



**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

2013 MAY -6 AM 10: 58

COUNTY OF SANTA BARBARA
CLERK OF THE
BOARD OF SUPERVISORS

Department Name: Treasurer-Tax Collector
Department No.: 065
For Agenda Of: May 21, 2013
Placement: Administrative
Estimated Tme: N/A
Continued Item: No
If Yes, date from:
Vote Required: Majority

TO: Board of Supervisors
FROM: Harry E. Hagen, CPA, CPFO, CPFIM *H. E. Hagen*
Treasurer-Tax Collector/Public Administrator/Veterans' Services
Contact Info: Arlene Diaz, Veterans' Services Manager x2795
SUBJECT: 2013-2014 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 2013/2014.
- B. Approve and execute the California Department of Veterans Affairs Medi-Cal Certificate of Compliance Fiscal Year 2013/2014.

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. These two documents 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 for the Medi-Cal Certificate of Compliance is necessary for participation in these funding programs.

Fiscal and Facilities Impacts:

It is anticipated that the County will receive \$66,981 during the 2013/2014 fiscal year to offset costs associated with the veterans program as a result of these Certificates of Compliance, participation in County Subvention Program and the Medi-Cal Cost Avoidance Program.

Fiscal Analysis:

The total cost of providing Veterans' Services is \$311,697 for FY 2013/2014; \$66,981 of the cost will be reimbursed through the State.

<u>Funding Sources</u>	<u>Current FY Cost:</u>	<u>Annualized On-going Cost:</u>	<u>Total One-Time Project Cost</u>
General Fund	\$244,716		\$ -
State	\$66,981		\$ -
Federal	\$ -	\$ -	\$ -
Fees	\$ -	\$ -	\$ -
Other:	\$ -	\$ -	\$ -
Total	\$ 311,697.00	\$ -	\$ -

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: Arlene Diaz.

Attachments:

California Department of Veterans Affairs Subvention Certificate of Compliance
Fiscal Year 2013/2014

California Department of Veterans Affairs Medi-Cal Certificate of Compliance
Fiscal Year 2013/2014

Authored by:

Arlene Diaz, Veterans' Services Manager

cc:

CALIFORNIA DEPARTMENT OF VETERANS AFFAIRS

SUBVENTION CERTIFICATE OF COMPLIANCE

FISCAL YEAR 2013/2014

COUNTY SUBVENTION PROGRAM

Charge:

Contribution to counties toward compensation and expenses of their County Veterans Services Offices 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 Services Officer according to California Code of Regulations Title 12, Subchapter 4. This County Veterans Services 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 Services Offices, 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 California Department of Veterans Affairs (CDVA.) We will submit reports in accordance with the procedures and timelines established by CDVA. The County Veterans Services Officer will permit CDVA representatives to inspect all facilities and records.

I further authorize the County Veterans Services 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 2013/2014

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.

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

Date