



Pre-Exposure Prophylaxis Assistance Program Medi-Cal Eligibility Exception Request

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 PrEP-AP, 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 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: _____

Enrollment Worker ID Number: _____

Site Name and Number: _____

Phone Number: _____ Fax Number: _____



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