



CMSP Letter No: 22-01
Issue Date: September 9, 2022

TO: All County Welfare Directors

SUBJECT: County Medical Services Program – Verification of Fiscal
Year 2020-21 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 2020-21.

Please review the expenditures reported on the enclosed 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, Administrative Specialist, at (916) 649-2606.

All corrections to the CMSP county eligibility administration expenditures must be received by the Governing Board office by Friday, September 23, 2022. Payments for CMSP county eligibility administration will not be made to those counties that have missing or incomplete expenditure reporting.

PLEASE NOTE: The California Department of Social Services has updated the Eligibility Expenditure Report (see attached). CMSP will be using this report going forward. We have uploaded this report on our website here: [**New Eligibility Expenditure Report](#)

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
Executive Director

Attachments

**CMSP
FY 2020/21
Eligibility Expenditure Report**

	1st qtr 09/30/20	2nd qtr 12/31/20	3rd qtr 03/31/21	4th qtr 06/30/21	FY 20/21 Total
Alpine	\$ 529	\$ -	\$ -	\$ 200	\$ 729
Amador	\$ 550	\$ 1,485	\$ -	\$ -	\$ 2,035
Butte	\$ 3,248	\$ 653	\$ 1,975	\$ -	\$ 5,876
Calaveras	\$ -	\$ -	\$ -	\$ -	\$ -
Colusa	\$ -	\$ -	\$ -	\$ -	\$ -
Del Norte	\$ -	\$ -	\$ -	\$ -	\$ -
El Dorado	\$ 7,181	\$ 2,155	\$ 2,406	\$ 1,203	\$ 12,945
Glenn	\$ 275	\$ 419	\$ 456	\$ -	\$ 1,150
Humboldt	\$ -	\$ 532	\$ 443	\$ 240	\$ 1,215
Imperial	\$ 3,850	\$ 2,532	\$ 798	\$ 62	\$ 7,242
Inyo	\$ 4,819	\$ -	\$ 417	\$ -	\$ 5,236
Kings	\$ -	\$ -	\$ -	\$ 316	\$ 316
Lake	\$ 53	\$ 312	\$ 120	\$ 835	\$ 1,320
Lassen	\$ -	\$ -	\$ -	\$ -	\$ -
Madera	\$ 902	\$ -	\$ 1,915	\$ -	\$ 2,817
Marin	\$ -	\$ -	\$ -	\$ -	\$ -
Mariposa	\$ 600	\$ -	\$ -	\$ 482	\$ 1,082
Mendocino	\$ -	\$ -	\$ -	\$ -	\$ -
Modoc	\$ -	\$ -	\$ -	\$ -	\$ -
Mono	\$ 1,803	\$ -	\$ -	\$ -	\$ 1,803
Napa	\$ 7,900	\$ -	\$ -	\$ -	\$ 7,900
Nevada	\$ -	\$ -	\$ -	\$ -	\$ -
Plumas	\$ -	\$ -	\$ -	\$ -	\$ -
San Benito	\$ (1)	\$ 193	\$ 336	\$ 5,140	\$ 5,668
Shasta	\$ 1,813	\$ 4,928	\$ 1,455	\$ 4,319	\$ 12,515
Sierra	\$ -	\$ -	\$ -	\$ -	\$ -
Siskiyou	\$ 281	\$ 8,969	\$ -	\$ -	\$ 9,250
Solano	\$ 3,373	\$ 478	\$ 4,432	\$ 1,618	\$ 9,901
Sonoma	\$ -	\$ -	\$ -	\$ -	\$ -
Sutter	\$ 1,230	\$ 2,335	\$ -	\$ 1,262	\$ 4,827
Tehama	\$ 168	\$ -	\$ -	\$ 353	\$ 521
Trinity	\$ -	\$ -	\$ -	\$ -	\$ -
Tuolumne	\$ -	\$ -	\$ -	\$ -	\$ -
Yolo	\$ 536	\$ -	\$ -	\$ 1,913	\$ 2,449
Yuba	\$ -	\$ -	\$ -	\$ -	\$ -

Indicates Eligibility Expenditure Reports Submitted with Zero's

County Medical Services Program
Amended Eligibility Expenditure Report
Fiscal Year 2020-21

County Name _____

Qtr ending 9/30/20 original amount _____

Supplemental Amount _____

Supplemental Amount _____

Revised ending amount _____

Qtr ending 12/31/20 original amount _____

Supplemental Amount _____

Supplemental Amount _____

Revised ending amount _____

Qtr ending 3/31/21 original amount _____

Supplemental Amount _____

Supplemental Amount _____

Revised ending amount _____

Qtr ending 6/30/21 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)

**COUNTY MEDICAL SERVICES PROGRAM
Eligibility Expenditure Report**

CMSP Certification Instructions:

This report is to be completed and sent to the CMSP Governing Board each quarter when the county submits its administrative claim in the County Expense Claims Reporting Information System (CECRIS) to the California Department of Social Services. This report will be used to determine future expenditure allocations as well as reallocations of unexpended funds. Information for Program Code 0217 on the DFA 327.4 (Staff Development Costs) and DFA 327.5 (Welfare Program Costs) should match the amount claimed on this report. **This report is due each quarter 15 days following submission of the administrative claim in CECRIS** and may be faxed to CMSP Governing Board, Attention Data Section at (916) 649-2606 or mailed to:

CMSP Governing Board
Attention: Data Section
1545 River Park Drive, Suite 435
Sacramento, CA 95815

Please fill out the following information

Fiscal Year:

Quarter:

County:

Prior To Audit:

Total Cost:

Date:

Original Quarter:

Amount Claimed:

Staff Development:

Welfare Program:

Signature

I certify under penalty of perjury that the amounts shown above are correct and accurately reflect the information which has been submitted to the California Department of Social Services on regular and supplemental (adjustment) administrative claims in the County Expense Claims Reporting Information System.

Approvers Name:

Title:

Approver's Signature:

Date: