

**CALIFORNIA DEPARTMENT OF VETERANS AFFAIRS**

**ANNUAL MEDI-CAL COST AVOIDANCE PROGRAM  
CERTIFICATE OF COMPLIANCE**

**FISCAL YEAR 2018/2019**

I certify that **Santa Barbara County** has appointed a County Veteran Service Officer (CVSO) in compliance with California Code of Regulations, Title 12m 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.

1. All activities of the CVSO for which payment is made by the CalVet under this agreement will reasonable benefit the Department of Health Care Services (DHCS) or realize cost avoidance to the Medi-Cal program. All State and County Medi-Cal Eligibility Workers who general a Form CW-5 (Veterans Benefits Referral) and/or MC 05(Military Verification and Referral form) will be instructed to indicate the applicant's Aid Code on the face of the form.
2. All monies received under this agreement shall 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 DHSC.
4. The CVSO is responsible for administering this program in accordance with California Code of Regulations, Title 12, Subchapter4 and the CalVet Procedure Manual for Subvention and Medi-cal Cost Avoidance dated October 1, 2016

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

\_\_\_\_\_  
Date

**SCAN AND UPLOAD THIS COMPLETED FORM VIA THE  
AGENCY ATTACHMENTS IN VETPRO**