

CMSP Letter No.: 15-07
Issue Date: August 18, 2015



TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: COUNTY MEDICAL SERVICES PROGRAM – VERIFICATION
OF FISCAL YEAR 2013-14 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) 2013-14.

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 Tuesday, September 1, 2015. 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 black ink, appearing to read "Kari A. Brownstein". The signature is fluid and cursive, with a large loop at the end.

Kari A. Brownstein
Administrative Officer

Enclosures

CMSP
FY 2013-14
Eligibility Expenditure Report

	1st qtr 09/30/13	2nd qtr 12/31/13	3rd qtr 03/31/14	4th qtr 06/30/14	FY 13/14 Total
Alpine	\$ -	\$ -	\$ -	\$ -	\$ -
Amador	\$ 47,818	\$ 45,504	\$ 6,509	\$ 190	\$ 100,021
Butte	\$ 391,098	\$ 413,113	\$ 8,745	\$ -	\$ 812,956
Calaveras	\$ -	\$ 91,848	\$ 10,283	\$ -	\$ 102,131
Colusa	\$ 11,572	\$ 14,743	\$ 5,057	\$ 1,112	\$ 32,484
Del Norte	\$ 37,074	\$ 66,386	\$ 200	\$ 5,491	\$ 109,151
El Dorado	\$ 168,031	\$ 90,722	\$ 1,715	\$ 602	\$ 261,070
Glenn	\$ 58,050	\$ 35,416	\$ 18,348	\$ 11,219	\$ 123,033
Humboldt	\$ 407,661	\$ 381,881	\$ 68,123	\$ 11,613	\$ 869,278
Imperial	\$ -	\$ 266,702	\$ 95,159	\$ 17,287	\$ 379,148
Inyo	\$ 20,481	\$ 34,299	\$ 4,823	\$ 5,845	\$ 65,448
Kings	\$ 96,073	\$ 252,654	\$ 29,618	\$ 11,818	\$ 390,163
Lake	\$ 97,748	\$ 62,523	\$ 10,854	\$ 8,879	\$ 180,004
Lassen	\$ 14,006	\$ 33,444	\$ 5,005	\$ 177	\$ 52,632
Madera	\$ 159,466	\$ 106,073	\$ 37,018	\$ 31,207	\$ 333,764
Marin	\$ 329,316	\$ 413,062	\$ 245,943	\$ 102,274	\$ 1,090,595
Mariposa	\$ 14,048	\$ 2,271	\$ 2,560	\$ 320	\$ 19,199
Mendocino	\$ 149,701	\$ 163,183	\$ 58,985	\$ 34,384	\$ 406,253
Modoc	\$ 6,717	\$ 12,313	\$ -	\$ -	\$ 19,030
Mono	\$ 24,629	\$ 26,177	\$ 8,311	\$ 3,142	\$ 62,259
Napa	\$ 148,383	\$ 157,562	\$ -	\$ 42,856	\$ 348,801
Nevada	\$ 109,169	\$ 121,324	\$ 1,054	\$ 302	\$ 231,849
Plumas	\$ -	\$ 42,157	\$ 6,191	\$ -	\$ 48,348
San Benito	\$ -	\$ -	\$ -	\$ -	\$ -
Shasta	\$ 369,523	\$ 445,684	\$ 59,359	\$ 40,180	\$ 914,746
Sierra	\$ 5,047	\$ 5,677	\$ 4,563	\$ 12,179	\$ 27,466
Siskiyou	\$ 55,932	\$ 64,093	\$ 3,902	\$ 678	\$ 124,605
Solano	\$ 408,889	\$ 847,404	\$ 77,350	\$ 35,219	\$ 1,368,862
Sonoma	\$ 728,847	\$ 254,448	\$ 216,065	\$ -	\$ 1,199,360
Sutter	\$ 82,967	\$ 118,975	\$ 87,604	\$ 30,737	\$ 320,283
Tehama	\$ 88,987	\$ 75,368	\$ 2,572	\$ 6,305	\$ 173,232
Trinity	\$ 27,068	\$ 23,347	\$ 1,014	\$ -	\$ 51,429
Tuolumne	\$ 47,910	\$ 168,385	\$ 14,384	\$ -	\$ 230,679
Yuba	\$ 187,520	\$ 191,934	\$ 12,063	\$ 47,070	\$ 438,587

County Medical Services Program
Amended Eligibility Expenditure Report
For the CMSP Fiscal Year 2013-14

County Name _____

Qtr ending 9/30/13 original amount _____

Supplemental Amount _____

Supplemental Amount _____

Revised ending amount _____

Qtr ending 12/31/13 original amount _____

Supplemental Amount _____

Supplemental Amount _____

Revised ending amount _____

Qtr ending 3/31/14 original amount _____

Supplemental Amount _____

Supplemental Amount _____

Revised ending amount _____

Qtr ending 6/30/14 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)