PERSONALIZED SUPPLEMENTAL MATERIAL

Supplemental Healthcare Planning

You are trying to keep several important kinds of care working while staying in or relocating within Colorado, with Fort Collins as your home base. Colorado's strongest specialist and major-system access is concentrated along the Front Range, especially in Denver–Aurora. That gives you credible regional options, but it does not yet prove that the exact care you need is available in Fort Collins, covered by your insurance, accepting new patients, or supported by a nearby backup provider.

The safest approach is to keep current care active while you build separate continuity plans for HIV treatment or prevention, gender-affirming care, cardiology, and in-home support. Do not treat one successful provider search as proof that the other pathways are settled.

HIV Treatment, Prevention & Continuity

No reviewed Fort Collins HIV program was provided, so there is not yet enough reliable local information to name a receiving clinic. That does not mean appropriate care is unavailable. It means you should not rely on an assumed local pathway until you have confirmed it directly.

Keep treatment separate from prevention. If the need involves HIV treatment or monitoring, the receiving arrangement must cover an HIV-experienced clinician, the exact medication, viral-load and CD4 laboratory testing, pharmacy access, and any applicable insurance or assistance-program transition. If the need is PrEP or PEP, which are HIV-prevention services, confirm the prevention prescription, required monitoring, pharmacy access, and a practical route to time-sensitive PEP. None of these prevention needs implies that anyone is living with HIV.

Done when: You have an accepting clinician or program, a scheduled appointment, confirmed laboratory and pharmacy arrangements, and a written or portal-based answer showing how the exact medication is covered. You also know whom to contact if the first appointment or refill falls through.

Transgender Healthcare, Medication Continuity & Specialist Access

Colorado has a comparatively supportive policy environment for gender-affirming care, but policy alone does not put a prescription in your hand or establish a surgical and aftercare pathway. Current law, insurance rules, provider capacity, and the exact service still need to be checked. The available program information describes adult care; it does not establish access for minors.

The strongest named starting point is **UCHealth's Integrated Transgender Program in Denver–Aurora**. Its official program information supports investigation for ongoing gender-affirming hormone therapy, starting or restarting hormone therapy, chest masculinization, breast augmentation, urology follow-up, and trans-competent primary care. This is meaningful program-level information, but it does not prove that the program is accepting new patients, carries the required medication formulation, participates in your exact network, or can meet your timing.

Treat each selected service separately:

Ongoing hormone therapy: Confirm an accepting prescriber, the exact medication and formulation, the monitoring plan, a local or practical laboratory, the dispensing pharmacy, and any bridge prescription arranged by the current clinician. No reviewed source establishes Fort Collins laboratory or formulation continuity yet.

Starting or restarting hormone therapy: UCHealth's Denver–Aurora program is a reasonable first inquiry for adult care. Ask about intake requirements, appointment timing, monitoring, insurance or self-pay terms, and whether any part of follow-up can occur closer to Fort Collins.

Top surgery: The named program publicly identifies adult gender-affirming plastic and reconstructive surgery, with specific support for investigating chest masculinization and breast augmentation. Chest or breast revision has not been established. Before scheduling, obtain the exact procedure offered, eligibility requirements, authorization steps, estimated patient cost, wait time, travel expectations, local aftercare plan, and complication route.

Bottom surgery: The provided information does not establish vaginoplasty, vulvoplasty, phalloplasty, metoidioplasty, orchiectomy, hysterectomy, oophorectomy, salpingectomy, urethral lengthening, scrotoplasty, genital implants, or staged surgery at a Colorado program. Ask about the exact procedure rather than relying on a general statement that a program offers reconstructive surgery. A move or major commitment should not rest on this pathway until the surgeon, authorization, travel, aftercare, and emergency plan are documented.

Postoperative and revision care: Denver–Aurora is a plausible starting point for postoperative coordination, and the UCHealth program identifies urology involvement. However, exact postoperative follow-up and procedure-specific emergency care are not confirmed. Revision surgery, wound or infection care, catheter or urinary complications, implant complications, pelvic-floor therapy, dilation support, gynecology follow-up, scar management, and pain management also remain unconfirmed. The operating surgeon and receiving provider should agree on who handles each part of follow-up and where urgent problems go.

General trans-competent care: UCHealth identifies adult transgender-health primary-care clinicians. Local trans-competent specialist, mental-health, sexual-health, and reproductive or fertility care have not been established in the provided information. Ask prospective offices about new-patient status, privacy practices, name and pronoun handling, network participation, and whether the clinician regularly provides the particular service you need.

Done when: Each needed service has its own named provider or program, appointment or intake status, insurance answer, travel plan, and backup route. For surgery, completion also requires a written aftercare and urgent-escalation plan rather than a general promise that follow-up will be available.

Specialist & Ongoing Care Planning

Colorado has strong broad specialist depth, but access varies sharply by location. Denver–Aurora and the Front Range offer the deepest general pool; rural and remote areas can have much thinner access. Fort Collins should therefore remain the address used for every network and travel check rather than relying on a statewide impression.

For **infectious-disease, HIV, or immune care**, ask whether the clinician regularly handles the specific treatment or monitoring need, which laboratories and pharmacies are used, and how urgent questions are covered outside office hours. For **cardiology and heart-disease care**, confirm the required cardiology service without assuming that every cardiology practice offers the same testing, procedure, or hospital affiliation. Obtain the receiving office's name, network status, new-patient timing, records requirements, and hospital relationship.

Done when: Both specialist pathways have an accepting office, an appointment date, transferred records, a confirmed network answer, and a practical emergency or after-hours route from Fort Collins.

Long-Term Care & Aging Support Planning

Aging in place: Colorado has about **41 home-health and personal-care workers for every 1,000 adults age 65 and older**, compared with a national state median of about **43**. That is roughly **4.7% below the national middle**, so the statewide workforce is neither exceptionally deep nor exceptionally scarce. In practical terms, you should expect that agency staffing and service radius may matter more than simply finding an agency name in a directory.

Non-medical caregiver rates had a 2025 Colorado median of about **$41.50 per hour**, compared with **$35 nationally**, or about **18.6% higher**. That is a market benchmark, not a quote or a prediction of what you will personally pay. If aging in place is important, get actual Fort Collins-area quotes and distinguish home modifications, transportation, meals, personal care, and skilled medical services rather than treating them as one package.

Home health: Start with the **CMS Provider Data Catalog — Home Health** and filter to Colorado and the Fort Collins area. It identifies Medicare-certified home-health agencies, but certification does not prove that an agency has staff available, serves your address, accepts your payer, or provides the amount and type of help needed. Medicare-certified home health is also different from private-duty personal care, homemaker services, and long-term custodial help.

Use the federal **Eldercare Locator** with the destination ZIP code or Larimer County to identify the appropriate regional aging-services navigator. A referral is a useful lead, not a guarantee of price, quality, eligibility, or availability. CMS home-health quality indicators for Colorado sit broadly around the national middle, so agency-level staffing, service history, and direct interviews should carry more weight than the statewide picture.

Done when: You have identified agencies that serve the exact address, described the needed service accurately, confirmed current staffing and payer or private-pay terms, received written cost information, and named a backup if the preferred agency cannot start or misses visits.

Before arrival

If you have not already completed these steps, finish them before any in-state address change, insurance change, procedure scheduling, or break from current care:

Providers and records: Ask each current HIV, hormone-care, surgical, infectious-disease, cardiology, and home-health provider for a current medication list, recent relevant results, procedure reports, imaging or testing records, and a concise care summary. **Done when:** the receiving offices confirm that the records are readable and complete.

Insurance: Call the insurer using the exact plan name and member information. Check each clinician, facility, laboratory, pharmacy, medication or formulation, procedure, and home-health agency separately. Ask about referrals, prior authorization, exclusions, and expected patient responsibility. **Done when:** you have reference numbers or written portal messages for the answers.

Medication and pharmacy: Ask the current prescriber what continuity arrangement is appropriate during the transition, then confirm that a Fort Collins-area pharmacy can dispense the exact prescribed product under the plan. **Done when:** the prescriber and pharmacy have acknowledged the plan and no refill date falls into an uncovered period.

Gender-care travel and aftercare: Contact UCHealth's Integrated Transgender Program about only the services actually needed. For any surgery, do not commit until the surgeon, local follow-up provider, insurer, and procedure-competent urgent-care route are settled. **Done when:** responsibilities are documented by provider and location.

Home support: Search the CMS home-health data and Eldercare Locator using the exact ZIP code. Contact candidate agencies about service radius, current staffing, payer acceptance, start timing, and the difference between skilled home health and non-medical help. **Done when:** at least one workable primary route and one backup have been identified.

First 7 days

Confirm that every prescription transfer or refill is visible in the receiving pharmacy's system and that privacy preferences are correct.

Test access to each patient portal and make sure the name, contact information, authorized contacts, and communication preferences are accurate.

Locate the laboratory that will perform required HIV or hormone-related monitoring and confirm that it accepts both the order and the insurance plan.

Save the regular-hours and after-hours numbers for the HIV or prevention clinician, hormone prescriber, cardiology office, surgical team, and home-health agency, as applicable.

From the actual Fort Collins address, identify the emergency department you would use and the route to any more advanced facility required by the care team. Do not substitute a statewide hospital count for a real trip from home.

Done when: You can show where the next medication, laboratory visit, specialist contact, and urgent-care response will occur without relying on an unreturned referral.

First 30 days

Complete receiving visits or intake steps for HIV treatment or prevention, hormone care, infectious-disease care, and cardiology according to the established care schedule.

Reconcile medication lists across providers so that every office is working from the same current information.

For gender-affirming surgery, request written answers covering the exact procedure, authorization, wait time, expected patient cost, travel, aftercare, revision, and complication response. A general surgical-program description is not enough.

If home health or aging-in-place help is needed, interview agencies that serve the exact address and obtain written rates or coverage terms. Ask who covers missed visits and whether the agency supplies skilled care, personal care, or both.

Review claims, pharmacy charges, and authorization notices for early signs that the plan is processing care differently from what was quoted.

Done when: The first round of visits or intake work is complete, all open authorizations have an identifiable status, and any denial or capacity problem has been moved to a documented backup route.

First 90 days

Review whether Fort Collins is working as a practical care base. Look at actual appointment travel, refill reliability, laboratory turnaround, privacy, provider communication, and after-hours access—not just whether the provider technically exists.

Close any remaining gap in trans-competent primary or specialist care. If Denver–Aurora remains necessary, decide which visits can realistically be handled there and which services must have a closer Fort Collins backup.

Recheck current Colorado policy and insurer requirements before beginning or scheduling gender-affirming medication changes, surgery, or revision care. The policy environment is supportive, but current rules and plan terms can change.

Reassess aging-in-place and home-health arrangements after real use. Compare scheduled help with delivered help, actual hourly or visit costs, and the reliability of backup coverage.

Update the shared care file with current providers, medications, laboratories, pharmacies, authorizations, emergency contacts, and home-support agencies.

Done when: The care plan has survived ordinary real-life use for several weeks, and every essential pathway has a functioning primary route plus a backup that can be activated without starting the search over.