	800-438-3752
County VSO	Eads	719-438-5421
RAE Region 4 HCI		888-502-4185

Kit Carson County

Dept. of HHS	Burlington	719-346-8732
SEP - Kit Carson County HHS	Burlington	719-346-7158
AAA - Region 5	Stratton	719-348-5562
County VSO	Burlington	719-691-5445
RAE Region 2 NEHP		888-502-4189

Lake County

Dept. of Human Services	Leadville	719-486-2088
SEP - Chaffee County Dept. of HHS	Salida	719-530-2500
AAA - Upper Arkansas AAA, Region 13	Salida	719-539-3341
County VSO	Leadville	719-221-3245
RAE Region 4 HCI		888-502-4185

La Plata County

Dept. of Human Services	Durango	970-382-6150
SEP - San Juan Basin PH	Durango	970-247-5702
AAA - San Juan Basin	Pagosa Spgs.	970-264-0501
County VSO	Durango	970-382-6150
RAE - Region 1 RMHP		888-282-8801

Larimer County

Dept. of Human Services	Fort Collins	970-498-6300
SEP - Larimer County DHS	Fort Collins	970-498-6300
AAA - Larimer County Office on Aging	Fort Collins	970-498-7750
County VSO	Fort Collins	970-498-7390
RAE - Region 1 RMHP		888-282-8801

Las Animas County

Dept. of Human Services	Trinidad	719-846-2276
SEP - Las Animas County DHS	Trinidad	719-846-2276
AAA - Region 14	Trinidad	719-845-1133
County VSO	Trinidad	719-846-2589
RAE Region 4 HCI		888-502-4185

Lincoln County

Dept. of Human Services	Hugo	719-743-2404
SEP - Kit Carson Dept. of HHS	Burlington	719-346-7158
AAA - Region 5	Stratton	719-348-5562
County VSO	Hugo	719-743-2250
RAE Region 2 NEHP		888-502-4189

Logan County

Dept. of Social Services	Sterling	970-522-2194
SEP – Northeast CO AAA	Fort Morgan	970-867-9409
AAA - Region 1	Fort Morgan	970-867-9409
County VSO	Sterling	970-520-5876
RAE Region 2 NEHP		888-502-4189

Mesa County

Dept. of Human Services	Grand Junction	970-241-8480
SEP - Mesa County DHS	Grand Junction	970-241-8480
AAA - Region 11	Grand Junction	970-248-2717
County VSO	Grand Junction	970-248-2733
RAE - Region 1 RMHP		888-282-8801

Mineral County

Dept. of Social Services	Del Norte	719-657-3381
SEP - Rio Grande OLTC	Del Norte	719-657-4208
AAA - Region 8	Alamosa	719-589-4511
County VSO	Creede	719-658-2416
RAE Region 4 HCI		888-502-4185

Moffat County

Dept. of Social Services	Craig	970-824-8282
SEP - Garfield County DHS	Rifle	970-963-1639
AAA - Region 11	Grand Junction	970-248-2717
County VSO	Craig	970-824-0684
RAE - Region 1 RMHP		888-282-8801

Montezuma County

Dept. of Social Services,	Cortez	970-564-4100
SEP- Montezuma County	Cortez	970-564-4772
AAA - San Juan Basin	Pagosa Spgs.	970-264-0501
County VSO	Cortez	970-565-7155
RAE - Region 1 RMHP		888-282-8801

Montrose County

Dept. of HHS	Montrose	970-252-5000
SEP - Montrose County DHS	Montrose	970-252-5000
AAA - Region 10	Montrose	970-249-2436
County VSO	Montrose	970-249-2115
RAE - Region 1 RMHP		888-282-8801

Morgan County

Dept. of Human Services	Fort Morgan	970-542-3530
SEP - Northeast CO AAA	Fort Morgan	970-867-9409
AAA - Region 1	Fort Morgan	970-867-9409
County VSO	Fort Morgan	970-542-3552
RAE Region 2 NEHP		888-502-4189

Otero County

Dept. of Social Services	La Junta	719-383-3100
SEP - Otero County DHS Courthouse	La Junta	719-383-3166
AAA - Lower Arkansas Valley	La Junta	719-383-3166
County VSO	La Junta	719-383-3148
RAE Region 4 HCI		888-502-4185

Ouray County

Dept. of Social Services	Ridgeway	970-626-2299
SEP - Montrose County DHS	Montrose	970-252-5000
AAA - Region 10	Montrose	970-249-2436
County VSO	Montrose	970-249-2115
RAE - Region 1 RMHP		888-282-8801

Park County

Dept. of Human Services	Fairplay	719-836-4139
	Bailey	303-816-5939
SEP - The Resource Exchange	Co. Spgs.	719-380-1100
AAA - Region 4 PPACG	Co. Spgs.	719-471-7080
County VSO	Bailey	303-816-9498
	Fairplay	719-836-4132
RAE Region 7 CCHA		855-627-4685

Phillips County

Dept. of Social Services	Holyoke	970-854-2280
SEP - Northeast CO AAA	Fort Morgan	970-867-9409
AAA - Region 1	Fort Morgan	970-867-9409
County VSO	Haxtun	970-520-1510
RAE Region 2 NEHP		888-502-4189

Pitkin County

Dept. of HHS	Aspen	970-920-5235
SEP - Garfield County DHS	Rifle	970-963-1639
AAA - Northwest Region 12	Silverthorne	970-468-0295
County VSO	Aspen	970-429-6115
RAE - Region 1 RMHP		888-282-8801

Prowers County

Dept. of Human Services	Lamar	719-336-7486
SEP - Prowers County Dept. of PHE	Lamar	719-336-8721
AAA - Lower Arkansas Valley	La Junta	800-438-3752
County VSO	Lamar	719-336-2606
RAE Region 4 HCI		888-502-4185

Pueblo County

Dept. of Social Services	Pueblo	719-583-6160
SEP - Pueblo County OLTC	Pueblo	719-583-6857
AAA - Region 7	Pueblo	719-583-6611
County VSO	Pueblo	719-583-6113
RAE Region 4 HCI		888-502-4185

Rio Blanco County

Dept. of Social Services	Meeker	970-878-9640
	Rangley	970-878-9531
SEP - Garfield County DHS	Rifle	970-963-1639
AAA - Region 11	Grand Junction	970-248-2717
County VSO	Rangley	970-878-9690
	Meeker	970-878-9695
RAE - Region 1 RMHP		888-282-8801

Rio Grande County

Dept. of Social Services	Del Norte	719-657-3381
SEP - Rio Grande OLTC	Del Norte	719-657-4208
AAA - Region 8	Alamosa	719-589-4511
County VSO	Homelake	719-852-5118
RAE Region 4 HCI.		888-502-4185

Routt County

Dept. of Human Services	Steamboat Spgs.	970-870-5533
SEP - Garfield County DHS	Glenwood	970-963-1639
AAA - Region 11	Grand Junction	970-248-2717
County VSO	Steamboat Spgs.	970-870-5469
RAE - Region 1 RMHP		888-282-8801

Saguache County

Dept. of Social Services	Saguache	719-655-2537
SEP - Alamosa County PH	Alamosa	719-589-6639
AAA - Region 8	Alamosa	719-589-4511
County VSO	Saguache	719-655-2680
RAE Region 4 HCI		888-502-4185

San Juan County

Dept. of Social Services	Silverton	970-382-6150
SEP - San Juan County PH	Durango	970-247-5702
AAA - San Juan Basin	Pagosa Spgs.	970-264-0501
County VSO	Silverton	970-387-5705
RAE - Region 1 RMHP		888-282-8801

San Miguel County

Dept. of Social Services	Telluride	970-728-4411
SEP- Montrose County DHS	Montrose	970-252-5000
AAA - Region 10	Montrose	970-249-2436
County VSO	Telluride	970-728-4501
RAE - Region 1 RMHP		888-282-8801

Sedgwick County

Dept. of Human Services	Julesburg	970-474-3397
SEP - Northeast CO AAA	Fort Morgan	970-867-9409
AAA - Region 1	Fort Morgan	970-867-9409
County VSO	Julesburg	970-474-2575
RAE Region 2 NEHP		888-502-4189

Summit County

Dept. of Social Services,	Frisco	970-668-9160
SEP - Garfield County DHS	Rifle	970-963-1639
AAA - Northwest Region 12	Silverthorne	970-468-0295
County VSO	Frisco	970-509-9024
RAE - Region 1 RMHP		888-282-8801

Teller County

Dept. of Social Services	Woodland Park	719-686-5518
SEP -The Resource Exchange	Colorado Spgs.	719-380-1100
AAA - Region 4 PPACG	Colorado Spgs.	719-471-7080
County VSO	Woodland Park	719-686-5526
RAE Region 7 CCHA		855-627-4685

Washington County

Dept. of Human Services	Akron	970-345-2238
SEP - Northeast CO AAA	Fort Morgan	970-867-9409
AAA - Region 1	Fort Morgan	970-867-9409
County VSO	Akron	970-345-6685
RAE Region 2 NEHP		888-502-4189

Colorado Area Agencies on Aging: Local Leaders in Aging & Community Living



advocacy | action | answers on aging

**MISSION: Providing leadership, advocacy,
and a voice for the aging network in Colorado**

One of the Older American Act's foundational principles is that the programs and services created to help support consumers in their homes and communities are customized to meet their individual needs. There's nothing one-size-fits-all about AAAs or the services they offer their clients!

Roles of AAAs:

- Access community needs, and develop and fund programs
- Educate and provide direct assistance
- Serve as portals to care
- Demonstrate responsible fiscal stewardship

Your local AAA may offer many of these services:

- Nutrition Programs
- Health & Wellness
- Transportation
- Information & Referral
- Elder Rights
- In-Home Services
- Homemaker & Chore Services
- Case Management
- Dental & Vision Assistance
- Caregiving Programs
- SHIP Medicare Counseling
- Long-Term Care Ombudsman

www.c4a-colorado.org

Would You Give Your Keys to a Stranger?

*To a scammer, your
Medicare card is the key to
stealing your benefits.*

Here's how you can protect
against health care fraud:

- Don't give your Medicare number to strangers
- Check medical bills and statements with your personal healthcare journal
- Report errors and suspicious charges to

888-696-7213



PROTECT
Medical Numbers

PREVENT
Scams and Errors

REPORT
Your Concerns

Help fight Medicare and Medicaid fraud



call your local Senior Medicare Patrol Office at
1-888-696-7213