Commonwealth of Pennsylvania Department of Public Welfare Office of Medical Assistance Programs

MEDICAL ASSISTANCE TRANSPORTATION PROGRAM

- 77-2

INSTRUCTIONS & REQUIREMENTS

Prepared by the Division of Medical Assistance Transportation Programs Bureau of Managed Care Operation

Contents

Scope of Services
MATP Executive Summary
Glossary of Terms7
General Responsibilities
1. Inform and Educate Recipients and Other Stakeholders
A. Outreach20
B. Written Materials21
C. Limited English Proficiency (LEP)21
2. Operate an MATP Telephone Line
A. Telephone Line22
B. Hearing Impaired/Disabilities22
3. Manage the Program to Ensure Cost-Effective and Appropriate Transportation Services are Provided
A. Data and Reporting23
B. Waivers23
4. Maximize Cost-Effectiveness and Quality Services through Coordination with Local Programs and Stakeholders
A. Trip Coordination24
B. Service Integration24
5. Verify Recipient Eligibility and Need
A. Eligibility24
B. Application25
6. Authorize Transportation Services, Schedule, and Dispatch Trips

А.	Eligible MATP Services	25
B.	Determination of Mode of Transportation	25
C.	Transportation to Service Providers	26
D.	Mileage Reimbursement	26
E.	Fixed Route Public Transportation	28
F.	Quarter Mile Rule	28
G.	Volunteers	28
H.	Paratransit	. 29
I.	Methadone Maintenance	.31
J.	Denial of Services	.31
K.	Urgent Care	.31
L.	No-Show Sanction Policy	32
M.	Escort Policy Guidance	32
N.	Curb-to-Curb Service	33
O.	Door-to-Door Service	33
Р.	Exceptional Transportation	33
Q.	Incident Reports	34
R.	Fraud and Abuse	34
7. Recruit	and Maintain Adequate Transportation Provider Networks	. 34
А.	Provider Networks	34
B.	Provider Contracts	. 35
C.	Driver Criminal History and Child Abuse Clearance Checks and Training	35
D.	Monitoring	35
8. Mainta	in Confidentiality of Information	. 36

9. Maintain a Complaint and Denial Process	37
10. Review, Monitor, and Report Provider and Sub-contractor Fraud and Abuse	38
A. Obligation to screen for Medical Assistance excluded providers (Form J)	38
B. Obligation of providers and fiscal agents to disclose information on ownership and control (Form K)	
C. Obligation of providers and fiscal agents to disclose information on ownership and convictions (Form L)	
D. Obligation to furnish upon request the information related to business transactions totaling more than \$25,000 (Form M)	
E. Reporting suspected Fraud and Abuse to the Department	40
Fiscal Requirements4	43
1. Budget Project Report Submittal4	45
2. Fiscal Reporting Requirements4	15
A. General Guidelines When Completing Reports	45
3. Monthly Reporting	18
4. Monthly Methadone Reporting4	19
5. Quarterly Reports (I&R, pg. 95)	19
6. Least Costly and Most Appropriate Requirement5	50
7. Usual and Customary Charge5	50
8. Responsibility to Negotiate5	50
9. Payer of Last Resort5	51
10. Recipient Fraud5	51
11. Deceased Recipients5	51
12. Interest Bearing Accounts	51
13. Retroactive Costs	52

14. Notification of Fare Increases – PENNDOT Shared Ride Program	52
15. Subcontracts	52
16. Premium Services	52
17. Record Keeping and Retention	53
18. Audits	53
19. Performance Audits	54
20. Sanctions	54
21. Allocation Termination	54
22. Balance of Funds	54
23. Encumbrances	54
24. Limitations on Purchases	54
25. Bidding and Procurement	55
26. Title to Property	55
27. Disposition of Property	55
28. Multiple Reimbursements	55
29. Payment Procedures	56
30. Key Dates	57
Exhibits	63
Exhibit 1: Basic Informational Brochure	65
Exhibit 2: Recipient Welcome Brochures	67
Exhibit 3: Suggested Outreach Venues	73
Exhibit 4: Eligibility for the Medical Assistance Transportation Program	75
Exhibit 5: Medical Assistance Enrolled Providers	77

Exhibit 6: Excluded Medical Assistance Transportation Providers	81
Exhibit 7: Application Process	83
Exhibit 8: Statewide No-Show Policy	85
Exhibit 9: Written Notice requirements, processes, and policy	
Exhibit 10: OIG regions and contact information	
Exhibit 11: Methadone Maintenance Closest Service Provider Rule	91
Exhibit 12: Incident Reporting Process	93
Exhibit 13: MATP Funding Status	95
Exhibit 14: Grantee On-Site Monitoring	97
Exhibit 15: Safety Guidelines	99
1. Recipient Exiting the Vehicle Prior to Scheduled Stop	
A. Purpose:	99
B. Policy:	99
C. Procedures Adult Recipients	
D. Procedures for Children	
E. Additional Steps	
2. Safety Exception to the Ten-Day Appeal Rule	101
A. Written Notice Requirement clarification re: situations that may deem in termination of services.	
Forms	103
Form A: Waiver Request Form	
Waiver Request Form – Sample	
Form B: Written Notice Form - Page 1	
Written Notice Form - Page 2	

Form C: OIG – 12 - Page 1 (Printable from http://matp.pa.gov)
OIG – 12 - Page 2 (Printable from http://matp.pa.gov)110
Form D: Budget Projection Report111
Budget Projection Report112
Budget Projection Report113
Form E: Monthly Data File Form Format
Instructions For Submitting Monthly Trip Level Data116
Form F: Monthly Report Forms
Monthly Report Forms
Monthly Report Forms
Form G: Monthly Methadone Report (Sample)121
Form H: Quarterly Reports Components – Actual Expenditure Report
Quarterly Reports Components – Actual Expenditure Report
Quarterly Reports Components – Personnel Report - Transportation (Sample First Quarter)
Quarterly Reports Components – Personnel Report - Administration (Sample First Quarter)
Quarterly Reports Components – Transportation Report (Sample First Quarter)127
Quarterly Reports Components – Transportation Report (Sample First Quarter)128
Quarterly Reports Components – Summary129
Quarterly Reports Components – Narratives131
Quarterly Reports Components – Trip and Client Data Report
Quarterly Reports Components – Trip and Client Data Report
Form I: MATP Application Form
Form J: Disclosure of Exclusions

Form K: Disclosure of Ownership and Control – Page 1	143
Disclosure of Ownership and Control – Page 2	144
Form L: Disclosure of Ownership and Convictions – Page 1	145
Disclosure of Ownership and Convictions – Page 2	146
Form M: Disclosure of Significant Business Transactions – Page 1	147
Disclosure of Significant Business Transactions – Page 2	148

Commonwealth of Pennsylvania Department of Public Welfare Office of Medical Assistance Programs

MEDICAL ASSISTANCE TRANSPORTATION PROGRAM



- 20

SCOPE OF SERVICES

Prepared by the Division of Medical Assistance Transportation Programs Bureau of Managed Care Operations

EXECUTIVE SUMMARY

EXECUTIVE SUMMARY

MATP EXECUTIVE SUMMARY

Federal regulations require that the State Medical Assistance agency assure that transportation is available for recipients to and from medical providers. The Department of Public Welfare (Department) carries out this mandate by providing both emergency and non-emergency medical transportation services. Emergency medical transportation services are funded separately through the Medical Assistance Outpatient appropriation. Non-emergency medical transportation services are provided through the Medical Assistance Transportation Program (MATP). Funding for the MATP consists of a State appropriation and Federal Medical Assistance (Title XIX) funds.

According to the Pennsylvania State Plan under Title XIX of the Social Security Act, a funding allocation is made to each Grantee for their use in providing non-emergency transportation to Medical Assistance recipients who cannot meet their own transportation needs. In those counties that choose not to accept a funding allocation, the cost of a recipient's non-emergency transportation to covered medical services is paid by the County Assistance Office (CAO) located in the county in which the recipient resides.

Whenever possible, medical transportation funded by the MATP shall be integrated with transportation services provided by other Department of Public Welfare programs, programs funded by the Department of Aging, and Public Transit Services provided by the Department of Transportation. The degree of service integration, which is most cost-effective locally, can only be determined on a Grantee-by-Grantee basis.

The Grantee shall select the particular administrative method best suited to provide the transportation in their locale. This may include the direct provision of service by the county government, contracting with an independent transportation entity, or through a human services agency.

Agreement to accept funding for and responsibility to administer the MATP by a grantee requires full compliance with all sections of the MATP Instructions & Requirements.

EXECUTIVE SUMMARY

Commonwealth of Pennsylvania Department of Public Welfare Office of Medical Assistance Programs

MEDICAL ASSISTANCE TRANSPORTATION PROGRAM

GLOSSARY OF TERMS

7

Prepared by the Division of Medical Assistance Transportation Programs Bureau of Managed Care Operations

GLOSSARY OF TERMS

Abuse – Any practices that are inconsistent with sound fiscal, business, or medical practice and which result in unnecessary cost to the MA Program, or in reimbursement for services that are not medically necessary or that fail to meet professionally recognized standards or contractual obligations (including the terms of the RFP, contracts, and requirements of state or federal regulations) for health care in the managed care setting.

Accessible – Vehicles that can accommodate passengers in wheelchairs as well as passengers with other special needs.

ACCESS Plus – A healthcare delivery system in which enrollees choose a primary care doctor (also called a PCP) from whom they will get most of their medical care. ACCESS Plus only involves physical health services. Behavioral health services will remain Fee for Service.

Aide – An employee of a transportation provider who in addition to the driver is required to assist in the transportation of the recipient due to his/her physical, mental or developmental status.

Appeal – The recipient's right to challenge any MATP action or inaction which affects his/her benefits.

Appropriate mode of transportation – The least expensive mode of transportation that best meets the physical and medical circumstances of a recipient requiring transportation to a medical service.

Bariatric transport – Transportation provided to individuals who have a body mass index of greater than 40 or weigh at least 100 pounds over ideal weight.

Category – A letter code that identifies coverage for federal and state funding purposes and the type of medical benefits received. For example, the letter "P" indicates Non-money Payment and the letter "T" indicates Medically Needy Only.

Closest Service Provider Rule – This rule varies depending on the delivery system in which the recipient is enrolled:

Fee-for-Service – The MATP may only transport recipients who are part of MA's fee-for-service delivery system to the medical provider closest to the recipient's residence. A recipient may be transported to a more distant provider if medical verification is provided to substantiate the need.

Managed Care – MATP shall transport recipients who are part of MA's HealthChoices Managed Care delivery system to the provider of the recipient's choice, except in the case of pharmacy providers.

ACCESS Plus – MATP shall transport recipients who are part of MA's ACCESS Plus delivery system to their selected or assigned Primary Care Physician (PCP) and to any specialist to whom the PCP refers, except in the case of pharmacy providers. Recipients may be transported to the nearest behavioral health provider who can meet their needs. A recipient may be transported to a more distant provider if medical verification is provided to substantiate the need.

Methadone Maintenance – The MATP may only transport methadone maintenance recipients to the methadone clinic closest to the recipient's residence. A methadone maintenance recipient who believes that there is a valid reason to attend a methadone clinic other than the one closest to the recipient's home may file an exception request. See Exhibit 11, Methadone Maintenance and Substance Abuse Closest Service Provider Rule, for methadone maintenance and exception policy.

Pharmacy - Transportation to a pharmacy provider in all cases shall only be provided to a choice of two pharmacies closest to the recipient's residence or the recipient's prescribing physician's office.

Complaint – An oral or written expression of dissatisfaction.

Completed Trip – A one-way trip from one of the following: the MA recipient's home or other designated location to the destination where the covered medical service will be provided to the recipient or the covered medical service to the recipient's home or other designated location or one covered medical service to another covered medical service.

Coordination – An agreement between agencies to operate one or more transportation functions jointly to better utilize resources. Whenever possible, transportation services funded by the MATP are to be integrated with transportation services funded by other programs within the Departments of Public Welfare, Aging and Transportation.

Coordination also refers to scheduling trips in such a manner as to allow multiple recipients who have medical appointments at the same or similar locations and within a reasonable time frame to be transported in the same vehicle.

Covered services – Services or supplies for which MA will reimburse.

Curb-to-Curb Service – A common designation for paratransit services. The transit vehicle picks up and discharges passengers at the curb or driveway in front of their home or destination.

Demand Response Service – Advance reservation transportation service where riders telephone for pickup at a particular address and are transported to specific destinations.

Deviated Fixed-route Service – Transportation service where the vehicle travels along a scheduled fixed route, but also provides service in the general area of the route to demand response riders upon request.

Disclosing entity - a Medicaid provider (other than an individual practitioner), or a fiscal agent. Any entity that does not participate in Medicaid, but is required to disclose certain ownership and control information because of participation in any of the programs established under title V, XVIII, or XX of the Act means:

- a. Any hospital, skilled nursing facility, home health agency, independent clinical laboratory, renal disease facility, rural health clinic, or health maintenance organization that participates in Medicare (title XVIII);
- b. Any Medicare intermediary or carrier; and
- c. Any entity (other than an individual practitioner or group of practitioners) that furnishes, or arranges for the furnishing of, health-related services for which it claims payment under any plan or program established under title V or title XX of the Act.

Dispatch – Radio control of drivers and such vehicle operations as the assignment of passenger pickups and route changes.

Door-through-Door Service – The most specialized form of paratransit service where the driver actually provides passenger assistance within the origin or destination, such as the passenger's house or the doctor's office. This is not an MATP covered service.

Door-to-Door Service – A form of paratransit service which includes passenger assistance between the vehicle and the door of his or her home or other destination. It is a higher level of service than curb-to-curb, yet not as specialized as door-through-door service.

Eligible Person – A person eligible for PA Medical Assistance in accordance with the State Plan of Pennsylvania Medical Assistance Program under Title XIX, who has been certified and enrolled as such by the County Assistance Office.

Not all MA eligible persons are eligible for the MATP. MATP eligibility is determined by the recipient's MA Category and Program Code.

Escort – An interested individual that shall accompany a MATP recipient to the recipient's aide for physical/mental/developmental capacity or limited English proficiency. Examples of an escort include, but are not limited to, parent, guardian, or an individual who assumes parental like responsibility, or the adult child of a geriatric parent. The escort's presence is required to ensure that the recipient receives proper medical service/treatment. The escort may not be employed by or provided by the transportation company delivering the transport.

Exceptional Transportation – Necessary, Non-emergency transportation under extraordinary medical circumstances. This type of transportation may require traveling great distances for medical treatment not normally provided through regional medical providers. The term includes air travel.

Exclusive Trip – A scheduled paratransit trip to transport a singular recipient. An exclusive trip should be scheduled only after it has been determined that a coordinated trip is not possible.

Fare Structure – The established rate charged passengers and third-party payers by an agency.

Fee-for-Service – A healthcare system that provides medical services to eligible Medicaid recipients without a referral from a primary care physician, offering the freedom of choice of enrolled Medical Assistance providers for the Medicaid recipient.

Fiscal agent- A contractor that processes or pays vendor claims on behalf of the Medicaid agency.

Fixed Route – A regularly scheduled transportation service operating on a set route.

Fraud – An intentional deception or misrepresentation made by an entity or person with the knowledge that the deception could result in an unauthorized benefit to the entity, him/herself, or another responsible person.

Grantee – The Grantee is the entity or agency with whom the Pennsylvania Department of Public Welfare, Medical Assistance Transportation Program contracts to operate the MATP in a specific county or geographic region.

Group 1 Cases – Categories of assistance and program status codes identified as receiving federal funding for Medicaid services.

Group 2 Cases – Categories of assistance and program status codes identified as receiving state funds only for Medicaid services.

HealthChoices – The name of Pennsylvania's 1915 (b) waiver program to provide mandatory managed health care to Medicaid recipients.

Indirect ownership interest - an ownership interest in an entity that has an ownership interest in the disclosing entity. This term includes an ownership interest in any entity that has an indirect ownership interest in the disclosing entity.

Managed Care Organization (MCO) – An entity responsible to provide health care services to Medicaid recipients through either a Mandatory (HealthChoices) or Voluntary delivery system.

Managing employee- a general manager, business manager, administrator, director, or other individual who exercises operational or managerial control over, or who directly or indirectly conducts the day to day operation of an institution, organization, or agency.

Mass Transit – A regularly scheduled transportation service, such as Amtrak and commercial buses or trains, operating on a set route.

Medical Assistance Transportation Services – Non-emergency transportation to MA covered services as benefits to which a MA recipient is entitled under the law. This would include transportation to and/or from a medical facility, physician's office, dentist's office, hospital, clinic, pharmacy or purveyor of medical equipment for the purpose of receiving medical treatment or medical evaluation or purchasing prescription drugs or medical equipment. The term does not include emergency medical transportation that would normally be provided by an ambulance.

Medical Assistance for Workers with Disabilities (MAWD) – Categories of assistance and program status codes identified as receiving Federal funding for Medicaid services. Eligible recipients include employed workers with a disability and are reported as Group 1 Cases.

Mobile Therapy (MT) – Face-to-face, child-centered, family focused, individualized, psychotherapy provided in a setting identified in the treatment plan as the site where the child will most likely benefit from therapy other than a therapist's or agency's office.

Non-ambulatory – Passengers who use wheelchairs or require the use of a vehicle lift or ramp.

No-shows – Scheduled trips which are not taken and not canceled by passengers within required timeframes.

Off-peak Hours – Those hours when passenger demand and vehicle use is low, usually in the middle of the day and during evening hours.

Ownership - a person or corporation that -

- a. Has an ownership interest totaling 5 percent or more in a disclosing entity;
- b. Has an indirect ownership interest equal to 5 percent or more in a disclosing entity;
- c. Has a combination of direct and indirect ownership interests equal to 5 percent or more in a disclosing entity;
- d. Owns an interest of 5 percent or more in any mortgage, deed of trust, note, or other obligation secured by the disclosing entity if that interest equals at least 5 percent of the value of the property or assets of the disclosing entity;
- e. An officer or director of a disclosing entity that is organized as a corporation; or

f. Is a partner in the disclosing entity that is organized as a partnership?

Ownership interest-The possession of equity in the capital, the stock, or the profits of the disclosing entity.

Paratransit – Types of transportation that may be shared ride in nature or are more flexible than conventional fixed-route transit but more structured than the use of private automobiles – includes demand response service in which vehicles carrying at any one time, unrelated passengers with different origins, destinations and/or different funding sources, and multi-modal and taxi services including exclusive ride services.

Paratransit Pick-up Rule – The Department's rule that recipients shall be picked up within 15 minutes before and after the scheduled pick-up time; therefore, allowing a 30-minute pick-up window. The rule states that counties should make recipients aware that the expectation is for the recipient to be ready and waiting at least 15 minutes before the scheduled pick-up time. Vehicles that arrive before the 30-minute window shall wait until the scheduled pick-up time to accommodate a recipient who is not ready. Vehicles arriving at the scheduled pick-up time or within 15 minutes after are not required to wait for a recipient who is not ready. For purposes of the complaint process, pick-ups within the 30-minute window are on time.

Paratransit One-Hour Rule – The Department's rule that recipients shall be dropped off at the medical provider's office no more than one hour prior to the medical appointment. After the medical visit, recipients shall be picked up not more than one hour later. Under specific conditions, for program efficiencies, the local MATP operator may set aside the Paratransit One-Hour Rule.

Program Advisor – The MATP Program Specialist assigned to specific counties to provide oversight, monitoring and technical assistance services to the local MATP operator.

Program Status Code – A code that identifies budgets which meet certain characteristics. The code, which is determined by the County Assistance Office, is used for federal reimbursement, reporting and general control purposes.

Provider - A named person or entity that furnishes, or arranges for furnishing nonemergency medical transportation for which it claims payment under the MA program.

Psychiatric Rehabilitation Services – Services for adults with long-term psychiatric disabilities to develop, enhance, and/or retain psychiatric stability; social competencies; personal and emotional adjustment and/or independent living competencies so that they experience more success and satisfaction in the environment of their choice and can function as independently as possible. These therapeutic services are MA compensable, but are not MATP eligible. Psychiatric Rehabilitation Services are not included in the State Plan as a covered MATP service. The MATP does not provide transportation to Psychiatric Rehabilitation Services.

Quarter Mile Rule – The Department's rule that the MATP will not fund trips where the distance from origin to destination is less than one-quarter mile unless the recipient cannot travel the one-quarter mile independently. If public transit is offered, recipients should live no more than one-quarter mile from the bus route. If a recipient lives more than one-quarter mile from the public transit is an appropriate mode, transportation shall be provided to and from the public transit stop.

Recipient Reimbursement – Any mode of transportation paid for by the recipient and reimbursed by MATP. This may include, but is not limited to, the following: private vehicles, volunteer drivers, tolls, parking expenses and Mass transit.

Shared-Ride Program – The Lottery funded paratransit service for persons 65 years of age and older.

Shared-Ride Service – A type of demand response service in which (vehicles) are allowed to carry at any one time several unrelated passengers with different origins and destinations.

Significant business transaction- any business transaction or series of transactions that, during any one fiscal year, exceed the lesser of \$25,000 and 5 percent of a provider's total operating expenses.

"Site-Based" Behavioral Health Rehabilitation Services (BHRS) not on the MA Fee Schedule – Group programs specifically designed and named by providers by means of a

service description submitted to DPW. These programs need both a service description approved from DPW, and an authorization for each child prior to the initiation of services from either the Office of Medical Assistance Programs (OMAP) or the MCO.

State Plan – A comprehensive written agreement between the state agency administering the MA Program (DPW) and the Centers for Medicare & Medicaid Services (CMS) which includes eligibility requirements for recipients and providers and identifies the scope of medical care for which reimbursement is available.

Subcontractor – An individual, agency, or organization to which a disclosing entity has contracted or delegated some of its management functions or responsibilities of providing medical care to its patients; or an individual, agency, or organization with which a fiscal agent has entered into a contract, agreement, purchase order, or lease (or leases of real property) to obtain space, supplies, equipment, or services provided under the Medicaid agreement.

Subscription Service – Provided to passengers who have a standing order for trips.

Summer Therapeutic Activities Program (STAP) – Group programs that provide a range of age appropriate specialized therapies and/or therapeutic activities for the purpose of furthering individualized therapeutic goals as described in the individualized treatment plan and are integrated into the overall mental health treatment of the child.

Supplier - An individual, agency, or organization from which a provider purchases goods and services used in carrying its responsibilities under the MA program.

Therapeutic Staff Support (TOSS) – Medically necessary, individualized, one-to-one treatment of a child's behavioral health needs directed by a child's treatment plan goals, objectives, and planned interventions provided in a setting other than an agency's office.

Title XIX – The portion of the Social Security Act which authorizes the Medicaid (MA) Program.

Trip – MATP funded travel primarily from an eligible recipient's domicile to a MA covered service or from a MA covered service to the recipient's domicile. See above for Completed Trip definition.

Urgent Care – Any illness or severe condition, which under reasonable standards of medical practice would be diagnosed and treated within a twenty-four (24) hour period, and if left untreated, could rapidly become a crisis or emergency situation. Additionally, it includes situations such as when a member's discharge from a hospital will be delayed until services are approved or a member's ability to avoid hospitalization depends upon prompt approval of services.

Volunteer Trips – Trips for which the Grantee coordinates volunteers, where available, to provide transportation services by driving their personal vehicles or vehicles supplied by a provider organization.

Wholly Owned Supplier - A supplier whose total ownership interest is held by a provider or by a person/persons or other entities with an ownership or control interest in a provider.

Commonwealth of Pennsylvania Department of Public Welfare Office of Medical Assistance Programs

MEDICAL ASSISTANCE TRANSPORTATION PROGRAM

GENERAL RESPONSIBILITIES

- 7

Prepared by the Division of Medical Assistance Transportation Programs Bureau of Managed Care Operations

GENERAL RESPONSIBILITIES

Medical Assistance (MA) recipients residing in Pennsylvania are entitled to transportation services necessary to secure medical care provided under the MA program. Grantees that accept the program shall comply with the conditions set forth in this document and its attachments.

The Grantee assures that medical transportation services are provided to eligible county residents.

MA Transportation Services are defined as non-emergency transportation to MA covered services as benefits to which a MA recipient is entitled under the law. This would include transportation to and/or from a medical facility, physician's office, dentist's office, hospital, clinic, pharmacy or purveyor of medical equipment for the purpose of receiving medical treatment or medical evaluation or purchasing prescription drugs or medical equipment. The term does not include emergency medical transportation that would normally be provided by an ambulance.

The Grantee is not an agent of the Department and is solely responsible for assuring the safety of recipients whenever recipients receive these services.

The Grantee hereby expressly, and as a condition precedent to the receipt of state and federal funds, assures that the Grantee and its' designated entity are in compliance with 42 CFR §455.104, 105, and 106, as well as 42 CFR 1001.1901 with regard to provider disclosure information, business transactions, criminal conviction information and the obligation to screen for Medical Assistance excluded providers. The Grantee shall assure that required information disclosure cited above is obtained from any and all subcontractors for service delivery under the MATP Grant Agreement. (Please refer to MATP OPS Memos #02-2010-016, #02-2010-017, #02-2010-018, and #02-2010-019 for further clarification and direction.)

Persons requesting or receiving transportation services may not be discriminated against because of race, color, religious creed, ancestry, national origin, age, sex, or handicap.

The Grantee shall undertake the responsibility to:

- 1. Inform and Educate Recipients and Other Stakeholders
- 2. Operate an MATP Telephone Line
- 3. Manage the Program to Ensure Cost-Effective, Appropriate Transportation Services are Provided
- 4. Maximize Cost-Effectiveness and Quality Services through Coordination with Local Programs and Stakeholders

- 5. Verify Recipient Eligibility and Need
- 6. Authorize Transportation Services, Schedule and Dispatch Trips
- 7. Recruit and Maintain Adequate Transportation Networks
- 8. Maintain Confidentiality of Information
- 9. Maintain a Complaint and Denial Process
- 10. Review, Monitor, and Report Provider and Sub-contractor Fraud and Abuse

Failure to comply with any term of the Medical Assistance Transportation Program Grant Agreement or Scope of Services may result in the Department's imposition of the following sanctions:

- 1. The Grantee's submission of a corrective action plan to correct areas of noncompliance
- 2. Suspension of payments
- 3. Initiation of program audit
- 4. Termination of this Grant Agreement

1. Inform and Educate Recipients and Other Stakeholders

A. Outreach

The Grantee shall provide recipients, County Assistance Offices (CAOs), medical service providers, human services/community agencies, and others upon request, information regarding the MATP. This information shall include:

- Description of the availability of non-emergency medical transportation services
- The eligibility for these services
- The service authorization process
- How to access and use these services properly

The Grantee shall develop and distribute MATP-specific written materials as set forth in this grant agreement and as may be requested by the Department. The Grantee shall deliver, to the recipient, all notices developed by the Department in the manner and timeframe prescribed by the Department or this contract.

B. Written Materials

The Grantee shall submit all written material to the Department for advance written approval prior to distribution. The Department shall approve such material in writing prior to their use. The Department's review will be conducted within thirty (30) business days and approval will not be unreasonably withheld. The Grantee shall develop material for recipients, which include outreach and general MATP information and information on how to access services. The Grantee shall ensure that recipient information is written at a fourth grade reading level.

The Grantee shall develop and distribute the following outreach materials:

- **Basic Informational Brochure** The Grantee shall develop a basic informational brochure to be available at CAOs, medical service providers, human services/community agencies, social service agencies and other stakeholders' locations. See Exhibit 1, Basic Informational Brochure, for the information the Grantee shall include in the brochure.
- **Recipient Welcome Brochures** The Grantee shall mail a welcome brochure within 10 business days after a recipient registers to receive services. See Exhibit 2, Recipient Welcome Brochures, for information the Grantee shall include in the brochure.

At a minimum, the Grantee is required to mail MATP material to all users of MATP services within their county. The Grantee is required to produce sufficient material to respond to all MATP information requests. Some requests, such as from medical providers and advocates, may be fulfilled by referral to a website with downloadable information.

The Department may require additional mailings to announce special initiatives and/or policy or program changes.

The Grantee is required to ensure that all MATP users have received all MATP policies in writing. If there are any changes to these policies, the Grantee shall provide notice at least thirty (30) days in advance of the change to all MATP users.

C. Limited English Proficiency (LEP)

The Grantee and its contractors shall comply with Title VI of the Civil Rights Act of 1964, 42 U.S.C Section 2000d, including assuring all persons with Limited English Proficiency (LEP) have meaningful access to programs and benefits.

For language groups that make up more than 5% of the MA population in a county, all of the Grantee's written material shall include taglines in those languages describing how to get help having the document translated into that language. The Grantee, through written material and call center contacts, shall inform all recipients of their right to translation and interpretation services.

Upon request, the Grantee shall provide, at no cost to recipients, oral interpretation services in every language and sign language to meet the needs of all recipients.

The Grantee shall make all vital documents disseminated to English speaking recipients available in alternative languages, upon the request of the recipient. Documents may be deemed vital if related to the access of LEP persons to programs and services.

The Grantee shall include appropriate instructions on all material about how to access or receive assistance with accessing desired material in an alternate language.

The Grantee may conduct outreach efforts in addition to distribution of materials. See Exhibit 3, Suggested Outreach Venues, for suggestions for venues to conduct outreach efforts.

2. <u>Operate an MATP Telephone Line</u>

A. Telephone Line

The Grantee shall ensure that a toll-free telephone line is available to recipients to request transportation services, except in counties where all calls are local. The Grantee shall have sufficient and appropriate staff to handle all calls. Recipients shall be able to schedule a ride as many as 14 days in advance and as few as same-day-service (in the case of urgent care). Professional, prompt and courteous customer service shall be a high priority. The Grantee shall ensure that customer service is a high priority and the telephone staff treats all callers with dignity and respect a caller's right to privacy and confidentiality. The Grantee shall process all incoming telephone inquiries for medical transportation services in a timely, responsive and courteous manner.

B. Hearing Impaired/Disabilities

The Grantee shall provide TTY and/or Pennsylvania Telecommunications Relay Service for communicating with recipients who are deaf or hearing impaired, upon request. The Grantee shall provide material to recipients on how to access or receive interpreter and translation services for those individuals who are deaf or hard of hearing.

3. <u>Manage the Program to Ensure Cost-Effective and Appropriate Transportation Services</u> <u>are Provided</u>

A. Data and Reporting

The Grantee shall be responsible for the management of overall day-to-day operations necessary for the delivery of cost-efficient, appropriate medical transportation services and the maintenance of appropriate records and systems of accountability to report to the Department. The Grantee shall establish and maintain a database or spreadsheet sufficient to meet the reporting requirements of the program.

The Grantee shall submit accurate and complete reports to the Department at required intervals or on request by the Department.

Monthly Trip Level Data Reports, Form E, Monthly Data File Form Format, are due 45 days from the close of each month and shall be formatted to include:

- County Code
- Date of Trip
- MA ID number of the recipient
- Mode of transportation
- Whether trip was completed
- Whether an escort was needed

Trip level data files shall be retained as per 55 Pa. Code §2070.24(a).

Requirements for fiscal reporting are covered in the Fiscal Requirements section.

B. Waivers

In order to ensure that services are cost-efficient and appropriate to local circumstances and needs, the Grantee may submit to the Department a written request for a waiver of any MATP requirement. The request for a waiver shall contain justification for the request, a citation of the requirement to be waived, and the alternative proposed as a substitute for the waived requirement. The following factors will be considered in reviewing waiver requests: administrative efficiency; health and safety of recipients; and the objectives of MATP. Waiver requests shall be submitted in writing to the appropriate MATP Advisor. Any waivers that are granted will be available to the public. If the Grantee is granted a waiver, the Grantee shall provide recipients with a 30-day notice of the change and shall convey that the policy change was made possible by a waiver from DPW. See Form A, Waiver Request Form, for a copy of the Waiver Request form.

4. <u>Maximize Cost-Effectiveness and Quality Services through Coordination with Local</u> <u>Programs and Stakeholders</u>

A. Trip Coordination

Whenever possible, the Grantee shall ensure transportation services are integrated with services provided by other Department of Public Welfare programs, programs funded by the Department of Aging, and Public Transit Services provided by the Department of Transportation.

B. Service Integration

The Grantee shall also establish linkages with community programs to coordinate activities with existing programs serving the MA program population and to minimize or avoid duplicate efforts and fragmentation of services to the same recipients.

The Grantee may develop referral protocols or formal written coordination agreements with such programs.

5. Verify Recipient Eligibility and Need

A. Eligibility

The Grantee shall receive and process all requests for medical transportation services for MA program recipients.

The Grantee shall provide transportation to eligible permanent and temporary residents of the Grantee's county. MATP eligibility regulations are published in Part IV, Chapter 2070, The Adult Services Manual, 55 Pa. Code 2070. See Exhibit 4, Eligibility for the Medical Assistance Transportation Program, for additional information about eligibility requirements.

The Grantee assures that transportation is not otherwise available and is necessary to receive a medical service.

The Grantee shall ensure at the time of every trip that the recipient is eligible for MA. For recipients who are members of managed care organizations, the Grantee may check EVS for eligibility once during the month of service and presume eligibility continues through the end of the month. The Grantee shall use the Eligibility Verification System (EVS) to verify eligibility.

After checking recipient's Medicaid eligibility in EVS, the Grantee shall ensure the recipient's Category of Medical Assistance and Program Status Codes are valid for MATP services using the MATP Eligibility Guide. The guide has been distributed to all Grantee program offices and is also available on the MATP Internet Website at http://matp.pa.gov/PDF/MATPEligibleCategories.pdf

B. Application

The Grantee shall require and retain on file a signed application for MATP services. The application shall be signed within 30 days of the date the recipient's eligibility for the MATP is verified. Eligible recipients may be transported for up to 30 days without a signed application. Within the 30-day period, the Grantee shall not deny services because a signed application has not been received. In instances where a recipient fails to return a signed application within the 30-day window, transportation services will cease until a signed application is obtained by the Grantee. The 30 day grace period granted to a recipient to sign the MATP application shall be offered only one time.

The application process for MATP services shall not act as a barrier to the recipient's ability to access transportation services to obtain medical services. See Exhibit 7, Application Process, for MATP application process information and Form I, MATP Application Form, for sample Application, Needs Analysis, and Special Needs Forms.

6. <u>Authorize Transportation Services, Schedule, and Dispatch Trips</u>

A. Eligible MATP Services

A partial list of enrolled medical providers who are eligible for MATP transportation can be found in Exhibit 5, Medical Assistance Enrolled Providers. A partial list of excluded services can be found in Exhibit 6, Excluded Medical Assistance Transportation Providers.

B. Determination of Mode of Transportation

Once eligibility is established, the Grantee shall determine which mode is the least expensive, most appropriate transportation service available to meet the recipient's service need.

MATP recipients shall use the least costly and most appropriate form of transportation. The Grantee shall, on a case-by-case basis, review an individual recipient's situation, and may only authorize the least costly form of transportation that will meet that individual recipient's needs. It is not acceptable for a Grantee to authorize, for example, more costly taxi or paratransit services without first determining that less costly and equally appropriate transportation services are not available. The following is a general list of modes of transportation which shall be considered by the MATP:

- Free fixed-route public transportation
- Fixed and deviated route public transportation tickets or tokens
- Recipient mileage reimbursement
- Fixed and deviated route public transportation monthly passes
- Pennsylvania Department of Transportation Shared Ride program
- Contracted volunteer drivers
- Paratransit services

If the recipient asserts that the mode assigned by the MATP is not appropriate for his or her needs or has requested a non-approved transportation mode, the Grantee shall issue a Written Notice Form.

C. Transportation to Service Providers

Fee-for-Service - For recipients who are part of MA's fee-for-service system, the Grantee may only transport to the medical provider closest to the recipient's residence. Transportation to a pharmacy provider shall only be provided to a choice of two pharmacies closest to the recipient's residence or two pharmacies closest to the recipient's prescribing physician's office (if the prescription was provided at the office visit and is being filled in route from the prescribing physician's office). A recipient may be transported to a more distant provider if medical verification is provided to substantiate the need.

Managed Care- For recipients who are part of MA's HealthChoices Managed Care system, MATP shall transport to the provider of the recipient's choice, except in the case of pharmacy providers. Transportation to a pharmacy provider shall only be provided to a choice of two pharmacies closest to the recipient's residence or two pharmacies closest to the recipient's prescribing physician's office (if the prescription was provided at the office visit and is being filled in route from the prescribing physician's office).

ACCESS Plus – MATP shall transport to the recipient/s selected or assigned Primary Care Physician (PCP) and to any specialist to whom the PCP refers, except in the case of pharmacy providers. A recipient may be transported to a more distant provider if medical verification is provided to substantiate the need. Pharmacy provider limitations are the same as Fee-for-Service and HealthChoices.

D. Mileage Reimbursement

The Grantee may reimburse recipients who have access to private vehicles (their own or another individual's) but cannot meet their own transportation needs. This

reimbursement will be at a specified rate per mile for travel expenses plus any parking or toll fees.

The Grantee shall provide mileage reimbursement at the rate as specified by the Department. The Grantee may issue recipient mileage reimbursement checks only when the total amount reaches or exceeds ten dollars (\$10). Recipients may continue to submit their forms by the designated submission deadlines, but forms yielding amounts fewer than ten dollars (\$10) may be held until the combined total of submitted forms meets or exceeds ten dollars (\$10). If, however, the dollar amount of a recipient's reimbursement does not total ten dollars (\$10) or more by the end of a calendar year quarter, a check for all accumulated reimbursement requests submitted during that quarter must then be issued to the recipient. Policies regarding the time frame a recipient have to submit reimbursement forms will not change. For example: if a Grantee requires recipients to submit mileage reimbursement forms within 90 days of a trip, that requirement will remain in effect.

The Grantee shall pre-authorize all trips. In order to receive reimbursement, recipients shall submit a completed MATP mileage reimbursement form with required documentation. The form shall include written verification (e.g., a signature by the medical service provider) that the medical service was provided. If a recipient is not able to provide written verification of a medical appointment, the Grantee shall attempt to obtain verification from the medical service provider prior to denying the reimbursement request.

If a mileage reimbursement request is inaccurate or incomplete, the Grantee shall make at least one attempt to contact the recipient to attempt to resolve the issue before denying the reimbursement request. If the Grantee denies the trip, the Grantee shall issue a Written Notice Form.

In addition, the recipient shall submit to the Grantee:

- The time and place of each medical appointment
- The name of the medical provider
- Actual miles traveled

The Grantee shall verify the trip/mileage using maps or computer based programs such as Map Quest, Google Maps or Rand McNally Driving Directions and Maps. The Grantee must also verify the date and time of the appointment.

E. Fixed Route Public Transportation

The Grantee shall provide tokens, passes, scrip or reimbursement to eligible recipients to cover the fare for established public or private transit services, where available. Trips shall be pre-authorized by the Grantee. The recipient shall submit at least to the Grantee:

- The time and place of each medical appointment,
- The name of the medical provider, and
- Verification that an appointment was kept

F. Quarter Mile Rule

MATP will not fund trips where the distance from origin to destination is less than onequarter mile.

When the distance to and/or from available public transportation does not exceed onequarter mile and public transportation is the least costly and appropriate level of service, then the Grantee shall authorize public transportation. If a recipient lives more than onequarter mile from the bus pickup point, or if the recipient cannot travel the one-quarter mile, and public transit is the most viable service, then the Grantee shall provide transportation to and from the bus stop on a case-by-case basis. Each Grantee, prime contractor or subcontractor shall determine on an individual basis, as part of the intake and screening procedure, exceptions to the quarter mile policy based on safety issues and the mental and/or physical capacity of the eligible recipients.

The Grantee shall provide reimbursement for monthly bus passes, if cost-effective, to recipients who can use public transit and have frequent medical visits.

G. Volunteers

The Grantee shall coordinate volunteers, where available, to provide transportation services by driving their personal vehicles or vehicles supplied by a provider organization. A volunteer shall be defined as the following:

- A driver or subcontractor provided through the Grantee who does not reside in the same physical household as the Medicaid recipient and who provides the vehicle for transport
- A driver provided through the Grantee who resides in the same physical household as the recipient, is not related to the Medicaid beneficiary and provides the vehicle for transport

- A driver who does not reside in the same physical household as the recipient, is not related to the Medicaid beneficiary and provides the vehicle for transportation of a single specified recipient and is chosen by the recipient
- An organization or agency which provides MA transportation in the organization or agency's vehicles to recipients who are provided other services by the organization or agency

If, at the Grantee's discretion, volunteer drivers represent the least costly and most appropriate mode of transportation, volunteer drivers can be reimbursed more than the mileage rate specified by the Department. In no case will a volunteer driver be reimbursed for driving a vehicle owned by the recipient or a member of the recipient's family.

The Grantee shall obtain child abuse and criminal history clearances for all of their drivers and obtain proof of clearances from subcontracted drivers at the time of hire. Child abuse clearance procedures can be initiated by contacting the Child line Clearance Unit at telephone number (717) 783-6211.

The Grantee shall screen volunteers to ensure that the Department does not pay federal funds to excluded persons or entities.

Grantees are encouraged to perform child abuse and criminal history clearance checks more often than just at time of hire, at their discretion. Child abuse and criminal clearances should be conducted annually or at the customary frequency used for school bus drivers, or similar programs.

Volunteer drivers should be at least 21 years of age and have a valid driver's license, a clean driving record and the required insurance coverage. Their vehicle shall be in good condition with working seat belts and have all safety inspection and registration stickers up-to-date.

H. Paratransit

The Grantee shall provide Paratransit services, where available, that include types of transportation that are more flexible than conventional fixed-route transit but more structured than the use of private automobiles. This includes demand response service in which vehicles may be carrying, at any one time, unrelated passenger(s) with different origins, destinations and/or different funding sources. Paratransit also includes multi-modal and taxi services. Pre-authorization is necessary by the Grantee. The recipient shall at least submit to the Grantee:

• The time and place of each medical appointment

- The name of the medical provider
- Verification that an appointment was kept
- 1. Paratransit Pick up Rule

The Grantee shall be picked up recipients within a window beginning 15 minutes before and extending to 15 minutes after the scheduled pick-up time. The grantee shall make recipients aware that the expectation is for the recipient to be ready and waiting at least 15 minutes before the scheduled pick-up time. Vehicles that arrive before the 30-minute window shall wait until the scheduled pick-up time to accommodate a recipient who is not ready. Vehicles arriving at the scheduled pick-up time or within 15 minutes after are not required to wait for a recipient who is not ready. For purposes of the complaint process, pick-ups within the 30-minute window are on time.

2. Paratransit One-Hour Rule

Drivers shall not drop off recipients at the medical service provider's office more than one hour prior to the medical appointment. Drivers shall not pick up recipients more than one hour after the completion of the medical visit.

3. Exception to the Paratransit One-Hour Rule

To ensure cost effective grouping of trips a Grantee may set aside the One-Hour Rule for any scheduled transportation if:

- The trip (one-way) is longer than one hour and there is more than an average of 2.5 trips per day to a specific facility or defined geographic area
- MA recipients experience drop-offs at their medical appointments no more than 2.5 hours prior to the time of the appointment and pick-ups no more than 2.5 hours after their appointment has ended
- Alternative transportation services are made available to those who cannot schedule or reschedule medical appointments to meet the established grouped ride plan
- There are exceptions in place for recipients who may have safety and security issues when waiting for return rides back to their residence
- At a minimum, the Grantee should consider these measurable standards when determining the feasibility of establishing transportation that would be covered by this policy:
- The number of trips that could be consolidated
- The number of unduplicated recipients served

- The viability of limiting the number of days consolidated trips run to specific locations
- The number of expected recipient exceptions
- Cost effectiveness/cost avoidance
- Outcomes (improved ability to coordinate trips)

I. Methadone Maintenance

The Grantee shall provide transportation to the methadone maintenance facility closest to the recipient's residence. See Exhibit 11, Methadone Maintenance Closest Provider Rule, for the full scope of this policy.

J. Denial of Services

The Grantee shall have written policies and procedures approved by the Department, for resolving member complaints and for processing DPW Fair Hearing requests, that meet the requirements established by the Department and the provisions of 55 Pa. Code 275 et seq. regarding DPW Fair Hearing Requests.

The Grantee shall abide by the final decision of the Department of Public Welfare's Bureau of Hearings and Appeals for those cases when a recipient has requested a DPW Fair Hearing, unless requesting reconsideration by the Secretary of the Department of Public Welfare. The decisions of the Secretary are binding on the Grantee.

The Grantee shall comply with the DPW Fair Hearing Process requirements defined in Exhibit 9 of this Agreement, Complaint and DPW Fair Hearing Processes.

K. Urgent Care

Urgent care is any illness or severe condition, which under reasonable standards of medical practice would be diagnosed and treated within a 24-hour period and if left untreated, could rapidly become a crisis or emergency situation; or discharge from a hospital will be delayed until services are approved; or a recipient's ability to avoid hospitalization depends upon prompt approval of services.

Urgent care transportation requests include any calls for transportation services where the recipient indicates his/her medical provider has told him/her to come to their office or to obtain other medical treatment or services that same day or within a 24-hour period. The Grantee may require verification of "urgency" from the medical provider, which may be obtained by the recipient or the MATP program directly. Verification of urgency from a provider need not be in writing. The Grantee can accept a provider's verbal authorization.

The Grantee shall have a process in place to deal with urgent care transportation requests made during normal business hours and after normal business hours, including weekends. The Grantee shall inform MATP recipients of their right to obtain transportation for urgent care matters and of the Grantee's process for responding to such requests. This information shall be communicated in the written materials the MATP sends to recipients as well as in the answering machine/service message a recipient gets when calling the MATP after business hours, including weekends.

L. No-Show Sanction Policy

The Grantee shall initiate sanctions for no-shows if a recipient has been determined to have at least two (2) no-shows in a 90-day period. See Exhibit 8, Statewide No-Show Policy, for the Statewide No-Show Policy

First no-show:

- MA recipient is notified of first policy violation in writing
- Notice shall indicate that another no-show within 90 days will result in suspension from the program for 30 days.

Second no-show within a 90-day period:

- MA recipient is notified of second policy violation
- Notice shall indicate the recipient is suspended for 30-days and provided a written notice of appeal.

If a recipient is terminated or suspended from the program for any length of time, they shall be sent a Written Notice Form as outlined in Exhibit 9, Written Notice requirements, processes and policy.

M. Escort Policy Guidance

The Grantee shall allow recipients to have an escort accompany the recipient on the MATP trip when independent travel is not an option due to age, disability, or language. The Department will reimburse the Grantee for the transportation costs (which does not include escort salary) of all necessary trips, including return trips when the recipient is not present, for any escorts the Grantee deems necessary for recipients to secure medical examinations and treatment.

N. Curb-to-Curb Service

The standard paratransit service shall be curb-to-curb. The Grantee shall ensure curb-tocurb service for recipients who need little if any assistance between the vehicle and the door of the pick-up point or destination. The assistance provided by the driver includes opening and closing the vehicle doors, helping the recipient enter or exit the vehicle, folding and storing the recipient's wheelchair or other mobility device as necessary, or securing the wheelchair or other wheeled mobility device in the vehicle. It does not include the lifting of any recipient. Drivers are to remain at or near their vehicle and are not to enter any buildings.

O. Door-to-Door Service

The Grantee shall provide door-to-door service based on the level of service that is appropriate for the recipient's physical and metal capacities. The availability of door-todoor service shall be communicated to all recipients at the time they apply for services and anytime they request a change to paratransit service.

The Grantee shall require verification from a medical provider, which may be obtained by the recipient or the Grantee directly. Verification of need from a provider need not be in writing, and the Grantee can accept a provider's verbal authorization and indicate the verbal verification in the recipient's file. The physician's certification/verification should be sufficient for establishing medical need for door-to-door service.

If the physician's verification indicates that the recipient's need for door-to-door services is time-limited, the verification shall indicate the date when the recipient's need for door-to-door is no longer necessary. In these situations, the Grantee should give notice to the recipient before the expiration of the door-to-door service and assist the recipient with contacting the physician if a door-to-door service extension is needed.

Any time door-to-door services are denied and the recipient asserts that the mode assigned by the Grantee is not appropriate for his/her need, the Grantee will send Written Form to the recipient.

P. Exceptional Transportation

Exceptional transportation is nonemergency transportation which is necessary under extraordinary medical circumstances. This type of transportation may require great distances for medical treatment not normally provided through regional medical providers. Exceptional transportation includes air travel, lodging, meals and transportation for visitation purposes. Exceptional transportation requests shall be referred to the County Assistance Office. Regulations regarding exceptional

transportation requests are published in Part IV, Chapter 2070, The Adult Services Manual, 55 Pa. Code 2070.

Q. Incident Reports

The Grantee shall develop a policy and procedures for incident management and ensure that staff have proper orientation and training to respond to, report, and prevent incidents. The Grantee is required to report significant incidents to the Department. See Exhibit 12, Incident Reporting Process, for a listing of incidents that shall be reported, as well as information that shall be included in the incident reports.

R. Fraud and Abuse

The Grantee shall develop policies and procedures to verify information on applications, vouchers, manifests, and any appropriate documentation for the expressed purpose of avoiding fraud and abuse. The Grantee shall take proper steps to detect, prevent, and deter fraud of Medical Assistance Transportation services.

A request for an investigation of a recipient should be forwarded to the Office of Inspector General, using form OIG-12, Forms Exhibit C, when the Grantee suspects inadequate, incomplete, inconsistent, or indeterminate information that cannot be verified through normal means and requires a more complete investigation to confirm facts.

See Exhibit 10 for OIG regions and contact information.

7. <u>Recruit and Maintain Adequate Transportation Provider Networks</u>

A. Provider Networks

The Grantee shall establish a sufficient network of transportation providers to deliver medical transportation services to MA recipients. The Grantee shall ensure that it has vehicles that can accommodate persons with disabilities. The Grantee may negotiate rates through competitive bidding or utilize other strategies to ensure that the most appropriate and least costly transportation services are provided.

The Grantee shall ensure access to transportation services is at least comparable to transportation resources available to the public, and shall ensure provision of service delivery to meet the needs of recipients for routinely scheduled trips, non-routinely scheduled trips, urgent care trips and bariatric trips either within the home county or to medical services outside of the county.

B. Provider Contracts

All subcontracts for the provision of transportation services shall specify the following minimum requirements and responsibilities of the contractor and its subcontracted transportation provider:

- All subcontract agreements valued at \$25,000.00 or higher shall be by written contract
- Scope of services required from the transportation provider
- How the services, activities, and tasks to be performed by the transportation provider will be carried out
- Contract effective date and duration, termination, and renewal options
- Requirement to disclose business transaction above \$25,000.00, ownership and conviction, ownership and control, per federal guidelines
- The Grantee assures that required information disclosure cited above is obtained from any and all subcontractors, upon request, for service delivery under the MATP Grant Agreement
- Agreement by the transportation provider to be bound by the mandatory terms and conditions of the agreement

C. Driver Criminal History and Child Abuse Clearance Checks and Training

The Grantee shall obtain child abuse and criminal history clearances for all of their drivers and obtain proof of clearances from subcontracted drivers at the time of hire. However, Grantees are encouraged, at their discretion, to perform child abuse and criminal history clearance checks annually or at the customary frequency used for school bus drivers, or similar programs.

Child abuse clearance procedures can be initiated by contacting the Childline Clearance Unit at telephone number (717) 783-6211.

D. Monitoring

The Grantee is responsible for all services provided by subcontracted transportation providers and, as such, shall assure adequate oversight of subcontracted transportation service providers. The Grantee shall develop and implement a Monitoring Plan for subcontracted transportation providers, including, but not limited to, assuring providers comply with the terms of these Instructions and Requirements and all applicable State and Federal laws and regulations. The Grantee shall also monitor the transportation providers to ensure compliance with the terms of their subcontracts and all other transportation

provider-related requirements. The Grantee shall also ensure that all subcontractors have procedures for the prevention, detection, and reporting of suspected fraud and abuse.

8. Maintain Confidentiality of Information

The Grantee shall maintain the confidentiality of MATP program-related information including recipient-specific information. The Grantee shall take measures to prudently safeguard and protect unauthorized disclosure of the MATP information in its possession. The Grantee shall establish internal policies to ensure compliance with Federal and State laws and regulations regarding confidentiality.

The Grantee, prime contractors and providers shall comply with the federal Health Insurance Portability and Accountability Act (HIPAA) of 1996 with regards to:

- Use or disclose information only as permitted by law, regulation or contract.
- Appropriately safeguard the protected health information.
- Report any misuse of protected health information.
- Secure satisfactory assurances from any subcontractor.
- Grant individuals access and ability to amend their protected health information.
- Make an accounting of disclosure available to individuals
- Release applicable records to the secretary of DHHS if requested.
- Upon termination, return or destroy all protected health information.
- Report any knowledge of a violation or potential violation of this policy to the program office.

Under Section 404 of the Public Welfare Code, information that might identify applicants and recipients is limited to the following:

- Providers shall give access to and allow the use and disclosure of information on applicants and recipients to: Federal authorities; the Commonwealth; the Department; the County Commissioners or County Executive; and prime contractors or their authorized agents, if the information is necessary to carry out their required functions with respect to the administration of the MATP.
- Providers shall also give access to allow the disclosure of information on applicants to official authorities assigned to investigate the amount of assistance received. Disclosures beyond this scope require the recipient's written consent. The list of officials to whom information is disclosed shall be made available to the recipient upon request.

- Providers shall make available to a recipient or to the recipient's authorized representative the contents of the recipient's record under Chapter 105 (relating to safeguarding information).
- Providers shall make efforts to ensure recipient-specific information (whether automated or hardcopy), except for the officials listed above, is not in view or accessible to any person other than the recipient to which the information relates.

9. Maintain a Complaint and Denial Process

The Grantee shall develop, implement, and maintain a complaint process that provides for settlement of a recipient's complaint and the processing of requests for DPW Fair Hearings as outlined in Exhibit 9, Written Notice requirements, processes, and policy, of this Agreement. The Grantee shall use the templates provided by the Department in Form B, Written Notice Form, to inform recipients regarding decisions and the process.

The Grantee shall have written policies and procedures approved by the Department, for resolving member complaints.

The Grantee shall receive and respond to all complaints regarding the delivery of medical transportation services. A complaint is a verbal or written expression of dissatisfaction. The Grantee shall develop a complaint process which shall include:

- Documentation of the complaint in writing
- A first level review of the circumstances surrounding the complaint by someone other than those involved in the action which is the subject of the complaint
- The timeframe by which a recipient will receive a written response to the first level review and how the response will be documented
- Identifying a second level reviewer or reviewers
- The timeframe by which a recipient will receive a written response to the second level review

The Grantee shall forward the complaint to the Department if the complainant is still dissatisfied after at least two levels of Grantee-level review.

The Grantee shall submit its proposed complaint process to the Department for review and approval. The Grantee shall maintain copies of all complaints, responses and corrective action plans and make them available to Department staff upon request. The

Grantee shall submit quarterly reports to the Department on the aggregate number of complaints received by type and their disposition.

10. Review, Monitor, and Report Provider and Sub-contractor Fraud and Abuse

A. Obligation to screen for Medical Assistance excluded providers (Form J)

The Grantee is prohibited from contracting with carriers (volunteers or professionals), any person with an ownership or controlling interest, or who is a managing employee who have been terminated from the Medicaid program by HHS-OIG or the Department for fraud or abuse.

In accordance with Section 1128(a)(1) and 1932(d)1 of the Social Security Act and 42 CFR 438.610, and other applicable statutes and regulations, the Grantee shall not participate with any recipient or entity that has been excluded from participation in Federal health care programs.

Federal health care programs include Medicare, Medicaid, and all other plans and programs that provide health benefits funded directly or indirectly by the United States government. A searchable database of persons excluded from participation can be found at www.exclusions.oig.hhs.gov.

The Grantee shall search the database at least monthly and immediately notify the department, in writing, if a provider or subcontractor with whom the Grantee has entered into an agreement is subsequently suspended, terminated, or voluntarily withdraws from participation in the program as a result of suspected or confirmed fraud or abuse.

The Grantee shall also immediately notify the department, in writing, if it terminates or suspends an employee because of suspected or confirmed fraud or abuse.

The Grantee shall inform the department, in writing, of the specific underlying conduct that lead to the suspension, termination or voluntary withdrawal. Provider agreements shall carry notification of the prohibition and sanctions for submission of false claims and statements. Grantees who fail to report such information are subject to sanctions, penalties, or other actions.

The Grantee shall also notify the department if it recovers overpayments or improper payments related to fraud, abuse or waste of Medical Assistance funds from nonadministrative overpayments or improper payments made to network providers, or otherwise takes adverse action against a provider.

The Grantee shall ensure that this language is included in all contracts with transportation service providers/sub-contractors. Grantee shall review and ensure transportation service providers/sub-contractors review and report in the prescribed manner to the Grantee.

B. Obligation of providers and fiscal agents to disclose information on ownership and control (Form K)

The Grantee must collect information on the ownership and control of any provider, subcontractor, and/or provider. Specifically, the Grantee must:

- Collect the name, address, Date of Birth and Social Security Number of each person with an ownership or controlling interest in any provider, subcontractor and/or supplier, in which it has direct or indirect ownership of 5 percent or more. The address for corporate entities must include as applicable primary business address, every business location, and P.O. Box address
- Disclose whether any of the persons named is related to another as spouse, parent, child, or sibling
- Disclose the name of any other disclosing entity in which a person with an ownership or controlling interest in the disclosing entity has an ownership or controlling interest
- As set forth under § 455.104(c), the State agency must collect the disclosures from disclosing entities, fiscal agents, and Managed Care Entities (MCE) prior to entering into the provider agreement or contract with such disclosing entity, fiscal agent, or MCE.
- The Grantee shall ensure that this language is included in all contracts with transportation service providers/sub-contractors. Grantee shall review and ensure transportation service providers/sub-contractors review and report in the prescribed manner to the Grantee.

C. Obligation of providers and fiscal agents to disclose information on ownership and convictions (Form L)

The Grantee must collect and report information to the department of any criminal convictions related to Medicare, Medical Assistance, or Title XX programs at the time any transportation provider, subcontractor, and/or supplier apply or renew their agreements with the Grantee or at any time on request. Specifically, they must furnish full and complete information about:

• Ownership or controlling interest in the provider, or is an agent or managing employee of the provider; and

• Convictions of a criminal offense related to that person's involvement in any program under Medicare, Medicaid, or the Title XX services program since the inception of those programs.

The Grantee shall ensure that this language is included in all contracts with transportation service providers/sub-contractors. Grantee shall review and ensure transportation service providers/sub-contractors review and report in the prescribed manner to the Grantee.

D. Obligation to furnish upon request the information related to business transactions totaling more than \$25,000 (Form M)

42 C.F.R. § 455.105 (b) (2) requires that upon request providers furnish to the State certain business transactions with wholly owned suppliers or any subcontractors. Specifically, they must furnish full and complete information about:

- The ownership of any subcontractor with whom the provider has had business transactions totaling more than \$25,000 during the 12-month period ending on the date of the request; and
- Any significant business transactions between the provider and any wholly owned supplier, or between the provider and any subcontractor, during the 5-year period ending on the date of the request

The Grantee shall ensure that this language is included in all contracts with transportation service providers/sub-contractors. Grantee shall review and ensure transportation service providers/sub-contractors review and report in the prescribed manner to the Grantee.

E. Reporting suspected Fraud and Abuse to the Department

Grantees are required to report to the Department any act by providers, recipients, and/or employees that may affect the integrity of the MATP under the MA Program. Specifically, if the Grantee suspects that either fraud or abuse may have occurred, the Grantee shall report the issue to the Department's Bureau of Program Integrity (BPI). Depending on the nature or extent of the problem, it may also be advisable to place the individual provider on prepayment review to avoid unnecessary expenditures during the review process.

All fraud or abuse referrals must be made within thirty (30) days of the identification of the problem/issue. The Grantee must send to BPI all relevant documentation collected to support the referral. Relevant documentation shall include:

- Date of trip(s)
- MA ID number of the recipient
- Mode of transportation

- Total amount of payment made to provider
- Detailed description of the fraud or abuse suspected
- Disclosure information from provider/ subcontractor
- Whether or not payment has been suspended or if good cause has been granted
- Good cause reason
- Prepayment review process

Contact information is:

Department of Public Welfare Office of Administration Bureau of Program Integrity P.O. Box 2675 Harrisburg, PA 17105-2675 Telephone 1 (866) 379-8477

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Commonwealth of Pennsylvania Department of Public Welfare Office of Medical Assistance Programs

> MEDICAL ASSISTANCE TRANSPORTATION PROGRAM

FISCAL REQUIREMENTS

- 27

Prepared by the Division of Medical Assistance Transportation Programs Bureau of Managed Care Operation

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GRANTEE FISCAL REQUIREMENTS

1. Budget Project Report Submittal

The Grantee shall complete Form D, MATP Budget Projection Report and submit it to the Department within 45 business days of receipt of appropriate forms. The total cost reported on the Budget Projection Report should represent estimated actual expenses for the appropriate fiscal year.

The Grantee shall prepare and submit a revised MATP Budget Projection Report only when the Grantee identifies material cost changes. The Grantee should use the Budget Report tab on the quarterly report submission to provide the revisions.

See Exhibit 13, MATP Funding Status, for information about categories of assistance and program status codes.

The Grantee shall e-mail an electronic version of the report to the MATP Financial Report Gatekeeper at <u>FinancialGatekeeper@pa.gov</u>.

2. Fiscal Reporting Requirements

The Grantee shall be responsible for the management of overall day-to-day operations necessary for the delivery of cost-efficient, appropriate medical transportation services and the maintenance of appropriate records and systems of accountability to report to the Department. The Grantee shall establish and maintain a process for meeting the fiscal reporting requirements of the program.

A. General Guidelines When Completing Reports

The below subsections provide a general overview of the information the Grantee shall include in various required reports. The Grantee shall contact their appropriate Medical Assistance Transportation Program Fiscal Advisor to address additional reporting questions.

1. Administrative Costs

Administrative costs are actual Grantee or administering agency expenses for management of the MATP program and funds. If costs are not transportation-specific, they are administrative in nature. The Grantee shall support Allocated Administrative costs by a written cost allocation plan available for independent review and place these costs on the most appropriate expenditure line of the Actual Expenditure Report. The cost allocation plan must be in compliance with all federal and state regulations.

The Department considers the following to be examples of Administrative Costs:

- Audit costs
- Countywide overhead charged to the program via countywide cost allocation plan
- Costs incurred for invoicing and submission of required reports
- Costs incurred for negotiating and securing sub-contracts (purchased services)
- Costs incurred for program quality assurance and monitoring of subcontracts
- Processing reimbursement checks
- Determining medical assistance eligibility
- Completing application forms
- 2. Personal Services:

Compensation for Personal Services should follow the federal guidelines provided in the Code of Federal Regulations (CFR), Title 2, Part 225, Appendix B, Section 8h (Compensation for Personal Services). The following provides language from the CFR:

1. 8h(3) Employees that work solely on a single Federal award or cost objective require a periodic certification that the employee worked solely on that program for the period covered by the certification.

The certification will be prepared at least semi-annually and will be signed by the employee or supervisor official having first-hand knowledge of the work performed by the employee.

- 2. 8h(4) Employees that work solely on multiple activities or cost objectives require personal activity reports or equivalent documentation that supports their percentage of salaries and wages expenses to the program. Examples of multiple activities or cost objectives are:
 - a. More than one Federal award
 - b. A Federal award and a non-Federal award
 - c. An indirect cost activity and a direct cost activity
 - d. Two or more indirect activities which are allocated using different allocation bases
 - e. An unallowable activity and a direct or indirect cost activity

- 3. 8h(5) The personnel activity reports or equivalent documentation must meet the following standards:
 - a. Must reflect an after-the-fact distribution of the actual activity of each employee
 - b. Must account for the total activity for which each employee is compensated
 - c. Must be prepared at least monthly and must coincide with one or more pay periods
 - d. Must be signed by the employee
- 4. 8h(6) Substitute systems for allocating salaries and wages to Federal awards may be used in place of activity reports. These systems are subject to approval if required by the program.
 - a. Examples of substitute systems may include, but are not limited to the following:
 - i. Random moment sampling.
 - ii. Case counts.
 - iii. Other quantifiable measures of employee effort.
- 3. Direct Costs vs. Indirect Costs:

Direct Costs are those that can be identified specifically with a particular final cost objective. Typical directs costs chargeable to Federal awards are:

- 1. Compensation of employees for the time devoted and identified specifically to the performance of those awards.
- 2. Travel expenses incurred specifically to carry out the award.

Indirect Costs are those incurred for a common or joint purpose benefiting more than one cost objective and not readily assignable to the cost objectives specifically benefited.

1. Amounts not recoverable as indirect costs or administrative costs under one Federal award may not be shifted to another Federal award, unless specifically authorized by Federal legislation or regulation.

The cost of services provided by one agency to another within the governmental unit may include allowable direct costs of the service plus a pro rate share of indirect costs. A standard indirect cost allowance equal to ten percent of the direct salary and wage cost of providing the service (excluding overtime, shift premiums, and fringe benefits) may be used in lieu of determining the actual indirect costs of the service. These

services do not include centralized services included in central service cost allocation plans.

4. Transportation Costs

The below information provides specific guidance about some, but not all, transportation costs.

1. No-Shows

The Grantee may not report no-shows as trips but may report costs incurred on the Actual Expenditures Report.

2. Vehicle Use Allowance/Depreciation

The Grantee and prime contractors may charge the Department for a use allowance/depreciation of vehicles and other equipment used in the delivery of MATP-funded transportation services as an operational expense during the current fiscal year.

The allowance/depreciation shall be equitably determined, distributed and/or proportioned and consistently applied to all appropriate funding streams. Contingency accounts may not be funded with MATP monies.

3. Specialty Equipment

The equipment referred to in this section is limited to radio communications equipment, lift equipment purchased separately from the vehicle, and computers which the Grantee uses for dispatching, scheduling and tracking expenditures.

4. Escort Trips

For both the MATP Quarterly Reports shown in Form H, Quarterly Reports Components, and the Monthly Trip Data Report, set forth in Form E, Monthly Data File Form Format, the Grantee should track and report trips provided to recipients that include escorts as a single passenger trip with the associated costs for both the recipient and the escort combined and reported as a single trip cost. It is imperative that the trip reporting be consistent between the Monthly Trip Data Report and the MATP Quarterly Reports relative to the count of the number of trips, and in the case of the quarterly expenditure reports, that the Grantee correctly reports the total associated cost.

3. Monthly Reporting

The Grantee shall e-mail a copy of the electronic monthly expenditure report, Form F, Monthly Report Forms, to the Financial Report Gatekeeper at <u>FinancialGatekeeper@pa.gov</u>, the MATP Program Manager and the Grantee's assigned

MATP advisor. Submission of months July, August, October, November, January, February, April and May are required. The Grantee shall submit electronic reports no later than the 25th of the subsequent month.

4. Monthly Methadone Reporting

The Grantee shall e-mail a copy of the electronic monthly methadone trip report, Form G, Monthly Methadone Report, to the Financial Report Gatekeeper at <u>FinancialGatekeeper@pa.gov</u>, the MATP Program Manager and the Grantee's assigned MATP advisor. The Grantee shall submit the electronic report no later than the 25th of the subsequent month.

5. Quarterly Reports (I&R, pg. 95)

The Grantee shall submit hard-copy Quarterly Reports with the original signature(s) to the Department no later than October 30, January 30, April 30 and August 31, or the first regular business day thereafter. The Grantee should not submit the hard-copy report until the electronic report has been approved by financial staff. The Department may defer payments to counties when the Grantee fails to submit reports as required.

For the first, second and third Quarters, the MATP Contact Person or other person designated by the County Commissioners/County Executive may sign the report if he or she has obtained the appropriate level of approval of County officials. For the Fourth Quarter Expenditure Report, the signatures of the County Commissioners/County Executive are required. The Grantee shall scan the applicable quarterly report tabs and the signed signature page and email the pdf to the Financial Report Gatekeeper.

The Grantee shall e-mail a copy of the electronic report to the Financial Report Gatekeeper at <u>FinancialGatekeeper@pa.gov</u>, the MATP Program Manager and the Grantee's assigned MATP advisor. The electronic report shall be e-mailed no later than one week before the due date of the hard-copy report.

The Department bases program allocations on four quarters of the state fiscal year beginning July 1 and continuing through June 30 of the following year. The Grantee shall report expenditures and revenues on a modified accrual or accrual basis; therefore, the Grantee shall report expenses, purchases and other bills in the period when incurred (regardless of when paid), and report interest, revenues, fees and contributions in the period when earned (regardless of when received).

When submitting the 2nd, 3rd and 4th Quarter Reports, the Grantee shall make any prior period fiscal year adjustments in the current quarter being reported. The Grantee shall not go back and restate prior period quarterly data previously submitted.

Form H, Quarterly Reports Components, provides copies of each component of the Quarterly Report the Grantee shall submit.

6. Least Costly and Most Appropriate Requirement

MATP recipients shall use the least costly and most appropriate form of transportation. The Grantee shall, on a case-by-case basis, carefully review an individual recipient's situation, and may only authorize the least costly form of transportation that will meet that individual recipient's needs. Prior to authorizing, for example, more costly taxi or paratransit services, the Grantee shall first determine that less costly and equally appropriate transportation services are not available.

To determine mileage reimbursement for the mode of transportation, the Grantee shall establish a standard and reasonable verification process which shall include a list of required and acceptable documentation. The Grantee shall establish and document appropriate sanctions that may be imposed for failure to supply the requested documentation or verifications. This same determination process shall be applied when a recipient who is receiving mileage reimbursement requests a change of transportation mode. See Scope of Services; Section 6, Paragraph C for additional information. Each Grantee must document and maintain for independent review, written policies that describe the case-by-case evaluation process they use to meet this requirement. Copies of written policies must be submitted to the Department as part of the MATP Service Plan.

7. <u>Usual and Customary Charge</u>

The Grantee shall not pay more than the usual and customary charge to the public for MATP services. Contracts between a Grantee and transportation providers shall explicitly provide that transportation providers will not charge the Grantee more for the same service than their usual and customary charge to the public for like service. Premium Services are the only exception to this rule. See Fiscal Requirements; Section 15 for additional information. Contracts shall also provide that charges in excess of the usual and customary charges are subject to recovery by both the Grantee and the Department.

If a transportation provider uses the Shared-Ride Program's fare structure for billing, the provider shall charge the Grantee the same rates as the Shared-Ride Program. The MATP service provided within the definition of general public service should be charged based on the general public fare structure. The Grantee shall report trips billed at the Shared-Ride rate in the Paratransit section of the Transportation Report and on the Shared Ride expense line of the Actual Expenditure Report, even if the Grantee provides the trips "in house" and not by a subcontractor. All costs (including those necessary to provide services to MA recipients) associated with Shared-Ride services should be reflected in any request for a fare increase submitted to Pennsylvania Department of Transportation.

8. <u>Responsibility to Negotiate</u>

The Grantee has a responsibility to assign skilled negotiators to negotiate contracts with transportation service providers, and to ensure that contracts are zealously negotiated to obtain quality transportation services for recipients at the lowest possible cost. The

Grantee shall use competitive bidding procedures whenever possible. The Grantee shall negotiate with its subcontractors a cutoff date to allow appropriate expenditures to be properly recorded in each submission to the Department. The Department does not allow prior period adjustments to be made in the current year unless determined material through the appeal or audit process. The Grantee shall ensure effective communication of this established cutoff date and define required documentation and reimbursement to both recipients and providers so allowable expenditures will be properly included in each submission to the Department.

9. Payer of Last Resort

Medicaid is the payer of last resort. The Grantee shall use all existing social service and public transit resources prior to the expenditure of MATP funds. The Grantee shall use other available resources before MATP pays for service to an MA-eligible individual including:

- Benefits the Grantee derives from grants and/or subsidies for administration, operational expenses or capital acquisition.
- Third-Party Payers Third-party payers include payers with whom the recipient may have rights, such as insurance companies and accident claims. If a recipient is receiving therapy as a result of an automobile accident, for example, the insurance carrier may also cover transportation costs as part of his or her liability.
- Children and Youth Agencies Children and Youth agencies may have a line item for transportation in their budgets. The Grantee should work with its children and youth agencies to assess the availability of funding for MA transportation and provide transportation when the need is demonstrated due to the lack or limitation of children and youth funding.

10. <u>Recipient Fraud</u>

The Grantee shall refer cases involving recipient fraud to the Office of Inspector General (OIG). OIG Contact Information, by region, is included in Exhibit 10, OIG regions and contact information. Use Form C, OIG – 12 to request an OIG field investigation.

11. Deceased Recipients

The Grantee should only make payment of a reimbursement check on behalf of a recipient who is deceased when an individual can prove that he or she transported the recipient to medical visits.

12. Interest Bearing Accounts

While the Department recommends that Grantees maintain advance payments and excess funds within interest bearing accounts, the Grantee shall maintain the ability to easily access funds to effect timely delivery of payment. In addition, the Grantee shall ensure

that it accurately reports and uses interest earned on MATP funds to support transportation services under the MATP and to increase the level of services provided. Finally, should the Grantee co-mingle MATP funds with other program revenues, an allocation resulting in an equitable distribution of earned interest shall be supported with a written allocation plan and available for independent review.

13. <u>Retroactive Costs</u>

All MATP services begin with and go forward from the time the Grantee determines eligibility and level of MATP service need. The Grantee may determine eligibility for a new enrollee for a current month's bus pass, for example, by using the previous month's appointments. See Exhibit 7, Application Process, for eligibility determination requirements.

14. Notification of Fare Increases – PENNDOT Shared Ride Program

The Grantee shall keep the Department informed of any fare increases so that it may anticipate future costs. The Grantee shall report any expected rate increases on the MATP Service Plan and forward a copy of the rate increase letter to the Financial Report Gatekeeper for distribution to appropriate offices.

15. Subcontracts

The Grantee may rely on subcontractors to perform and/or arrange for the performance of services to be provided to recipients on whose behalf the Department reimburses the Grantee, notwithstanding its use of subcontractor(s).

The Grantee and all of its subcontractors shall provide a copy of executed transportation related contracts to the Financial Report Gatekeeper for distribution to the appropriate offices.

16. Premium Services

The Department recognizes some services are not shared-ride in nature and are beyond the standard services provided for the public. Premium service charges are charges above and beyond the basic service fare structure. The following are types of premium service:

- Trips requested after the close of the last business day prior to the trip; that is, same day service
- Exclusive ride taxi/paratransit service
- Call or demand service
- Non-public transportation service
- Long distance travel not available to the general public

The Grantee shall establish its premium service charges based upon its incremental costs associated with the premium service. The Grantee shall report premium services rates on

the mode of transportation line used to provide the service for reporting on the Transportation Report and the Transportation portion of the Actual Expenditures Report.

17. <u>Record Keeping and Retention</u>

The Grantee and its subcontractors shall maintain books, records, documents and other evidence pertaining to costs and expenses of the allocation and according to generally accepted accounting principles. Where feasible, the Department recommends the Grantee maintain books and records based on the account structures used in other county human service or county transportation programs. These records shall properly reflect all costs of labor, materials, equipment, supplies and services and other costs and expenses of any nature for which reimbursement is claimed or payment is made under the MATP. Contracts between the Grantee and transportation subcontractors shall contain provisions that ensure subcontractors maintain, and provide access to the information identified in this section.

The Grantee shall preserve fiscal and recipient records and make them available for a period of four years from the close of the fiscal year for which the Department awarded the allocation.

18. <u>Audits</u>

The Grantee and prime contractors are subject at all reasonable times to review and audit by the Department, Auditor General, federal auditors and persons authorized by the Department to determine compliance with statutes, regulations and policies. The Grantee is subject to audit under the Single Audit Act since Federal Title XIX funds are included within the MATP allocation.

All audits shall be performed in accordance with the audit guidelines contained in the DPW Single Audit Supplement issued by the Department.

If the Grantee subcontracts all or a portion of its administrative responsibilities, the Grantee shall require through its agreement with the sub-grantee the inclusion of the Department of Public Welfare's Single Audit Supplement for the sub-grantee to use in its audit.

If a nonprofit agency assumes the administrative responsibilities of a Grantee, the agency's A-133 audit shall be conducted in accordance with the Department of Public Welfare's Single Audit Supplement.

The Grantee and prime contractors with more than one funding source for transportation shall use a written cost allocation plan that demonstrates equitable cost distribution. The cost allocation plan is subject to independent review.

All requests for audit confirmation shall be made in writing to the Commonwealth of Pennsylvania, Comptroller Operations, 9th Floor Forum Place, 555 Walnut Street, Harrisburg, Pennsylvania 17101-1925 or via e-mail at <u>RA-AuditConfirmation@pa.gov</u>.

The Federal CFDA number for the MATP is 93.778.

Please refer to the DPW's Single Audit Supplement published separately for Audit submission requirements.

19. <u>Performance Audits</u>

The Department shall review the quarterly reports submitted by Grantees during the course of the year to identify instances where program expenditures appear to exceed those expected of economically and efficiently operated programs. The Department will perform on-site reviews. If necessary, auditors from the Department's Bureau of Financial Operations may conduct performance audits of programs to identify program inefficiencies, ensure compliance with MATP program standards and recommend corrective action. See Exhibit 14, Grantee On-Site Monitoring, for additional information about the Department's monitoring process.

20. Sanctions

The Department shall enforce all Instructions and Requirements contained in this document through the imposition of sanctions. Sanctions may include, but are not limited to, total or partial revocation of the allocation or suspension of quarterly payments. The Department may also use all equitable remedies provided under Pennsylvania law.

21. <u>Allocation Termination</u>

In the event of termination or cancellation of the allocation, the Grantee shall submit a financial accounting of revenues and expenditures to the Department no later than 60 business days after the termination date. No reimbursement shall be made for any expenditure not submitted in accordance with this provision. The Department may terminate allocations where it finds a Grantee to be substantially out of compliance with the requirements, regulations or assurances that govern the expenditure of funds.

22. Balance of Funds

The Department retains the authority to review allocations against actual expenditures and revenues and to make appropriate adjustments against subsequent allocations. If an allocation overpayment cannot be recovered through such an adjustment, the Department may require a refund from the Grantee.

23. Encumbrances

Funds may not be encumbered out of a current year's allocation for costs anticipated to be incurred in a succeeding year.

24. Limitations on Purchases

The Grantee shall not use the allocation to purchase or improve land; purchase, construct or permanently improve any building or other facility; or purchase fixed assets that have a unit purchase price of \$10,000 or more. Fixed assets are defined as major items which

have a useful life of more than one year or which can be used repeatedly without materially changing or impairing their physical condition by normal repair, maintenance or replacement of components. A class of components normally considered together as a unit may not be listed at the individual component value to avoid the \$10,000 unit purchase price limit. No capital acquisitions purchased outright with MATP funds may be subsequently depreciated.

The expenses incurred may be depreciated over the useful life of the purchase or improvement based upon past experience or the best estimate of the company. The depreciation and allocation methodology to expense MATP's portion must be submitted to the Department for review.

No capital acquisitions purchased outright with MATP funds may be subsequently depreciated.

25. Bidding and Procurement

The Grantee shall obtain all supplies and services as required by the applicable County Code, County Institutional District Law or Home Rule Charter.

26. <u>Title to Property</u>

Title to fixed assets acquired with allocation funds shall remain with the Grantee during the term of the grant, including property purchased by the Grantee for its own use and property purchased by or for subcontractors or contractors. The Grantee shall maintain a list of MATP-purchased fixed assets.

27. Disposition of Property

Upon termination or cancellation of the allocation, disposition of property which has a remaining useful life, and to which the Grantee holds title, shall be made according to the following provisions at the discretion of the Department:

- Property shall be transferred at no cost by the Grantee holding title to such property to another Grantee or providers designated by the Department.
- Property shall be allowed to be acquired by the Grantee. The Grantee will reimburse the Department for remaining life of the property on the basis of an independent third-party appraisal or, where appropriate, depreciation tables.
- Upon prior written permission of the Department, the Grantee may sell the property and reimburse the Department for a determined appropriate share.

28. Multiple Reimbursements

The Department will not fund multiple reimbursements for recipients traveling together in one privately owned vehicle. The MATP is a shared-ride program. If more than one

individual is in a vehicle going to covered services, the reimbursement is the same as if only one individual was receiving service.

29. Payment Procedures

The Department will make payment to Grantee programs for MATP services as follows:

Payment #1: The Department will process the first payment in the first quarter (July 1 - September 30) of the fiscal year. This payment will represent 25 percent of the Grantee's current fiscal year allocation. It will not include any reconciliation of a prior period or audit adjustments. Payment will not be made until a signed Allocation Acknowledgement Letter is returned to the Department.

Payment #2: The Department will process the second payment in the beginning of the second quarter (October 1 - December 31) of the fiscal year. This payment will represent 50 percent of the Grantee's current fiscal year allocation less prior payments for the current fiscal year. It will not include any reconciliation of a prior period or audit adjustments.

Payment #3: The Department will process the Fourth payment in the third quarter (January 1 - March 31) of the fiscal year contingent upon the Financial Analysis Division's receipt, review and approval of the Grantee's first quarter expenditure report. This payment will represent 75 percent of the Grantee's current fiscal year allocation less prior payments for the current fiscal year as well as a reconciliation of the first quarter expenditures for the first quarter as well as any outstanding audit adjustments. In addition, a reduction for any funds due to the Department for the prior fiscal year-end settlement may occur.

Payment #4: The Department will process the sixth fourth payment in the fourth quarter (April 1 - June 30) of the fiscal year contingent upon the Financial Analysis Division's receipt, review and approval of the Grantee's second quarter expenditure report. This payment will represent 100 percent of the Grantee's current fiscal year allocation or reallocation less prior payments for the current fiscal year as well as a reconciliation of the second quarter expenditure report. The reconciliation will take into account the level of expenditures for the second quarter as well as any outstanding audit adjustments.

It is expected that counties will operate their programs within their approved allocation. In addition, the counties should manage their programs in an effective and efficient manner and implement cost reduction measures.

Payment #5: Contingent upon the availability of state and federal funds, the Department may provide an allocation adjustment after receipt of the 4th quarter report. If an allocation adjustment is provided, the Department will process an allocation supplemental

payment based on the adjusted allocation for the previous fiscal year by October 31 of the current fiscal year. Payment will not be made until a signed Acknowledgement Letter is returned to the Department. It will not include any audit adjustments.

Payment cannot be guaranteed if the hard-copy 4th quarter report is not received timely.

30. Key Dates

July 15-22	Grantee's June monthly data upload submission to SE.gov.
July 25	Grantee's electronic June monthly report due to the Financial Report Gatekeeper, the MATP Program Manager and the Grantee's assigned MATP advisor.
	Grantee's electronic June monthly methadone trip report due to the Financial Report Gatekeeper, the MATP Program Manager and the Grantee's assigned MATP advisor.

August 15-22	Grantee's July monthly data upload submission to SE.gov.
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August 25	Grantee's electronic July monthly report due to the Financial Report Gatekeeper, the MATP Program Manager and the Grantee's assigned MATP advisor.
	Grantee's electronic July monthly methadone trip report due to the Financial Report Gatekeeper, the MATP Program Manager and the Grantee's assigned MATP advisor.

August 31	Grantee's prior fiscal year hard-copy final quarterly report due to the Financial Report Gatekeeper.				
September 15-22	Grantee's August monthly data upload submission to SE.gov.				

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September 25	Grantee's electronic August monthly report due to the Financial Report Gatekeeper, the MATP Program Manager and the Grantee's assigned MATP advisor.
	Grantee's electronic August monthly methadone trip report due to the Financial Report Gatekeeper, the MATP Program Manager and the Grantee's assigned MATP advisor.

October 15-22	Grantee's	September	monthly	data	upload	submission	to	
	SE.gov.							

October 30	Grantee's hard-copy first quarterly report due to the Financial Report Gatekeeper.
	Grantee's electronic September monthly methadone trip report due to the Financial Report Gatekeeper, the MATP Program Manager and the Grantee's assigned MATP advisor.

November 15-22	Grantee's	October	monthly	data	upload	submission	to
	SE.gov.						

November 25	Grantee's electronic October monthly report due to the Financial Report Gatekeeper, the MATP Program Manager and the Grantee's assigned MATP advisor.
	Grantee's electronic October monthly methadone trip report due to the Financial Report Gatekeeper, the MATP Program Manager and the Grantee's assigned MATP advisor.

December 15-22	Grantee's November monthly da	ata upload	submission	to
	SE.gov.			

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December 25	Grantee's electronic November monthly report due to the Financial Report Gatekeeper, the MATP Program Manager and the Grantee's assigned MATP advisor.
	Grantee's electronic November monthly methadone trip report due to the Financial Report Gatekeeper, the MATP Program Manager and the Grantee's assigned MATP advisor.
January 15-22	Grantee's December monthly data upload submission to SE.gov.
January 30	Grantee's hard-copy second quarterly report due to the Financial Report Gatekeeper.
	Grantee's electronic December monthly methadone trip report due to the Financial Report Gatekeeper, the MATP Program Manager and the Grantee's assigned MATP advisor.

February 15-22	Grantee's	January	monthly	data	upload	submission	to
	SE.gov.						

February 25	Grantee's electronic January monthly report due to the Financial Report Gatekeeper, the MATP Program Manager and the Grantee's assigned MATP advisor.
March 15-22	Grantee's February monthly data upload submission to SE.gov.

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March 25	Grantee's electronic February monthly report due to the Financial Report Gatekeeper, the MATP Program Manager and the Grantee's assigned MATP advisor.
	Grantee's electronic February monthly methadone trip report due to the Financial Report Gatekeeper, the MATP Program Manager and the Grantee's assigned MATP advisor.

April 15-22	Grantee's March monthly data upload submission to SE.gov.

April 30	Grantee's hard-copy third quarterly report due to the Financial Report Gatekeeper.
	Grantee's electronic March monthly methadone trip report due to the Financial Report Gatekeeper, the MATP Program Manager and the Grantee's assigned MATP advisor.

Grantee's April monthly data upload submission to SE.gov.	May 15-22	Grantee's April monthly data upload submission to SE.gov.
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May 25	Grantee's electronic April monthly report due to the Financial Report Gatekeeper, the MATP Program Manager and the Grantee's assigned MATP advisor.
	Grantee's electronic April monthly methadone trip report due to the Financial Report Gatekeeper, the MATP Program Manager and the Grantee's assigned MATP advisor.

June 15-22Grantee's May monthly data upload submission to	SE.gov.
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June 25	Grantee's electronic May monthly report due to the Financial Report Gatekeeper, the MATP Program Manager and the Grantee's assigned MATP advisor.
	Grantee's electronic May monthly methadone trip report due to the Financial Report Gatekeeper, the MATP Program Manager and the Grantee's assigned MATP advisor.

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Commonwealth of Pennsylvania Department of Public Welfare Office of Medical Assistance Programs

MEDICAL ASSISTANCE TRANSPORTATION PROGRAM

EXHIBITS

- 22

Prepared by the Division of Medical Assistance Transportation Programs Bureau of Managed Care Operations

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EXHIBIT 1: BASIC INFORMATIONAL BROCHURE

(Basic informational brochure to be available at CAOs, social service agencies, etc.)

THE MEDICAL ASSISTANCE TRANSPORTATION PROGRAM (MATP)

in _____ County call _____ (toll free #)

If you or anyone in your family is a Medical Assistance recipient, and you have no other transportation available, you may be able to get help with transportation you need to get to and from the medical providers. The Medical Assistance Transportation Program (MATP) provides rides to medical care at no cost to you. You might also qualify for mileage reimbursement if you use your own car or find someone willing to give you a ride for regular scheduled medical appointments.

WHERE CAN YOU GO WITH MATP?

You can use MATP services to get to any health care service that is paid for by Medical Assistance and available to and used by other members of the community or location in which you live. That includes appointments with your doctor, dentist, psychologist or psychiatrist, drug and alcohol treatment clinics, or any other MA provider. You can also use MATP to go to the pharmacy for prescriptions, to the hospital for tests, or to get to medical equipment suppliers.

For pharmacy visits, medical supply needs you can get a ride to the closest pharmacy or medical supply provider.

HOW IS TRANSPORTATION PROVIDED?

The MATP provides rides in the least costly way to meet your needs. You will usually be riding with other passengers. Depending on where you need to go, MATP can arrange a ride for you using vans, taxis or accessible vehicles for persons with disabilities. If you can ride a bus, and you do not live far from a bus route, you may be reimbursed for the cost of riding the bus.

_____ County MATP provides mileage reimbursement at the rate of ____ cents per mile, and reimburses you for any parking and turnpike toll costs involved in your trip.

HOW TO REGISTER FOR MATP SERVICES

If you are in need of MATP services call your county MATP to "register". In _____ County you call ______ (*toll free #*). You will be asked for your ACCESS card number to make sure you are eligible for MATP services, and you will be asked a few questions about your need for transportation.

- Make sure you tell the MATP about any special needs you may have like: if you use a wheelchair or walker; if you have any problem that keeps you from riding in a bus or van with other people; or if you need to have someone go with you to your appointments.
- When you get a ride through MATP, you are expected to get to the curb to be picked up. If you have any disabilities or limitations that keep you from getting to the curb, tell that to the MATP who is required to provide you with <u>door-to-door</u> service if you medically need it.
- If you are registering a child who is under 18, a parent or guardian can accompany the child to their appointments at no cost to you.

Important: You can obtain transportation services while you are completing the registration process. However, the county MATP must receive a signed registration form from you within 30 days of when your services begin.

Once you are registered, you will be sent more written information about how to use MATP services. Your registration is good as long as you continue to receive Medical Assistance.

For more information about the MATP in _____ County call _____ (county MATP agency) at _____.

EXHIBIT 2: RECIPIENT WELCOME BROCHURES

(To be sent out once a recipient registers with MATP)

WELCOME TO THE MEDICAL ASSISTANCE TRANSPORTATION PROGRAM! (MATP)

WHAT IS MATP?

The Medical Assistance Transportation Program (MATP) is a transportation service available to Medical Assistance recipients in _____ County. MATP is funded by the Pennsylvania Department of Public Welfare. In _____ County the MATP Program is run by ______(agency name).

Our program offers transportation or mileage reimbursement to help you get to medical care or services from a Medical Assistance provider. We are required to provide you with the least expensive, most appropriate transportation service available that will meet your needs.

You can use MATP services to go to medical appointments or to get to any service Medical Assistance pays for. These medical services includes therapies, tests, dental visits and trips to the pharmacy to get prescriptions, mental health treatment, drug & alcohol treatment and trips to medical equipment suppliers.

You <u>cannot</u> use MATP:

- If you need emergency ambulance transportation
- For non-medical trips such as for grocery shopping or for social activities
- To obtain medical care that is <u>not covered</u> by Medical Assistance

HOW TO CONTACT US

Our office is located at ______ and our phones number(s) are:

Our regular office hours are Monday through Friday from _____ to ____. If you call us after hours or on a weekend or holiday, you will be able to leave a message on our answering machine and we will return your call on the next business day. Our answering machine will also tell you what to do if you need urgent care transportation (see p. ___) or where to call for emergency transportation.

WHAT MEDICAL TRANSPORTATION SERVICES DO WE PROVIDE?

Transportation Options

Depending on where you are going, what your needs are, and the costs involved, we could provide you with transportation in one of the following ways: (*only list the options available*)

- Public fixed route bus (state if the person will get reimbursed for a ticket or get a pass in advance)
- Shared van
- Lift-equipped vans
- Taxi
- Other

Mileage Reimbursement

If you have a car available, or if you know someone who has a car and who can take you to your medical appointment, you may be eligible for mileage reimbursement. If you are eligible, we will reimburse you at the rate of ____ cents per mile. We will also reimburse you for your actual parking expenses and tolls if you provide receipts showing how much you paid.

If you are eligible for mileage reimbursement and you want to request payment for a trip, you must tell us in advance. We will send you a form to fill out to tell us how far you traveled and whether you had any parking or toll costs. You can turn in your reimbursement request right after a trip or you can wait until the end of the month. (*If there are any deadlines by which a reimbursement request shall be made include them here*)

HOW FAR CAN YOU GO WITH MATP?

We are responsible for providing or for arranging your transportation to get you to the medical care you need.

You can receive transportation to your choice of medical service providers within your managed care network or the closest provider under fee-for-service. Your choice of medical service providers may be limited by the prescribed service area of your county MATP.

Pharmacy travel or travel to a provider of medical goods will be limited to the closest provider to your home.

Medical services that are farther away may be allowed if a medical service is not available within program limits and if your doctor refers you to these services for medical reasons.

If you have questions regarding the transportation options available to you, please contact our office.

SCHEDULING A RIDE TO AN APPOINTMENT

If you need a ride to a medical appointment or service, you should call us as soon as possible. For regular appointments, you shall call us at least ____days in advance to arrange a ride.

You can call us up to two weeks before your appointment to arrange a ride. When you call to schedule we will ask the date and time of your appointment, where you need to go, and how long the appointment will last (if you know). Please tell us if you have any special needs like, if you need an escort to go with you, or if you need accessible transportation due to a temporary or permanent disability. We will arrange for the least costly way to get you to and from your appointment, which meets your needs. If your appointment is rescheduled or cancelled, or if things change and you no longer need a ride, you shall call us immediately and let us know.

Pick-up and Drop-off Guidelines

If we will be transporting you using shared ride or a taxi, you will be told in advance the approximate time you will be picked up by the MATP driver. Please be ready ahead of time. Our Drivers are required to pick you up no sooner than 15 minutes before your scheduled time and no later than 15 minutes after your scheduled pick-up time. Our policy is to drop you off at your provider's office no more than 1 hour before your scheduled appointment, and to pick you up no later than 1 hour after your appointment is finished. If we do not meet these timelines and you are kept waiting, you should call us at ______ to report the problem and to see if alternative arrangements can be made.

Urgent Care Transportation

At some point, you may need transportation on short notice for an urgent care matter. Urgent care includes any situation where your medical provider has told you that you need to come to their office, or to obtain some other medical treatment or service, that same day or within the next 24 hours. We have a process for responding to any urgent care requests and will make every effort to help you get to the medical care you need.

If you need transportation for an urgent care matter, you should call MATP immediately. (Describe here the MATP's process for handling these requests during and after normal business hours, weekends, holidays, etc.)

ESCORT POLICY

You may bring someone with you as an escort at no cost to you in the following situations:

- If you are under 18, you can be escorted by a parent or other relative/guardian
- If you cannot travel independently, or you need any assistance due to age, illness, physical or mental disability (*if this shall be verified by a physician, please indicate that*)
- If you do not speak English, you can bring someone with you to interpret

SANCTION POLICY

(Describe here or attach your sanction policy. Detail the specific actions or violations that can count toward a sanction. Note that the person will be notified in writing of a sanctionable offense and how many written warnings will result in a suspension from the program and for how long. Note that the person will get prior notice of their suspension and has a right to appeal the action.)

COMPLAINT PROCESS

A complaint is any issue or dispute or objection you express to us about our agency, or about the coverage, operations or policies of our MATP. If you have a complaint about our services, about how you were treated by our staff or a driver, or about our policies and procedures, please tell us. We will record your complaint, investigate it and respond to you within ____ days.

(Provide more information here on the Complaint process or attach)

APPEAL PROCESS

We are required to give you a written notice if we deny your request for MATP transportation or for mileage reimbursement. We are also required to give you written

notice in advance if we plan to reduce or change your services or suspend you from the program for any length of time. The notice will tell you the reasons for our action, when the action will go into effect, and your rights to appeal from the action.

You can get free legal assistance if you need help with an appeal. If you need help with an appeal, you can call your local legal services office at _____ or the Pennsylvania Health Law Project at 1-800-274-3258.

OTHER MEDICAL TRANSPORTATION RESOURCES

If we are not able to meet your medical transportation needs, you will be referred to your caseworker at the local County Assistance Office (CAO).

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EXHIBIT 3: SUGGESTED OUTREACH VENUES

Examples of venues the Department suggests Grantees consider for outreach efforts are:

- Get the local bus system to put signs on their buses that advertise the availability of the MATP program; and have them put large signs in their terminal.
- Have local cable stations run Public Service Announcements for free.
- Local newspapers, daily and weekly, will run information sent out as a short press release. Also, write letters to the editor to talk about the importance of the program.
- Contact churches and ask them to either post information or include it in their weekly bulletins.
- The MH Community/Family Satisfaction Team may provide MATP information during their hospital outreach and at the end of their recipient and family survey interviews.
- Local radio stations have talk shows and often are looking for a topic. Most of these stations can do the interview so that you can just call in rather than having to make your way to the studio.
- Provide medical offices and psychiatric facilities with notices to post on bulletin boards. They may also be posted on super market and other public bulletin boards which are free and may include tear off telephone numbers result in responses.
- About every six months, someone from the transit authority and PA Health Law Project brought in to related human services offices to discuss MATP. The local CAO office has outreach people for this type of event as well.
- At the drop-in center, a supply of MATP applications is always available. Resupplies are requested as the stack goes down. In these sites, people are assisted in completing the applications. Partnerships with drop-ins and other agencies which provide case management can be helpful.

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EXHIBIT 4: ELIGIBILITY FOR THE MEDICAL ASSISTANCE TRANSPORTATION PROGRAM

The 55 Pa Code §2070 cites that a signed MATP application form shall be on file for recipients applying for non-emergency medical transportation services. This code also indicates that an applicant has to display a currently valid medical services eligibility card on which the applicant's name appears as a recipient.

Recipient Eligibility by Category

• General Assistance Recipients

General Assistance (GA) recipients with a category of assistance and a program status code of TD-55 are not eligible for MATP service.

• Hospitalized Children

Transportation to visit children who are hospitalized is not a covered service and should not be considered a medical trip.

• Medicare Recipients

Medical Assistance eligible recipients whose medical service is paid by Medicare can receive MATP service as long as the medical service is performed by a Medicaid service provider and all other eligibility requirements are met.

• School Age Children Receiving Physical and Mental Health Services

If the child's Individual Education Plan does not provided for transportation but their medical service is MA covered, the child is eligible for MATP services during school hours.

• Medical Assistance Workers with Disabilities

Individuals who qualify for the MAWD Program are MA eligible and eligible for the same MATP service as other eligible recipients. MATP agencies are required to provide cost data relating to MAWD recipients on the Quarterly Report. See Grantee Fiscal Requirement, Fiscal Reporting Requirements

- Self-Referral (HealthChoices, Voluntary Managed Care, ACCESS Plus)
 - a. Any medical service received by an eligible MA recipient and being paid through the agreement by membership in an MCO (HealthChoices and voluntary managed care) is considered a covered service for MATP purposes.
 - b. If the MCO has authorized the recipient to go to an out-of-network provider, the MATP is required to transport to that provider within program regulations and limitations (unless it is an exceptional transportation request).

- c. Recipients are allowed to self-refer for particular medical services (dental, vision, OB/GYN, family planning, chiropractic, and behavioral health services). These services do not require prior approval by a Primary Care Physician (PCP).
- d. For family planning services, a recipient can go to a provider in or out of the network.
- e. For dental, vision, OB/Gyn, chiropractic and behavioral health services, the recipient shall obtain the services from a provider within their MCO (unless the MCO has authorized the person to go out-of-network).
- f. To verify that a provider participates in an MCO's network, contact the designated liaison at the MCO.

EXHIBIT 5: MEDICAL ASSISTANCE ENROLLED PROVIDERS

Medical Assistance enrolled providers include, but are not limited to:

- Physicians
- Dentists
- Podiatrists
- Medical suppliers (including low vision centers and opticians)
- Chiropractors
- Independent medical/surgical clinics
- All outpatient services provided by general hospitals, including psychiatric services
- Independent laboratories
- Outpatient Rehabilitation hospitals and all covered outpatient services provided by the hospitals
- Pharmacies
- Private psychiatric hospitals
- Rural health clinics
- Primary health care clinics
- Drug and alcohol clinics (including methadone maintenance services)
- Inpatient drug and alcohol detoxification
- Inpatient drug and alcohol rehabilitation
- Non-hospital residential detoxification, rehabilitation, and halfway houses
- Family planning clinics
- Midwives
- Birth Centers
- Psychiatric clinics (including mental health partial hospitalization)
- Optometrists
- Hospice Programs
- Freestanding dialysis clinics
- Short procedure units
- Ambulatory surgical centers
- Certified registered nurse practitioners

Psychologists

In a Fee-for-Service setting, the MATP covers transportation to a psychologist only for children under 21 and for Medicare eligible recipients.

Under managed care (HealthChoices and voluntary), transportation services to psychologists are covered.

- Comprehensive outpatient rehabilitation facilities
- Physical therapists

The Grantee shall provide requested transportation to physical therapists, speech therapists and occupational therapists to recipients of all ages when provided through outpatient hospital clinics.

The Grantee shall transport Medicare eligible recipients and children under 21 years of age to these specialists regardless of location of these services.

- Certified rehabilitation agencies
- EPSDT service providers, including audiologists, behavioral health wraparound service providers, residential treatment facilities, occupational therapists, speech therapists, Easter Seal Society and Cerebral Palsy Associations.
- Community Residential Facilities/ Therapeutic Rehabilitative Residential Treatment Facilities

MATP-funded transportation can be provided for a recipient's admission to a community residential facility or a therapeutic rehabilitative residential treatment facility and upon discharge from the facility.

No other MATP service will be provided while the recipient remains in the facility.

• Veterans Administration Hospitals

MATP-funded transportation cannot be provided to the VA hospital unless the recipient is receiving MA-covered services from an enrolled MA provider.

• Waiver-Funded Services

If the waiver includes funding for medical transportation, the Grantee shall not provide MATP-funded transportation. If the waiver does not include funding for medical transportation, the Grantee may provide MATP-funded transportation to MA covered services.

• Deceased Recipients

The Grantee should only make payment of a reimbursement check on behalf of a recipient who is deceased when an individual can prove that he or she transported the recipient to medical visits. • Medicare Recipients

Medical Assistance eligible recipients whose medical service is paid by Medicare can receive MATP service as long as the medical service is performed by a Medicaid service provider and all other eligibility requirements are met.

• School Age Children Receiving Physical and Mental Health Services

The MATP Grantee should verify with the local Intermediate Unit if transportation for particular medical services is provided for in the child's Individual Education Plan (IEP). If transportation is not provided for and the medical service is MA covered, the MATP is responsible for transporting the child during school hours. If transportation is provided for in the IEP, the MATP is not responsible for transporting the child.

• Medical Assistance Workers with Disabilities (MAWD)

Individuals who qualify for the MAWD Program are MA eligible and eligible for the same MATP service as other eligible recipients. Grantees are required to provide cost data relating to MAWD recipients on the Quarterly Report.

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EXHIBIT 6: EXCLUDED MEDICAL ASSISTANCE TRANSPORTATION PROVIDERS

The MATP does not cover the following transportation services:

- Emergency ambulance transportation
- Non-emergency medically necessary ambulance transportation
- Transportation to sheltered workshops
- Transportation to day care programs (including adult day care)
- Transportation to any service not covered through the Department's Medical Assistance Program
- Transportation as part of inpatient treatment (responsibility of the inpatient facility)
- Exceptional transportation service as defined at 55 Pa. Code 2070.4*
- Air travel, lodging, meals *
- Attendants, stretcher service, door-through-door service
- Transportation for visitation purposes *
- Transports to nonmedical services
- Transportation during severe inclement weather when it is deemed unsafe

*The County Assistance Office (CAO) may provide the service/reimbursement.

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EXHIBIT 7: APPLICATION PROCESS

The Grantee, prime contractors and their providers are responsible for developing a cost efficient, user-friendly screening and application process for receiving transportation requests from recipients, with possible options of in-person application, telephone applications and on-line applications.

When a recipient requests medical transportation services, the Grantee shall confirm that the recipient does not have otherwise available transportation and the requested transportation is necessary to receive a medical service.

The Grantee shall use the Department's Eligibility Verification System (EVS) to verify MATP eligibility.

The application process for transportation services shall include the following components:

Application Form

Recipients shall complete and submit to the Grantee a signed application form within 30 days of the date of the verification of the recipient's eligibility for the MATP by the Grantee. See Form I, MATP Application Form, for an Application form.

• Assessment of Needs

The Grantee shall complete an Assessment of Needs form as part of the application process. As part of this process, the recipient shall also supply specific documentation of any special needs. See Form I, MATP Application Form, for Assessment of Needs and Special Needs forms.

The application process for MATP services should not act as a barrier to the recipient's ability to access transportation services to obtain medical services. Verification of eligibility through EVS is sufficient to validate recipient eligibility to receive medical transportation services; therefore, the Department does not require the Grantee, prime contractors, or their providers to obtain a recipient's signed application or to see a valid medical services eligibility card prior to the provision of transportation services.

The Grantee shall require and retain on file a signed application for MATP services. The application is required only on a one-time basis. The application shall be signed within 30 days of the date of the verification of the recipient's eligibility for the MATP, using EVS, by the Grantee. A paper or electronic copy of the EVS verification, clearly showing the date of the verification check, shall be kept in the recipient's file.

Eligible recipients may be transported for up to 30 days without a signed application. See Scope of Services; General Responsibilities; Section 6 for information on Authorizing Transportation Services.

Within the 30-day period, the Grantee shall not deny services because a signed application has not been received. In instances where a recipient fails to return a signed application within the 30-day window, transportation services will cease until a signed application is obtained by the Grantee. The 30-day transportation without signed application grace period is available only one time. If an eligible recipient fails to return the signed application within 30 days, a new application shall be submitted and transportation shall not start until eligibility is again verified through EVS and the signed application is received by the Grantee.

Once the Grantee establishes eligibility, it shall determine which mode is the least expensive, most appropriate transportation service mode available to meet the recipient's service need. (See Scope of Services; General Responsibilities; Section 6; Paragraph C; Determination of Mode of Transportation) If the recipient asserts the mode assigned by the Grantee is not appropriate for his or her needs or has requested a transportation mode that the Grantee has not approved, the Grantee shall issue a Written Notice Form.

The Grantee shall also ensure at the time of every trip that the recipient is still eligible for MA. For recipients enrolled in an MCO, the Grantee may confirm eligibility once during the month of service and presume eligibility continues through the end of the month.

If the MCO has authorized the recipient to go to an out-of-network provider, the MATP shall transport the recipient to that provider (unless it is an exceptional transportation request).

EXHIBIT 8: STATEWIDE NO-SHOW POLICY

The MATP Stakeholder and Workgroup approved the following as the Standard Statewide No-Show Policy.

1. Principles of MATP No-Show Policies

When scheduling a trip the Grantee shall relay the following information to the recipient:

- a. Clear and concise definition of the pick-up time.
- b. Clear and concise concurrence of the designated location.
- c. Clear and concise definition of the pick-up window.
- d. Clear and concise expectation of an acceptable cancellation notification.
- 2. The Grantee shall institute a No-Show policy that will allow the Grantee to initiate sanctions for No-Shows if a recipient has been determined to have at least two (2) No-Shows in a ninety (90) day period. The Grantee may suspend services to the recipient for up to a thirty (30) day period and can require MA recipients who have multiple previous No-Show sanctions or who excessively No-Show for transportation to medical appointments to call the Grantee the day before their scheduled trips to confirm they will be present for the scheduled pick-up time. If the MA recipient in this situation does not call one day prior to his/her scheduled trip, his/her name will be removed from the driver's manifest. If a recipient appeals the written notice within ten (10) days, services to the recipient continue pending the outcome of his/her fair hearing.
- 3. All notices to the MA recipient shall be in writing.
- 4. The Grantee will follow these steps when issuing notices:
 - a. First No-Show:
 - i. MA recipient is notified of first policy violation. This notification shall be in writing but should not be a DPW Written Notice form.
 - ii. Notice shall indicate:
 - 1. That the recipient is now required to call the Grantee agency the day before their scheduled trips to confirm that they will be present for their scheduled pick-up time
 - a. This requirement is optional at the Grantee's discretion.
 - 2. That failure to call the day before scheduled transportation will result in the MA recipient's trip being removed from the driver's manifest

- 3. That a second No-Show within ninety (90) days will result in suspension of service
- b. Second No-Show (defined as No-Showing even though the MA recipient had made the required confirming telephone call) within ninety (90) days:
 - i. MA recipient is notified of second policy violation using the DPW Written Notice form.
 - ii. Notice shall indicate:
 - 1. 30 day suspension of service with effective dates
 - 2. Notification that the MA recipient has the right to appeal
 - 3. Notification that transportation can continue if appeal is requested within 10 days of notice date
 - 4. That the MA recipient is still required call the county MATP agency the day before their scheduled trips to confirm that they will be present for their scheduled pick-up time
- 5. Notice of Proposed Suspension:
 - a. If a recipient is determined to have accumulated enough No-Shows to be subjected to a suspension of services under the MATP's No-Show sanction policy, the Grantee shall send a Written Notice Form to the recipient at least ten (10) days before the proposed suspension of services informing the recipient:
 - i. Of the effective date of the suspension
 - ii. Of the length of time of the suspension
 - iii. How to appeal from the suspension
 - b. The Grantee shall review and waive a No-Show if the incident involves a medical emergency, other documented emergency/crisis or other special circumstance.

EXHIBIT 9: WRITTEN NOTICE REQUIREMENTS, PROCESSES, AND POLICY

Recipient appeal rights are governed by Appeal and Fair Hearing and Administrative Disqualification Hearings, 55 Pa. Code 275.

The Grantee shall give recipient the Department's standard Written Notice Form at the time their request for services is denied, terminated, or reduced. The Form shall include a clear statement of any and all reasons for the action as well as a citation to the authority for the decision. If the recipient is being terminated or suspended from the program, the notice shall specify the effective date of the action and shall be sent at least fifteen days prior to the effective date of the action. If the recipient appeals a termination or reduction in service and such appeal is received within ten calendar days of the effective date, the recipient is entitled to continuing benefits pending appeal except in cases where the recipient has been suspended or terminated for policy violation, safety violation, or in cases where fraudulent receipt of benefits has been investigated and reported by the Office of Inspector General or other legal authority.

Whenever a Written Notice Form is given a County Assistance Office (CAO) referral form shall always accompany the Notice except in cases where the recipient has been suspended or terminated for policy violation, safety violation, or in cases where fraudulent receipt of benefits has been investigated and reported by the Office of Inspector General or other legal authority.

Recipients may appeal the action identified on the Written Notice Form in writing or orally. If orally, the Grantee shall assist the recipient in reducing the appeal to writing and shall obtain the recipient's signature.

Within three business days of the oral appeal, the Grantee shall forward a copy of the written appeal—regardless of whether a signature has been obtained —to the Bureau of Hearings and Appeals. The Grantee shall retain a copy of the appeal.

If the matter is resolved or settled any time prior to a fair hearing, the Grantee shall document the resolution reached. Copies of all appeals and their resolution shall be retained and made available upon request.

Forward all appeals to:

Department of Public Welfare OMAP/MATP - Fair Hearings P.O. Box 2675 Harrisburg, PA 17105-2675

The Grantee need not issue a Written Notice Form in the instance of service denial due to MA ineligibility, however, when a recipient maintains that the recipient is MA eligible and EVS indicates otherwise, the Grantee shall confirm the recipient's eligibility status

with the CAO before denying the trip. Additionally, the Grantee need not issue a Written Notice Form when the client requests a trip to a nonmedical service.

Situations which require a Written Notice Form include, but are not limited to instances where:

- The transportation requested is not to a medical facility as defined for MATP
- The recipient has not provided requested documentation for purposes of obtaining mileage reimbursement
- The Grantee denies mileage reimbursement for an entire requested trip
- The Grantee is unable to provide the service
- The recipient asserts that the mode assigned by the Grantee is not appropriate for the recipient's needs or has requested a transportation mode that has not been approved

EXHIBIT 10: OIG REGIONS AND CONTACT INFORMATION

Cases involving recipient fraud should be referred to the Office of Inspector General (OIG). Organized into four regions, the Office of Inspector General relies on Welfare Fraud Investigations and Claims Investigation Agents who together handle fraud prevention activities and fraud prosecutions and recoveries. Please report suspected client fraud to your county's respective regional manager as outlined in the below table.

Region	Counties	Regional Manager and Contact Information
Central	Clearfield, Cambria, Somerset, Bedford, Fulton, Blair, Centre, Huntingdon, Mifflin, Juniata, Perry, Franklin, Cumberland, Dauphin, Adams, York, Lancaster, Lebanon, Chester, Delaware, Montgomery, Bucks	Max V. Deitrick <u>mdeitrick@pa.gov</u> Phone: 717 705-4072 FAX: 717 772-2225
Northeast	Potter, Clinton, Tioga, Bradford, Susquehanna, Wayne, Pike, Monroe, Carbon, Northampton, Lehigh, Berks, Schuylkill, Luzerne, Wyoming, Lackawanna, Sullivan, Lycoming, Columbia, Montour, Northumberland, Union, Snyder	Maureen McKeown mmckeown@pa.gov Phone: 570 826-2006 FAX: 570 826-2381
Western	Greene, Fayette, Washington, Westmoreland, Allegheny, Beaver Lawrence, Indiana, Armstrong, Butler, Jefferson, Clarion, Venango, Mercer, Erie, Crawford, Warren, McKean, Cameron, Elk, Forest	Douglas Kunst dkunst@pa.gov Phone: 412 920-2538 FAX: 412 920-2541
Southeast (Region 1)	Philadelphia	Donald J. Pritchett dpritchett@pa.gov Phone: 215 560-2284 FAX: 215 560-5559
Southeast (Region 2)	Philadelphia	Rickard Johansson <u>rjohnsson@pa.g</u> ov 215 560-3199 FAX 215 560-5559

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EXHIBIT 11: METHADONE MAINTENANCE CLOSEST SERVICE PROVIDER RULE

The MATP Grantee shall only coordinate paratransit and mileage reimbursement trips for MA recipients up to the distance of the closest in-network methadone clinic or substance abuse program to a recipient's residence.

A. Mileage Reimbursement

The Grantee shall ensure that mileage reimbursement checks reflect mileage to and from the closest clinic to a recipient's residence. A recipient may request an exception, but until that exception is approved, the reimbursement check shall be issued only for the mileage to and from the closest clinic.

Recipients are free to attend any clinic of their choosing. However, the Grantee will only reimburse mileage equivalent to the closest clinic to their residence. It does not matter what clinic the recipient indicates he or she is attending on the reimbursement form as long as it contains verification of attendance. Reimbursement checks shall reflect mileage to and from the closest clinic to the recipient's residence.

B. Paratransit

Grantees may alter or establish paratransit routes that ensure that methadone maintenance or substance abuse program recipients are transported to and from the closest facility to their respective residences or that provide the least costly transportation option for each recipient.

If a clinic reaches a capacity level where, through no fault of the recipient, attendance at the closest clinic would not be possible, recipients shall verify that they have been placed on that particular clinic's waiting list. Transportation (both mileage reimbursement and paratransit) would then be authorized to the second closest clinic from the recipient's residence. When a recipient's name is reached on the waiting list of the closest clinic to the recipient's residence, the recipient shall begin to attend that clinic and the Grantee shall only transport the recipient to that clinic.

C. Exception process

A recipient may request an exception to attend a clinic other than the one closest to the recipient's residence. The exception request shall be in writing and shall explain in detail the recipient's need to travel to the more distant clinic. The Grantee may authorize exceptions for the following reasons:

- The facility is not accepting new patients
- The recipient does not meet the intake criteria for the facility
- Medical reasons

- Safety Issues
- Medical Emergency

The Grantee shall require verification from the methadone facility. Verification may be obtained by the recipient or the Grantee directly. Verification from a clinic, provided by the recipient, shall be in writing, but the Grantee can accept a provider's verbal verification. A clinic's verbal verification to the Grantee shall be narrated and placed in the recipient's file.

EXHIBIT 12: INCIDENT REPORTING PROCESS

The Grantee shall develop policy/procedures for incident management and ensure that staff has proper orientation and training to respond to, report, and prevent incidents.

The Grantee is required to report significant incidents to the Department. Incidents requiring reporting include, but are not limited to, the following:

- Assaults (either on a recipient or staff member)
- Threats of assault or injury
- Injury to a recipient or to a staff member by a recipient
- Accidents while recipients are on board that might require medical attention
- Involvement of law enforcement officials
- Allegations of abuse
- Medical attention being needed while en route
- Recipient exiting the vehicle prior to scheduled stop (See Exhibit 15: Safety Guidelines)

The Incident Report shall include the following (when applicable):

- Name of involved person(s)
- Address
- Date/time of incident
- Location
- Was illness or injury involved
- Description of incident (nature of the incident, witnesses, and narrative of what occurred)
- Final disposition (how you intend to handle the incident, any next steps required, or likely outcomes)
- Name of person submitting the report
- Date of report
- Date forwarded to DPW/OMAP/MATP

Any MATP incident involving a child shall be reported to the MATP Program Manager or assigned MATP Program Advisor by phone or internet within 24 hours. Written Incident Reports shall be completed and submitted to the assigned MATP Program Advisor by email or FAX within 48 hours of the incident. FAX number 717.705.8112. If final

disposition of the incident is not known at the time of written submission, a follow up report is required within two weeks of the incident.

EXHIBIT 13: MATP FUNDING STATUS

For purposes of the quarterly Actual Expenditures Reports:

Group 1 Cases

Categories of assistance and program status codes identified as receiving Federal funding for Medicaid services. Former Group 3 cases are now in Group 1.

Medical Assistance for Workers with Disabilities (MAWD)

Categories of assistance and program status codes are as follows: PW/00, PW/66, PW/80, PI/00, PI/66, and PI/80. These recipients include employed workers with a disability and are reported as Group 1 Cases.

Group 2 Cases

Categories of assistance and program status codes identified as receiving State funds only for Medicaid services.

Currently, the following categories of assistance and program status codes are identified as Group 2: D-00, B-00, PD-00, PD-21, PD-22, PD-29, TD-00, TB-00.

If a category of assistance and program status code is not listed above, assume that it is reported as Group 1.

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EXHIBIT 14: GRANTEE ON-SITE MONITORING

The purpose of on-site monitoring is to ensure Grantee compliance with the MATP I&R and 55 Pa. Code 2070, to assess areas that are in need of improvement and/or technical assistance from the Department, and to identify practices that could be recognized as "Best Practices." Program and fiscal advisors assigned as primary advisors to the Grantee shall conduct the on-site visits.

A Program Review Instrument (PRI) or a MATP Review Instrument (MRI) shall be sent to the Grantee approximately 4 to 6 weeks prior to the scheduled onsite visit.

- The PRI is a much more detailed document and is used in advance of the first on-site monitoring visit or when substantial changes have occurred that would require more detailed information from the Grantee.
- The MRI is a review document used for ongoing regular on-site monitoring visits. The MRI is designed to compare current practices to those found on the previous on-site(s).

Prior to the on-site monitoring visit, the staff will review the PRI or MRI completed by the Grantee along with the Grantee's quarterly reports to prepare statistical comparisons between the previous program year and the present (up to the last reported quarter).

The monitoring staff shall also obtain copies of current versions of all Grantee forms and publications, including, but not limited to:

- Recipient application
- Recipient brochures (welcome and basic)
- Determination of need document
- Mileage reimbursement form

The on-site monitoring visit shall include, but is not limited to, the following:

• Entrance conference

Including a review and acceptance of the scheduled on-site agenda

- Review of case records
- Discussions based on the review of the MRI/PRI
- Statistical comparisons
- Discussion of previous onsite reports
- Review and discussion if the current Grantee forms
- Trip validation review

- Observation or trip scheduling process
- Observation and review of the Monthly Trip Level Data transmission
- Review of driver manifests
- Review of signed mileage reimbursement forms
- Review of signed MA provider verification slips
- Review of Methadone clinic participation lists (if applicable)
- Time for "open discussion" of Grantee concerns and issues that did not get placed on the agenda
- Exit conference

Invite the County Commissioners to attend the exit conference

Discuss the strengths noted during the on-site monitoring visit

Discuss deficiencies found during the on-site

Discuss areas of concern

Discuss all findings will be contained in the on-site report

Discuss the process, events, and timetable that will follow the on-site monitoring visit

A draft report will be written after the completion of the on-site monitoring visit. The draft report will include everything that was discussed at the exit conference as well as proposed Corrective Action Plans (CAP), if applicable. Report creation and internal review shall take no longer than 30 days.

When finished, the draft report shall be sent to the Grantee. The Grantee shall have 14 days to review and accept the draft or request modifications to the report. The Department shall entertain the Grantee's concerns accordingly and shall discuss any discrepancies the Grantee may identify. The report may or may not be adjusted to satisfy the Grantee's concerns. The timetable for the draft review shall not exceed 14 days.

When all issues surrounding the draft report have been resolved, a final report shall be issued along with a cover letter and any applicable Corrective Action Plans. Copies of the final On-site Monitoring Visit Report, Cover Letter and Corrective Action Plan(s) shall be sent to the Grantee and the County Commissioners.

Corrective Action Plan(s) shall be followed-up and resolved according to the time table contained in the CAP.

EXHIBIT 15: SAFETY GUIDELINES

1. Recipient Exiting the Vehicle Prior to Scheduled Stop

A. Purpose:

The purpose of this policy is to furnish MATP providers with a process for handling situations when a MATP recipient exits the vehicle prior to their scheduled stop.

B. Policy:

The Commonwealth of Pennsylvania, Department of Public Welfare, Office of Medical Assistance Programs, Medical Assistance Transportation Program defines a trip as travel from the recipient's domicile to the medical assistance service or the return trip from the service to the domicile, with some exceptions. Therefore, except in the case of an adult who can travel independently and there is no known risk or evidence of danger to health and safety, it is expected that MATP recipients utilizing MATP services remain on the vehicle until arrival at their scheduled stop. Should an incident occur when a recipient exits the vehicle prior to their scheduled stop, the actions listed in the procedures that follow are to be taken.

C. Procedures Adult Recipients

If the recipient is an adult, the following procedures are expected to be followed:

- 1. The driver shall inform the individual of the inappropriateness of their disembarking prior to their scheduled stop and the ramifications that may occur as the result of said action. The recipient should be encouraged to remain on the vehicle; however, at no time should the driver have physical contact with the individual during this intervention.
- 2. Should the recipient vacate the vehicle at an unauthorized stop, the driver shall immediately contact the dispatcher, relate the incident and await further instruction(s). The driver will not leave the unauthorized stop until directed to do so by the dispatcher or until another agent from the MATP arrives on the scene. Additionally, the driver should supply any pertinent information to the dispatcher as to special circumstances regarding the incident (i.e., the recipient appeared disoriented, agitated, distressed, upset, intoxicated, etc.), which might assist the dispatcher in determining what next steps would be appropriate. At no time, regardless of whether other recipients are aboard or not, should the driver leave the vehicle unattended and attempt to pursue the recipient.
- 3. Decisions as to whether to have the involvement of law enforcement personnel will be the responsibility of the dispatcher/ MATP office, not the driver. Involvement of law enforcement personnel should only occur if it is apparent that the recipient is a danger

to self or others and that without immediate intervention could cause injury or significant destruction of property.

- 4. If the untimely exit took place going to a scheduled appointment, the dispatcher should notify the service provider of the situation and inform the provider that the individual would not be keeping their appointment. In cases where the provider is a mental health service, the dispatcher would be prudent to seek input from the provider as how to address the incident.
- 5. If the incident caused for a significant delay, the dispatcher will contact the providers of other recipients riding the vehicle, informing them of the reason for untimely arrival for appointments or arrival at home, as appropriate.

D. Procedures for Children

For the purpose of this Policy & Procedure, a child is defined as an individual less than eighteen (18) years of age unless otherwise emancipated.

If the recipient is a child, the following procedures are expected to be followed:

- 1. The driver shall attempt to encourage the child to remain on the vehicle until the scheduled destination. Should an escort other than the child's parent/guardian be onboard, the escort should attempt to explain the responsibilities of the MATP provider and what actions might need to be taken if they should exit the vehicle. Under no circumstances should either a driver or a non-related escort attempt to restrain or have physical control over the child.
- 2. The driver will immediately notify the dispatcher of the incident and await further instruction(s). The driver will not vacate the unauthorized stop until directed to do so by the dispatcher or until another agent from the MATP arrives on the scene.
- 3. The driver will not, under any circumstances, vacate the vehicle and pursue the child. If a non-related escort is available, the escort may attempt to accompany the child and continue with intervention approaches so as to convince the child to return to the vehicle.
- 4. The dispatcher will immediately notify the child's parent/guardian of the situation, providing as much information as available (i.e., location of the incident, any precursors to the incident, direction the child was observed to be traveling after vacating the vehicle, etc.).
- 5. The dispatcher will notify the appropriate law enforcement agency as to the incident, providing appropriate information.
- 6. The dispatcher will make every attempt possible to have another agent of the MATP program relocate to the site to assist in any way possible

- 7. If there is going to be a significant delay for other passengers on the vehicle, the dispatcher will notify the providers of the other recipients and, if other passengers are minor children, contact the parent/guardian to inform them of the situation.
- 8. Any MATP incident involving a child shall be reported to the MATP Program Manager or assigned MATP Program Advisor by phone or internet within 24 hours. Written Incident Reports shall be completed and submitted to the assigned MATP Program Advisor by email or FAX within 48 hours of the incident. FAX number 717.705.8112. If final disposition of the incident is not known at the time of written submission, a follow up report is required within two weeks of the incident.

E. Additional Steps

In all incidents of a recipient exiting the vehicle prior to scheduled stops, the following procedures will occur:

- 1. Both the driver and the dispatcher will document, in writing, all pertinent information. This documentation will include, but not be limited to, the following:
 - a. Name of recipient
 - b. Date and time of incident
 - c. Location of unauthorized vacating of the vehicle
 - d. Efforts made to encourage the recipient to remain on the vehicle
 - e. Any special circumstances related to the incident
 - f. Brief summary narrating what occurred
- 2. The Grantee's MATP administrators will review reports and take sanction(s)/action(s) as deemed appropriate. As stated previously, an exception to sanction actions will be considered in the case of an adult who can travel independently and there is no known risk or evidence of danger to health and safety,
- 3. The Grantee's MATP administrators will monitor their subcontractors for compliance with this policy and institute sanctions for noncompliance.

2. <u>Safety Exception to the Ten-Day Appeal Rule</u>

A. Written Notice Requirement clarification re: situations that may deem immediate termination of services.

55 Pa Code § 2070 also indicates that, in their professional judgment, a provider may decide that the mode of service currently being provided is no longer appropriate or that the recipient's uncooperative behavior or misuse of services warrants termination. It would be logical to assume that if an individual cannot ride a paratransit vehicle and

maintain appropriate behavior, that paratransit is no longer an appropriate mode of transportation.

The health, safety and welfare of all MATP recipients and provider staff are paramount. Referral to the CAO as an alternative to paratransit services suffices to meet or equal the intent of this section and provides for the individual to have a means to access his/her medical services. The MATP should inform the Bureau of Hearings and Appeals that the recipient is not receiving services pending their appeal and request that the appeal be expedited.

The recipient shall be sent a Written Notice Form and told in writing:

- a. that the 10 day rule does not apply to their situation
- b. that the termination will remain in effect unless the decision is overturned through the appeal process
- c. what other options or modes of transportation may be available

Commonwealth of Pennsylvania Department of Public Welfare Office of Medical Assistance Programs

MEDICAL ASSISTANCE TRANSPORTATION PROGRAM

FORMS

- 22

Prepared by the Division of Medical Assistance Transportation Programs Bureau of Managed Care Operations

Forms

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FORM A: WAIVER REQUEST FORM

MEDICAL ASSISTANCE TRAN	SPORTATION PROGRAM: WAIVER I	REQUEST FORM	Date
Name of Requestor/Contact		Telephone	Requested Effective Date
Requesting Grantee/MATP Operator			
Please cite the requirement for which a waiver is being sought (from the Instructions and Requirements)			
Briefly describe the efficiencies and/or service enhancements that will result from the waiver			
Briefly describe the proposed alternative procedure			
Approximately how many recipients will be affected?	How will they be affected? What change, if any, will result in the level of service?		
Briefly describe the exception process for recipients who cannot be accommodated by the new requirement			
Briefly describe any local input in this waiver proposal, i.e., recipients, medical providers, etc.			

WAIVER REQUEST FORM – SAMPLE

MEDICAL ASSISTANCE TRAN	SPORTA	TION PROGRAM: WAIVER	REQUEST FORM	I		Date	9/1/2012	
Name of Requestor/Contact		Mr. Perry C. Transit Telephone (717) 555-1212 Requested Effective Date						
Requesting Grantee/MATP Operator			Ace County Depa	urtment of Hu	uman Services			
Please cite the requirement for which a waiver is being sought (from the Instructions and Requirements)		One-Hour Rule (Scope of Services)						
Briefly describe the efficiencies and/or service enhancements that will result from the waiver		Individual trips to the Regional Medical Center on a daily, and sometimes multiple individual trips, are costly due to compliance with the One-Hour Rule. This proposed waiver request was discussed with our local recipient advisory group.						
Briefly describe the proposed alternative procedure	recipients	bility to group trips, wheneve of a policy change for recipie Monday, Wednesday, or Frid	ents, whenever pos	sible, to sche	dule appointn	nents at the Re	gional Medical Center f	
Approximately how many recipients will be affected?	37	How will they be affected? What The change would ensure funding to provide transportation services to an increased number of eligible MA recipients. Our County has experienced a 2.5% increase in result in the level of enrollment in MATP in the past two years. service?						
Briefly describe the exception process for recipients who cannot be accommodated by the new requirement	If a recipi	If a recipient cannot possibly schedule their appointment on the above days, we would schedule an individual trip for them to access the medical services on the day it was scheduled.						
Briefly describe any local input in this waiver proposal, i.e., recipients, medical providers, etc.	A work g	A work group consisting of the County Human Services Director and local recipients has met to discuss the implications of this change and the consensus is that it would not negatively impact recipients.						

FORM B: WRITTEN NOTICE FORM - PAGE 1

MEDICAL ASSISTANCE TRANSPORTATION PROGRAM	DATE THIS NOTICE WAS
WRITTEN NOTICE FORM	MAILED OR HAND
	DELIVERED TO YOU:
NAME:	
ADDRESS:	
ADDRESS:	
SECTION I - NOTICE	
THIS IS TO NOTIFY YOU YOUR REQUEST HAS BE	EN:
For MATP Services Denie	d
For Transportation Services on: Termi	nated Effective:
For Mileage Reimbursement on: Reduc	ed or Service Type Changed Effective:
For the Following Reason:	
The Regulatory Cite and the Instructions and Requirements sections for th	ne basis of this decision are:
SECTION II - APPEAL RIGHTS AND RESPONSIBILITIES	
You have the right to appeal this decision and request a Fair Hearing through the Departme	ent's Bureau of Hearings and Appeals if you
disagree with the decision. The purpose of a Fair Hearing is to determine if the decision wa	
your particular circumstances. Therefore, you do not have the right to appeal a decision that	-
law or regulations which now exclude you from eligibility for service or reduce the amount	t of service you may receive. (See Section IV)
To appeal this decision and request a Fair Hearing you must complete the reverse side of th	his form Then you must mail or hand-deliver
this form plus one copy to the	(agency)
located at	(address)
located at	(autess)
The forms must be postmarked or hand-delivered by	, which is thirty (30) calendar days
following the date this notice is mailed or hand-delivered to you.	, which is thirty (50) carching this
tonowing the tase this notice is manea or minar-tenvered to you.	
If you are currently receiving service and your form is postmarked or hand-delivered on or	before ,
your service will be continued pending the outcome of your appeal. If your form is postma	arked or hand-delivered after this date.
service will be discontinued.	
You may contact at	
if you need assistance filling in your request for a Fair Hearing, or if you do not understan	d this decision or would like to meet with
a representative of our agency.	
SECTION III - AGENCY INFORMATION	
AGENCY NAME:	
AGENCY ADDRESS (Street, City, State, Zip Code):	
Rotario i Additetto (Sueer, City, State, Zip Code).	
Agency Representative Signature/Date	Telephone Number
Page 1 of 2 Required	MATP Form WN-100 Rev. 9/1/2012

WRITTEN NOTICE FORM - PAGE 2

SECTION IV - FILE AN APPEAL	
RIGHT TO AN APPEAL AND TO A FAIR HEARING	
You have the right to file an appeal within the time limits specified on the other side of this form a	nd request a Fair Hearing
from the Department of Public Welfare.	
In order to request a Fair Hearing, you must do the following:	
 Give your reason(s) for the appeal in the space provided below. 	
(2) Give your telephone number, including area code in the space provided.	
(3) Give your exact address.	
(4) Mail or take this form to the address of the agency specified in Section III.	
You have the right to represent yourself or to have anyone represent you. You can contact your Co	ounty local legal services office,
at	
if you want information about obtaining a lawyer to represent you at a hearing.	
Before the scheduled hearing takes place, your or your representative has the right to examine all in introduce as evidence at the hearing.	nformation which the agency will
If you and your representative would like to meet with the service provider agency staff to discuss	the matter informally or to present
information which might change the proposed action, please call the agency representative specifie	
If you need an interpreter at the hearing because you do not speak English or because you have lim	nited understanding of English
the Department will arrange for an official interpreter at no cost to you. You may bring a friend or	5 5 .
but the interpreter provided by the Department will be the official interpreter.	
During the hearing an Administrative Law Judge will ask you to explain why you appealed and wh	w you disagree with the decision by
the service provider agency. All facts will be studied and a ruling will be made as to whether the d	
is in accordance with the Department of Public Welfare's regulations.	
The Bureau of Hearings and Appeals will hold a hearing for you either over the telephone or face- you want. If you do not have a telephone in your home and cannot get to one (for example, friend to the telephone hearing at the service provider agency against which you filed the appeal.	
Please indicate which type of hearing you want:	
I want a telephone hearing. I want a face-te	o-face hearing.
I WANT A HEARING BECAUSE:	
(Please state a reason(s) for your appeal):	
YOUR MAILING ADDRESS AND TELEPHONE	
NUMBER	
If someone will be representing you	
at the Hearing, please list their	
name, address, and telephone	
I understand I will receive notification of the Hearing arrangements.	
Signature of Consumer	Date
Signature of Person Acting on Behalf of Consumer	Date
Mail or Hand-Deliver to the Agency specified in Section III of this form. cc: 1 Department of Public Welfare 2 DPW MATP Program Advisor	
OMAP /MATP - Fair Hearings 3 Recipient	ge 2 of 2 Required

FORM C: OIG - 12 - PAGE 1 (PRINTABLE FROM <u>HTTP://MATP.PA.GOV</u>)

SECTION I: REFERRAL INFORMATION -	Completed by IN	NCW .	4
1. INDIVIDUAL'S NAME (First Name, Middle Ini	tai, Last Name)	2. IMCW NAME (F	irst Name, Middle Initial, Last Name)
3. COUNTY/RECORD NUMBER		4. LANGUAGE PR	EFERENCE - ENTER LANGUAGE NAME (DO
5. PROVIDER NAME (IF APPLICABLE)		6. PROVIDER ADD	ORESS (IF APPLICABLE)
DOES INDIVIDUAL CLAIM DOMESTIC VIOL	ENCE?		(if yes, no referral should be made.)
ASSISTANCE PROGRAMS/ SERVICES INVOLVING INVESTIGATIONS	GA SNAP	I MA SA LTC	CHILD SUPPORT EMPLOYMENT & TRAINING UIHEAP
REFERRAL FOR:			E secto
APPLICANT BENEFITS DELIVERY LOCATION OF ABSENT PARENT TIP		MENT & TRAINING RE PROVIDER CARE PROVIDER ALCOHOL CENTER	SHELTER /TREATMENT CENTE NURSING HOME WFI GENERATED REFERRAL OTHER
SECTION II: REASON(S) FOR REFERRA	L (Explain) - Con	npleted by IMCW	
ECTION II: REASON(S) FOR REFERRA	.L (Explain) - Con	npleted by IMCW	
ECTION II: REASON(S) FOR REFERRA	.L (Explain) - Con	npleted by IMCW	
ECTION II: REASON(S) FOR REFERRA	IL (Explain) - Con	npieted by IMCW	
ECTION II: REASON(S) FOR REFERRA	L (Explain) - Con	npleted by IMCW	
ECTION II: REASON(S) FOR REFERRA	IL (Explain) - Con	npleted by IMCW	
ECTION III: REASON(S) FOR REFERRA	IL (Explain) - Con	npieted by IMCW	
ECTION III: REASON(S) FOR REFERRA	L (Explain) - Con	npieted by IMCW	
SECTION II: REASON(S) FOR REFERRA	L (Explain) - Con	npieted by IMCW	
SECTION II: REASON(S) FOR REFERRA	L (Explain) - Con	npieted by IMCW	
SECTION II: REASON(S) FOR REFERRA	L (Explain) - Con	npieted by IMCW	

OIG - 12 - PAGE 2 (PRINTABLE FROM <u>HTTP://MATP.PA.GOV</u>)

CTION III : INVESTIGATIV			BFPP F		
	E FINDINGS - Completed	by OIG Investigator	2]-[]-[-
DATE RECEIVED	2. INVESTIGATOR NAME	First Name, Middle Initial, I		3. DATE RET	URNED
INVESTIGATIVE FINDINGS (USE CONTINUATION PAGE	IF NECESSARY1		36.	
	INVESTIGATOR S	IGNATURE		DATE	
ECTION IV: RESULT OF IN	VESTIGATION - Complete	d by IMCW			
	VESTIGATION - Complete NOTE: Please re	d by IMCW turn this completed and		to the OIG within	
	VESTIGATION - Complete	d by IMCW turn this completed and * AUTHORIZE	ED WITH RED	to the OIG within	
	VESTIGATION - Complete NOTE: Please re K BOX THAT APPLIES)	d by IMCW turn this completed and AUTHORIZE GRA		to the OIG within UCED BENEFITS REDUCED	
ACTION TAKEN (CHEC	VESTIGATION - Complete NOTE: Please re K BOX THAT APPLIES)	d by IMCW turn this completed and AUTHORIZE GRA Cash:	ED WITH RED	to the OIG within UCED BENEFITS REDUCED	
	VESTIGATION - Complete NOTE: Please re K BOX THAT APPLIES) INEFITS	d by IMCW turn this completed and "AUTHORIZE GRA Cash: Child Care:	ED WITH RED	to the OIG within UCED BENEFITS REDUCED	
ACTION TAKEN (CHEC	VESTIGATION - Complete NOTE: Please re K BOX THAT APPLIES) ENEFITS ED	d by IMCW turn this completed and AUTHORIZE GRA Cash:	ED WITH RED	to the OIG within UCED BENEFITS REDUCED	
ACTION TAKEN (CHEC	VESTIGATION - Complete NOTE: Please re K BOX THAT APPLIES) ENEFITS ED AWAL	d by IMCW turn this completed and "AUTHORIZE GRA Cash: Child Care:	ED WITH RED	to the OIG within UCED BENEFITS REDUCED to to	
	VESTIGATION - Complete NOTE: Please re K BOX THAT APPLIES) ENEFITS ED AWAL SION PENDING.	d by IMCW turn this completed and "AUTHORIZE GRA Cash: Child Care: SNAP:	ED WITH RED	to the OIG within UCED BENEFITS REDUCED to to to to	
ACTION TAKEN (CHEC	VESTIGATION - Complete NOTE: Please re K BOX THAT APPLIES) ENEFITS ED AWAL SION PENDING.	d by IMCW turn this completed and "AUTHORIZE GRA Cash: Child Care: SNAP: LTC:	ED WITH RED	to the OIG within UCED BENEFITS REDUCED to to to to to	
ACTION TAKEN (CHEC 61. NO REDUCTION IN BE 62. DENIED /CASE CLOSE 63. VOLUNTARY WITHDR 64. REDUCED BENEFITS" 65. FAIR HEARING - DECI	VESTIGATION - Complete NOTE: Please re K BOX THAT APPLIES) ENEFITS ED AWAL SION PENDING. TON	d by IMCW turn this completed and "AUTHORIZE GRA Cash: Child Care: SNAF: LTC: Special Allowance:	ED WITH RED	to the OIG within UCED BENEFITS REDUCED to to to to to to	
ACTION TAKEN (CHEC 61. NO REDUCTION IN BE 62. DENIED /CASE CLOSE 63. VOLUNTARY WITHDR 64. REDUCED BENEFITS* 65. FAIR HEARING - DECI 66. REJECTED - CAO ACT	VESTIGATION - Complete NOTE: Please re K BOX THAT APPLIES) ENEFITS ED AWAL SION PENDING. TON	d by IMCW turn this completed and "AUTHORIZE GRA Cash: Child Care: SNAP: LTC: Special Allowance: LIHEAP:	ED WITH RED	to the OIG within UCED BENEFITS REDUCED to to to to to to	

FORM D: BUDGET PROJECTION REPORT

COUNTY:				D	ate of Original:		
PROGRAM:	MEDI	CAL ASSISTANCE 1	RANSPORTATION	I D	ate of Revision:		
ITEM	2011-2012 Estimated		2012-2013 Projec	cted Budget			
	Expenditures	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Total FY	
BUDGET REPORT							
Administrative Cost							
salaries & Benefits							
Staff Wages	0	0	0	0	0		
Benefits	0	0	0	0	0		
Misc. (details must be attached)	0	0	0	0	0		
Subtotal Salaries & Benefits	0	0	0	0	0		
Rent/Lease of Space			H				
Rent	0	0	0	0	0		
Utilities	l ŏl	ŏ	ŏ	ŏ	ŏ		
Insurance	l ŏl	ŏ	ŏ	ŏ	ŏ		
Telephone	- ŭ -		ŏ	ŭ	ŭ		
Misc. (details must be attached)	l õl	ō	ō	ō	ō		
Subtotal Rent/Lease of Space	Ŏ	Ő	ŏ	Ŏ	Ő		
Materials & Supplies							
Office Supplies	0	0	0	0	0		
Printing & Copying	0	0	U	0	0		
Postage	0	0	0	0	0		
Misc. (details must be attached)	0	0	0	0	0		
Subtotal Materials & Supplies	0	0	0	0	0		
Office Furniture & Equipment	0	0	0	0	0		
oniver unitare a Equipment			v				
Data Processing							
Computer Equipment	0	0	0	0	0		
Subcontract Services	0	0	U	0	0		
Software	0	0	U	0	0		
Misc. (details must be attached)	0	0	0	0	0		
Subtotal Data Processing	0	0	0	0	0		
rave	0	0		0	0		
114461	U U	U	U	U	U		
ees - Other Related Costs							
Professional Fees	0	0	0	0	0		
Bank Charges	0	0	0	0	0		
Insurance (officers, board, liability, etc.)	0	0	U	0	0		
Misc. (details must be attached)	0	0	0	0	0		
Subtotal Fees - Other	0	0	0	0	0		

BUDGET PROJECTION REPORT

All costs (indirect and direct) are to be placed on the appropriate lines above.

Rev. 8/17/2012

BUDGET PROJECTION REPORT

	BOD	GET PROJECT	ION REPORT			
COUNTY:				Date of Original:		
PROGRAM:	MED	MEDICAL ASSISTANCE TRANSPORTATION				
				Date of Revision:		
ITEM	2011-2012		2012-2013 Proj	jected Budget		
	Estimated					TatalEX
Iransportation Cost	Expenditures	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Total FY
Salaries & Benefits	0	0	0	0	0	0
Salaries & Delicitis	v	<u> </u>	v		- · · ·	
Occupancy Costs						
Rent	0	0	0	0	0	0
Utilities	0	0	0	0	0	0
Insurance	0	0	0	0	0	0
Telephone	0	0	0	0	0	0
Misc. (details must be attached)	0	0	0	0	0	0
Subtotal Occupancy Costs	0	0	0	0	0	0
Office Furniture & Equipment	0	0	0	0	0	0
Data Processing		0	0	0	0	0
Data Processing	·	v	v	v	v	
Vehicles	+++			++	+++	
Depreciation Expense	0	0	0	0	0	0
Autos-Loan Interest Expense	1 0	ŏ	Ő	ŏ	l õl l	ŏ
Autos-Leased	- I - Ū	Ŭ	Ŭ	Ŭ		Ū
Maintenance Repairs	0	0	0	0	0	0
Fuel Charges	0	0	0	0	0	0
lires	0	0	0	0	0	0
Insurance	0	0	0	0	0	0
Misc. (details must be attached)	0	0	0	0	0	0
Subtotal Vehicles	0	0	0	0	0	0
Special Equipment	0	0	0	0	0	0
Travel	0	0	0	0	0	0
TIGTEI		v	v	v	v I	v
Para transit	++ +					
Shared Ride	0	0	0	0	0	0
Taxi	1 0	Ő	Ő	Ő	l õl l	Ő
Other	Ō	Ō	Ō	Ō	Ō	Ő
Subtotal for Para transit	0	0	0	0	0	0
Reimbursement						
Mileage Reimbursement	0	0	0	0	0	0
Fixed Route	0	0	0	0	0	0
Other	0	0	0	0	0	0
Subtotal for Reimbursements	0	0	0	0	0	0
Mass Transit		0	0	0	0	0
mass mansil		U	U	U	V	U
No-Show Cost	0	0	0	0	0	0
	<u>+ </u>				- · · · · · · · · · · · · · · · · · · ·	
Rev. 8/1//2012					1 11	

BUDGET PROJECTION REPORT

Rev. 8/1//2012

BUDGET PROJECTION REPORT

BUDGET PROJECTION REPORT

COUNTY:					Date of Original:	
PROGRAM:	ME	DICAL ASSISTANC	E TRANSPORTA	ION	Date of Revision:	
ITEM	2011-2012 Estimated		2012-2013 P	rojected Budget		
	Expenditures	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Total FY
Subtotal Transportation Cost	0	0	0		0	0
Total Costs	0	0	0		0	0
Interest Earned	0	0	0		0	0
Total Funding	0	0	0	(0	0

All costs (indirect and direct) are to be placed on the appropriate lines above.

Projection of Trips and Consumers				П			
Projected Trips				П			
(1) Para transit Trips	0	0	0	П	0	0	0
(2) Reimbursement Trips	0	0	0	Π	0	0	0
(3) Mass Fransit Trips	0	0	0	П	0	0	0
(4) Volunteer Inps	0	0	0	П	0	0	0
Total Trips	0	0	0		0	0	0
		1st Qtr YID	2nd Qtr YID	Г	3rd Qtr YTD	4th Qtr YID	l otal FY
Projected Unduplicated Clients	0	0	0		0	0	0

Rev. 8/17/2012

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FORM E: MONTHLY DATA FILE FORM FORMAT

MATP Providers must provide trip level data monthly by submitting a Comma Separated Value (.CSV) file that can be extracted from a MS Excel or other software programs.

The required data is County Code, MA ID, Date of Trip, Mode of Transportation, Completed Trip Indicator, and Escort Indicator.

Required data as it might appear in MS Excel:

County Codes	Individual Number	Date of Trip	Mode	Completed	Escort
22	1234567890	7/1/2007	Р	Y	Ν

The correct file name - ##MATP.csv - must be used to insure submitted data is accepted into the department's database. "##" is the county's numeric code. In the example above, 22 is Dauphin County.

When using MS Excel, you can create a .CSV by selecting the option "Save As" in the lower dialog box then choosing "csv". To name the file, type in your two digit county code followed by "MATP" with no spaces or other characters. .CSV will automatically be added to the file name when you select "save".

Data files are due 45 days after the reported month has ended.

If a submission deadline is missed or delayed, all missed trips can be included in the next monthly submission. The "Date of Trip" information will place missed trips in the proper month in which they actually occurred.

NOTE: When submitting more than one month's data, do not transmit two files with the same name. The second file will overwrite the first. The proper procedure in that case is to merge the two months of data into one file and submit one file with a single correct name.

Trip level data files may be loaded from the 15th through the end of the month. Trip level data files may not be submitted between 5:00 pm on the last day of the month and 15th of the following month.

Example: July 2012 data must be loaded from September 15th 2012 through 5:00 pm September 30th, 2012.

Basic File Transfer Instructions:

- Access the SeGov Data Collection Tool Web Site
- Enter your User Name and password
- Browse for the your saved "csv" file
- Load the file
- Change your password if it will expire before the 15th of next month
- The Grantee shall retain an electronic copy of the transmitted file for at least one year.

INSTRUCTIONS FOR SUBMITTING MONTHLY TRIP LEVEL DATA

Monthly Trip Level Data Report File

File Layout:

Field Name	Field Length	Alpha/ Numeric
County Code	02	N
Recipient Number	10	N
Date of Trip	08	N
Mode of Transportation	01	А
Trip Completed	01	Α
Escort Needed	01	А

Data Element Definitions:

County Code – The two digit number the state assigned for the county.

Individual Number – The Ten Digit Number assigned to an individual by DPW. Also know as a Medical Assistance Identification Number (MA ID).

Date of Trip - The date of the trip that was scheduled.

Mode of Transportation – Mode of Transportation, P = Para Transit, R = Reimbursement, M = Mass Transportation, V = Volunteer.

Trip Completed – The One Digit Yes (Y) or No (N) indicator whether or not a trip was completed.

Escort Indicator – The One Digit Yes (Y) or No (N) indicator whether or not an escort was needed.

FORM F: MONTHLY REPORT FORMS

		м	ONTHLY REI	PORT				
COUNTY:							Date of Original:	
PROGRAM:		MEDIC	AL ASSISTANCE T	RANSPORTATION			Date of Revision:	
ITEM			2012-2013 Mo					
BUDGET REPORT	July 2012	August 2012	October 2012	November 2012	January 2013	February 2013	April 2013	May 2013
Administrative Cost								
Salaries & Benefits							11	
Staff Wages	0	0	0	0	0	0	0	0
Benefits	ō	0	ō	ō	0	ŏ	ō	ō
Misc. (details must be attached)	Ō	0	0	0	Ō	0	0	0
Subtotal Salaries & Benefits	0	0	0	0	0	0	0	0
Rent/Lease of Space				 			1	
Rent	0	0	0	0	0	0	0	0
Utilities	0	0	0	0	0	0	0	0
Insurance	0	0	0	0	0	0	0	0
Telephone	0	0	0	0	0	0	0	0
Misc. (details must be attached)	0	0	0	0	0	0	0	0
Subtotal Rent/Lease of Space	0	0	0	0	0	0	0	0
Materials & Supplies								
Office Supplies	0	0	0	0	0	0	0	0
Printing & Copying	0	0	0	0	0	0	0	0
Postage	0	0	0	0	0	0	0	0
Misc. (details must be attached) Subtotal Materials & Supplies	0	0	0	0	0	0	0	0
Subtotal materials & Supplies	0	0	0	U	v		v	
Office Furniture & Equipment	0	0	0	0	0	0	0	0
Data Processing								
Computer Equipment	0	0	0	0	0	0	0	0
Subcontract Services	0	0	0	0	0	0	0	0
Software	0	0	0	0	0	0	0	0
Misc. (details must be attached)	0	0	0	0	0	0	0	0
Subtotal Data Processing	0	0	0	0	0	0	0	0
Travel	0	0	0	0	0	0	0	0
Fees - Other Related Costs							{┠────╂╂	
Professional Fees	0	0	0	0	0	0	0	0
Bank Charges	ő	Ő	ő	ŏ	0	ŏ	ŏ	0
Insurance (officers, board, liability, etc	Ő	Ő	ŏ	ŏ	Ő	ŏ	ŏ	0
Misc. (details must be attached)	0	0	0	0	0	Ő	0	0
Subtotal Fees - Other	Ō	Ō	Ō	Ō	Ō	Ő	Ō	Õ
Total Administrative Cost	0	0	0	0	0	0	0	0

All costs (indirect and direct) are to be placed on the appropriate lines above.

Rev. 8/17/2012

MONTHLY REPORT FORMS

		M	ONTHLY RE	PORT				
COUNTY:							Date of Original:	
PROGRAM:		MEDIC	AL ASSISTANCE	TRANSPORTATION			Date of Revision:	
ITEM				onthly Actual				
Transportation Cost	July 2012	August 2012	October 2012	November 2012	January 2013	February 2013	April 2013	May 2013
Salaries & Benefits	0	0	0	0	0	0	0	0
		<u>,</u>	2			<u> </u>		
Occupancy Costs				 				
Rent	0	0	0	0	0	0	0	C
Utilities	0	0	0	0	0	0	0	(
Insurance	0	0	0	0	0	0	0	(
Telephone	0	0	0	0	0	0	0	(
Misc. (details must be attached)	0	0	0	0	0	0	0	(
Subtotal Occupancy Costs	0	0	0	0	0	0	0	(
Office Furniture & Equipment	0	0	0	0	0	0	0	C
Data Processing	0	0	0	0	0	0	0	0
Vehicles				┥──┤			┤┠────╂┤	
Depreciation Expense	0	0	0	0	0	0	0	(
Autos-Loan Interest Expense	ŏ	Ő	Ő	ŏ	ŏ	ŏ	ŏ	
Autos-Leased	ŏ	ŏ	Ő	ŏ	ŏ	ŏ	ŏ	
Maintenance Repairs	Ō	0	0	Ō	0	Ō		
Fuel Charges	Ō	Ō	0	Ō	Ō	Ō		(
Tires	0	0	0	0	0	0	0	(
Insurance	0	0	0	0	0	0	0	(
Misc. (details must be attached)	0	0	0	0	0	0	0	0
Subtotal Vehicles	0	0	0	0	0	0	0	0
Special Equipment	0	0	0	0	0	0		(
apecial Equipment	v v	v	U	v	v		· · · · · ·	
Travel	0	0	0	0	0	0	0	(
		<u> </u>			<u> </u>		i – ři	
Para transit							 ──── 	
Shared Ride	0	0	0	0	0	0	0	(
Taxi	Ō	0	0	Ō	0	0	Ō	
Other	0	0	Ō	0	0	0	0	(
Subtotal for Para transit	Ō	Ō	Ō	Ō	Ō	Ő	Ō	(
Reimbursement				┼───┼			┤┠────╂┨	
Mileage Reimbursement	0	0	0	0	0	0	0	(
Fixed Route	ŏ	Ö	Ő	ŏ	ŏ	ŏ	ŏ	(
Other	ŏ	Ö	Ő	ŏ	ŏ	ŏ	ŏ	(
Subtotal for Reimbursements	Ő	Ő	Ő	Ő	Ő	Ő		i
Mass Transit	0	0	0	0	0	0	0	(
No-Show Cost	0	0	0	0	0	0	0	(
	• • •	v	v	v	v	U	U U	

MATP I&R Rev. 10/2012

MONTHLY REPORT FORMS

			NONTHLY RE	PORT				
COUNTY:							Date of Original:	
PROGRAM:		MEDK	CAL ASSISTANCE	TRANSPORTATION			Date of Revision:	
ITEM			2012-2013 M	onthly Actual				
	July 2012	August 2012	October 2012	November 2012	January 2013	February 2013	April 2013	May 2013
Subtotal Transportation Cost	0	0	0	0	0	0	0	0
Total Costs	0	0	0	0	0	0	0	0
Interest Earned	0	0	0	0	0	0	0	0
Total Funding	0	0	0	0	0	0	0	0

All costs (indirect and direct) are to be placed on the appropriate lines above.

Trips and Consumers	July 2012	August 2012	October 2012	November 2012	January 2013	February	April 2013	May 2013
Trips								
(1) Para transit Trips	0	0	0	0	0	0	0	0
(2) Reimbursement Trips	0	0	0	0	0	0	0	0
(3) Mass Transit Trips	0	0	0	0	0	0	0	0
(4) Volunteer Trips	0	0	0	0	0	0	0	0
Total Trips	0	0	0	0	0	0	0	0
	YTD	YTD	YTD	YTD	YTD	YTD	YTD	YTD
Unduplicated Clients	0	0	0	0	0	0	0	0

Rev. 8/17/2012

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FORM G: MONTHLY METHADONE REPORT (SAMPLE)

County:

Reporting Month:

County	Total O Trips (Prie	be-Way or SB 638)	One-Way Average Cost Per Trip (Prior SB 638)	Trip Mode	Facility Name (Prior SB 638)	Is This The Closest Facility?	Total Monthly Cost (Prior SB 638)		Total One-Way Trips (Current Month)	One-Way Trip Cost (Current Month)	Facility Name (Current Month)	Is This The Closest Facility?	Approved Exception?	Total Monthly Cost (Current Month)	Monthly Savings
Adams		\$	-				\$	5		\$				\$	\$
Allegheny	-	\$	-				-	•	-	-				-	-
Armstrong	-	\$	-				-	5	-	-				- \$	-
Beaver	-	\$	-				-	•	-	-				-	\$
Bedford	-	\$	-				- \$	•	-	- \$ -				- \$ -	\$
Berks	-	\$	-				-	5	_	\$				\$	\$
Blair	-	\$	-				- -			-				\$ -	\$
Bradford/ Tioga	-	\$	-				- \$		-	-				- \$	\$
Bucks	-	\$	-				-	5	-	-				\$ -	\$
Butler	-	\$	-				s -	5	-	- -				\$ -	\$
Cambria	-	\$	-				- -		-	\$ -				-	\$
Cameron	-	\$	-				• •	5	-	\$ -				-	\$
Carbon	-	\$	-				-		-	\$ -				\$ -	\$
Centre	-	\$	-				• •	5	-	\$ -				\$ -	-

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FORM H: QUARTERLY REPORTS COMPONENTS – ACTUAL EXPENDITURE REPORT

		VAL LAFEN	DITORE REP			
COUNTY:						
PROGRAM:		MED	DICAL ASSISTANC	E TRANSPORTATIO	DN	
ITEM	2012-2013		2012-2013 Actu	al Expenditures		
	Budget	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Total FY
EXPENDITURE REPORT						
Administrative Cost						
Salaries & Benefits						
Staff Wages	0	0	0	0	0	0
Benefits	0	0	0	0	0	0
Misc. (details must be attached)	0	0	0	0	0	0
Subtotal - Salaries & Benefits	0	0	0	0	0	0
Rent/Lease of Space						0
Rent Utilities	0	0	0	0	0	0
Insurance	0	0	0	0	0	0
Telephone	0	0	0		0	0
Misc. (details must be attached)	0	0	0		0	0
Subtotal - Rent/Lease of Space	Ŏ	0	ŏ	0	ŏ	ŏ
Materials & Supplies						
Office Supplies	0	0	0	0	0	0
Printing & Copying	0	0	0	0	0	0
Postage	0	0	0	0	0	0
Misc. (details must be attached)	0	0	0	0	0	0
Subtotal - Materials & Supplies	0	0	0	0	0	0
Office Furniture & Equipment	0	0	0	0	0	0
Data Processing						
Computer Equipment Subcontract Services	0	0	0	0	0	0
Software	0	0	0	0	ő	0
Misc. (details must be attached)	0	0	0	0	ŏ	0
Subtotal - Data Processing	0	0	Ő	0	Ő	0
			l i			
Travel	0	0	0	0	0	0
Fees - Other Related Costs						
Professional Fees	0	0	0	0	0	0
Bank Charges	0	0	0	0	0	0
Insurance	0	0	0	0	0	0
Misc. (details must be attached)	0	0	0	0	0	0
Subtotal - Fees - Other	0	0	0	0	0	0
Total Administration Const						
Total Administrative Cost	0	0	0	0	0	0

ACTUAL EXPENDITURE REPORT

All costs (indirect and direct) are to be placed on the appropriate lines above.

ok

QUARTERLY REPORTS COMPONENTS – ACTUAL EXPENDITURE REPORT

	ACTO	AL EAPEND	ITUKE KEPU	K I		
COUNTY:						
PROGRAM:		MEDI	CAL ASSISTANCE	TRANSPORTATION	I	
				-		
ITEM	2012-2013	and offe	2012-2013 Actual		dh oh	Total Di
	Budget	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Total FY
Transportation Cost						
Salaries & Benefits	0	0	0	0	0	0
Occupancy Costs						
Rent	0	0	0	0	0	0
Utilities	0	0	0	0	0	0
Telephone	ŏ	ŏ		ŏ		ŏ
Misc. (details must be attached)	0	0	0	0	0	0
Subtotal - Occupancy Costs	0	0	0	0	0	0
Office Furniture & Equipment	0	0	0	0	0	0
Data Processing	0	0	0	0		0
Vehicles						
Depreciation Expense	0	0	0	0		0
Autos-Loan Interest Expense	ŏ	ŏ	ő	ŏ	ŏ	ő
Autos-Leased	0	0	0	0	Ō	0
Maintenance Repairs	0	0	0	0	0	0
Fuel Charges	0	0	0	0	0	0
Tires	0	0	0	0		0
Misc. (details must be attached)	0	0	0	0		0
Subtotal - Vehicles	ŏ	ŏ	ŏ	ŏ	ŏ	ŏ
Specialty Equipment	0	0	0	0	0	0
			_			
Travel	0	0	0	0	0	0
Para transit						
Shared Ride Taxi	0	0	0	0	0	0
Other	i i i	ŏ	ŏ	ŏ	ŏ	ŏ
Subtotal - Transportation Cost	0	0	0	0	ō	0
Reimbursement		H				
Mileage Reimbursement	0	0	0	0	0	0
Fixed Route	0	0	0	0	0	0
Other	0	0	0	0	0	0
Subtotal - Reimbursements	0	0	0	0	0	0
Mass Transit	0	0	0	0	0	0
No-Show Costs	0	0	0	0	0	0
Total - Transportation Cost	0	0	0	0	0	0
Total Costs	0	0	0	0	0	0
	U	U	U	U	v	U
Total Costs by Group	╂┼ ╼═_{╸╴╺}╺╸┥ ╂				0	
Group 1 Group 2	╫╼════╼┼╫	0	0	0		0
Total Costs	╟╘═══┤╽	ŏ	ő	ŏ	ŏ	0
Interest Earned	0	0	0	0	0	0
Total Funding	0	0	0	0	0	0

ACTUAL EXPENDITURE REPORT

QUARTERLY REPORTS COMPONENTS - PERSONNEL REPORT - TRANSPORTATION (SAMPLE FIRST QUARTER)

COUNTY: PROGRAM:

MEDICAL ASSISTANCE TRANSPORTATION FIRST QUARTER REPORT

		Total Hours	% of MATP	Hourly Rate	Total MATP Warres
Transportation					
Employee #, name, or initials	Employee Title				
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
Subtotal Transportation		0.00			0.00
Total Personnel Costs		0.00			0.00

QUARTERLY REPORTS COMPONENTS – PERSONNEL REPORT - ADMINISTRATION (SAMPLE FIRST QUARTER)

PERSONNEL REPORT

COUNTY: PROGRAM:

MEDICAL ASSISTANCE TRANSPORTATION FIRST QUARTER REPORT

Personnel Report		Total Hours Compensat	% of MATP bours	Hourly Rate	Total MATP Wages
Administrative					
Employee #, name, or initials	Employee Title				
Lingits jee a, name, or annuals					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
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					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
Subtotal Administrative		0.00			0.00

QUARTERLY REPORTS COMPONENTS – TRANSPORTATION REPORT (SAMPLE FIRST QUARTER)

	TRAN	SPORTATION REPORT									
COUNTY:											
PROGRAM:		MEDICAL ASSISTANCE TRANSPORTATION									
		FIRST QUARTER REPORT	-								
	PARATRANSIT			Rate / Ave.							
Transportation	Name of Provider	Type of Payment	No. of Trips	Rate	Amount Paid						
Taxi:											
					* **						
Taxi Subtotal:			0		0.00						
80											
Other:		-	0		0.00						
	+										
Other Subtotal:			0		0.00						
Co-Pays:		Total Eligible Co-Pay Trips / Co-Pay Collected Total Eligible Co-Pay Trips / Co-Pay Not Collecte	0		0.00						
		Total Bigible Co-Pay Trips / Co-Pay Not Collecte	0								
		Total Exempt Co-Pay Trips	U								
Co-Pays Total:		Must match Total Paratransit trips	0		0.00						
Total ParaTransit:			0		0.00						

QUARTERLY REPORTS COMPONENTS – TRANSPORTATION REPORT (SAMPLE FIRST QUARTER)

	TRANS	SPORTATION REPORT			
COUNTY:					
PROGRAM:		MEDICAL ASSISTANCE TRANSPORTATION			
		FIRST QUARTER REPORT			
	PARATRANSIT			Rate / Ave.	
Transportation	Name of Provider	Type of Payment	No. of Trips	Rate	Amount Paid
Taxi:					
Taxi Subtotal:			0		0.00
Other:					
			0		0.00
Other Subtotal:			0		0.00
Co-Pays:		Total Eligible Co-Pay Trips / Co-Pay Collected	0		0.00
		Total Eligible Co-Pay Trips / Co-Pay Not Collecte	ŏ		0.00
		Total Eligible Co-Pay Trips / Co-Pay Collected Total Eligible Co-Pay Trips / Co-Pay Not Collecte Total Exempt Co-Pay Trips	Ō		
Co-Pays Total:		Must match Total Paratransit trips	0		0.00
Total ParaTransit:			0		0.00

QUARTERLY REPORTS COMPONENTS – SUMMARY

COUNTY: PROGRAM:			MEDICAL	ASSISTANC	E TRANSPOR	RTATION			
SUMMARY REPORT	2012-2013		1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	YTD Expenses	Т	Budget
ITEM	Budget		ist olin	2nu qu	aru qu	401 60	TTD Expenses		Balance
Administrative Cost								F	
Salaries & Benefits	0	_	0	0	0	0	0	÷	0
Rent/Lease of Space	0		0	0	0	0	0		0
Materials & Supplies	0		0	0	0	0	0		0
Office Furniture & Equipment	0		0	0	0	0	0		0
Data Processing	0		0	0	0	0	0		0
Travel	0		0	0	0	0	0		0
Fees - Other Related Costs	0		0	0	0	0	0	T	0
Total Administrative Cost	0		0	0	0	0	0	T	0
Transportation Cost									
Salaries & Benefits	0		0	0	0	0	0		0
Occupancy Costs	0		0	0	0	0	0		0
Office Furniture & Equipment	0		0	0	0	0	0		0
Data Processing	0		0	0	0	0	0		0
Vehicles	0		0	0	0	0	0		0
Specialty Equipment	0		0	0	0	0	0		0
Travel	0		0	0	0	0	0		0
Paratransit	0		0	0	0	0	0		0
Reimbursements	0		0	0	0	0	0		0
Mass Transit	0		0	0	0	0	0		0
No-Show Costs	0		0	0	0	0	0		0
Total Transportation Cost	0		0	0	0	0	0		0
								ŀ	
Total Costs	0		0	0	0	0	0	+	0
Interest Earned	0		0	0	0	0	0	E	0
Total Funding	0		0	0	0	0	0		0

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Forms

QUARTERLY REPORTS COMPONENTS – NARRATIVES

1 st Quarter		
2 nd Quarter		
3 rd Quarter		
4 th Quarter		

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QUARTERLY REPORTS COMPONENTS – TRIP AND CLIENT DATA REPORT

	P AND CO	ISUMER D	ATA REPO	RT		
COUNTY:						
PROGRAM:	MEDICAL	ASSISTAN	CE TRANSF	PORTATION		
IIEM	Projected Actual 2012-2013 2012-2013 Data					
	Budget	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Total FY
TRIP AND CONSUMER DATA REP	ORT					
Trip/Consumer Data						
(1) Paratransit Trips	0	0	0	0	0	0
(2) Reimbursement Trips	0	0	0	0	0	0
(3) Mass Transit Trips	0	0	0	0	0	0
(4) Volunteer Trips	0	0	0	0	0	0
TOTAL TRIPS	0	0	0	0	0	0
Urgent Care Trips	\geq	0	0	0	0	0
Total No Shows	\sim	0	0	0	0	0
		1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Total FY
			YTD	YTD	YTD	YTD
Unduplicated Consumers (Group 1)	\geq	0	0	0	0	0
Unduplicated Consumers (Group 2)	Ν	0	0	0	0	0
TOTAL Consumers		0	0	0	0	0
MAWD Consumers	\geq	0	0	0	0	0
Number of Complaints	\geq	0	0	0	0	0
Number of Trip Denials		0	0	0	0	0

QUARTERLY REPORTS COMPONENTS – TRIP AND CLIENT DATA REPORT

Summary of Type of Complaints:
Type of Complaint and Disposition
First Quarter
Second Quarter
Third Quarter
Fourth Quarter

FORM I: MATP APPLICATION FORM

Application for MATP Services

Last Name:	Fi	rst Name:		Middle Initial:		Date of I	Birth:	
SSN:	10 Digit Rec	ipient #:	Card Issue #	:		Phone #:		
Street Address:					Apt. #:			
City:	Municipa	Lity:	Count			tate/Zip Co	de:	
Name of Emergency Contact:		Relationship:		Emerg Conta	gency ct's Phone #:			
Do you live in a nursing home? Do you live in a personal care ho				Yes Yes	No No		't know 't know	
Do you live in a personal care non Does the personal care home rec		vide transportation services for	t you?	Yes	No No		't know	
MATP Funding Status (Comp	leted by Office Person	nel) 🗌 Group I	Group II					
List Other Eligible Household	d Members Below:							
			Card			Mode	Frequency Wk - Mo	Status
Name	DOB	Recipient #	Issue #	SSN		(Comp	leted by Office Pe	rsonnel)

I hereby certify that to the best of my knowledge, the information contained herein is true, correct and complete. I agree to report any changes in circumstances immediately to the Service Provider. I understand that documentation of all eligibility factors may be required to determine eligibility correctly or for auditing purposes and that giving knowingly false statements is a criminal offense. I understand that I have a right to request a Department of Public Welfare fair hearing if benefits are denied. This affirmation statement covers all attachments required for the determination of eligibility.

Signature of Client or Designee

Date

	FOR OFFICE USE ONLY	
Applicant Determined Eligible: Yes No	Date of Initial Eligibility:	Date Client Notified:
(If not please state reason for ineligibility below)		
Reason for Ineligibility:	Signature of	Date Signed:
	Interviewer:	

Page 1 of 6 Required

MATP Form APP-100 Rev 4/30/2012

Application for MATP Services Assessment of Need (Page 1 of 3)

General Transportation Information	
1. How did you hear about MATP?	
2. How many adults in the household?	
 Do you have a valid driver's license? (If no skip to #7) 	Yes No
4. Do you have a vehicle that is legally registered, insured, and drivable?	Yes No
If the vehicle is not available, explain why. (If yes skip to #6 – If no skip to #5)	
 Do you have access to a vehicle belonging to a friend or other family member? (If yes, skip to #11, automatically mileage – If no skip to #7) 	Yes No
 Are you able to take yourself (and/or children) to medical appointments? (If yes, skip to #11, automatically mileage) 	Yes No
 Do you have a relative or friend who is willing to take you to medical appointments? If so, locally? Out of town? (If yes, automatically mileage – If no go on to #8) 	Yes No Yes No Yes No Yes No
	s to a vehicle, or a friend/relative willing to provide transportation – how are you/they getting to other
 If you/they do not have a vehicle, etc. – is the public transit service available? 	Yes No
10. If on a public transit route, is it adequate to meet the need?	Yes No
11. Is the person or, in case of a family, more than one adult working?	Yes No
12. If yes, what hours does the person(s) work?	

Page 2 of 6 Required

Application for MATP Services Assessment of Need (Page 2 of 3) Complete for <u>each</u> MATP recipient listed on Application Page 1

Last Name:	First]	Name:		Mie	ddle Initi	ial:	Social Security #:
				MA	TP Fun	ding St	atus
10 Digit Recipient #		Card Issue #:		(Co	mpleted	l by Off	ice Personnel) 🗌 Group I 🗌 Group II
Name of							Emergency
Emergency Contact:			Relationship:				Contact's Phone #:
Do you live in a nursing home?					Yes	N	lo I don't know
Do you live in a personal care home?					Yes		lo 🗌 I don't know
Does the personal care home receive an agree	ement	to provide transpo	ortation services for you?		Yes		lo 🗌 I don't know

Transportation Frequency (this information is needed to determine the frequency of ongoing transportation needed)

	Approx.	# of	Check	the day	rs of wee	ek transp	oortatio	n is nee	ded to	
List known locations for medical	Distance	weeks			thi	s locatio	on			Appt Time if known
services needed	from	per	Mon	Tues	Wed	Thur	Fri	Sat	Sun	Appt Time It known
	home	month			a			one		
Transportation Modes		Are	there e	nodical	reasons			t maa thi	is made	
		MIE				wity you		t use un	is mode	
Fixed routs (If available)			Yes		No					
Paratransit Services (If available)			Yes		No					
Taxis (If available)			Yes		No					
Do you live 1/4 mile or less from bus re	oute servic	es?	Yes		No					
If there are medical reasons why y	ou canno	t use the							Verific	ation of Disability and Special Needs" form
			com	pleted k	oy your	medica	l provi	der.		

MATP I&R Rev. 10/2012

Application for MATP Services Assessment of Need (Page 3 of 3) Complete for <u>each</u> MATP recipient listed on Application Page 1

Limitations and Disab	ilities					
Can you speak and unde	rstand English	1? Ves	No			
If not, what language do	you speak?					
Will you be traveling wit				an	nd Special Needs" for	t is not a child, we need a "Verification of Disability rm completed by your medical provider.
Do you have a disability	that requires s	pecial accommodati	ion? Y		Yes, we need a "Veri ompleted by your mee	ification of Disability and Special Needs" form dical provider.
Nature of Disability	Check all that apply	Use of Mobility Aid	Check if you use this mobility aid	Is the use of this aid temporary?	Date temporary need will end	Comments and Descriptions
Mobility Disability		Manual Wheelchair		🗌 Yes 🔲 No		
Hearing Disability		Motorized Wheelchair		Yes 🗌 No		
Visual Disability		Scooter		🗌 Yes 🗌 No		
Cognitive Disability		Oversized Wheelchair		Yes No		
Behavioral Health Disability		Walker		🗌 Yes 🗌 No		
Gross Obesity		Crutches		Yes No		
Other		Braces		Yes No		
		Service Animal		Yes No		
		Other (Describe)		🗌 Yes 🔲 No		
Is your wheelchair greate			ngth (measured	2 in. above the grou	nd)	Yes No Not Applicable
and weigh no more than						
Can you transfer to a sea		les No				
Do you need assistance t	to transfer to a	i seat? Yes	s 🗌 No			

Application for MATP Services Verification of Disability or Special Needs (Page 1 of 2) Complete for <u>each</u> MATP recipient listed on Application Page 1

Applicant Section

Last Name:		First Name:			Middle Initial:		Date of Birth:
SSN:	10 Digit	Recipient #:	Card	Issue #:			Phone #:
Street Address:						Apt. #	:
City:	Mun	icipality:		County:			State/Zip Code:

Applicant Release Section

I understand that the purpose of this evaluation is to help i information about my disability contained in this applicatio authorize my medical representative to release any and all is purpose of determining an appropriate method of transpor	n will be kept confidentia nformation required by th	ll and shared only with professionals involved in he Medical Assistance Transportation Program re	evaluating my eligibility. I hereby
Applicant Signature		Date	
If applicant is unable to sign this form he/she may have so	meone sign and certify (b	elow) on applicant's behalf (e.g., minor, disability	y)
Signature of Person Signing for Applicant	Date	Print Name	Relationship to Applicant
Certification Section			
The individual named above has the following disability(ies	.) Check all that apply.		

The individual named above has the following disability(ie	es.) Check all that apply.	
Mobility	Vision	Hearing
Cognitive	Behavioral	Other

Page 5 of 6 Required

139

Application for MATP Services Verification of Disability or Special Needs (Page 2 of 2) Complete for <u>each</u> MATP recipient listed on Application Page 1

* •				
Lan	nita	ntion	Sec	tion

		These lin	nitations apply			Status	
Indicate the tasks (below) related to using public transit that	Always	Usually	Occasionally	Rarely	Permanent	Temporary	If so, how
the individual listed above cannot do.						remporary	long?
Boarding vehicle without a wheelchair lift or ramp							
Recognizing a bus stop, identifying appropriate bus and route #							
Understanding/handling bus fare/money transactions							
Recognizing destinations if stops are announced							
Waiting for an hour							
Walking less than a 1/4 mile							
Communicating with people							
Understanding emergencies or handling emergencies well							
Other (describe):							
Does the individual require a personal care attendant or escort for ass	istance while	traveling	Yes 🗌	No			
Certification Section							
The individual named above receives or is eligible for disability service	es from these	programs. (Check all that app	ly.			
OVR SSI/SSDI		B1 Service	treau of Blindnes	s & Visual	Cer	nter for Indepe	ndent Living
MH/MR United Cerebral Pale	sy (UCP)	Re Therap	egistered Physical ist	/Occupational	l 🗌 Phy	rsician	
Registered Nurse PA Attendant Care			ther				
Verification Section							
By signing, I affirm that to the best of my knowledge, the information file to document the above statements and will produce such docume providing false or misleading information could result in prosecution	ntation at the	request of th	e Medical Assista	nce Transport	ation Program		
Print or Type Name of Person Signing Signature			Pennsylva (if applica	nia License # ble)		1	Date
Office Street Address, city, state & zip				Office Phone #		c	Office Fax #

MATP Form APP-100 Rev 4/30/2012

FORM J: DISCLOSURE OF EXCLUSIONS

Disclosure of Exclusion(s) Pennsylvania Department of Public Welfare Medical Assistance Transportation Program (As required by 42 C.F.R. §1001.1901.)

List the name of any person who:

Has been excluded in any program under Medicare, Medicaid or the Title XIX services program since the inception of those programs:

Name	Date of Birth	SSN	Date of Exclusion	Telephone
Address		City	State	Zip Code
Name	Date of Birth	SSN	Date of Exclusion	Telephone
Address		City	State	Zip Code
Name	Date of Birth	SSN	Date of Exclusion	Telephone
Name Address	Date of Birth	SSN City	Date of Exclusion State	Telephone Zip Code
	Date of Birth Date of Birth			-

"By signing this form, I certify that the information provided on this form is true and correct. I will notify the Department of Public Welfare if any information changes. I will comply with all aspects of this disclosure form. By completing and signing this form, I give consent for the information contained herein to be disclosed to the Department of Health and Human Services or any other appropriate governmental agencies, including the Office of Homeland Security."

Name:		Title:		
	(Please Print or Type)	-	(Please Print or Type)	
Signature:		Date:		
lofl			MATP Form OM 10-17	Rev. 9/1/2012

Page

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FORM K: DISCLOSURE OF OWNERSHIP AND CONTROL – PAGE 1

Disclosure of Ownership and Control Pennsylvania Department of Public Welfare Medical Assistance Transportation Program (As required by 42 C.F.R. §455.104: Disclosure by providers and fiscal agents: Information on ownership and control)

 List the name and address of each person with an ownership or control interest in the disclosing entity or in any subcontractor in which the disclosing entity has direct or indirect ownership of 5 percent or more:

Name	Date of Birth	SSN	Percentage Ownership or Control Interest	Telephone
Address		City	State	Zip Code
Name	Date of Birth	SSN	Percentage Ownership or Control Interest	Telephone
Address		City	State	Zip Code
Name	Date of Birth	SSN	Percentage Ownership or Control Interest	Telephone
Address		City	State	Zip Code
Name	Date of Birth	SSN	Percentage Ownership or Control Interest	Telephone
Address		City	State	Zip Code

DISCLOSURE OF OWNERSHIP AND CONTROL – PAGE 2

(As required by 42 C.F	Disclosure of Significant B Pennsylvania Departmen Medical Assistance Trans R §455.104: Disclosure by providers an	at of Public Welfare
2. Indicate whether any of the persons identifie	ed in number one above are relat	ated to another as a spouse, parent, child or sibling:
Name	Name	Relationship
	_	
 List the name of any other disclosing entity i control interest: 	in which a person with an owner	ership or control interest in the disclosing entity also has an ownership or
	se requests and responses to the	obtain this information by requesting it in writing from the person. The em, make them available to the Secretary or the Medicaid agency upon equest)
Name of Person	N	Name of Other Disclosing Entity
information changes. I will comply with all	aspects of this disclosure form.	is true and correct. I will notify the Department of Public Welfare if any By completing and signing this form, I give consent for the information Services or any other appropriate governmental agencies, including the
Name:(Please Print or		Title: (Please Print or Type)
Signature:	D	Date:

Page 2 of 2

MATP Form OM 10-19 Rev. 9/1/2012

FORM L: DISCLOSURE OF OWNERSHIP AND CONVICTIONS - PAGE 1

Disclosure of Ownership and Control Pennsylvania Department of Public Welfare Medical Assistance Transportation Program (As required by 42 C.F.R. §455.106: Disclosure by providers: Information on persons convicted of crimes)

List the name of any person who:

1. Has ownership or control interest in the provider, or is an agent or managing employee of the provider; and

2. Has been convicted of a criminal offense related to that person's involvement in any program under Medicare, Medicaid or the Title XX services program since the inception of those programs:

Name	Date of Birth	SSN		Date of Conviction	Relationship to Provider
Address	City		State	Zip Code	Telephone
Name	Date of Birth	SSN		Date of Conviction	Relationship to Provider
Address	City		State	Zip Code	Telephone
Name	Date of Birth	SSN		Date of Conviction	Relationship to Provider
Address	City		State	Zip Code	Telephone
Name	Date of Birth	SSN		Date of Conviction	Relationship to Provider
Address	City		State	Zip Code	Telephone

Page 1 of 1

DISCLOSURE OF OWNERSHIP AND CONVICTIONS – PAGE 2

Disclosure of Ownership and Control Pennsylvania Department of Public Welfare Medical Assistance Transportation Program (As required by 42 C.F.R. §455.106: Disclosure by providers: Information on persons convicted of crimes)

"By signing this form, I certify that the information provided on this form is true and correct. I will notify the Department of Public Welfare if any information changes. I will comply with all aspects of this disclosure form. By completing and signing this form, I give consent for the information contained herein to be disclosed to the Department of Health and Human Services or any other appropriate governmental agencies, including the Office of Homeland Security."

Name:		Title:	
	(Please Print or Type)	-	(Please Print or Type)
Signature:		Date:	
_		-	

Page 1 of 1

FORM M: DISCLOSURE OF SIGNIFICANT BUSINESS TRANSACTIONS – PAGE 1

Disclosure of Ownership and Control Pennsylvania Department of Public Welfare Medical Assistance Transportation Program (As required by 42 C.F.R. §455.105: Disclosure by providers: Information related to Business transactions)					
Request Date:					
Within 35 days of the reques	t date, submit full and complete info	rmation concerning th	e following:		
	contractor with whom the provider 2-month period ending on the date		actions totaling more		
Name	Date of Birth	SSN	Percentage Ownership or Control Interest	Telephone	
Address		City	State	Zip Code	
Name	Date of Birth	SSN	Percentage Ownership or Control Interest	Telephone	
Address		City	State	Zip Code	
Name	Date of Birth	SSN	Percentage Ownership or Control Interest	Telephone	
Address		City	State	Zip Code	
Name	Date of Birth	SSN	Percentage Ownership or Control Interest	Telephone	
Address		City	State	Zip Code	

Page 1 of 2

DISCLOSURE OF SIGNIFICANT BUSINESS TRANSACTIONS – PAGE 2

	Pennsylvania Depa	vnership and Control rtment of Public Welfare Transportation Program providers: Information related to	1
2. Any significant business tr the 5-year period ending or		holly owned supplier, or b	etween the provider and any subcontractor, during
Name	Name		Relationship
information changes. I will	l comply with all aspects of this disclosure closed to the Department of Health and H	form. By completing and	will notify the Department of Public Welfare if any signing this form, I give consent for the information er appropriate governmental agencies, including the
Name:	(Please Print or Type)	Title:	(Please Print or Type)
Signature:		Date:	
as 2 of 2			MATP Form OM 10-16 Rev. 9/1/20