



CONTRACT AMENDMENT

1. AMENDMENT #: 02	2. CONTRACT #: YH19-0001R-02	3. EFFECTIVE DATE OF AMENDMENT: OCTOBER 1, 2022	4. PROGRAM: ACC/TITLE XIX-XXI ACC-RBHA																
5. CONTRACTOR NAME AND ADDRESS: Care 1st Health Plan Arizona, Inc. 1850 W. Rio Salado Parkway, Ste 211 Tempe, AZ 85281																			
6. PURPOSE: To amend Section B, Capitation Rates and Contractor Specific Requirements, and Section D, Program Requirements, of the Contract for the period October 01, 2022, through September 30, 2023.																			
7. THE ABOVE REFERENCED CONTRACT IS HEREBY AMENDED AS FOLLOWS:																			
➤ Section B, Capitation Rates and Contractor Specific Requirements																			
AHCCCS COMPLETE CARE (ACC) EFFECTIVE OCTOBER 1, 2022																			
GSA/COUNTY	AGE <1	AGE 1-20	AGE 21+	DUALS	SSIWO	PROP 204 CA	EXPANSIO N ADULTS	DELIVERY SUPPLEMEN T	OPTION 1 TRANSPLANT	OPTION 2 TRANSPLANT									
NORTH	\$646.22	\$212.19	\$398.76	\$153.50	\$1,234.37	\$656.67	\$479.36	\$7,376.47	\$16.50	\$16.50									
<table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td colspan="3" style="text-align: center; padding: 5px;">AHCCCS COMPLETE CARE – REGIONAL BEHAVIORAL HEALTH AGREEMENT (ACC-RBHA) EFFECTIVE OCTOBER 1, 2022</td> </tr> <tr> <td style="padding: 5px;">GSA/COUNTY</td> <td style="padding: 5px;">SMI</td> <td style="padding: 5px;">CRISIS 24 HOUR GROUP</td> </tr> <tr> <td style="text-align: center; padding: 5px;">NORTH</td> <td style="text-align: center; padding: 5px;">\$1,659.79</td> <td style="text-align: center; padding: 5px;">\$6.30</td> </tr> </table>											AHCCCS COMPLETE CARE – REGIONAL BEHAVIORAL HEALTH AGREEMENT (ACC-RBHA) EFFECTIVE OCTOBER 1, 2022			GSA/COUNTY	SMI	CRISIS 24 HOUR GROUP	NORTH	\$1,659.79	\$6.30
AHCCCS COMPLETE CARE – REGIONAL BEHAVIORAL HEALTH AGREEMENT (ACC-RBHA) EFFECTIVE OCTOBER 1, 2022																			
GSA/COUNTY	SMI	CRISIS 24 HOUR GROUP																	
NORTH	\$1,659.79	\$6.30																	
8. EXCEPT AS PROVIDED FOR HEREIN, ALL TERMS AND CONDITIONS OF THE ORIGINAL CONTRACT NOT HERETOFORE CHANGED AND/OR AMENDED REMAIN UNCHANGED AND IN FULL EFFECT.																			
IN WITNESS WHEREOF THE PARTIES HERETO SIGN THEIR NAMES IN AGREEMENT.																			
9. SIGNATURE OF AUTHORIZED REPRESENTATIVE AND DATE: 3/29/23						10. SIGNATURE OF AHCCCS CONTRACTING OFFICER AND DATE: <small>DocuSigned by:</small> 													
TITLE OF AUTHORIZED REPRESENTATIVE: Plan President						TITLE OF AHCCCS CONTRACTING OFFICER: CHIEF PROCUREMENT OFFICER													