



**Humana  
Long-Term Care Plan  
Provider Amendment**

This Amendment to the SERVICE AGREEMENT/SUBCONTRACT is entered into by and between Humana Long-Term Care ("HLTC") and **Northwest Focal Point Senior Center District** hereinafter called ("PROVIDER"). The effective date of this amendment shall be the date on which the last party signed.

WHEREAS, Humana and PROVIDER are parties to that certain SERVICE AGREEMENT/SUBCONTRACT dated October 7th, 2013 (the "Agreement"); and

WHEREAS, Humana and PROVIDER agree to amend the Agreement, in accordance with the terms and conditions set forth herein; and

WHEREAS, Humana and PROVIDER agree that in the event of conflicting terms or conditions, this Amendment shall supersede the Agreement. All other terms and conditions stipulated in the Agreement shall remain in force.

NOW THEREFORE, in consideration of the mutual commitments and covenants herein contained, the parties hereby agree to amend the Agreement as follows:

**Schedule B shall be deleted in its entirety and replaced with the attached.**

IN WITNESS WHEREOF, each of the undersigned has caused this Agreement to be duly executed in its name and on its behalf effective as dated below.

**HUMANA**

**Northwest Focal Point Senior Center  
District**

By: \_\_\_\_\_

By: \_\_\_\_\_

(Signature)

(Signature)

Print Name: Jaimie White

Print Name: \_\_\_\_\_

Title: Vice President, Medicaid Market

Print Title: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_



**LONG TERM CARE PLAN**  
**SCHEDULE B**

**Northwest Focal Point Senior Center District**

**PROVIDER FEE SCHEDULE**

**ADULT DAY CARE**

**Effective: February 1st, 2018**

PROVIDER agrees to accept as payment in full from HLTC for Covered Services rendered to Members, the fees described below or PROVIDER'S usual and customary charges, whichever is less, less any Copayments due from Member. Provider acknowledges and agrees that a Copayment may not be required from HLTC's Members.

<b>CODE</b>	<b>SERVICE</b>	<b>REIMBURSMENT BILLING UNIT</b>	<b>RATE</b>
S5102	Adult Day Care	Per diem	<b>\$ 50.00</b>

Provider Initials\_\_\_\_\_ Date\_\_\_\_\_ Humana Initials\_\_\_\_\_ Date\_\_\_\_\_