

NORTHWEST COLORADO
HEALTH

Your partner for life

We Are:

We are the health safety net of the Yampa Valley, serving one third of the community, from birth to death, supporting physical, mental, and emotional wellness.

Our mission is to:

Improve quality of life for all Northwest Colorado residents by providing comprehensive health resources and creating an environment that supports community wellness.



EMPLOYED
305
PEOPLE



6,273
PRIMARY CARE, DENTAL, &
BEHAVIORAL HEALTH PATIENTS OVER
23,772 ENCOUNTERS
IN NORTHWEST COLORADO



175
VOLUNTEERS
PROVIDED
2,396 HOURS
OF SERVICE

9,756



YOUTH RESILIENCY
INTERACTIONS WITH OUR YOUNGEST COMMUNITY
MEMBERS WHO ARE EXPERIENCING
TRAUMA & ADVERSITY

SERVED
150



OLDER ADULTS THROUGH
AGING WELL

SERVED OVER
1,100
COMMUNITY MEMBERS
OF ALL AGES INVESTED IN IMPROVING



their wellness through nutrition education, Aging Well, safe
and healthy parenting and cardiovascular screenings



1 IN 3
PEOPLE
IN THE YAMPA VALLEY
USE OUR SERVICES



CARED FOR
206
HOME HEALTH
PATIENTS
THROUGH 10,355 IN HOME
ENCOUNTERS

48
HOSPICE
PATIENTS



ACQUIRED
CASEY'S POND
SENIOR LIVING
COMMUNITY
IN STEAMBOAT SPRINGS
SAVING CRITICAL
SERVICES FOR THE
AGING POPULATION IN
OUR REGION

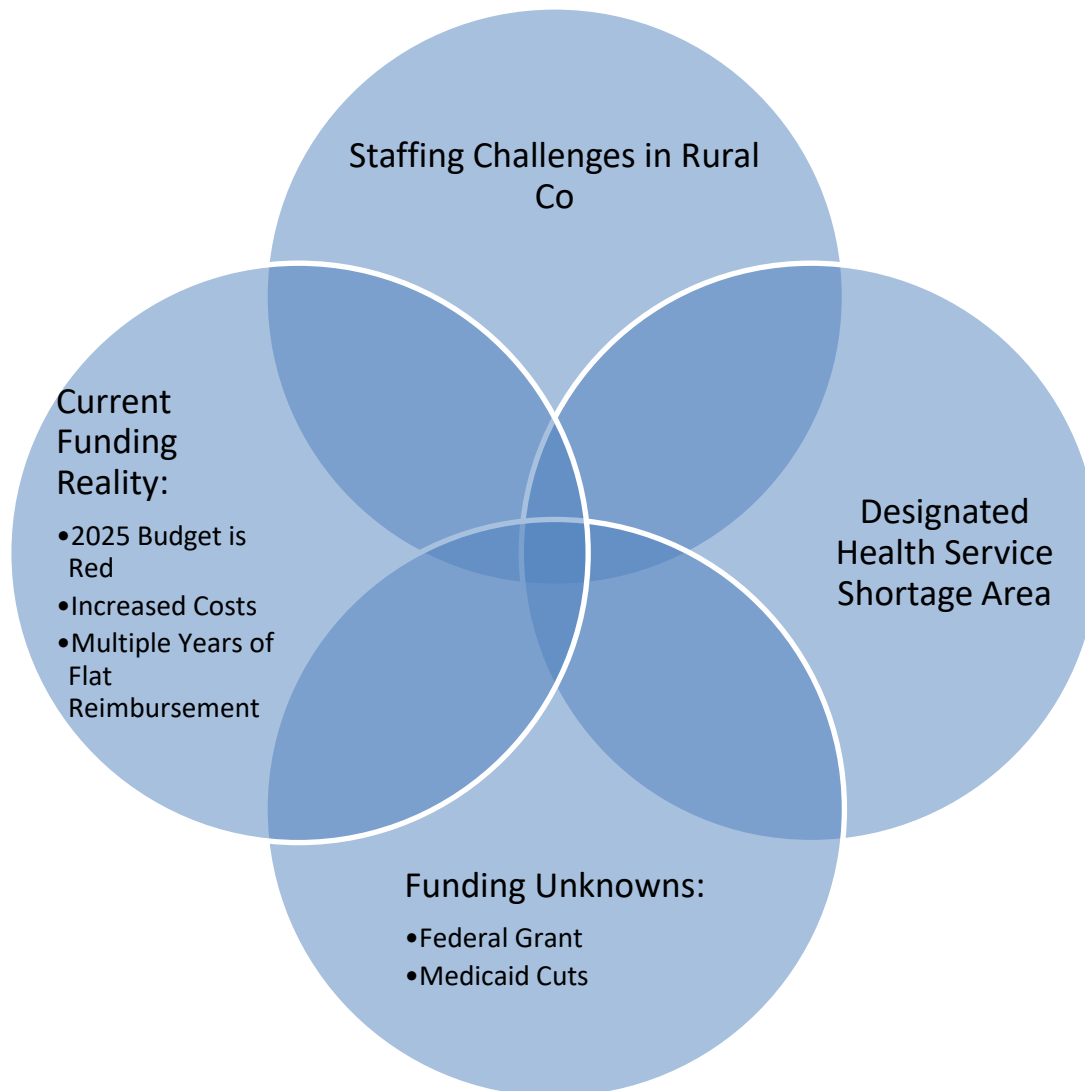


PROVIDED A
HOME
TO 29 RESIDENTS
AT THE HAVEN
ASSISTED LIVING

Our History:

- 1964 Established as a Public Health and Home Health Agency by and in Routt and Moffat Counties
- 1995 Merged with Hospice of Steamboat Springs
- 2002 El Pomar Award for Excellence
- 2005 Acquired the Haven Assisted Living
- 2007 Completed Construction of The Haven Community Center
- 2008 Opened our first Community Health Center (FQHC) in Moffat County
- 2009 Opened the Rollingstone Respite House in Routt County
- 2010 Moffat County Large Business of the Year
- 2011 Colorado Collaboration Award for leading the Northwest Colorado Community Health Partnership
- 2012 Level II Patient Centered Medical Home (PCMH) recognition by the National Committees on Quality Assurance (NCQA)
- 2013 Opened second Community Health Center in Routt County
- 2017 Opened Dental Clinic Site in Moffat County
- 2018 Opened Dental Clinic Site in South Routt County
- 2019 PCMH recognition by NCQA
- 2019 Awarded Health Center Quality Leader by HRSA
- 2021 Began providing School-Based Health Dental Services in Routt and Moffat Counties
- 2022 Expanded our Community Health Center in Steamboat Spring to include a full Dental Clinic
- 2017-2024 Received Health Center Quality Improvement Award recognition from the Health Resources and Services Administration (HRSA); and the Patient Centered Medical Home (PCMH) recognition by the National Committee on Quality Assurance (NCQA).
- 2023 Community Health Provider Alliance Grand Champion Best in Class Performance Award
- 2024 Began School Based Mental Health Services in Routt County
- 2024 Purchased Casey's Pond

Our Risks:



Not unique to rural safety net organizations, Northwest Colorado Health operates in a landscape of failing health care revenue models. We need new sources of revenue in order to maintain the crucial care we provide to one third of community members.

Our Ask:

As a non-profit, we are essentially owned by the community. Work with us to create the solution

Home Services



Home Services: A broken system

- The majority of the people we serve are on Medicare. Medicare pays for home services in 60 day intervals. For every interval or “episode” provided to a patient, the cost to us is roughly \$6000 and the reimbursement is between \$2500 and \$3000, resulting in \$900,000 of unreimbursed care annually. By federal regulation, we are not allowed to charge the patient for the rest of the cost of the service.
- We also serve people who have Medicaid, who have insurance, who have VA, or who do not have a pay source.
- We provide a sliding fee scale for those who do not have a pay source.
- Other services of ours used to subsidize some of the loss of Home Services, but those revenues don’t exist anymore.
- The last several years we have sustained on one-time funding sources rather than long term sustainable sources: COVID Funds, Lobster Fest, A larger legacy gift

Other Communities in Colorado:

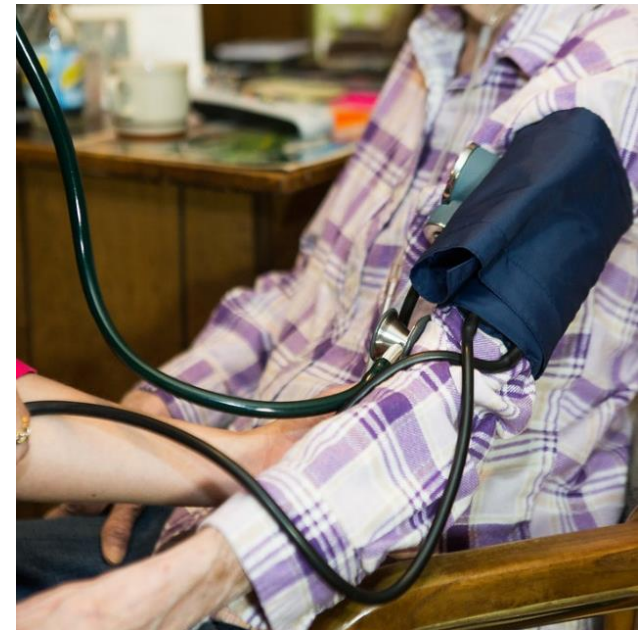
- In Colorado, there are 324 home care entities providing serves to people with Medicaid or Medicare. Only 22 of those exist outside of Grand Junction or the Front Range. Of those 22, 14 are run by a hospital or county public health (Bent and Alamosa). We are one of the 8 stand-alone rural home care agencies left in Colorado, and the only one that provides both home health and hospice. We took over Home Services in Grand County from the County in 2016, and closed them in 2021 due to the poor reimbursement model.
- County Supports to Safety Nets:
 - Denver County's Safety Net Provider has a Mill Levy to support their FQHC
 - Grand County supports their Medicaid Assisted Living by \$800,000 this year
 - Pitkin County – Healthy Community Fund supporting non-profits

History and Scope

1964: Began as a Home Health Agency in collaboration with Routt and Moffat County

Home Health supports:

- Client's home medical needs
- Wound care
- Recovering from illness or injury
- IV antibiotics
- Physical and Occupational Therapy
- Cardiac assessments
- Depression screening
- Medical Social Work
- Home and Community-Based Service



Home Health Team

We have 33 volunteers, 25 employees (17.5 FTE) and leadership dedicated to Home Health Services:

- Skilled Nursing Services
- Physical/Occupational/Speech Therapists
- Certified Nurse Aide
- Medical Social Worker
- Homemaker and Personal Care Provider
- Volunteers
- An administrative team for billing, referrals, and ensuring compliance with all the rules and regulations required as a provider of Home Health
- Executive Team and Board of Directors



"Everyone I dealt with was extremely professional and helpful. Amazing care."

Unbillable Supports

Outside of direct services, home health provides an abundance of uncompensated, additional support:

- Medical Social Work – required by Medicare but uncompensated
 - assesses a patient's social, emotional, environmental, financial, housing and support needs
 - provide non-medical supports
 - individual counseling
 - determining appropriate health care and other health services
 - supports access to resources
 - ***2/3 of this time is unbillable***
- Administrative support
- Travel time between patients
- Community funding helps offset losses
- Our charity care program with a sliding fee scale for home health patients is funded solely by community support, including past support from the county.
- *Annually, the agency provides approximately \$900,000 of unreimbursed care to patients and is often unable to collect fees-for-services provided to insured (often under-insured) individuals who cannot afford to pay.*



Home Health Impact




Evidence shows that Home Health:

- Increases access to care
- Reduces rehospitalization
- Supports household financial stability
- Contributes to mental health supports
- Increases health outcomes
- Is an essential community factor for the ability to age in place

Home Services Impact: Who

Impact:

- Roughly 10,000 in home encounters with 300 new patients every year
 - 250,000 miles driven to provide in home services
 - Serve all ages – birth to death, with the 80% age 65 or older
 - We serve anyone, regardless of ability to pay
-
- 
- 69% of our hospice patients reside in Routt County, and 54% of our home health patients reside in Routt county.
 - Of these, 46% reside in Steamboat, while 54% reside in Hayden, South Routt, or North Routt, Hayden being home to the largest part of the 54%.

Home Health ➡ Physical and Mental Health

Home Health improves patients health and independence through:

- Improved Rhythm/ quality of respirations
- Ability to get in/out of bed
- Ability to walk and move around

Home Health supports mental health:

- Screen patients for depression
- Often the sole community connection for patients
- Offer connection and companionship
- Assess needs and refer to wrap around services
- Second most likely population to develop depression are 65 and older
- The majority of suicides last year were not young people, it was older males.



Rural Home Health



- We are the only Home Health provider in the region serving all payers including uninsured and underinsured.

Challenges:

- Efficiencies in Home Health in a rural area are challenging due to **long travel times** between homes:
 - Increased costs
 - lower productivity
 - lower daily reimbursement than in urban areas
 - Visits per day: as low as 2, compared to urban environment of 7-8
- Staff Recruitment and Retention

Rural Home Health

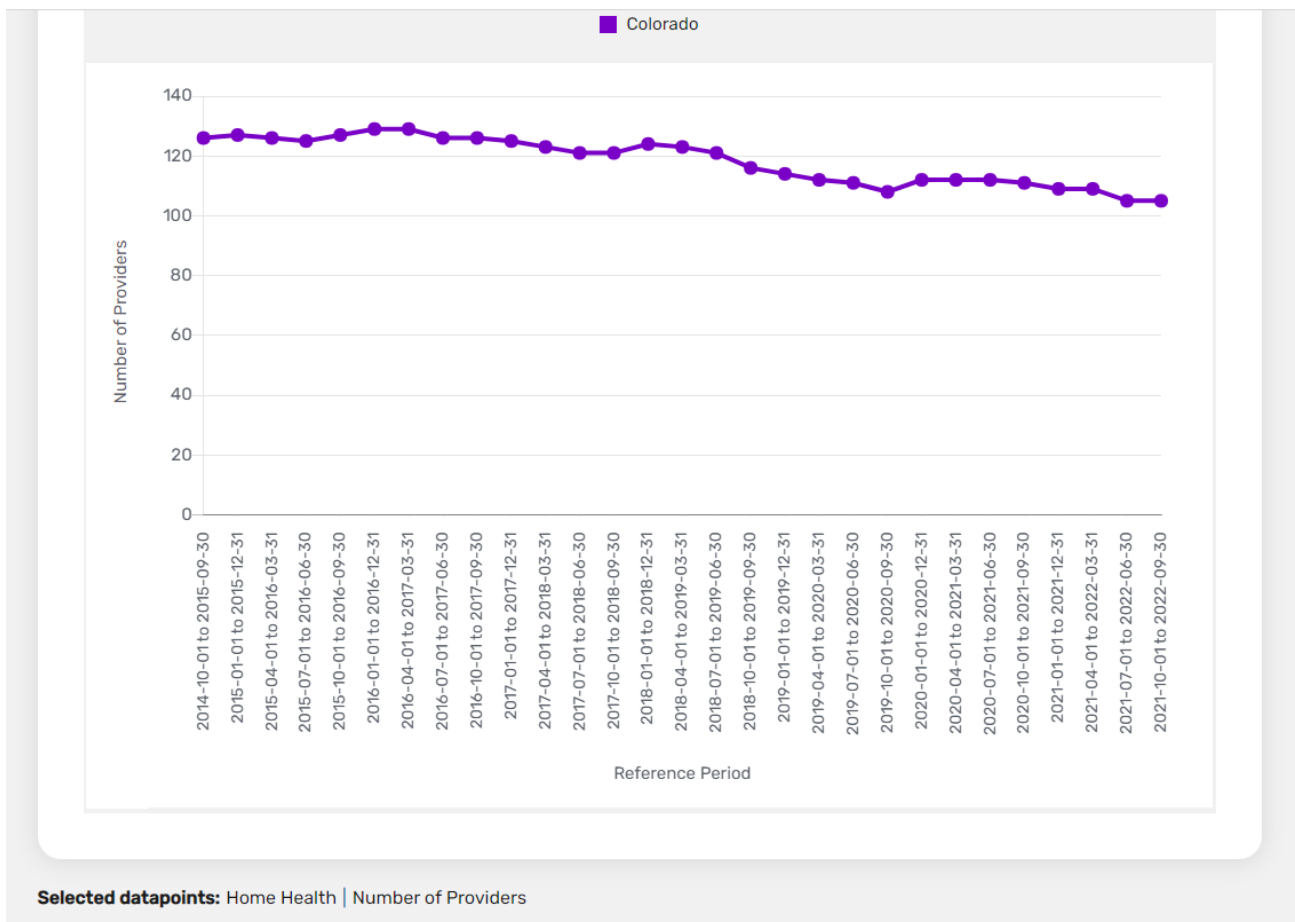
- Many individuals live a great distance from physicians, making it challenging to travel to appointments.
- According to the 2014 study [Differences in Case-Mix between Rural and Urban Recipients of Home Health Care](#), rural home health patients are more likely than their urban counterparts to:
 - Be severely ill or in fragile condition
 - Have more risk factors for hospitalization
 - Need respiratory treatments and therapies
 - Have a surgical wound requiring treatment

We are one of the last rural Home Health and Hospice agencies in Colorado.

- Prowers County home care closed in 2024
- HomeCare and Hospice of the Valley in Eagle County closed in 2023
- Memorial Regional Health services closed in Moffat County in 2022
- Northwest Colorado Health services closed in Grand County in 2020

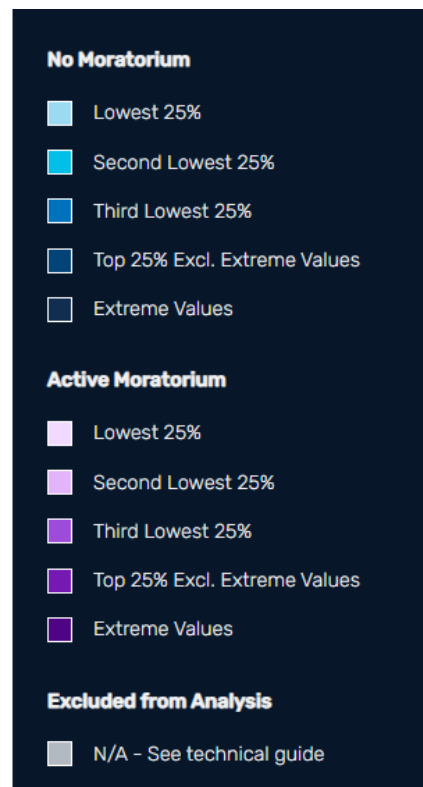
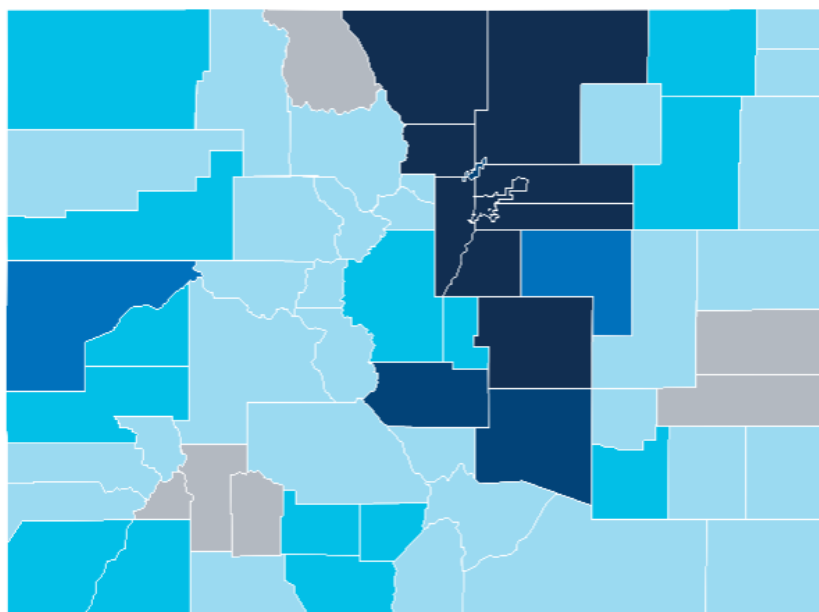
Home Health Providers

Chart: Number of Colorado Home Health organizations (non-profit and for profit 2014-2022)



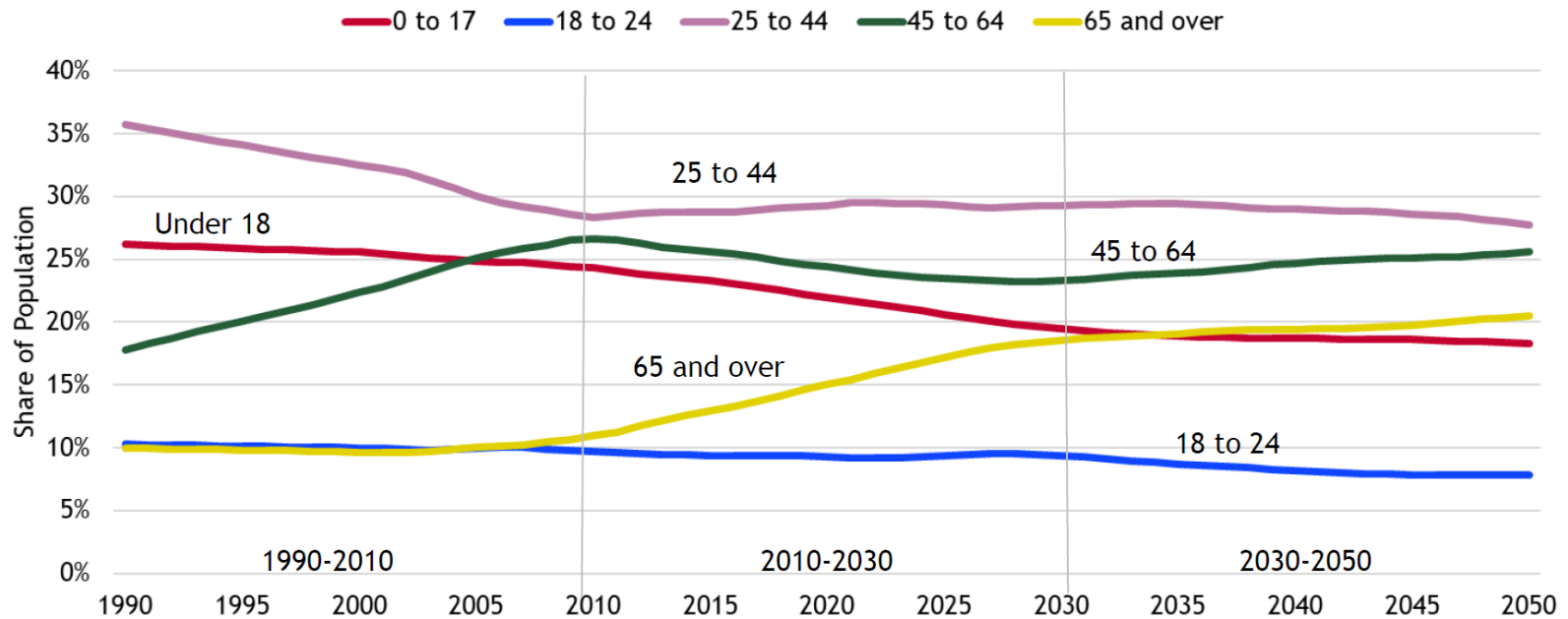
Rural Home Health

Density of Home Health organizations (non-profit and for profit) 2022



Note: Moffat still has MRH in total count due to data sets only being available through October of 2022.

Share of Population by Age Group - Colorado



cdola.colorado.gov 14

Source: State Demography Office, Vintage 2023

Payment Model

The payment model of home health in a rural area is insufficient solely based on client fees.

- Long drive times between visits limit the number of visits/day (Medicare pays the same amount to visit a patient 4 miles or 60 miles away).
- In rural areas, nurses may only be able to visit 2 patients per day (one in Clark and one in Toponas), while nurses in urban areas may be able to see up to 10 patients per day.
- The local labor market for some positions (RN, PT, and Home Health Aide) require higher wages for recruitment and retention.
- Fluctuations in census make staffing challenging
- Reimbursements do not cover the full costs of providing the service

We provide thousands of dollars of uncompensated care and case management annually

Sustainability

Our Sustainability Approach Includes:

- Strategic Planning
- Diversified Revenue
- Collaborations
- Staff Recruitment and Retention

A Note on Telehealth

We have used telehealth but it has been very minimal. For many home health patients, the care is challenging or impossible to provide via telehealth.

Medicare approved for home health and hospice but it is **not reimbursable**.

The Rural Health Policy and Research Center:

‘Financial support from local governments, grants, or other organizations is essential for some rural home health agencies to maintain their current coverage area.’

Current Funding Sources

- Fee for Service: 70%
- Patient Revenue: Moffat 48%, Routt 52%
- Donor Funding
- Fundraising: Daffodils and Rubber Ducky
- Grant Funding

2025 Grant and Community Funding

Organization	Award Amount
UCHealth YVMC	\$250,000
Memorial Regional Health	\$100,000
United Way of the Yampa Valley	\$18,500
Daniel's Fund	\$30,000
Routt County HRC	\$100,000
Occasional other local or foundation funds (Rotary, YVEA, YVCF, Sotheby's, Anschutz, Daniels Fund)	\$500-\$7,500

Sustainability of current funding sources is dependent on federal budgets and local funding

Community Support

- Our organization was started by the county with the knowledge and understanding that it takes local support to run a Home Health agency in rural Colorado.
- Financial support is needed from community partners, donors, and local funders in order to assure the ability for our community members to age in place; we must address this need with a collaborative effort.
- We are working with Community Providers to identify areas of need, improve transitions of care, and supporting community members through the recovery of illness or injury
- The aging population in Northwest Colorado is outpacing the state by almost 10%. In fact, the aging population in our region is expected to double by 2030.

WHEN HOME HEALTH AND HOSPICE ARE AVAILABLE...

Vera and Otto "Punch" George wished to remain at their ranch between Phippsburg and Yampa where they spent more than 60 years of their life. As they aged, their daughter, Beverly George, turned to Northwest Colorado Health's team for support. Her parents died eight years apart, but if not for Northwest Colorado Health's Home Services team, Beverly wouldn't have been able to keep her parents in their home in their final days. According to Beverly, this brought them peace. And Beverly continued to receive bereavement support after her parents had passed. "It means everything," she said. "They are truly God-sent angels."

WHEN HOME HEALTH AND HOSPICE ARE NOT AVAILABLE...

"With 2 hours left until discharge from UCHHealth, I had no help for my husband. I was told that no Hospice workers were available. I wanted him home and to die in dignity. I was devastated. I called a friend and I told him of my situation and he said he would come and stay with us. We winged it for 10 days and 10 nights. We did the best we could. At the very end, I found 1 private nurse to help me on the day my husband died. She was wonderful and came just in time to help prepare the body. She cleaned him, cut his hair and nails, we massaged him with oils and lotion, dressed him and surrounded him with loving care. This all should have been taken care of by Hospice. Not caring for our Hospice patients in this community is not an option. We need solutions now. I urge you to support this effort." - anonymous local resident

Without Home Services

- Imagine a community member living by themselves is discharged from the hospital and falls at home with no one there. They call dispatch, they are rehospitalized, they are homebound and in need of additional services but continuous care communities (Sandrock, Casey's Pond, the Haven) are full. They either move out of their community, or stay in an unsafe environment as a fall risk and now involves adult protection, use of the ambulance, and a drain on dispatch