Letter No.: 00-32

## DEPARTMENT OF HEALTH SERVICES

714/744 P Street P.O. Box 942732 Sacramento, CA 94234-7320 (916) 657-2941



May 18, 2000

TO: All County Welfare Directors

All County Administrative Officers

All County Medi-Cal Program Specialists/Liaisons

All County Public Health Directors All County Mental Health Directors

KAISER PERMANENTE'S HEALTH PLAN FOR FORMER GAIN PARTICIPANTS AND TRANSITIONAL MEDI-CAL BENEFICIARIES

Ref.: All County Welfare Directors Letter No. 91-57

This letter is to provide more information about the Kaiser Permanente Health Plan which offers reduced cost health care coverage to qualified financially needy individuals who are not eligible for subsidized private or public coverage such as Medi-Cal, Medicare, or Access for Infants and Mothers.

Counties were asked to provide information to eligible persons at certain times so that persons who are no longer eligible for Medi-Cal could take the opportunity to sign up if they wished to do so.

We have been informed by the Dues Subsidy program at Kaiser that this program is not taking any persons at this time. However, the Dues Subsidy program may begin taking new applicants in the future.

If you wish any further information about these services, please call Kaiser Dues Subsidy program at 1-800-255-5053.

If you have any questions, please contact Mr. Margie Buzdas of my staff at (916) 657-0726.

## ORIGINAL SIGNED BY GLENDA ARELLANO

Angeline Mrva, Chief Medi-Cal Eligibility Branch