



**Health & Human Services  
Agency  
COUNTY OF TULARE  
AGENDA ITEM**

**BOARD OF SUPERVISORS**

KUYLER CROCKER  
District One

PETE VANDER POEL  
District Two

AMY SHUKLIAN  
District Three

J. STEVEN WORTHLEY  
District Four

MIKE ENNIS  
District Five

**AGENDA DATE:** August 28, 2018

Public Hearing Required	Yes	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Scheduled Public Hearing w/Clerk	Yes	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Published Notice Required	Yes	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Advertised Published Notice	Yes	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
County Counsel Sign-Off	Yes	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Meet & Confer Required	Yes	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Electronic file(s) has been sent	Yes	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Budget Transfer (Aud 308) attached	Yes	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Personnel Resolution attached	Yes	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Agreements are attached and signature line for Chairman is marked with tab(s)/flag(s)	Yes	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>

CONTACT PERSON: Juliet Webb    PHONE: 624-8079

**SUBJECT:** Adoption of the Subvention Certificate of Compliance and the Medi-Cal Certificate of Compliance for the California Department of Veterans Affairs

- REQUEST(S):**  
That the Board of Supervisors:
1. Adopt the Subvention Certificate of Compliance and the Medi-Cal Certificate of Compliance for the California Department of Veterans Affairs County Subvention Program for Fiscal Year 2018/2019; and
  2. Authorize the Chairman of the Board to sign three (3) copies each of the Subvention Certificate of Compliance and the Medi-Cal Certificate of Compliance.

**SUMMARY:**  
The California Department of Veterans Affairs under the Military and Veterans Code, Section 972 and 972.1, provides for an annual allocation of state funds (subvention) for each county participating in the program. In order to receive these funds, they must be matched at least dollar for dollar by the county. The Tulare County Veterans Services Office has always applied for veterans' benefits on behalf of the approximately 18,000 eligible veterans and their dependents of Tulare County, assisting over 3,000 veterans annually. As an essential external funding source for the Veterans Services Office, the subvention dollars are a critical piece in running the program. The proposed Fiscal Year 2018/2019 budget for the Veterans Services Office is \$427,926, which includes \$123,000 in subvention funds, \$40,000 State Proposition 63 funds, \$20,000 in other local match and \$264,926 in net

**SUBJECT:** Adoption of the Subvention Certificate of Compliance and the Medi-Cal Certificate of Compliance for the California Department of Veterans Affairs  
**DATE:** August 28, 2018

County dollars. The Health and Human Services Agency staff has reviewed the terms of the compliance certifications and affirms that the County is in compliance with those terms.

This action will certify that Tulare County has installed a Veteran in the position of Veterans Services Officer and that the County will meet the State's requirement in reporting and service delivery for the Veterans Services Program. Board sign-off on the two (2) documents is required in order for the County to receive the subvention funds from the California Department of Veterans Affairs.

**FISCAL IMPACT/FINANCING:**

These revenues are included in the Fiscal Year 2018/2019 proposed budget. There is no net County cost to the General Fund.

**LINKAGE TO THE COUNTY OF TULARE STRATEGIC BUSINESS PLAN:**

The County's five-year strategic plan includes the Organizational Performance initiative to provide the public with easy access to quality information and services that are both timely and responsive. The funding of this program increases the ability to fulfill that obligation.

**ADMINISTRATIVE SIGN-OFF:**



Juliet Webb  
Director of Human Services

cc:County Administrative Office

Attachment(s)

A - Subvention Certificate of Compliance

B - Medi-Cal Certificate of Compliance

**BEFORE THE BOARD OF SUPERVISORS  
COUNTY OF TULARE, STATE OF CALIFORNIA**

IN THE MATTER OF ADOPTION OF )  
SUBVENTIOIN CERTIFICATE OF ) Resolution No. \_\_\_\_\_  
COMPLIANCE AND THE MEDI-CAL ) Agreement No. \_\_\_\_\_  
CERTIFICATE OF COMPLIANCE FOR THE )  
CALIFORNIA DEPARTMENT OF )  
VETERANS AFFAIRS )

UPON MOTION OF SUPERVISOR \_\_\_\_\_, SECONDED BY  
SUPERVISOR \_\_\_\_\_, THE FOLLOWING WAS ADOPTED BY THE  
BOARD OF SUPERVISORS, AT AN OFFICIAL MEETING HELD \_\_\_\_\_  
\_\_\_\_\_, BY THE FOLLOWING VOTE:

AYES:  
NOES:  
ABSTAIN:  
ABSENT:

ATTEST: MICHAEL C. SPATA  
COUNTY ADMINISTRATIVE OFFICER/  
CLERK, BOARD OF SUPERVISORS

BY: \_\_\_\_\_  
Deputy Clerk

\* \* \* \* \*

1. Adopted the Subvention Certificate of Compliance and the Medi-Cal Certificate of Compliance for the California Department of Veterans Affairs County Subvention Program for Fiscal Year 2018/2019; and
2. Authorized the Chairman of the Board to sign three (3) copies each of the Subvention Certificate of Compliance and the Medi-Cal Certificate of Compliance.

# CALIFORNIA DEPARTMENT OF VETERANS AFFAIRS

## Annual Medi-Cal Cost Avoidance Program Certificate of Compliance

Fiscal Year 2018/2019

I certify that **Tulare 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 CalVet under this agreement will reasonably 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 generate 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 DHCS.
4. The CVSO is responsible for administering this program in accordance with California Code of Regulations, Title 12, Subchapter 4 and *the CalVet Procedure Manual for Subvention and Medi-Cal Cost Avoidance* dated October 1, 2016.

\_\_\_\_\_  
Chair, County Board of Supervisors

\_\_\_\_\_  
Date

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

# CALIFORNIA DEPARTMENT OF VETERANS AFFAIRS

## Annual Subvention Certificate of Compliance

FISCAL YEAR 2018/2019

Charge:

Funds are distributed under this program to counties as partial reimbursement for expenses incurred in the operation of the County Veterans Service Office. Funds are distributed according to Military and Veterans Code Sections 972, and 972.1, a State General Fund Expenditure, and 972.2 a Special Fund Expenditure.

County Certification:

I certify that **Tulare 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. This County Veterans Service Officer and Veterans Service Representative staff must achieve and maintain Accreditation from the California Department of Veterans Affairs (CalVet) within 18 months of employment.

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 certify that the current fiscal year proposed expenditures exceeds the actual fiscal year 1988-89 expenditures by at least, the full amount of the current annual allocation.

I also agree that this county, through the County Veterans Service Office, will maintain records for audit. These records will be maintained for a minimum of two years. The county agrees to submit reports in accordance with the procedures and timelines established by CalVet and in accordance with the *CalVet Procedure Manual for Subvention and Medi-Cal Cost Avoidance* dated October 1, 2016. The County Veterans Service Officer will permit CalVet representatives to inspect all 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

\_\_\_\_\_  
Date

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