

KENTUCKY DEPARTMENT FOR MEDICAID SERVICES

Programs of All-Inclusive Care for the Elderly (PACE)

FAQs for Providers

Q: How does an entity apply to become a PACE provider?

A: An entity wanting to become a PACE provide must first submit a letter of intent to the Department for Medicaid Services (DMS) addressed to the Commissioner of Medicaid. The letter of intent should be emailed to lee.guice@ky.gov or mailed to:

KY Department for Medicaid Services
C/O Lee Guice
275 E. Main St. 6W-A
Frankfort, KY 40621

The letter of intent should include the service area the entity is requesting to serve described by zip code.

Once the letter of intent is reviewed, additional documentation including scope of services and a plan of operation shall be requested by DMS.

Applicants approved by DMS shall submit an application to the Centers for Medicare & Medicaid Services (CMS) in accordance with [42 C.F.R. 460.12](#).

Q: What services must be provided by a PACE organization?

A: Pursuant to 42 C.F.R. 460.92, the following shall be included in the PACE benefits package and provided to participants as applicable:

- All Medicare-covered goods and services for which the participants would otherwise qualify;
- All Medicaid-covered goods and services for which the participants would otherwise qualify; and
- Other services that are necessary, as determined by the PACE provider's interdisciplinary team, to improve and maintain each participant's overall health status.
- Emergency medical services shall be covered, as applicable and pursuant to [907 KAR 3:250](#) Section 4.

Q: What state and federal regulations govern PACE providers?

A: State administrative regulations for PACE providers can be found at [907 KAR 3:250](#). Federal regulations for PACE providers are located at [42 C.F.R. 460](#).

Q: Are PACE services 24 hours?

KENTUCKY DEPARTMENT FOR MEDICAID SERVICES

A: A PACE provider shall furnish care that meets the needs of each participant in all care settings twenty-four (24) hours a day, every day of the year, and provide services pursuant to 42 C.F.R. 460.98.

Q: What services must be provided at a PACE center?

A: A PACE provider must operate at least one (1) PACE center in or contiguous to its defined service area with sufficient capacity to allow routine attendance by participants

Services provided at a PACE center must include:

- Primary care;
- Social services;
- Restorative therapies, including physical and occupational therapy;
- Personal care and supportive services;
- Nutritional counseling;
- Recreational therapy; and
- Meals.

Q: How will PACE providers be monitored?

A: DMS, in cooperation with CMS, shall conduct ongoing reviews of a PACE organization, as appropriate, and shall evaluate the quality of care furnished and the organization's compliance with all requirements of 42 C.F.R. 460, and 907 KAR 3:250.

Reviews shall include on-site visits at least every two (2) years.

Please submit any questions to DMS at Justin.Dearinger@ky.gov.