

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



**ITEM: 3.18  
(ID # 11430)**

**MEETING DATE:**  
Tuesday, January 14, 2020


**FROM :** VETERANS' SERVICES:

**SUBJECT:** DEPARTMENT OF VETERANS' SERVICES: Certificates of Compliance Authorizing FY 19/20 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. Sign the attached FY 19/20 Subvention Certificate of Compliance and FY 19/20 Medical Cost Avoidance Program Certification of Compliance to receive funds allocated to the County as reimbursement for a portion of the cost of the County Veterans' Service Office; and
2. Direct the Clerk of the Board to return the signed Certificates of Compliance to the Riverside County Department of Veteran's Services for submittal to the California Department of Veteran's Affairs.

**ACTION:** Policy

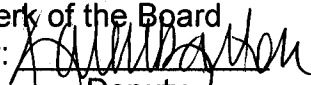
  
Grant Gautsche, Director, Veterans' Services

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**MINUTES OF THE BOARD OF SUPERVISORS**

On motion of Supervisor Washington, seconded by Supervisor Jeffries and duly carried, IT WAS ORDERED that the above matter is approved as recommended.

Ayes: Jeffries, Washington, Perez and Hewitt  
Nays: None  
Absent: Spiegel  
Date: January 14, 2020  
xc: Veterans Services

Kecia R. Harper  
Clerk of the Board  
By:   
Deputy

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

<b>FINANCIAL DATA</b>	<b>Current Fiscal Year:</b>	<b>Next Fiscal Year:</b>	<b>Total Cost:</b>	<b>Ongoing Cost</b>
<b>COST</b>	\$0	\$0	\$0	\$0
<b>NET COUNTY COST</b>	\$0	\$0	\$0	\$0
<b>SOURCE OF FUNDS: N/A</b>			<b>Budget Adjustment: N/A</b>	
			<b>For Fiscal Year: N/A</b>	

**C.E.O. RECOMMENDATION:** Approve

**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 by the state to the County of Riverside Department of Veteran's Services as reimbursement for implementation of the Subvention and Medi-Cal Cost Avoidance Programs. Program cost reimbursement is contingent upon county compliance with the requirements stated in the attached Certificates of Compliance.

The Certificates of Compliance have been reviewed and approved by County Counsel.

**ATTACHMENTS:**

- Attachment A: Subvention Program Certificate of Compliance FY 19/20**
- Attachment B: Medi-Cal Cost Avoidance Program Certificate of Compliance FY 19/20**

  
 Scott Bruckner 1/9/2020

  
 Gregory V. Priamos, Director County Counsel 12/18/2019

**CALIFORNIA DEPARTMENT OF VETERANS AFFAIRS**  
**Annual Subvention Program Certificate of Compliance**

Fiscal Year 2019 – 2020

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.

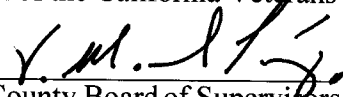
County Certification:

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 must achieve and maintain accreditation from the California Department of Veterans Affairs within 18 months of employment, or within 18 months of the County Veterans Service Officer position becoming vacant, whichever occurs first. Veterans Service Representative staff filing claims must also achieve and maintain accreditation from the California Department of Veterans Affairs 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* 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)

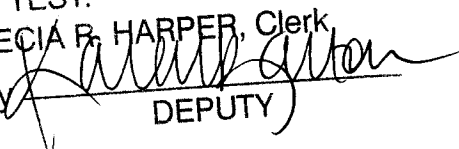
**V. MANUEL PEREZ**

Rev. 7/17

1/14/2020  
\_\_\_\_\_  
Date

ATTEST:

KECIA R. HARPER, Clerk,

BY   
DEPUTY

FORM APPROVED/COUNTY COUNSEL  
BY:   
DANIELLE D. MALAND  
DATE: 12/9/19

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**CALIFORNIA DEPARTMENT OF VETERANS AFFAIRS  
Annual Medi-Cal Cost Avoidance Program Certificate of Compliance**

**FISCAL YEAR 2019 – 2020**

Riverside COUNTY

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 State and County Medi-Cal Eligibility Workers who generate a Form 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 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.

FORM APPROVED COUNTY COUNSEL  
BY: [Signature] 12/11/19  
DATE  
DANIELLE D. MALAND

[Signature]  
Chair, County Board of Supervisors  
(or other County Official  
authorized by the Board to act on  
their behalf)  
**V. MANUEL PEREZ**

1/14/2020  
Date

ATTEST:  
KECIA R. HARPER, Clerk  
By [Signature]  
DEPUTY

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

Rev. 7/19

JAN 14 2020 3.10