



Topic	Speaker	Time	Duration
Welcome & Overview	Rebekah	10:30am – 10:35am	5 mins
Administrative Topic 1 Mileage Reimbursement	Amy Stum	10:35am – 10:50am	15 mins
General Reminders & Updates Covered/Non-Covered Services (Psych Rehab) Referrals Urgent Care Trips LEP	Chris Chris Chris Chris Gwen	10:50am – 11:15am	25 mins
Spotlight How to Prepare for a PSR	Rebekah/Stevie	11:15am – 11:25am	10 mins
Administrative Topic 2 Broker Analysis	Gwen	11:25am – 11:30am	5 mins
Press Box	Gwen	11:30am – 11:35am	5 mins
MATP Finance	Amy	11:35am – 11:40am	5 mins
PennDOT	John T	11:40am – 11:45am	5 mins
Administrator Shout Outs	Dani/Stevie	11:45am – 11:55am	10 mins
Pre-Vetted Q&A	Rebekah/Chris	11:55am – 12:00pm	5 mins

MATP

Quarterly Administrators Session

Commonwealth of Pennsylvania
Department of Human Services

April 29, 2026

<https://www.pa.gov/agencies/dhs>



Pennsylvania
Department of Human Services



- 00** Welcome and Overview

- 01** Mileage Reimbursement

- 02** General Reminders & Updates

- 03** Spotlight: How to Prepare for a PSR

- 04** Broker Analysis

- 05** Press Box

- 06** MATP Finance Updates

- 07** PennDOT Updates

- 08** Administrator Shout Outs

- 09** Q&A



Welcome & Overview



Please **Refrain**
from the use of AI



Please make sure your
microphone is muted
when not speaking



During the presentation,
please feel free to **add**
your questions in the
chat window



During the Q&A session,
please use the
'raise hand' feature to ask
a question *or* continue to
utilize the chat

VIRTUAL MEETING GUIDE



Post
Q & A

Raise
Hand

Camera
on/off

Mute
(on/off)

Purpose



- Provide a regular forum to share program and fiscal information with MATP administrators and gather feedback from participants.
- Gain knowledge, receive and/or provide technical assistance and increase connections across the MATP network.

Hosts



Gwendolyn Zander

Bureau Director, Managed Care Operations, Office of Medical Assistance Programs, (OMAP)

Kristen Figueroa

Division Director, Division of Monitoring & Compliance, Office of Medical Assistance Programs, (OMAP)

Rebekah Leiphart

Director, Medical Assistance Transportation Program, Office of Medical Assistance Programs, (OMAP)

Christopher Stout

Medical Assistance Transportation Program Supervisor, Office of Medical Assistance Programs, (OMAP)

Bree Zappe

Assistant Director, Bureau of Fiscal Management, Office of Medical Assistance Programs, (OMAP)

Amy Brandt

Director, Division of Budgets & Contracts, Bureau of Fiscal Management, Office of Medical Assistance Programs, (OMAP)

Tauseef Farooqi

Fiscal Management Specialist 2, Bureau of Fiscal Management, Office of Medical Assistance Programs, (OMAP)

John Taylor

PennDOT Manager of Planning and Technology, Bureau of Public Transportation

Topics for future calls will vary and continue to be responsive to questions and feedback from participants. Suggestions are welcomed!



Mileage Reimbursement

This project will **enable the option for Medicaid consumers to submit mileage reimbursement requests electronically**. The Administrators will review and process **all** the mileage reimbursement requests electronically.

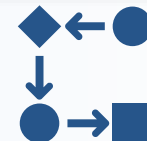


Will standardize processes within mileage reimbursement (i.e., processing times), to include the form used for submitting mileage reimbursement requests for MATP.

The project is **standardizing the MR form** and assessing other opportunities for process standardization and continuity of services.



After the initial implementation, **opportunities to expand** to other mode processes will be evaluated.



A b-user ID will be required to access this system

General Updates



Solicitation *(what was done, what is planned, who)*

- Initial request was made for all Administrators in July 2024
 - Included those who expressed interest in partaking in the working group
 - Focus was on process, defined requirements, and screen designs
- Looking forward
 - Jan 2027 engaged with MATP stakeholders
 - Testing
 - Consumer usability testing
 - Feedback for future enhancements
 - Opportunity for all, but looking for a singular point of contact from those who are interested



Timeline *(when)*

- Currently in iterative cycles of development and testing within OMAP
- **Dev testing starts Oct 25 - Dec 26/Jan 27-**
Administrators have opportunity for “hands-on” testing
- **Pilot Go-live 4/1/27**
- **Full rollout 7/1/27**

Administrators need to provide the following information by **November 1, 2026**, for the Administrator **and** any Vendor or Subcontractor that will be granted permission to access the Mileage Reimbursement system:

- ✓ **County**
- ✓ **Organization Name**
- ✓ **Role** (Administrator or Vendor/Subcontractor)
- ✓ **Federal Employer Identification Number** (FEIN) in **XX-XXXXXXX** format
- ✓ **Mailing address** for MATP Mileage Reimbursement documents/inquiries
- ✓ **Phone Number** for MATP Mileage Reimbursement documents/inquiries
- ✓ **Fax Number** for MATP Mileage Reimbursement documents/inquiries
- ✓ **Email address** for MATP Mileage Reimbursement documents/inquiries



Provide the required information using the following link:

Mileage
Reimbursement
Organizational
Data Form

For more information about FEINs, visit [irs.gov](https://www.irs.gov)



General Reminders and Updates

MATP Operations Memorandum 03/2026-001

Covered and Non-Covered Services

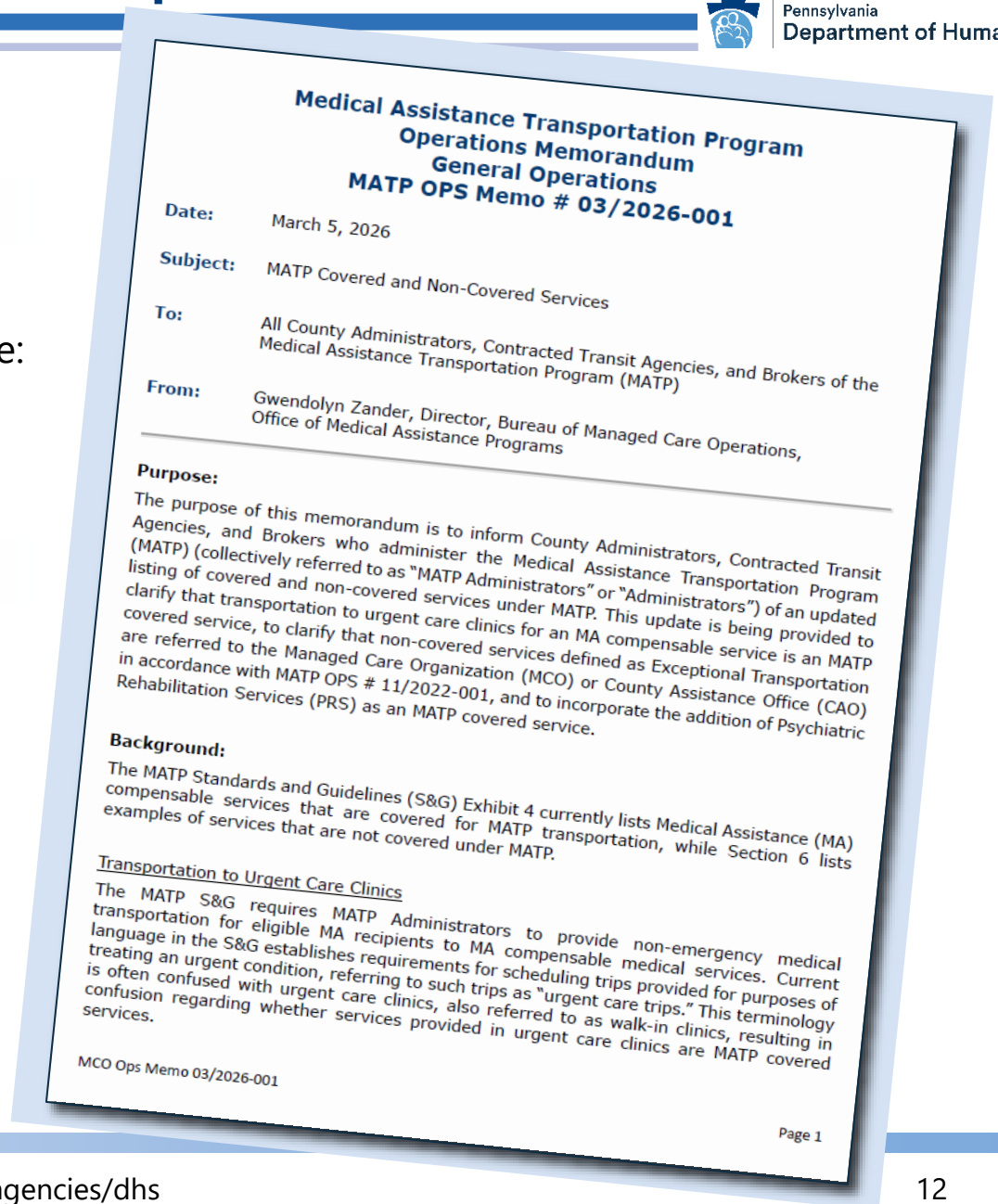


Key Reminders:

- Officially published on 3/5/26
- Communicated via email and posted to MATP website: [MATP Operations Memorandum 03/2026-001](#)

Purpose:

1. Establish Psychiatric Rehabilitation Services (PRS) as a Covered Service
2. Clarify Transportation to Urgent Care Clinics as a Covered Service
3. Reinforce the Exceptional Transportation Referral Process





1

Attachment 1:

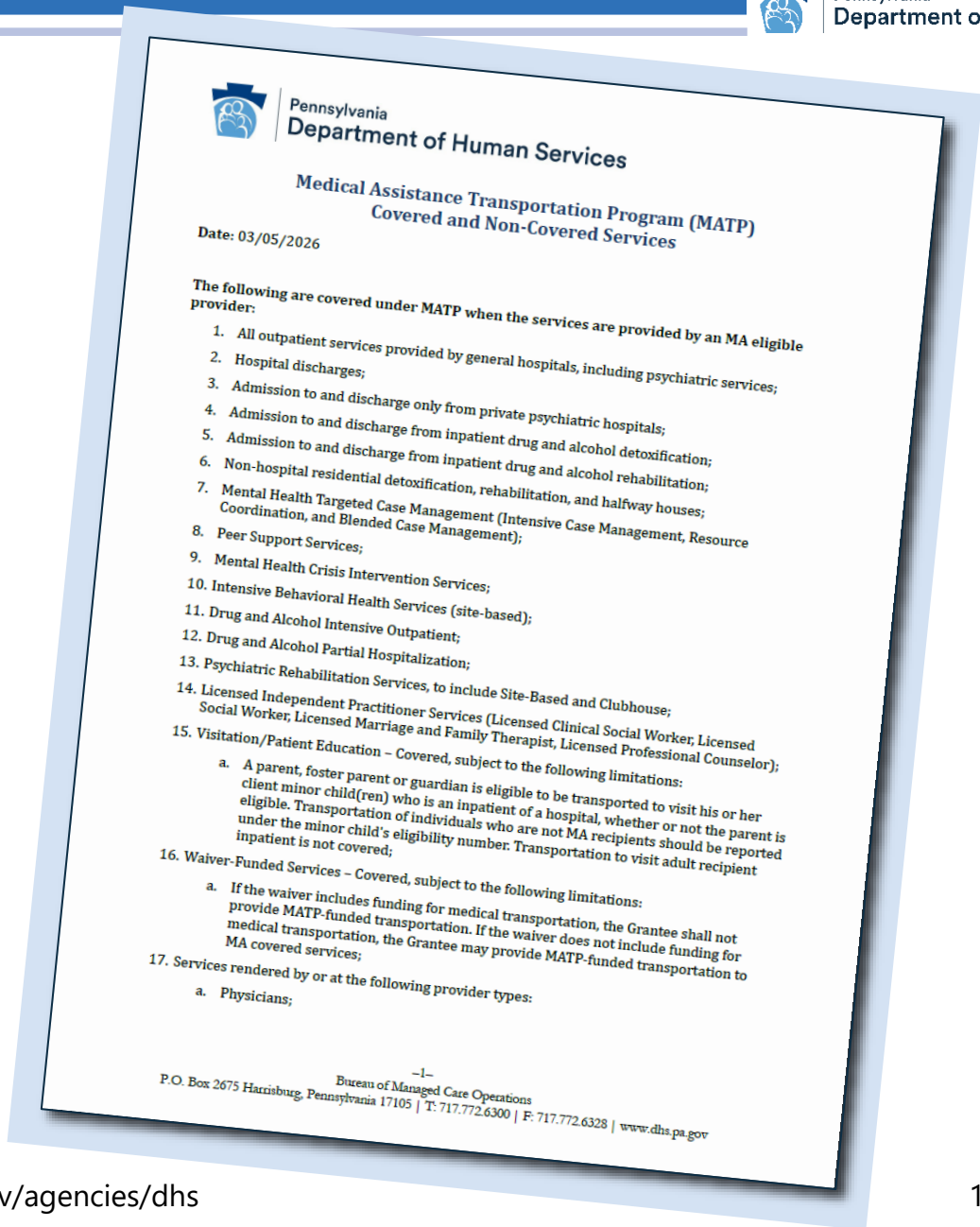
List of MATP Covered and Non-Covered Services

Replaces Exhibit 4 in the Standards and Guidelines until it is updated and reissued

<http://matp.pa.gov/PDF/MATP%20Covered%20and%20Non-Covered%20Services.pdf>

4/29/2026

<https://www.pa.gov/agencies/dhs>



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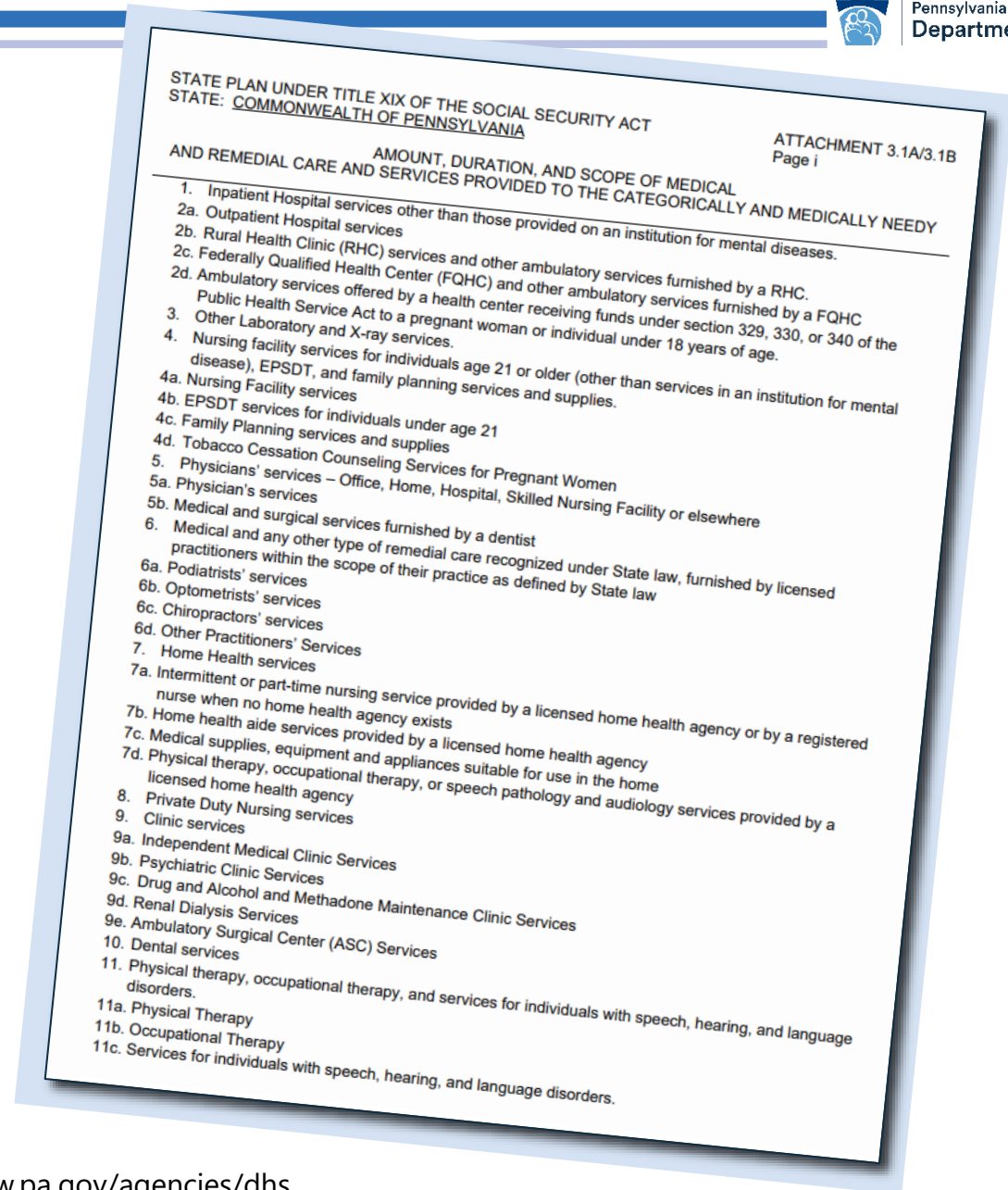


2 Attachment 2:

Psychiatric Rehabilitation Services State Plan Amendment 26-0002

Lists the amount, duration, and scope of medical and remedial care and services, which now includes PRS

<https://www.pa.gov/content/dam/copapwp-pagov/en/dhs/documents/docs/publications/documents/2023-medicaid-state-plan/0013-attachment-3-1a-3-1b.pdf>





3 Attachment 3:

OMHSAS PRS Bulletin

Announces the addition of PRS services to the MA Program Fee Schedule, effective 1/1/26

<https://www.pa.gov/content/dam/copapwp-pagov/en/dhs/documents/docs/publications/documents/forms-and-pubs-omhsas/2026-02-06-omhsas-26-01-prs-ma-fee-schedule-bulletin-final.pdf>

The image shows a document titled "OFFICE OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES BULLETIN" with the Pennsylvania Department of Human Services logo. The document includes the following information:

ISSUE DATE: February 6, 2026	EFFECTIVE DATE: January 1, 2026	NUMBER: OMHSAS-26-01
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SUBJECT: Payment for Psychiatric Rehabilitation Services

BY: Jennifer S. Smith, Deputy Secretary, Office of Mental Health and Substance Abuse Services

IMPORTANT REMINDER: All providers must revalidate the Medical Assistance (MA) enrollment of each service location every 5 years. Providers should log into PROMISE™ to check the revalidation dates for each service location and submit revalidation applications at least 60 days prior to the revalidation dates. Enrollment (revalidation) applications may be found at: <https://www.pa.gov/agencies/dhs/resources/for-providers/provider-enrollment-information/provider-enrollment-documents.html>.

SCOPE: This bulletin applies to providers enrolled in the MA Program who render Psychiatric Rehabilitation Services (PRS) to MA beneficiaries in the Fee-for-Service (FFS) delivery system. Providers who render PRS in the MA Behavioral Health Managed Care delivery system should address any coding or billing questions to the appropriate County Primary Contractor or HealthChoices Behavioral Health Managed Care Organization (BH-MCO).

PURPOSE: This purpose of this bulletin is to announce the addition of PRS to the MA Program Fee Schedule, effective January 1, 2026.

BACKGROUND/DISCUSSION: On January 30, 2026, the Centers for Medicare and Medicaid Services approved the Department of Human Services' (Department) State Plan Amendment adding PRS to Pennsylvania's Medicaid State Plan as a rehabilitative service (42 CFR § 440.130(d)) with an effective date of January 1, 2026.

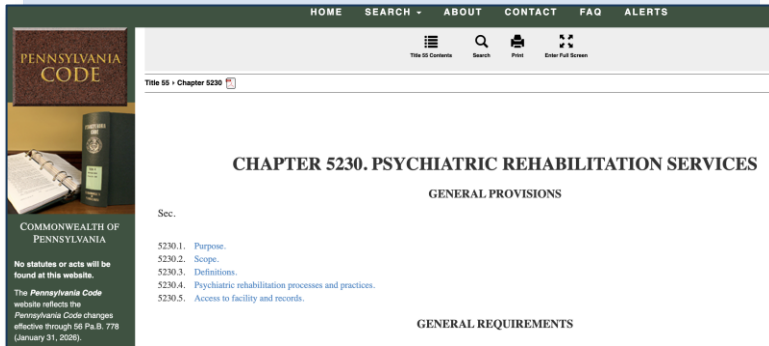
PRS is an evidence-based recovery-oriented rehabilitative service that is used to reduce the disabling effects of a mental, behavioral, or emotional disorder and restore the individual to live, learn, socialize, and work in their community and to improve their physical and mental health. PRS may decrease the need for or shorten lengths of stay in inpatient, partial hospitalization, or outpatient treatment. Services include identifying strategies to minimize negative effects of a mental, behavioral, and emotional disorder; developing and

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO: Office of Mental Health and Substance Abuse Services, Bureau of Policy, Planning and Program Development, P.O. Box 2675, Harrisburg, PA 17105. General Office Number 717-772-7900

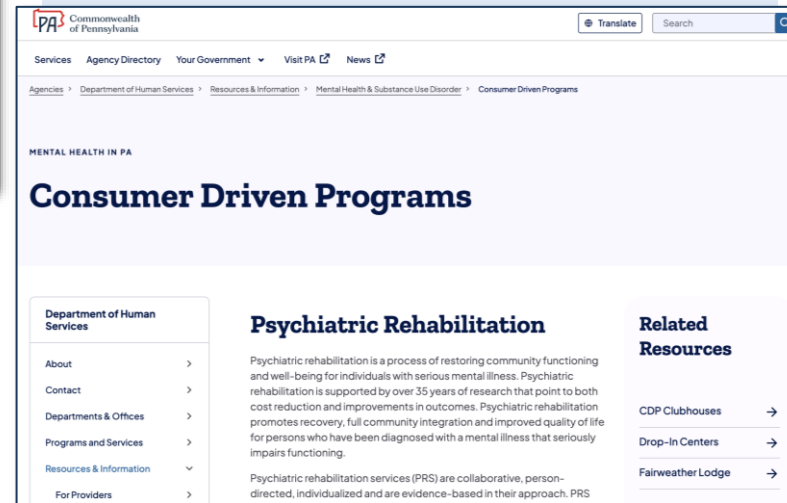


Additional Resources for PRS

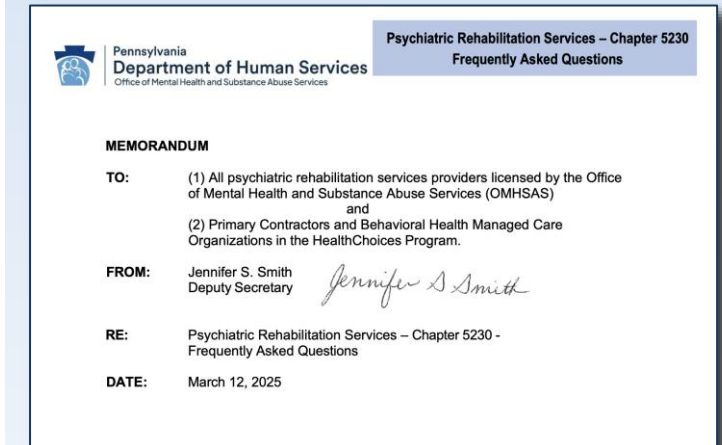
- **(Title 55, Chapter 5230):
55 Pa. Code Chapter 5230:
[Psychiatric Rehabilitation Services](#)**



- **Psychiatric Rehabilitation information on the DHS website:
[Consumer Driven Programs | Department of Human Services | Commonwealth of Pennsylvania](#)**



- **Psych Rehab FAQ's:
[Psychiatric Rehabilitation Services – Chapter 5230 - Frequently Asked Questions](#)**



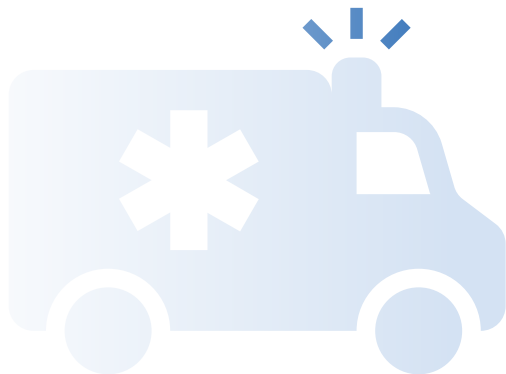


General Reminders and Updates: Referrals

PH-HealthChoices agreement language was **updated** regarding the MATP referrals process.

CURRENT PROCESS

- MATP Administrators may refer Physical HealthChoices members to their Managed Care Organization (MCO) when medically necessary non-emergency ambulance or stretcher transportation is needed and cannot be provided directly.
- If unable to provide transportation after exploring local resources, the MATP Administrator completes the MA 583 Transportation Referral Form (available on the MATP website under Provider Forms) and sends it to the PH-MCO's Enhanced Member Support Unit (EMSU) mailbox.

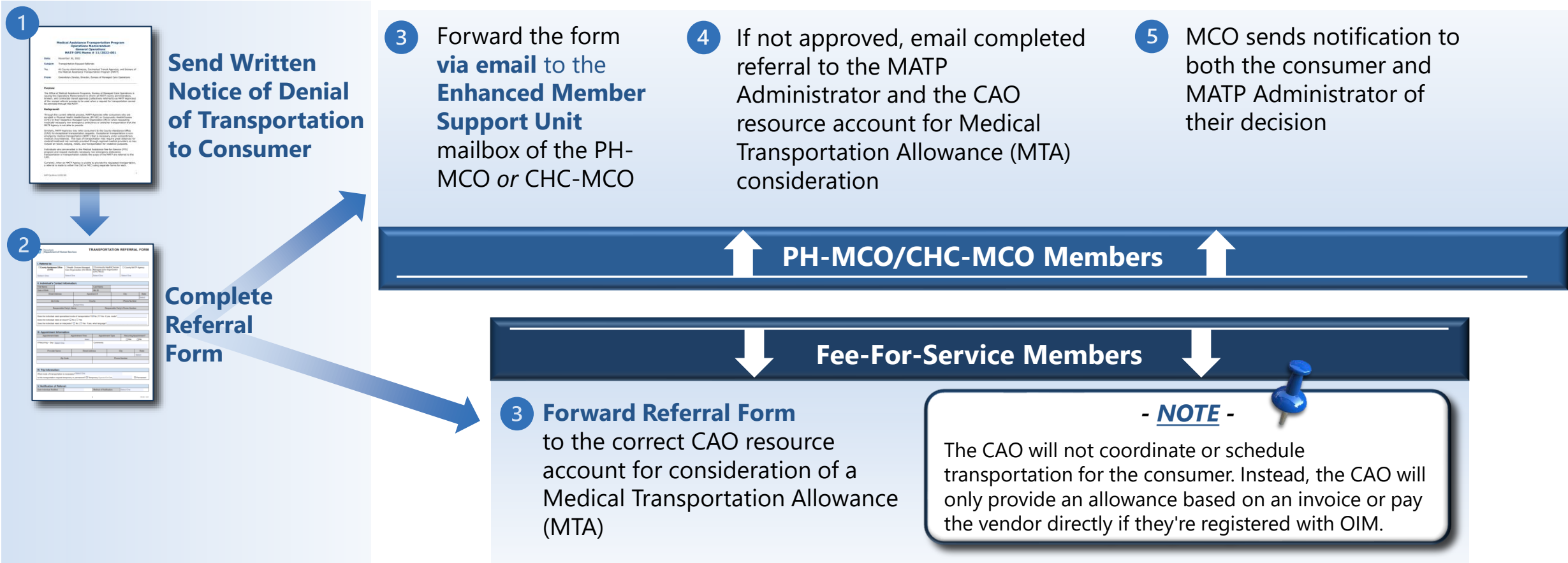


UPDATED LANGUAGE

- PH-MCO reviews referrals and determines medical necessity **within 2 business days** of receiving all required documents.
- If not approved: The completed referral—attached to the MATP Administrator's email—is sent to the CAO resource account (and MATP Administrator) for Medical Transportation Allowance (MTA) consideration, **within 2 business days**.
- Within two (2) business days of receipt of all required documentation provide notification of the determination to both the consumer and MATP Administrator. Notification to the consumer must include, at minimum, a letter informing the consumer of determination and any applicable next steps.
- All denials are sent to the appropriate CAO **within 2 business days** of the initial referral.
- CAO resource accounts are listed on the MATP website under Provider Information: [CAO Resource Accounts](#)

Referral Process

If the MATP Administrator is unable to provide the requested transportation AND has made efforts to seek possible local resources



The CAO will not review the request for a Medical Transportation Allowance (MTA) for a consumer enrolled in a PH-MCO or CHC-MCO without a **completed referral form** signed by both the MATP agency and MCO acknowledging that neither can accommodate the consumer's request for transportation along with a detailed reason why. See [here](#) for link to referrals Ops Memo & form.



If an otherwise eligible MATP consumer **cannot** have trip(s) accommodated, assume a **referral is needed**.



Referrals are not just for things like stretchers and ventilators but can also be used for **situations identified as Exceptional Transportation**.



If a consumer is in an MCO, the referral **must** go **from MATP to the assigned PH or CHC MCO**



Review and save the Referrals Ops Memo & Form by clicking [here](#).

TRANSPORTATION REFERRAL FORM

New Section

I. Referral to:

<input type="checkbox"/> County Assistance Office (CAO) Select One	<input type="checkbox"/> Health Choices Managed Care Organization (HC-MCO) Select One	<input type="checkbox"/> Community HealthChoices Managed Care Organization (CHC-MCO) Select One	<input type="checkbox"/> County MATP Agency Select One
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II. Individual's Contact Information:

First Name	Last Name	City		State
Date of Birth	MA ID	City		Select
Street Address	Apartment #	City	State	
Zip Code	County	Phone Number		
Responsible Party's Name		Responsible Party's Phone Number		

Does the individual need specialized mode of transportation? No | Yes If yes, mode? _____

Does the individual need an escort? No | Yes

Does the individual need an interpreter? No | Yes If yes, what language? _____



What is an MTA?

Grant funding the County Assistance Office can use to reimburse consumers for non-emergency medical transportation that cannot be provided by MATP, if the following conditions are met:



MTA Eligibility Requirements

- The consumer is not suspended or terminated from MATP
- The MA is active on the date of service and is an eligible MA category
- The service is medically necessary and covered under the MA program
- Travel is to the closest source providing the required care
- There is no other means of transportation
- The transportation is based on the most economical and practical travel that meets the needs of the recipient
- All necessary documentation has been received



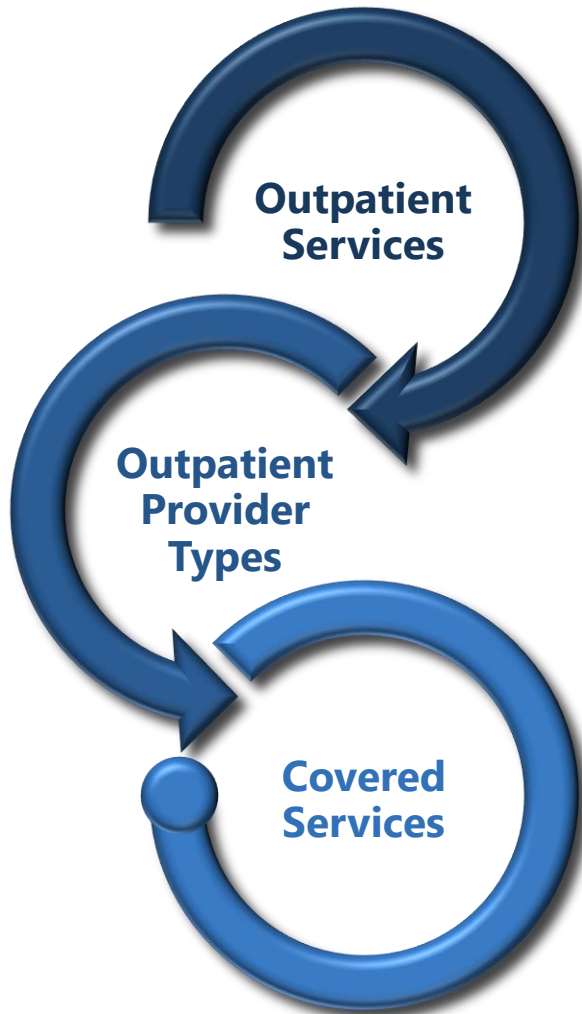
MTA Documentation Requirements

- MATP Transportation Referral form (MA 583) signed by MATP and the MCO
- Verification from the physician or medical facility that an appointment has been scheduled or the service has been provided
- Letter of medical necessity for a companion to accompany the recipient, if applicable
- Letter of medical necessity or verification of closest facility to provide the required care, if applicable
- Receipts for meals and lodging, if applicable
- Invoice from any vendor providing services



General Reminders and Updates: Urgent Care Trips

Urgent Care Trips are covered services as described in the [MATP Operations Memorandum 03/2026-001](#)
(Ops Memo discussed in General Updates of this call)



MATP covers outpatient services at general hospitals


- All outpatient services provided by general hospitals (*Covered list, item 1*)
- If the urgent care visit occurs in a hospital's outpatient department, transportation is covered

MATP covers services provided by certain outpatient provider types, which can include urgent care clinics

- Services rendered by or at the following provider types (*Covered list, item 17*) including:
 - Independent medical/surgical clinics (*item 17.f*)
 - Primary health care clinics (*item 17.i*)
- If the urgent care site is an MA-enrolled provider under one of these types, the transportation is covered

Any medical service received by an eligible MA consumer and being paid through membership in HealthChoices is considered a covered service for MATP purposes (*Covered list, item 18.d.i*)

- If the urgent care visit is paid by the MCO for an eligible consumer, the transportation is covered



Quick Reminder from the last Quarterly Administrator Call:

The PH-HealthChoices Agreement has been updated with language supporting MCO responsibilities and coordination efforts with MATP providers for hospital discharges



General Reminders and Updates:

Limited English Proficiency (LEP)

Managed Care Operations Memo



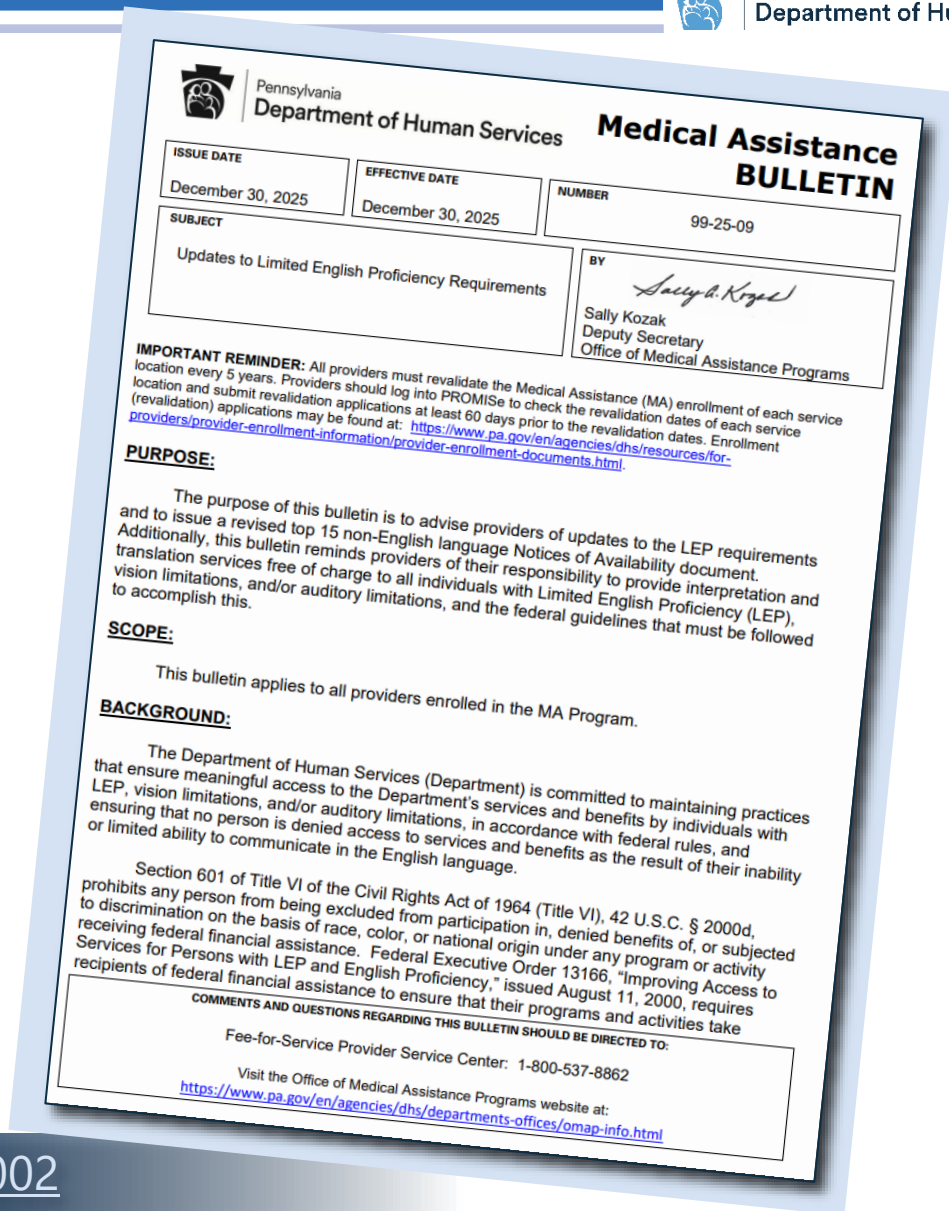
Purpose:

- Informs MA providers of updated LEP requirements
- Issues a revised Notices of Availability for the top 15 non-English languages
- Reiterates requirements to provide no-cost interpretation, translation, and communication supports for consumers with LEP and vision and/or auditory limitations

Background:

1. Reaffirms commitment to meaningful access to services for consumers with LEP and vision and/or auditory limitations (prior guidance was issued in 2017)
2. Reinforces that all entities receiving federal Medicaid funds must provide language assistance and auxiliary aids free of charge

Access the LEP Medical Assistance Bulletin here: [MAB2025123002](https://www.pa.gov/agencies/dhs/departmental-offices/omap-info.html)





Compliance Requirements:

- 1. Include Notices of Availability in the top 15 non-English languages** used among Members in the Commonwealth in all written communications:

1. Spanish	6. Haitian Creole	11. Bengali
2. Chinese - Mandarin	7. Vietnamese	12. French
3. Nepali	8. Ukrainian	13. Cambodian
4. Russian	9. Chinese; Cantonese	14. Korean
5. Arabic	10. Portuguese	15. Gujarati



Administrators may add additional non-English languages to their written communications, if they wish, that better suit the particular LEP population in their immediate geographic area. However, the 15 languages mentioned above must be included.

Access the LEP Medical Assistance Bulletin here: [MAB2025123002](https://www.pa.gov/agencies/dhs)

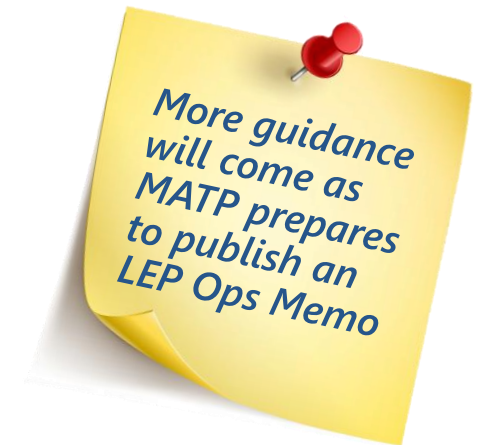
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Compliance Requirements:

2. **Include Notices of Availability** in at least the top 15 non-English languages used in the Commonwealth, as follows:

- On an annual basis to consumers;
- Upon request;
- In the following electronic and written communications when these forms are provided:
 - ✓ Enrollment forms;
 - ✓ Written notices and appeal rights;
 - ✓ Communications related to a Member's rights, eligibility, benefits, or services that require or request a response from a Member;
 - ✓ Communications related to a public health emergency;
 - ✓ Consent forms (HIPAA Form);
 - ✓ Communications related to the cost and payment of care;
 - ✓ Complaint forms; and
 - ✓ Welcome Packets



Access the LEP Medical Assistance Bulletin here: [MAB2025123002](https://www.pa.gov/agencies/dhs)

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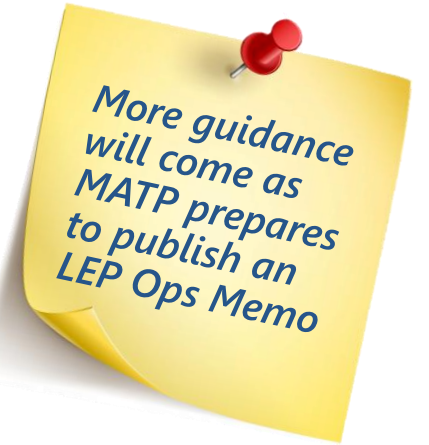


Compliance Requirements:

3. Offer assistance to Members who need help accessing language assistance services.

Administrators should offer assistance through their Welcome Packets and their MATP designated phone line.

4. Post Notices of Availability and Nondiscrimination in the top 15 non-English languages used by consumers in the Commonwealth. The Notices of Availability and Nondiscrimination must be posted in physical and online locations where they can be easily seen by members of the public to alert consumers with LEP to the availability of language assistance services.



Title IV documentation

needs to be supplemented with the updated information in the MA Bulletin

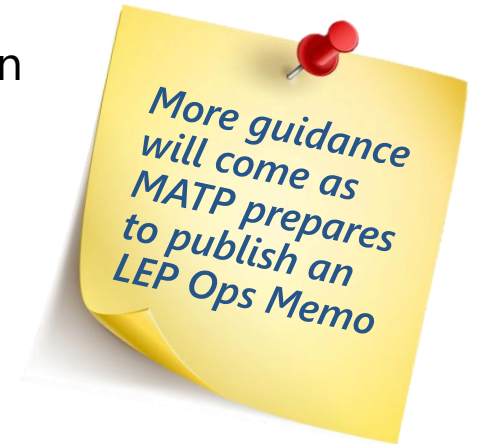
Access the LEP Medical Assistance Bulletin here: [MAB2025123002](https://www.pa.gov/agencies/dhs)

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Compliance Requirements:

5. **Provide appropriate auxiliary aids and services**, such as alternative formats and sign language interpreters, free of charge, where necessary for effective communication.
6. **Provide language assistance services**, which may include translation services. Administrators are not to use low-quality video remote interpreting services or rely on unqualified staff and/or translators when providing language assistance services.
7. **Post a notice of consumers rights** that includes information about communication assistance that is available for consumers with LEP.
8. **Make all programs and activities provided through electronic information technology accessible to consumers with disabilities**, unless doing so would impose undue financial or administrative burdens or would result in a fundamental alteration in the nature of the Administrators program or activity.



Access the LEP Medical Assistance Bulletin here: [MAB2025123002](https://www.pa.gov/agencies/dhs)



- 
- 1. Administrators must revise and update policies and procedures** that reflect these new requirements for materials and websites.
 - 2. Administrators must revise materials** to integrate the Notices of Availability.
 - 3. Administrators must submit LEP policies, procedures, and any accompanying material** for review and approval to their designated Program Monitor.
 - If an Administrator currently has LEP policies, procedures, and accompanying material, that material should be submitted to their designated Program Monitor
 - If an Administrator does not currently have compliant LEP practices, they should notify their designated PM and identify any anticipated barriers associated with future compliance efforts

 *Questions or concerns should be directed to your designated Program Monitor.*

Access the LEP Medical Assistance Bulletin here: [MAB2025123002](https://www.pa.gov/agencies/dhs)



Administrators will need to review current LEP-related materials and self-identify any barriers or “heavy lifts” they may have in coming to compliance with the MA Bulletin: [MAB2025123002](#)



Considerations when reviewing existing materials:

- If materials are physically available, and in what languages
- If you have an interpreter or translator contract
- If you have an LEP P&P
- If you have an internal tracker for LEP requests and services
- Barriers to becoming compliant with LEP MA Bulletin

Access the LEP Medical Assistance Bulletin here: [MAB2025123002](#)

Language assistance services need to be delivered by a qualified professional provider.

Language assistance services **not considered to be a professional provider** include:

- Apps or tools such as ChatGPT and Google Translate
- Anyone fluent in another language but not professionally trained, such as:
 - A friend, family member, or companion who speaks another language
 - Any staff member, colleague, volunteer, or community member fluent in another language



Access the LEP Medical Assistance Bulletin here: [MAB2025123002](https://www.pa.gov/agencies/dhs)



Spotlight:

How to Prepare for a PSR



What is the PSR?

- A standardized initiative assessing MATP Administrators' baseline compliance with the 2016 Standards & Guidelines and the established checklist
- Non-iterative assessment
- Supports the identification of improvement opportunities through partnership



Who is involved in the PSR?

- **DHS MATP** facilitates the PSR and review of submitted materials, determining compliance, findings and recommendations
- **MATP Administrator** who is responsible for all, including their subcontractor's, oversight, monitoring, and necessary communication of MATP within their area of responsibility



1

Identify and Share Best Practices

Showcase effective approaches that exceed compliance and share them to strengthen program delivery across Administrators

2

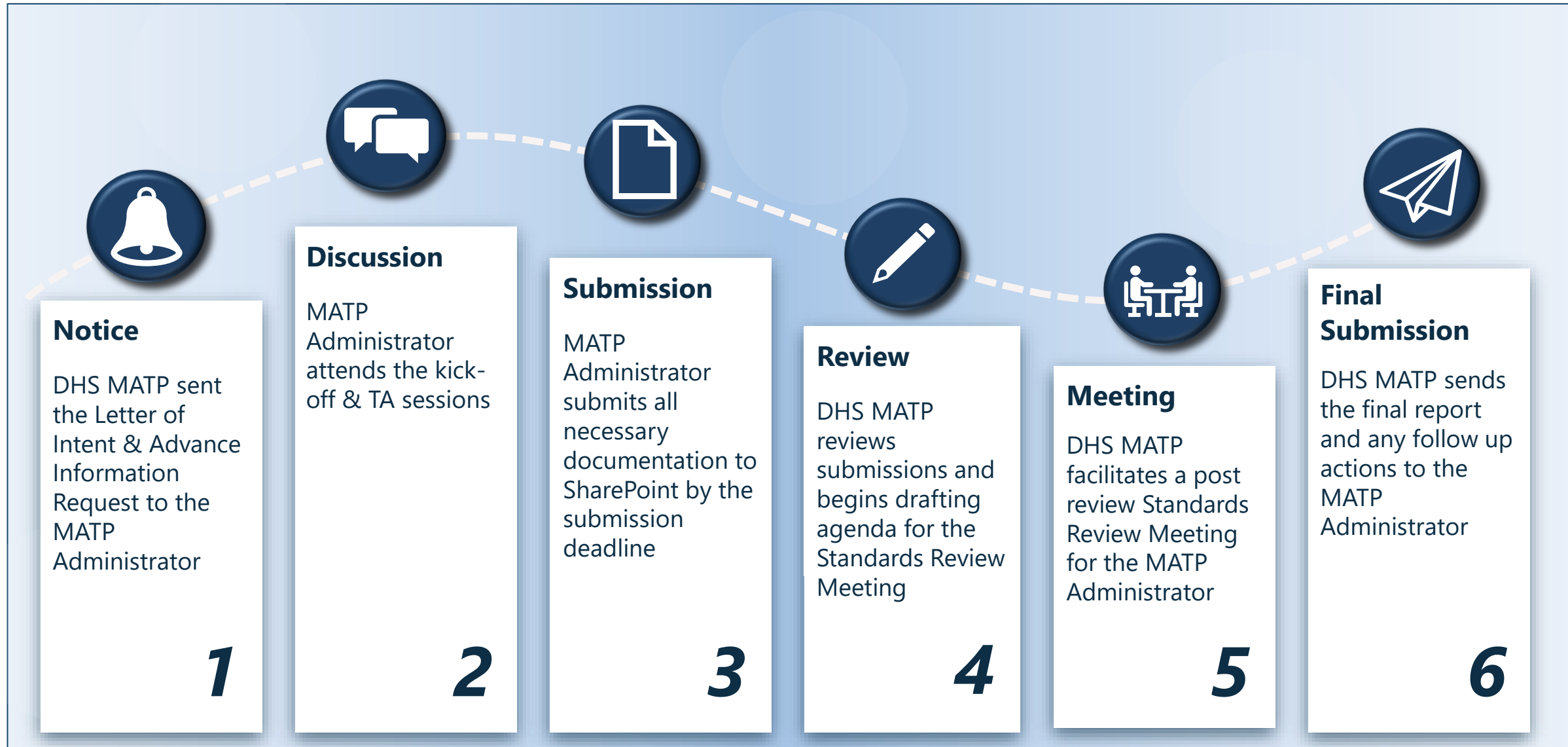
Flag Areas for Enhancements

Pinpoint vulnerabilities where services or program delivery are non-compliant or at risk of non-compliance

3

Identify Opportunities for Additional DHS Support

Identify conditions where Administrators may need supplemental DHS assistance beyond the PSR process





Letter of Intent

Notifies the MATP Administrator of the upcoming PSR review and outlines required involvement



Advance Information Request (AIR)*

Outlines the standards and materials required for compliance and guides the Administrator in compiling and submitting information



Attestation Form

Confirms that all required documents have been submitted and verifies the completeness and accuracy of the information



Transmittal Form

Identifies the location of compliance evidence within documentation to support efficient retrieval and verification

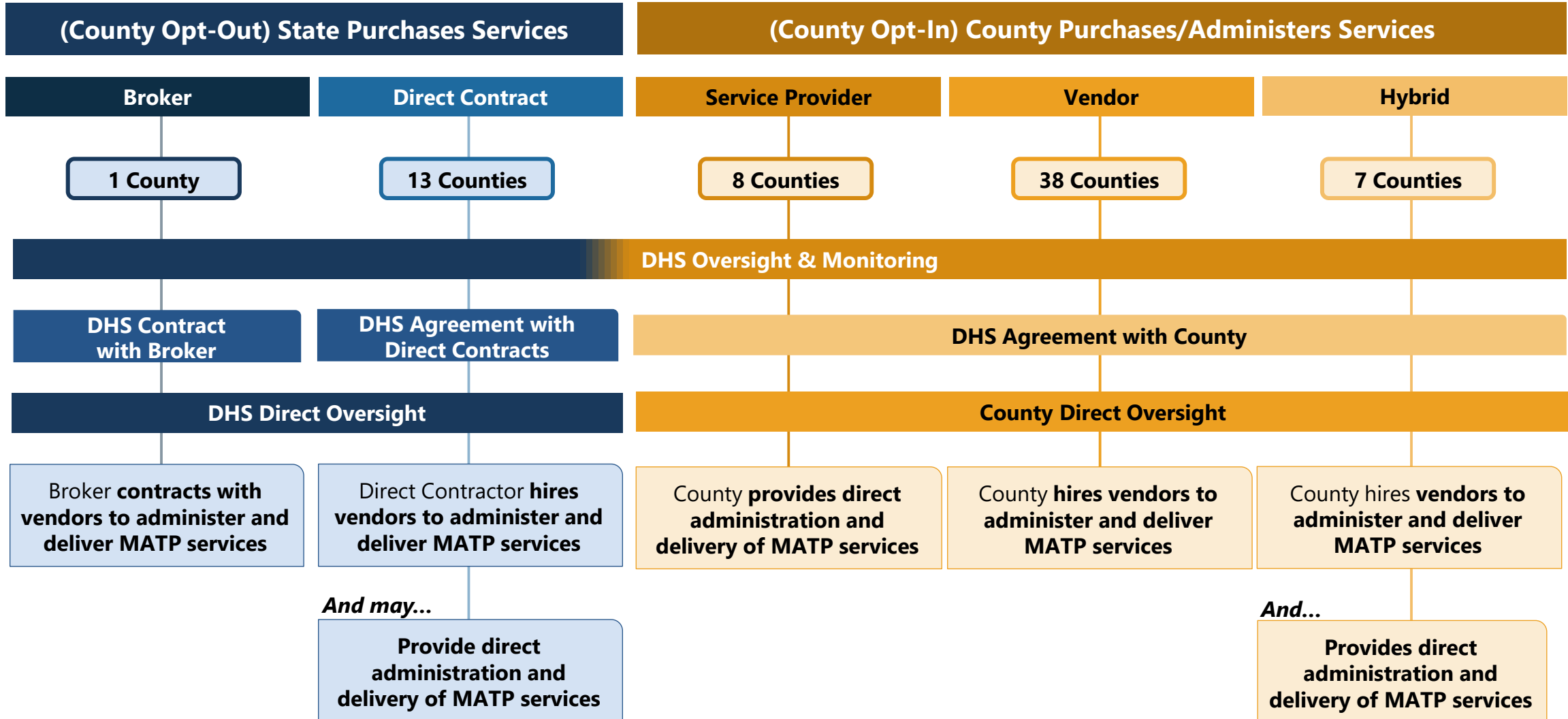


PSR Final Report

Summarizes review findings, highlighting strengths, areas for improvement, and recommended next steps

*The AIR will be sent via email after this meeting. MATP reserves the right to update and augment the AIR as deemed necessary. To verify if you have the most up to date version of the AIR, please email RA-matp@pa.gov



























County Opt-In/Out Codified in State Plan for MATP (Attachment 3.1 D)





- ✓ Coordinate the exchange and submission of materials on behalf of vendors and subcontractors
- ✓ Track key dates and follow-ups
- ✓ Respond promptly to DHS staff
- ✓ Collect, organize, and submit documentation within 45 calendar days of receiving the Letter of Intent
- ✓ Ensure relevant SMEs attend the Standards Review Meeting and are prepared to present materials and address any related clarifications
- ✓ Provide feedback and comments within 14-business days of receiving the final report
- ✓ Implement all improvement plans in partnership with DHS MATP

Disclaimer - Failure to complete the actions listed may result in a delay in financial payments

Model Type	Attend TA Session	Compile Documentation	Submit Documentation	Attend Standards Review Meeting
Service Provider				 
Vendor	 	 		 
Hybrid	 	 		 
Direct Contract	 	 		 

 = *Subcontractor/Vendor is Optional*



Administrator (Grantee)

Signs the agreement with DHS MATP for MATP services and oversees all responsibilities, including subcontractor monitoring and communication, even if not directly providing services to consumers.



Subcontractor/Vendor

Does NOT sign agreement with DHS MATP. Responsible for directly administering all or a percentage of MATP services. Additionally, can be responsible for communication with consumers and monitoring.



Baseline Review

- Constructive feedback to provide actionable opportunities for improvement
- Non-punitive review providing an understanding of current compliance
- Snapshot to identify strengths and improvement opportunities



No Amending Documents During Review

- Documents are reviewed as originally submitted
- Clarifications regarding the PSR process are welcome



DHS Monitor Support

- Available to answer process questions and provide guidance
- Cannot draft, edit, or alter review materials
- Support your navigation of the review



Who is the MATP Administrator (Grantee)?

- The term Administrator, should not be confused with an entity that “administers” MATP services
- The **Administrator signs the agreement** with DHS MATP for the provision on MATP services
- The Administrator is responsible for all, including their subcontractor's oversight, monitoring, and necessary communication of MATP within their area of responsibility, **but may not always be directly engaged** in providing services for MATP consumers



What are the responsibilities of the Administrator once the Administrator agreement is signed?

- Adhere to **all program and financial requirements** outlined in the agreement.
 - Communication, notification, Standards and Guidelines, State Plan, State Code, and any Federal Regulations pertaining to the oversight of MATP
- **Responsible for all oversight** regarding the provision of MATP services within their area of responsibility



Communication

Confirm that you have the right contacts

If you are not the Administrator, verify that you have the proper contacts, both with the Administrator and any Vendors, where applicable

Reach out to DHS and your designated Administrator

Ask any questions you may have about roles and responsibilities as it pertains to contract compliance



Policies & Procedures

Document Policies & Procedures and Standard Operating Procedures

Confirm documentation of all processes that are indicative of the agreed upon contracted scope of work

Validate that Policies & Procedures properly reflect published guidance

Refer to [MATP Program Rules](#) for MATP Standards & Guidelines, Ops Memos, and MA Bulletins published since 2016



Consumer-Facing Materials

Utilize approved DHS forms

Accessible on MATP website:

- [HIPAA Form 586](#)
- [HIPAA Form 586 in Spanish](#)
- [Written Notice](#)
- [Referral Form 583](#)

Align public-facing information with DHS approved practices

All materials include review and approval via DHS prior to utilization and publication to help ensure compliance

If you need more detail or support, contact your designated MATP Program Monitor or email RA-matp@pa.gov



General Policy & Procedure Reminders

DHS considerations when reviewing policies & procedures.



1. Alignment with MATP Requirements

- Clear alignment with MATP Standards and Guidelines
- Consistency with the MATP Grant Agreement
- Incorporation of current policy updates
- Accurate use of MATP terminology



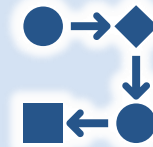
2. Clear Scope of Work and Responsibilities

- DHS must be able to clearly determine which entity performs each function.
- Clear delineation of County versus subcontractor/vendor responsibilities
- Defined oversight responsibilities when functions are subcontracted

Policies that restate general intent or the regulation itself without operational details may not demonstrate compliance.

Continued on next page 

DHS considerations when reviewing policies & procedures.



3. Clear Policy Statements

- Policies should state expectations clearly and avoid vague language.
- Specific, directive language
- Measurable requirements
- Defined criteria where discretion is permitted

4. Operational Procedures

- A trained staff member should be able to execute the function based on the written procedure.
- Procedures should include:
 - Step-by-step processing requirements
 - Defined timelines
 - Verification processes
 - Documentation standards
 - Communication requirements with consumers and providers
 - Escalation protocols

Continued on next page 

DHS considerations when reviewing policies & procedures.



5. Documentation and Record Retention

- Documentation requirements should align with MATP standards.
- Clear identification of required documentation
- Defined storage location and retention timeframes
- Accessibility for audit and review



6. Monitoring and Oversight

- Complaint tracking and reporting procedures
- Subcontractor monitoring processes
- Corrective action procedures
- Internal quality assurance mechanisms

Except for Direct Contracts or Brokers, Counties retain responsibility for oversight even when services are subcontracted

Continued on next page 

DHS considerations when reviewing policies & procedures.



7. Evidence of Implementation

Written policies must reflect actual practice.
During the review, DHS may request:

- Sample case files
- Verification documentation
- Complaint logs
- Monitoring reports

If documentation does not align with written policy, this may result in a non-compliant finding or vulnerability.



In Summary, indicators of strong policy and procedures include, but are not limited to:

- ✓ Current revision dates and version control
- ✓ Clear role delineation
- ✓ Consistency across policy sections
- ✓ Defined monitoring structure
- ✓ Alignment between policy, forms, and operational practice

Continued on next page 



Broker Analysis



The State Legislature requested the Department to **conduct an analysis** regarding the use of a brokerage model to provide NEMT services to eligible and enrolled MA recipients.

The analysis shall provide all of the following:

1. An analysis of current federal and state laws, regulations and policies controlling the nonemergency medical transportation and other human services transportation programs administered in this commonwealth, including the authorized methods of delivery and limitations or restrictions imposed on the methods of delivery.
2. An analysis of the effectiveness and efficiency of the current nonemergency transportation service delivery as it relates to each human service program in this commonwealth.
3. A review of other states' models of delivering nonemergency medical and other human services transportation, including the number of other states that utilize a brokerage model and the effect a brokerage model has had on public transit in those states.
4. An analysis of the positive and negative impact of maintaining the current transportation delivery model versus implementing a brokerage model as it relates to the state and local government entities, including financial impact.
5. An analysis of the impact on consumers, including an increase or decrease in quality and service availability.

The analysis shall be completed no later than 180 days from the effective date of this subsection and be delivered to the following:

1. the secretary of aging.
2. the secretary of human services.
3. the secretary of transportation.
4. the chairperson and minority chairperson of the appropriations committee of the senate.
5. the chairperson and minority chairperson of the appropriations committee of the house of representatives.
6. the chairperson and minority chairperson of the health and human services committee of the senate.
7. the chairperson and minority chairperson of the health committee of the house of representatives.



To access the original Bill and legislative requirements, click [here!](#)



The Pennsylvania State Legislature initiated the requirement to conduct a MATP State-wide Broker analysis.



This effort will utilize the previous analysis completed in 2019 with updates incorporated where positions, data, or circumstances have changed.



Additionally, the Department, along with other key stakeholders, completed a 2022 Options Inputs and Analysis report regarding Non-emergency Medical Transportation in Pennsylvania.



This review will primarily leverage the previous 2019 report and integrate information gathered during the 2022 analysis.



2/27 - Last Day For Submission



5/11 - Report Due Date

January '26	February '26	March '26	April '26	May '26
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Update Process

- ✓ Leveraged previous analysis and combine into one template
- ✓ Notified and sent materials to Co-Authors
- ✓ Conducted Kickoff Meetings (2/3 & 2/6)
- ✓ Received updates from Co-Authors (cutoff: 2/27)

Review & Feedback Process

- ✓ Compiled all updates
- ✓ Sent Draft Report to contributing stakeholders for review and feedback
- ✓ Received updates from contributing stakeholders
- ✓ Hosted two listening sessions to allow contributors to provide input in a live discussion format
 - 3/24 from 3 pm – 4 pm
 - 3/27 from 10 am – 11 pm

Finalizing/Publishing

- Conduct final reviews
- Incorporate final feedback and obtain approval through the executive review process
- Finalize the report and package materials for submission
- Send to Legislature



Press Box

State and Federal legislative and policy updates, as of **April 29th, 2026:**

Pennsylvania:

- ▼ **MATP Broker Analysis Report**
- ▼ **Community Health Worker**
- ▼ **Rural Health Update**
 - RHTP Advisory Council



We continue to monitor all Commonwealth and Federal updates and will provide additional guidance when available



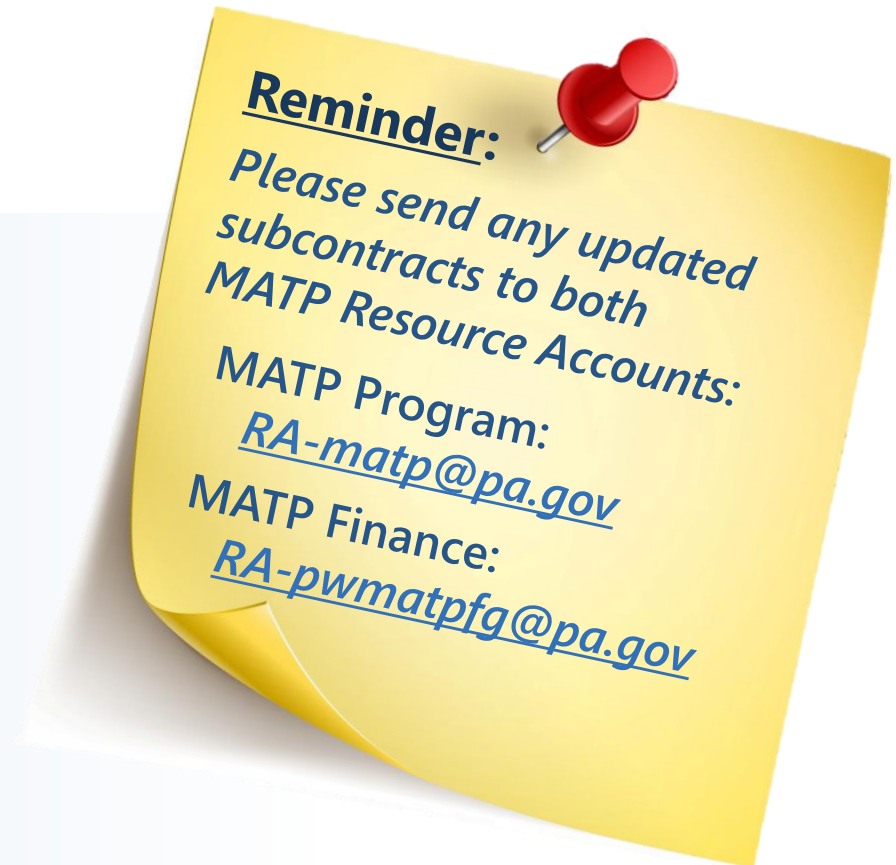


MATP Finance Update

Due Dates for Reports

- Q3 Quarterly Cost Report (QCR) is **due 4/30**
- FY 26/27 County Budget Projection Report (BPR) is **due 4/30**
- Ineligible report uploads are **due 60 days after the applicable month ends**
 - Submission opens 45 days after the month ends

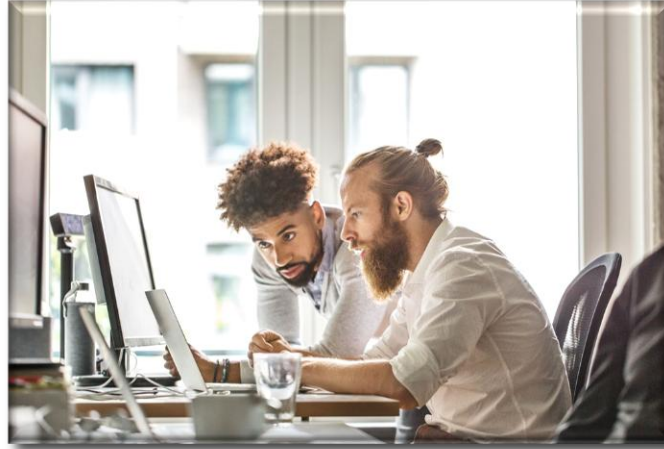
APRIL							2026
SUN	MON	TUE	WED	THU	FRI	SAT	
			1	2	3	4	
5	6	7	8	9	10	11	
12	13	14	15	16	17	18	
19	20	21	22	23	24	25	
26	27	28	29	30			



Updates to QCR Reporting



- ✓ Recognize this will be a shift from recent reporting efforts
- ✓ Re-introduce this reporting as it was previously included in QCRs and is a CMS requirement
- ✓ Bringing back as part of our ongoing effort to enhance continuous monitoring as a best practice



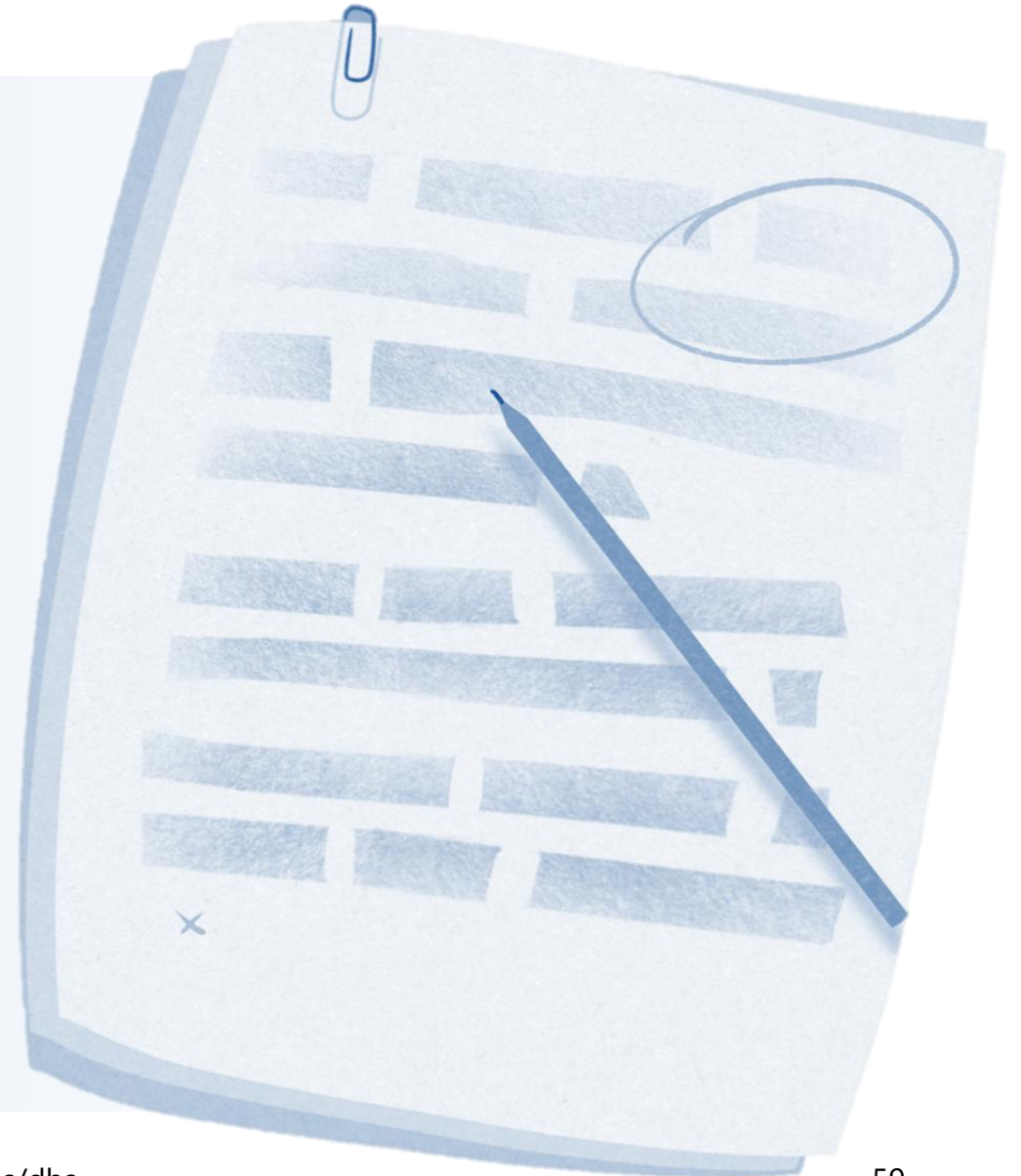
- ✓ Updated some categories, for organizational purposes, to more effectively bucket complaint types
- ✓ Created a new tab for Administrators to be able to write an expanded narrative



- ✓ Shared the revised Quarterly Cost Report and updated reporting requirements
- ✓ DHS held two Technical Assistance sessions with Administrators to review updates and answer any outstanding questions
- ✓ **Effective 3rd Quarter, March 2026**

MATP Financial Report templates

- The new version **2026.01** of the **Quarterly Cost Report Template** has been rolled out to all county Administrators
- This version of the Quarterly Cost Report template differs from last year's QCR
 - No previous versions, prior to February, will be accepted
- The **Psychiatric Rehabilitation Services (PRS) Report** is due with the Q3 Quarterly Cost Report
 - PRS trips should still be reported on the Q3 QCR; the PRS report is for data analysis purposes only
- The budget for PRS trips should be included in the **FY 26-27 Budget Projection Reports**





PennDOT Update



- **Find My Ride Apply**

- HIPAA form
- Eligibility verification timeout

- **Mileage Reimbursement System**

- Login management – Administrators and vendors will need credentials

- **Promotional Materials**


- Social media postings
- Find My Ride Schedule documents available for implemented agencies
- Find My Ride Education printed documents (next slide)









Need transportation help?





Get where you need to go with
Find My Ride

Fixed Route  Shared Ride

 You may qualify for **low-cost** or **free** public transportation.

-  Older Adults
-  Medical Assistance Recipients
-  Persons with Disabilities

Visit
pa.gov/FindMyRide
on any device to get started.



COMH-002 (4-20)

Providers operating across PA offer shared ride and fixed route services to assist riders with their transportation needs.

-  Free or low-cost travel programs are available for riders 65 years of age or older.
-  Pennsylvania's Medical Assistance Transportation Program (MATP) provides eligible Medical Assistance recipients with transportation assistance to covered appointments.
-  A wide range of free or discounted shared ride and fixed route transportation services are available to persons with disabilities.

Get more info, apply for transportation assistance, and schedule your trip at
pa.gov/FindMyRide

Find My Ride Outreach Documents



Administrator Shout Outs

Inclement Weather Policy

- ✓ Plans demonstrate **structured coordination** during adverse weather conditions
- ✓ **Proactive communication** internally and to consumers
- ✓ Emphasis on **medically necessary / life-sustaining transportation**



Please share any Administrator Shout Outs to your Program Monitor or email RA-matp@pa.gov

Monthly newsletter sent via email

Helpful information includes:

- Links to community events
- Member spotlights
- Program awareness
(*book a trip*)
- *Feedback mechanism*
(*phone survey*)

Sign up on TransNet's website:

www.suburbantransit.org/newsletter





Do you have any additional questions *or* comments about topics covered in today's session?



Email us with any suggestions or questions



- **Rebekah Leiphart:** rleiphart@pa.gov
- **Amy Brandt:** amybrandt@pa.gov
- **Chris Stout:** chrstout@pa.gov



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