

State of Colorado

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE  
AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

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

Provided:       No limitations       With limitations \*  
 Not Provided

b. Inpatient Psychiatric Care provided in a facility licensed as a hospital.

Provided:       No limitations       With limitations \*  
 Not Provided

2.a. Outpatient hospital services.

Provided:       No limitations       With limitations \*  
 Not Provided

b. Rural health clinic services and other ambulatory services furnished by a rural health clinic (which are otherwise included in the State plan).

Provided:       No limitations       With limitations \*  
 Not Provided

c. Federally qualified health center (FQHC) services and other ambulatory services that are covered under the plan and furnished by an FQHC in accordance with section 4231 of the State Medicaid Manual (HCFA – Pub. 45 - 4).

Provided:       No limitations       With limitations \*  
 Not Provided

3.a. Other laboratory and x-ray services.

Provided:       No limitations       With limitations \*  
 Not Provided

Description provided on attachment

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TN No.	<u>03-022</u>	Approval Date	<u>11/06/03</u>	Effective Date	<u>09/01/03</u>
Supersedes TN No.	<u>92-3</u>				

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State of Colorado

AMOUNT, DURATION, AND SCOPE OF MEDICAL  
AND REMEDIAL CARE AND SERVICES PROVIDED  
TO THE CATEGORICALLY NEEDY

- 4.a. 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\*
- 4.b. Early and periodic screening, diagnostic and treatment services for individuals under 21 years of age, and treatment of conditions found.\*
- 4.c. Family planning services and supplies for individuals of child-bearing age.  
Provided:  No limitations  With limitations\*
- 4.d. Face-to-Face Tobacco Use Cessation Counseling Services for Pregnant Women  
Provided:  No limitations  With limitations\*
- 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\*
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\*

\* Description provided on attachment.

TN: 14-009

Approval Date: 9/8/15

Supersedes TN: 11-049

Effective Date: July, 1, 2014

State:

AMOUNT, DURATTON, AND SCOPE OF MEDICAL  
AND REMEDIAL CARE AND SERVICES PROVIDED  
TO THE CATEGORICALLY NEEDY

- b. Optometrists' services.  
// Provided: // No limitations /X/With limitations\*  
// Not provided.
- c. Chiropractors' services.  
// Provided // No limitations // With limitations\*  
/X/ Not provided.
- d. Other practitioners' services.  
/X/ Provided Identified on Supplement to Attachment 3.1-A,  
"Limitations to Care and Services"  
// Not provided
7. Home health services.
- a. Intermittent or part-time nursing services provided by a home health agency  
or by a registered nurse when no home health agency exists in the area.  
Provided: // No limitations /X/ With limitations\*
- b. Home health aide services provided by a home health agency.  
Provided: // No limitations /X/ With limitations\*
- c. Medical supplies, equipment, and appliances suitable for use in the home.  
Provided: // No limitations /X/ With limitations\*

\*Description provided on attachment.

TN No. 10-010

Approval Date: 8/25/10

Supersedes TN No. 96-001 (page 3)

Effective Date: 7/1/2010

HCFA ID: 7986

State/Territory: COLORADO

AMOUNT, DURATION, AND SCOPE OF MEDICAL  
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

d. Physical therapy, occupational therapy, or speech pathology  
services provided by a home health agency.

Provided:       No limitations       With limitations \*  
 Not provided

8. Private duty nursing services.

Provided:       No limitations       With limitations \*  
 Not provided

\* Description provided on Supplement to ATTACHMENT 3.1-A, "Limitations to  
Care and Services".

TN # 96-001  
SUPERSEDES TN # 92-3 APPROVAL DATE 01/11/96 EFFECTIVE DATE ~~7-1-95~~  
10/01/95

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM

STATE OF COLORADO

Attachment 3.1-A  
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AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND  
SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

9. Clinic services.  
 Provided:       No limitations       With limitations\*  
  
 Not provided.
10. Dental services.  
 Provided:       No limitations       With limitations\*  
  
 Not provided.
11. Physical therapy and related services.
- a. Physical therapy.  
  
 Provided:       No limitations       With limitations\*  
  
 Not provided.
- b. Occupational therapy.  
  
 Provided:       No limitations       With limitations\*  
  
 Not provided.
- c. Services for individuals with speech, hearing, and language disorders (provided by or under the supervision of a speech pathologist or audiologist).  
  
 Provided:       No limitations       With limitations\*  
  
 Not provided.

\*Description provided on attachment.

TN No. \_\_\_\_\_ 14-005  
Supersedes TN No. 09-031

Approval Date 3/27/14  
Effective Date April 1, 2014

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM

STATE OF COLORADO

Attachment 3.1-A  
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OMB NO.: 0938-0193

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND  
SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

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\*  
  
 Not provided.
- b. Dentures:  
 Provided:       No limitations       With limitations\*  
  
 Not provided.
- c. Prosthetic devices:  
  
 Provided:       No limitations       With limitations\*  
  
 Not provided.
- d. Eyeglasses  
  
 Provided:       No limitations       With limitations\*  
  
 Not provided.
13. Other diagnostic, screening, preventive and rehabilitative services, i.e. other than those provided elsewhere in the plan:
- a. Diagnostic services  
 Provided:       No limitations       With limitations\*  
  
 Not provided.

\*Description provided on attachment

**AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY**

b. Screening services.

- Provided:     No limitations             With limitations\*  
 Not provided.

c. Preventive services.

- Provided:     No limitations             With limitations\*  
 Not provided.

d. Rehabilitative services.

- Provided:     No limitations             With limitations\*  
 Not provided.

14. Services for individuals age 65 or older in institutions for mental diseases.

a. Inpatient hospital services.

- Provided:     No limitations             With limitations\*  
 Not provided.

b. Skilled nursing facility services.

- Provided:     No limitations             With limitations\*  
 Not provided.

c. Intermediate care facility services.

- Provided:     No limitations             With limitations\*  
 Not provided.

\* Description provided on attachment.

State/Territory: COLORADO

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE  
AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

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\*  
 Not provided.
- b. Including such services in a public institution (or district part thereof) for the mentally retarded or persons with related conditions.
- Provided       No limitations     With limitations\*  
 Not provided.
16. Inpatient psychiatric facility services for individuals under 22 years of age.
- Provided       No limitations     With limitations\*  
 Not provided.
17. Nurse-midwife services.
- Provided       No limitations     With limitations\*  
 Not provided.
18. Hospice care (in accordance with section 1905(o) of the Act.
- Provided     No limitations     Provided in accordance with Section  
2302 of the Affordable Care Act  
 With limitations\*     Not provided.

\* Description provided on attachment.

TN No. 14-049

Approval Date: 03/12/15

Supersedes TN No. 12-001

Effective Date: 10/1/2014

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Colorado

AMOUNT, DURATION, AND SCOPE OF MEDICAL  
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

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)(1) 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 a pregnancy ends and any remaining days in the month in which the 60th day falls.

Additional coverage \*\*

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

Additional coverage \*\*

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

\*Description provided on attachment.

TN No 00-016

Supersedes

TN No. 96-004

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AUGUST 1991

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AMOUNT, DURATION, AND SCOPE OF MEDICAL  
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE  
CATEGORICALLY NEEDY

21. Ambulatory prenatal care for pregnant women furnished during a presumptive eligibility period by a qualified provider (in accordance with section 1920 of the Act).

Provided // No limitations  With limitations\*  
 Not provided

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. Certified pediatric or family nurse practitioners' services.

Provided  No limitations  With limitations\*

\*Description provided in attachment.

TN No: 05-004

Approval Date 7/05/05

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Supersedes TN No. 04-003

State/Territory: \_\_\_\_\_

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND  
REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

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

a. 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. 92-3

Approval Date

10/25/01

Effective Date

09/01/01

STATE Colorado

- g. Pediatric or family nurse practitioners' services as defined in Section 1905(a)(21) of the Act (added by Section 6405 of OBRA'89):

Provided:  No limitations  With limitations\*

\*Description provided on attachment.

TN No. 90-15 Approval Date 10/12/90 Effective Date 10/1/90  
Supersedes  
TN No. NEW

State: COLORADO

AMOUNT, DURATION, AND SCOPE OF MEDICAL  
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

25. 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       X       not provided

26. 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

      X       Not Provided.

TN No. 10-013  
Supersedes TN No. 93-002 Approval Date 08/11/00 Effective Date 04/01/00

**Enclosure 5**

**Attachment 3.1-A**

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

**Amount, Duration and Scope of Medical and Remedial Care Services Provided To the  
Categorically 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.**

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**TN No: 07-013  
Supersedes  
TN No: 00-024**

**Approval Date 12/20/2007**

**Effective Date: 7/1/07**