1. DATE ISSUED MM/DD/YYYY|2. CFDA NO. | 3. ASSISTANCE TYPE 12/09/2015 Cooperative Agreement 93.624 1a. SUPERSEDES AWARD NOTICE dated 12/04/2015except that any additions or restrictions previously imposed remain in effect unless specifically rescinded 4. GRANT NO. 5. ACTION TYPE Post Award 1G1CMS331404-01-09 Amendment Formerly 6. PROJECT PERIOD MM/DD/YYYY MM/DD/YYYY From Through 01/31/2019 02/01/2015 7. BUDGET PERIOD MM/DD/YYYY MM/DD/YYYY From Through 04/30/2016 02/01/2015

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 Ms. Leah Nash Ms. Victoria Veltri 2810 Lord Baltimore Suite 130 153 Market St Hartford, CT 06103-1300 Baltimore, MD 21244 Phone: 410-786-8950 Phone: 860-331-2441 ALL AMOUNTS ARE SHOWN IN USD 11. APPROVED BUDGET (Excludes Direct Assistance) 12. AWARD COMPUTATION 7,332,846.00 I Financial Assistance from the Federal Awarding Agency Only a. Amount of Federal Financial Assistance (from item 11m) Ш 0.00 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 7,332,846.00 Salaries and Wages a. 596.740.00 d. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION 0.00 b. Fringe Benefits 461,100.00 13. Total Federal Funds Awarded to Date for Project Period ,332,846.00

Total Personnel Costs C. 14. RECOMMENDED FUTURE SUPPORT 1,057,840.00 (Subject to the availability of funds and satisfactory progress of the project): Equipment d. 15,400.00 YEAR TOTAL DIRECT COSTS YEAR TOTAL DIRECT COSTS Supplies e. 38,444.00 a. 2 d. 5 Travel 15,627.00 b. 3 e. 6 Construction f. 7 q. c. 4 0.00 15. PROGRAM INCOME SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES: Other 735.00 DEDUCTION Contractual i

6,204,800.00 ADDITIONAL COSTS MATCHING
OTHER RESEARCH (Add / Deduct Option)
OTHER (See REMARKS) TOTAL DIRECT COSTS 7,332,846.00 INDIRECT COSTS 0.00

7,332,846.00

7,332,846.00

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:

b

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 -Yes X No)

TOTAL APPROVED BUDGET

Federal Share

Non-Federal Share

This Notice of Award approves a Three (3) Months No-Cost Extension per your request dated December 1, 2015.

Michelle Feagins, Grants Management Officer GRANTS MANAGEMENT OFFICIAL:

| 17. OBJ CLA | ASS 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. 1G13 | 331404A | C. | SIM | d. | \$0.00 | e. 7 | 5x0522 |
| 22. a. | | b. | | C. | | d. | | e. | |
| 23. a. | | b. | | C. | | d. | | e. | |