

James Stover, Medicaid Plan President

## **CONTRACT AMENDMENT**

**CHIEF PROCUREMENT OFFICER** 

1.	AMENDMENT#:	2. CONTRACT#:	3. EFFECTIV	/E DATE OF AMENDMENT:	4. PROGRAM:	
	18	YH17-0001-01	О	CTOBER 1, 2020	RBHA – GREATER ARIZONA	
5.	CONTRACTOR NAME AN	CONTRACTOR NAME AND ADDRESS:				
	Health Net Access, Inc. dba Arizona Complete Health-Complete Care Plan (AZCH-CCP)					
1870 W Rio Solado Parkway						
Tempe, AZ 85282						
6.	PURPOSE: To amend Contract Section D, Program Requirements, Paragraph 43, Compensation, for the period of October 1, 2020 through September 30, 2021.					
7.	THE ABOVE REFERENCED CONTRACT IS HEREBY AMENDED AS FOLLOWS:					
	> Section D, Program Requirements					
	Paragraph 43, Compensation - Delivery System and Provider Payment Initiatives Add the following:					
	Effective October 1, 2020, AHCCCS seeks to provide enhanced support to Home and Community Based Services (HCBS) and Rehabilitation providers in order to support direct care workers and enhance, expand, or strengthen home and community-based services through a lump sum directed payment methodology. AHCCCS will compute the increase and will make available to the Contractor the associated amounts of payments owed to providers. The Contractor will be paid outside of the monthly capitation payments through a single separate payment. Federal regulation mandates that these payments be prior-approved by CMS before they shall be implemented. AHCCCS will notify the Contractor when CMS approves the HCBS directed payment.					
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 AUTHOR	IZED REPRESENTATIVE A	ND DATE:	10. SIGNATURE OF AHCCCS DATE:	CONTRACTING OFFICER AND	
04.06.2022				Malon	2022 11:22 MST)	
TITLE OF AUTHORIZED REPRESENTATIVE:			TITLE OF AHCCCS CONTRAC	TING OFFICER:		