



BRADLEY P. GILBERT, MD, MPP  
DIRECTOR

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



EDMUND G. BROWN JR.  
GOVERNOR

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

Solano 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, 2020, through June 30, 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**

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: *Byrd E. Coulter* Date: 4/7/2020  
Signature

County Official Title: County Administrator

County Name: 707-784-6108

Primary Contact: George Bernardino Alternate: Angelica Russell

Phone: 707-784-7154 Phone: 707-784-7064

Email: GBernardino@solanocounty.com Email: ARussell@solanocounty.com

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