

1. DATE ISSUED MM/DD/YYYY 07/03/2019		1a. SUPERSEDES AWARD NOTICE dated 01/31/2019 except that any additions or restrictions previously imposed remain in effect unless specifically rescinded	
2. CFDA NO. 93.624 - State Innovation Model			
3. ASSISTANCE TYPE Cooperative Agreement			
4. GRANT NO. 1G1CMS331630-02-01 Formerly 1G1CMS331404		5. TYPE OF AWARD Other	
4a. FAIN 1G1CMS331404		5a. ACTION TYPE Post Award Amendment	
6. PROJECT PERIOD MM/DD/YYYY From 06/01/2018		Through 01/31/2020	
7. BUDGET PERIOD MM/DD/YYYY From 02/01/2019		Through 01/31/2020	
8. TITLE OF PROJECT (OR PROGRAM) State Innovation Models: Round Two of Funding for Design and Test Assistance			

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

7500 Security Boulevard
Baltimore, MD 21244

NOTICE OF AWARD
AUTHORIZATION (Legislation/Regulations)
SEC 4360 OBRA of 1990

9a. GRANTEE NAME AND ADDRESS OFFICE OF HEALTH STRATEGY 410 Capitol Ave Hartford, CT 06106-1367	9b. GRANTEE PROJECT DIRECTOR Mark Schaefer 410 Capitol Avenue PO Box 340308 Hartford, CT 06106 Phone: 860-331-2461
10a. GRANTEE AUTHORIZING OFFICIAL Ms. Victoria Veltri 450 Capitol Ave Hartford, CT 06106-1365 Phone: 860-524-7386	10b. FEDERAL PROJECT OFFICER Rose Anne Felipe 7500 Security Blvd Baltimore, MD 21244-1849 Phone: 4107862482

ALL AMOUNTS ARE SHOWN IN USD

11. APPROVED BUDGET (Excludes Direct Assistance)		12. AWARD COMPUTATION	
I Financial Assistance from the Federal Awarding Agency Only		a. Amount of Federal Financial Assistance (from item 11m) 18,057,154.00	
II Total project costs including grant funds and all other financial participation II		b. Less Unobligated Balance From Prior Budget Periods 9,344,866.00	
a. Salaries and WageS	978,724.00	c. Less Cumulative Prior Award(s) This Budget Period 8,712,288.00	
b. Fringe Benefits	909,234.00	d. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION 0.00	
c. Total Personnel Costs	1,887,958.00	13. Total Federal Funds Awarded to Date for Project Period 30,419,177.46	
d. Equipment	0.00	14. RECOMMENDED FUTURE SUPPORT (Subject to the availability of funds and satisfactory progress of the project):	
e. Supplies	1,000.00	YEAR	TOTAL DIRECT COSTS
f. Travel	27,569.00	a. 3	d. 6
g. Construction	0.00	b. 4	e. 7
h. Other	1,377.00	c. 5	f. 8
i. Contractual	16,139,250.00	15. PROGRAM INCOME SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES:	
j. TOTAL DIRECT COSTS	18,057,154.00	a. DEDUCTION	
k. INDIRECT COSTS	0.00	b. ADDITIONAL COSTS	
l. TOTAL APPROVED BUDGET	18,057,154.00	c. MATCHING	
m. Federal Share	18,057,154.00	d. OTHER RESEARCH (Add / Deduct Option)	
n. Non-Federal Share	0.00	e. OTHER (See REMARKS)	
REMARKS (Other Terms and Conditions Attached - <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No)		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:	
See next page		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.	

GRANTS MANAGEMENT OFFICIAL:

Jamie Atwood, Sr. Grants Policy Specialist
200 Independence Avenue, S.W.
Room 738-G
Washington, DC 20201-null
Phone: 301-492-4295

17.OBJ CLASS 4158	18a. VENDOR CODE 1066000798Q8	18b. EIN 066000798	19. DUNS 080974802	20. CONG. DIST. 01
FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	AMT ACTION FIN ASST	APPROPRIATION
21. a. 9-5990300	b. 1G1331630A	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. 1G1CMS331630-02-01	

REMARKS:

1. This Notice of Award approves the request to Carryover AY3 unobligated funds in the amount of \$9,344,866 to AY4 Budget Performance Period, per the amendment and revised documents submitted June 14, 2019.

2. This Notice of Award approves the lifting of restrictions for AY3 Carryover funds in the amount of \$1,436,910.42, per the amendment and revised documents submitted June 14, 2019.

TRAVEL

IHI Travel - \$1,704.29
ONC Travel - \$2,422.22
HIMSS Travel - \$7,332.32
Annual CDC Conference - \$1,753.47

CONTRACTORS

NCQA - \$5,110
Qualidigm - \$53,416
Perception Programs - \$2,000
HMA PSI work - \$31,003.02
Wheeler Clinic CCIP - \$173,902
Northeast Medical Group - \$329,322
Freedman Healthcare VBID - \$1,237.57
Community Health Center Inc. - \$350,616
Prospect CT Medical Foundation - \$66,592
AR Mazzota Employment Specialists - \$4,208.64
Ledge Light Health District Travel Costs - \$166.50
PATH Parent to Parent/Family Voices of CT - \$2,000
St. Vincents Medical Center - CCIP TA/SA - \$368,174
Naugatuck Valley Health District (PSI CBOs) - \$8,135.35
University of Connecticut School of Pharmacy - \$8,736.22
Southwestern CT Agency on Aging (PSI CBOs) - \$6,534.72
Center for Urban Research, Education and Training - \$2,000
City of New Haven Health Department (PSI CBOs) - \$10,544.10

3. Restriction of Funds - The Recipient may not draw down funds in the amount of \$7,907,955.58 for the following budget line items. The funds will remain restricted until the required budgetary information is submitted and prior approval is granted by CMS.

Travel: \$6,212.70
Consulting/Contracting: \$7,901,742.88