

1. AMENDMENT #: 2	2. CONTRACT YH18-0017	3. EFFECTIVE DATE OF AMENDMENT: January 1, 2019	4. PROGRAM DHCM – SMI ELIGIBILITY DETERMINATION
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5. CONTRACTOR NAME AND ADDRESS:

Crisis Response Network, Inc. (CRN)
1295 West Washington Street, Suite 101
Tempe, AZ 85281

6. PURPOSE: To amend the Contract for the period January 1, 2019 through September 30, 2019 and to amend Section B, Service and Funding, and Section D Financial Management.

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 conducted, regardless of outcome, as indicated below unless otherwise modified by contract amendment.

Contracted Amount Effective Dates: 01/01/2019 – 09/30/2019

Service and Funding	Amount Per Determination/Decertification Received
SMI Determinations: Title XIX/XXI	\$545.00 <u>\$550.00</u>
SMI Determinations: Non-Title XIX/XXI	\$545.00 <u>\$550.00</u>
SMI Clinical Decertifications:	\$545.00 <u>\$550.00</u>

➤ Section D, Paragraph 8, Financial Management

The Contractor will be compensated through payment of a price per SMI Eligibility Determination/ Clinical Decertification received ~~conducted~~, regardless of outcome.

The Contractor shall be responsible for the cost for the SMI Eligibility Determination, related grievance and appeal processes, and for costs associated with conducting follow-up evaluations in the event of a dispute between the applicant’s treating behavioral health provider and the Contractor’s SMI Eligibility Determination professional. The Contractor shall also be responsible for the cost for any SMI Clinical Decertifications. The Contractor shall develop and maintain internal controls and systems to separately account for AHCCCS related revenue and expenses and non-AHCCCS related revenue and expenses by type and program and manage record and report funds in accordance with the practices, procedures and standards in the State of Arizona Accounting Manual.

The Contractor shall submit audited financial statements by Title XIX/XXI and Non-Title XIX/XXI categories, audited by an independent Certified Public Accountant and prepared in accordance with the Generally Accepted Auditing Standards (GAAS), as specified in Section F, Attachment F1, Contractor Chart of Deliverables. The Title XIX/XXI and Non-Title XIX/XXI audit may be reported in a supplemental schedule as part of the Contractor’s annual audit.

The Contractor shall notify and reimburse AHCCCS within 30 days of when the Contractor identifies an overpayment by AHCCCS as specified in Section F, Attachment F1, Contractor Chart of Deliverables.

The Contractor shall submit an invoice or Contractor Expenditure Report (CER) as specified in Section F, Attachment F1, Contractor Chart of Deliverables for monthly Title XIX/XXI and Non-Title XIX/XXI payments based on the number of SMI Eligibility Determinations and Clinical Decertifications ~~conducted~~ received ("Packet Received") for Title XIX and Non-Title XIX members during the month multiplied by the Contracted price per SMI Eligibility Determination/Clinical Decertification amount and be responsible for any charges or expenses imposed for transfers or related actions.

8. Authority: AHCCCS is duly authorized to execute and administer agreements pursuant to A.R.S. §36-2903 et seq. and §36-2932 et seq.

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

SIGNATURE OF AUTHORIZED REPRESENTATIVE	10. SIGNATURE OF AHCCCS CONTRACTING OFFICER:
TYPED NAME: <p style="text-align: center;">DO NOT SIGN SEE SEPARATE SIGNATURE PAGE</p>	TYPED NAME: <p style="text-align: center;">DO NOT SIGN SEE SEPARATE SIGNATURE PAGE</p>
TITLE:	TITLE:
DATE:	DATE: