



BOARD OF SUPERVISORS  
AGENDA LETTER

Agenda Number:

Clerk of the Board of Supervisors  
105 E. Anapamu Street, Suite 407  
Santa Barbara, CA 93101  
(805) 568-2240

2007 JUL 12 11:51 AM  
COUNTY OF SANTA BARBARA  
CLERK OF SUPERVISORS

Department Name: Treasurer-Tax Collector  
Department No.: 065  
For Agenda Of: 07/17/2007  
Placement: Administrative  
Estimated Tme: N/A  
Continued Item: No  
If Yes, date from:  
Vote Required: Majority

ADDENDUM

07-00745

**TO:** Board of Supervisors  
**FROM:** *HEH For* Bernice James, Treasurer-Tax Collector/Veterans' Services  
Contact Info: Arlene Diaz, Veterans' Services Manager x2795  
**SUBJECT:** 2007-2008 Veterans' Services Office – County Subvention Program and Medi-Cal Cost Avoidance Program

County Counsel Concurrence  
N/A

Auditor-Controller Concurrence  
N/A

Other Concurrence: N/A

**Recommended Actions:**

That the Board of Supervisors:

- A. Approve and execute the California Department of Veterans Affairs Subvention Certificate of Compliance Fiscal Year 2007/2008.
- B. Approve and execute the California Department of Veterans Affairs Medi-Cal Certificate of Compliance Fiscal Year 2007/2008.

**Summary Text:**

The California Department of Veterans' Affairs requires counties participating in the funding programs offered through the State to meet certain criteria, as set forth in the **County Subvention Program** and the **Medi-Cal Cost Avoidance Program**. Executing the certificates of compliance are prerequisites to obtaining State funding for programs addressing the needs of veterans residing within Santa Barbara County.

The Subvention Certificate of Compliance specifies that the County has appointed a County Veterans' Services Officer in accordance with the California Code of Regulations, Chapter 12, Subchapter 4.

The Medi-Cal Certificate of Compliance provides specific State funding and limits the utilization of those funds to the County Veterans' Services budget (budget 065/program 7100).

**Background:**

The Board’s annual approval and execution of the State of California Department of Veterans Affairs Subvention Certificate of Compliance and the California Department of Veterans Affairs Medi-Cal Certificate of Compliance is necessary for participation in these funding programs.

**Performance Measure:**

Santa Barbara County Veterans’ Service Officer and Representatives will assist 100% of Santa Barbara County veterans seeking veteran’s benefits per quarter; approximately 90 per each of the three regional offices.

**Fiscal and Facilities Impacts:**

It is anticipated that the County will receive \$ 45,000.00 during the 2007/2008 fiscal year to offset costs associated with the Veterans’ Services Office program as a result of these Certificates of Compliance, participation in County Subvention Program and the Medi-Cal Cost Avoidance Program.

**Fiscal Analysis:**

Revenue item.

<u>Funding Sources</u>	<u>Current FY Cost:</u>	<u>Annualized On-going Cost:</u>	<u>Total One-Time Project Cost</u>
General Fund	\$239,476	\$239,476	\$ -
State	\$45,000	\$45,000	\$ -
Federal	\$ -	\$ -	\$ -
Fees	\$ -	\$ -	\$ -
Other:	\$ -	\$ -	\$ -
Total	\$ 284,476.00	\$ 284,476.00	\$ -

**Staffing Impacts:**

No change in programs or service level.

**Legal Positions:**

**FTEs:**

**Special Instructions:**

After execution by the Board, please return the second set of originals of the Subvention Certificate of Compliance and the Medi-Cal Certificate of Compliance, along with two certified copies of the Minute Order to the Office of the Treasurer-Tax Collector – Santa Barbara Attn: Robert Stassinis.

**Attachments:**

California Department of Veterans Affairs Subvention Certificate of Compliance  
Fiscal Year 2007/2008

California Department of Veterans Affairs Medi-Cal Certificate of Compliance  
Fiscal Year 2007/2008

**Authored by:**

Arlene Diaz, Veterans' Services Manager

**cc:**

**CALIFORNIA DEPARTMENT OF VETERANS AFFAIRS**

**SUBVENTION CERTIFICATE OF COMPLIANCE**

**FISCAL YEAR 2007/2008**

COUNTY SUBVENTION PROGRAM

Charge:

Contribution to counties toward compensation and expenses of their County Veterans Service Office according to Military and Veterans Code Sections 972, and 972.1, a State General Funds Expenditure, and 972.2, a Special Fund Expenditure.

County Certification:

I certify that **Santa Barbara County** has appointed a veteran to serve as the County Veterans Service Officer according to California Code of Regulations Title 12, Subchapter 4. This County Veterans Service Officer will administer the aid provided for in Military and Veterans Code Division 4, Chapter 5.

I further certify that the County Veteran Service Officer will assist every veteran of the United States, as well as their dependents and survivors, in presenting and pursuing such claim as they may have against the United States. The County Veterans Service Officer and all accredited staff will also assist in establishing veterans, dependents and survivors' rights to any privilege, preference, care or compensation provided for by the laws and regulations of the United States, the State of California, or any local jurisdiction.

I also agree that this county, through the County Veterans Service Office, will maintain annual records for audit. These records will be maintained until the final allocation of funds for the subject fiscal year is issued by the CDVA. We will also submit reports in accordance with the procedures and timelines established by CDVA. The County Veterans Service Officer will permit CDVA representatives to inspect all facilities and records.

I further authorize the County Veterans Service Officer to actively participate in the promotion of the California Veterans License Plate program.

\_\_\_\_\_  
Chair, County Board of Supervisors  
(or other County Official authorized  
by the Board to act on their behalf)

\_\_\_\_\_  
Date

**CALIFORNIA DEPARTMENT OF VETERANS AFFAIRS**

**MEDI-CAL CERTIFICATE OF COMPLIANCE**

**FISCAL YEAR 2007/2008**

**SANTA BARBARA COUNTY**

**MEDI-CAL COST AVOIDANCE PROGRAM**

I certify that **Santa Barbara County** has appointed a County Veterans Service Officer (CVSO) in compliance with California Code of Regulations, Title 12, Subchapter 4. Please consider this as our application to participate in the Medi-Cal Cost Avoidance Program authorized by Military and Veterans Code Section 972.5.

I understand and will comply with the following:

1. All activities of the CVSO for which payment is made by the CDVA under this agreement will reasonably benefit the Department of Health Services (DHS) or realize cost avoidance to the Medi-Cal program. All County Eligibility Workers who generate a Form CA-5 (Veterans Benefits Referral) will be instructed to indicate the applicant's Welfare Aid Code on the face of the form.
2. All monies received under this agreement will be allocated to and spent on the salaries and expenses of the CVSO.
3. This agreement is binding only if federal funds are available to the CDVA from the DHS.
4. The CVSO is responsible for administering this program according to the California Code of Regulations, Title 12, Subchapter 4.

\_\_\_\_\_  
Chair, County Board of Supervisors  
(or other County Official authorized  
by the Board to act on their behalf)

\_\_\_\_\_  
Date