



Recipient Information

1. Recipient Name

CALIFORNIA DEPARTMENT OF HEALTH
CARE ACCESS AND INFORMATION
2020 W El Camino Ave STE 1222
Sacramento, CA 95833-2988
[NoPhoneRecord]

2. Congressional District of Recipient
06

3. Payment System Identifier (ID)
1680281367A1

4. Employer Identification Number (EIN)
680281367

5. Data Universal Numbering System (DUNS)
106882207

6. Recipient's Unique Entity Identifier (UEI)
M87NLKNWNYR7

7. Project Director or Principal Investigator

Hovik Khosrovian
Senior Policy Advisor
hovik.khosrovian@hcai.ca.gov
9163263734

8. Authorized Official

Hovik Khosrovian
Senior Policy Advisor
hovik.khosrovian@hcai.ca.gov
9163263734

Federal Agency Information

Office of Acquisitions and Grants Management

9. Awarding Agency Contact Information

Chris Clark
christopher.clark@cms.hhs.gov
301-492-4319

10. Program Official Contact Information

Katherine Sapra
Acting Deputy Director
katherine.sapra@cms.hhs.gov
410-786-8984

Federal Award Information

11. Award Number

RHTCMS332078-01-01

12. Unique Federal Award Identification Number (FAIN)

RHTCMS332078

13. Statutory Authority

Big Beautiful Bill Act of 2025, Section 71401

14. Federal Award Project Title

The California Rural Health Transformation Program will provide novel and innovative strategies to bring rural and frontier communities the resources and quality health care services that they need.

15. Assistance Listing Number

93.798

16. Assistance Listing Program Title

Rural Health Transformation Program

17. Award Action Type

Revision (Budget)

18. Is the Award R&D?

No

Summary Federal Award Financial Information

19. Budget Period Start Date	12/29/2025	- End Date	10/30/2026
20. Total Amount of Federal Funds Obligated by this Action			\$0.00
20a. Direct Cost Amount			(\$6,174,482.59)
20b. Indirect Cost Amount			\$6,174,482.59
21. Authorized Carryover			\$0.00
22. Offset			\$0.00
23. Total Amount of Federal Funds Obligated this budget period			\$233,639,308.47
24. Total Approved Cost Sharing or Matching, where applicable			\$0.00
25. Total Federal and Non-Federal Approved this Budget Period			\$233,639,308.47
26. Period of Performance Start Date	12/29/2025	- End Date	10/30/2030
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance			\$233,639,308.47

28. Authorized Treatment of Program Income

ADDITIONAL COSTS

29. Grants Management Officer - Signature

Ms. Shamia Cunningham
Grants Management Officer

30. Remarks

See Remarks (continuation)



Award# RHTCMS332078-01-01

FAIN# RHTCMS332078

Federal Award Date: 02/27/2026

Recipient Information
Recipient Name CALIFORNIA DEPARTMENT OF HEALTH CARE ACCESS AND INFORMATION 2020 W El Camino Ave STE 1222 Sacramento, CA 95833-2988 [NoPhoneRecord]
Congressional District of Recipient 06
Payment Account Number and Type 1680281367A1
Employer Identification Number (EIN) Data 680281367
Universal Numbering System (DUNS) 106882207
Recipient's Unique Entity Identifier (UEI) M87NLKNWNYR7
31. Assistance Type Cooperative Agreement
32. Type of Award Other

33. Approved Budget (Excludes Direct Assistance)	
I. Financial Assistance from the Federal Awarding Agency Only	
II. Total project costs including grant funds and all other financial participation	
a. Salaries and Wages	\$2,252,212.50
b. Fringe Benefits	\$1,195,023.95
c. Total Personnel Costs	\$3,447,236.45
d. Equipment	\$0.00
e. Supplies	\$349,225.03
f. Travel	\$56,834.40
g. Construction	\$0.00
h. Other	\$50,000,000.00
i. Contractual	\$173,611,530.00
j. TOTAL DIRECT COSTS	\$227,464,825.88
k. INDIRECT COSTS	\$6,174,482.59
l. TOTAL APPROVED BUDGET	\$233,639,308.47
m. Federal Share	\$233,639,308.47
n. Non-Federal Share	\$0.00

34. Accounting Classification Codes						
FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	ASSISTANCE LISTING	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
6-5992269	RHT332078A	RHT	4158	93.798	\$0.00	75-2632-0515



Department of Health and Human Services

Centers for Medicare & Medicaid Services

Notice of Award

Award# RHTCMS332078-01-01

FAIN# RHTCMS332078

Federal Award Date: 02/27/2026

Remarks (Continuation)

This Notice of Award approves the revised budget and partial lift of restriction in the amount of \$183,639,308.47 per your request dated 01/30/2026. The line items listed below will remain restricted in the "Other" cost category until CMS receives additional information:

Transformative Payments to Support Strategically Located Hospitals \$50,000,000

Recipient Specific, Program, and Standard Terms and Conditions remain in effect.