



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



**Medi-Cal County Inmate Program
County Participation Form: State Fiscal Year 2019-20**

County of Fresno chooses the option selected below in
County Name

response to voluntarily participate in the Medi-Cal County Inmate Program (MCIP) from July 1, 2019 through June 30, 2020 for State Fiscal Year 2019-20:



Voluntarily participating in MCIP- By selecting this option, we are certifying our interest to voluntarily participate in the MCIP and intend to submit a fully executed MCIP agreement.



Not Interested in participating in MCIP

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

County Official: David Pomaville

Signature

Date: 4/3/19

County Official Title: Director, Department of Public Health

County Official Phone: (559) 600-3200

County Official Email: dpomaville@fresnocountyca.gov

County Name: Fresno

Primary Contact: David Pomaville

Alternate: Bruna Chavez

Phone: (559) 600-6439

Phone: (559) 600-6438

Email: dpomaville@fresnocountyca.gov

Email: blchavez@fresnocountyca.gov

Submit completed form to:
Department of Health Care Services
Safety Net Financing Division/Inmate Medi-Cal Claiming Unit
P.O. Box 997436, MS 4504
Sacramento, CA 95899-7436
EMAIL: DHCSIMCU@dhcs.Ca.Gov