

CMSP Letter No: 25-02
Issue Date: August 19, 2025

TO: All County Welfare Directors

SUBJECT: County Medical Services Program – Verification of Fiscal
Year 2023-24 County Eligibility Administration Expenditures

The purpose of this letter is to request verification of the county eligibility administrative costs associated with the County Medical Services Program (CMSP) eligibility process. Enclosed are the CMSP county eligibility administration expenditures by CMSP county, as reported for fiscal year 2023-24.

Please review the expenditures reported on the enclosed report. If the information 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 e-mail to Nino Celentano, Finance Director, at accounting@cmspcounties.org.

All corrections to the CMSP county eligibility administration expenditures must be received by the Governing Board office by Friday, September 19, 2025. 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 Mr. Celentano at (916) 649-2631 ext. 111.

Sincerely,



Kari Brownstein
Executive Director

Attachments

CMSP
FY 2023/2024
Eligibility Expenditure Report

	1st qtr 09/30/23	2nd qtr 12/31/23	3rd qtr 03/31/24	4th qtr 06/30/24	FY 23/24 Total
Alpine	\$ -	\$ -	\$ -	\$ -	\$ -
Amador	*	*	*	*	\$ -
Butte	\$ -	\$ -	\$ -	\$ -	\$ -
Calaveras	\$ -	*	*	*	\$ -
Colusa	\$ 305	\$ -	\$ -	\$ -	\$ 305
Del Norte	*	*	*	*	\$ -
El Dorado	\$ 3,700	\$ 1,966	\$ 4,265	\$ 8,211	\$ 18,142
Glenn	*	\$ 236	\$ 158	\$ 13,516	\$ 13,910
Humboldt	\$ 129	\$ -	\$ -	\$ 84	\$ 213
Imperial	\$ 739	\$ 253	\$ -	\$ -	\$ 992
Inyo	\$ -	\$ 161	*	*	\$ 161
Kings	\$ 588	\$ -	\$ -	\$ -	\$ 588
Lake	\$ 2,029	\$ -	\$ 77	\$ -	\$ 2,106
Lassen	*	*	*	*	\$ -
Madera	*	*	*	*	\$ -
Marin	*	*	*	*	\$ -
Mariposa	*	*	*	*	\$ -
Mendocino	\$ 4	\$ 1,433	\$ 1,820	\$ 963	\$ 4,220
Modoc	*	*	*	*	\$ -
Mono	\$ 1,564	\$ 211	\$ 1,621	\$ 7,253	\$ 10,649
Napa	\$ 273	\$ 416	\$ 705	\$ 254	\$ 1,648
Nevada	\$ -	\$ -	\$ -	\$ -	\$ -
Plumas	*	*	*	*	\$ -
San Benito	\$ 333	\$ -	\$ -	\$ -	\$ 333
Shasta	\$ 1,951	*	*	*	\$ 1,951
Sierra	\$ -	\$ -	\$ -	\$ -	\$ -
Siskiyou	*	*	*	*	\$ -
Solano	*	*	\$ -	\$ 1,310	\$ 1,310
Sonoma	\$ 9,053	\$ 4,452	\$ 3,151	\$ 1,098	\$ 17,754
Sutter	\$ -	\$ -	\$ -	\$ -	\$ -
Tehama	\$ -	\$ 153	\$ -	\$ -	\$ 153
Trinity	\$ -	\$ -	\$ -	*	\$ -
Tuolumne	\$ -	*	*	\$ -	\$ -
Yolo	\$ -	*	*	*	\$ -
Yuba	*	*	\$ -	*	\$ -

* Indicates Eligibility Expenditure Reports Missing or Incomplete

County Medical Services Program
Amended Eligibility Expenditure Report
For the CMSP Fiscal Year 2023-24

County Name _____

Qtr ending 9/30/23 original amount _____

Supplemental Amount _____

Supplemental Amount _____

Revised ending amount _____

Qtr ending 12/31/23 original amount _____

Supplemental Amount _____

Supplemental Amount _____

Revised ending amount _____

Qtr ending 3/31/24 original amount _____

Supplemental Amount _____

Supplemental Amount _____

Revised ending amount _____

Qtr ending 6/30/24 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)

Please return to accounting@cmspcounties.org by Friday, September 19, 2025.