



MULTNOMAH COUNTY AGENDA PLACEMENT REQUEST

(revised 03/25/11)

Board Clerk Use Only

Meeting Date: 6/28/12
 Agenda Item #: R.7
 Est. Start Time: 10:00 am
 Date Submitted: 6/4/12

Agenda Title: **Resolution to Appoint County Financial Assistance Administrator for Mental Health and Addiction Services Agreement # 1112060 (State #134327) with the State of Oregon acting by and through its Oregon Health Authority (OHA).**

Note: If Ordinance, Resolution, Order or Proclamation, provide exact title. For all other submissions, provide a clearly written title sufficient to describe the action requested.

Requested Meeting Date: Next Available **Amount of Time Needed:** 5 minutes
Department: County Human Services **Division:** Business Services
Contact(s): Kathy Tinkle
Phone: 503-988-3691 **Ext.** Ext. 26858
Presenter Name(s) & Title(s): Kathy Tinkle, DCHS Deputy Director

General Information

1. What action are you requesting from the Board?

The Department of County Human Services requests the Board of County Commissioners approval to appoint Susan Myers, Kathy Tinkle, David Hidalgo as the County Financial Assistance Administrators and to authorize Susan Myers, Kathy Tinkle, David Hidalgo to amend the Assistance Award on behalf of the County, by execution and delivery of amendments to the Agreement in accordance with Section E.4 of Agreement #134327.

2. Please provide sufficient background information for the Board and the public to understand this issue. Please note which Program Offer this action affects and how it impacts the results.

Section E.4 of the Agreement requires the appointment of a County officer ("County Financial Assistance Administrator") to administer the Agreement on behalf of the County by a duly adopted order or resolution of the County ("Authorizing Resolution"). The Agreement also requires the

Authorizing Resolution to authorize the County Financial Assistance Administrator to amend the Assistance Award and Agreement and Service Element Prior Authorization on behalf of the County. The Agreement also requires the Authorizing Resolution to authorize the County Financial Assistance Administrator to enable, on behalf of County, the disbursement of financial assistance through submission and modification of the Client Prior Authorizations and Provider Prior Authorizations and authorized providers to submit Disbursement Claims on behalf of County. The Agreement permits the County to authorize the County Financial Assistance Administrator to authorize others to take one of more of the foregoing actions on behalf of County.

3. Explain the fiscal impact (current year and ongoing).

There is no fiscal impact with this resolution

4. Explain any legal and/or policy issues involved.

There are no legal/ policy issues involved with this resolution

5. Explain any citizen and/or other government participation that has or will take place.

None

Required Signature

**Elected Official or
Department/
Agency Director:**

Cathy Janku for Susan Myers

Date:

05/25/12
