

1. DATE ISSUED MM/DD/YYYY 02/02/2017 | 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 01/19/2017
except that any additions or restrictions previously imposed remain
in effect unless specifically rescinded

4. GRANT NO. 1G1CMS331404-02-06 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
II Total project costs including grant funds and all other financial participation	
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:		b
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 AWARDING 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 4115	18a. VENDOR CODE 1066000798Q3	18b. EIN 066000798	19. DUNS 026200517	20. CONG. DIST. 01
FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	AMT ACTION FIN ASST	APPROPRIATION
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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REMARKS:

This Notice of Award approves the lifting of restriction in the amount of \$304,535.50 per your updated request dated January 31, 2017.

1. Community Health Center Inc. - \$275,732
2. UConn Health, CT AHEC - \$10,323.50
3. Mercer Health & Benefits LLC - \$18,480

Restriction of Funds - The Recipient may not draw down funds in the amount of \$2,285. The funds are restricted until the required information is provided and prior approval is granted by CMS.

1. Community Health Center Inc. - \$1,000
2. Subcontractor Safety Net - \$700
3. Subcontractor UCONN HDI - \$585

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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