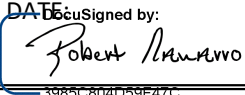





CONTRACT AMENDMENT

1. AMENDMENT #: 21	2. CONTRACT #: AHCCCS: YH15-0001 DCS: ADCS15-074550	3. EFFECTIVE DATE OF AMENDMENT: OCTOBER 1, 2021	4. PROGRAM: DCS/CHP
5. CONTRACTOR NAME AND ADDRESS: <b style="text-align: center;">Arizona Department of Child Safety (DCS) Comprehensive Health Plan (CHP) PO Box 29202, Site Code 942C Phoenix, Arizona 85038-9202			
6. PURPOSE: To revise the Contractor's address and amend Section D, Program Requirements, of the Contract for the period October 1, 2021, through September 30, 2022.			
7. THE ABOVE REFERENCED CONTRACT IS HEREBY AMENDED AS FOLLOWS: <div style="margin-left: 20px;"> <p>➤ Revised the Contractor's address</p> <p>From: Arizona Department of Child Safety (DCS) Comprehensive Health Plan (CHP) PO Box 29202, Site Code 942C Phoenix, Arizona 85038-9202</p> <p>To: Arizona Department of Child Safety (DCS) Comprehensive Health Plan (CHP) PO Box 29202, Site Code CH010-18 Phoenix, Arizona 85038-9202</p> </div> <div style="margin-left: 20px; margin-top: 20px;"> <p>➤ Section D, Program Requirements</p> <p><u>Effective October 1, 2021</u>, 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.</p> </div>			
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: Signed by:  1/19/2023	10. SIGNATURE OF AHCCCS CONTRACTING OFFICER AND DATE:  4:21 PM MST Megan LaPorte (Jan 10, 2023 12:40 MST)		
TITLE OF AUTHORIZED REPRESENTATIVE: Deputy Director, Support Services	TITLE OF AHCCCS CONTRACTING OFFICER: CHIEF PROCUREMENT OFFICER		