



Pre-Exposure Prophylaxis Assistance Program (PrEP-AP) Medi-Cal Eligibility Exception Request (MEER)

Instructions:

This form is used by a certified PrEP-AP enrollment worker to request extended eligibility for a PrEP-AP client who is on a 30-day Temporary Access Period (TAP) and who has applied for Medi-Cal but is still awaiting a Medi-Cal eligibility determination. This form should be used prior to the expiration of a client's 30-day TAP.

Please complete all sections then submit to the PrEP-AP, along with any supporting or follow-up documentation, by fax at (844) 421-8008 or by encrypted email to PrEPSupport@cdph.ca.gov. Completed forms are processed in one business day.

PrEP-AP Client Information:

Current Date:	PrEP-AP ID Number:
First Name:	Last Name:
Date of Birth:	
Social Security Number, if applicable:	
PrEP-AP Enrollment Worker Information:	
First Name:	Last Name:
ID Number:	
Site Name and Number:	
Phone Number:	Fax Number:

State of California Health and Human Services Agency

California Department of Public Health Office of AIDS (OA)





Reason for Medi-Cal Eligibility Exception:

Select One:

- Client has applied to Standard Medi-Cal (150-day determination period) (recommended: attach proof of application to Medi-Cal)
- Client has applied to Medi-Cal Expansion (45-day determination period) (recommended: attach proof of application to Medi-Cal)
- Client was already granted 150-day or 45-day PrEP-AP eligibility extension but Medi-Cal determination is still pending (additional 30-day extension) (required: include a current letter from Medi-Cal indicating pending application status and reason for delayed processing)
- □ Other (please explain below):

Questions or Comments:

Please contact the Office of AIDS at (844) 421-8008 Monday through Friday, 8 a.m. — 5 p.m. (excluding holidays)