

1. DATE ISSUED MM/DD/YYYY 01/19/2017 | 2. CFDA NO. 93.624 | 3. ASSISTANCE TYPE Cooperative Agreement

Department of Health and Human Services  
Centers for Medicare & Medicaid Services  
Office of Acquisitions and Grants Management

7500 Security Boulevard  
Baltimore, MD 21244

1a. SUPERSEDES AWARD NOTICE dated 12/19/2016  
except that any additions or restrictions previously imposed remain  
in effect unless specifically rescinded

4. GRANT NO. 1G1CMS331404-02-05  
Formerly

5. ACTION TYPE  
Post Award  
Amendment

6. PROJECT PERIOD MM/DD/YYYY  
From 02/01/2015 Through 01/31/2019

7. BUDGET PERIOD MM/DD/YYYY  
From 09/28/2016 Through 09/27/2017

**NOTICE OF AWARD**

AUTHORIZATION (Legislation/Regulations)  
Section 1115A of the Social Security Act (added by section 3021 of the  
Patient Protection and Affordable Care Act (P.L. 111-148))

8. TITLE OF PROJECT (OR PROGRAM)

State Innovation Models: Round Two of Funding for Design and Test Assistance

9a. GRANTEE NAME AND ADDRESS  
State of Connecticut Office of the Healthcare Advocate  
PO BOX 1543  
Hartford, CT 06144-1543

9b. GRANTEE PROJECT DIRECTOR  
Dr. Mark C. Schaefer Ph.D  
PO BOX 1543  
Hartford, CT 06144-1543  
Phone: 860-331-2461

10a. GRANTEE AUTHORIZING OFFICIAL  
Ms. Demian Fontanella  
450 Capitol Avenue  
Hartford, CT 06106-1300  
Phone: 860-331-2443

10b. FEDERAL PROJECT OFFICER  
Christina Crider  
7500 Security Boulevard  
Baltimore, MD 21244  
Phone: 4107863900

**ALL AMOUNTS ARE SHOWN IN USD**

11. 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 <span style="border: 1px solid black; padding: 2px;">II</span>	
a. Salaries and Wages .....	1,189,576.00
b. Fringe Benefits .....	978,161.00
c. Total Personnel Costs .....	2,167,737.00
d. Equipment .....	0.00
e. Supplies .....	85,768.10
f. Travel .....	15,802.50
g. Construction .....	0.00
h. Other .....	1,160.50
i. Contractual .....	13,335,038.35
j. TOTAL DIRECT COSTS →	15,605,506.45
k. INDIRECT COSTS	0.00
l. TOTAL APPROVED BUDGET	15,605,506.45
m. Federal Share	15,605,506.45
n. Non-Federal Share	0.00

12. AWARD COMPUTATION			
a. Amount of Federal Financial Assistance (from item 11m)			15,605,506.45
b. Less Unobligated Balance From Prior Budget Periods			1,823,345.45
c. Less Cumulative Prior Award(s) This Budget Period			13,782,161.00
d. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION			0.00
13. Total Federal Funds Awarded to Date for Project Period			21,115,007.00
14. RECOMMENDED FUTURE SUPPORT (Subject to the availability of funds and satisfactory progress of the project):			
YEAR	TOTAL DIRECT COSTS	YEAR	TOTAL DIRECT COSTS
a. 3		d. 6	
b. 4		e. 7	
c. 5		f. 8	
15. PROGRAM INCOME SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES:			<span style="border: 1px solid black; padding: 5px;">b</span>
a. DEDUCTION			
b. ADDITIONAL COSTS			
c. MATCHING			
d. OTHER RESEARCH (Add / Deduct Option)			
e. OTHER (See REMARKS)			
16. THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY, THE FEDERAL AWARING AGENCY ON THE ABOVE TITLED PROJECT AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE IN THE FOLLOWING:			
a. The grant program legislation			
b. The grant program regulations.			
c. This award notice including terms and conditions, if any, noted below under REMARKS.			
d. Federal administrative requirements, cost principles and audit requirements applicable to this grant.			
In the event there are conflicting or otherwise inconsistent policies applicable to the grant, the above order of precedence shall prevail. Acceptance of the grant terms and conditions is acknowledged by the grantee when funds are drawn or otherwise obtained from the grant payment system.			

REMARKS (Other Terms and Conditions Attached -  Yes  No)  
See next page

GRANTS MANAGEMENT OFFICIAL: Michelle Feagins, Grants Management Officer

17. OBJ CLASS	18a. VENDOR CODE	18b. EIN	19. DUNS	20. CONG. DIST.
FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	AMT ACTION FIN ASST	APPROPRIATION
4115	1066000798Q3	066000798	026200517	01
21. a. 6-5990300	b. 1G1331404A	c. SIM	d. \$0.00	e. 75X0522
22. a.	b.	c.	d.	e.
23. a.	b.	c.	d.	e.

NOTICE OF AWARD (Continuation Sheet)

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GRANT NO. 1G1CMS331404-02-05	

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REMARKS:

This Notice of Award approves the revised Budget Narrative and SF424A, per your request dated December 23, 2016.

This Notice of Award approves the lifting of restriction in the amount of \$526,281.88, per your request dated December 23, 2016.

1. TriCom Consulting LLC - \$314,885
2. Freedman HealthCare LLC - \$75,000
3. Community Health Network of Connecticut - \$136,396.88

NOTICE OF AWARD (Continuation Sheet)

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Federal Financial Report Cycle			
Reporting Period Start Date	Reporting Period End Date	Reporting Type	Reporting Period Due Date
02/01/2015	09/27/2016	Annual	12/26/2016
09/28/2016	09/27/2017	Annual	12/26/2017