



Need more information? Contact our Navigation Services Team at 303-432-5130 or [navigation@jcmh.org](mailto:navigation@jcmh.org)

This resource sheet contains information on:

- Income-based services available at Jefferson Center for Mental Health
- Medicaid/CHP+ Information
- Options for purchasing Marketplace Insurance

This sheet is designed to help individuals and families who have lost or may be losing their insurance to understand options for continuing services, accessing new services, or purchasing insurance.

**Reduced Fees Available through a State-Funded Program**

303-425-0300

Jefferson Center for Mental Health – all office locations

[www.jcmh.org](http://www.jcmh.org)

- Jefferson Center for Mental Health offers services to uninsured individuals that may be available at a lower rate, depending on income through a variety of sources.
- Uninsured clients must be living in Jefferson, Clear Creek, or Gilpin County to be eligible for reduced fees.
- OBH Indigent Funding requires proof of lawful presence in the US. If these are not provided, JCMH Indigent Funding will be used. Both allow for the client to apply for a sliding fee scale.
- Eligibility for reduced fees is based on income (see income guideline chart below).

Family Size	Maximum <b>MONTHLY</b> Income (gross)	Maximum <b>ANNUAL</b> Income (gross)
1	\$3,397	\$40,770
2	\$4,577	\$54,930
3	\$5,757	\$69,090
4	\$6,937	\$83,250

- **Proof of income is required to qualify for services at a reduced fee. To cover a past appointment (up to 30 days), it is required 2 weeks after receiving this notification. If you do not have any previous services that were not covered by insurance, it is required to bring your proof of income to your next appointment to avoid being charged at full fee.**

- Proof of income may be things such as:

Prior year income tax return	Wages/tips/salary documents (paystub or letter from employer)	SSDI: if in 2 year waiting period before Medicare (benefit letter, notice of award, or check stub)
Unemployment (check stub or award letter)	Workers Compensation (award letter or check stub)	Information from a designated community partner or CICP (copy of income verification provided to that agency)
Trust fund (letter from trustee or copy of check)	Self-Employment: if tax returns not filed (bank statements or business ledger)	Alimony (court decree, agreement, or copy of check)
Rental Income (copy of lease or copy of check)		

If you have any questions about or need help obtaining these items, please contact Navigation.

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*\*For individuals without income, who cannot provide any of the above-listed verifications can qualify in the following way:*

- 1) Provide an ID (non-photo ok, including letter addressed to them, VA or student ID)
- 2) Provide a letter from a friend or family member attesting to the fact that they have no income.

### **Patient Assistance Program (PAP)**

303-432-5231 or 303-432-5232

Program available at all Jefferson Center office locations

- Provides medications at a reduced rate or at no cost for individuals without insurance who cannot afford the full cost of their medications.
- Income limits apply. Various forms of documentation are required to determine eligibility.

### **Medicaid and CHP+**

If you have lost your Medicaid or CHP+ and you believe this is an error, Jefferson Center can help. If your household income is under the limits below, please call Navigation at 303-432-5130 for benefits assistance.

#### **Medicaid Income Limits as of 4/1/2024:**

Household Size	Maximum Monthly Income Adults 19-65	Maximum Monthly Income Children 0-18	Maximum Monthly Income Pregnant Women
1	\$1,669	\$1,782	\$2,447
2	\$2,265	\$2,419	\$3,322
3	\$2,862	\$3,055	\$4,196
4	\$3,458	\$3,692	\$5,070

#### **CHP+:**

CHP+ is available for children (18 and under) and pregnant women (19 and older) who do not have other health insurance and who do not qualify for Health First Colorado (Medicaid).

Family Size	Approximate Monthly Family Income to Qualify for Child Health Plan Plus (CHP+)
1	\$1,783 – \$3,263
2	\$2,420 – \$4,429
3	\$3,056 – \$5,594
4	\$3,693 – \$6,760
5	\$4,330 – \$7,926
6	\$4,966 – \$9,091

*\*Pregnant women, Native Americans, and Alaskan Natives do not have to pay annual enrollment fees or co-pays. Co-pays may apply for children covered under CHP+.*

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**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/](http://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.
- 2023 **ANNUAL** Income guidelines (based on number of people in household):

Family Size	PTC & CSR*	PTC Only**
1	\$18,075 - \$33,975	\$33,976- \$51,520
2	\$24,352 - \$45,775	\$45,776 - \$69,680
3	\$30,630 – \$57,575	\$57,576 - \$87,840
4	\$36,908 – \$69,375	\$69,375 - \$106,000

\*PTC & CSR: Customers in this income range qualify for a 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.

\*\*PTC Only: Customers in this income range qualify for a Premium Tax Credit to help pay for monthly premiums.

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- Jefferson Center will not discriminate because an individual is unable to pay, because the payment for those services would be made under Medicare, Medicaid or CHP+, or based upon an individual’s race, color, sex, national origin, or disability. Jefferson Center will not deny services due to inability to pay.
  - Jefferson Center will re-evaluate eligibility for the reduced fee program annually.