

FORM APPROVED COUNTY COUNSEL  
 BY: *[Signature]* 6/25/15  
 DATE: GREGORY P. PRIAMOS

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

505



**FROM:** Department of Veterans' Services

**SUBMITTAL DATE:**  
 June 24, 2015

**SUBJECT:** Annual Contracts Authorizing FY 2015/2016 Participation in Revenue Sources Specified under California Military and Veterans' Code Sections 972, 972.1, 972.2 and 972.5. All Districts [\$0]

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

1. Authorize the chairman of the Board to sign the attached 2015/2016 Subvention Certificate of Compliance and Medi-Cal Cost Avoidance Program Certificate of Compliance; and
2. Return the signed forms to the County Veterans Services Officer for submittal to the California Department of Veterans' Affairs (CDVA)

**BACKGROUND:**

**Summary**

Pursuant to authority conferred upon the CDVA under sections 972, 972.1 972.2 and 972.5 of the California Military and Veterans' Code, funds may be allocated to a county as reimbursement for portion of the cost of the County Veterans' Service Officer. Payment of these funds is contingent upon county compliance with the requirements stated in the attached Certificates of Compliance.

These agreements have been coordinated with County Counsel.

*[Signature]* for  
 Name: Grant Gautsche, James Anderson  
 Title: Director Assistant Director

FINANCIAL DATA	Current Fiscal Year:	Next Fiscal Year:	Total Cost:	Ongoing Cost:	POLICY/CONSENT (per Exec. Office)
COST	\$ 0	\$ 0	\$ 0	\$ 0	Consent <input type="checkbox"/> Policy <input checked="" type="checkbox"/>
NET COUNTY COST	\$ 0	\$ 0	\$ 0	\$ 0	

**SOURCE OF FUNDS:** Budget Adjustment: 0  
 For Fiscal Year: 2015/2016

**C.E.O. RECOMMENDATION:** APPROVE  
 BY: *[Signature]*  
 Donna Shaw  
 County Executive Office Signature

**MINUTES OF THE BOARD OF SUPERVISORS**

- A-30
- 4/5 Vote
- Positions Added
- Change Order

Prev. Agn. Ref.: District: All Agenda Number:

3-59

Departmental Concurrence

**CALIFORNIA DEPARTMENT OF VETERANS AFFAIRS**

**MEDI-CAL CERTIFICATE OF COMPLIANCE**

**FISCAL YEAR 2015-2016**

Riverside COUNTY

**MEDI-CAL COST AVOIDANCE PROGRAM**

I certify that Riverside 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 CalVet under this agreement will reasonably benefit the Department of Health Care Services (DHCS) or realize cost avoidance to the Medi-Cal program. All County Medi-Cal Eligibility Workers who generate a Form CW-5 (Veterans Benefits Referral) 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 CalVet 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* for the current state fiscal year.

\_\_\_\_\_  
Chair, County Board of Supervisors  
(or other County Official authorized  
by the Board to act on their behalf)

\_\_\_\_\_  
Date

FORM APPROVED COUNTY COUNSEL

BY: Neal R. Kipnis  
NEAL R. KIPNIS

6/28/15  
DATE

**CALIFORNIA DEPARTMENT OF VETERANS AFFAIRS  
SUBVENTION CERTIFICATE OF COMPLIANCE  
FISCAL YEAR 2015-2016**

**COUNTY SUBVENTION PROGRAM**

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 Riverside 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 will achieve and maintain Accreditation from the California Department of Veterans Affairs. Accreditation will be secured within one year 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 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* for the current state fiscal year. 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  
(Or other County Official authorized  
by the Board to act on their behalf)

\_\_\_\_\_  
Date

FORM APPROVED COUNTY COUNSEL

BY: Neal R. Kipnis

NEAL R. KIPNIS

DATE 6/25/15