CALIFORNIA DEPARTMENT OF VETERANS AFFAIRS

Annual Medi-Cal Cost Avoidance Program Certificate of Compliance

Fiscal Year 2021/2022

	El Dorado COUNTY
I certify that 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:	
agı (D Co Ve	l activities of the CVSO for which payment is made by the CalVet under this reement will reasonably benefit the Department of Health Care Services HCS) or realize cost avoidance to the Medi-Cal program. All State and bunty Medi-Cal Eligibility Workers who generate a Form MC 05 (Military crification and Referral form) will be instructed to indicate the applicant's Aid ide on the face of the form.
	I monies received under this agreement shall be allocated to and spent on salaries and expenses of the CVSO.
	is agreement is binding only if federal funds are available to CalVet from the HCS.
Ca	e CVSO is responsible for administering this program in accordance with lifornia Code of Regulations, Title 12, Subchapter 4 and <i>the CalVet Procedure anual for Subvention and Medi-Cal Cost Avoidance</i> for the current state fiscal ar.
Chair, County Board of Supervisors 1/9/2 Date	

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

(or other County Official authorized by the Board to act on their behalf)