

1. DATE ISSUED MM/DD/YYYY 01/23/2020		1a. SUPERSEDES AWARD NOTICE dated 01/22/2020 except that any additions or restrictions previously imposed remain in effect unless specifically rescinded	
2. CFDA NO. 93.624 - State Innovation Model			
3. ASSISTANCE TYPE Cooperative Agreement			
4. GRANT NO. 1G1CMS331630-02-24 Formerly 1G1CMS331404		5. TYPE OF AWARD Other	
4a. FAIN 1G1CMS331630		5a. ACTION TYPE Post Award Amendment	
6. PROJECT PERIOD MM/DD/YYYY From 06/01/2018		Through 01/31/2020	
7. BUDGET PERIOD MM/DD/YYYY From 02/01/2019		Through 01/31/2020	
8. TITLE OF PROJECT (OR PROGRAM) State Innovation Models: Round Two of Funding for Design and Test Assistance			

**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

9a. GRANTEE NAME AND ADDRESS
Office of Health Strategy
410 Capitol Ave
Hartford, CT 06106-1367

9b. GRANTEE PROJECT DIRECTOR
Mark Schaefer
410 Capitol Avenue
PO Box 340308
Hartford, CT 06106
Phone: 860-331-2461

10a. GRANTEE AUTHORIZING OFFICIAL
Ms. Victoria Veltri
450 Capitol Ave
Hartford, CT 06106-1365
Phone: 860-524-7386

10b. FEDERAL PROJECT OFFICER
Rose Anne Felipe
7500 Security Blvd
Baltimore, MD 21244-1849
Phone: 4107862482

ALL AMOUNTS ARE SHOWN IN USD

11. APPROVED BUDGET (Excludes Direct Assistance)	
I Financial Assistance from the Federal Awarding Agency Only	
II Total project costs including grant funds and all other financial participation	
a. Salaries and WageS	579,546.00
b. Fringe Benefits	538,398.00
c. Total Personnel Costs	1,117,944.00
d. Equipment	0.00
e. Supplies	1,000.00
f. Travel	27,569.00
g. Construction	0.00
h. Other	1,377.00
i. Contractual	16,909,264.00
j. TOTAL DIRECT COSTS	18,057,154.00
k. INDIRECT COSTS	0.00
l. TOTAL APPROVED BUDGET	18,057,154.00
m. Federal Share	18,057,154.00
n. Non-Federal Share	0.00

12. AWARD COMPUTATION	
a. Amount of Federal Financial Assistance (from item 11m)	18,057,154.00
b. Less Unobligated Balance From Prior Budget Periods	9,344,866.00
c. Less Cumulative Prior Award(s) This Budget Period	8,712,288.00
d. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	0.00
13. Total Federal Funds Awarded to Date for Project Period	30,419,177.46

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:

<ul style="list-style-type: none"> a. DEDUCTION b. ADDITIONAL COSTS c. MATCHING d. OTHER RESEARCH (Add / Deduct Option) e. OTHER (See REMARKS) 	b
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16. THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY, THE FEDERAL AWARING 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
200 Independence Ave Sw Rm 738-G
Washington, DC 20201-0004
Phone: 301-492-4312

17.OBJ CLASS	4158	18a. VENDOR CODE	1066000798Q8	18b. EIN	066000798	19. DUNS	080974802	20. CONG. DIST.	01
FY-ACCOUNT NO.		DOCUMENT NO.		ADMINISTRATIVE CODE		AMT ACTION FIN ASST		APPROPRIATION	
21. a.	9-5990300	b.	1G1331630A	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 01/23/2020
GRANT NO. 1G1CMS331630-02-24	

REMARKS:

This Notice of Award approves the lifting of restrictions for funds in the amount of \$800.32 to support the official travel for Connecticut DPH Deputy Commissioner Heather Aaron to attend SIM reverse site visit at CMMI, per the request submitted under amendment # 1G12020002585 on January 22, 2020.

This Notice of Award approves the lifting of restrictions for funds to support the contract with Milford Health Department in the amount of \$33,597.69 per the request submitted under amendment # 1G12020002586 on January 22, 2020.

This Notice of Award approves the lifting of restrictions for funds to support the contract with Optimus Health Care, Inc. in the amount of \$76,145.20 per the request submitted under amendment # 1G12020002587 on January 22, 2020.