

1. DATE ISSUED MM/DD/YYYY | 2. CFDA NO. | 3. ASSISTANCE TYPE  
 08/22/2016 | 93.624 | Cooperative Agreement

Department of Health and Human Services  
 Centers for Medicare & Medicaid Services  
 Office of Acquisitions and Grants Management

7500 Security Boulevard  
 Baltimore, MD 21244

1a. SUPERSEDES AWARD NOTICE dated 06/30/2016  
 except that any additions or restrictions previously imposed remain  
 in effect unless specifically rescinded

4. GRANT NO. | 5. ACTION TYPE  
 1G1CMS331404-01-14 | Post Award  
 Formerly | Amendment

6. PROJECT PERIOD MM/DD/YYYY | MM/DD/YYYY  
 From 02/01/2015 | Through 09/30/2019

7. BUDGET PERIOD MM/DD/YYYY | MM/DD/YYYY  
 From 02/01/2015 | Through 09/30/2016

**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  
 State of Connecticut Office of the Healthcare Advocate  
 PO BOX 1543  
 Hartford, CT 06144-1543

9b. GRANTEE PROJECT DIRECTOR  
 Dr. Mark C. Schaefer Ph.D  
 PO BOX 1543  
 Hartford, CT 06144-1543  
 Phone: 860-331-2461

10a. GRANTEE AUTHORIZING OFFICIAL  
 Ms. Victoria Veltri  
 153 Market St  
 Hartford, CT 06103-1300  
 Phone: 860-331-2441

10b. FEDERAL PROJECT OFFICER  
 Christina Crider  
 7500 Security Boulevard  
 Baltimore, MD 21244  
 Phone: 4107863900

**ALL AMOUNTS ARE SHOWN IN USD**

<b>11. APPROVED BUDGET (Excludes Direct Assistance)</b>	
I Financial Assistance from the Federal Awarding Agency Only	<b>II</b>
II Total project costs including grant funds and all other financial participation	
a. Salaries and Wages .....	378,387.00
b. Fringe Benefits .....	296,776.00
c. Total Personnel Costs .....	675,163.00
d. Equipment .....	0.00
e. Supplies .....	12,995.50
f. Travel .....	10,689.00
g. Construction .....	0.00
h. Other .....	3,996.50
i. Contractual .....	6,630,002.00
j. TOTAL DIRECT COSTS →	7,332,846.00
k. INDIRECT COSTS	0.00
<b>l. TOTAL APPROVED BUDGET</b>	<b>7,332,846.00</b>
m. Federal Share	7,332,846.00
n. Non-Federal Share	0.00

<b>12. AWARD COMPUTATION</b>	
a. Amount of Federal Financial Assistance (from item 11m)	7,332,846.00
b. Less Unobligated Balance From Prior Budget Periods	0.00
c. Less Cumulative Prior Award(s) This Budget Period	7,332,846.00
<b>d. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION</b>	<b>0.00</b>
<b>13. Total Federal Funds Awarded to Date for Project Period</b>	<b>7,332,846.00</b>

<b>14. RECOMMENDED FUTURE SUPPORT</b> <i>(Subject to the availability of funds and satisfactory progress of the project):</i>			
YEAR	TOTAL DIRECT COSTS	YEAR	TOTAL DIRECT COSTS
a. 2		d. 5	
b. 3		e. 6	
c. 4		f. 7	

<b>15. PROGRAM INCOME SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES:</b>		<b>b</b>
a. DEDUCTION		
b. ADDITIONAL COSTS		
c. MATCHING		
d. OTHER RESEARCH (Add / Deduct Option)		
e. OTHER (See REMARKS)		

**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)

This Notice of Award approves the lifting of restriction in the amount of \$2,419.25 for travel to Health IT- Enabled Clinical Quality Measurement SIM In-Person TA Conference in Washington, DC., per your request dated August 8, 2016.

GRANTS MANAGEMENT OFFICIAL: Michelle Feagins, Grants Management Officer

17. OBJ CLASS 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. 1G1331404A	c. SIM	d. \$0.00	e. 75X0522
22. a.	b.	c.	d.	e.
23. a.	b.	c.	d.	e.

NOTICE OF AWARD (Continuation Sheet)

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GRANT NO. 1G1CMS331404-01-14	

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Federal Financial Report Cycle			
Reporting Period Start Date	Reporting Period End Date	Reporting Type	Reporting Period Due Date
02/01/2015	09/30/2016	Annual	12/29/2016