

DEPARTMENT: Community Service BY: Mary E. Williams PHONE: 966-5315

RECOMMENDED ACTION AND JUSTIFICATION:

Community Services / Veterans Department Head requests approval and authorization for the Chairman of the Board of Supervisors to sign the California Department of Veterans Affairs Subvention Certificate of Compliance and Medi-Cal Certificate of Compliance for Fiscal Year 2009-2010. These are annual documents that must be renewed each fiscal year in order for the County of Mariposa to receive monies paid by the State of California to counties for the County Subvention Program and Medi-Cal Cost Avoidance Program.

BACKGROUND AND HISTORY OF BOARD ACTIONS:

Historically the Board of Supervisors has signed these documents every year.

ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

1. Funding from the State of California for the Veterans Services Officer position in the County of Mariposa would be terminated.
2. Veterans, their dependents and their survivors in the County of Mariposa could be deprived of assistance in filing for their rights to any privilege, preference, care or compensation provided for by the laws of the United States or the State of California.

Financial Impact? () Yes (X) No	Current FY Cost: \$	Annual Recurring Cost: \$
Budgeted In Current FY? () Yes () No () Partially Funded		
Amount in Budget: \$		List Attachments, number pages consecutively
Additional Funding Needed: \$		2 Compliance forms (medi-cal and subvention)
Source:		
Internal Transfer		
Unanticipated Revenue	4/5's vote	
Transfer Between Funds	4/5's vote	
Contingency	4/5's vote	
() General () Other		

CLERK'S USE ONLY:

Res. No. 09-373 Ord. No. _____
 Vote - Ayes: 5 Noes: _____
 Absent: _____
 Approved
 () Minute Order Attached () No Action Necessary

COUNTY ADMINISTRATIVE OFFICER:

Requested Action Recommended
 No Opinion
 Comments:

The foregoing instrument is a correct copy of the original on file in this office.

Date: _____
 Attest: MARGIE WILLIAMS, Clerk of the Board
 County of Mariposa, State of California
 By: _____
 Deputy

CAO: *[Signature]*



COUNTY of MARIPOSA

P.O. Box 784, Mariposa, CA 95338 (209) 966-3222

BRAD ABORN, CHAIR
JANET BIBBY, VICE CHAIR
LYLE TURPIN
KEVIN CANN
JIM ALLEN

DISTRICT I
DISTRICT III
DISTRICT II
DISTRICT IV
DISTRICT V



MARIPOSA COUNTY BOARD OF SUPERVISORS

MINUTE ORDER

TO: MARY WILLIAMS, Community Services Director
FROM: MARGIE WILLIAMS, Clerk of the Board *MW*
SUBJECT: Approval of Consent Agenda (See End of Summary of Proceedings)
RESOLUTION 09-373

THE BOARD OF SUPERVISORS OF MARIPOSA COUNTY, CALIFORNIA

ADOPTED THIS Order on July 21, 2009

ACTION AND VOTE:

Item 18 – Supervisor Turpin initiated discussion relative to the status of the Veterans services and the challenges in the North County with providing services and he asked that a discussion be scheduled. Mary Williams, Community Services Director, responded to questions relative to item 18 and the services provided. (M)Allen, (S)Turpin, item 18 was approved, and direction was given for the Veterans Services Officer to come and give a presentation on the services that are provided/Ayes: Unanimous.

CA-18 Approve the California Department of Veterans Affairs Subvention and Medi-Cal Certificates of Compliance for Fiscal Year 2009-2010 and Authorize the Board of Supervisors Chair to Sign the Certificate of Compliance (Community Services Director); Res. 09-373, with direction for a presentation to be made to the Board on the Veterans services that are provided

Cc: File

CALIFORNIA DEPARTMENT OF VETERANS AFFAIRS

MEDI-CAL CERTIFICATE OF COMPLIANCE

RES. NO. 09-373

FISCAL YEAR 2009/2010


MARIPOSA COUNTY

MEDI-CAL COST AVOIDANCE PROGRAM

I certify that Mariposa 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)

7-21-09
Date

CALIFORNIA DEPARTMENT OF VETERANS AFFAIRS

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(or other County Official authorized
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7-21-09
Date