## CONTRACT AMENDMENT

1. CONTRACTOR (Name and address)  
   AZ Department of Health Services/Behavioral Health Services  
   1740 West Adams, Room 303  
   Phoenix, Arizona 85007  

2. CONTRACT ID NUMBER  
   E2110008  

3. AMENDMENT NUMBER  
   01  

4. THE PARTIES AGREE TO THE FOLLOWING AMENDMENT  

Pursuant to the Uniform Terms and Conditions, 5 Contract Changes Section, 5.1 Amendments, the above referenced contract is being amended as follows:  

**Section B – Capitation Rates:**  
Effective October 1, 2010, revise the monthly capitation rate from $101.79 pm/pm to $101.92 pm/pm.  

**Section D, Program Requirements:** - Delete the following language from the first paragraph in Section 8, Service Delivery:  

"... enrolled with an acute care contractor from the earlier of the following:  
1) the date on which the member becomes a behavioral health recipient or  
2) the seventy-third hour after admission for inpatient behavioral health services  
   Refer to A.A.C. R9-22-210.01 and A.A.C. R9-22-Article 12 for additional information."  

5. In accordance with A.R.S. § 35-393.06, the Contractor certifies that the Contractor does not have scrutinized business operations in Iran.  

6. In accordance with A.R.S. § 35-391.06, the Contractor certifies that the Contractor does not have scrutinized business operations in Sudan.  

7. EXCEPT AS PROVIDED HEREFIN, ALL TERMS AND CONDITIONS OF THE ORIGINAL CONTRACT AS HERETOFORE CHANGED AND/OR AMENDED REMAIN UNCHANGED AND IN FULL FORCE AND EFFECT. THE AMENDMENT SHALL BECOME EFFECTIVE ON THE DATE OF LAST SIGNATURE UNLESS OTHERWISE SPECIFIED HEREFIN. BY SIGNING THIS FORM ON BEHALF OF THE CONTRACTOR, THE SIGNATORY CERTIFIES HE/SHE HAS THE AUTHORITY TO BIND THE CONTRACTOR TO THIS CONTRACT.  

8. NAME OF CONTRACTOR  
   ARIZONA DEPARTMENT OF HEALTH SERVICES  

   SIGNATURE OF AUTHORIZED INDIVIDUAL  
   Katherine Babonis  
   Typed Name  
   Katherine Babonis  
   Title  
   DES, COP  
   Date  
   9/24/10  

   DATE  
   9/10/10  

   Bi-Lateral Amendment  
   Revised: 4/1/09