



MULTNOMAH COUNTY AGENDA PLACEMENT REQUEST

(Revised: 09/23/13)

Board Clerk Use Only

Meeting Date: 1/30/14
Agenda Item #: R.8
Est. Start Time: 10:20 am
Date Submitted: 1/22/14

Agenda Title: Resolution to appoint County Financial Assistance Administrator, SEPA Acceptor and eXPRS Security Officer for Developmental Disabilities State of Oregon Department of Human Services Agreement #1112061

Note: Title should not be more than 2 lines but sufficient to describe the action requested. Title on APR must match title on Ordinance, Resolution, Order or Proclamation.

Requested

Meeting Date: Next Available **Time Needed:** 5 Minutes

Department: County Human Services **Division:** Department Administration

Contact(s): Kathy Tinkle

Phone: 503-988-3691 **Ext.** 84164 **I/O Address:** 167/240

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, Rob Kodiriy and Mohammad Bader as the County Financial Assistance Administrators and authorized each of them to amend the Financial Assistance Award ("Agreement") on behalf of the County, by execution and delivery of amendments to the Agreement in accordance with Section D.4 of Agreement #1112061 (State #1343288/#142140). This Resolution also appoints the DCHS Finance Manager and the Developmental Disabilities Program Manager as Service Element Prior Authorization (SEPA) Acceptors and a Developmental Disabilities Program Specialist Senior as the eXPRS Security Officer.

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 D.4 of the Agreement requires the appointment of County officers to administer the Agreement on behalf of the County by a duly adopted order or resolution of the County. The Agreement requires that the Authorizing Resolution provide authority for the County Financial Assistance Administrator to amend the Service Element Prior Authorization on behalf of 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 under the Agreement and to authorize Providers , through submissions of PPAs and CPAs 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. This Resolution also appoints the DCHS Finance Manager and the Developmental Disabilities Program Manager as Service Element Prior Authorization (SEPA) Acceptors and a Developmental Disabilities Program Specialist Senior as the eXPRS Security Officer.

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
Director:**

Kathy Tinkle for Susan Myers /s/

Date: 01/21/14

Note: Please submit electronically. Insert names of your approvers followed by /s/ - we no longer use actual signatures. Please insert date approved.