

CMSP Letter No.: 18-02
Issue Date: September 11, 2018

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: COUNTY MEDICAL SERVICES PROGRAM - VERIFICATION
OF FISCAL YEAR 2016-17 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) 2016-17.

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 Wednesday, October 10, 2018. 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. 121.

Sincerely,



Kari A. Brownstein
Administrative Officer

Enclosures

CMSP

FY 2016/17

Eligibility Expenditure Report

	1st qtr 09/30/16	2nd qtr 12/31/16	3rd qtr 03/31/17	4th qtr 06/30/17	FY 16/17 Total
Alpine	\$ 651	\$ 390	\$ 2,820	\$ 602	\$ 4,463
Amador	\$ -	\$ -	\$ -	\$ -	\$ -
Butte	\$ -	\$ 2,377	\$ -	\$ -	\$ 2,377
Calaveras	\$ 94	\$ -	\$ 107	\$ -	\$ 201
Colusa	\$ -	\$ -	\$ -	\$ 619	\$ 619
Del Norte	\$ -	\$ -	\$ -	\$ -	\$ -
El Dorado	\$ 11,419	\$ 217	\$ 3,946	\$ 6,304	\$ 21,886
Glenn	\$ 136	\$ -	\$ 175	\$ -	\$ 311
Humboldt	\$ 313	\$ 82	\$ -	\$ 193	\$ 588
Imperial	\$ 15,456	\$ 8,183	\$ 7,119	\$ 10,903	\$ 41,661
Inyo	\$ 4,288	\$ 3,307	\$ 632	\$ 708	\$ 8,935
Kings	\$ 3,420	\$ 8,584	\$ 1,495	\$ 3,597	\$ 17,096
Lake	\$ 2,076	\$ 751	\$ 1,255	\$ 848	\$ 4,930
Lassen	\$ -	\$ -	\$ -	\$ -	\$ -
Madera	\$ 324	\$ 446	\$ 311	\$ 1,438	\$ 2,519
Marin	\$ -	\$ -	\$ -	\$ -	\$ -
Mariposa	\$ 4,135	\$ 3,071	\$ 5,530	\$ 691	\$ 13,427
Mendocino	\$ -	\$ -	\$ -	\$ -	\$ -
Modoc	\$ -	\$ 94	\$ 7,946	\$ 862	\$ 8,902
Mono	\$ -	\$ 260	\$ -	\$ -	\$ 260
Napa	\$ -	\$ 17,271	\$ -	\$ (107)	\$ 17,164
Nevada	\$ -	\$ -	\$ -	\$ -	\$ -
Plumas	\$ -	\$ -	\$ -	\$ -	\$ -
San Benito	\$ -	\$ -	\$ -	\$ -	\$ -
Shasta	\$ 977	\$ 2,533	\$ 2,257	\$ 1,497	\$ 7,264
Sierra	\$ -	\$ -	\$ -	\$ -	\$ -
Siskiyou	\$ -	\$ -	\$ -	\$ 607	\$ 607
Solano	\$ 3,844	\$ 4,234	\$ 3,441	\$ 3,696	\$ 15,215
Sonoma	\$ -	\$ -	\$ -	\$ -	\$ -
Sutter	\$ -	\$ -	\$ -	\$ -	\$ -
Tehama	\$ -	\$ 2,352	\$ -	\$ -	\$ 2,352
Trinity	\$ -	\$ -	\$ -	\$ -	\$ -
Tuolumne	\$ -	\$ -	\$ 64	\$ -	\$ 64
Yolo	\$ -	\$ -	\$ -	\$ -	\$ -
Yuba	\$ -	\$ -	\$ -	\$ -	\$ -

County Medical Services Program
Amended Eligibility Expenditure Report
For the CMSP Fiscal Year 2016-17

County Name _____

Qtr ending 9/30/16 original amount _____

Supplemental Amount _____

Supplemental Amount _____

Revised ending amount _____

Qtr ending 12/31/16 original amount _____

Supplemental Amount _____

Supplemental Amount _____

Revised ending amount _____

Qtr ending 3/31/17 original amount _____

Supplemental Amount _____

Supplemental Amount _____

Revised ending amount _____

Qtr ending 6/30/17 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)