COUNTY MEDICAL SERVICES PROGRAM
1800 THIRD STREET, ROOM 100
P.O. BOX 942732
SACRAMENTO, CA 94234-7320
(916) 322-1478

CMSP Letter : 01-5
Issue Date : October 12, 2001

TO: ALL COUNTY MEDICAL SERVICES PROGRAM
WELFARE DIRECTORS

SUBJECT: VERIFICATION OF WORKLOAD UNIT ACTIVITY
FISCAL YEAR (FY) 2000-01

The purpose of this letter is to request verification of workload unit totals for the County Medical Services Program (CMSP) for FY 2000-01. Enclosed is a spreadsheet with the monthly workload units for FY 2000-01.

To determine the total workload units for each month, we have used the data that CMSP counties report on CMSP Form No. 237 (Caseload Movement and Activity Report), July 2000 through June 2001. Line 7 (Intake Cases) is "weighted" (multiplied by a factor of six) and added to Line 10 (Counted Cases). This sum represents the workload units' total for the reported month. If the month's total is blank, no report was received for that month.

Please verify your county's workload unit totals and report any necessary revisions to these data to Ms. Tina Thomas, in the CMSP Unit at (916) 327-4842 or by facsimile at (916) 323-3350 **no later than December 31, 2001**. Reports may also be mailed to:

Office of County Health Services
County Medical Services Program
Attention: Ms. Tina Thomas
1800 3rd Street, Room 100
P.O. Box 942732
Sacramento, CA 94234-7320

If you should have any questions, please feel free to contact Ms. Tina Thomas or myself at (916) 322-1607.

Gail Winter, Chief
County Medical Services Program

Enclosures

cc: Ms. Tina Thomas
County Medical Services Program
Department of Health Services
1800 3rd Street, Room 100
P.O. Box 942732
Sacramento, CA 94234-7320

County Med[illegible] Services Program
Workload U[illegible] Activity Summary
Fiscal Year 2000-2001
Prepared by Tina Thomas 10/4/01

COUNTY	Jul-00	Aug-00	Sep-00	Oct-00	Nov-00	Dec-00	Jan-01	Feb-01	Mar-01	Apr-01	May-01	Jun-01	TOTAL
ALPINE	33	44	24	28	39	67	32	37	50	35	23	53	465
AMADOR	809	876		747	726	741	857	792	940	921	1,020	868	9,297
BUTTE	8,134	8,597	7,740	8,838	8,117	8,018	8,235	8,220	8,310	8,573	7,795	7,774	98,351
CALAVERAS	1,239	1,315	1,152	1,520	1,386	1,518	1,243	1,403	1,485	1,516	1,661	1,300	16,738
COLUSA	1,000	1,164	1,000	966	992	[illegible]	1,032		1,094	1,040	948	972	11,258
DEL NORTE	1,501	1,535	1,534	1,531	1,415	[illegible]	1,765	1,446	1,895	1,542	1,595	1,573	19,003
EL DORADO	3,791	4,093	3,576	3,789	3,293	[illegible]	3,758	3,881	4,241	3,875	4,048	3,789	45,617
GLENN	1,575	1,625	1,354	1,509	1,460	[illegible]	1,535	1,540	1,584	1,401	1,390	1,407	17,876
HUMBOLDT	8,171	8,380	8,059	8,367	7,842	[illegible]	8,128	7,986	9,754	8,906	8,832	8,499	101,335
IMPERIAL	7,058	7,363	7,133	7,823	6,872	3,483	7,096	6,757	6,939	6,681	7,206	7,146	85,296
INYO	1,055	1,070	1,008	1,093	1,066	1,496	1,062	936	1,192	916	1,122	1,140	12,537
KINGS	5,803	5,601	5,290	5,760	5,461	8,411	5,656	5,080	5,505	4,783	4,978	4,937	64,040
LAKE		3,557	2,903	3,571	3,040	7,222	3,421	3,077	3,313	2,972	3,143	3,119	35,147
LASSEN	1,156	1,151	964	1,148	941	877	1,160	1,054	1,273	1,052	1,003	968	12,904
MADERA	7,753	8,728	8,318	8,685	8,068	5,186	8,803	7,558	7,213	7,104	7,254	7,104	94,245
MARIN	5,149	5,478	5,009	5,141	4,810	3,031	4,982	4,642	5,224	4,829	4,726	4,498	59,349
MARIPOSA	601	695	674	615	589	1,034	466	537	512	528	548	482	6,723
MENDOCINO	5,378	5,793	5,287	5,289	4,998	7,657	5,234	5,258	5,726	5,621	4,969	5,127	63,565
MODOC	619	595	512		560	4,861			655	736	566	503	5,335
MONO	435	652	560	695	681	476	764	609	723	715	640	493	7,601
NAPA		3,272	2,881	3,429	3,060	4,885	3,179	3,005	3,224	3,017	3,006	2,919	34,007
NEVADA	1,898	2,064	1,866	2,234	1,965	589	1,851	1,871	2,045	1,940	2,016	2,010	23,640
PLUMAS	529	665	549	530	675	634	574	649	630	674	656	675	7,429
SAN BENITO	1,254	1,256	1,292	1,427	1,111	3,015	1,240	1,177	1,365	1,223	1,290	995	14,869
SHASTA	7,503	8,193	8,173	8,497	8,045	1,880	8,369	7,857	8,177	8,414	7,531	7,934	96,680
SIERRA	95	97	104	65	119	623	122	106	113	78	76	91	1,182
SISKIYOU	2,000	2,107	2,070	2,207	2,091	1,239	2,041	1,937	2,059	2,052	2,363	2,002	24,876
SOLANO	7,128	8,369	7,686	7,672	7,412	7,987	8,235	7,578	8,632	7,636	9,070	8,647	94,715
SONOMA	8,080	7,298	7,264	7,234	7,182	116	8,466		8,942	7,914	8,083	7,604	85,410
SUTTER	3,279	3,600	3,154	3,021	3,002	1,947	3,379	2,788	2,864	2,776	3,051	2,752	36,570
TEHAMA	2,741	2,866	2,548	2,796	2,832	6,650	2,923	2,706	2,947	2,598	2,496	2,570	32,683
TRINITY	486	649	523	711	537	7,343	684	510	720	669	733	656	7,020
TUOLUMNE	1,944	2,069	1,932	1,959	1,739	2,904	2,074	2,148	2,122	1,944	2,171	2,031	24,202
YUBA	3,670	4,078	3,796	3,834	3,975	2,660	4,045	4,251	4,353	4,127	4,110	3,825	47,542
TOTAL	**101,867**	**114,895**	**105,935**	**93,803**	**106,101**	628	**112,411**	**97,396**	**115,821**	**108,808**	**110,119**	**106,463**	1,297,507

COUNTY MEDICAL SERVICES PROGRAM
AMENDED ELIGIBILITY EXPENDITURE REPORT
FOR THE STATE FISCAL YEAR 2000-01

QUARTER:_____

AMOUNT FROM DHS WORKSHEET $_____

CORRECTED AMOUNT $_____

SUPPLEMENTAL CLAIM DATE:_____

SUPPLEMENTAL CLAIM AMOUNT $_____

REVISED TOTAL FOR THIS QUARTER $_____

QUARTER:_____

AMOUNT FROM DHS WORKSHEET $_____

CORRECTED AMOUNT $_____

SUPPLEMENTAL CLAIM DATE:_____

SUPPLEMENTAL CLAIM AMOUNT $_____

REVISED TOTAL FOR THIS QUARTER $_____

I certify under penalty of perjury that the amounts shown above are correct and accurately reflect the information, which has been submitted to the State Department of Social Service on regular and supplemental (adjusted) Administrative Cost Claims.

_____ _____ _____
(Printed Name/Title) (Signature) (Date)