

CONTRACT AMENDMENT

1. AMENDMENT #:	2. CONTRACT #:	3. EFFECTIVE DATE OF AMENDMENT:	4. PROGRAM:	
27	AHCCCS: YH15-0001 DCS:ADCS15-074550	OCTOBER 1, 2025	DCS/CHP	
5. CONTRACTOR/PROVIDER NAME AND ADDRESS:				
Department of Child Safety (DCS) Comprehensive Health Plan (CHP) PO Box 29202, Site Code 942C Phoenix, Arizona 85038-9202				
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

EFFECTIVE OCTOBER 1, 2025 – SEPTEMBER 30, 2026\$1,860.521,884.14

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.				
NAME OF CONTRACTOR/PROVIDER: Arizona Department of Child Safety	10. ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM			
SIGNATURE OF AUTHORIZED INDIVIDUAL: Signed by: Amanda Torres	SIGNATURE: Docusigned by: Malor 6720D03F007F4A8			
TYPEU NAME: Amanda Torres	TYPED NAME: Meggan LaPorte			
TITLE: Assistant Director Support Services	TITLE: Chief Procurement Officer			
DATE: 9/3/2025 9:17 AM MST	DATE: 8/27/2025			