1. ISSUE DATE: (MM/DD/YYYY) 8/15/2022	DEPARTMENT OF HEALTH AND HUMAN SERVICES HEALTH RESOURCES AND SERVICES ADMINISTRATION
<b>2a. FTCA DEEMING NOTICE NO.:</b> 1-F00001160-22-01	
2b. Supersedes: []	
3. COVERAGE PERIOD: From: 1/1/2023 Through: 12/31/2023	
4. NOTICE TYPE: Renewal	
5. ENTITY NAME AND ADDRESS: HORIZON HEALTH AND WELLNESS, INC. 625 N PLAZA DR	
APACHE JCT, AZ 85120	FEDERAL TORT CLAIMS ACT AUTHORIZATION:
6. ENTITY TYPE: Grantee	Federally Supported Health Centers Assistance Act(FSHCAA), as amended, Sections 224(g)-(n) of the Public Health Service (PHS) Act, 42 U.S.C. § 233(g)-(n)
7. EXECUTIVE DIRECTOR: Laura Larson-Huffaker	
8a. GRANTEE ORGANIZATION: HORIZON HEALTH AND WELLNESS, INC.	
8b. GRANT NUMBER: H80CS26606	
9. THIS ACTION IS BASED ON THE INFORMATION SUBMITTED TO, AND AS APPR SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY ( a. The authorizing program legislation cited above. b. The program regulation cited above, and,	ROVED BY HRSA, AS REQUIRED UNDER 42 U.S.C. § 233(h) FOR THE ABOVE TITLED ENTITY AND IS OR BY REFERENCE IN THE FOLLOWING:

c. HRSA's FTCA-related policies and procedures.

In the event there are conflicting or otherwise inconsistent policies applicable to the program, the above order of precedence shall prevail.

10. Remarks:

The check box [x] in the supersedes field indicates that this notice supersedes any and all active NDAs and rescinds any and all future NDAs issued prior to this notice.

Electronically signed by Tonya Bowers, Deputy Associate Administrator for Primary Health Care on: 8/15/2022 9:14:33 AM

A printer version document only. The document may contain some accessibility challenges for the screen reader users. To access same information, a fully 508 compliant accessible HTML version is available on the HRSA Electronic Handbooks in the FTCA Folder. If you need more information, please contact the BPHC Helpline at 877-974-BPHC (2742); Weekdays from 8:30 AM to 5:30 PM ET.