

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



**ITEM: 3.54
(ID # 20806)**

MEETING DATE:
Tuesday, December 13, 2022

FROM : VETERANS' SERVICES:

SUBJECT: DEPARTMENT OF VETERANS' SERVICES: Certificates of Compliance Authorizing FY 22/23 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 22/23 Subvention Certificate of Compliance and FY 22/23 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 Veterans' Services for submittal to the California Department of Veterans Affairs.

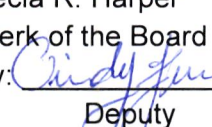
ACTION:Policy


Grant Gautsche, Director, Veterans' Services 12/7/2022

MINUTES OF THE BOARD OF SUPERVISORS

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

Ayes: Jeffries, Spiegel, Washington, and Hewitt
Nays: None
Absent: Perez
Date: December 13, 2022
xc: Vet. Services

Kecia R. Harper
Clerk of the Board
By: 
Deputy

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

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

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 allotted by the state to the County of Riverside Department of Veterans' Services as reimbursement for the 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.

ATTACHMENT A: Subvention Certificate of Compliance FY 22-23

ATTACHMENT B: Medi-Cal Cost Avoidance Program Certificate of Compliance FY 22-23

DEPARTMENT OF VETERANS AFFAIRS

1227 O Street
SACRAMENTO, CALIFORNIA 95814
Telephone: (800) 952-5626



Annual Subvention Certificate of Compliance
Fiscal Year 2022/2023

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 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 information contained within the VetPro database will not be distributed to any entity outside of the County Veteran Service Office, including other County Departments. Additionally, I certify that all College Fee Waiver Approval and Denial letters will be generated within the VetPro database. I also authorize the County Veterans Service Officer to actively participate in the promotion of the California Veterans License Plate program.

I certify 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 upon request.

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

12/13/2022
Date

JEFF HEWITT

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

Rev (6/22)

FORM APPROVED COUNTY COUNSEL
BY: *Danielle D. Maland*
DANIELLE D. MALAND

ATTEST:
KECIA R. HARPER, Clerk
By *Cindy Jandy*
DEPUTY

DEC 13 2022 3:54

DEPARTMENT OF VETERANS AFFAIRS

1227 O Street
SACRAMENTO, CALIFORNIA 95814
Telephone: (800) 952-5626



**Annual Medi-Cal Cost Avoidance Certificate of Compliance
Fiscal Year 2022/2023**

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 the 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.

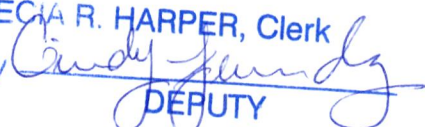
FORM APPROVED COUNTY COUNSEL
BY: DANIELLE D. MALAND


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

12/13/2022
Date

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ATTEST:
KECIA R. HARPER, Clerk
By 
DEPUTY

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