

BILL/ RESOLUTION REQUEST

- 1. Title:** Amends an agreement with Third Way Center, Inc. to add Health Insurance Portability and Accountability Act (HIPAA) language and updated rates for providing placements and case management services to children/youth in out-of-home care. There is no change to the total contract amount (2012-05750-02).

- 2. Requesting Agency:** Human Services

- 3. Contact Person *with actual knowledge of proposed ordinance***
Name:Ron Mitchell
Phone:
Email:

- 4. Contact Person *with actual knowledge of proposed ordinance who will present the item at Mayor Council and who will be available for first and second reading, if necessary***
Name:
Phone:
Email:

- 5. Describe the proposed ordinance, including what the proposed ordinance is intended to accomplish, who's involved**
 - a. Scope of Work**

 - b. Duration**

 - c. Location**

 - d. Affected Council District**

 - e. Benefits**

 - f. Costs**

- 6. Is there any controversy surrounding this ordinance, groups or individuals who may have concerns about it? Please explain.**

Bill Request Number: BR15-0106

Date: 2/17/2015