

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: New Claiming Unit – [CLAIMING UNIT NAME] – FY [FISCAL YEAR AND QUARTER]

Dear [NAME OF CMAA ANALYST],

[COUNTY NAME] would like to create a new Claiming Unit, [CLAIMING UNIT NAME], starting FY [FISCAL YEAR AND QUARTER].

We are including the following documents for the creation of a new claiming unit:

- CCUG Amended to add the new claiming unit
- CUGF
- Duty Statements for all positions
- SPMP Questionnaires (if applicable)
- Activity Sheets [LIST CODES]
- Request to use Countywide Average (if applicable)
- Request for multiple staff to claim to Code 19 (if applicable)

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