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

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: x 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: x No limitations _ With limitations*

4.d. Face-to-Face Tobacco Use Cessation Counseling Services for Pregnant Women

Provided: _ No limitations x 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 x 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 x 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: x No limitations _ With limitations*

* Description provided on attachment.

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.

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.

x Provided: __ No limitations x With limitations *

__ Not provided

8. Private duty nursing services.

x Provided: __ No limitations x With limitations *

__ Not provided

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

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

STATE OF COLORADO

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.

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.

[x] Provided [x] 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.

[x] Provided [x] No limitations [ ] With limitations*

[ ] Not provided.

16. Inpatient psychiatric facility services for individuals under 22 years of age.

[x] Provided [ ] No limitations [x] With limitations*

[ ] Not provided.

17. Nurse-midwife services.

[x] Provided [x] No limitations [ ] With limitations*

[ ] Not provided.

18. Hospice care (in accordance with section 1905(o) of the Act.

[x] Provided [ ] No limitations [x] Provided in accordance with Section 2302 of the Affordable Care Act

[ ] With limitations* [ ] Not provided.

* Description provided on attachment.

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

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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).

X Provided: X With limitations

___ Not provided.

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

___ Provided: ___ With limitations*

X Not provided.

20. Extended services for pregnant women

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

X Additional coverage ++

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

X Additional coverage ++

++ 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.

State of Colorado

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).

/X/ Provided / / No limitations /X/ 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*
/X/ Not provided

23. Certified pediatric or family nurse practitioners' services.

/ / Provided /X / No limitations / / With limitations*

*Description provided in attachment.

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.

/X/ Provided: /_/ No limitations /X/ With limitations*

/_/ Not provided.

b. Services provided in Religious Nonmedical Health Care Institutions.

/_/ Provided: /_/ No limitations /_/ With limitations*

/X/ Not provided.

c. Reserved

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

/X/ Provided: /X/ No limitations /_/ With limitations*

/_/ Not provided.

e. Emergency hospital services.

/X/ Provided: /X/ 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*

/X/ Not provided.

* Description provided on attachment

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):

/X/ Provided: /X/ No limitations /_/ With limitations*

*Description provided on attachment.

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.

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.

__X__ 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.