

1. DATE ISSUED MM/DD/YYYY 06/30/2016 | 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 06/10/2016  
except that any additions or restrictions previously imposed remain  
in effect unless specifically rescinded

4. GRANT NO. 1G1CMS331404-01-13  
Formerly

5. ACTION TYPE  
Post Award  
Amendment

6. PROJECT PERIOD MM/DD/YYYY  
From 02/01/2015 Through 09/30/2019

7. BUDGET PERIOD MM/DD/YYYY  
From 02/01/2015 Through 09/30/2016

**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. Victoria Veltri  
153 Market St  
Hartford, CT 06103-1300  
Phone: 860-331-2441

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

**ALL AMOUNTS ARE SHOWN IN USD**

|  |                     |
|--|---------------------|
| <b>11. APPROVED BUDGET (Excludes Direct Assistance)</b>                            |                     |
| I Financial Assistance from the Federal Awarding Agency Only                       | <b>II</b>           |
| II Total project costs including grant funds and all other financial participation |                     |
| a. Salaries and Wages .....  | 378,387.00          |
| b. Fringe Benefits .....   | 296,776.00          |
| c. Total Personnel Costs .....   | 675,163.00          |
| d. Equipment .....   | 0.00                |
| e. Supplies .....  | 12,995.50           |
| f. Travel .....  | 10,689.00           |
| g. Construction .....  | 0.00                |
| h. Other .....   | 3,996.50            |
| i. Contractual .....   | 6,630,002.00        |
| j. TOTAL DIRECT COSTS →  | 7,332,846.00        |
| k. INDIRECT COSTS  | 0.00                |
| <b>l. TOTAL APPROVED BUDGET</b>  | <b>7,332,846.00</b> |
| m. Federal Share   | 7,332,846.00        |
| n. Non-Federal Share   | 0.00                |

|   |                     |
|---|---------------------|
| <b>12. AWARD COMPUTATION</b>                                      |                     |
| a. Amount of Federal Financial Assistance (from item 11m)         | 7,332,846.00        |
| b. Less Unobligated Balance From Prior Budget Periods             | 0.00                |
| c. Less Cumulative Prior Award(s) This Budget Period              | 7,332,846.00        |
| <b>d. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION</b>              | <b>0.00</b>         |
| <b>13. Total Federal Funds Awarded to Date for Project Period</b> | <b>7,332,846.00</b> |

|   |                    |      |                    |
|---|--------------------|------|--------------------|
| <b>14. RECOMMENDED FUTURE SUPPORT</b><br>(Subject to the availability of funds and satisfactory progress of the project): |                    |      |                    |
| YEAR  | TOTAL DIRECT COSTS | YEAR | TOTAL DIRECT COSTS |
| a. 2  |                    | d. 5 |                    |
| b. 3  |                    | e. 6 |                    |
| c. 4  |                    | f. 7 |                    |

|   |  |          |
|---|--|----------|
| <b>15. PROGRAM INCOME SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES:</b> |  | <b>b</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)

This Notice of Award approves the revised Budget Narrative and SF 424A, per your request dated June 21, 2016.

This Notice of Award approves the lifting of restriction in the amount of \$27,475 for the contract with Freedman Healthcare, LLC, per your request dated June 21, 2016.

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. 5-5990300   | 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)

|                              |                           |
|------------------------------|---------------------------|
| PAGE 2 of 2                  | DATE ISSUED<br>06/30/2016 |
| GRANT NO. 1G1CMS331404-01-13 |                           |

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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                     | 09/30/2016                | Annual         | 12/29/2016                |