1. DATE ISSUED MM/	DD/YYYY 1a. SUPER	1a. SUPERSEDES AWARD NOTICE dated 12/16/2019						
12/17/2019		except that any additions or restrictions previously imposed remain in effect unless specifically rescinded						
2. CFDA NO.								
93.624 - State Innova	tion Model							
3. ASSISTANCE TYPE Cooperative Agreement								
4. GRANT NO. 1G1CMS331630-02-16		5. TYPE OF AWARD Other						
Formerly 1G1CMS331404								
<b>4a. FAIN</b> 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 Capitol Avenue					
Hartford, CT 06106-1367			PO Box 340308					
			rd, CT 06106					
	Phone: 860-331-2461							
10a. GRANTEE AUTHORIZING OFFICIAL		10b. FEDER	RAL PROJECT OFFICER					
Ms. Victoria Veltri		Rose	Anne Felipe					
450 Capitol Ave		7500 Security Blvd						
Hartford, CT 06106-1365		Baltim	ore, MD 21244-1849					
Phone: 860-524-7386		Phone	e: 4107862482					
ALL	AMOUNTS ARE	SHOWN IN U	SD					
11. APPROVED BUDGET (Excludes Direct Assistance)		12. AWARD	COMPUTATION					
I Financial Assistance from the Federal Awarding Agency Only		a. Amount of Federal Financial Assistance (from item 11m) 18,057,154.0						
II Total project costs including grant funds and all other financial participation	II	b. Less Unobligated Balance From Prior Budget Periods				9,344,866.00		
a. Salaries and WageS	579,546.00	c. Less Cumulative Prior Award(s) This Budget Period 8,				8,712,288.00		
5: B 6	·	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			30,419,177.46			
c. Total Personnel Costs			14. RECOMMENDED FUTURE SUPPORT					
d. Equipment	0.00	(Subject to the availability of funds and satisfactory progress of the project):						
e. Supplies	1,000.00	YEAR	TOTAL DIRECT COSTS	YEAR	TOTAI	L DIRECT COSTS		
f. Travel	27,569.00	a. 3		d. 6				
i. itavei		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	WING			
i. Contractual	16,909,264.00	a. b.	DEDUCTION ADDITIONAL COSTS			b		
j. TOTAL DIRECT COSTS	18,057,154.00	c. d.	MATCHING OTHER RESEARCH (Add / Deduct Option)					
<u> </u>	0.00	e.	OTHER (See REMARKS)					
k. INDIRECT COSTS	0.00	16. THIS AWAR	RD IS BASED ON AN APPLICATION SUBMITTE	D TO, AND AS APPR	OVED BY, THE FE	EDERAL AWARDING AGENCY		
TOTAL APPROVED BURGET	18.057.154.00	OR BY REFERE	TITLED PROJECT AND IS SUBJECT TO THE T NCE IN THE FOLLOWING:	ERMS AND CONDITIO	INS INCORPORAT	ED EITHER DIRECTLY		
I. TOTAL APPROVED BUDGET	10,037,134.00		The grant program legislation The grant program regulations.					
	19.057.154.00	b. c.	This award notice including terms and condition	s, if any, noted below u	inder REMARKS.	this grant		
m. Federal Share 18,057,154.00		<ul> <li>d. Federal administrative requirements, cost principles and audit requirements applicable to this grant.</li> <li>In the event there are conflicting or otherwise inconsistent policies applicable to the grant, the above order of precedence shall</li> </ul>						
n. Non-Federal Share 0.00			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 -		No)						
This Notice of Award approves the lifting of restrictions for funds to support	_	_	of Education in the amount of \$25.00	00 per amendmer	nt # 1G120200	002547 submitted		
December 6, 2019.								

This Notice of Award approves the lifting of restrictions for funds to support the contract with UConn Health Center - Connecticut Comprehensive Pain Center in the amount of \$254,425.66 per amendment # 1G12020002543 submitted December 6, 2019.

## GRANTS MANAGEMENT OFFICIAL:

Chris Clark

200 Independence Avenue, S.W.

Room 738-G

Washington, DC 20201 Phone: 301-492-4319

17.OBJ CLAS	<b>S</b> 4158	18a. VENDOR CODE	1066000798Q8	18b. EIN	066000798	19. DUNS	080974802	20. 0	CONG. DIST. 01
FY-A	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.	