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

X The State of Kentucky has not entered into any valid program agreements with a PACE provider and the Secretary of the Department of Health and Human Services.

_____ The State of _____ has entered into a valid program agreement(s) with a PACE provider(s) and the secretary, as follows:

Name of PACE provider: _____

Service area: _____

Maximum number of individuals to be enrolled: _____

This information should be provided for all PACE providers with which the State Administering Agency for PACE and the Secretary have entered into valid program agreements.)