HRSA

Health Resources & Services Administration

Federal Office of Rural Health Policy
Community-Based Division

Rural Program of All-Inclusive Care for the Elderly (PACE) Planning and Development

Opportunity number: HRSA-25-101

Modified on 1/28/25
Updated TA Webinar
information

Contents

Before you begin

If you believe you are a good candidate for this funding opportunity, secure your SAM.gov and Grants.gov registrations now. If you are already registered, make sure your registrations are active and up-to-date.

SAM.gov registration (this can take several weeks)

You must have an active account with SAM.gov. This includes having a Unique Entity Identifier (UEI).

See Step 2: Get Ready to Apply

Grants.gov registration (this can take several days)

You must have an active Grants.gov registration. Doing so requires a Login.gov registration as well.

See Step 2: Get Ready to Apply

Apply by the application due date

Applications are due by 11:59 p.m. Eastern Time on April 17, 2025.

> To help you find what you need, this NOFO uses internal links. In Adobe Reader, you can go back to where you were by pressing Alt + Left Arrow (Windows) or Command + Left Arrow (Mac) on your keyboard.

Step 1:
Review the Opportunity

In this step

Basic information

Health Resources and Services Administration (HRSA)

Federal Office of Rural Health Policy

Community-Based Division

Increasing access to Program of All-Inclusive Care for the Elderly (PACE) in rural areas.

Summary

The Rural Program of All-Inclusive Care for the Elderly (PACE) Planning and Development supports organizations in the development or expansion of sustainable PACE programs to improve delivery of comprehensive medical and social services tailored to the needs of elderly individuals in rural areas.

Funding details

Application Types: New

Expected total available funding in FY 2025: $2,000,000.00

Expected number and type of awards: 4 grants

Funding range per award: $500,000

We plan to fund awards in four 12-month budget periods for a total 4-year period of performance from September 30, 2025 to September 29, 2029.

The program and awards depend on the appropriation of funds and are subject to change based on the availability and amount of appropriations.

<div style="float:right">

Have questions?
Go to Contacts and Support.

Key facts

Opportunity name: Rural Program of All-Inclusive Care for the Elderly (PACE) Planning and Development

Opportunity number: HRSA-25-101

Announcement version: New

Federal assistance listing: 93.912

Statutory authority: Social Security Act, §711(b) (42 U.S.C. 912(b))

Key dates

NOFO issue date: January 17, 2025

Informational webinar: See Webinar Section

Application deadline: April 17, 2025

Expected award date is by: September 1, 2025

Expected start date: September 30, 2025

See other submissions for other time frames that may apply to this NOFO.

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Eligibility

Who can apply

You can apply if you are a domestic* public or private, non-profit, or for-profit entity.

Types of eligible organizations

These types of domestic* organizations may apply:

- Public institutions of higher education
- Private institutions of higher education
- Non-profits with or without a 501(c)(3) IRS status
- For-profit organizations, including small businesses
- State, county, city, township, and special district governments, including the District of Columbia, domestic territories, and freely associated states
- Independent school districts
- Native American tribal governments
- Native American tribal organizations
- State and county health departments
- Hospitals, including rural emergency hospitals
- Community-based organizations
- Federally qualified health centers
- Rural health clinics

* "Domestic" means the 50 states, the District of Columbia, the Commonwealth of Puerto Rico, the Northern Mariana Islands, American Samoa, Guam, the U.S. Virgin Islands, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau.

Individuals are not eligible applicants under this NOFO.

Completeness and responsiveness criteria

We will review your application to make sure it meets these basic requirements to move forward in the competition.

We will not consider an application that:

- Is from an organization that does not meet all eligibility criteria.
- Requests funding above the award ceiling shown in the funding range.
- Is submitted after the deadline.

Application limits

Generally, you may not submit multiple applications under the same unique entity identifier (UEI) number or employer identification number (EIN). However, we recognize a trend toward consolidation within the rural health care industry and the possibility that multiple organizations may share the same UEI or EIN with their parent organization.

You may only submit multiple applications under the same UEI or EIN if each application proposes a distinct project. You must also submit Attachment 10: EIN/UEI exception request (if applicable) with your application. We will only review your last validated application for each distinct project before the deadline.

NOTE: Single organizations (e.g., a parent organization/headquarters) may not apply more than once for this funding opportunity on behalf of its satellite offices.

If you provide insufficient information in Attachment 10 , or submit multiple applications that are nearly identical, we will only accept the last on-time submission associated with the EIN/UEI number.

Tribal exception: HRSA is aware that tribes and tribal organizations may not meet the EIN or UEI requirement of this NOFO. As a result, tribes and tribal organizations that only have one EIN or UEI or cannot demonstrate that the network is composed of at least three unique entities may request a tribal exception. Applicants must request a tribal EIN exception in attachment 11: Tribal EIN/UEI exception request.

Cost sharing

This program has no cost-sharing requirement. If you choose to share in the costs of the project, we will not consider it during merit review. We will hold you accountable for any funds you add, including through reporting.

Program description

Purpose

The purpose of this Rural Program of All-Inclusive Care for the Elderly (PACE) Planning and Development program is to improve health care in rural areas, including expanding access to medical care and long-term services, for rural aging populations by expanding PACE programs into rural areas.

Goals

The program goals are to:

- Provide start-up funding for organizations to develop a new PACE site serving the aging rural population.
- Provide funding for organizations to expand existing PACE programs into rural areas through service area expansion.
- Implement sustainable PACE programs that will effectively serve critical health care needs for rural aging populations.

This funding will support organizations to develop an initial PACE program or expand an existing PACE organization into rural areas. Successful Rural PACE Planning and Development award recipients will be required to work with their State Administering Agency (SAA) and Centers for Medicare & Medicaid Services (CMS) on completing and submitting their PACE application. By the end of the 4-year period of performance, award recipients are expected have a plan in place for long term financial sustainability of the new or expanded PACE organization.

Note: This funding does not guarantee that an organization will receive approval of their PACE application and does not provide long term funding for the delivery of clinical services to PACE clients.

Background

The [Program for All-Inclusive Care for the Elderly (PACE) is a Medicare and Medicaid program](#) that helps people meet their health care needs in the community instead of going to a nursing home or other care facility. Since its inception in the 1970s, the PACE model has expanded to 33 states with 180 PACE organizations[1]. PACE programs provide, and are financially responsible for, all health care services of their enrollees.

The PACE model provides care management to enrollees, and the PACE center serves as a central hub for adult day care services where enrollees can receive primary care, therapy, meals, recreation, and socialization. The PACE model can address issues related to transportation and affordability for eligible participants, and the PACE program pays for all services and provides transportation. Studies have found that PACE participants have a lower mortality rate and lower use of acute care hospitals. 97% of family members of a PACE participant would recommend PACE services to other families, and 58% reported lower caregiver burden [2]. Since most PACE enrollees are dually eligible for Medicare and Medicaid, it is critical for PACE organizations to have a steady patient volume to sustain its PACE program.

According to the National Advisory Committee on Rural Health and Human Services 2023 policy brief, the start-up and application process to become a certified PACE provider with CMS may present some challenges in rural areas[3]. With a focus on supporting rural community capacity and infrastructure to support seniors locally, Rural PACE Planning and Development is designed to support improving access to and delivery of comprehensive and sustainable medical and social services for adults 55 and older living in rural areas by allowing organizations to plan, develop and apply for an initial or expanded PACE Program through CMS.

Through two funding pathway options, recipients are funded to improve health care in rural areas by implementing projects to develop an initial PACE program or expand existing certified CMS PACE programs into rural areas through PACE service area expansion.

Program Guidance

All applications must meet the requirements stated in the Eligibility criteria section of this NOFO. Your application is also expected to meet the program guidance outlined in this section by detailing how your project will address the program guidance outlined in your application's project narrative description. Failure to respond to this guidance can impact your application's score.

Service Area Guidance

Services for Rural Areas

This program aims to improve and expand access to long term elder care services in rural areas by expanding PACE services into rural areas.

- Applicants are expected to prioritize improving delivery and access to PACE program services in rural areas and for beneficiaries enrolled in PACE and living in rural areas, as evidenced consistently throughout the project narrative and supported through inclusion of information in **Attachment 3: Map of service area** and **Attachment 6: PACE Beneficiary Enrollment Plan**

  ◦ For the purposes of this NOFO, rural service areas are defined as a county or census tract is located in a HRSA-designated rural area. Please refer to **Appendix A: Determining a rural service area.**

- Applicants must have demonstrated experience serving, or the capacity to serve, rural underserved populations as evidenced in the corresponding rural service area section of the **Project Narrative.**

Partner Collaboration Plan

Applicants must provide a clear business plan that identifies any organization, provider, or service partners that will be involved in the project. This is evidenced by providing all required documentation requested in **Attachment 2: Agreements with other entities** and supported by your project description provided in your corresponding project narrative.

Non-duplication of services

We recognize that more than one PACE organization may provide complementary services in a rural area. If you are aware of other PACE organizations in the service area you are proposing to serve, you must detail in Attachment 7: Non-duplication of services how you will avoid duplicating efforts of the other PACE organizations in any areas of overlap

Funding Pathways

This program includes two funding pathways. You are required to select one of these two funding pathways for your proposed project:

Funding Pathway 1: Initial PACE Program

This funding pathway supports new CMS applicants seeking to become a PACE organization in a rural area for the first time:

- To qualify for this funding pathway, you must not have previously registered with CMS as a certified PACE provider.
- Under this funding pathway, Rural PACE Planning and Development grant funding can be used to apply for PACE certification from CMS and implement approved PACE programs in a designated rural geographic area and to provide sustainable PACE services to rural recipients by the end of the 4-year funding period.

Funding Pathway 2: Service Area Expansion

This funding pathway supports the expansion of **existing** PACE organizations who are seeking to expand the service area to a HRSA-designated rural area. This includes an expansion of the currently approved geographic service area and/or the addition of a new PACE center site.

- To qualify for this funding pathway, you must be currently registered with CMS as a certified PACE provider and pursuing expanding to a HRSA-designated rural area.
- Under this funding pathway, Rural PACE Planning and Development grant funding can be used to support PACE service area expansion applications to CMS and to provide sustainable expanded PACE services to rural recipients resulting from approve service expansion by the end of the 4-year funding period.

Funding pathway selection requirement

To select a Funding Pathway, you must clearly state your application's Funding Pathway selection in the **Project abstract** and provide the required documentation requested under **Attachment 9: Funding Pathway Participation Statement**.

Funding pathway requirements

Funding Pathway 1: Initial PACE Program

To accomplish the goal of this funding pathway, you are expected to use Rural PACE Planning and Development funds to implement activities that:

- Lead to the successful submission of an initial PACE organization application with CMS to become a PACE organization in a HRSA-designated rural area for the first time.

Funding Pathway 2: Service Area Expansion

To accomplish the goal of this funding pathway, you are expected to use Rural PACE Planning and Development funds to implement activities that:

- Lead to the successful submission of a PACE service area expansion application with CMS to expand the service area to a [HRSA-designated rural area](#).

As part of this funding pathway, there are 3 possible [expansion avenues for current PACE organizations](#) to expand service to [HRSA-designated rural area](#)s through PACE service area expansion:[3]

1. A current PACE organization requesting to expand into a HRSA-designated rural area without adding an additional PACE center.

2. A current PACE organization requesting to add a new PACE center in their existing HRSA-designated rural area.

3. A current PACE organization requesting to expand into a HRSA-designated rural area and add a new PACE center in the expanded area.

Program requirements and expectations

All applicants proposing projects that align under either funding pathway are required to meet all additional program guidance listed in this section:

- Successful award recipients of Rural PACE Planning and Development funding are required to work directly with their State Administering Agency (SAA) and Centers for Medicare & Medicaid Services (CMS) to complete the appropriate [PACE application](#) submission, review and approval process respective to the awarded funding pathway.

- Successful award recipients are responsible for following their SAA and CMS' application and approval processes (including meeting CMS' and any State agency deadlines).

Program Funding Notes

- Funding under this program does not guarantee award recipients will receive CMS approval of any PACE applications submitted through funded grant activities.

- If a PACE application submitted by a successful award recipient of this grant funding is not approved by their SAA or by CMS, HRSA reserves the right to terminate grant funding.

Program data collection

Award recipients of this grant funding will be required to report measures annually to HRSA through an electronic performance measurement data collection system.

A final set of measures will be provided by FORHP to award recipient following receipt of award.

Award recipient will be expected to collect, track, and report on data for recipients of funded PACE program over time, including at least one year during the period of performance following CMS certification as a PACE organization under the [initial PACE program funding pathway](#) or [service area expansion funding pathway](#).

Award information

Funding policies and limitations

Policies

- We will only make awards if this program receives funding. If Congress appropriates funds for this purpose, we will move forward with the review and award process.
- Support beyond the first budget year will depend on:
  - Appropriation of funds.
  - Your satisfactory progress in meeting the project's objectives.
  - A decision that continued funding is in the government's best interest.
- If we receive more funding for this program, we may:
  - Fund more applicants from the rank order list.
  - Extend the period of performance.
  - Award supplemental funding.

General limitations

- For guidance on some types of costs we do not allow or restrict, see Project Budget Information in Section 3.1.4 of the [Application Guide](). You can also see 45 CFR part 75, or any superseding regulation, [General Provisions for Selected Items of Cost]().
- You cannot earn profit from the federal award. See [45 CFR 75.400(g)]().
- Congress's current appropriations act includes a salary limitation, which applies to this program. As of January 2025, the salary rate limitation is $225,700. This limitation may be updated.

Indirect costs

Indirect costs are costs you charge across more than one project that cannot be easily separated by project. For example, this could include utilities for a building that supports multiple projects).

To charge indirect costs you can select one of two methods:

Method 1 – Approved rate. You currently have an indirect cost rate approved by your cognizant federal agency at the time of award.

Method 2 – *De minimis* rate. Per [2 CFR 200.414(f)](), if you have never received a negotiated indirect cost rate, you may elect to charge a *de minimis* rate. If you choose this method, costs included in the indirect cost pool must not be charged as direct costs.

This rate is 15% of modified total direct costs (MTDC). See [2 CFR 200.1]() for the definition of MTDC. You can use this rate indefinitely.

Program income

Program income is money earned as a result of your award-supported project activities. You must use any program income you generate from awarded funds for approved project-related activities. Find more about program income at [45 CFR 75.307]().

Step 2:
Get Ready to Apply

In this step

Get registered

SAM.gov

You must have an active account with SAM.gov to apply. This includes having a Unique Entity Identifier (UEI). SAM.gov registration can take several weeks. Begin that process today.

To register, go to SAM.gov Entity Registration and select Get Started. From the same page, you can also select the Entity Registration Checklist to find out what you'll need to register.

When you register or update your SAM.gov registration, you must agree to the financial assistance general certifications and representations. You must agree to those for grants specifically, as opposed to contracts, because the two sets of agreements are different. You will have to maintain your registration throughout the life of any award.

Grants.gov

You must also have an active account with Grants.gov. You can see step-by-step instructions at the Grants.gov Quick Start Guide for Applicants.

Find the application package

The application package has all the forms you need to apply. You can find it online. Go to Grants Search at Grants.gov and search for opportunity number HRSA-25-101.

After you select the opportunity, we recommend that you click the Subscribe button to get updates.

Application writing help

Visit HHS Tips for Preparing Grant Proposals.

Visit HRSA's How to Prepare Your Application page for more guidance.

See Apply for a Grant for other help and resources.

Join the webinar

More information on this NOFO's webinar will be posted at a later date to the related documents tab [here](#).

We recommend you "Subscribe" to the NOFO on Grants.gov to receive updates when documents are posted.

The Webinar will be recorded.

Have questions? Go to [Contacts and Support](#).

Step 3:
Prepare Your Application

In this step

Application contents and format

Applications include 5 main components. This section includes guidance on each.

Application page limit: 50 pages.

Submit your information in English and express whole number budget figures using U.S. dollars.

Make sure you include each of these:

Components	Submission format
Project abstract	Use the Project Abstract Summary form.
Project narrative	Use the Project Narrative Attachment form.
Budget narrative	Use the Budget Narrative Attachment form.
Attachments	Insert each in the Attachments form.
Other required forms	Upload using each required form.

Required format

You must format your narratives and attachments using our required formats for fonts, size, color, format, and margins. See the formatting guidelines in Section 3.2 of the Application Guide.

Project abstract

Complete the information in the Project Abstract Summary form. All applicants are required to include the following in the Project Abstract field:

- A short description of your proposed project.
- Your application's funding pathway selection for your project. You many only select one of the two available funding pathways: 1.) Initial PACE Program Funding Pathway or 2.) Service Area Expansion Funding Pathway.
- Briefly describe the target population you will serve.
- Identify and describe the proposed project goals and objectives as it related to the needs you plan to address.
- Proposed rural service area(s), including rural census tracts.
- Proposed services.

For more information, see Section 3.1.2 of the Application Guide.

Project narrative

In this section, you will describe all aspects of your project.

Project activities must comply with the non-discrimination requirements and align with Rural PACE Planning and Development program guidance.

All applicants under both Funding Pathways must complete responses to all respective sections of the project narrative. Failure to respond to these instructions will impact your application's score.

Use the section headers and the order listed.

Introduction

See merit review criterion 1: Need

- Describe the purpose of your project, including the funding pathway selection and overview rural geographic area that the new or expanded PACE program will serve. Include a summary of your proposed project that discusses how your proposed project will best support the needs of your project's identified service area and target population.
- Outline the goals and expected outcomes of the proposed project, include specifics relevant to the selected funding pathway your proposed project will implement, including which of the three specific expansion avenues your project will address, if applying under the Service Area Expansion funding pathway.
- Describe unmet health care needs that the PACE program will address.

Applicants selecting to participate in the Service Area Expansion funding pathway must include the following items in list format:

- Name of PACE organization
- PACE Center address(es)
- PACE organization's eligibility qualifications
- Current service area(s)
- Current PACE beneficiary enrollment
- Anticipated service area expansion

Applicants selecting to participate in Initial PACE funding pathway must describe the details of your proposed PACE program and application status.

Need

See merit review criterion 1: Need

- Describe the target population and their unmet health needs related to long term services and supports, including the level of care that may be required, and how the PACE program will address these needs for the community in the proposed service area(s).
- Outline the community or organization's needs you plan to address, including the delivery of comprehensive, integrated acute and long-term care services.
- Use and cite demographic data whenever possible to support the health care needs of your project's identified target population, including any available data or details on demographic, social, or other key health care needs of the population the project will serve, as well as any available data or details on barriers to accessing care, such as transportation, among others.
- Describe the HRSA-designated rural geographic area you plan to expand or implement new PACE services and explain why you chose this target area.
- Cite the number of dually eligible Medicare and Medicaid beneficiaries (ages 55 and older) in the proposed service area(s).

Approach

See merit review criterion 2: Response

- Describe your readiness to initiate a new PACE program or expand existing PACE organization into a [designated rural service area](designated%20rural%20service%20area).

- Tell us how you will address the needs you described and meet the [program guidance](program%20guidance), including the [funding pathway requirements](funding%20pathway%20requirements) for the funding pathway selection identified in your application.

- Describe how you will establish an interdisciplinary team approach to care management and service delivery to keep the elderly population in the community safe.

- Include strategies for ongoing staff training, teamwork, and information sharing as well as strategies for outreach and collaboration to involve patients, families, and communities.

- Describe how you'll implement PACE into your initial or expanded site, as it relates to the funding pathway your project aligns to.

- Detail how your organization has demonstrated capacity to fund an Initial PACE Program or a Service Area Expansion.

If you are selecting to participate in the [Initial PACE program funding pathway](Initial%20PACE%20program%20funding%20pathway), you must include a description that details:

- How you will approach PACE program application feasibility analysis and planning.

- Your approach and plans for interdisciplinary team development.

- Your education and outreach plans. Please note, organizations are not permitted to promote any PACE sites/services being developed through this grant until they have been approved by CMS.

- How you will sustain costs until PACE organization reaches sufficient enrollment size.

- Any other efforts your organization determines as critical to its successful start-up.

If you are selecting to participate in the [Service Area Expansion Funding Pathway](Service%20Area%20Expansion%20Funding%20Pathway), you must include a description that details:

- Identification of the services that will be directly provided by the PACE Organization and those to be provided under contract and details your capacity to support individuals transitioning from acute care and individuals transitioning from institutional long-term care.

- How you will sustain costs until the provider reaches sufficient enrollment size.

Work plan

See merit review criteria 2: [Response](#) and 4: [Impact](#)

This section will help reviewers understand how you will achieve each of the objectives during the 4-year grant period of performance.

The details listed in this section asks you to describe specific elements of your work plan and must clearly align to the work plan provided in table format in [Attachment 4: Work plan](#).

- Describe how your work plan will meet the goal of commencing your selected funding pathway for either an [Initial PACE Program](#) or an existing PACE organization [service area expansion](#), including:
  - How your work plan will support advancement of the overall purpose, goals, objectives, and activities of the proposed project
  - How the timeline for proposed activities during the project's funding cycle is appropriate for project implementation.
  - Who will be responsible for overseeing implementation for work plan activities.
  - Any support or collaboration from identified project partners and key stakeholders to plan, design, and implement work plan activities.
  - Performance, outcome measures, and/or benchmarks to help monitor progress for work plan activities.
  - Expected results, outcomes and/or impact on the target population.
  - Timeline of your plan to work with respective State agencies and submission of the appropriate PACE application to CMS, including all respective application requirements.

Resolving challenges

See merit review criterion 2: [Response](#)

This section will help reviewers understand how you will address anticipated challenges and barriers throughout the project period.

Discuss any anticipated challenges and barriers you will likely encounter in your project. This includes description of anticipated challenges and barriers that detail:

- what the specific challenges and barriers are and how you plan to address them with respect to establishing and implementing your proposed project's PACE program in your target rural service area.

- Please include how you will address solutions and approaches to identified challenges and barriers including how you handle:

  - outreach to the target population,

  - securing specialty providers and other needed staff, including training

  - beneficiary enrollment, including low initial enrollment.

  - delivery and coordination of care

  - transportation for beneficiaries

  - electronic medical record system management for beneficiaries

  - financial viability and sustainability

  - maintenance and adherence to PACE program CMS policies and regulations

  - Any State level barriers, such as, no State Plan Option for PACE or duplication of services. This may also include any anticipated challenges or barriers related to working directly with related state agencies or CMS on the PACE application review and approval process.

  - Any challenges or barriers likely to be encountered with implementing a PACE program in a rural geographic area.

  - Any expected internal challenges (such as managing expectations among key partners and interdisciplinary team members, data sharing, and reporting) and external challenges (like regulatory changes) that may directly or indirectly affect the development of the rural PACE program, including how the organization will become an approved PACE site.

  - Process for handling participant grievances and appeals.

  - Any other relevant challenges or barriers identified with approaches for resolving them.

Performance reporting and evaluation

See merit review criteria 3: Performance reporting and evaluation and 5: Resources and capabilities

This section will help reviewers understand your plan for assessing project performance and outcomes.

Expected Outcomes. Program success will be measured by:

- The number of award recipients who successfully submit a timely PACE program application.
- The number of award recipients who receive PACE program approval.
- The successful implementation of the PACE model in a HRSA-designated rural area.

Performance measurement and reporting.

- Describe how you will effectively collect, share, and report required performance measures to HRSA during the 4-year grant period. While a final list of performance measures will be provided to award recipients upon award, successful award recipients will be expected to report HRSA performance measures that detail PACE program implementation and outcomes for rural beneficiaries that include measures such as:
  - The number of rural counties with PACE services available as a result of this program's grant funding.
  - The number of eligible beneficiaries identified (early in the grant)
  - The number of eligible beneficiaries enrolled (at end of the project period)
  - The number of rural residents 55 years and older who have increased access to services that were not previously available prior to PACE model implementation supported by this program's grant funding.
- Describe how you will coordinate, manage, and securely store data, including tracking of data across systems and how you will protect data against cybersecurity threats, breaches, or other loss of data integrity.
- Describe how you and any relevant key partners will collaborate to use data, including but not limited to HRSA performance measures, to collect, share, report and continuously improve services throughout project implementation.

Program assessment.

Describe how you will assess the success and outcomes of your funded project. The assessment should examine processes and progress towards goals, program objectives, and expected outcomes. This includes description that addresses the following:

- Assessment questions, methods, data you will collect, and timeline for assessing the program, including working directly with related state agencies and CMS for PACE model application review and approval process and implementation of the PACE program identified in your funding pathway selection. How you will assess effectiveness and make any identified adjustments needed on an ongoing basis as a result of assessment for execution of your project and accomplish of project goals.

- The capacity of your organization and staff to assess the program.

Sustainability

See merit review criterion 4: [Impact](#)

We expect you to sustain key project elements that improve practices and outcomes for the target population.

Propose a plan for project sustainability after the 4-year grant period of funding from this program ends and include in your plan approaches to sustainability that includes:

- How you will approach and implement plans for long-term sustainability of the anticipated service area expansion after the 4-year grant period ends.

- Key elements of your project that your organization plans to sustain after this grant funding ends. Examples include training methods or strategies that have been effective in improving practices.

- Plans for achieving financial soundness of your organization's ability to maintain PACE program implementation in a rural geographic area.

- Describe how you will sustain costs until the PACE provider/site reaches sufficient enrollment size. Describe the estimated enrollment level you must maintain to sustain the PACE program after this grant period is over.

- Discuss challenges that you'll likely encounter in sustaining the program. Include how you will resolve these challenges.

- Propose a plan for continuing the project when federal funding ends. Successful plans include a clear timeline for implementation of a sustainability plan and how it supports long-term implementation of your project's respective proposed PACE model implementation. We expect you to keep up key strategies or services and actions that have led to improved practices and outcomes for the target population.

Organizational information

See merit review criterion 5: [Resources and capabilities](#)

This section will help reviewers understand how you and your consortium have the resources and capabilities to carry out program requirements.

Complete responses to this section also include:

- Your organizational chart in [Attachment 9: Organizational chart](#)
- A list of and description of all key staff members conducting activities within this program, including the project director, as requested in [Attachment 5: Staffing Plan and Job Descriptions](#).
- Your project's partner collaborations and any Memorandum of Understanding/ Agreement (MOU/A) or a letter of agreement signed and dated by partners as requested in [Attachment 2: Agreements with other entities](#).
- Describe your organization's experience and capacity serving, or the capacity to serve rural underserved populations. Include the following:
  - Identify activities that build, strengthen, and maintain the necessary competencies and resources needed to sustain or improve the delivery of health services including but not limited to long-term support services in rural areas.
  - Discuss the organizational expertise and capacity as it relates to the scope of the work proposed including demonstrated experience with evidence-based care management, population health, and working with an older adult population. Include a brief overview of the organization's assets, skills, and qualifications to carry out the project.
- The relationship to the proposed rural service area and your plans to ensure that rural populations are served.
- Information that demonstrates you have the staffing and infrastructure necessary to oversee program activities by including:
  - Your organizational profile, budget, collaborators, key staff's experience, skills and knowledge, and key processes.
  - How will you follow the approved plan, account for federal funds, and record all cost to avoid audit findings.
- The project director who will be responsible for project monitoring and carrying out award activities. The project director is strongly encouraged to dedicate sufficient time to the program and the application should note the experience of the project director and their experience managing multiple organizational arrangements.

If you are selecting to participate in the [Initial PACE Program funding Pathway](#) include:

- how you plan to recruit, hire, and maintain an interdisciplinary staff to implement the PACE model in your rural service area.

If you are selecting to participate in the [Service Area Expansion funding Pathway](#) include:

- A list of your Interdisciplinary Team members. Include name, role, credentials, length of employment for each member and where the individual is a PACE employee or contractor.
- How you currently implement, or plan to implement, trainings to ensure your staff can fulfill the objectives of the PACE model.
- The effectiveness of the methods and/or activities employed to improve healthcare services in rural areas.

Budget and budget narrative

See merit review criterion 6: [Support requested](#)

Your **budget** should follow the instructions in Section 3.1.4 Project Budget Information – Non-Construction Programs (SF-424A) of the [Application Guide](#) and the instructions listed in this section. Your budget should show a well-organized plan.

HHS now uses the definitions for [equipment](#) and [supply](#) in 2 CFR 200.1. The new definitions change the threshold for equipment to the lesser of the recipient's capitalization level or $10,000 and the threshold for supplies to below that amount.

The total project or program costs are all allowable (direct and indirect) costs used for the HRSA award activity or project. This includes costs charged to the award and non-federal funds used to satisfy a matching or cost-sharing requirement (which may include maintenance of effort, if applicable).

The **budget narrative** supports the information you provide in Standard Form 424-A. See [other required forms](#). It includes an itemized breakdown and a clear justification of the costs you request. The merit review committee reviews both.

As you develop your budget, consider:

- If the costs are reasonable and consistent with your project's purpose and activities.
- The restrictions on spending funds. See [funding policies and limitations](#).
- Travel: Allocate travel funds for up to two (2) program staff to attend an annual 2.5-day technical assistance workshop in Washington, DC and include the cost in this budget line item. To determine estimated travel costs to Washington, D.C., see the U.S. General Services Administration (GSA) per diem rates for FY 2025.

- Contractual: You are responsible for ensuring that your organization or institution has in place an established and adequate procurement system with fully developed written procedures for awarding and monitoring all contracts. Consistent with 45 CFR 75, you must provide a clear explanation of the purpose of each contract, how the costs were estimated, and the specific contract deliverables.
- Budget for Multi-Year Award: You must include a budget narrative for each year of the four-year period of performance submitted with your application.
  - Funding beyond the one-year budget period is subject to the availability of funds, satisfactory progress of the awardee, and a determination that continued funding would be in the best interest of the Federal Government.
- Minor Alterations/Renovations are allowable.
- For organizations applying for the New/Initial PACE Program Pathway: clearly document the start-up costs that you plan to use with this grant funding.
- In alignment with CMS PACE Model requirements, preclusion for use of any grant funding to advertise and/or promote any PACE model implementation before it opens for services.
- Grant funds cannot be used for delivery of clinical services.

To create your budget narrative, see detailed instructions in Section 3.1.5 of the [Application Guide](#).

Attachments

Place your attachments in this order in the Attachments Form. See [application checklist](#) to determine if they count toward the page limit.

Attachment 1: Required documentation from State Administering Agency

Include a letter of support from your State Administering Agency.

For applicants selecting participation in the [service area expansion funding pathway](#), this documentation should indicate awareness from respective State agency organizations, as applicable, for your proposed PACE service area expansion application.

Attachment 2: Agreements with other entities

Provide any documents that describe working relationships between your organization and others you mention in your project narrative. If you include documents that confirm actual or pending contracts or agreements, the documents should clearly describe the roles of subrecipients and contractors and any deliverables. It is not necessary to include the entire contents of lengthy agreements, so long as the portions you include describe the working relationship between you and the other organization. Make sure any letters of agreement are signed and dated.

Attachment 3: Map of Service Area

Include a legible map that clearly shows the geographic area that will be served by the proposed project, including the location of key organizations and/or partners supporting proposed project implementation. Include any other information that will help reviewers visualize and understand the scope of the proposed project activities.

You must specify a target rural service area the proposed project will serve. Only counties and/or census tracts that are a [HRSA-designated rural area](#) are eligible to as target rural service areas under this grant program.

Attachment 4: Work plan

Attach your project's work plan. Make sure it includes each year of the grant program's 4-year period of performance and aligns with the description provided in your application's [project narrative work plan](#) section.

The work plan must:

- Outline the person responsible for carrying out each activity.
- Include a timeline for all four years of the period of performance.
- The minimum timeline increment is by quarter.

We recommend a table format and the sample headings outlined here:

- Goals and objectives
- Key action steps (including target population where applicable)
- Activities
- Outputs, data source, and program self-assessment methods (these might include the direct products or deliverables of program activities and how you will assess them)
- Outcome and measurement (these might include the result of a program, typically describing a change in people or systems)

- Responsible person
- Anticipated completion date

Attachment 5: Staffing plan and Job Descriptions

See Section 3.1.7 of the [Application Guide](#).

Include a staffing plan that shows the staff positions that will support the project, and key information about each. Justify your staffing choices, including their education and experience. Explain your reasons for the amount of time you request for each staff position.

For each key staff member, attach a one-page job description. It must include their role, responsibilities, and qualifications.

Explain the staffing needs and directly link them to the activities proposed in the [Project Narrative](#) and [Budget](#) Sections of your application.

The staffing plan should include in-kind personnel to the program. HRSA recommends supporting a project director with at least 1.0 FTE at the time of application.

Attachment 6: PACE Beneficiary Enrollment Plan

As discussed in the [project narrative](#) and [program guidance](#) sections of your application, detail your plan for enrollment and maintenance of required number of PACE program beneficiaries that meet the CMS PACE application and operational requirements pertaining to the funding pathway your project aligns with.

Attachment 7: Non-Duplication of Services

If your proposed service area includes any overlaps with the service area of another PACE organization, you will need to submit attachment 7. Please note that 42 CFR 460.12(c)(2) states that CMS, in consultation with the State Administering Agency, may exclude from designation an area that is already covered under another PACE program agreement to avoid unnecessary duplication of services and avoid impairing the financial and service viability of an existing program. Your state also may not approve any overlapping service areas.

In attachment 7, you will provide assurance that services provided by your proposed project will:

- not result in duplication of services in your proposed service area. This is demonstrated by including the following documentation: Direct contact with other PACE organizations in the service area.
- Coordination or collaboration on patient care.

- Any applicable Memoranda of understanding (MOUs), memoranda of agreement (MOAs), or referrals to PACE services.
- Clarification of how your services complement or support services provided by other PACE organizations in your area.
- A description of unique services provided in the areas where there is overlap.

Attachment 8: Organizational chart

Provide a one-page figure that shows the full project's organizational structure. The applicant organizational chart will help the reviewers understand your staffing and infrastructure to oversee program activities.

Attachment 9: Funding Pathway Participation Statement

Refer to Funding Pathway Selection requirements under Program Guidance.

Include a statement that identifies the funding pathway that aligns to your proposed project. We recommend that you use this statement:

"[Applicant Organizational Name] is submitting an application for participation in the [Initial PACE Program or the Service Area Expansion] Funding Pathway."

If you are selecting participation under the Service Area Expansion Funding Pathway, you must also include a statement indicating which of the three expansion avenues under the Service Area Expansion Funding Pathway your application is pursuing:

1. A current PACE organization requesting to expand into a HRSA designated rural service area without adding an additional PACE center.
2. A current PACE organization requesting to add a new PACE center in the existing HRSA designated rural service area.
3. A current PACE organization requesting to expand into a HRSA designated rural service area and add a new PACE center in the expanded area.

Attachment 10: EIN/UEI Exception Request

Submit only if applicable.

Generally, you cannot apply for multiple projects using the same UEI (formally DUNS) number and/or EIN. However, we recognize a growing trend towards greater consolidation within the rural healthcare industry and the possibility that multiple organizations may share the same UEI and/or EIN with its parent organization. As a result, we may allow separate applications associated with a single UEI and/or EIN, if you provide the information in this attachment:

- Names, street addresses, EINs, and/or UEIs numbers of your organizations.

- Name, street address, EIN, and/or UEI number of your parent organization.
- Names, titles, email addresses, and phone numbers for points of contact at each of your organizations and the parent organization.
- Proposed HRSA-25-101 service areas for each of your organizations.
- Assurance that the organizations will each be responsible for the planning, program management, financial management, and decision-making of their respective projects, independent of each other and the parent organization.
- Signatures from the points of contact at each of your organizations and the parent organization.

A single organization cannot submit multiple applications even if the projects are different. If the parent organization applies using the legal and/or "doing business as" name of the parent or satellite sites, for the purposes of program, it is still considered an application submitted by the parent organization and thus, multiple applications are not allowed.

Applications associated with the same UEI number or EIN should be independently developed and written. We reserve the right to deny this request if you provide insufficient information or if we receive nearly identical application content from organizations using the same EIN or UEI.

Attachment 11: Tribal EIN/UEI Exception Request

Submit only if applicable.

For Tribal exceptions requests, include:

- Names, titles, email addresses, and phone numbers for points of contact at your organizations and consortium member organizations.
- Justification for multiple applications from the network member organizations under the same EIN and/or UEI.
  - For example, unique focus area or services provided, or a lack of other appropriate entities.

Attachment 12: Funding Priority Documentation

To provide documentation to qualify for a funding priority under this program, you must clearly document the state in which the proposed project's Initial PACE program or service area expansion will be located. Only PACE programs located in a State with approved state benefits for the PACE program will qualify for this funding preference.

This documentation must be provided under this attachment and include: 1) the physical address(es) (if known) and 2) the state where the proposed project's PACE program will be located.

*HRSA reserves the right to retract funding if an award recipient receives this funding priority but unsuccessful in establishing a new or expanded PACE site in a qualifying state.

Attachment 13-15: Other Relevant Documents (Optional)

You may use attachments 13 through 15 to add any other documents that are relevant to the application. If completed, this should include your organization's PACE Business Plan.

Other required forms

You will need to complete some other forms. Upload the following forms at Grants.gov. You can find them in the NOFO application package or review them and any available instructions at Grants.gov Forms.

Forms	Submission Requirement
Application for Federal Assistance (SF-424)	With application.
Budget Information for Non-Construction Programs (SF-424A)	With application.
Disclosure of Lobbying Activities (SF-LLL)	If applicable, with the application or before award.
Budget Narrative Attachment Form	With application
Project/Performance Site Location(s)	With application.
Grants.gov Lobbying Form	With application.
Key Contacts	With application.

Step 4:
Learn About Review and Award

In this step

Application review

Initial review

We will review your application to make sure that it meets eligibility criteria, including the completeness and responsiveness criteria. If your application does not meet these criteria, it will not be funded.

We will not review any pages that exceed the page limit.

Merit review

A panel reviews all applications that pass the initial review. The members use these criteria.

Criterion	Total number of points = 100
1. Need	10 points
2. Response	30 points
3. Performance reporting and evaluation	10 points
4. Impact	10 points
5. Resources and capabilities	30 points
6. Support requested	10 points

Criterion 1: Need (10 points)

See the project narrative Introduction and Need sections.

The panel will review your application for how well it:

- Demonstrates understanding of the PACE model relating to the specified PACE program funding pathway identified in the application the proposed project will implement.
- Describes the geographic area where proposed PACE services are planned to be implemented as a new or expanded PACE program. This includes a detailed description of the community and the target population intended to be served as PACE program beneficiaries.
- Provides detailed information and uses data to describe unmet health needs that the PACE program will address, including:
  - Demographic data.

- ◦ Data related to health care needs of the target population.
  - ◦ Evidence of barriers to accessing care for the target population, including transportation.
- Clearly outlines the goals and expected outcomes of the project.
- Clearly indicates the number of dually eligible Medicare and Medicaid beneficiaries (ages 55 and older) in the proposed service area(s).

Criterion 2: Response (30 points)

See the project narrative [Approach](#), [Work plan](#), and [Resolving challenges](#) sections.

The panel will review your application for:

Approach (10 points)

The extent to which the application responds to the program's [purpose](#), including:

- The strength of the proposed goals and objectives and how well they relate to the project.
- How well the activities described will address the problem and meet project objectives, including a clear timeline and sound approach detailing how the proposed project will work directly with key partners, state administering agencies and CMS for completion of a successful PACE program application submission and review process with likelihood of resulting in approval of a new or expanded PACE program.
- The strength of the methods described to implement the proposed project to accomplish starting a new PACE program or expanding an existing PACE program in a rural service area by the end of the 4-year grant period.
- The feasibility of the organization's strategies for ongoing staff training, outreach, and collaboration with stakeholders in the proposed service area with respect to accomplishing proposed project goals.
- The strength of the organization's ability to implement the traditional PACE model in the proposed service area, including clearly defined services and the establishment of an interdisciplinary team approach to care management and service delivery.
- The strength of the organization's capacity for providing direct services through a new or expanded PACE program for the target population of elderly adults in rural areas.

Work Plan (10 points)

How effectively and clearly the work plan addresses the following components:

- Project goals and activities.
- The timeline for each activity completed during the four-year period of performance.
- Responsible parties for each activity.
- Stakeholder collaboration in planning, designing, and implementing activities.
- Anticipated measures to be used to monitor progress generated by activities.
- Expected outcomes and/or impact on the target population.

Resolving Challenges (10 points)

How specifically and clearly potential challenges and plans to resolve the challenges are described, including:

- Challenges likely to be encountered in the process of applying for and opening a new PACE program or expanding an existing PACE program in a rural geographic area.
    - Challenges likely to be encountered with implementing the PACE model in a rural geographic area.
    - Challenges likely to be encountered with enrollment of and coordination and provision of care for PACE program beneficiaries over time. This includes identification of challenges and specific proposed solutions to challenges that address how the proposed project will handle:
    - securing specialty providers
    - electronic medical record system management for PACE beneficiaries across relevant healthcare setting
    - having operating plans in place that support maintaining adherence PACE program CMS policies and regulations
    - transportation services for PACE beneficiaries
    - Plans for long term financial sustainability of the new or expanded PACE program after grant funding ends.
    - Any other relevant challenges identified as significant in the project proposal.

Criterion 3: Performance reporting and evaluation (10 points)

See the project narrative [Performance reporting and evaluation](#) section.

The panel will review your application for:

- Overall approach and methodology to assess project results against goals and objectives and gain insights into program outcomes and impact.

- The strength of the organization's capacity to assess the effectiveness, and make any identified adjustments needed on an ongoing basis throughout the project period resulting from assessment for execution of the process and coordination for submission of, and seeking approval for, an initial or expanded PACE program with CMS and address needed changes, as appropriate, to accomplish proposed project goals, including:

  - capacity of staff experience, skills, and knowledge to effectively execute proposal.

  - capacity to implement the project in a [HRSA designated rural area](#)

- Evidence that the measures assess how well program objectives have been met and to what extent the results are attributed to the project.

- How well the application describes how key partners will effectively collect, share, and report required HRSA performance measures.

- How well the application describes how data will be effectively used and managed, including coordination, secure storage of data, tracking of data across systems and how data will be protected against cybersecurity threats, breaches, or other loss of data integrity.

- Extent to which the applicant proposes a plan to continuously improve services throughout project implementation based on performance measure data.

Criterion 4: Impact (10 points)

See the project narrative [work plan](#) and [Sustainability](#) sections.

The panel will review your application for:

- How strong an impact the work plan is likely to have on achieving new or expanded PACE program implementation in a rural geographic area.

- How effective the proposed project is likely to be in positively impacting the identified target rural PACE program beneficiary population, including improvement of access to and delivery of care, as well as improved health outcomes, for enrolled rural PACE beneficiary recipients.

- The strength of the plan proposed for project sustainability, including the likelihood of the project to continue beyond grant funding from this program

Criterion 5: Resources and capabilities (30 points)

See the project narrative [Organizational information](#) and [Performance reporting and evaluation](#) sections.

The panel will review your application to determine the extent to which:

Staffing Capabilities (15 points)

- Organization's plan to recruit, hire and maintain interdisciplinary staff to implement the PACE model in the designated rural area.

- Project staff have the training or experience to carry out the project, this includes resources available and the training, experience, and qualifications of the project director and other key project staff, as evidenced by:

  ◦ Strength of the application's agreements with other entities, organizational profile, budget, key processes, and key staff's experience, skills, and knowledge.

  ◦ How well the application describes how they will follow the approved plan, account for federal funds, and record all costs to avoid audit findings.

  ◦ Identification of a project director with skills and capacity to be responsible for project monitoring and implementation of project activities. If project director is to be hired, the organization's plan to recruit and identify an interim project director.

- Organization and any identified staff and key partners have the capabilities to fulfill the needs of the project to accomplished proposed project goals.

- Organization clearly details having adequate capacity for the proposed project to execute defined plans to gather, manage, and use data discussed in the proposal.

Organizational Capacity (15 points)

- Organization and any identified key partners demonstrate expertise and capacity as it relates to the scope of work, including demonstrated experience with evidence-based care management, population health, and working with, providing, and coordinating health care services for rural PACE program beneficiaries and the older adult population. Demonstrated prior experience should be noted as a strength.

- The extent to which the methods and activities discussed to improve delivery of and access to healthcare services for rural PACE program beneficiaries in rural areas are effective.

- Organization described a comprehensive understanding and strong established relationship working with and in the proposed rural service area and has clear capacity to implement evidence-based plans to serve the rural PACE program beneficiary target population identified.

- Organization identified activities that build, strengthen, and maintain the necessary competencies and resources needed to sustain or improve the delivery of health services including but not limited to long-term support services in rural areas.

Criterion 6: Support requested (10 points)

See the [Budget and budget narrative](#) section.

The panel will review your application to determine:

- How reasonable the proposed budget (such as personnel, travel, equipment, supplies, information technology, and contractual services) is for each year in supporting the goals and activities of the proposed grant-funded activities of the 4-year period of performance.

- How sufficient the time is for key staff to spend on the project to achieve project objectives.

- How sufficient budget addresses necessary coordination of key partners for effective execution of the proposed project to meet project goals.

We do not consider **voluntary** cost sharing during merit review.

Risk review

Before making an award, we review your award history to assess risk. We need to ensure all prior awards were managed well and demonstrated sound business practices. We:

- Review any applicable past performance.
- Review audit reports and findings.
- Analyze the budget.
- Assess your management systems.
- Ensure you continue to be eligible.
- Make sure you comply with any public policies.

We may ask you to submit additional information.

As part of this review, we use SAM.gov Entity Information [Responsibility/Qualification](#) to check your history for all awards likely to be more than $250,000 over the period of performance. You can comment on your organization's information in SAM.gov. We'll consider your comments before making a decision about your level of risk.

If we find a significant risk, we may choose not to fund your application or to place specific conditions on the award.

For more details, see [45 CFR 75.205](#).

Selection process

When making funding decisions, we consider:

- The amount of available funds.
- Assessed risk.
- Merit review results. These are key in making decisions but are not the only factor.
- The larger portfolio of HRSA-funded projects, including the diversity of project types and geographic distribution.
- The funding priorities listed.

We may:

- Fund out of rank order.
- Fund applications in whole or in part.
- Fund applications at a lower amount than requested.

- Decide not to allow a recipient to subaward if they may not be able to monitor and manage subrecipients properly.
- Choose to fund no applications under this NOFO.

Funding priorities

This program includes a funding priority. A funding priority adds points to merit review scores if we determine that the application meets the criteria below. Qualifying for a funding priority does not guarantee that your application will be successful. HRSA reserves the rights to not award priority points.

Priority 1: Existing PACE Program Implementation State (10 Points)

This funding priority is for applicants proposing to start a new PACE program or proposing to expand an existing PACE program in a state that has approved state benefits under the PACE program.

- Refer to Appendix B for a complete list of states that qualify for this funding priority.
- Applicants who provide the required qualifying documentation requested in Attachment 12: Funding Priority Documentation will be given this funding priority.

Award notices

We issue Notices of Award (NOA) on or around the start date listed in the NOFO. See Section 4 of the Application Guide for more information.

By drawing down funds, you accept the terms and conditions of the award.

Step 5:
Submit Your Application

In this step

Application submission and deadlines

Your organization's authorized official must certify your application. See the section on [finding the application package](#) to make sure you have everything you need.

Make sure you are current with SAM.gov and UEI requirements. When you register or update your SAM.gov registration, you must agree to the [financial assistance general certifications and representations](#), and specifically with regard to grants.

Make sure that your SAM.gov registration is accurate for both contracts and grants, as these registrations differ. [See information on getting registered](#). You will have to maintain your registration throughout the life of any award.

Deadlines

Application

You must submit your application by April 17, 2025, at 11:59 p.m. ET.

Grants.gov creates a date and time record when it receives applications.

Submission method

Grants.gov

You must submit your application through Grants.gov. You may do so using Grants.gov Workspace. This is the preferred method. For alternative online methods, see [Applicant System-to-System](#).

For instructions on how to submit in Grants.gov, see the [Quick Start Guide for Applicants](#). Make sure that your application passes the Grants.gov validation checks, or we may not get it. Do not encrypt, zip, or password protect any files.

Have questions? Go to [Contacts and Support](#).

Other submissions

Intergovernmental review

If your state has a process, you will need to submit application information for intergovernmental review under Executive Order 12372. Under this order, states may design their own processes for obtaining, reviewing, and commenting on some applications. Some states have this process and others do not.

To find out your state's approach, see the list of state single points of contact. If you find a contact on the list for your state, contact them as soon as you can to learn their process. If you do not find a contact for your state, you do not need to do anything further.

This requirement never applies to American Indian and Alaska Native tribes or tribal organizations.

Application checklist

Make sure that you have everything you need to apply:

Component	How to upload	Included in <u>page limit*?</u>
☐ **Project abstract**	Use the Project Abstract Summary Form.	No
☐ **Project narrative**	Use the Project Narrative Attachment form.	Yes
☐ **Budget narrative**	Use the Budget Narrative Attachment form.	Yes
Attachments	Insert each in the Attachments Form in this order.	
☐ 1. Required documentation from State Administering Agency		Yes
☐ 2. Agreements with other entities		Yes
☐ 3. Map of Service Area		No
☐ 4. Work Plan		Yes
☐ 5. Staffing plan and job descriptions		Yes
☐ 6. PACE Beneficiary Enrollment Plan		Yes
☐ 7. Non-duplication of services		No
☐ 8. Organizational chart		Yes
☐ 9. Funding pathway participation statement		No
☐ 10. Tribal EIN/UEI exception request		No
☐ 11. EIN/UEI exception request		No
☐ 12. Funding priority documentation		Yes
☐ 13. Other relevant document		
Other required forms*	Upload using each required form.	
☐ Application for Federal Assistance (SF-424)		No

Component	How to upload	Included in page limit*?
☐ Budget Information for Non-Construction Programs (SF-424A)		No
☐ Disclosure of Lobbying Activities (SF-LLL), optional		No
☐ Project/Performance Site Location(s)		No
☐ Grants.gov Lobbying Form		No
☐ Key Contacts		No

*Only what you attach in these forms counts toward the page limit. The forms themselves do not count.

Step 6:
Learn What Happens After Award

In this step

Post-award requirements and administration

Administrative and national policy requirements

There are important rules you need to know if you get an award. You must follow:

- All terms and conditions in the Notice of Award (NOA). We incorporate this NOFO by reference.

- The regulations at 45 CFR part 75, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards, and any superseding regulations. Effective October 1, 2024, HHS adopted the following superseding provisions:

  - 2 CFR 200.1, Definitions, Modified Total Direct Cost.
  - 2 CFR 200.1, Definitions, Equipment.
  - 2 CFR 200.1, Definitions, Supply.
  - 2 CFR 200.313(e), Equipment, Disposition.
  - 2 CFR 200.314(a), Supplies.
  - 2 CFR 200.320, Methods of procurement to be followed.
  - 2 CFR 200.333, Fixed amount subawards.
  - 2 CFR 200.344, Closeout.
  - 2 CFR 200.414(f), Indirect (F&A) costs.
  - 2 CFR 200.501, Audit requirements.

- The HHS Grants Policy Statement (GPS). Your NOA will reference this document. If there are any exceptions to the GPS, they'll be listed in your NOA.

- All federal statutes and regulations relevant to federal financial assistance, including those highlighted in HHS Administrative and National Policy Requirements.

- The requirements for performance management in 2 CFR 200.301.

Health information technology interoperability

If you receive an award, you must agree to the following conditions when implementing, acquiring, or upgrading health IT. These conditions also apply to all subrecipients.

- Compliance with 45 CFR part 170, subpart B. Make sure your activities meet these standards if they support the activity.
- Certified Health IT for Eligible Clinicians and Hospitals. Use only health IT certified by the ONC Health IT Certification Program for activities related to Sections 4101, 4102, and 4201 of the HITECH Act.

If 45 CFR part 170, subpart B standards cannot support the activity, we encourage you to:

- Use health IT that meets non-proprietary standards.
- Follow specifications from consensus-based standards development organizations.
- Consider standards identified in the ONC Interoperability Standards Advisory.

Non-discrimination legal requirements

If you receive an award, you must follow all applicable nondiscrimination laws. You agree to this when you register in SAM.gov. You must also submit an Assurance of Compliance (HHS-690). To learn more, see the Laws and Regulations Enforced by the HHS Office for Civil Rights.

Contact the HHS Office for Civil Rights for more information about obligations and prohibitions under federal civil rights laws or call 1-800-368-1019 or TDD 1-800-537-7697.

The HRSA Office of Civil Rights, Diversity, and Inclusion (OCRDI) offers technical assistance, individual consultations, trainings, and plain language materials to supplement OCR guidance. Visit OCRDI's website to learn more about how federal civil rights laws and accessibility requirements apply to your programs, or contact OCRDI directly at HRSACivilRights@hrsa.gov.

Executive order on worker organizing and empowerment

[Executive Order on Worker Organizing and Empowerment (E.O. 14025)](#) encourages worker organizing and collective bargaining and promotes equality of bargaining power between employers and employees.

You can support these goals by developing policies and practices that you could use to promote worker power.

Cybersecurity

You must create a cybersecurity plan if your project involves both of the following conditions:

- You have ongoing access to HHS information or technology systems.
- You handle personal identifiable information (PII) or personal health information (PHI) from HHS.

You must base the plan based on the [NIST Cybersecurity Framework](#). Your plan should include the following steps:

Identify:

- List all assets and accounts with access to HHS systems or PII/PHI.

Protect:

- Limit access to only those who need it for award activities.
- Ensure all staff complete annual cybersecurity and privacy training. Free training is available at 405(d): [Knowledge on Demand (hhs.gov).](#)
- Use multi-factor authentication for all users accessing HHS systems.
- Regularly backup and test sensitive data.

Detect:

- Install antivirus or anti-malware software on all devices connected to HHS systems.

Respond:

- Create an incident response plan. See [Incident-Response-Plan-Basics_508c.pdf (cisa.gov)](#) for guidance.
- Have procedures to report cybersecurity incidents to HHS within 48 hours. A cybersecurity incident is:
  - Any unplanned interruption or reduction of quality, or

- An event that could actually or potentially jeopardize confidentiality, integrity, or availability of the system and its information.

Recover:

- Investigate and fix security gaps after any incident.

Reporting

If you are funded, you will have to follow the reporting requirements in Section 4 of the Application Guide. The NOA will provide specific details.

You must also follow these program-specific reporting requirements:

- Progress Report:
  - You will submit a progress report each year
  - Submission and approval of your Progress Report(s) is required for budget period renewal and release of subsequent year funds. This report demonstrated award recipient progress on program-specific goals.
- Program Performance Measures:
  - You will submit a performance measures report for each budget period in a centralized program outcomes reporting system.
  - We will aggregate the data collected from a centralized program outcomes reporting system to demonstrate overall impact of the program.
  - Upon award, we will notify you of specific performance measures required.
- Business Plan
- Feasibility Study
- Organizational Assessment/Asset Mapping
- Final Program Assessment Report:
  - You will submit a final Program Assessment Report at the end of the period of performance that would show, explain, and discuss results and outcomes.
- Final Closeout Report:
  - You will submit a final report within 120 days after the period of performance ends.

The final report collects program-specific goals and progress on strategies; core performance measurement data; impact of the overall project; the degree to which the award recipient achieved the mission, goal and strategies outlined in the program; award recipient objectives and accomplishments; barriers encountered; and responses to summary questions regarding the award recipient's overall experiences over the entire period of performance.

Contacts and Support

In this step

Agency contacts

Program and eligibility

Katherine Lloyd
Community Based Division
Attn: Rural PACE Planning and Development
Federal Office of Rural Health Policy
Health Resources and Services Administration
Email your questions to: klloyd@hrsa.gov
Call: 301-443-2933

Financial and budget

Kimberly Dews
Grants Management Specialist
Division of Grants Management Operations, OFAAM
Health Resources and Services Administration
Email your questions to: kdews@hrsa.gov
Call: 301-443-0655

HRSA Contact Center

Open Monday – Friday, 7 a.m. – 8 p.m. ET, except for federal holidays.
Call: 877-464-4772 / 877-Go4-HRSA
TTY: 877-897-9910

Electronic Handbooks Contact Center

Grants.gov

Grants.gov provides 24/7 support. You can call 800-518-4726, search the Grants.gov Knowledge Base, or email Grants.gov for support. Hold on to your ticket number.

SAM.gov

If you need help, you can call 866-606-8220 or live chat with the Federal Service Desk.

Helpful websites

- [HRSA Grants page](#)

- [HHS Tips for Preparing Grant Proposals](#)

- [CMS PACE page](#)

- The composition of the interdisciplinary team must be composed of members qualified to fill, at minimum, the following roles, in accordance with CMS guidelines. One individual may fill two separate roles on the interdisciplinary team where the individual meets applicable state licensure requirements and is qualified to fill the two roles and able to provide appropriate care to meet the needs of participants.

  - Primary care provider

  - Registered Nurse

  - Master's-level social worker

  - Physical therapist

  - Occupational therapist

  - Recreational therapist or activity coordinator

  - Dietitian

  - PACE center manager

  - Home care coordinator

  - Personal care attendant or his or her representative

  - Driver or his or her representative

- [Assessment Tools | NPA | National PACE Association](#)

  - [Interactive Map of Potential PACE-Eligible Populations | NPA | National PACE Association](#)

Appendix A: Determining Rural Service Area

For the purposes of this NOFO, there are **two ways to determine** if a county or census tract is a HRSA-designated rural area:

- **Rural Health Grants Eligibility Analyzer**
  - ○ The Rural Health Grants Eligibility Analyzer identifies all counties and census tracts that are considered a HRSA-designated rural area as of Fiscal Year (FY) 2025.

- **List of formerly HRSA-designated rural counties**
  - ○ There are 17 counties that were considered fully within HRSA-designed rural areas in FY 2024 that are no longer fully rural due to updates from the Office of Management and Budget (OMB).
  - ○ While either some or all areas in these 17 counties will **not** appear as rural in the Rural Health Grants Eligibility Analyzer, reference to **these counties** in your application will qualify as HRSA-designated rural areas for the purposes of this NOFO.

In Attachment 3: Map of service area, to document rural service areas, please include a screenshot or printout of the Eligibility Analyzer result or reference the list of 17 eligible counties, as applicable.

Below is a list of counties that were fully rural in FY 2024 and have changed status in FY 2025.

Note: These counties may still include rural census tracts, but they are no longer fully rural due to the OMB updates

FIPS Code	State	County
09005	CT	Litchfield*
12089	FL	Nassau
18159	IN	Tipton
20103	KS	Leavenworth
22093	LA	St. James
26055	MI	Grand Traverse
26089	MI	Leelanau
32019	NV	Lyon
37125	NC	Moore
39043	OH	Erie
39127	OH	Perry
47057	TN	Grainger
47119	TN	Maury
48291	TX	Liberty
48325	TX	Medina
48497	TX	Wise
55123	WI	Vernon

*Note: In 2022, Connecticut adopted nine planning regions as county-equivalents, effectively renaming and redrawing county lines. In the prior rural definitions update, Litchfield was a fully HRSA-designated rural area. With the redrawing, some Litchfield census tracts moved to neighboring planning regions, which are not fully FORHP rural. For the FY 2025, any census tract that was in Litchfield County, CT will still be considered FORHP rural.

Appendix B: Approved State Benefits

The following table provides a complete list of states that have *approved state benefits for the PACE Program.

For more information, see also the National PACE Association's [Find a PACE Program](#)

• States with Approved Benefits for the PACE Programs		
• Alabama	• Massachusetts	• Rhode Island
• Arkansas	• Michigan	• South Carolina
• California	• Missouri	• Tennessee
• Colorado	• Nebraska	• Texas
• Delaware	• New Jersey	• Virginia
• Florida	• New Mexico	• Washington
• Illinois	• New York	• Wisconsin
• Indiana	• North Carolina	
• Iowa	• North Dakota	
• Kansas	• Ohio	
• Kentucky	• Oklahoma	
• Louisiana	• Oregon	
• Maryland	• Pennsylvania	

*approved at the time of issuance of this NOFO [4]

Endnotes

1. NPA | National PACE Association ↑
2. The Program of All-Inclusive Care for the Elderly: An Update after 25 Years of Permanent Provider Status ↑
3. https://www.hrsa.gov/sites/default/files/hrsa/rural-health/resources/nac-policy-brief.pdf ↑
4. https://www.cms.gov/medicare/health-plans/pace/expansions ↑