



CMSP Letter No: 20-05
Issue Date: August 17, 2020

TO: All County Welfare Directors

SUBJECT: County Medical Services Program – Verification of Fiscal
Year 2018-19 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 2018-19.

Please review the expenditures reported on the enclosed printed report. If the information listed for your county is correct, no further action is required. If the information needs to be corrected, please complete the attached "CMSP Amended Eligibility Expenditure Report" and fax the completed report to Ms. Jennifer Burkhalter, Office Manager, 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, September 11, 2020. 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,

A handwritten signature in blue ink, appearing to read "Kari Brownstein". The signature is fluid and cursive, with a large loop at the end.

Kari Brownstein
Administrative Officer

Attachments

CMSP
FY 2018/19
Eligibility Expenditure Report

| | 1st qtr 09/30/18 | 2nd qtr 12/31/18 | 3rd qtr 03/31/19 | 4th qtr 06/30/19 | FY 18/19 Total |
|------------|---------------------|---------------------|---------------------|---------------------|-------------------|
| Alpine | \$ - | \$ - | \$ 404 | \$ 1,361 | \$ 1,765 |
| Amador | \$ - | \$ - | \$ - | \$ 248 | \$ 248 |
| Butte | \$ - | \$ - | \$ - | \$ - | \$ - |
| Calaveras | \$ - | \$ - | \$ - | \$ - | \$ - |
| Colusa | \$ 427 | \$ 795 | \$ 693 | \$ 1,168 | \$ 3,083 |
| Del Norte | \$ - | \$ - | \$ - | \$ - | \$ - |
| El Dorado | \$ 5,645 | \$ 3,314 | \$ 4,838 | \$ 12,596 | \$ 26,393 |
| Glenn | \$ 2,101 | \$ 988 | \$ 946 | \$ 545 | \$ 4,580 |
| Humboldt | \$ 1,206 | \$ 898 | \$ 18,055 | \$ 332 | \$ 20,491 |
| Imperial | \$ 7,596 | \$ 6,301 | \$ 4,079 | \$ 5,964 | \$ 23,940 |
| Inyo | \$ - | \$ - | \$ - | \$ 107 | \$ 107 |
| Kings | \$ 587 | \$ 1,455 | \$ 276 | \$ - | \$ 2,318 |
| Lake | \$ 675 | \$ - | \$ - | \$ - | \$ 675 |
| Lassen | \$ - | \$ - | \$ - | \$ - | \$ - |
| Madera | \$ 993 | \$ 7,241 | \$ 327 | \$ 235 | \$ 8,796 |
| Marin | \$ - | \$ - | \$ - | \$ - | \$ - |
| Mariposa | \$ 512 | \$ - | \$ 2,336 | \$ 1,297 | \$ 4,145 |
| Mendocino | \$ - | \$ - | \$ - | \$ - | \$ - |
| Modoc | \$ - | \$ - | \$ - | \$ - | \$ - |
| Mono | \$ 566 | \$ - | \$ - | \$ - | \$ 566 |
| Napa | \$ 6,826 | \$ 8,077 | \$ 31,014 | \$ 5,003 | \$ 50,920 |
| Nevada | \$ - | \$ - | \$ - | \$ 209 | \$ 209 |
| Plumas | \$ 378 | \$ - | \$ - | \$ - | \$ 378 |
| San Benito | \$ - | \$ - | \$ - | \$ - | \$ - |
| Shasta | \$ 1,092 | \$ 5,047 | \$ 474 | \$ 1,858 | \$ 8,471 |
| Sierra | \$ - | \$ - | \$ - | \$ - | \$ - |
| Siskiyou | \$ 567 | \$ - | \$ 132 | \$ - | \$ 699 |
| Solano | \$ 8,563 | \$ 5,476 | \$ 4,256 | \$ 10,909 | \$ 29,204 |
| Sonoma | \$ - | \$ - | \$ - | \$ - | \$ - |
| Sutter | \$ 3,420 | \$ 1,490 | \$ 2,332 | \$ 2,885 | \$ 10,127 |
| Tehama | \$ 2,709 | \$ - | \$ 1,389 | \$ 1,919 | \$ 6,017 |
| Trinity | \$ - | \$ - | \$ - | \$ - | \$ - |
| Tuolumne | \$ 279 | \$ 268 | \$ 687 | \$ 153 | \$ 1,387 |
| Yolo | \$ - | \$ - | \$ - | \$ - | \$ - |
| Yuba | \$ - | \$ - | \$ - | \$ 727 | \$ 727 |

County Medical Services Program
Amended Eligibility Expenditure Report
For the CMSP Fiscal Year 2018-19

County Name _____

Qtr ending 9/30/18 original amount _____

Supplemental Amount _____

Supplemental Amount _____

Revised ending amount _____

Qtr ending 12/31/18 original amount _____

Supplemental Amount _____

Supplemental Amount _____

Revised ending amount _____

Qtr ending 3/31/19 original amount _____

Supplemental Amount _____

Supplemental Amount _____

Revised ending amount _____

Qtr ending 6/30/19 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)