

CMSP Letter No.: 14-07
Issue Date: August 15, 2014



TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: COUNTY MEDICAL SERVICES PROGRAM – VERIFICATION
OF FISCAL YEAR 2012-13 COUNTY ELIGIBILITY
ADMINISTRATION EXPENDITURES

The purpose of this letter is to request verification of the county administrative costs associated with the County Medical Services Program (CMSP) eligibility process. Enclosed is a printed listing of the CMSP county eligibility administration expenditures, as reported for fiscal year (FY) 2012-13.

Please review the expenditures reported on the enclosed printed report. If the information listed for your county is correct, there is no need to take any further action. If the information needs to be corrected, please complete the attached "CMSP Amended Eligibility Expenditure Report" and send the completed report to Ms. Jennifer Burkhalter, Office Manager, at the address listed below or fax the completed report to Ms. Burkhalter's attention at (916) 649-2606.

PLEASE NOTE: All corrections to the CMSP county eligibility administration expenditures must be received by the Governing Board office by Friday, August 29, 2014. Payments for CMSP county eligibility administration will not be made to those counties that have missing or incomplete expenditure reporting.

Thank you for your assistance. If you have any questions regarding this matter, please contact Ms. Burkhalter at (916) 649-2631 ext. 21.

Sincerely,

A handwritten signature in blue ink, appearing to read "Kari A. Brownstein".

Kari A. Brownstein
Director of Finance & Administration

Enclosures

CMSP
FY 2012/13
Eligibility Expenditure Report

	1st qtr 09/30/12	2nd qtr 12/31/12	3rd qtr 03/31/13	4th qtr 06/30/13	FY 12/13 Total
Alpine	\$ 5,157	\$ 7,295	\$ -	\$ 47,350	\$ 59,802
Amador	\$ 41,239	\$ 40,517	\$ 39,937	\$ 47,350	\$ 169,043
Butte	\$ 423,697	\$ 337,455	\$ 286,485	\$ 346,900	\$ 1,394,537
Calaveras	\$ 138,038	\$ 108,547	\$ 120,493	\$ 127,705	\$ 494,783
Colusa	\$ 29,732	\$ 28,272	\$ 21,711	\$ 32,547	\$ 112,262
Del Norte	\$ 78,057	\$ 20,825	\$ 35,165	\$ 50,927	\$ 184,974
El Dorado	\$ 183,861	\$ 187,255	\$ 342,414	\$ 196,212	\$ 909,742
Glenn	\$ 93,285	\$ 79,228	\$ 50,338	\$ 62,857	\$ 285,708
Humboldt	\$ 5,565	\$ 361,842	\$ 82	\$ 481,021	\$ 848,510
Imperial	\$ 179,733	\$ 209,667	\$ 244,224	\$ 365,687	\$ 999,311
Inyo	\$ 23,315	\$ 21,101	\$ 14,395	\$ 43,508	\$ 102,319
Kings	\$ 127,853	\$ 183,593	\$ 133,379	\$ 128,720	\$ 573,545
Lake	\$ 94,210	\$ 130,506	\$ 98,259	\$ 92,374	\$ 415,349
Lassen	\$ 21,553	\$ 26,271	\$ 34,554	\$ 26,830	\$ 109,208
Madera	\$ 137,513	\$ 142,636	\$ 146,080	\$ 154,219	\$ 580,448
Marin	\$ 207,841	\$ 440,447	\$ 339,645	\$ 268,636	\$ 1,256,569
Mariposa	\$ 54,033	\$ 6,130	\$ 5,069	\$ 54,261	\$ 119,493
Mendocino	\$ 254,301	\$ 295,904	\$ 158,350	\$ 275,486	\$ 984,041
Modoc	\$ 15,974	\$ 13,236	\$ 13,402	\$ 13,937	\$ 56,549
Mono	\$ 27,524	\$ 29,117	\$ 23,202	\$ 30,478	\$ 110,321
Napa	\$ 196,098	\$ 235,326	\$ 233,733	\$ 308,837	\$ 973,994
Nevada	\$ 99,399	\$ 116,795	\$ 103,840	\$ 185,551	\$ 505,585
Plumas	\$ 22,664	\$ 39,289	\$ -	\$ 13,362	\$ 75,315
San Benito	\$ -	\$ -	\$ -	\$ 44,317	\$ 44,317
Shasta	\$ 406,265	\$ 422,046	\$ 402,109	\$ 425,471	\$ 1,655,891
Sierra	\$ 3,030	\$ 3,738	\$ 6,285	\$ 5,837	\$ 18,890
Siskiyou	\$ 49,041	\$ 57,840	\$ 48,281	\$ 137,864	\$ 293,026
Solano	\$ 411,427	\$ 504,431	\$ 470,110	\$ 540,117	\$ 1,926,085
Sonoma	\$ 597,572	\$ 497,898	\$ 588,259	\$ 471,748	\$ 2,155,477
Sutter	\$ 95,692	\$ 84,654	\$ 70,584	\$ 106,210	\$ 357,140
Tehama	\$ 75,979	\$ 81,604	\$ 66,752	\$ 121,834	\$ 346,169
Trinity	\$ 34,194	\$ 9,992	\$ 17,428	\$ 33,108	\$ 94,722
Tuolumne	\$ 78,000	\$ 173,002	\$ 189,868	\$ 65,685	\$ 506,555
Yuba	\$ 102,492	\$ 101,547	\$ 131,967	\$ 241,860	\$ 577,866

County Medical Services Program
Amended Eligibility Expenditure Report
For the CMSP Fiscal Year 2012-13

County Name _____

Qtr ending 9/30/12 original amount _____

Supplemental Amount _____

Supplemental Amount _____

Revised ending amount _____

Qtr ending 12/31/12 original amount _____

Supplemental Amount _____

Supplemental Amount _____

Revised ending amount _____

Qtr ending 3/31/13 original amount _____

Supplemental Amount _____

Supplemental Amount _____

Revised ending amount _____

Qtr ending 6/30/13 original amount _____

Supplemental Amount _____

Supplemental Amount _____

Revised ending amount _____

I certify, under penalty of perjury, that the amounts shown above are corrected and accurately reflect the information that has been submitted to CMSP on regular and supplemental (adjusted) Administrative Cost Claims.

(Printed Name/ Title)

(Signature)

(Date)

(Telephone)