

12/1/17 County Board referred to the Health & Human Needs Committee

This Resolution Requiring 2/3rds Vote was referred to the Health & Human Needs Committee

12/1/17 County Board referred to the Personnel & Finance Committee

This Resolution Requiring 2/3rds Vote was referred to the Personnel & Finance Committee

12/11/17 Personnel & Finance Committee recommended for approval

A motion was made by STUBBS, seconded by CORRIGAN, that the Resolution Requiring 2/3rds Vote be recommended for approval. The motion carried by a voice vote 4-0. Passed

2. [2017 RES-328](#) AUTHORIZING ENHANCED MEDICAID FUNDING TO BE USED FOR PURPOSES RELATED TO THE DANE COUNTY JOB CENTER - DCDHS - EAWS DIVISION

Attachments: [2017 RES-328](#)

[2017 RES-328 FISCAL NOTE](#)

Legislative History

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12/11/17 Personnel & Finance Committee recommended for approval

A motion was made by STUBBS, seconded by ERICKSON, that the Resolution Requiring 2/3rds Vote be recommended for approval. The motion carried by a voice vote 4-0. Passed

3. [2017 RES-329](#) ACCEPTING ADDITIONAL MEDICAID REVENUE AND AMENDING 2017 PROFESSIONAL SERVICES CONTRACT WITH JOURNEY MENTAL HEALTH CENTER - DCDHS - ACS DIVISION

Attachments: [2017 RES-329](#)
[2017 RES-329 FISCAL NOTE](#)
[2017 RES-329 CONTRACT #83689D](#)

Legislative History

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A motion was made by STUBBS, seconded by ERICKSON, that the Resolution Requiring 2/3rds Vote be recommended for approval. The motion carried by a voice vote 4-0. Passed

E. Items Requiring Committee Action

F. Presentations

G. Reports to Committee

H. Future Meeting Items and Dates

I. Public Comment on Items not on the Agenda

J. Such Other Business as Allowed by Law

K. Adjourn

NOTE: If you need an interpreter, translator, materials in alternate formats or other accommodations to access this service, activity or program, please call the phone number below at least three business days prior to the meeting.

NOTA: Si necesita un intérprete, un traductor, materiales en formatos alternativos u otros arreglos para acceder a este servicio, actividad o programa, comuníquese al número de teléfono que figura a continuación tres días hábiles como mínimo antes de la reunión.

LUS CIM: Yog hais tias koj xav tau ib tug neeg txhais lus, ib tug neeg txhais ntawv, cov ntawv ua lwm hom ntawv los sis lwm cov kev pab kom siv tau cov kev pab, cov kev ua ub no (activity) los sis qhov kev pab cuam, thov hu rau tus xov tooj hauv qab yam tsawg peb hnuv ua hauj lwm ua ntej yuav tuaj sib tham.