

PLACE ON COUNTY LETTERHEAD

[DATE]

Department of Health Care Services  
County-Based Medi-Cal Administrative Activities  
1501 Capitol Avenue, Suite 71.2203, MS 2628  
Sacramento, CA 95899-7436  
Attn: [NAME OF CMAA ANALYST]

RE: Claiming Plan Amendment Letter – [CLAIMING UNIT NAME] – FY [FISCAL YEAR]

Dear [NAME OF CMAA ANALYST],

[COUNTY NAME]'s [CLAIMING UNIT NAME] Claiming Unit is making a change to its CUFG for FY [FISCAL YEAR AND QUARTER]. Please see details below:

- Add [STAFF POSITION TITLE] – new classification - Duty Statement attached
- Add 1 more [STAFF POSITION TITLE] – not a new classification

I appreciate your consideration in this matter. Please let me know if you have any questions at [PHONE # FOR LGA COORDINATOR] or [EMAIL ADDRESS FOR LGA COORDINATOR].

Sincerely,

[NAME OF LGA COORDINATOR]  
LGA Coordinator