



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



Letter of Intent
Medi-Cal County Inmate Program
County Participation Form: SFY 2023 through SFY 2026

Fresno

County chooses the option selected below in

County Name

response to our interest in voluntarily participating in the Medi-Cal County Inmate Program (MCIP) from July 1, 2023, through June 30, 2026, for State Fiscal Years 2023-2026:



Voluntarily Participate in MCIP- By selecting this option, we are certifying our interest to voluntarily participate in the MCIP and intend on submitting a fully executed Provider Participation Agreement and Administrative Agreement.



Not Interested in participating in MCIP

I hereby certify, that the option selected above is the option that said county will abide by under penalty of perjury, to the best of my knowledge, is true and accurate based on the time of submission.

County Official: [Signature] Date: 1/5/2023

County Official Title: County of Fresno, Department of Public Health Director

County Name: Fresno

Primary Contact: David Luchini Alternate: Stephen McComas

Phone: (559) 600-6401 Phone: Assistant Sheriff (559)600-8145

Email: dluchini@fresnocountyca.gov Email: stephen.mccomas@fresnosheriff.org

Submit completed electronic form to the following email address: DHCSIMCU@dhcs.ca.gov