



Recipient Information

1. Recipient Name

ARIZONA HEALTH CARE COST
CONTAINMENT SYSTEM
801 E Jefferson St
Phoenix, AZ 85034-2217
602-417-4711

2. Congressional District of Recipient
03

3. Payment System Identifier (ID)
1866004791X7

4. Employer Identification Number (EIN)
866004791

5. Data Universal Numbering System (DUNS)
805346798

6. Recipient's Unique Entity Identifier (UEI)
LJGVPF5ULHJ3

7. Project Director or Principal Investigator

Josue Macias
Sr. Operations Advisor
Josue.Macias@azahcccs.gov
602 826 9271

8. Authorized Official

Mrs. Carol Loiselle
Assistant Director
CJ.Loiselle@azahcccs.gov
6023595832

Federal Agency Information

Office of Acquisitions and Grants Management

9. Awarding Agency Contact Information

Ms. Jennifer Herndon
Grants Management Specialist
jennifer.herndon1@cms.hhs.gov
410-786-8598

10. Program Official Contact Information

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

Federal Award Information

11. Award Number

RHTCMS332059-01-01

12. Unique Federal Award Identification Number (FAIN)

RHTCMS332059

13. Statutory Authority

Big Beautiful Bill Act of 2025, Section 71401

14. Federal Award Project Title

Arizona's RHTP drives innovation in rural healthcare delivery through telehealth and integrated care, targeting behavioral health, chronic disease, child and maternal health, and healthcare workforce

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			(\$14,667,237.60)
20b. Indirect Cost Amount			\$14,667,237.60
21. Authorized Carryover			\$0.00
22. Offset			\$0.00
23. Total Amount of Federal Funds Obligated this budget period			\$166,988,955.92
24. Total Approved Cost Sharing or Matching, where applicable			\$0.00
25. Total Federal and Non-Federal Approved this Budget Period			\$166,988,955.92
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			\$166,988,955.92

28. Authorized Treatment of Program Income

ADDITIONAL COSTS

29. Grants Management Officer - Signature

Ms. Shamia Cunningham
Grants Management Officer

30. Remarks

See Remarks (continuation)



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Congressional District of Recipient 03
Payment Account Number and Type 1866004791X7
Employer Identification Number (EIN) Data 866004791
Universal Numbering System (DUNS) 805346798
Recipient's Unique Entity Identifier (UEI) LJGVPF5ULHJ3
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	\$1,417,500.00
b. Fringe Benefits	\$567,000.00
c. Total Personnel Costs	\$1,984,500.00
d. Equipment	\$0.00
e. Supplies	\$32,750.00
f. Travel	\$14,408.00
g. Construction	\$0.00
h. Other	\$0.00
i. Contractual	\$150,290,060.32
j. TOTAL DIRECT COSTS	\$152,321,718.32
k. INDIRECT COSTS	\$14,667,237.60
l. TOTAL APPROVED BUDGET	\$166,988,955.92
m. Federal Share	\$166,988,955.92
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	RHT332059A	RHT	4158	93.798	\$0.00	75-2632-0515



Department of Health and Human Services

Centers for Medicare & Medicaid Services

Notice of Award

Award# RHTCMS332059-01-01

FAIN# RHTCMS332059

Federal Award Date: 02/24/2026

Remarks (Continuation)

This Notice of Award approves the revised budget and lifting of restriction in the amount of \$166,988,955.92 per your request dated 02/17/2026.

Sufficient reporting information was provided to lift the restriction on contractual funds. However, a complete description and cost breakdown must be provided to CMS for each consultant, subrecipient, or contract upon selection. If Recipient previously included any of the required contractual reporting information in its budget, this information should be updated, as necessary, to reflect the specific subrecipient/contractor/consultant selected. Please review the "CMS Guidance for Preparing a Budget Request and Narrative" (Section F) for further guidance on these requirements: <https://www.cms.gov/about-cms/work-us/cms-grants-cooperative-agreements/how-apply-cms-grants/cms-guidance-preparing-budget-request-narrative>

Program, and Standard Terms and Conditions remain in effect.