

Iowa Department of Human Services

AMENDMENT TO PROVIDER AGREEMENT

This is an amendment to in-home health-related care provider agreement number _____ .

In response to the mandated reduction of all state appropriations, the amount specified in the agreement as “maximum per month DHS” will be reduced by _____ % beginning with services delivered on and after _____ .

No change will be made in the manner and form of billings. The reduction will be made at the time the State issues payment. All other conditions and requirements of the provider agreement remain in effect.

We acknowledge that beginning _____ , the “maximum per month DHS” will be reduced by _____ % from what is stated, while the “maximum per client” will remain the same.

Client

Date

Provider

Date