



**AIDS DRUG ASSISTANCE PROGRAM (ADAP) & PRE-EXPOSURE  
PROPHYLAXIS ASSISTANCE PROGRAM (PrEP-AP)  
MEDI-CAL ELIGIBILITY EXCEPTION REQUEST (MEER)**

**INSTRUCTIONS:**

This form is used by a certified ADAP/PrEP-AP enrollment worker to request extended eligibility for an ADAP/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. Please complete all sections then submit it through the ADAP Enrollment System (AES) via a work item. Only ADAP/PrEP-AP staff can approve or remove MEERs. Once processed, the enrollment worker will receive an auto notification letting them know that the MEER request was either rejected or approved.

**ADAP/PrEP-AP CLIENT INFORMATION:**

\_\_\_\_\_  
(Current Date)

\_\_\_\_\_  
(AES ID Number)

\_\_\_\_\_  
(Client First Name)

\_\_\_\_\_  
(Client Last Name)

\_\_\_\_\_  
(Date of Birth)

\_\_\_\_\_  
(Social Security Number, if applicable)

**ADAP/PrEP-AP ENROLLMENT WORKER INFORMATION:**

\_\_\_\_\_  
(Enrollment Worker First Name)

\_\_\_\_\_  
(Enrollment Worker Last Name)

\_\_\_\_\_  
(Enrollment Worker ID Number)

\_\_\_\_\_  
(Enrollment Site Name and Number)



State of California Health and Human Services Agency



California Department of Public Health

\_\_\_\_\_  
(Phone Number)

\_\_\_\_\_  
(Fax Number)

**REASON FOR MEDI-CAL ELIGIBILITY EXCEPTION:**

Select One:

- Client has applied to Medi-Cal, which typically has a 45-day determination period.  
*(Recommended: Attach proof of application to Medi-Cal)*
- Client has applied to Medi-Cal based on a disability, which typically has a 90-day determination period.  
*(Recommended: Attach proof of application to Medi-Cal)*
- Client was already granted 45-day or 90-day ADAP/PrEP-AP eligibility extension, but Medi-Cal determination is still pending and an additional 30-day extension is requested.  
*(Required: Attach is 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 ADAP call center at (844) 421-7050  
Monday through Friday, 8 a.m. — 5 p.m. (excluding holidays)