

**EL DORADO COUNTY BOARD OF SUPERVISORS
AGENDA ITEM TRANSMITTAL
Meeting of September 12, 2006**

AGENDA TITLE: Participation in the Medi-Cal Cost Avoidance & County Subvention Programs

DEPARTMENT: Veteran Affairs	DEPT SIGNOFF:	CAO USE ONLY: 8/30
CONTACT: Rod Barton	<i>R. Barton</i>	<i>C. Laura Schwanitz</i>
DATE: 8/17/2006 PHONE: ext. 5892		

DEPARTMENT SUMMARY AND REQUESTED BOARD ACTION:
 Veteran Affairs Department recommending Chairman be authorized to sign California Department of Veteran Affairs Medi-Cal Certificate of Complainece and Subvention Certificate of Compliance acknowledging compliance with terms and conditions as identified.

CAO RECOMMENDATIONS: *Recommend approval. Laura A. Hill 8/30/06*

Financial impact? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Funding Source: <input type="checkbox"/> Gen Fund <input checked="" type="checkbox"/> Other
BUDGET SUMMARY:	Other: _____
Total Est. Cost _____	CAO Office Use Only:
Funding	4/5's Vote Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Budgeted \$32,000.00	Change in Policy <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
New Funding _____	New Personnel <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Savings _____	CONCURRENCES:
Other _____	Risk Management _____
Total Funding \$32,000.00	County Counsel _____
Change in Net County Cost \$32,000.00	Other _____

***Explain** Medi-Cal Cost Avoidance and Subvention combined revenues expected for FY0607.

BOARD ACTIONS:

Vote: Unanimous _____ Or _____ Ayes: _____ Noes: _____ Abstentions: _____ Absent: _____ Rev. 04/05	I hereby certify that this is a true and correct copy of an action taken and entered into the minutes of the Board of Supervisors Date: _____ Attest: Cindy Keck, Board of Supervisors Clerk By: _____
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County of El Dorado Department of Veteran Affairs

Rod Barton, Veterans Service Officer



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Placerville, CA 95667
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August 21, 2006

Board of Supervisors
330 Fair Lane
Placerville CA 95667

Subject: Participation in Medi-Cal Cost Avoidance and County Subvention Programs
Agenda date: September 12, 2006

Recommendation: The Department of Veteran Affairs requests your board approval and Chairman signature on the attached Medi-Cal and Subvention Certificates of Compliance.

Reason for Recommendation: Activities of the CVSO (County Veteran Service Office) for which payment is made by the CDVA (California Department of Veteran Affairs) will benefit the Department of Health Services or realize cost avoidance to the El Dorado County Medi-Cal program. The Medi-Cal Certificate of Compliance states that all monies received under this agreement will be allocated to and spent on the salaries and expenses of the CVSO.

The Subvention Certificate of Compliance certifies that according to California Code of Regulations Title 12, Subchapter 4 has appointed a veteran to serve as the County Veterans Service Officer. The CVSO and all accredited staff will 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, State of California, or any local jurisdiction.

The county also agrees to maintain annual records for audit. All reports will be submitted in accordance with the procedures and timelines established by CDVA. The CVSO will also permit CDVA representatives to inspect all facilities and records.

Fiscal Impact: Anticipated Medi-Cal Cost Avoidance revenue amount is \$6,000 and Subvention revenue amount is \$26,000.

Net County Cost: Failure to sign the certificates of compliance results in loss of subvention revenue from the State of California.

Action to be Taken Following Approval:

- Return signed compliance documents to El Dorado County Department of Veteran Affairs.
El Dorado County Department of Veteran Affairs to return signed compliance documents to the California Department of Veteran Affairs.

Sincerely

Rod Barton, Veteran Services Officer

Contract #: _____

CONTRACT ROUTING SHEET

Date Prepared: 08.08.

Need Date: 8.21.06

PROCESSING DEPARTMENT:

Department: VETERAN AFFAIRS
Dept. Contact: Patricia Morello
Phone #: x 5892
Department: ROD BARTON-VSO
Authorization: [Signature]

CONTRACTOR:

Name: CA Dept. of Veteran Affairs
Address: P.O. Box 942895
Sacramento CA 95814
Phone: 916.653.2573

CONTRACTING DEPARTMENT:

Service Requested: To participate in Medi-Cal Cost Avoidance & County Subvention Programs
Contract Term: Annual Contract/Amendment Value: \$ _____
Compliance with Human Resources requirements? Yes: _____ No: _____
Compliance verified by: n/a

COUNTY COUNSEL: (Must approve all contracts and MOU's)

Approved: X Disapproved: _____ Date: 8/14/06 By: [Signature]
Approved: _____ Disapproved: _____ Date: _____ By: _____

ASSIGNMENT

DATE: 08/09/2006
ATTORNEY: Rebecca S.
DEPT./INDEX NO.: 57000
BY: [Signature]

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements)

Approved: _____ Disapproved: _____ Date: _____ By: _____
Approved: _____ Disapproved: _____ Date: _____ By: _____

n/a

OTHER APPROVAL: (Specify department(s) participating or directly affected by this contract).

Departments: _____
Approved: _____ Disapproved: _____ Date: _____ By: _____
Approved: _____ Disapproved: _____ Date: _____ By: _____

CALIFORNIA DEPARTMENT OF VETERANS AFFAIRS

MEDI-CAL CERTIFICATE OF COMPLIANCE

FISCAL YEAR 2006/2007

EL DORADO COUNTY

MEDI-CAL COST AVOIDANCE PROGRAM

I certify that El Dorado 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 CW-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

CALIFORNIA DEPARTMENT OF VETERANS AFFAIRS

SUBVENTION CERTIFICATE OF COMPLIANCE

FISCAL YEAR 2006/2007

EL DORADO COUNTY

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 El Dorado 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