UTAH DEPARTMENT OF HEALTH CONTRACT AMENDMENT

PO Box 144003, Salt Lake City, Utah 84114
288 North 1460 West, Salt Lake City, Utah 84116

1727703
Department Log Number

172700409
State Contract Number

1. CONTRACT NAME: The name of this contract is Prepaid Mental Health Plan - Davis Behavioral Health Inc Amendment 1.

2. CONTRACTING PARTIES: This contract amendment is between the Utah Department of Health (DEPARTMENT) and DAVIS BEHAVIORAL HEALTH INC (CONTRACTOR).

3. PURPOSE OF CONTRACT AMENDMENT: To replace Attachment E, Payment Methodology.

4. CHANGES TO CONTRACT:

    1. To replace Attachment E, Payment Methodology, with a new Attachment E that includes the state fiscal year (SFY) 2016 PMHP rates for the Contractor that CMS just approved.

All other conditions and terms in the original contract and previous amendments remain the same.

5. EFFECTIVE DATE OF AMENDMENT: This amendment is effective [04/01/2017]

6. DOCUMENTS INCORPORATED INTO THIS CONTRACT BY REFERENCE BUT NOT ATTACHED:
    A. All other governmental laws, regulations, or actions applicable to services provided herein.
    B. All Assurances and all responses to bids as provided by the CONTRACTOR.

7. This contract, its attachments, and all documents incorporated by reference constitute the entire agreement between the parties and supersedes all prior written or oral agreements between the parties relating to the subject matter of this contract.

Contract with Utah Department of Health and DAVIS BEHAVIORAL HEALTH INC**, Log #** 1727703

IN WITNESS WHEREOF, the parties enter into this agreement.

CONTRACTOR

By: [redacted] 4/12/2017
Brandon Hatch Date
Director

STATE

By: [redacted] 4/17/2017
Shari A. Watkins, C.P.A. Date
Director, Office Fiscal Operations

Attachment E - Payment Methodology

Article 1 Risk Based Contract

1.1 Contract Classification

(A) This Contract is classified as a Risk Contract and pursuant to 42 CFR 438.812(a) the total amount the Department pays for carrying out the contract is a medical assistance cost.

(B) The Contractor shall provide all services required by this Contract and the Capitation Payments and any cost sharing from Enrollees shall be considered payment in full for all services covered under this Contract.

(C) The Contractor incurs loss if the cost of furnishing the services exceeds the payments under the Contract.

(D) The Contractor may retain all payments under this Contract.

(E) Pursuant to 42 CFR 438.6(e) the Contractor may provide services to Enrollees that are in addition to those covered under the State plan although, the cost of these services cannot be included when determining rates.

Article 2 Payments

2.1 Payment Schedule

(A) The Department shall pay the Contractor a monthly Capitation Rate for each Enrollee as determined by the Department's 820 Enrollment Report whether or not the Enrollee receives a Covered Service during that month.

(B) The Parties understand and agree that the Capitation Rates payable by the Department to the Contractor are subject to approval by CMS. Upon receiving notification of Capitation Rate approval from CMS, the Department shall recoup previously paid Capitation Payments and replace them with the approved Capitation Rate for the applicable time period. The Department shall pay all Capitation Rates approved by CMS. Any change to the Capitation Rates set out in this Contract shall be effectuated by a written amendment to this Attachment E.

(C) The Capitation Rates are based upon the availability of funding. In the event that any funding source becomes unavailable, the Department reserves the right to amend the rates to reflect the change in funding. The Department shall notify the Contractor of any change in the Capitation Rates due to a loss of funding. When possible, the Department shall make reasonable efforts to notify the Contractor at least 30 days prior to the change in rates.

(D) The Capitation Rates listed in the table below have been approved by CMS for state fiscal year (SFY) 2016:

Premium Rates Effective July 1, 2015 – June 30, 2016

Rates	Description	**Total Rates**	Mental Health State Plan Rates	Mental Health 1915(b)(3) Rates	Substance Use Disorder State Plan Rates
A	0-5 Years	**$6.01**	$5.90	$0.06	$0.05
B	6-18 and 19-20 Independent Living	**$29.15**	$26.37	$1.31	$1.47
C	Non-Traditional Adults (19 - 64 yrs)	**$39.28**	$30.41	$0.00	$8.87
D	Aged (65 years and older)	**$14.61**	$9.97	$4.64	$0.00
F	Disabled, including Blind - Male (All)	**$160.25**	$113.19	$43.06	$4.00
G	Disabled, including Blind - Female (All)	**$137.46**	$102.24	$31.78	$3.44
H	Pregnant Women (All)	**$18.91**	$10.45	$0.09	$8.37
I	Medically Needy Child (0 - 18 years)	**$43.21**	$41.81	$1.40	$0.00
J	Medically Needy Adlt (age 19 and older)	**$140.52**	$85.58	$54.47	$0.47
K	Foster Care (Inpatient Premiums Only)	**$32.08**	$31.91	$0.17	$0.00

2.2 Payments for Enrollees in an IMD

In accordance with 42 CFR 438.6(e), the Department may make a monthly Capitation Payment to the Contractor for an Enrollee aged 21-64 receiving inpatient treatment in an IMD so long as the facility is a hospital providing psychiatric or substance use disorder inpatient care or a sub-acute facility providing psychiatric or substance use disorder crisis residential services, and the length of stay in the IMD is for a short term stay of no more than 15 days during the period of the monthly capitation payment.