

**SUBMITTAL TO THE BOARD OF SUPERVISORS  
COUNTY OF RIVERSIDE, STATE OF CALIFORNIA**

659



**FROM:** District Attorney

**SUBMITTAL DATE:**  
February 19, 2013

**SUBJECT:** Acceptance of the FY 2012-13 Workers' Compensation Insurance Fraud Program Grant Award.

**RECOMMENDED MOTION:** That the Board of Supervisors:

1. Approve and ratify acceptance of a Workers' Compensation Insurance Fraud Program Grant ("WC") award from the Insurance Commissioner of the State of California Department of Insurance in the amount of \$1,488,786 for the grant period July 1, 2012 through June 30, 2013.

**BACKGROUND:** The Insurance Commissioner of the State of California has renewed the Workers' Compensation Insurance Fraud Program grant for the July 1, 2012 through June 30, 2013 grant period. The grant, awarded under the provision of Section 1872.83 of the California Insurance Code, is to be used by the District Attorney solely for the purpose of enhanced investigation and prosecution of workers' compensation fraud cases. The grant award is included in the department's current fiscal year budget. The attached grant award and resolution have been reviewed and approved as to form by County Counsel.

Resolution No. 2010-298 in effect through June 30, 2013.

\_\_\_\_\_  
Jeffrey A. Van Wagenen Jr., for Paul E. Zellerbach,  
District Attorney

<b>FINANCIAL DATA</b>	Current F.Y. Total Cost:	\$ 1,488,786	In Current Year Budget:	Yes
	Current F.Y. Net County Cost:	\$ 0	Budget Adjustment:	No
	Annual Net County Cost:	\$ 0	For Fiscal Year:	2012-13

<b>SOURCE OF FUNDS:</b> State of California Department of Insurance	Positions To Be Deleted Per A-30	<input checked="" type="checkbox"/>
	Requires 4/5 Vote	<input type="checkbox"/>

**C.E.O. RECOMMENDATION:** APPROVE

**County Executive Office Signature** \_\_\_\_\_  
Elizabeth J. Olson

**Prev. Agn. Ref.:** 11/12/10 #3.22 | **District:** ALL | **Agenda Number:**

ATTACHMENTS FILED  
WITH THE CLERK OF THE BOARD

3-8

FISCAL PROCEDURES APPROVED  
 PAUL ANGULO, CPA, AUDITOR-CONTROLLER  
 BY: *[Signature]* Lisette Rose  
 FORM APPROVED COUNTY COUNSEL  
 BY: *[Signature]*  
 NEAL R. KIPNIS  
 DATE: \_\_\_\_\_  
 Departmental Concurrence

Dep't Recomm.:  Consent  Policy   
 Per Exec. Ofc.:  Consent  Policy

2  
3 RESOLUTION NO. 2010-298.

4 RESOLUTION OF THE BOARD OF SUPERVISORS OF THE  
5 COUNTY OF RIVERSIDE, STATE OF CALIFORNIA, REGARDING  
6 THE WORKERS' COMPENSATION INSURANCE FRAUD PROGRAM

7  
8 WHEREAS, the County of Riverside desires to undertake a certain program designated the  
9 Workers' Compensation Insurance Fraud Program to be funded by funds made available through and  
10 administered by the California Department of Insurance (hereinafter referred to as "DOI"); now therefore,

11 BE IT RESOLVED AND ORDERED by the Board of Supervisors of the County of Riverside, State  
12 of California, in regular session assembled on November 30, 2010, that the Board of  
13 Supervisors of the County of Riverside, State of California does hereby authorize the District Attorney  
14 and/or his designee of the County of Riverside, State of California to submit or sign: Riverside County's  
15 application for grant funding for a three year period beginning July 1, 2010 and ending June 30, 2013;  
16 and sign the grant contract for the initial one year period. The contract with DOI for the second and third  
17 years shall be approved by the Board of Supervisors. The District Attorney and/or his authorized  
18 designee shall sign any contract amendments or extensions that do not significantly change the grant or  
19 contract.

20 IT IS AGREED that any liability arising out of the performance of this contract, including civil court  
21 actions for damages, shall be the responsibility of the grant recipient and the authorizing agency. The  
22 State of California and DOI disclaim responsibility of any such liability.

23 BE IT FURTHER RESOLVED that grant funds received hereunder shall not be used to supplant  
24 local expenditures controlled by this body.

25 ROLL CALL:

26 Ayes: Buster, Tavaglione, Stone, Benoit, and Ashley  
27 Nays: None  
28 Absent: None

The foregoing is certified to be a true copy of a  
resolution duly adopted by said Board of Super-  
visors on the date therein set forth.

KECIA KAPFER-JEN Clerk of said Board  
By [Signature] Deputy

FORM, RIVERSIDE COUNTY COUNSEL  
BY [Signature] DATE 11/30/10  
BY NUAL R KIPNIS

INSURANCE COMMISSIONER  
OF THE STATE OF CALIFORNIA

**GRANT AWARD AGREEMENT**

Fiscal Year 2012-13

**Workers' Compensation Insurance Fraud Program**

The Insurance Commissioner of the State of California hereby makes an award of funds to **Riverside County**, Office of the District Attorney, in the amount and for the purpose and duration set forth in this grant award.

This grant award consists of this agreement and the application for the grant and made a part hereof. By acceptance of the grant award, the grant award recipient agrees to administer the grant project in accordance with all applicable statutes, regulations and Request-for-Application (RFA).

**Duration of Grant:** The grant award is for the program period **July 1, 2012** through **June 30, 2013**.

**Purpose of Grant:** This grant award is made pursuant to the provisions of California Insurance Code Section 1872.83 and shall be used solely for the purposes of enhanced investigation and prosecution of workers' compensation fraud cases.

**Amount of Grant:** The grant award agreed to herein is in the amount of **\$1,488,786**. This amount has been determined by the Insurance Commissioner with the advice and consent of the Fraud Assessment Commission based on the estimated funds collected pursuant to Section 62.6 of the Labor Code. However, the actual total award amount for the county is contingent on the collection of assessments and the authorization for expenditure pursuant to Government Code Section 13000 et seq. The grant award shall be distributed pursuant to Section 1872.83 of the Insurance Code and to the California Code of Regulations Subchapter 9, Article 3, Sections 2698.53, 2698.54, and 2698.57.

Official Authorized to Sign for Applicant/Grant Recipient 	<b>DAVE JONES</b> Insurance Commissioner 
Name: <b>Paul E. Zellerbach</b> Title: District Attorney	Name: <b>Rick Plein</b> Title: Deputy Commissioner
Address: 3960 Orange Street Riverside, CA 92501	
Date: <u>Sept. 7, 2012</u>	Date: <u>9/27/12</u>

I hereby certify upon my own personal knowledge that budgeted funds are available for the period and purposes of this expenditure.

  
Michael Fong, Budget Officer, CDI

10/3/12  
Date