CMSP Letter No: 26-02
Issue Date: August 21, 2026

TO: All County Welfare Directors

SUBJECT: County Medical Services Program – Verification of Fiscal Year 2024-25 & 2025-26 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 years 2024-25 and 2025-26.

Please review the expenditures reported on the enclosed reports for both fiscal years. 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" for the corresponding fiscal year(s) and email 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, October 2, 2026. 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 accounting@cmspcounties.org.

Sincerely,

Kari Brownstein
Executive Director

Attachments

CMSP
FY 2024/2025
Eligibility Expenditure Report

	1st qtr 09/30/24	2nd qtr 12/31/24	3rd qtr 03/31/25	4th qtr 06/30/25	FY 24/25 Total
Alpine	$ -	*	$ -	$ -	$ -
Amador	*	*	*	*	$ -
Butte	$ -	$ -	$ -	$ -	$ -
Calaveras	*	*	*	*	$ -
Colusa	$ -	$ -	$ -	*	$ -
Del Norte	*	*	*	*	$ -
El Dorado	$ 8,406	$ 5,622	$ 6,778	$ 12,952	$ 33,758
Glenn	$ 12,569	$ 1,062	$ 17,501	$ 5,408	$ 36,540
Humboldt	$ -	*	$ 90	$ -	$ 90
Imperial	$ -	$ -	$ -	$ 8,035	$ 8,035
Inyo	$ -	$ -	$ -	$ -	$ -
Kings	$ 996	$ 255	$ 266	$ -	$ 1,517
Lake	$ -	$ 70	$ 817	$ 1,774	$ 2,661
Lassen	*	*	*	*	$ -
Madera	*	*	*	*	$ -
Marin	*	*	*	*	$ -
Mariposa	$ -	*	*	*	$ -
Mendocino	$ 2,715	$ 6,481	$ 3,168	$ 4,886	$ 17,250
Modoc	*	*	*	*	$ -
Mono	$ 2,215	$ -	$ -	*	$ 2,215
Napa	*	*	*	*	$ -
Nevada	$ -	$ -	$ -	$ 427	$ 427
Plumas	*	*	*	*	$ -
San Benito	$ -	$ -	$ -	$ 13,597	$ 13,597
Shasta	$ 3,086	$ 3,685	$ 4,765	$ 7,857	$ 19,393
Sierra	*	*	$ -	$ -	$ -
Siskiyou	*	*	*	*	$ -
Solano	$ -	$ -	$ 142	$ -	$ 142
Sonoma	*	$ 2,578	$ 4,137	$ 23,373	$ 30,088
Sutter	$ -	$ -	$ -	$ -	$ -
Tehama	$ 282	$ -	$ -	$ -	$ 282
Trinity	$ -	*	*	*	$ -
Tuolumne	$ -	$ -	$ -	$ -	$ -
Yolo	$ 29,674	$ 15,943	$ -	$ 5,428	$ 51,045
Yuba	$ -	*	$ 20	*	$ 20

* Indicates Eligibility Expendture Reports Missing or Incomplete

CMSP
FY 2025/2026
Eligibility Expenditure Report

	1st qtr 09/30/25	1st qtr 12/31/25	1st qtr 03/31/26	1st qtr 06/30/26	FY 25/26 Total
Alpine	$ -	$ -	$ -	$ -	$ -
Amador	*	*	*	*	$ -
Butte	$ -	$ -	$ -	$ -	$ -
Calaveras	*	*	*	*	$ -
Colusa	*	*	*	*	$ -
Del Norte	*	*	*	*	$ -
El Dorado	$ 5,177	$ 3,608	$ 7,173	$ 11,614	$ 27,572
Glenn	$ 128	$ -	$ -	$ -	$ 128
Humboldt	$ 767	$ -	*	*	$ 767
Imperial	$ 10,529	*	*	$ 7,319	$ 17,848
Inyo	$ -	$ -	*	*	$ -
Kings	$ -	$ -	$ -	$ -	$ -
Lake	$ -	$ 512	$ 2,588	$ 88	$ 3,188
Lassen	*	*	*	*	$ -
Madera	*	*	*	*	$ -
Marin	*	*	*	*	$ -
Mariposa	*	*	*	*	$ -
Mendocino	$ 3,424	$ 2,228	$ 2,253	*	$ 7,905
Modoc	*	*	*	*	$ -
Mono	$ -	*	$ -	$ -	$ -
Napa	*	*	*	*	$ -
Nevada	*	$ -	$ 3,377	$ 467	$ 3,844
Plumas	*	*	*	*	$ -
San Benito	$ 6,970	*	*	*	$ 6,970
Shasta	$ 5,547	$ 3,371	*	*	$ 8,918
Sierra	$ -	*	$ -	$ -	$ -
Siskiyou	*	*	*	*	$ -
Solano	$ 223	$ -	$ 4,910	$ 8,491	$ 13,624
Sonoma	$ 13,222	$ 2,205	$ 1,163	$ 637	$ 17,227
Sutter	$ -	$ -	$ -	$ -	$ -
Tehama	$ -	$ -	$ -	$ 157	$ 157
Trinity	*	*	*	*	$ -
Tuolumne	*	*	*	*	$ -
Yolo	$ -	$ -	$ 6,963	$ 3,160	$ 10,123
Yuba	$ -	$ -	$ -	*	$ -

* Indicates Eligibility Expendture Reports Missing or Incomplete

County Medical Services Program
Amended Eligibility Expenditure Report
For the CMSP Fiscal Year 2024-25

County Name _____

Qtr ending 9/30/24 Original Amount _____

Supplemental Amount _____

Revised Ending Amount _____

Qtr ending 12/31/24 Original Amount _____

Supplemental Amount _____

Revised Ending Amount _____

Qtr ending 3/31/25 Original Amount _____

Supplemental Amount _____

Revised Ending Amount _____

Qtr ending 6/30/25 Original 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 _____ Signature _____

Title _____ Date _____

Telephone _____ Email _____

Please return to accounting@cmspcounties.org by Friday, October 2, 2026.

County Medical Services Program
Amended Eligibility Expenditure Report
For the CMSP Fiscal Year 2025-26

County Name _____

Qtr ending 9/30/25 Original Amount _____

Supplemental Amount _____

Revised Ending Amount _____

Qtr ending 12/31/25 Original Amount _____

Supplemental Amount _____

Revised Ending Amount _____

Qtr ending 3/31/26 Original Amount _____

Supplemental Amount _____

Revised Ending Amount _____

Qtr ending 6/30/26 Original 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 _____ Signature _____

Title _____ Date _____

Telephone _____ Email _____

Please return to accounting@cmspcounties.org by Friday, October 2, 2026.