

**AMENDMENT #5 TO FY2019/2020
MEDICAID MANAGED SPECIALTY SUPPORTS AND SERVICES
1115 DEMONSTRATION WAIVER, 1915 (c)/(i) WAIVER PROGRAM(S),
THE HEALTHY MICHIGAN PROGRAM, FLINT 1115 DEMONSTRATION WAIVER
SUBSTANCE USE DISORDER COMMUNITY GRANT PROGRAMS SUBCONTRACT
AGREEMENT**

MEDICAID MANAGED SPECIALTY SUPPORTS AND SERVICES 1115 DEMONSTRATION WAIVER, 1915 (c)/(i) WAIVER PROGRAM(S), THE HEALTHY MICHIGAN PROGRAM, FLINT 1115 DEMONSTRATION WAIVER SUBSTANCE USE DISORDER COMMUNITY GRANT PROGRAMS SUBCONTRACT AGREEMENT (the “Agreement”) is effective OCTOBER 1, 2019 between LAKESHORE REGIONAL ENTITY, (the “Payor), whose administrative offices are located at 5000 Hakes Drive, Muskegon Michigan, 49441 and CMHSP (the “Provider”), whose administrative offices are located CMHSP ADDRESS (collectively “the Parties).

RECITALS

WHEREAS, the Agreement between the parties became effective October 1, 2019 and expires on September 30, 2020; and

WHEREAS, the Parties are currently in active negotiations over a new sub-contract for the 2020/2021 Fiscal Year (“FY”) and, as a result, have mutually agreed that additional time is required in order to finalize that FY 2020/2021 sub-contract; and

WHEREAS, pursuant to the terms of Article VI of the agreement, the Parties desire to amend the Agreement in order to extend the Term until January 31, 2020 or until the FY2020/2021 contract is final, whichever comes first.

NOW, THEREFORE, the parties agree as follows:

1. Effective as of the effective date, and in accordance with the terms of Article VI of the Agreement, the first sentence of Article VI shall be revised to read as follows:

The term of this Agreement shall be from October 1, 2019 thru January 31, 2020 or until the FY2020/2021 contract is final, whichever comes first.

2. Effective October 1, 2020 Exhibit E-Subrecipient Award shall be revised to reflect approved budgets for services provided in FY2020/2021,

IN WITNESS WHEREOF, the parties have executed this Amendment to Medicaid Managed Specialty Supports and Services Concurrent 1915 (b)/(c) Waiver Program Demonstration Subcontract Agreement on the date first written above.

LAKESHORE REGIONAL ENTITY

By: _____
Greg Hofman

Its: Chief Executive Officer

Date: _____

CMHSP

By: _____

Its: Executive Director

Date: _____