

Motion to make IGT Payment in the Amount of \$ 370,000⁰⁰ to deplete funds.

REQUEST FOR AGENDA PLACEMENT FORM

Submission Deadline - Tuesday, 12:00 PM before Court Dates

SUBMITTED BY: Don Beeson

TODAY'S DATE: 6/27/13

DEPARTMENT: Precinct #4

SIGNATURE OF DEPARTMENT HEAD: Don Beeson

REQUESTED AGENDA DATE: 7/12/13

SPECIFIC AGENDA WORDING: Discussion and Possible Action on 1st and 2nd Quarter 2013 Medicaid Waver Payment and I.D.T.

PERSON(S) TO PRESENT ITEM: Don Beeson, Blake Kretz representing Johnson County Community Care Corporation.

SUPPORT MATERIAL: (Must enclose supporting documentation)

TIME: 20 minutes

ACTION ITEM: X

WORKSHOP

(Anticipated number of minutes needed to discuss item)

CONSENT:

EXECUTIVE:

STAFF NOTICE:

COUNTY ATTORNEY: X

IT DEPARTMENT:

AUDITOR:

PURCHASING DEPARTMENT:

PERSONNEL:

PUBLIC WORKS:

BUDGET COORDINATOR:

OTHER:

*******This Section to be Completed by County Judge's Office*******

ASSIGNED AGENDA DATE: _____

REQUEST RECEIVED BY COUNTY JUDGE'S OFFICE _____

COURT MEMBER APPROVAL _____

Date _____