ATTACHMENT A: MINIMUM ELIGIBILITY REQUIREMENTS TABLE

**Revised and Restated August 9, 2019**

The Applicant must complete the following table and provide the appropriate details to support each requirement.

Include the section citation, attachment or exhibit name/number and page numbers where details can be found in Applicant’s response if not included in this table.

|  |  |  |
| --- | --- | --- |
| **Minimum Eligibility Requirement** | | **Applicant’s Confirmation of Eligibility and Statement of Demonstration.** |
|  | Applicant is an existing PACE organization seeking to expand its service area of an existing contract. This includes an expansion of the currently approved geographic service area and/or the addition of a new PACE center site. |  |
|  | Applicant must be fully certified as an Adult Day Health Program. |  |