Attachment 3.1-B

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

25.	Ambulatory prenatal care for pregnant women furnished during a presumptive eligibility period by an eligible provider (in accordance with section 1920 of the Act).											
	X	Provide	ed	X	No lim	nitations		With lin	mitations		Not provid	led
26.	Program of All-inclusive Care for the Elderly (PACE) services, as described and limited in Supplemen Attachment 3.1-A.											t 3 to
	X	Provide	ed		Not pro	ovided						
28.	(i)	Licensed or Otherwise State-Approved Freestanding Birth Centers										
		□ Provided			No limitations			With limitations				
		X	None licensed or approved									
28.	(ii)	Licensed or Otherwise State-recognized covered professionals providing services in the Freestanding Birth Center.										
			Provide	d		No limitations			With limitat	ions		
		X	Not Applicable (there are no licensed or State approved Freestanding Birth Centers)									

TN No.: <u>13-004</u> Approval Date: <u>08-26-13</u> Effective Date: July 1, 2013

Supersedes TN No. <u>01-21</u>

Page 17 28. (i) **Licensed or Otherwise State-Approved Freestanding Birth Centers** No limitations With limitations Provided X None licensed or approved 28. Licensed or Otherwise State-recognized covered professionals providing services in the (ii) Freestanding Birth Center. Provided No limitations With limitations

Not Applicable (there are no licensed or State approved Freestanding Birth Centers)

Attachment 3.1-A

TN No.: 13-004 Effective Date: July 1, 2013

Supersedes TN No.: New

STATE: Kentucky

X