

## **CONTRACT AMENDMENT**

1. AMENDMENT #: <b>4</b>		2. CONTRACT	3. EFFECTIVE DATE OF	4. PROGRAM			
		YH18-0017	AMENDMENT: January 1, 2019	SMI ELIGIBILITY			
				DETERMINATIONS			
5.	5. CONTRACTOR NAME AND ADDRESS:						
	Crisis Response Network, Inc. (CRN)						
	1295 West Washington Street, Suite 101						
Tempe, AZ 85281							
6.	6. PURPOSE: To amend the Contract Section B, Service and Funding for the period January 1, 2019 to September 30,						
	2019.						
7.	7. THE ABOVE REFERENCED CONTRACT IS HEREBY AMENDED AS FOLLOWS:						
	Section B, Service and Funding						
	The Contractor shall provide services as described in this Contract. In consideration for these services, the						
	Contractor will be paid a price per SMI Eligibility Determination/Clinical Decertification received, regardless of						
	outcome, as indicated below unless otherwise modified by Contract amendment.						

Service and Funding	Amount Per Determination/Decertification Packet Received January – March 2019
CAM Determined in Title VIV AVI	•
SMI Determinations: Title XIX/XXI	\$627.44
SMI Determinations: Non-Title XIX/XXI	\$627.44
SMI Clinical Decertifications: Title XIX/XXI	\$627.44
SMI Clinical Decertifications: Non-Title XIX/XXI	\$627.44

Service and Funding	Amount Per Determination/Decertification Packet Received April – September 2019
SMI Determinations: Title XIX/XXI	\$571.60
SMI Determinations: Non-Title XIX/XXI	\$571.60
SMI Clinical Decertifications: Title XIX/XXI	\$571.60
SMI Clinical Decertifications: Non-Title XIX/XXI	\$571.60

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	10. SIGNATURE OF AHCCCS CONTRACTING OFFICER:
TYPED NAME:	TYPED NAME:
SEE SEPARATE SIGNATURE PAGE	SEE SEPARATE SIGNATURE PAGE
TITLE:	TITLE:
DATE:	DATE: