ARIZONA DEPARTMENT OF HEALTH SERVICES
1740 W Adams, Room 303
Phoenix, Arizona 85007
(602) 542-1040

CONTRACT AMENDMENT

Contract No: HP032097-002
Amendment No: 27

Procurement Officer:
Elena Beeman

PROGRAM: Behavioral Health Services Administration–NARBHA

Effective October 1st 2014 it is mutually agreed that the Contract referenced is amended as follows:

1. Replace the current Capitation Price Sheet, with the Revised Capitation Price Sheet, Page 2 of this Amendment number twenty seven (27)

All other provisions shall remain in their entirety.

Contractor hereby acknowledges receipt and acceptance of above amendment and that a signed copy must be filed with the Procurement Office before the effective date

Mary Jo Gregory 9/23/14
Signature Date

The above referenced Contract Amendment is hereby executed this 23 day of September 2014 at Phoenix, Arizona

Procurement Officer

Authorized Signatory’s Name and Title:
MARY JO GREGORY CEO

Northern Arizona Regional Behavioral Health Authority

Contractor’s Name
<table>
<thead>
<tr>
<th>Capitation Rates for NARBHA-GSA 1</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Effective Dates</strong>: 10/01/2014 through 09/30/2015</td>
</tr>
<tr>
<td><strong>Title XIX and Title XXI eligible children, under the age of 18 (represents the cost of providing covered behavioral health services to children), not enrolled in CMDP:</strong></td>
</tr>
<tr>
<td><strong>Title XIX eligible children, under the age of 18 (represents the cost of providing covered behavioral health services to children), enrolled in CMDP:</strong></td>
</tr>
<tr>
<td><strong>Title XIX and Title XXI eligible adults, age 18 and older (represents the cost of providing covered behavioral health services to adult members without serious mental illness):</strong></td>
</tr>
<tr>
<td><strong>Title XIX eligible adults, age 18 and older (represents the cost of providing covered behavioral health services to adult members with serious mental illness, who are not receiving physical health services under this contract):</strong></td>
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<tr>
<td><strong>DES DD ALTCS eligible children representing the cost of providing covered behavioral health services to DES DD ALTCS children</strong></td>
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<td><strong>DES DD ALTCS eligible adults representing the cost of providing covered behavioral health services to DES DD ALTCS adults</strong></td>
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