

**CALIFORNIA DEPARTMENT OF VETERANS AFFAIRS**

**MEDI-CAL CERTIFICATE OF COMPLIANCE**

**FISCAL YEAR 2011/2012**

**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 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 California Department of Veterans Affairs (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.

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

\_\_\_\_\_  
Date