1. DATE ISSUED MM/DI	D/YYYY 1a. SUPERS	1a. SUPERSEDES AWARD NOTICE dated 12/11/2019					
12/16/2019		except that any additions or restrictions previously imposed remain in effect unless specifically rescinded					
2. CFDA NO.							
93.624 - State Innovatio	n Model						
3. ASSISTANCE TYPE C	ooperative Agreement						
4. GRANT NO. 1G1CMS331630-02-15		5. TYPE OF AWARD Other					
Formerly 1G1CMS331404							
4a. FAIN 1G1CMS331630)	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. GRANTEE NAME AND ADDRESS		9b. GRAN	TEE PROJECT DIRECTOR				
Office of Health Strategy	Mark Schaefer						
410 Capitol Ave		410 C	apitol Avenue				
Hartford, CT 06106-1367	PO B	ox 340308					
	Hartford, CT 06106						
		Phone	e: 860-331-2461				
10a. GRANTEE AUTHORIZING OFFICIAL		10b. FEDE	RAL PROJECT OFFICER				
Ms. Victoria Veltri			Anne Felipe				
450 Capitol Ave		7500 Security Blvd					
Hartford, CT 06106-1365			nore, MD 21244-1849				
Phone: 860-524-7386		Phon	e: 4107862482				
	ALL AMOUNTS ARE	SHOWN IN I	IED.				
11. APPROVED BUDGET (Excludes Direct Assistance)	ALL AMOUNTS ARE		COMPUTATION				
I Financial Assistance from the Federal Awarding Agency Only		1	of Federal Financial Assistance (from	n item 11m)		18,057,154.00	
II Total project costs including grant funds and all other financial participation			b. Less Unobligated Balance From Prior Budget Periods 9,344,866				
			c. Less Cumulative Prior Award(s) This Budget Period 8,712,28				
a. Salaries and WageS	579,546.00	d. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION				0.00	
b. Fringe Benefits	538,398.00	13. Total Federal Funds Awarded to Date for Project Period 30,419					
c. Total Personnel Costs	1,117,944.00		MENDED FUTURE SUPPORT	•			
d. Equipment	0.00	(Subject to	the 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			
f. Travel	27,000.00	b. 4		e. 7			
g. Construction	0.00	c. 5		f. 8			
h. Other	1,377.00	15. PROGRAM	I INCOME SHALL BE USED IN ACCORD WITH SS:	ONE OF THE FOLLOW	/ING		
i. Contractual	16,909,264.00	a. b.	DEDUCTION ADDITIONAL COSTS MATCHING			b	
j. TOTAL DIRECT COSTS ———————————————————————————————————		c. d.					
k. INDIRECT COSTS	0.00	16. THIS AWA	OTHER (See REMARKS) RD IS BASED ON AN APPLICATION SUBMITT:	ED TO. AND AS APPRO	OVED BY. THE FE	DERAL AWARDING AGENCY	
I. TOTAL APPROVED BUDGET 1		ON THE ABOVE TITLED PROJECT AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY					
	. ,	a. b.	The grant program legislation The grant program regulations.				
m. Federal Share	18.057.154.00	c. d.	This award notice including terms and condition Federal administrative requirements, cost prince	is, if any, noted below un iples and audit requirem	nder REMARKS. nents applicable to	this grant.	
i cuciai onaic	.,,		ere are conflicting or otherwise inconsistent				
n. Non-Federal Share	0.00		stance of the grant terms and conditions is a the grant payment system.	knowledged by the g	antee when fund	s are urawn or otherwise	
REMARKS (Other Terms and Conditions Attached - See next page	X Yes	No)					

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-ACCOUNT NO. DOCUMENT NO.		ADMINISTRATIVE CODE		AMT ACTION FIN ASST		APPROPRIATION			
21. a.	9-5990300	b. 1G13	31630A	C.	SIM	d.	\$0.00	e.	75-X-0522
22. a.		b.		C.		d.		e.	
23. a.		b.		C.		d.		e.	

NOTICE OF AWARD (Continuation Sheet)

PAGE 2 of 2		DATE ISSUED 12/16/2019	
GRANT NO.	RANT NO. 1G1CMS331630-02-15		

REMARKS:

This Notice of Award approves the lifting of restrictions for funds to support the contract Freedman Healthcare LLC. in the amount of \$817,919 per the information submitted under amendment # 1G12020002554 on December 13, 2019.

This Notice of Award approves the lifting of restrictions for funds to support the contract Freedman Healthcare LLC. in the amount of \$7,480.57 for official travel per the information submitted under amendment # 1G12020002553 on December 13, 2019.

This Notice of Award approves the lifting of restrictions for funds to support the contract with Prospect CT Medical Foundation in the amount of \$601,224 the information submitted under amendment # 1G12020002551 on December 11, 2019.

This Notice of Award approves the lifting of restrictions for funds to support the contract with St. Vincents Medical Center (SVMC) in the amount of \$295,644.35 the information submitted under amendment # 1G12020002550 on December 10, 2019.

This Notice of Award approves the lifting of restrictions for funds to support the contract Community Health Center, Inc. (CHCI) in the amount of \$398,692.36 the information submitted under amendment # 1G12020002542 on December 06, 2019.

Restriction: The grantee may not drawdown funds in the amount of \$1,152.26 for TV and TV Stand for the contract with Community Health Center, Inc. (CHCI). The funds are restricted until prior approval is granted by CMS.