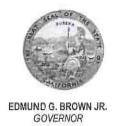


State of California—Health and Human Services Agency Department of Health Care Services



Medi-Cal County Inmate Program County Participation Form: SFY 2020 through SFY 2023

Fresno	County	chooses the option selected below in
C	ounty Name	- 발생하는 다음을 보고 있는 것이 되었다 실시는 경험하다는 전문을 하는 것을 하는 것을 하는 것을 하는 것이 되었다 기계를 하는 것이 되었다 기
	그림 - 그림 - 그림 - 그림을 하는 그림을	cipating in the Medi-Cal County Inmate Program), 2023, for State Fiscal Years 2020-23:
	Voluntarily participating in MCIP- By selecting this option, we are certifying our interest in voluntarily participating in the MCIP and intend on submitting a fully executed Provider Participation Agreement and Administrative Agreement.	
	Not Interested in participating in MCIP	
under penalty of time of submiss County Official	of perjury, to the best of my sion.	bove is the option that said county will abide by knowledge, is true and accurate based on the Date: Date:
	EASTAL COMMENTAL CONTRACTOR OF SECTION OF SEC	
County Name:	Fresno	
Primary Contac	ct:David Pomaville	Alternate: Captain Stephen McComas
Phone:_	(559) 600-6401	Phone: (559) 600-8145
Email:_d	pomaville@fresnocountyca.gov	Email: stephen.mccomas@fresnosheriff.org
Submit comple	ted form to:	

Submit completed form to:
Department of Health Care Services
Local Governmental Financing Division/Inmate Medi-Cal Claiming Unit
P.O. Box 997436, MS 4603
Sacramento, CA 95899-7436
EMAIL: DHCSIMCU@dhcs.Ca.Gov