## SECTION A: CONTRACT AMENDMENT

<table>
<thead>
<tr>
<th>1. AMENDMENT #:</th>
<th>2. CONTRACT #:</th>
<th>3. EFFECTIVE DATE OF AMENDMENT</th>
<th>4. PROGRAM:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>YH12-0001</td>
<td>July 1, 2015</td>
<td>DHCM – ALTCS EPD</td>
</tr>
</tbody>
</table>

5. CONTRACTOR NAME AND ADDRESS:

6. PURPOSE: To amend the Contract for the period July 1, 2015 through September 30, 2015 and to amend Section B, Capitation Rates and Contractor Specific Requirements.

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

   - **Section B, Capitation Rates and Contractor Specific Requirements**
     
     CYE 2015 capitation rates are retroactively amended to include a Nursing Facility (NF) Enhanced Payment to the NF component of the capitation rates. See Section B, Table 3.

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: 

   DO NOT SIGN SEE SEPARATE SIGNATURE PAGE

   TYPED NAME: 

   TITLE: 

   DATE: 

10. SIGNATURE OF AHCCCS CONTRACTING OFFICER: 

    DO NOT SIGN SEE SEPARATE SIGNATURE PAGE

    TYPED NAME: 

    TITLE: 

    DATE: