



JENNIFER KENT  
DIRECTOR

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



EDMUND G. BROWN JR.  
GOVERNOR

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DEC 07 2017

**Medi-Cal County Inmate Program  
County Participation Form: Fiscal Year 2018-19**

County of Solano chooses the option selected below in  
County Name

**Solano Cty CAO**

response to our interest in voluntarily participating in the Medi-Cal County Inmate Program (MCIP) from July 1, 2018, through June 30, 2019 for, Fiscal Year 2018-19:



**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 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 under penalty of perjury, to the best of my knowledge, is true and accurate based on the time of submission.

County Official: Byrd E. Linder Date: 12/6/17  
Signature

County Official Title: County Administrator

County Official Phone: 707-784-6108

County Official Email: BECorsello@solanocounty.com

County Name: Solano

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  
Safety Net Financing Division/Inmate Medi-Cal Claiming Unit  
P.O. Box 997436, MS 4504  
Sacramento, Ca 95899-7436  
Email: DHCSIMCU@dhcs.Ca.Gov