



## PLACER COUNTY

RICK BUCKMAN  
Veterans Service Officer

## VETERANS SERVICE OFFICE

2995 FIRST STREET AUBURN, CALIFORNIA 95603 (530) 889-7968 FAX: (530) 885-8648

### MEMORANDUM

TO: Board of Supervisors

FROM: Rick Buckman, County Veterans Service Officer

DATE: August 1, 2006

SUBJECT: Signature authorization for Subvention and Cost Avoidance Certificates

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#### ACTION REQUESTED/RECOMMENDATION

It is recommended that the Board of Supervisors authorize the Chair of the Board to sign the California Department of Veterans Affairs County Subvention Program and Medi-Cal Cost Avoidance Program Certificates of Compliance for FY 06/07 and execute Resolution authorizing the County Executive Officer to sign these documents in future fiscal years.

#### BACKGROUND

In order to claim County Subvention Funds from the California Department of Veterans Affairs (CDVA), the Placer County Board of Supervisors is required to certify that it has appointed a County Veterans Service Officer (CVSO) and will comply with the California Code of Regulations, Title 12, Subchapter 4 (which regulates CVSO activities). It is requested that the Chair of the Placer County Board of Supervisors be authorized to sign the Certificate of Compliance.

The Medi-Cal Cost Avoidance Program requires similar certification, confirmed by signing the attached agreement. It is requested that the Chair of the Placer County Board of Supervisors also be authorized to sign this document.

Both of these items are routine, have been in place for many years, and are required for the County's operation of the Veterans Service Office. Given the routine nature of these documents, it is requested that the Board of Supervisors authorize the County Executive Officer to sign on their behalf for future fiscal years.

#### FISCAL IMPACT

There is no fiscal impact.

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

**In the matter of:**

Resolution No. \_\_\_\_\_

**A RESOLUTION AUTHORIZING THE COUNTY EXECUTIVE OFFICER TO SIGN CALIFORNIA DEPARTMENT OF VETERANS AFFAIRS COUNTY SUBVENTION PROGRAM AND MEDI-CAL COST AVOIDANCE PROGRAM CERTIFICATIONS OF COMPLIANCE FOR ALL FUTURE YEARS.**

The following **Resolution** was duly passed by the Board of Supervisors of the County of Placer at a regular meeting held, August 1, 2006, by the following vote on roll call:

**Ayes:**

**Noes:**

**Absent:**

Signed and approved by me after its passage.

\_\_\_\_\_  
Bil Santucci, Chariman  
Placer County Board of Supervisors

**Attest:**  
Clerk of the Board

\_\_\_\_\_  
\_\_\_\_\_  
**BE IT HEREBY RESOLVED** by the Board of Supervisors of the County of Placer, State of California, that this Board authorizes the County Executive Officer to sign California Department of Veterans Affairs County Subvention Program and Medi-Cal Cost Avoidance Program Certifications of Compliance for future years.

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# CALIFORNIA DEPARTMENT OF VETERANS AFFAIRS

## MEDI-CAL CERTIFICATE OF COMPLIANCE

FISCAL YEAR 2006/2007

PLACER COUNTY

MEDI-CAL COST AVOIDANCE PROGRAM

I certify that Placer 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

PLACER 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 Placer 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