ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM

# CONTRACT AMENDMENT

| 1. AMENDMENT#: | 2. CONTRACT #: | 3. EFFECTIVE DATE OF AMENDMENT: | 4. PROGRAM: |
|---|---|---|---|
| **26** | **YH19-0001-07** | **DECEMBER 1, 2025** | **ACC** |

5. CONTRACTOR/PROVIDER NAME AND ADDRESS:

**Molina Healthcare of Arizona, Inc**
**5055 E. Washington St., Suite 210**
**Phoenix, AZ 85034**

6. PURPOSE: The State authorizes an additional one-year option to extend the Contract hereby amending and extending the Contract for October 1, 2027 to September 30, 2028 and as stated below.

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

- **SECTION E, CONTRACT TERMS AND CONDITIONS**

  **TERM OF CONTRACT AND OPTION TO RENEW**

  The initial term of this Contract shall be for three initial years (October 1, 2018 - September 30, 2021), with two (2) two-year options to extend (October 1, 2021 - September 30, 2023) and (October 1, 2023 - September 30, 2025)~~., not to exceed a total contracting period of seven years.~~ Effective October 1, 2020, the State authorizes an additional two-year option to extend (October 1, 2025 - September 30, 2027)~~., not to exceed a total contracting period of nine years.~~ Pursuant to Ariz. SB 1741, 57th Leg, 1st Reg. Sess. Section 22 (2025), AHCCCS is required to issue a one-year extension of all ACC and ACC-RBHA contracts from 10/01/27 through 9/30/28 allowing continued delivery of vital physical and behavioral health care services to the approximately 1.5 million AHCCCS members currently served by this Contract(s). The Contract year is October first through September 30 with an annual October first renewal. The terms and conditions of any such Contract extension shall remain the same as the original Contract except, as otherwise amended. Any Contract extension or renewal shall be through Contract amendment and shall be at the sole option of AHCCCS.

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.

*Electronic Submission: An electronic or portable document file (PDF) copy of this amendment shall serve as the original.*
**8. IN WITNESS WHEREOF THE PARTIES HERETO SIGN THEIR NAMES IN AGREEMENT.**

| 9. NAME OF CONTRACTOR/PROVIDER: **Molina Healthcare of Arizona** | **10. ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM** |
|---|---|
| SIGNATURE OF AUTHORIZED INDIVIDUAL: Minnie Andrade | SIGNATURE: DocuSigned by: Meggan LaPorte |
| TYPED NAME: Minnie Andrade | TYPED NAME: Meggan LaPorte |
| TITLE: Plan President | TITLE: Chief Procurement Officer |
| DATE: 11/04/2025 | DATE: 10/28/2025 |