



## CONTRACT AMENDMENT

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| 1. AMENDMENT #:<br><br><b>15</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 2. CONTRACT #:<br><br><b>YH19-0001-06</b> | 3. EFFECTIVE DATE OF AMENDMENT:<br><br><b>OCTOBER 1, 2021</b>                                                       | 4. PROGRAM:<br><br><b>ACC</b> |
| 5. CONTRACTOR NAME AND ADDRESS:<br><br><b>UnitedHealthcare Community Plan<br/>1 E. Washington, Suite 900<br/>Phoenix, AZ 85004</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                           |                                                                                                                     |                               |
| 6. PURPOSE: To amend Section D, Program Requirements, of the Contract for the period of October 1, 2021 through September 30, 2022.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                           |                                                                                                                     |                               |
| 7. THE ABOVE REFERENCED CONTRACT IS HEREBY AMENDED AS FOLLOWS:<br><br><div style="margin-left: 20px;"> <p>➤ <b>Section D, Program Requirements</b></p> <p>Effective <u>October 1, 2021</u>, AHCCCS seeks to provide enhanced support to Home and Community Based Services (HCBS) and Rehabilitation providers in order to support direct care workers and enhance, expand, or strengthen home and community-based services through a lump sum directed payment methodology. AHCCCS will compute the increase and will make available to the Contractor the associated amounts of payments owed to providers. The Contractor will be paid outside of the monthly capitation payments through a single separate payment. Federal regulation mandates that these payments be prior-approved by CMS before they shall be implemented. AHCCCS will notify the Contractor when CMS approves the HCBS directed payment.</p> <p><b>Targeted Investments:</b> The Targeted Investments (TI) program is authorized under AHCCCS' Section 1115 Demonstration Waiver for five years beginning in CYE 17. <u>CMS has approved a one-year extension of the TI program for the sixth year beginning in CYE 22.</u> AHCCCS has requested an extension of the TI program with submission of its Section 1115 Demonstration Waiver Renewal Request; continuation of the TI program is subject to CMS approval. The TI program is AHCCCS' strategy to provide financial incentives to eligible AHCCCS providers to develop systems for integrated care. Federal regulation mandates that these payments be prior approved by CMS before they shall be implemented.</p> </div> |                                           |                                                                                                                     |                               |
| 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                           |                                                                                                                     |                               |
| <b>IN WITNESS WHEREOF THE PARTIES HERETO SIGN THEIR NAMES IN AGREEMENT.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                           |                                                                                                                     |                               |
| 9. SIGNATURE OF AUTHORIZED REPRESENTATIVE AND DATE:<br><br><b>1/23/23</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                           | 10. SIGNATURE OF AHCCCS CONTRACTING OFFICER AND DATE:<br><br><small>Meghan LaPorte (Jan 10, 2023 11:56 MST)</small> |                               |
| TITLE OF AUTHORIZED REPRESENTATIVE:<br><br><b>CEO - UHCCP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                           | TITLE OF AHCCCS CONTRACTING OFFICER:<br><br><b>CHIEF PROCUREMENT OFFICER</b>                                        |                               |