1. DATE ISSUED MM/D		1a. SUPERSEDES AWARD NOTICE dated 08/07/2019 except that any additions or restrictions previously imposed				
08/27/2019		effect unless specifica	. , ,			
2. CFDA NO.						
93.624 - State Innovatio	n Model					
3. ASSISTANCE TYPE C	ooperative Agreement					
4. GRANT NO. 1G1CMS3	31630-02-06	5. TYPE OF AWARD Other				
Formerly 1G1CMS3						
4a. FAIN 1G1CMS33140	4	5a. ACTION TYPE	Post Award Amendment			
6. PROJECT PERIOD	MM/DD/YYYY		MM/DD/YYYY			
From	06/01/2018	Through	01/31/2020			
7. BUDGET PERIOD	MM/DD/YYYY		MM/DD/YYYY			
From	02/01/2019	Through	01/31/2020			

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

8. TITLE OF PROJECT (OR PROGRAM)

State Innovation Models: Round Two of Funding for Design and Test Assistance

9a. GR	ANTEE NAME AND ADDRESS		9b. GRAN	EE PROJECT DIRECTOR				
OFFICE OF HEALTH STRATEGY			Mark Schaefer					
410 Capitol Ave			410 Capitol Avenue					
Hartford, CT 06106-1367			PO Box 340308					
			Hartford, CT 06106					
				: 860-331-2461				
	RANTEE AUTHORIZING OFFICIAL			RAL PROJECT OFFICER				
	s. Victoria Veltri			Anne Felipe				
	0 Capitol Ave			Security Blvd				
	artford, CT 06106-1365			ore, MD 21244-1849 : 4107862482				
Pr	none: 860-524-7386		FIIOIR	. 4107002402				
		ALL AMOUNTS ARE	HOWN IN II	SD				
11. APP	ROVED BUDGET (Excludes Direct Assistance)	ALL AMOUNTO ARE		COMPUTATION				
	icial 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 part	ticipation	b. Less Und	bbligated Balance From Prior Budget	Periods		9,344,866.00	
			c. Less Cumulative Prior Award(s) This Budget Period 8,712,2					
a.	Salaries and WageS		d. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION					
b.	Fringe Benefits	909,234.00	13. Total Fe	leral Funds Awarded to Date for P	roject Period		30,419,177.46	
c.	Total Personnel Costs	1,887,958.00		MENDED FUTURE SUPPORT				
d.	Equipment	0.00	(Subject to t	he availability of funds and satisfacto	ory progress of the	project):		
e.	Supplies	1,000.00	YEAR	TOTAL DIRECT COSTS	YEAR	TOTAL	DIRECT COSTS	
•		27,569.00	a. 3		d. 6			
1.	Travel	·	b. 4		e. 7			
g.	Construction	0.00	c. 5		f. 8			
h.	Other	1,377.00	15. PROGRAM ALTERNATIVE	INCOME SHALL BE USED IN ACCORD WITH S:	ONE OF THE FOLLOW	VING		
i.	Contractual	16,139,250.00	a. b.	DEDUCTION ADDITIONAL COSTS			b	
j.	TOTAL DIRECT COSTS	18,057,154.00	c. d.	MATCHING OTHER RESEARCH (Add / Deduct Option) OTHER (See REMARKS)				
k.	INDIRECT COSTS	0.00		D IS BASED ON AN APPLICATION SUBMITT	ED TO AND AS APPR	OVED BY THE FE	DERAL AWARDING AGENCY	
	TOTAL APPROVED BUDGET	18,057,154.00	ON THE ABOVE	TITLED PROJECT AND IS SUBJECT TO THE T NCE IN THE FOLLOWING:				
1.	TOTAL AFFROVED BUDGET	10,001,101.00	a. b.	The grant program legislation The grant program regulations.				
m.	Fadaral Observ	18.057.154.00	c. d.	This award notice including terms and condition Federal administrative requirements, cost principle.	ns, if any, noted below un siples and audit requirem	nder REMARKS. nents applicable to	his grant.	
111.	Federal Share	.,,	In the event the	ere are conflicting or otherwise inconsistent	policies applicable to	the grant, the abo	ve order of precedence shall	
n.	Non-Federal Share	0.00		tance of the grant terms and conditions is a he grant payment system.	cknowledged by the g	rantee when fund	s are drawn or otherwise	
RE	Non-Federal Share MARKS (Other Terms and Conditions Attached - ee next page	0.00 × Yes	prevail. Accep	tance of the grant terms and conditions is a				

GRANTS MANAGEMENT OFFICIAL:

Chris Clark

200 Independence Avenue, S.W.

Room 738-G Washington, DC 20201 Phone: 301-492-4319

17.OBJ CLASS	4158	18a. VENDOR CODE	1066000798Q8	18b. EIN	066000798	19. DUNS	080974802	20. C	ONG. DIST.	01
FY-AC	FY-ACCOUNT NO. DOCUMENT NO.		ADMINISTRATIVE CODE		AMT ACTION FIN ASST		APPROPRIATION			
21. a.	9-5990300	b. 1G13	31630A	C.	SIM	d.	\$0.00	e.	7	75X0522
22. a.		b.		C.		d.		e.		
23. a.		b.		C.		d.		e.		

NOTICE OF AWARD (Continuation Sheet)

PAGE 2 of 2		DATE ISSUED 08/27/2019
GRANT NO.	1G10	CMS331630-02-06

REMARKS:

This Notice of Award approves the lifting of restrictions for funds to support the contract with Freedman HealthCare LLC in the amount of \$24,489.56, per the amendment submitted August 22, 2019.

This Notice of Award approves the lifting of restrictions for funds for VBID Official Travel to support the contract with Freedman HealthCare LLC in the amount of \$137.32, per the amendment submitted August 23, 2019.

This Notice of Award approves the lifting of restrictions for funds to support the contract with Conduent State Healthcare LLC in the amount of \$89,951.16, per the amendment submitted August 16, 2019.