

## Jefferson Center for Mental Health

## Sliding-Scale Fees

303-425-0300 Jefferson Center for Mental Health – all office locations www.jcmh.org

- Jefferson Center for Mental Health offers services to uninsured individuals that may be available at a lower rate, depending on income.
- In order to be eligible for these reduced rates, you will need to qualify based on income (see income guideline chart below). If you qualified for CHP+, you should also qualify for this reduced-fee pricing.

Family Size	Maximum <b>MONTHLY</b>	Maximum ANNUAL	
	Income (gross)	Income (gross)	
1	\$3,032	\$36,386	
2	\$3,932	\$47,198	
3	\$4,947	\$59,369	
4	\$5,962	\$71,549	

- You will need to provide proof of income to be assessed for this reduced payment scale. Proof of income may be things such as:
  - Current or recent pay stubs;
  - Profit and Loss statement if self-employed;
  - Social Security Award Letter;
- If you think you qualify for this service, please ask a Jefferson Center staff member for more information.

#### Patient Assistance Program (PAP)

303-432-5231 or 303-432-5232

Program Office: 5801 W. Alameda Ave., Lakewood, CO 80226 Program available at all Jefferson Center office locations

- Provides medications at a reduced rate or at no cost for individuals with limited incomes who cannot afford the full cost of their medications.
- Income limits apply. Various forms of documentation are required to determine eligibility, including:
  - Driver's License or Colorado ID;
  - Social Security Card;
  - Most recent Federal tax return or 1040EZ;
  - Proof of income (examples below):
    - At least one month's worth of pay stubs,
    - Self-Employment Information (Letter of Support),
    - Child Support Information (Bank Statement or Check Stub),
    - SSI / SSDI / AND Statement,
    - Retirement Benefits Statement.
- You must have applied for Medicaid and received a denial within the past year to be eligible for this program. *Contact Navigation at 303-432-5130 if in Jefferson County and needing help with this.*



# Navigation Services 303-432-5130 • navigation@jcmh.org

This resource sheet contains information on:

- Income-based services available at Jefferson Center for Mental Health;
- Income-based services available at the Metro Community Provider Network;
- Options for purchasing Marketplace Insurance.

This sheet is designed to help families who may be losing CHP+ (due to program cuts) understand options for continuing services, accessing new services, or purchasing insurance.

If you notice any changes or inconsistencies with our resources, please inform Navigation to help us stay current.

#### Metro Community Provider Network

## Colorado Indigent Care Program (CICP)

303-360-6276 (MCPN)

https://www.colorado.gov/pacific/hcpf/colorado-indigent-care-program

- Provides discounted health care services to low-income people and families. **CICP is not a health insurance program.** Discounted health care services are provided by Colorado hospitals and clinics that participate in CICP (such as MCPN).
- You may qualify for this program if you:
  - Reside legally in Colorado;
  - Are not eligible for Health First Colorado (Colorado's Medicaid Program)
  - $\circ$   $\;$  Meet income and resource guidelines (see chart below):

Family Size	Approximate <b>MONTHLY</b>	Approximate ANNUAL	
	Income (gross)	Income (gross)	
1	Up to \$2,512	Up to \$30,150	
2	Up to \$3,383	Up to \$40,600	
3	Up to \$4,254	Up to \$51,050	
4	Up to \$5,125	Up to \$61,500	

• You must provide personal identification, household income, and resource information for you and your family. You may call a participating CICP provider to schedule an appointment to complete the application process. To find hospitals and clinics that participate in CICP, call 1-800-221-3943.

#### Marketplace Insurance

#### **Connect for Health Colorado**

1-855-PLANS-4-YOU (1-855-752-6749); TTY: 1-855-346-3432; Hours: Mon-Fri 8am-8pm; Sat 9am-6pm www.connectforhealthco.com/

- You may be able to purchase insurance for your child immediately following CHP+ ending (outside of the open enrollment period) due to a change in insurance coverage being a qualifying life event.
- 2018 MONTHLY Income guidelines (based on number of people in household):

Family Size	APTC & CSR*	APTC Only**	QHP Only***
1	\$1,338 - \$2,513	\$2,514 - \$4,020	\$4,021 and above
2	\$1,801 - \$3384	\$3,385 - \$5,414	\$5,415 and above
3	\$2,265 - \$4,255	\$4,256 - \$6,807	\$6,808 and above
4	\$2,728 - \$5,125	\$5,126 - \$8,200	\$8,201 and above

\*APTC & CSR: Customers in this income range qualify for an Advance Premium Tax Credit to help pay for monthly premiums and plans with Cost Share Reductions that have lower co-pays and out-of-pocket-costs.

\*\*APTC Only: Customers in this income range qualify for an Advance Premium Tax Credit to help pay for monthly premiums. \*\*\*QHP Only: Customers in this income range do not qualify for financial assistance, but may still purchase a plan through Connect for Health Colorado. If your income decreases throughout the year making you eligible for financial assistance, you can apply for it and receive it as a tax credit on your federal income tax return. You can only do this with a plan purchased through Connect for Health Colorado.

Please note: If you have been denied for Health First Colorado (Colorado's Medicaid program) in the past, but you have had a change in circumstances (ie. decrease in income, increase in number of household members, etc); you may now qualify. You can apply online at <u>www.colorado.gov/peak</u>, or you can call Navigation at 303-432-5130 for more information and specific income guidelines.

