



RESOLUTION NO.

OF THE BOARD OF SUPERVISORS OF THE COUNTY OF EL DORADO

Authorization for the Health and Human Services Agency Director, or Chief Assistant Director, to Execute Annual California Department of Veteran Affairs Certifications of Compliance for the County Veterans Services Office and Accept Veteran Services Funds

WHEREAS, Veteran Services funds are distributed through the California Department of Veteran Affairs (CDVA) to counties as partial reimbursement for expenses incurred in the operation of the County Veterans Service Office. Said 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;

WHEREAS, pursuant to California Code of Regulations (CCR) Title 12, Section 451, the County of El Dorado (County) annual funding is available to counties that, through its Board of Supervisors, has appointed, prescribed the qualifications for, and set the compensation of a veteran to serve as the County Veterans Service Officer (CVSO) and appropriated and expended county funds for the compensation of the CVSO;

WHEREAS, this appointed CVSO Officer will administer the aid provided for in Military and Veterans Code Division 4, Chapter 5. This CVSO must achieve and maintain accreditation from the CDVA within 18 months of employment or within 18 months of the County Veterans Service Officer position becoming vacant, whichever occurs first;

WHEREAS, County Veterans Service Representative staff filing claims must also achieve and maintain accreditation from the CDVA within 18 months of employment;

WHEREAS, on an annual basis, as part of the CDVA funding process, the County is required to complete and sign two annual certificates of compliance: an Annual Subvention and an Annual Medi-Cal Cost Avoidance Certificates of Compliance;

WHEREAS, the Annual Subvention Certificate of Compliance, as represented in Attachment A, certifies that, amongst other requirements, the CVSO 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 CVSO and all accredited Veteran Services staff will 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;

WHEREAS, the Annual Medi-Cal Cost Avoidance Certificate of Compliance, as represented in Attachment B, certifies that, amongst other requirements, through issuance of the certification, the County is applying to participate in the Medi-Cal Cost Avoidance Program authorized by Military and Veterans Code Section 972.5, and attesting that the CVSO is responsible for administering this program in accordance with CCR Title 12, Division 2, Chapter 3, Subchapter 4 and the *CalVet Procedure Manual for Subvention and Medi-Cal Cost Avoidance* for the current state fiscal year; and

WHEREAS, to ensure timely processing of these required Certifications of Compliance and submission to the CDVA, thereby safeguarding the continuation of essential CVSO funding, the County of El Dorado Board

of Supervisors desires to authorize the Health and Human Services Agency (HHS) Director, or Chief Assistant Director, to act on behalf of the County of El Dorado, to sign the required Certifications of Compliance required to secure and maintain CVSO funding from the CDVA, on an annual basis, contingent upon approval of compliance by the HHS Veterans Services Program Manager and approval to form by County Counsel;

NOW, THEREFORE, BE IT RESOLVED that the County of El Dorado Board of Supervisors does hereby:

Delegate authority to the HHS Director, or Chief Assistant Director, on behalf of the County, to sign the annual Annual Subvention Certificate of Compliance and the Annual Medi-Cal Cost Avoidance Certificate of Compliance (as shown in Attachments A and B, respectively), incorporated by reference herein, including delegation of authority to execute subsequent year’s certifications issued to the County Veteran’s Services Program from the California Department of Veteran Affairs (CDVA), contingent upon approval by the Veterans Services Program Manager and County Counsel, and accept annual Veterans Services funds.

PASSED AND ADOPTED by the Board of Supervisors of the County of El Dorado at a regular meeting of said Board, held the ____ day of _____, 20__, by the following vote of said Board:

Ayes:
Noes:
Absent:

Attest:
Clerk of the Board of Supervisors

By: _____
Deputy Clerk

Chair, Board of Supervisors

DEPARTMENT OF VETERANS AFFAIRS

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



**Annual Subvention Certificate of Compliance
 Fiscal Year 20XX/20XX**

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 El Dorado 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.

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

 Date

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

DEPARTMENT OF VETERANS AFFAIRS

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



**Annual Medi-Cal Cost Avoidance Certificate of Compliance
 Fiscal Year 20XX/20XX**

I certify that El Dorado 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.

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

 Date

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