



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

APPENDIX V



EDMUND G. BROWN JR.
GOVERNOR

CMAA CAP Approval Letter
(Sample)

(Today's Date)

(MAA Coordinator's Name)
(Title i.e. MAA/TCM Coordinator)
(Address)
(City, State, Zip Code)

Dear Ms/Mr. (MAA Coordinator's Last Name):

This letter is the official notification that (Name of County) County's Medi-Cal Administrative Activities (MAA) Corrective Action Plan for the site visit conducted on (Date of Site Visit), has been approved by the Department of Health Care Services.

We appreciate your attention to this matter and look forward to your continued success in performing Medi-Cal Administrative Activities.

If you have any questions concerning this approval or the MAA Program, please contact (Full Name of Analyst assigned to the LGA), Administrative Claiming Analyst in the CMAA Unit, via telephone at ((916) xxx-xxxx) or by e-mail at (Analyst's Email Address @dhcs.ca.gov).

Sincerely,

(Full Name of the CMAA Unit Chief), Chief
County Based Medi-Cal Administrative Activities Unit