



**CONTRACT AMENDMENT**

1. AMENDMENT #:  <b>67</b>	2. CONTRACT #:  <b>AHCCCS # YH6-0014 DES # E 2005004</b>	3. EFFECTIVE DATE OF AMENDMENT:  <b>January 1, 2019</b>	4. PROGRAM:  <b>DHCM – DES/DDD</b>
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5. CONTRACTOR NAME AND ADDRESS:  
**Arizona Department of Economic Security  
 Division of Developmental Disabilities  
 DES/DDD, Site Code 2HA1  
 1789 W. Jefferson Street  
 Phoenix, AZ 85007**

6. PURPOSE: To amend the Contract for the period January 1, 2019 through June 30, 2019.

7. THE ABOVE REFERENCED CONTRACT IS HEREBY AMENDED AS FOLLOWS:

- Section B, Capitation Rates and Contractor Specific Requirements

**DDD Capitation Rates**

	<b>CYE 19 01-01-19 – 06-30-19</b>	
DDD	<del>\$4137.17</del>	\$4199.23
Targeted Case Management	\$154.28	No Change

8. Authority: AHCCCS is duly authorized to execute and administer agreements pursuant to A.R.S. §36-2903 et seq. and §36-2932 et seq. These contracts/amendments are exempt from the Procurement Code pursuant to A.R.S. §41-2501(H) (as effective on July 1, 2016).

**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:  <b>DO NOT SIGN SEE SEPARATE SIGNATURE PAGE</b>	10. SIGNATURE OF AHCCCS CONTRACTING OFFICER:  <b>DO NOT SIGN SEE SEPARATE SIGNATURE PAGE</b>
TYPED NAME:	TYPED NAME:
TITLE:	TITLE:
DATE:	DATE: