

INSTRUCTIONS FOR PREPARING THE MEDI-CAL COST AVOIDANCE  
AWARDS REGISTER (DVS-20MC)

This form shall be utilized by all County Veterans Service Offices for the purpose of maintaining records of monetary awards obtained for veterans and their dependants under the Medi-Cal Cost Avoidance Program

Part I – Veteran/Claimant Data

For each award entry, indicate the name of the veteran and his/her social security number. If the claimant is someone other than the veteran, also indicate their name, relationship to the veteran, and their social security number. This information is required for the State Department of Health Services.

Part II – Awards

Retroactive/Monthly: Indicate the appropriate award data for veterans'/dependants' original and re-opened disability compensation & pension/death pension & DIC claims.

Prior Award Verified: Indicate the appropriate USDVA monetary benefit amount reported to the county Department of Social Services as being received by a veteran/dependant. Also indicate (0%) in this column if the veteran is rated less than 10% service connected by the USDVA.

Information (916) 653-2573