



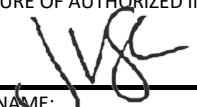

CONTRACT AMENDMENT

1. AMENDMENT #: 11	2. CONTRACT #: YH19-0001R-04	3. EFFECTIVE DATE OF AMENDMENT: OCTOBER 1, 2025	4. PROGRAM: ACC-RBHA TITLE XIX-XXI
5. CONTRACTOR/PROVIDER NAME AND ADDRESS: Arizona Complete Health-Complete Care Plan (AZCH-CCP) 1850 W. Rio Salado Parkway, Suite 211 Tempe, AZ 85281			
6. PURPOSE: To adjust the capitation rate due to updates to the Differential Adjustment Payment and Federally Qualified Health Centers for the period October 1, 2025 to September 30, 2026 and as stated below.			
7. THE ABOVE REFERENCED CONTRACT IS HEREBY AMENDED AS FOLLOWS:			

➤ Section B, Capitation Rates and Contractor Specific Requirements

AHCCCS COMPLETE CARE (ACC) EFFECTIVE OCTOBER 1, 2025 - SEPTEMBER 30, 2026								
GSA/COUNTY	AGE <1	AGE 1-20	AGE 21+	DUALS	SSIWO	PROP 204 CA	EXPANSION ADULTS	DELIVERY SUPPLEMENT
NORTH	\$665.33 674.23	\$257.64 260.59	\$424.32 427.79	\$143.08 143.25	\$1,310.32 1,321.09	\$684.70 690.22	\$596.45 601.63	\$6,504.49 6,600.58
CENTRAL	\$735.01 744.69	\$266.80 268.71	\$488.09 490.43	\$187.21 187.47	\$1,398.99 1,407.94	\$723.81 727.78	\$618.40 621.28	\$6,689.20 6,792.98
SOUTH	\$776.38 784.75	\$296.88 299.48	\$507.00 511.00	\$178.82 178.97	\$1,602.69 1,615.83	\$698.76 704.58	\$634.47 639.37	\$7,137.73 7,247.20

AHCCCS COMPLETE CARE – REGIONAL BEHAVIORAL HEALTH AGREEMENT (ACC-RBHA) EFFECTIVE OCTOBER 1, 2025 - SEPTEMBER 30, 2026		
GSA/COUNTY	SMI	CRISIS 24 HOUR GROUP
NORTH	\$1,710.94	\$7.68 7.73
SOUTH	\$1,839.38	\$10.11 10.31

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:	10. ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM
SIGNATURE OF AUTHORIZED INDIVIDUAL: 	SIGNATURE: 
TYPED NAME: James V Stover	TYPED NAME: Meggan LaPorte
TITLE: Medicaid Plan President	TITLE: Chief Procurement Officer
DATE: 9/10/2025	DATE: 8/27/2025