1. DATE ISSUED MM/E 04/13/2017	DD/YYYY 2	93.624	C		· -	
1a. SUPERSEDES AWARD NOTICE dated 04/02/2017 except that any additions or restrictions previously imposed remain in effect unless specifically rescinded						
4. GRANT NO. 1G1CMS331404-02-11 Formerly			5. ACTION TYPE Post Award Amendment			
6. PROJECT PERIOD	. PROJECT PERIOD MM/DD/YYYY			MM/DD/YYYY		
From	02/0	1/2015		Through	01/31/2019	
7. BUDGET PERIOD	MM/	DD/YYYY			MM/DD/YYYY	
From	09/2	8/2016		Through	09/27/2017	

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) 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 9b. GRANTEE PROJECT DIRECTOR State of Connecticut Office of the Healthcare Advocate Dr. Mark C. Schaefer Ph.D PO BOX 1543 PO BOX 1543 Hartford, CT 06144-1543 Hartford, CT 06144-1543 Phone: 860-331-2461 10a. GRANTEE AUTHORIZING OFFICIAL 10b. FEDERAL PROJECT OFFICER Christina Crider Ms. Demian Fontanella 7500 Security Boulevard 450 Capitol Avenue Baltimore, MD 21244 Hartford , CT 06106-1300 Phone: 4107863900 Phone: 860-331-2443 ALL AMOUNTS ARE SHOWN IN USD 11. APPROVED BUDGET (Excludes Direct Assistance) 12. AWARD COMPUTATION 15,605,506.45 I Financial Assistance from the Federal Awarding Agency Only a. Amount of Federal Financial Assistance (from item 11m) Ш 1,823,345.45 II Total project costs including grant funds and all other financial participation b. Less Unobligated Balance From Prior Budget Periods c. Less Cumulative Prior Award(s) This Budget Period 13,782,161.00 Salaries and Wages a. 1,189,576.00 d. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION 0.00 Fringe Benefits b. 978,161.00 13. Total Federal Funds Awarded to Date for Project Period 21,115,007.00 **Total Personnel Costs** C. 14. RECOMMENDED FUTURE SUPPORT 2,167,737.00 (Subject to the availability of funds and satisfactory progress of the project): Equipment d. 0.00 TOTAL DIRECT COSTS YEAR TOTAL DIRECT COSTS YEAR Supplies 85,768.10 a. 3 d. 6 Travel 15,802.50 e. 7 b. 4 Construction c. 5 f. 8 0.00 15. PROGRAM INCOME SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES: Other 1,160.50 DEDUCTION Contractual i 13,335,038.35 b ADDITIONAL COSTS MATCHING OTHER RESEARCH (Add / Deduct Option) OTHER (See REMARKS)

INDIRECT COSTS 0.00 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: **TOTAL APPROVED BUDGET** 15,605,506.45

15,605,506.45

15,605,506.45

The grant program legislation The grant program regulations. This award notice including terms and conditions, if any, noted below under REMARKS. 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 -

TOTAL DIRECT COSTS

X Yes

No)

0.00

See next page

Federal Share

Non-Federal Share

Michelle Feagins, Grants Management Officer GRANTS MANAGEMENT OFFICIAL:

17. OBJ CLASS	s 4115	18a. VENDOR CODE	1066000798Q3	18b. EIN	066000798	19. DUNS	026200517	20. CONG. DIST.	01
FY-A	CCOUNT NO.	DOCUI	MENT NO.		ADMINISTRATIVE CODE	AMT .	ACTION FIN ASST	APPROPRIA	ATION
21. a. 6	6-5990300	b. 1G13	331404A	C.	SIM	d.	\$0.00	e. 7	5X0522
22. a.		b.		C.		d.		e.	
23. a.		b.		C.		d.		e.	

NOTICE OF AWARD (Continuation Sheet)

PAGE 2 of 3	3	DATE ISSUED
		04/13/2017
GRANT NO.	1G1C	MS331404-02-11

REMARKS:

This Notice of Award approves the lifting of restriction in the amount of \$191,099.78 for two contracts, per your request dated April 11, 2017.

- 1. Health Resources in Action, Inc. \$48,599.78
- 2. Community Health Network of Connecticut (CHNCT) and GreatBlue Research, Inc.- \$142,500

This Notice of Award approves the lifting of restriction in the amount of \$112,200 for the contract with Decision Support System, LP (DSS), per your request dated March 30, 2017.

NOTICE OF AWARD (Continuation Sheet)

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		04/13/2017
GRANT NO. 1G1C		MS331404-02-11

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			