



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**

San Francisco 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: [Signature] Date: 3/31/20
Signature

County Official Title: Director of Health

County Name: San Francisco

Primary Contact: Grant Colfax Alternate: Yvonne Uyeki

Phone: (415)554-2600 Phone: (628)206-6686

Email: grant.colfax@sfdph.org Email: yvonne.uyeki@sfdph.org

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