



State of California—
Health and Human Services Agency



California Department of Public Health

AIDS DRUG ASSISTANCE PROGRAM (ADAP) MEDI-CAL ELIGIBILITY EXCEPTION REQUEST (MEER)

INSTRUCTIONS:

This form is used by a certified ADAP enrollment worker to request extended eligibility for an ADAP 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 ADAP, along with any supporting or follow-up documentation, by fax at (844) 421-8008 or by encrypted email to CDPHMedAssistFax@cdph.ca.gov. Completed forms are processed in 1 business day.

ADAP CLIENT INFORMATION:

(Current Date)

(ADAP ID Number)

(Client First Name)

(Client Last Name)

(Date of Birth)

(Social Security Number, if applicable)

ADAP ENROLLMENT WORKER INFORMATION:

(Enrollment Worker First Name)

(Enrollment Worker Last Name)

(Enrollment Worker ID Number)

(Enrollment Site Name and Number)

(Phone Number)

(Fax Number)



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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 ADAP 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 ADAP call center at (844) 421-7050
Monday through Friday, 8 a.m. — 5 p.m. (excluding holidays)