



CONTRACT AMENDMENT

1. AMENDMENT #: 07	2. CONTRACT #: YH19-0001R-02	3. EFFECTIVE DATE OF AMENDMENT: April 1, 2024	4. PROGRAM: ACC/TITLE XIX-XXI ACC-RBHA
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5. CONTRACTOR NAME AND ADDRESS:
Care 1st Health Plan Arizona, Inc.
1850 W. Rio Salado Parkway, Ste 211
Tempe, AZ 85281

6. PURPOSE: To amend Section B, Capitation Rates and Contractor Specific Requirements, due to changes in the acuity adjustment modeling of the Contract for the period April 01, 2024, through September 30, 2024.

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

➤ **Section B, Capitation Rates and Contractor Specific Requirements**

GSA/COUNTY	AGE <1	AGE 1-20	AGE 21+	DUALS	SSIWO	PROP 204 CA	EXPANSION ADULTS	DELIVERY SUPPLEMENT
NORTH	\$714.67 <u>733.56</u>	\$228.06 <u>229.00</u>	\$390.42 <u>394.49</u>	\$141.63 <u>141.31</u>	\$1,187.94 <u>1,174.78</u>	\$606.89 <u>605.78</u>	\$452.09 <u>473.34</u>	\$7,157.44

AHCCCS COMPLETE CARE – REGIONAL BEHAVIORAL HEALTH AGREEMENT (ACC-RBHA) EFFECTIVE APRIL 1, 2024		
GSA/COUNTY	SMI	CRISIS 24 HOUR GROUP
NORTH	\$1,711.41 <u>1,682.60</u>	\$6.62

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: 3/26/24	10. SIGNATURE OF AHCCCS CONTRACTING OFFICER AND DATE: <small>Meggan LaPorte (Mar 20, 2024 16:31 PDT)</small>
TITLE OF AUTHORIZED REPRESENTATIVE: Plan President	TITLE OF AHCCCS CONTRACTING OFFICER: CHIEF PROCUREMENT OFFICER