



State of California—Health and Human Services Agency  
Department of Health Care Services



EDMUND G. BROWN JR.  
GOVERNOR

DATE: March 15, 2016

**PPL No. 16-006**

TO: All Local Governmental Agency (LGA) Coordinators for the  
County-Based Medi-Cal Administrative Activities (CMAA) Program

**SUBJECT: CMAA LGA Signature Authority Form**

The purpose of this Policy and Procedure Letter (PPL) is to introduce LGAs participating in the CMAA Program with the attached CMAA LGA Signature Authority Form.

Invoices for the CMAA program must be signed by a person within the LGA who has authority to sign on behalf of the LGA. The CMAA LGA Signature Authority Request Form verifies the validity of authorized signers for CMAA invoices. Signatures on invoices must appear in the same manner as provided in the CMAA LGA Signature Authority Form. The form has two sections, one for the Primary signer and another for an Alternate signer. At least one of these signers must be the LGA Coordinator.

This form must be submitted to the Department of Health Care Services by April 30, 2016. In future years, the form must be submitted annually by January 1<sup>st</sup>, and within 30 days of when a new primary or alternate signer is assigned. Please submit your CMAA LGA Signature Authority Request Form to the address below:

Department of Health Care Services  
County-Based Medi-Cal Admin Activities Unit  
1501 Capitol Ave, P.O. Box 997436, Ste 71.3024, MS 4504  
Sacramento, CA 95899-7436

If you require further assistance regarding this PPL, please contact Jose Garcia, Chief of the CMAA Unit at (916) 324-0058 or [jose.garcia@dhcs.ca.gov](mailto:jose.garcia@dhcs.ca.gov).

Sincerely,

**ORIGINAL SIGNED BY JOHN MENDOZA**

John Mendoza, Division Chief  
Safety Net Financing Division

Enclosures