

## **BILL/ RESOLUTION REQUEST**

- 1. Title:** Amends a contract with Ariel Clinical Services for placement and case management services to update rates for the vendor and add Health Insurance Portability Accountability Act (HIPAA) language. There is no change in the amount of the contract (2012-07598-03).
  
- 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: BR14-0815**

**Date: 9/23/2014**