

State/Territory: COLORADO

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): NONE

The following ambulatory services are provided.

*Description provided on attachment.

TN No. 87-5

Supersedes

TN No. 81-34

Approval Date 3/19/87

Effective Date 10/1/86

HCFA ID: 0140P/0102A

48 10-08-8 1/1

JMK

State/Territory: COLORADO NONE

AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): _____

1. Inpatient hospital services other than those provided in an institution for mental diseases.

Provided: No limitations With limitations*

2a. Outpatient hospital services.

Provided: No limitations With limitations*

b. Rural health clinic services and other ambulatory services furnished by a rural health clinic.

Provided: No limitations With limitations*

Other laboratory and X-ray services.

Provided: No limitations With limitations*

4a. Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older.

Provided: No limitations With limitations*

b. Early and periodic screening, diagnostic and treatment services for individuals under 21 years of age, and treatment of conditions found.

c. Family planning services and supplies for individuals of childbearing age.

Provided: No limitations With limitations*

* Description provided on attachment.

TN No. 92-3 Approval Date 6/16/92 Effective Date 10/1/91
Supersedes
TN No. 90-08

Revision: HCFA-PM-93-5 (MB)
MAY 1993

ATTACHMENT 3.1-B
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State/Territory: Colorado

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED MEDICALLY NEEDY
GROUP(s): _____

5.a. Physicians' services, whether furnished in the office, the patient's home, a hospital, a nursing facility, or elsewhere.

Provided: ___ No limitations ___ With limitations*

b. Medical and surgical services furnished by a dentist (in accordance with section 1905(a)(5)(B) of the Act).

Provided: ___ No limitations ___ With limitations:

*Description provided on attachment.

TN No. 00-009
Supersedes TN No. 93-002
Approval Date 09/13/00 Effective Date 04/01/00

State/Territory: COLORADO

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): NONE

6. Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law.

a. Podiatrists' Services

Provided: No limitations With limitations*

b. Optometrists' Services

Provided: No limitations With limitations*

c. Chiropractors' Services

Provided: No limitations With limitations*

d. Other Practitioners' Services

Provided: No limitations With limitations*

7. Home Health Services

a. Intermittent or part-time nursing service provided by a home health agency or by a registered nurse when no home health agency exists in the area.

Provided: No limitations With limitations*

b. Home health aide services provided by a home health agency.

Provided: No limitations With limitations*

c. Medical supplies, equipment, and appliances suitable for use in the home.

Provided: No limitations With limitations*

d. Physical therapy, occupational therapy, or speech pathology and audiology services provided by a home health agency or medical rehabilitation facility.

Provided: No limitations With limitations*

*Description provided on attachment.

TN No. 87-5
Supersedes
TN No. 81-34

Approval Date 3/19/87

Effective Date 10/1/86

HCFA ID: 0140P/0102A

State/Territory: COLORADO

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): NONE

8. Private duty nursing services.
 Provided: No limitations With limitations*
9. Clinic services.
 Provided: No limitations With limitations*
10. Dental services.
 Provided: No limitations With limitations*
11. Physical therapy and related services.
- a. Physical therapy.
 Provided: No limitations With limitations*
- b. Occupational therapy.
 Provided: No limitations With limitations*
- c. Services for individuals with speech, hearing, and language disorders provided by or under supervision of a speech pathologist or audiologist.
 Provided: No limitations With limitations*
12. Prescribed drugs, dentures, and prosthetic devices; and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist.
- a. Prescribed drugs.
 Provided: No limitations With limitations*
- b. Dentures.
 Provided: No limitations With limitations*

*Description provided on attachment.

TE No. 87-5
Supersedes
TE No. 81-34

Approval Date 3/19/87

Effective Date 10/1/86

HCFA ID: 0140P/0102A

9200-085 7/1/87

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State/Territory: COLORADO

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): NONE

- c. Prosthetic devices.
 Provided: No limitations With limitations*
- d. Eyeglasses.
 Provided: No limitations With limitations*
13. Other diagnostic, screening, preventive, and rehabilitative services, i.e., other than those provided elsewhere in this plan.
- a. Diagnostic services.
 Provided: No limitations With limitations*
- b. Screening services.
 Provided: No limitations With limitations*
- c. Preventive services.
 Provided: No limitations With limitations*
- d. Rehabilitative services.
 Provided: No limitations With limitations*
14. Services for individuals age 65 or older in institutions for mental diseases.
- a. Inpatient hospital services.
 Provided: No limitations With limitations*
- b. Skilled nursing facility services.
 Provided: No limitations With limitations*

*Description provided on attachment.

TN No. 87-5
Supersedes
TN No. 81-34

Approval Date 3/19/87

Effective Date 10/1/86

HCFA ID: 014QP/0102A

State/Territory: COLORADO

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): NONE

- c. Intermediate care facility services.
 Provided: No limitations With limitations*
15. a. Intermediate care facility services (other than such services in an institution for mental diseases) for persons determined in accordance with section 1902(a)(31)(a) of the Act, to be in need of such care.
 Provided: No limitations With limitations*
- b. Including such services in a public institution (or distinct part thereof) for the mentally retarded or persons with related conditions.
 Provided: No limitations With limitations*
16. Inpatient psychiatric facility services for individuals under 22 years of age.
 Provided: No limitations With limitations*
17. Nurse-midwife services.
 Provided: No limitations With limitations*
18. Hospice care (in accordance with section 1905(o) of the Act).
 Provided: No limitations With limitations*

*Description provided on attachment.

TN No. 875
Supersedes
TN No. 81-34

Approval Date 3/19/87

Effective Date 10/1/86

HCFA ID: 0140P/0102A

State/Territory: COLORADO

AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): NONE

19. Case management services and Tuberculosis related services

a. Case management services as defined in, and to the group specified in, Supplement 1 to ATTACHMENT 3.1-A (in accordance with section 1905(a)(19) or section 1915(g) of the Act).

Provided: With limitations*

Not provided.

b. Special tuberculosis (TB) related services under section 1902(z)(2)(F) of the Act.

Provided: With limitations*

Not provided.

20. Extended services for pregnant women.

a. Pregnancy-related and postpartum services for a 60-day period after the pregnancy ends and for any remaining days in the month in which the 60th day falls.

Provided: Additional coverage ⁺⁺

b. Services for any other medical conditions that may complicate pregnancy.

Provided: Additional coverage ⁺⁺ Not provided.

21. Certified pediatric or family nurse practitioners' services.

Provided: No limitations With limitations*

Not provided.

+ Attached is a list of major categories of services (e.g., inpatient hospital, physician, etc.) and limitations on them, if any, that are available as pregnancy-related services or services for any other medical condition that may complicate pregnancy.

++ Attached is a description of increases in covered services beyond limitations for all groups described in this attachment and/or any additional services provided to pregnant women only.

*Description provided on attachment.

TN No. 00-016
Supersedes 94-022 Approval Date 03/06/01 Effective Date 10/01/00

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State/Territory: _____

AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): NONE

22. Respiratory care services (in accordance with section 1902(e)(9)(A) through (C) of the Act.)

Provided: No limitations With limitations*

Not provided.

23. Any other medical care and any other type of remedial care recognized under State law, specified by the Secretary.

b. Transportation.

Provided: No limitations With limitations*

Not provided.

b. Services provided in Religious Nonmedical Health Care Institutions.

Provided: No limitations With limitations*

Not provided.

c. Reserved

d. Nursing facility services for patients under 21 years of age.

Provided: No limitations With limitations*

Not provided.

e. Emergency hospital services.

Provided: No limitations With limitations*

Not provided.

f. Personal care services in recipient's home, prescribed in accordance with a plan of treatment and provided by a qualified person under supervision of a registered nurse.

Provided: No limitations With limitations*

Not provided.

* Description provided on attachment

TN No. 01-009

Supersedes

TN No. 87-13

Approval Date 10/25/01 Effective Date 09/01/01

State/Territory: COLORADO

AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): NONE

24. Home and Community Care for Functionally Disabled Elderly Individuals, as defined, described and limited in Supplement 2 to Attachment 3.1-A, and Appendices A-G to Supplement 2 to Attachment 3.1-A.

Provided Not Provided

25. Personal care services furnished to an individual who is not an inpatient or resident of a hospital, nursing facility, intermediate care facility for the mentally retarded, or institution for mental disease that are (A) authorized for the individual by a physician in accordance with a plan of treatment, (B) provided by an individual who is qualified to provide such services and who is not a member of the individual's family, and (C) furnished in a home.

Provided: State Approved (Not Physician) Service Plan Allowed
 Services Outside the Home Also Allowed
 Limitations Described on Attachment
 Not provided.

TN No. 00-013 Approval Date 08/11/00 Effective Date 04/01/00
Supersedes 93-002
TN No. 93-002

45 00-03-3

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Enclosure 6

Attachment 3.1-B

**State of Colorado
PACE State Plan Amendment Pre-Print**

Amount, Duration and Scope of Medical and Remedial Care Services Provided To the Medically Needy

27. Program of All-Inclusive Care for the Elderly (PACE) services, as described in Supplement 3 to Attachment 3.1-A.

Election of PACE: By virtue of this submittal, the State elects PACE as an optional State Plan service.

No election of PACE: By virtue of this submittal, the State elects to not add PACE as an optional State Plan service.