

INSTRUCTIONS FOR PREPARING THE DAILY ACTIVITY REPORT  
(DVS-19)

This form shall be utilized by all County Veteran Service Offices for the purpose of maintaining daily records of auditable workload unit activities rendered under the provisions of the Subvention & Medi-Cal Cost Avoidance Programs. This form also allows County Veterans Service Offices to document and identify appropriate services rendered based on Other Public Assistance Referrals.

Always enter the Date of Activity and the Name of Veteran for all reported workload units. (Exception to the rule: When indicating that a DVS-40 has been filed under the College Fee Waiver Program, enter the student's name instead of the veteran's name).

Subvention

Column (1) – Benefit Claim Filed: Insert the appropriate form number from the list of acceptable forms deemed “workload unit” that are indicated in the CDVA Instruction Manual for the Subvention & Medi-Cal Cost Avoidance Programs, followed by a corresponding check mark or “x” identifying the type of benefit.

Medi-Cal Cost Avoidance

CW-5 or MC 05 Referral: Check this column when a CW-5 or MC 05 Referral Form with an approved Medi-Cal Aid Code has been received from the county welfare department or DHCS. The CW-5 or MC 05 Form does not have any Medi-Cal Workload Unit Value.

Column (2) – Verification: This column is utilized when a CW-5 or MC 05 Referral Form with an approved Medi-Cal Aid Code has been received and returned to the county welfare department or DHCS verifying, based on USDVA data, the monthly USDVA monetary benefit amount being received by a veteran/dependent, or, that the veteran/dependent is not in receipt of any USDVA monetary benefits. The Medi-Cal Workload Unit Value for a verification is “1” and this number should be inserted in Column (2).

Column (3) – Claim Opened/Re-Opened (Benefit Enhancement): This column is utilized when an original or re-opened claim (Benefit Enhancement) has been filed with the USDVA. The Medi-Cal Workload Unit Value for this activity is “10” and this number should be inserted in Column (3).

NOTE: When indicating a Medi-Cal Cost Avoidance activity under Column (3), also insert the appropriate form number in Column (1), followed by a corresponding check mark or “x” identifying the type of benefit.

Column (4) – Total Value Medi-Cal Workload Units: Enter the total from Columns (2) and (3).

Aid Code: Enter the approved Medi-Cal Aid Code listed in the CDVA Instruction Manual for the Subvention & Medi-Cal Cost Avoidance Programs.

Other Public Assistance Referrals

This section is utilized CVSO statistical purposes only for documenting Other Public Assistance Referral activities (i.e., GA/GR, CalWorks, SSI, Housing, etc.). NOTE: Entries indicated in the section do not have any workload unit value.