



Department of Health and Human Services
Centers for Medicare & Medicaid Services

Notice of Award

Award# RHTCMS332078-01-04

FAIN# RHTCMS332078

Federal Award Date: 08/28/2026

Recipient Information

1. Recipient Name

CALIFORNIA DEPARTMENT OF HEALTH
CARE ACCESS AND INFORMATION
2020 W El Camino Ave STE 1222
Sacramento, CA 95833-2988
9163263734

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

Jennifer Hernandez
Program Director
Jennifer.Hernandez@hcai.ca.gov
916-326-3660

8. Authorized Official

Michael Valle
Assistant Director
michael.valle@hcai.ca.gov
916-326-3954

Federal Agency Information

Office of Acquisitions and Grants Management

9. Awarding Agency Contact Information

Dawn Graham
Grant Management Specialist
dawn.graham2@cms.hhs.gov
4107865007

10. Program Official Contact Information

Stephanie Magill
State Project Officer
stephanie.magill1@cms.hhs.gov
2066152340

Federal Award Information

11. Award Number

RHTCMS332078-01-04

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 (NoA Other)

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	\$0.00		
20b. Indirect Cost Amount	\$0.00		
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

Mrs. Monica Anderson
Grants Management Officer

30. Remarks

This notice of award approves the key personnel change per the recipient requests. Michael Valle is now listed as the Authorized Organizational Representative (AOR).

All other terms and conditions remain in effect.



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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	\$2,502,458.47
b. Fringe Benefits	\$1,327,804.00
c. Total Personnel Costs	\$3,830,262.47
d. Equipment	\$0.00
e. Supplies	\$349,233.00
f. Travel	\$57,550.00
g. Construction	\$0.00
h. Other	\$0.00
i. Contractual	\$223,227,780.00
j. TOTAL DIRECT COSTS	\$227,464,825.47
k. INDIRECT COSTS	\$6,174,483.00
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