CALIFORNIA DEPARTMENT OF VETERANS AFFAIRS

VETERAN SERVICES DIVISION

PROCEDURE MANUAL

FOR

SUBVENTION AND MEDI-CAL COST AVOIDANCE

THE INFORMATION CONTAINED IN THIS DOCUMENT SUPERSEDES ALL PREVIOUS VERSIONS AND BECOMES EFFECTIVE

July 1, 2016

HONORING CALIFORNIA'S VETERANS

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PART I: PROGRAM OVERVIEW

The CVSO

A County Veteran Service Officer (CVSO) is a veteran and a county employee whose duty is to assist the veteran community in applying for and maintaining available benefits and entitlements for which they may be eligible. Veteran benefits come in many forms and are administered by federal, state and local governments.

In addition to their own veteran community, the CVSOs must answer to their Board of Supervisors and must be aware of, and abide by, the vast network of requirements and regulations as prescribed by various agencies and levels of government. All CVSOs and their Veteran Service Representative (VSR) staff must achieve and maintain accreditation from the California Department of Veterans Affairs (CalVet). This accreditation must be secured within the first 18 months of employment. CVSO's who are not accredited by CalVet within 18 months of appointment will lose Subvention payments from CalVet.

The State of California statutory requirements related to the CVSO program are contained in the Military and Veterans Code (M&V Code or M&VC), Article 4, Sections 970 through 973, and the California Code of Regulations (CCR), Title 12, Sections 450 through 455.

The United States Department of Veterans Affairs (USDVA) statutory requirements related to the CVSO program are contained in Title 38, Code of Federal Regulations, Sections 1.503, 1.524, 1.525, and 14.626 through 14.633.

It is mandatory and imperative that CVSOs read, understand and abide by these requirements.

All counties that appoint a CVSO, according to the provisions of the M&VC, are eligible to apply for state funding administered by CalVet.

State Funding Sources

CalVet administers three CVSO related revenue programs:

1. The County Subvention Program reimburses counties for a portion of their administrative costs and for “Workload Units” performed. Funds are distributed on a pro-rata basis using allowed subvention workload units.
2. The Medi-Cal Cost Avoidance Program reimburses counties for "activities" CVSOs perform that result in cost avoidance or savings to the Medi-Cal program. Funds are distributed on a pro-rata basis using allowed Medi-Cal workload units.
3. The Veterans Service Office Fund is funded through the Veterans License Plate Program. These funds are distributed on a pro-rata basis using each county’s total net expenditures for CVSO operations.

Counties must fully comply with the administrative requirements detailed in this manual in order to be eligible to receive state funding from these three sources. Although requirements for participation in these funding programs have many similarities there are distinct differences. The County Subvention Program and the Medi-Cal Cost Avoidance Program will be addressed below.

It is your responsibility to understand and comply with these guidelines as well as applicable regulations and statutes. You may contact the Veteran Services Division CVSO Auditor at (916) 653-2573, if you have any questions.

The Subvention Program

The County Subvention Program is administered under the provisions of M&VC Sections 972 and 972.1 and CCR, Title 12, Sections 450 through 455. Funds are subject to appropriation in the annual Budget Act. Funds may be available to counties if all of the following requirements are met:

NOTE: FAILURE TO PROVIDE THE BELOW ITEMS AS PRESCRIBED MAY RESULT IN NON-PAYMENT OF FUNDS.

Subvention Requirements Calendar

January 31st – No later than January 31st, each CVSO must scan and upload via the Agency Attachments section in VetPro the following reports:

1) **Subvention workload activities (DVS 16) -** The Semi-Annual Workload report (DVS 16) is utilized by all CVSOs for the purpose of reporting awards and activity data to CalVet. The data recorded on the DVS 16 should reflect the accumulated six (6) month totals for the appropriate reporting period and is derived automatically via VetPro from the DVS 19 (Daily Activity Report), DVS 20 (Subvention Awards Register) and the DVS 20MC (Medi-Cal Cost Avoidance Awards Register). *Note: The DVS 19, DVS 20, and DVS 20MC require no action by the CVSO because they are automatically produced by VetPro.* The DVS 16 must be printed, signed, and uploaded into Agency Attachments in VetPro for CalVet by January 31st for the July – December reporting period of each fiscal year; and by July 31st for the January – June reporting period of each fiscal year. CCR, Title 12, Section 452(b).

2) **Net County Cost Report -** The current fiscal year budget for the CVSO must be submitted to CalVet via Net County Cost Form and scanned/uploaded via agency attachments in VetPro within 30 days of final adoption by the Board of Supervisors. CCR, Title 12, Section 452(c)(1).

3) **Semi-Annual Claim for Subvention Funds** for the period July 1st through December 31st of the current fiscal year. The Semi-Annual County Claim for Subvention Funds is the document by which each county requests disbursement of funds.

4) **Annual Subvention Certificate of Compliance** must be scanned/uploaded via Agency Attachments in VetPro as soon as adopted by the County Board of Supervisors but no later than January 31st of the current fiscal year. CCR, Title 12, Section 451(a)(3).

February/March - CalVet will disburse funds upon receipt of each Semi-Annual County Claim for Subvention Funds for the July 1 - Dec. 31 period. **Due to the allocation formula used for subvention distribution, CalVet cannot start disbursements until ALL counties have submitted their documents listed above.**

April – Letters to Board of Supervisors for each county are sent showing the amount of new awards obtained through claims submitted by that CVSO.

July 31st - No later than July 31st, each CVSO must scan and upload via the Agency Attachments section in VetPro the following reports: (see descriptions of each requirement in the January 31st section).

1) **Subvention workload activities (DVS 16)** –The DVS 16 must be printed, signed, and uploaded into Agency Attachments in VetPro for CalVet by January 31st for the July – December reporting period of each fiscal year; and by July 31st for the January – June reporting period of each fiscal year. CCR, Title 12, Section 452(b).

2) **Net County Cost Report**

3) **Semi-Annual County Claim for Subvention Funds** for the period January 1st through June 30th.

September 1 – CVSOs send outreach metrics for the previous state fiscal year per M&VC Section 974(a) to CalVet: "The number of veterans and their family members who have contacted or utilized the services of the county veterans service offices during the fiscal year and a summary of other services provided by county veterans service offices and special events and activities in which county veterans service offices participated, such as veterans outreach events, homeless veteran "Stand Downs," and job fairs for veterans."

September/October - CalVet will disburse funds upon receipt of each Semi-Annual County Claim for Subvention Funds for the Jan. 1 - June 30 period. **Due to the allocation formula used for subvention distribution, CalVet cannot start disbursements until ALL counties have submitted their documents.**

November 15th – CalVet calculates and publishes an estimated statewide annual county subvention allocation using audit finding from previous fiscal year.

Records Retention Requirements

All auditable workload unit records must be retained by the CVSO for a minimum of TWO YEARS after the current audit year.

All auditable activities claimed as workload units under the Subvention Program must be uploaded/scanned into VetPro to receive workload unit credit. Workload unit records unavailable to substantiate a workload unit claim will result in loss of workload unit credit for the workload unit claim.

CalVet College Fee Waiver - Responsibilities of the Approver

CalVet, Veteran Services Division, or its appointees, including any CVSO **who maintains CalVet accreditation**, may determine eligibility to receive benefits under this program. In cases where an award, denial or retro-active benefits is generated through a CVSO, notices of such awards, denial or retro-active benefits shall be signed by the appointed CVSO.

CalVet College Fee Waiver for Veteran Dependents (DVS 40)

The College Fee Waiver (DVS 40) application and all supporting documents related to the grant of a College Fee Waiver will be audited. The CVSO is responsible to award College Fee Waivers in accordance with M&VC Sections 890 – 899 and M&VC Section 980, Education Code Section 66025.3, and the *CalVet College Tuition Fee Waiver Program for Veterans Dependents Procedures Manual*. College Fee Waivers issued in error could result in the county of issue being held financially responsible for repayment of the tuition and fees to the college whose tuition and fees were waived incorrectly.

If a College Fee Waiver is issued in error, an investigation to determine who was at fault (i.e., claimant or CVSO or both) will be conducted by CalVet in order to determine the party liable for repayment of the improperly waived tuition and fees. The CVSO will notify each individual claimant and each individual college in writing for each individual College Fee Waiver issued in error. The CVSO must sign each written notice with an original signature. A copy of each notice must be maintained in the veteran's file in VetPro. If it is found that the College Fee Waiver was issued fraudulently (fraud by claimant or CVSO or both) authorities will be notified which may result in criminal prosecution.

NOTE: All College Fee Waiver DVS-40 applications and supporting documentation must be uploaded/scanned into VetPro.

A College Fee Waiver Activity Report (DVS 40) is populated automatically via VetPro along with the semi-annual reports—no further action is required of the CVSO. The report is in the following format.

a. Social Security Number (last four digits of **Veteran's** Social Security Number);
b. Action taken: Grant/Denial (G or D);
c. Student's Name, last name first;
d. Academic Year for which benefits granted or denied;
e. School name, abbreviated;
f. School Type (C = Community College, S = Cal-State, U = UC Campus);
g. Fee Waiver Plan: Plan A / Plan B /Plan C/Plan D (A, B, C or D).

Examples:

VetSSN	Action	Student: Last, First	Year	School	Type	Plan
1111	G	Losesagain, R. Me	15/16	UCSB	U	A
2222	D	Plebe, Justa	15/16	CSU (Chico)	S	B
3333	G	Thegoat, Bill	15/16	Mira Costa	C	C
TOTALS		**2=Granted**	**1=Denial**			

College Fee Waiver Delegation of Authority

Every Grant or Denial Notice issued by a CVSO must include the original signature of the CVSO. The CVSO may delegate the authority of the original signature requirement for each Grant or Denial Notice to the CVSO's senior staff by submitting a delegation of authority letter to CalVet via upload to the Agency Attachments feature in VetPro. The Delegation of Authority Letter must include the original signature of the CVSO and the original signature of each CVSO senior staff person to which the CVSO has delegated the authority to sign. The delegation of signature authority is effective for no more than six months; thereafter, another signed letter must be submitted to CalVet with the required signatures.

A template showing the required wording for the Delegation of Authority Letter for each of the six month periods of **August 1, 20XX to January 31, 20XX** and **February 1, 20XX to July 31, 20XX** is on page 7.

Required Text for CalVet College Fee Waiver (DVS 40) Delegation of Authority Letter

[CVSO Letterhead]

Letter Creation Date:

By means of this letter, I, [CVSO Name and CVSO Title], delegate the authority herein described to the named senior County Veterans Service Office staff persons, on the following terms and conditions:

1. The named CVSO Staff below are authorized to sign CalVet DVS 40 College Fee Waiver Program Grant Notices and Denial Notices.
2. The named CVSO Staff below are authorized to sign CalVet DVS 40 College Fee Waiver Program Grant Notices and Denial Notices on my behalf from:

   ☐ **August 1, 20XX to January 31, 20XX**

   ☐ **February 1, 20XX to July 31, 20XX**

   A new delegation of authority letter must be completed and signed by all parties and submitted to CalVet every six months; CVSOs may not submit one letter for the year.
3. A new delegation of authority letter shall be completed at the time any senior staff named herein is no longer employed by the CVSO.
4. The authority delegated is not subject to sub-delegation.
5. The senior delegated staff listed below are currently accredited by the California Department of Veterans Affairs.

Name of accredited CVSO Staff Person	CVSO Staff Signature	Date

[Original signature of CVSO]

_____ _____

Printed Name and Title [of CVSO] Date:

cc: VetPro Agency Attachments

Subvention Payments

CalVet shall distribute a total of $5,600,000 in subvention funds to counties each State fiscal year. This amount is distributed as follows:

(1) $20,000 in administrative funds for each participating county.

(2) Up to $12,000 for training purposes for each participating county:

- Each CVSO will receive $1,500 for the CVSO plus one **supervisor or lead VSR** to attend each of the three CalVet-sanctioned conference trainings ($9,000 per CVSO per year). For example: If one CVSO staff person attends a CalVet-sanctioned conference, $1,500 will be allocated; if two CVSO staff attend the conference, $3,000 will be allocated; if no CVSO staff attend, then no training funds will be received for that conference.
- Each CVSO will receive $1,000 for up to three CVSO personnel who need to become accredited by CalVet to attend the California Veterans Service Representative Academy (CVSRA) per year. If no CVSO staff attends the CVSRA, then the CVSO does not receive funding for this training purpose. However, if you do not have personnel to send to the CVSRA, your county can use the training funds (up to $3,000 in a fiscal year) to send designated staff to the CalVet-sanctioned training conference.
- Per Section 453 (b)(1)(B) of Title 12, California Code of Regulations, a proportional reduction in training funds will be applied to those counties that did not attend training. Training funds not utilized for that purpose by other CVSOs throughout the year, will be reallocated and distributed through the workload unit funds at the end of the fiscal year.

(3) Remaining funds distributed on pro-rata share of auditable workload units.

(4) Per Section 453 (b)(1) of Title 12, California Code of Regulations, each county's annual allocation for the administrative and performance components shall not exceed 50 percent of the county's current fiscal year budgeted expenditures. A proportional reduction in State funding will be made for each county that exceeds the 50%.

Note: The actual value of a workload unit varies from year to year based upon the amount of funding available and the total number of workload units allowed statewide for all eligible CVSO's.

Subvention Delegation of Authority

In the rare instances a CVSO may not be appointed to a county by the County Board of Supervisors and an interim period exists where the daily operations of the County Veteran Service Office is managed by a senior County Veteran Service Office staff member, a delegation of authority letter shall be completed and signed by both the authorizing power and the delegated staff member in order for the delegated staff member to certify reports related to the Subvention program, Medi-Cal Cost Avoidance program, and Veteran Service Office Fund (VSOF) program. A template of the Delegation of Authority Letter is on page 9.

Required Text for Subvention and Medi-Cal Cost Avoidance Delegation of Authority Letter

[CVSO Letterhead]

Letter Creation Date:

By means of this letter, I, [Member of County Board of Supervisors or authorized individual], delegate the authority herein described to the [senior staff name and senior staff position title], on the following terms and conditions:

1. I authorize [senior staff name and senior staff position title] to sign/approve California Department of Veterans Affairs (CalVet), semi-annual reports and forms required for Subvention, Medi-Cal Cost Avoidance, and Veteran Service Office Fund (VSOF) funding.

2. The designated person named above may sign/approve CalVet semi-annual reports and forms required for Subvention, Medi-Cal Cost Avoidance, and VSOF funding on my behalf and until a County Veteran Service Officer (CVSO) is appointed.

3. This delegation shall become effective the date this delegation of authority letter is signed and shall expire thereafter when a CVSO is appointed and CalVet is notified.

4. A new delegation of authority letter shall be completed at the time any senior staff named herein is no longer employed by the County Veteran Service Office and/or the delegation of authority granted herein has been terminated by [Member of County Board of Supervisors or authorized individual].

5. The authority delegated is not subject to sub-delegation.

6. The senior staff as specified above is accredited by the California Department of Veteran Affairs.

[Original signature of Member of County Board of Supervisors or authorized individual]

_____ _____

Printed Name and Title Date:

[Original signature of senior delegated staff]

_____ _____

Printed Name and Title Date:

cc: VetPro Agency Attachments

CVSO Outreach and Special Activities Reporting

M&VC Sections 974 (a) and 974 (c) require CalVet to prepare an annual report of each CVSO's activities. A copy of this CalVet annual report of CVSO activities is transmitted to the California Department of Finance, California Department of Health Care Services, California Veterans Board, and to each member of the California Legislature. This CalVet annual report includes CVSO information related to CVSO special events and activities as stated in M&VC Section 974 (a)(4) and CCR, Title 12, Section 452 (d)(5). The CVSO will report CVSO information related to CVSO special events and activities for the previous fiscal year (July 1 through June 30) to CalVet by September 1 of each year.

By September 1 of each year, each CVSO must report to CalVet (through VetPro):

M&VC Section 974(a) (1): The number of veterans and their family members who have contacted or utilized the services of the county veterans service offices during the fiscal year.

(4) A summary of other services provided by county veterans service offices and special events and activities in which county veterans service offices participated, such as veterans outreach events, homeless veteran "Stand Downs," and job fairs for veterans.

Agency Attachments Feature in VetPro

The following forms must be scanned/uploaded via agency attachments in VetPro according to the Subvention Calendar on page 3 and Medi-Cal Cost Avoidance Calendar on page 14. Counties must comply with these requirements in order for CalVet to tabulate payments. Failure to submit these forms may result in non-payment of funds.

CALIFORNIA DEPARTMENT OF VETERANS AFFAIRS

Annual Subvention Program 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 _____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 must 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 Date
(Or other County Official authorized
by the Board to act on their behalf)

Rev. 3/16

CALIFORNIA DEPARTMENT OF VETERANS AFFAIRS

Semi-Annual Claim for Subvention Funds:

July 1, 20XX – December 31, 20XX

FISCAL YEAR 20XX – 20XX

The County of _____ hereby certifies that county funds in the amount of

$ _____ have been exclusively expended for the operation of the County Veterans Service Office (CVSO) for the above period. Based upon these expenditures, and the workload reported by the CVSO for this same period, I apply for the first installment of this county's subvention allocation.

ATTACH A COPY OF YOUR NET COUNTY COST (NCC) FORM.

_____ _____

County Auditor/Controller Date

THIS PORTION TO BE COMPLETED BY THE CALIFORNIA DEPARTMENT OF VETERANS AFFAIRS

Authorization for disbursement of subvention funds:

The above county is approved for payment in the amount of $ _____

According to Military and Veterans Code Sections 972 and 972.1

Charge: Chapter ____/____, Item 8955-101-0001

_____ _____

DEPUTY SECRETARY FOR VETERANS SERVICES DATE

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

Rev 03/16

CALIFORNIA DEPARTMENT OF VETERANS AFFAIRS

Semi-Annual Claim for Subvention Funds:

January 1, 20XX – June 30, 20XX

FISCAL YEAR 20XX – 20XX

The County of _____ hereby certifies that county funds in the amount of

$ _____ have been exclusively expended for the operation of the County Veterans Service Office (CVSO) for the above period. Based upon these expenditures, and the workload reported by the CVSO for this same period, I apply for the first installment of this county's subvention allocation.

ATTACH A COPY OF YOUR NET COUNTY COST (NCC) FORM.

_____ _____

County Auditor/Controller Date

THIS PORTION TO BE COMPLETED BY THE CALIFORNIA DEPARTMENT OF VETERANS AFFAIRS

Authorization for disbursement of subvention funds:

The above county is approved for payment in the amount of $ _____

According to Military and Veterans Code Sections 972 and 972.1

Charge: Chapter ____/____, Item 8955-101-0001

_____ _____

DEPUTY SECRETARY FOR VETERANS SERVICES DATE

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

Rev 03/16

The Medi-Cal Cost Avoidance Program

The Medi-Cal Cost Avoidance Program is administered under the provisions of M&VC Section 972.5, CCR, Title 12, Section 454 and an interagency agreement between CalVet and the Department of Health Care Services (DHCS).

Federal Medi-Cal funds may be available for distribution to CVSO if all of the following requirements are met:

(1) An "Annual Agreement" approved by the Board of Supervisors must be submitted to CalVet by scan/upload via agency attachments in VetPro no later than January 31st (see below).

(2) Workload activity reports (DVS 19 and DVS 20MC) must be fully and accurately completed. Both reports are automated in VetPro and available to CalVet via VetPro.

NOTE: **FAILURE TO PROVIDE THE ABOVE ITEMS AS PRESCRIBED CAN RESULT IN NON-PAYMENT OF FUNDS FOR THE ENTIRE YEAR.**

Medi-Cal Cost Avoidance Program Calendar

January 31st – Semi-annual Report (DVS 16) must be scanned/uploaded via Agency Attachments in VetPro by January 31st for the reporting period July 1 through December 31st. The Annual Medi-Cal Certificate of Compliance must be scanned/uploaded via Agency Attachments in VetPro as soon as adopted by the County Board of Supervisors but not later than January 31st. The DVS 19 and DVS 20 MC reports are automated in VetPro and available to CalVet via VetPro; no additional action is needed by CVSOs.

February - CalVet initiates mid-year advance of allocated funds. Note: this may be delayed until *ALL* participating counties file their DVS 16.

July 31st - Semi Annual Report (DVS 16) and must be scanned/uploaded via Agency Attachments in VetPro by July 31st for the reporting period January 1st through June 30th. The DVS 19 and DVS 20 MC reports are automated in VetPro and available to CalVet via VetPro; no additional action is needed by CVSOs.

Medi-Cal Cost Avoidance Program Payments

The current interagency agreement with DHCS provides a total payment of $838,000 for distribution under this program. Each county's share will be based upon a pro-rata share of "Medi-Cal workload units" allowed for the current fiscal year.

The actual value of a Medi-Cal workload unit changes annually based upon the amount of funding available for Medi-Cal Cost Avoidance and the total number of workload units allowed statewide for all participating CVSO's.

Eligible Medi-Cal Aid Codes

A list of approved Aid Codes for the Medi-Cal Cost Avoidance Program may be found on the following CalVet website:

https://www.calvet.ca.gov/VetServices/Pages/Fiscal-Forms-and-Information.aspx

In order for you to claim any workload units on either the DVS 19 or DVS 20MC, you **must** indicate the appropriate code. You **must** have the referring county or state Medi-Cal Eligibility Worker indicate the applicant's Aid Code or anticipated "aid code" if eligibility is not yet determined on the CW-5 or Military Verification & Referral Form (MC 05) that you receive. Often the Aid Code is the first two digits of the case number; if in doubt check with your county welfare department or with DHCS.

Program Documentation

The CVSO must retain a copy of the form CW-5 or MC 05 received from the referring county or state Medi-Cal Eligibility Worker and the CW-5 or MC 05 copy must be uploaded/scanned into VetPro. The MC 05 form is used for Medi-Cal applicants/recipients ONLY. The MC 05 form does not apply to other public assistance programs. **CVSOs should ensure that they are returning the Medi-Cal referral forms to the eligibility worker listed in the CW-5 and/or MC 05**. **Under no circumstances should your office generate the CW-5 or MC 05.** The Medi-Cal applicant must be identified with their Social Security number on the DVS 20MC. In the instance where the applicant is not the veteran, the CVSO must indicate whether the applicant is the spouse or dependent/child in addition to providing their Social Security number. A sample of CW-5's and MC 05's will be audited each semi-annual period.

Agency Attachments Feature in VetPro

The Annual Medi-Cal Cost Avoidance Certificate of Compliance below must be scanned/uploaded via agency attachments in VetPro. In order to participate in the Medi-Cal Cost Avoidance Program, counties must comply with this requirement in order for CalVet to tabulate payments. Failure to submit this certificate could result in non-payment of funds.

CALIFORNIA DEPARTMENT OF VETERANS AFFAIRS

Annual Medi-Cal Cost Avoidance Program Certificate of Compliance

FISCAL YEAR 20XX – 20XX

_____ 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:

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 CW-5 (Veterans Benefits Referral) and/or 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

Rev. 3/16

PART II: WORKLOAD UNITS/AUDITABLE FORMS

DVS 19 - Daily Activity Report, Subvention Section

Overview

A "workload unit" represents a claim that has a reasonable chance of obtaining a monetary or medical (USDVA, DOD, State) benefit for a veteran, dependent(s), widow/widower or survivors. A "workload unit" is represented by any form from the list of approved auditable forms starting on page 19. The form representing the "workload unit" ***MUST*** be initiated, completed and submitted by a County Veterans Service Office.

NOTE: *An **Intent to File** or **Informal Claim** is* **NOT** *an Auditable workload unit for the purposes of Subvention or Medi-Cal Cost Avoidance.*

The DVS 19 is a DAILY activity report that reflects the date you perform the task of completing the auditable form. **To be counted as a workload unit, the auditable form must be dated and submitted within 10 days of the date indicated on the DVS 19**. **In addition, you must maintain a copy of the form that you are claiming as a workload unit.** ***A copy of the transmittal will not be accepted for documentation.*** **Furthermore, any form that is created/completed in VetPro MUST be saved in VetPro**. Any auditable activity that is claimed as a workload unit under the Subvention Program must be uploaded/scanned into VetPro.

Restrictions

- Actions by a CVSO to obtain workload units, which are contrary to law, regulations, state policy or published guidelines, are not in the best interest of the claimant, or which have no reasonable basis, will NOT be allowed.
- NO credit shall be taken for submitting a "duplicate" claim. (i.e., the USDVA "lost" the original claim form(s) and the CVSO had to mail a copy of the original claim form(s) to the USDVA).
- NO additional credit shall be taken for resubmitting a previously denied auditable claim due to the USDVA rejecting the initial claim due to incomplete information. Resubmission of claims/documents to the USDVA due to incomplete information must be recorded in VetPro as non-auditable activities.
- NO additional credit shall be taken for submitting secondary auditable claim activities that are within eight calendar weeks of the initial Fully Developed Claim (FDC) activity. Secondary auditable claim activities will be considered part of the initial FDC claim activity and no additional workload units will be allowed.
- Multiple issue claims are a single client activity and are NOT to be recorded as multiple workload units/claims.
- Workload unit claims based on reconsideration (i.e., any request for USDVA to take another look at a claim that has not been closed) shall be limited to one reconsideration claim per USDVA decision notice.

- While the use of VetPro greatly facilitates the data recording, collection and report generation processes the CVSO is ultimately responsible for ensuring reports accurately reflect work performed and awards generated.

Auditable Forms

Forms accepted by the California Department of Veterans Affairs as "**workload units**" under the Subvention Program:

NOTE: The following forms may NOT be claimed as a workload unit unless the veteran has current eligibility/entitlement for the requested benefit. **No form used as a transmittal in order to complete a FDC package will be counted as a workload unit (e.g., 21-526EZ claiming IU submitted with 21-8940 claiming IU).**

Note: Fiscal year is defined as the period from July 1st to June 30th.

	WORKLOAD UNIT (WLU) FORM DESCRIPTION *(Note: all forms and supporting documentation must be uploaded/scanned into VetPro)*	**FORM WLU VALUE**	**WLU AWARD TYPE**	**AWARD WLU VALUE**
1.	**10-10 series** Application for Medical Benefits (all forms in series that are applications for medical benefits; including 10-10EZ, 10-10EZR, 10-10d, 10-10CG and 10-10HS). *Note: Only one 10-10EZ or 10-10EZR may be claimed as a WLU per veteran within same fiscal year. Other 10-10 series forms may be claimed in addition to the 10-10EZ and 10-10EZR within the same fiscal year. Do not take credit if you are providing transportation.*	**1**	No Award	**0**
2.	**10-8678** Application for Annual Clothing Allowance	**1**	Lump Sum	**1**
3.	**21-0304** Application for Spina Bifida Benefits	**1**	Monthly/Retro	**1**
4.	**21-0958** Notice of Disagreement	**1**	Monthly/Retro	**2**
5.	**21-4502** Application for Automobile or Other Conveyance and Adaptive Equipment.	**1**	Lump Sum	**1**
6.	**21-526EZ; 21-526c** Veteran's Application for Compensation *Note: accompanying support forms (21-686c, 21-2680, 21-8940, etc.) are not to be claimed as WLU <u>UNLESS THE VETERAN HAS CURRENT ENTITLEMENT.</u>*	**1**	Monthly/Retro	**2**
7.	**21-527EZ; 21P-527** Veteran's Application for Pension	**1**	Monthly/Retro	**2**

	WORKLOAD UNIT (WLU) FORM DESCRIPTION *(Note: all forms and supporting documentation must be uploaded/scanned into VetPro)*	**FORM WLU VALUE**	**WLU AWARD TYPE**	**AWARD WLU VALUE**
8.	**21P-530** Application for Burial/Plot Allowance *Note: Only one WLU allowed when claiming both burial allowance or plot allowance or transportation expense for a single veteran.*	**1**	Lump Sum (total of all allowances paid)	**1**
9.	**21-534EZ** Application for Dependency and Indemnity Compensation or Death Pension for Surviving Spouse or Child.	**1**	Monthly/Retro/ Lump (lump sum on accrued or final month's pay)	**2**
10.	**21-601** Application for Reimbursement from Accrued Amounts Due a Deceased Beneficiary (must include a copy of the death certificate).	**1**	Lump Sum	**1**
11.	**21-674** Request for Approval of School Attendance (only if veteran has currently obtained eligibility).	**1**	Monthly/Retro	**1**
12.	**21-686c** Declaration of Status of Dependents (not with 21-526c and only if the veteran is currently 30% or greater). NOTE: SEP submissions must include a complete copy of the 21-686c generated in SEP which confirms the date the 21-686c was electronically submitted (no screenshots will be accepted).	**1**	Monthly/Retro	**1**
13.	**21-4138** Statement in Support of Claim *Note: When used to establish a new benefit.* A) **ALLOWABLE** uses of 21-4138: 1. Request a Pension increase (request MUST be accompanied by supporting documentation/form(s). For example 21-2680 for A&A or 21P-8416 for increase due to increased medical expenses). 2. Request waiver of debt (request MUST be accompanied by supporting documentation/form(s). For example, VA5655). 3. Fee Basis Claim (MUST be accompanied by the medical bill, evidence of emergency situation, and eligibility in the VA Healthcare system; this could be proven with a statement of the emergency situation and a copy of the VA Healthcare card).	**1**	Monthly/Retro	**2**

	WORKLOAD UNIT (WLU) FORM DESCRIPTION *(Note: all forms and supporting documentation must be uploaded/scanned into VetPro)*	**FORM WLU VALUE**	**WLU AWARD TYPE**	**AWARD WLU VALUE**
13.	**21-4138 Continued**… 4. Request month of death payment (MUST have a copy of the death certificate in the file and documentation to show veteran was in receipt of VA benefits). 5. To request Special Monthly Compensation (request MUST be in compliance with M21-1MR, Part IV, Subpart ii, Chapter 2, Section H and all the Codes and Regulations there-within. Must also include documentation to support request; to include 21-2680 if requesting A&A). 6. To request temporary 100% due to hospitalization/surgery (must provide adequate supporting documentation; not simply a request for temporary 100% due to hospitalization/surgery). 7. To request reconsideration (general). USDVA decision has not become final (i.e., appeal period remains). Must provide new evidence USDVA has not previously considered and/or reference available evidence USDVA has never considered; not merely request for USDVA to reconsider decision without evidence. See M21-1, Part III, Subpart ii, Chapter 2, Section F, Request for Reconsideration. 8. To request reconsideration based on missed C&P exam (must request within 1 year of denial and provide current info on veterans whereabouts and veterans willingness to show up for re-scheduled C&P exam). 9. To request reconsideration or reopen based on Clear and Unmistakable Error (CUE). Request must be specific and identify the error in fact and/or law. Requests that are NOT CUE's include: new diagnosis/evidence that corrects earlier diagnosis/evidence, VA's duty to assist, how the evidence was evaluated, or changes in interpretation of statute or regulation (Request must be in compliance with M21-1MR, Part III, Subpart iv, Chapter 2, Section B and all the codes and regulations there-within and 38 CFR 20.1403). Request to reopen a previously denied/closed claim based on CUE submitted on 21-526EZ will also be allowed workload unit credit.	**1**	Monthly/Retro	**2**

	WORKLOAD UNIT (WLU) FORM DESCRIPTION *(Note: all forms and supporting documentation must be uploaded/scanned into VetPro)*	**FORM WLU VALUE**	**WLU AWARD TYPE**	**AWARD WLU VALUE**
13.	B) **NOT ALLOWABLE** uses of 21-4138: 1. To file NOD (use form 21-0958). 2. To file for Compensation or DIC (use form 21-526EZ or 21-534EZ). 3. To file for Prosthetics. 4. To claim Ancillary benefit/services (e.g., Chapter 35 DEA, specially adapted housing, automobile and adaptive equipment, vocational rehabilitation, etc.; USE THE PROPER VA FORM). 5. To establish or change a claim effective date (MUST use 21-0958). 6. To trace a missing check. 7. To provide developmental, supportive, or administrative information (e.g., birth date, change of address, change of SSN, etc.). 8. To request an apportionment. 9. In conjunction with 21-526c. 10. To request switch from Pension to Comp or vice versa. 11. To request any type of VA audit. 12. As an intent to file or as an informal claim (MUST use 21-0966). 13. To request accrued benefits (depending on the situation use 21-601 or 21-534EZ and include a copy of the death certificate). 14. To request a claim be reconsidered within one year of the denial due to failure to show up for VA exam.	**0**	No Award	**0**
14.	**21-8940** Veteran's Application for Increased Compensation based on Unemployment or Unemployability	**1**	Monthly/Retro	**2**
15.	**26-4555** Veteran's Initial Application for Acquiring Special Adaptive Housing or Home Adaptation Grant	**1**	Lump Sum	**1**
16.	**28-1900** Disabled Veterans Application for Vocational Rehabilitation (only after the veteran has been granted eligibility)	**1**	Lump Sum	**1**

	WORKLOAD UNIT (WLU) FORM DESCRIPTION *(Note: all forms and supporting documentation must be uploaded/scanned into VetPro)*	**FORM WLU VALUE**	**WLU AWARD TYPE**	**AWARD WLU VALUE**
17.	**29-357** Claim for Disability Benefits/Waiver of Premium Government Life Insurance *Note: When filing for Total Disability Income Provision (TDIP) and for waiver of insurance premiums.*	**1**	No Award	**0**
18.	**29-4125** Claim for One Sum Payment Government Life Insurance	**1**	Lump Sum	**1**
19.	**DD Form 2860** Application for Combat Related Special Compensation	**1**	No Award	**0**
20.	**DVS 40** Application for Veterans Dependents Educational Assistance Program *Note: take only one workload unit per student per academic year for this activity. Do not claim both a Denial and a Grant for the same student for the same academic year. One DVS40 application per student for each academic year claimed.*	**1**	No Award	**0**
21.	**Form 9** Appeal to Board of Veterans Appeals	**1**	Monthly/Retro/ Lump (lump sum for one time payments)	**2**
22.	**SGLV 8283** Claim for Death Benefits (SGLI and VGLI)	**1**	Lump Sum	**1**
23.	**Survivor Benefit Plan (SBP) Application** (any original application for SBP benefits)	**1**	Monthly/Retro/ Lump (lump sum if one-time payment)	**1**
24.	**VH-R10** Veterans Home Application	**1**	No Award	**0**

DVS 19 - Medi-Cal Cost Avoidance Section

The main difference between Subvention and Medi-Cal (when reporting information on the Daily Activity Report DVS 19) is the value of the workload unit. Under the Subvention Program, the workload value of all activities is 1; and under the Medi-Cal Cost Avoidance Program, the value of activities is 1, or 10. You gain "0" points for receipt of a CW-5 or MC 05, "1" point for Verification, and “10” points for a claim open/reopen (Benefit Enhancement).

Medi-Cal Cost Avoidance Documentation

For the purpose of identifying Medi-Cal workload units you must maintain a copy of the actual document that generated the workload unit. *A copy of the transmittal **will not** be accepted for documentation.* **CW-5’s and MC 05’s must be uploaded/scanned into VetPro**.

“To receive workload unit credit under the Medi-Cal Cost Avoidance Program **there must be a copy of a CW-5 or MC 05 dated within the previous 12 months.** CW-5 or MC 05 received and/or verified after a claim activity is filed will not receive workload unit credit for opening/re-opening (Benefit Enhancement) the previously filed claim activity. CW-5 or MC 05 must identify an appropriate Medi-Cal “Aid Code”. The referring county or state Medi-Cal Eligibility Worker must have generated the CW-5 or MC 05 (the CW-5 or MC 05 must not be generated by your staff).

Overview

When listing activities under Medi-Cal, the following instructions are to be used:

- **CW-5 or MC 05 Referrals**-When a CW-5 or MC 05 relating to Medi-Cal activities has been received. It has **no** point value.
- **Verification**-When a CVSO has **received and returned** a Medi-Cal CW-5 or MC 05 to the county welfare department or to DHCS that has been certified by you, through the U.S. Department of Veterans Affairs (USDVA) that the applicant is in receipt of, is not in receipt of, or is entitled to receive benefits. Telephone, FAX, and Veterans Benefits Management System (VBMS) verifications are authorized. For one workload unit CW-5 or MC 05 verifications, the CW-5 or MC 05 must be verified by the CVSO or CVSO representative within six months from the date of receipt. The verified document must contain the date and the name of the USDVA staff person or CVSO personnel who verified the information. The CVSO or CVSO representative must legibly print his/her first and last name and date the CW-5 or MC 05. The point value of this verification is "1"; enter a "1" in column (2).
- **Claim Opened/Re-opened** (Benefit Enhancement) -When a new or reopened claim has been filed with the USDVA. A copy of this form must be maintained in the file. The point value is "10"; enter a "10" in column (3). To receive the 10 point workload unit value for this activity a CW-5 or MC 05 must have been received and verified within 12 months from the date of the claim open/re-open (Benefit enhancement) activity. CW-5 or MC 05 verified after a claim is open/re-opened (Benefit Enhancement) will not receive workload unit credit for the claim open/re-opened (Benefit Enhancement) activity.
- Aid Code - Approved Medi-Cal Aid Code from the allowable list must be documented.

Restrictions

- NO Medi-Cal Eligibility Aid Code, NO workload unit credit!
- Only one new or re-opened (Benefit Enhancement) claim per Medi-Cal case per fiscal year (fiscal year is defined as the period from July 1st to June 30th). **Exception** – one additional claim opened/reopened (Benefit Enhancement) activity will be allowed for any claim for health care benefits (i.e. 10-10 series forms) during the fiscal year.

  The CVSO is responsible for establishing a control system to assure that:

  1. No more than 1 verification, per case, per fiscal year.
  2. No more than 1 claim opened/reopened (Benefit Enhancement) per case, per fiscal year.

While the use of standardized software greatly facilitates the data recording, collection and report generation processes the CVSO is ultimately responsible for ensuring reports accurately reflect work performed and awards generated.

It is permitted to take subvention workload unit credit on the DVS 19 as well as the appropriate Medi-Cal Cost Avoidance points for a Medi-Cal CW-5 or MC 05 generated claim or activity. The CW-5 or MC 05 must indicate one of the approved eligible Medi-Cal Aid Codes.

Medi-Cal Cost Avoidance Program Auditable Forms

Forms accepted by the California Department of Veterans Affairs as "**workload units**" under Medi-Cal Cost Avoidance:

	WORKLOAD UNIT (WLU) FORM DESCRIPTION *(Note: all forms and supporting documentation must be uploaded/scanned into VetPro)*	**FORM WLU VALUE**	**WLU AWARD TYPE**	**AWARD WLU VALUE**
1.	**10-10 series** Application for Medical Benefits (all forms in series that are applications for medical benefits; including 10-10EZ, 10-10EZR, 10-10d, 10-10CG and 10-10HS). *Note: Only one 10-10EZ or 10-10EZR may be claimed as a WLU per veteran within the same fiscal year. Do not take credit if you are providing transportation.*	**10**	No Award	**0**
2.	**21-0304** Application for Spina Bifida Benefits	**10**	Monthly/Retro	**1**
3.	**21-0958** Notice of Disagreement	**10**	Monthly/Retro	**2**
4.	**21-526EZ; 21-526c** Veteran's Application for Compensation *Note: accompanying support forms (21-686c, 21-2680, 21-8940, etc.) are not to be claimed as WLU UNLESS THE VETERAN HAS CURRENT ENTITLEMENT.*	**10**	Monthly/Retro	**2**
5.	**21-527EZ; 21P-527** Veteran's Application for Pension	**10**	Monthly/Retro	**2**
6.	**21-534EZ** Application for Dependency and Indemnity Compensation or Death Pension for Surviving Spouse or Child.	**10**	Monthly/Retro/Lump (lump sum on accrued or final month's pay)	**2**

	WORKLOAD UNIT (WLU) FORM DESCRIPTION *(Note: all forms and supporting documentation must be uploaded/scanned into VetPro)*	**FORM WLU VALUE**	**WLU AWARD TYPE**	**AWARD WLU VALUE**
7.	**21-4138** Statement in Support of Claim *Note: When used to establish a new benefit.* A) **ALLOWABLE** uses of 21-438: 1. Request a Pension increase (request MUST be accompanied by supporting documentation/form(s). For example 21-2680 for A&A or 21P-8416 for increase due to increased medical expenses). 2. Request waiver of debt (request MUST be accompanied by supporting documentation/form(s). For example, VA5655). 3. Fee Basis Claim (MUST be accompanied by the medical bill, evidence of emergency situation, and eligibility in the VA Healthcare system; this could be proven with a statement of the emergency situation and a copy of the VA Healthcare card). 4. Request month of death payment (MUST have a copy of the death certificate in the file and documentation to show veteran was in receipt of VA benefits). 5. To request Special Monthly Compensation (request MUST be in compliance with M21-1MR, Part IV, Subpart ii, Chapter 2, Section H and all the Codes and Regulations there-within. Must also include documentation to support request; to include 21-2680 if requesting A&A). 6. To request temporary 100% due to hospitalization/surgery (must provide adequate supporting documentation; not simply a request for temporary 100% due to hospitalization/surgery). 7. To request reconsideration (general). USDVA decision has not become final (i.e., appeal period remains). Must provide new evidence USDVA has not previously considered and/or reference available evidence USDVA has never considered; not merely request for USDVA to reconsider decision without evidence. See M21-1, Part III, Subpart ii, Chapter 2, Section F, Request for Reconsideration 8. To request reconsideration based on missed C&P exam (must request within 1 year of denial and provide current info on veterans whereabouts and veterans willingness to show up for re-scheduled C&P exam). 9. To request reconsideration or reopen based on Clear and Unmistakable Error (CUE). Request must be specific and identify the error in fact and/or law. Requests that are NOT CUE's include: new diagnosis/evidence that corrects earlier diagnosis/evidence, VA's duty to assist, how the evidence was evaluated, or changes in interpretation of statute or regulation (Request must be in compliance with M21-1MR, Part III, Subpart iv, Chapter 2, Section B and all the codes and regulations there-within and 38 CFR 20.1403). Request to reopen a previously denied/closed claim based on CUE submitted on 21-526EZ will also be allowed workload unit credit.	**10**	Monthly/Retro	**2**

	WORKLOAD UNIT (WLU) FORM DESCRIPTION *(Note: all forms and supporting documentation must be uploaded/scanned into VetPro)*	**FORM WLU VALUE**	**WLU AWARD TYPE**	**AWARD WLU VALUE**
7.	**21-4138 Continued**… B) **NOT ALLOWABLE** uses of 21-4138: 1. To file NOD (use form 21-0958). 2. To file for Compensation or DIC (use form 21-526EZ or 21-534EZ). 3. To file for Prosthetics 4. To claim Ancillary benefit/services (e.g., Chapter 35 DEA, specially adapted housing, automobile and adaptive equipment, vocational rehabilitation, etc.; USE THE PROPER VA FORM). 5. To establish or change a claim effective date (MUST use 21-0958). 6. To trace a missing check. 7. To provide developmental, supportive, or administrative information (e.g., birth date, change of address, change of SSN, etc.). 8. To request an apportionment. 9. In conjunction with 21-526c. 10. To request switch from Pension to Comp or vice versa. 11. To request any type of VA audit. 12. As an intent to file or as an informal claim (MUST use 21-0966). 13. To request accrued benefits (depending on the situation use 21-601 or 21-534EZ and include a copy of the death certificate). 14. To request a claim be reconsidered within one year of the denial due to failure to show up for VA exam.	**0**	No Award	**0**
8.	**21-8940** Veteran's Application for Increased Compensation based on Unemployment or Unemployability	**10**	Monthly/Retro	**2**

	WORKLOAD UNIT (WLU) FORM DESCRIPTION *(Note: all forms and supporting documentation must be uploaded/scanned into VetPro)*	**FORM WLU VALUE**	**WLU AWARD TYPE**	**AWARD WLU VALUE**
9.	**29-357** Claim for Disability Benefits/Waiver of Premium Government Life Insurance *Note: when filing for Total Disability Income Provision (TDIP) and NOT for waiver of insurance premiums.*	**10**	No Award	**0**
10.	**Form 9** Appeal to Board of Veterans Appeals Note: when appealing the denial of any approved form listed under this Medi-Cal cost avoidance list (i.e., form 1 - 11).	**10**	Monthly/Retro	**2**
11.	**Survivor Benefit Plan (SBP) Application** (any original application for SBP benefits)	**10**	Monthly/Retro/Lump Sum (lump sum if one-time payment)	**1**

Awards Register

Overview

The Awards Register's DVS 20 and DVS 20MC are used to record the monetary value of an award. In order to obtain a workload unit, or units on either of the awards registers, the county must have documentation in the file showing that: (1) they initiated, completed, and submitted the claim from which the award was generated, and (2) in order to be claimed as an award on the DVS 20 series, the activity/form that generated the award must be an allowable workload unit activity/form as claimed on the DVS 19.

For audit purposes CalVet requires that the awards be recorded as follows:

(1) All awards taken under the Subvention program are recorded on the DVS 20. (Do not post DVS 20 awards on the DVS 20MC)

(2) All awards taken under the Medi-Cal Cost Avoidance Program be recorded on the DVS 20MC. (Do not post Medi-Cal awards on the DVS 20.)

(3) Do not SPLIT an award letter between forms filed. An award letter may equal one or two workload units depending upon the activity performed as defined in the "Auditable Workload Forms" and "Medi-Cal Auditable Workload Forms" tables.

(4) All awards posted on or after July 1, 2014 will be posted at the new workload levels without regard to when the associated claim was initiated.

Examples

The following are examples of posting claim amounts:

(1) POSTING OF ORIGINAL AWARDS

An original claim was filed on 01-03-14, with a subsequent award letter dated 06-18-14 granting 10% disability ($130.94) effective 02-01-14. The retroactive amount is calculated by taking the monthly amount of $130.94 X (4) months (February through May 2014) =$523.76. This figure is posted in the retroactive column.

(2) POSTING A SUBSEQUENT REOPENED CLAIM AWARD

A reopened claim is initiated on 07-26-14. The USDVA award letter is dated12-10-14 and increases the veteran's disability rating from 10% ($130.94) to 20% ($258.83) effective 02-01-14. The retroactive amount is calculated by taking the difference between the old monthly rate ($130.94) and new monthly rate ($258.83), which is $127.89. Multiply the difference ($127.89) X ten (10) months (February through November), which equals $1278.90. This figure ($1278.90) is posted in the retroactive column. THE NEW MONTHLY AMOUNT OF $258.83 CANNOT BE POSTED; Post only the differential of the two amounts.

(3) The grant of a new disability that does not change the monetary value may be posted as $0. Example – the veteran is currently rated at 80% and is awarded an additional 10%; the combined rating remains 80%.

(4) Temporary increases due to paragraphs 29 and 30 (Title 38, CFR); post the difference between the running award and the temporary increase.

Award Requirements

A copy of the award showing the amount and date recorded on the awards register MUST be in the file. If you cannot obtain a copy of the actual award, you may submit a copy of the VA Data Screen verifying the award and rating(s).

"Stale" Award Advisory

Awards must be posted within 18 months of the award notification date. Effective July 1, 2017, awards must be posted within 12 months of the award notification date.

Proper Reporting of Award Workload Units

Awards reported on the DVS 20 and DVS 20MC are counted as one or two workload units as detailed in the Auditable Forms tables. For all purposes, CVSOs cannot claim a workload unit credit for the monthly rate and the retroactive portion of the award at the same time.

In order to reduce the chance of administrative errors on the DVS 20 and DVS 20MC, please claim only one workload value per line.

Multiple Awards

There are no instances when CVSOs are allowed to claim more that 1 (one) award, after completing a single workload activity on a DVS 19, and splitting a single award letter between multiple workload activities is not allowed. Posting an award value of “2” where authorized is not considered a “multiple award”.

Vocational Rehabilitation

Vocational Rehabilitation awards will be posted under the Lump-Sum column of the DVS-20 by taking the monthly rate X 12.

Prior Awards Verified

The section on the DVS 20 and DVS 20MC, identified as "Prior Awards Verified", will be used to show that you have returned information to a "government” agency (such as welfare, housing assistance, small business, etc.) to verify the monetary rate of an existing award. You may claim a workload unit **ONLY** if: **(1)** The veteran/dependent is actually in receipt of USDVA monetary benefits, *or* **(2)** if the Veteran has been officially rated at 0% for a service connected disability (if this is the case, input $0.0 on the awards register). CVSO’s cannot count a verification of $0.0, or any verification of any benefit that was not requested by an eligible agency. **No more than 1 verification, per case, per fiscal year.**

Do not claim the same prior award verified on both the DVS 20 and the DVS 20MC.

Deferred Awards

No workload unit credit may be posted for Deferred Awards.

Medi-Cal Awards Register DVS 20MC

When recording information on the DVS 20MC, take extra care to make sure it is correct. Pay particular attention to Part 1, which is verified by the DHCS. The Social Security number of the Med-Cal recipient or applicant must be accurately recorded. If the applicant is a veteran, only his/her Social Security number is needed. If the applicant is the spouse or child, so indicate, and include their Social Security number as well.

NOTES: The "date of award letter" column must show the date of the award letter (not the effective date of the award or the date of the CVSO posting).

For a Prior Award Verified, you enter the date of CVSO posting.

You are not required to calculate "Share of Cost" changes.

PART III: WORKLOAD VERIFICATION AND AUDIT PROTOCOL

All counties will be audited via VetPro of their DVS 16, DVS 19, DVS 20, DVS 20MC and DVS 40 reports beginning February 1st (for the semi-annual reporting dates of July 1 to December 31 period) and August 1st (for the semi-annual reporting dates of January 1 to June 30 period).

The audit will consist of an enhanced count verification process. A detailed audit will also be done. These are described as follows:

Enhanced Count Verification

The enhanced count verification will be conducted in two parts.

1. The CVSO auditor will count workload units on the DVS 19, DVS 20 and DVS 20MC for the six-month period. This count will be compared to the count you reported on your County's Semi-Annual Workload Report (DVS 16) for the same six months. If the CVSO auditor's count matches the reported count, no adjustments to your reported total will take place. If the CVSO auditor's count is different than the reported count, the difference will be applied to the reported total for the period under review.
2. The CVSO auditor will review the data on the DVS 19, DVS 20 and DVS 20MC for non-allowed workload units (non-auditable forms), multiple claims or forms when only single claims/forms are allowed, aid codes, and other items that are not in compliance with the activity reporting guidelines and which have an impact on the reported workload units and/or allocation. The CVSO auditor will notify the CVSO of discrepancies via e-mail and provide an opportunity (two weeks) for response. The county will be allowed to discuss the preliminary decisions with the auditor conducting the verification. After considering the county's input, the CVSO auditor will make a final determination and adjust the reported workload totals accordingly for the period under review. If, after the CVSO auditor makes his/her final determination, and the county is not in agreement with the CVSO auditor's final determination, the CVSO may appeal the CVSO auditor's findings to the Deputy Secretary of the CalVet Veterans Services Division. The appeal must be formally written (not simply an e-mail communication), properly detailed as to what the specific issues are that are being appealed, reasons why the CVSO believes the auditor is in error, the appeal must include the CVSO's original signature, the appeal must be received by CalVet within 14 days from the end of the two week audit findings email or 14 days from the CVSO auditors final decision; whichever is later.

Detailed Audit

The Audit will include a Detailed Audit. Such an audit accesses County VetPro data for the purpose of verification/validation of claimed Workload Units. Any and all findings related to the Detailed Audit will be included in the notice of audit findings.

Detailed Audit Protocol

A sample of workload units claimed during the semi-annual audit period will be selected for both the Subvention program and the Medi-Cal Cost Avoidance program. Generally, a sample size of no less than 10% of each major claim form category on the DVS 19, DVS 20, and DVS 20MC will be reviewed. For example, if the total amount of 21-526EZ claims on the DVS 19 is 100, no less than 10 of them will be reviewed (100 X 10% = 10). The sample size for each major claim form category may be expanded if errors are found during the review of the initial audit sample. Generally, the sample size will be selected as follows:

Subvetnion Program Sample

DVS 19 Subvention Claim Form Category	No less than
21-526EZ	10%
21-527EZ	10%
21-534EZ	10%
21-4138	25%
21-0958	10%
10-10 series	10%
21-686c	10%
Other (e.g., Form 9, 29-4125, 21-8940, etc.)	10%
DVS 40*	as necessary

* Individual DVS 40 files will only be sampled if the DVS 40 report indicates items out of the ordinary (e.g., historic academic year, missing information, etc.); otherwise DVS 40 files will be audited during the CalVet Spot audit period.

DVS 20 Claim Form Category	No less than
Prior Awards Verified	10%
21-526EZ	10%
21-527EZ	10%
21-534EZ	10%
21-4138	25%
21-0958	10%
21-686c	10%
Other (e.g., Form 9, 29-4125, 21-8940, etc.)	10%

Medi-Cal Cost Avoidance Program Sample

DVS 19 Medi-Cal Claim Form Category	No less than
CW5 and MC05 Verifications	10%
Benefit Enhancement Claims (10 point claims)	60%

DVS 20 Medi-Cal	No less than
Prior Awards Verified	10%
21-526EZm	10%
21-527EZm	10%
21-534EZm	10%
21-4138m	25%
Other (21-0958, Form 9, etc.)	10%