

1. DATE ISSUED MM/DD/YYYY | 2. CFDA NO. | 3. ASSISTANCE TYPE
 09/06/2017 | 93.624 | 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 07/13/2017
 except that any additions or restrictions previously imposed remain
 in effect unless specifically rescinded

4. GRANT NO. | 5. ACTION TYPE
 1G1CMS331404-02-17 | Post Award
 Formerly | Amendment

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

7. BUDGET PERIOD MM/DD/YYYY | MM/DD/YYYY
 From 09/28/2016 | Through 01/31/2018

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
 Mr. Ted Doolittle
 PO Box 1543
 Hartford, CT 06144-1365
 Phone: 860-331-2441

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: | |
|--|----------|
| a. DEDUCTION | b |
| 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 | 18a. VENDOR CODE | 18b. EIN | 19. DUNS | 20. CONG. DIST. |
|------------------|------------------|---------------------|---------------------|-----------------|
| 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)

| | |
|------------------------------|---------------------------|
| PAGE 2 of 3 | DATE ISSUED 09/06/2017 |
| GRANT NO. 1G1CMS331404-02-17 | |

REMARKS:

This Notice of Award approves a 4 month extension through January 31, 2017, per your updated request dated August 29, 2017.

This Notice of Award approves the lifting of restriction in the amount of \$355,121.05, for two contracts, per your updated request dated August 29, 2017.

1. UConn Health, Center for Public Health and Health Policy - \$178,016
2. University of Connecticut School of Nursing (UConn) - \$177,105.05

Restriction of Funds - The Recipient may not draw down funds in the amount of \$275,370 for TBD staff positions and a subcontractor indirect cost. The following amounts for the contractual line item funds are restricted until the required information is provided for each contract and prior approval is granted by CMS:

UConn Health Center for Public Health and Health Policy

1. TBD Staff - Project Manager - \$31,250
2. TBD Staff - Data Analyst - \$27,083
3. TBD Fringe Benefits - Project Manager - \$20,313
4. TBD Fringe benefits - Data Analyst - \$17,604
5. Subcontractor Jun Yan - Indirect Costs \$4,120

University of Connecticut School of Nursing (UConn)

1. TBH Staff - Senior HIE SME - \$52,083.33
2. TBH Staff- Senior Tech/Data Architect - \$52,083.33
3. TBH Fringe Benefits - Senior HIE SME - \$35,416.67
4. TBH Fringe Benefits - Senior Tech/Data Architect - \$35,416.67

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 | 01/31/2018 | Annual | 05/01/2018 |