

ATTACHMENT A – LETTER OF INTENT

Rafael Davtian
Division Chief
Capitated Rates Development Division
Department of Health Care Services
1501 Capitol Avenue, MS 4413
P.O. Box 997413
Sacramento, CA 95899-7413

Dear Mr. Davtian:

This letter confirms the intent of **Fire Department ABC**, a governmental entity, Federal I.D. Number **123456789**, (Funding Entity) to work with the California Department of Health Care Services (DHCS) to participate in the Public Provider Ground Emergency Medical Transportation (GEMT) Intergovernmental Transfer (IGT) Program. Participation will include the Funding Entity providing an IGT **in the amount of \$** payment to DHCS to be used for the non-federal share for the Public Provider GEMT IGT Program, for the service period of January 1, 2023 through December 31, 2023. This is a non-binding letter, stating our interest in helping to finance health improvements for Medi-Cal beneficiaries receiving services in our jurisdiction. The governmental entity's funds are being provided voluntarily.

Below is a list of all NPI numbers associated with the Funding Entity mentioned above.

- **2345678980**
- **0000000000**
- **5678987865**

Fire Department ABC will contribute to the non-federal share of the Public Provider GEMT IGT Program add-on increase for Calendar Year 2023 (January 1, 2023 – December 31, 2023)). We recognize that there will be an additional 10-percent fee payable to DHCS on the IGT amount, for the administrative costs of operating the Public Provider GEMT IGT Program.

The following individual from our organization will serve as the point of communication between our organization (**as applicable**) and DHCS, regarding our organization's participation in the Public Provider GEMT IGT Program:

Fire Chief A: 1501 W. Capitol Ave, FireChiefA@dhcs.ca.gov, (916)123-4567

Fire Chief B: 1501 W. Capitol Ave, FireChiefA@dhcs.ca.gov, (916)123-4567

I certify, to the best of my knowledge, that the Funding Entity, defined as the governmental entity that provides the non-federal share of funding (i.e. cities, counties, special districts), is an eligible provider.*

I attest that I am authorized to sign this certification on behalf of the Funding Entity and that the statements in this letter are true and correct.

Sincerely,

Signature

* (3) Is owned or operated by the state, a city, county, city and county, fire protection district organized pursuant to Part 2.7 (commencing with Section 13800) of Division 12 of the Health and Safety Code, special district organized pursuant to Chapter 1 (commencing with Section 58000) of Division 1 of Title 6 of the Government Code, community services district organized pursuant to Part 1 (commencing with Section 61000) of Division 3 of Title 6 of the Government Code, health care district organized pursuant to Chapter 1 (commencing with Section 32000) of Division 23 of the Health and Safety Code, or a federally recognized Indian tribe.