

Commonwealth of Pennsylvania  
Department of Human Services

# MATP Quarterly Administrators Session

January 22, 2025



Please use this QR Code or link <https://tinyurl.com/MATPQACallSignIn> to record your attendance during today's session!

# Welcome & Overview



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*Please make sure your microphone is muted when not speaking.*

*Please keep your camera **off** unless speaking. This will help with call bandwidth.*

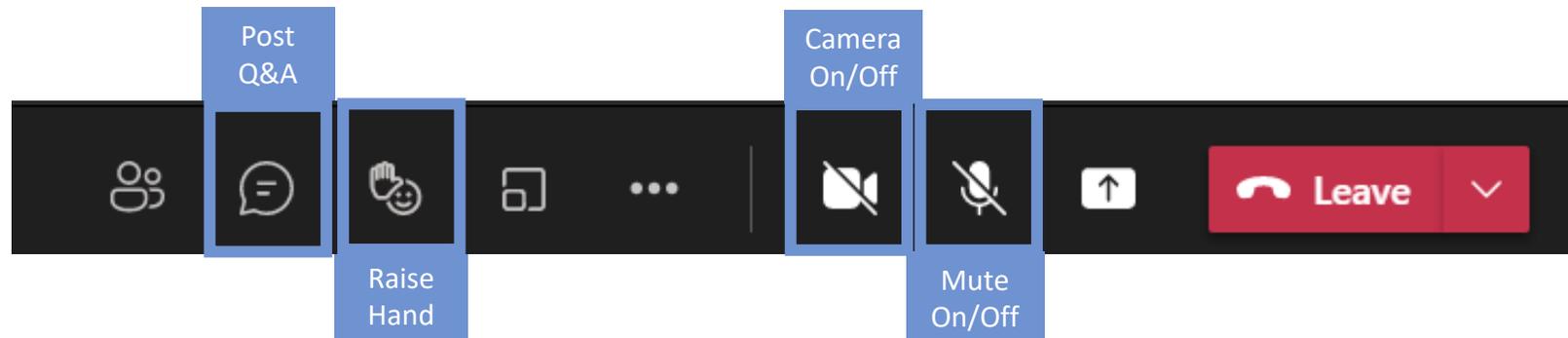


*During the presentation, please to add your questions in the chat window. Or wait to use the 'raise hand' feature during the Q&A segment.*



*Use the link <https://tinyurl.com/MATPQACallSignIn> to complete the attendee virtual sign-in survey. This will serve as the sign-in for your attendance today.*

## TEAMS MEETING GUIDE



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## 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

- Rebekah Leiphart, Medical Assistance Transportation Program Director
- Daphne Simeonoff, MATP Program Supervisor
- Christopher Stout, MATP Program Supervisor
- Stevie Baker, MATP Program Monitor
- Amy Brandt, Director of Division of Budgets and Contracts
- John Taylor, PennDOT Manager of Planning and Technology

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



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- 01 ● **Impact Review & Priorities for This Year**
- 02 ● **Outreach Coordination**
- 03 ● **HIPAA Addendum & Referrals**
- 04 ● **Future Psychiatric Rehab Updates**
- 05 ● **BFM & PennDOT Updates**
- 06 ● **Q&A & Closing Reminders**

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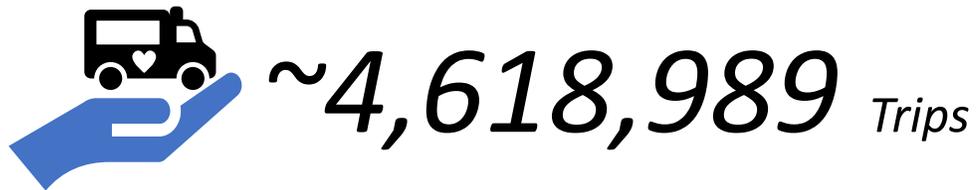


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The Medical Assistance Transportation Program provides non-emergency medical transportation at no cost to Pennsylvania residents who receive medical assistance and have an unmet transportation need. Together, we are delivering on incredible work, impacting the lives of our Pennsylvania neighbors to help them in achieving better health outcomes.

## Average Total Annual MATP Trips Delivered

Averages derived from reporting period between FY22-FY24 (July 2021 – June 2024) are estimates. Data sources include Quarterly Cost, Reconciliation, & MATP Eligibles Report.



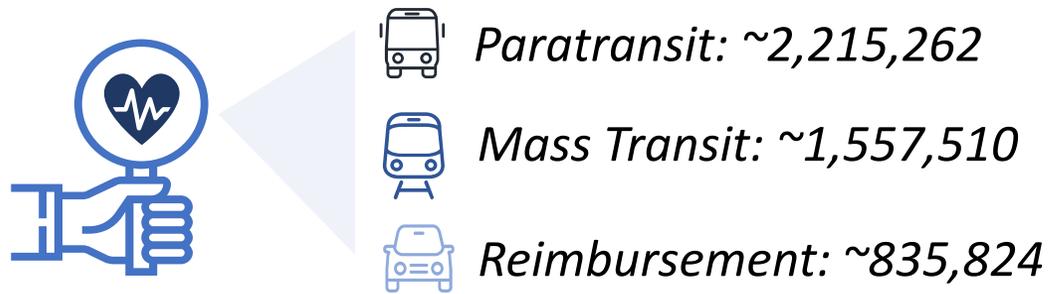
## Average Total Annual MATP Consumers Served

Averages derived from reporting period between FY22-FY24 (July 2021 – June 2024) are estimates. Data sources include Quarterly Cost, Reconciliation, & MATP Eligibles Report.



## Average Total Annual MATP Trips Delivered by Common Mode

Reporting period between FY22-FY24 (July 2021 – June 2024) Types below are not inclusive of all trip types delivered and are estimates. Data sources include Quarterly Cost, Reconciliation, & MATP Eligibles Report.



## MATP Collaboration Feature

Featured in Federal Transit Administration and Centers for Medicare and Medicaid for State Partnerships in Action between DHS and PennDOT for Pennsylvania Medicaid.



*"...PA DHS partnership with our sister agency, PennDOT is critical. It is important for us to consider how any program changes we make will impact other human services transportation programs..."*

Read more [here!](#)



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To continue serving our MATP eligible consumers with excellence, here are some of DHS MATP's priorities for this calendar year!



## Standards & Guidelines

- DHS MATP's goal is to complete our revised draft of the **General Responsibilities of the Standards & Guidelines**.
- To support you, we will offer training sessions and support materials once finalized.
- Please stay tuned for more updates.



## Monitoring

- DHS MATP's goal is to continue our phased approach monitoring, the **Program Standards Review**.
- The next round of MATP County Administrators will be announced Spring 2025.
- Please check your email for notification of future coordination efforts.



## Reporting

- DHS MATP's goal is to have **100% compliance with on-time and accurate reporting**.
- To do this, we need your help in receipt of and outreach regarding your financial reports.
- Please reach out to us if you have questions.



## Outreach

- DHS MATP's goal is to be a support, through partnership, to increase awareness and access to **MATP services for eligible MATP consumers**.
- To do this, DHS MATP is creating an outreach initiative through a collaborative approach.
- Please check your email for updates.



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## Initiative

The **DHS MATP Program Monitor** in this position will serve as the staff liaison for DHS MATP outreach efforts, organizing, scheduling, distributing, and creating program information for consumers, programs, stakeholders, and other interested parties.



## Primary Goal

Coordinate the DHS MATP outreach efforts to increase awareness of the MATP statewide and increase the number of eligible MATP consumers throughout the Commonwealth.

*Stay tuned for More Information!*

*DHS MATP is working on  
creating future coordination efforts with Administrators*



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## ***Regarding potential regulatory conflicts with no specific end date listed:***

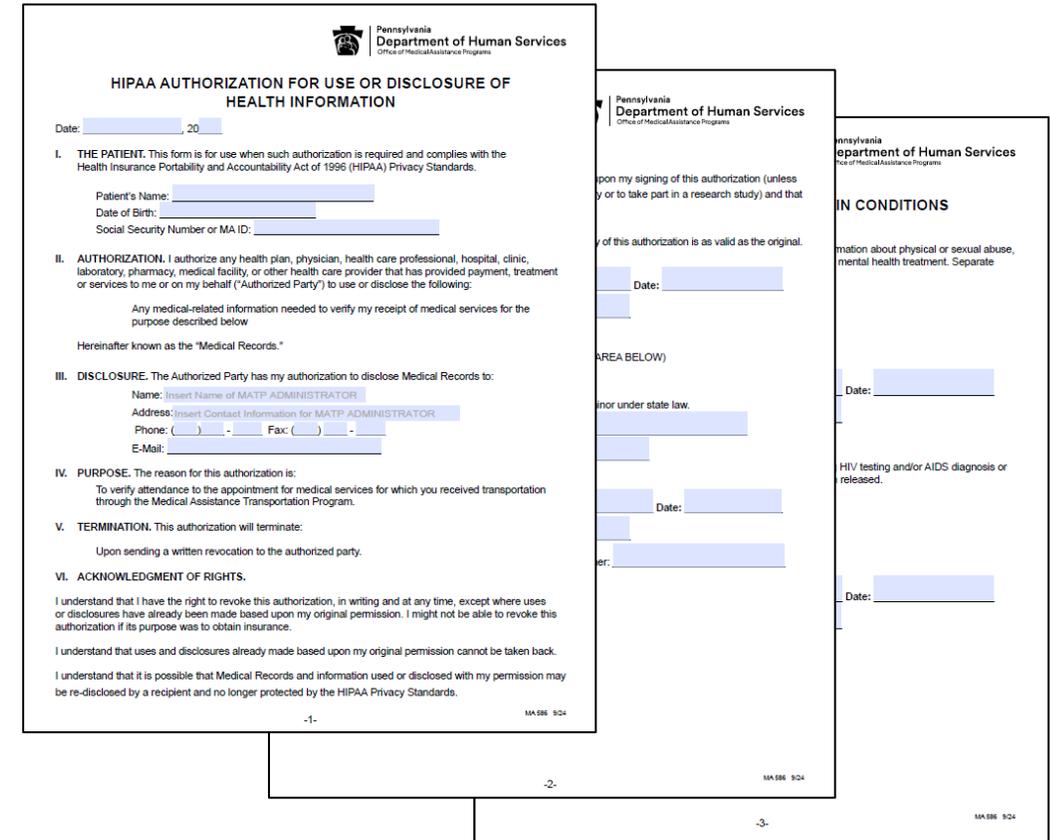
- Federal regulation states “... end of research study, none, or similar language is sufficient ...”. The use of the term “Termination” on the form falls within that statute.

## ***Regarding the HIV/AIDS section of the form:***

- If a consumer has previously provided information which indicates a provider that treats individuals with HIV/AIDS, confirming attendance for appointment verification would be paramount to knowing the consumer’s HIV/AIDS status.
- If a consumer **HAS NOT** provided this level of consent, the MATP Administrator should inform the consumer that the consumer may be responsible to provide verification of appointments when requested per program standards.



Now Available in Spanish!



The image shows three overlapping copies of the HIPAA Authorization for Use or Disclosure of Health Information form. The top copy is the most visible and contains the following text:

**HIPAA AUTHORIZATION FOR USE OR DISCLOSURE OF HEALTH INFORMATION**

Date: \_\_\_\_\_, 20\_\_

**I. THE PATIENT.** This form is for use when such authorization is required and complies with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Standards.

Patient's Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Social Security Number or MA ID: \_\_\_\_\_

**II. AUTHORIZATION.** I authorize any health plan, physician, health care professional, hospital, clinic, laboratory, pharmacy, medical facility, or other health care provider that has provided payment, treatment or services to me or on my behalf ("Authorized Party") to use or disclose the following:

Any medical-related information needed to verify my receipt of medical services for the purpose described below

Hereinafter known as the "Medical Records."

**III. DISCLOSURE.** The Authorized Party has my authorization to disclose Medical Records to:

Name: Insert Name of MATP ADMINISTRATOR  
Address: Insert Contact Information for MATP ADMINISTRATOR  
Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
E-Mail: \_\_\_\_\_

**IV. PURPOSE.** The reason for this authorization is:  
To verify attendance to the appointment for medical services for which you received transportation through the Medical Assistance Transportation Program.

**V. TERMINATION.** This authorization will terminate:  
Upon sending a written revocation to the authorized party.

**VI. ACKNOWLEDGMENT OF RIGHTS.**

I understand that I have the right to revoke this authorization, in writing and at any time, except where uses or disclosures have already been made based upon my original permission. I might not be able to revoke this authorization if its purpose was to obtain insurance.

I understand that uses and disclosures already made based upon my original permission cannot be taken back.

I understand that it is possible that Medical Records and information used or disclosed with my permission may be re-disclosed by a recipient and no longer protected by the HIPAA Privacy Standards.

MA 586 9/24

The bottom two copies are partially obscured and show the following text:

**IN CONDITIONS**

information about physical or sexual abuse, mental health treatment. Separate

Date: \_\_\_\_\_

HIV testing and/or AIDS diagnosis or released.

Date: \_\_\_\_\_

Date: \_\_\_\_\_

MA 586 9/24

MA 586 9/24

To further ensure adherence to Chapter 26 of the S & G, Maintain Confidentiality of Information, **55 Pa. Code, Section 2070.25, 45 C.F.R. Parts 160 & 164, and 42 C.F.R. §§ 431.300-431.307**

## ***Regarding concerns with overall purpose of this initiative:***

- DHS MATP's goal is to verify the date of service with the applicable medical provider for a MA covered service. The purpose under section IV. remains the purpose throughout the form, including page 3, which requires a separate signature for the disclosure of services related to sensitive information.

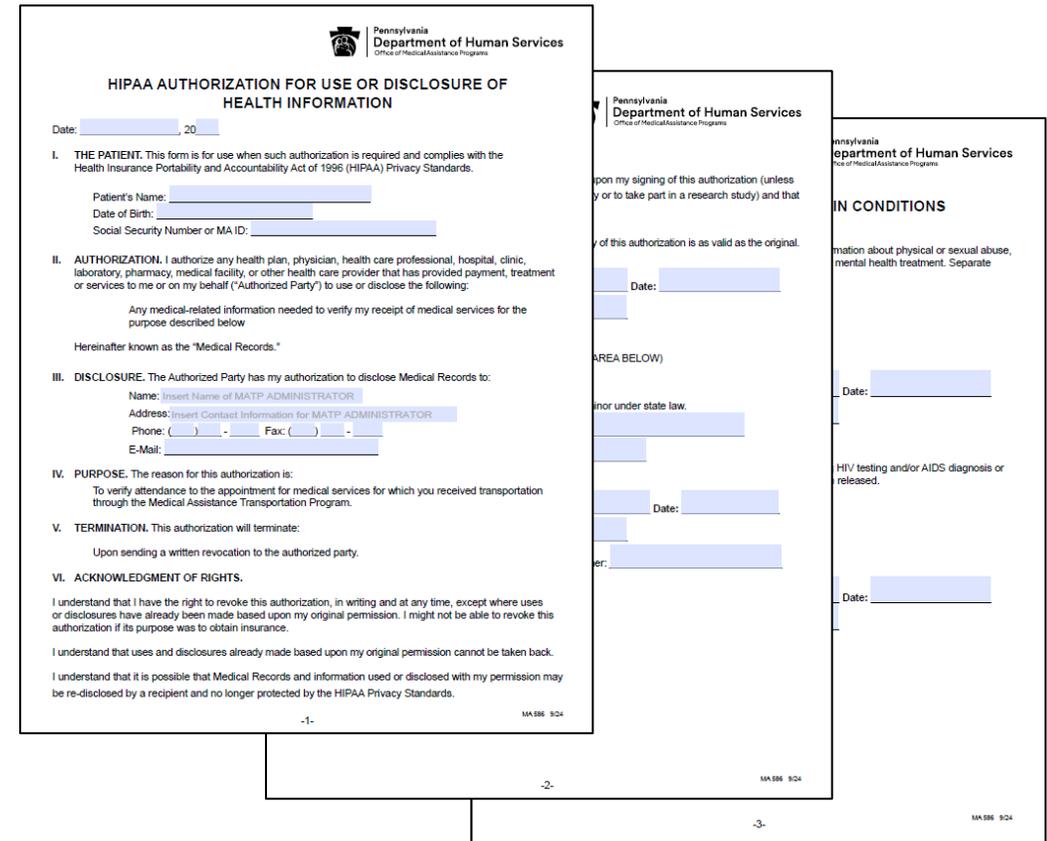
## ***Regarding concerns about continuing to verify presently while the rollout continues:***

- Administrators are still responsible for adhering to the verification requirements set forth by DHS. Any specific concerns should be brought to the assigned Program Monitor for situational clarification.

See [here](#) for a link to the HIPAA Addendum Ops Memo & Form!



Now Available in Spanish!



The image shows three pages of a HIPAA Authorization form. The first page is titled "HIPAA AUTHORIZATION FOR USE OR DISCLOSURE OF HEALTH INFORMATION" and includes sections for patient information, authorization, disclosure, purpose, termination, and acknowledgment of rights. The second page is titled "CONDITIONS" and includes a section for conditions of use. The third page is titled "SIGNATURE" and includes a section for the patient's signature and date. The form is from the Pennsylvania Department of Human Services, Office of Medical Assistance Programs.

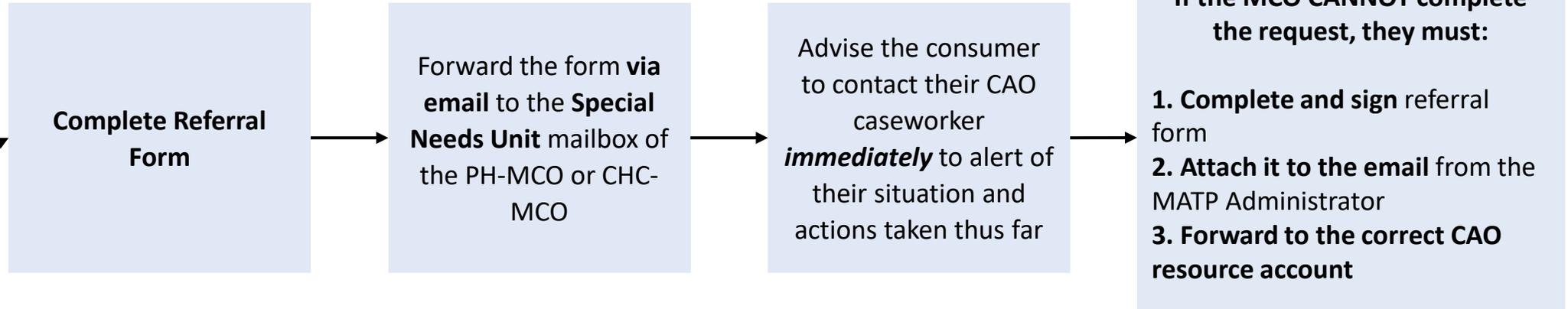
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# Required Referrals Process (Requests Through MATP Admin)

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

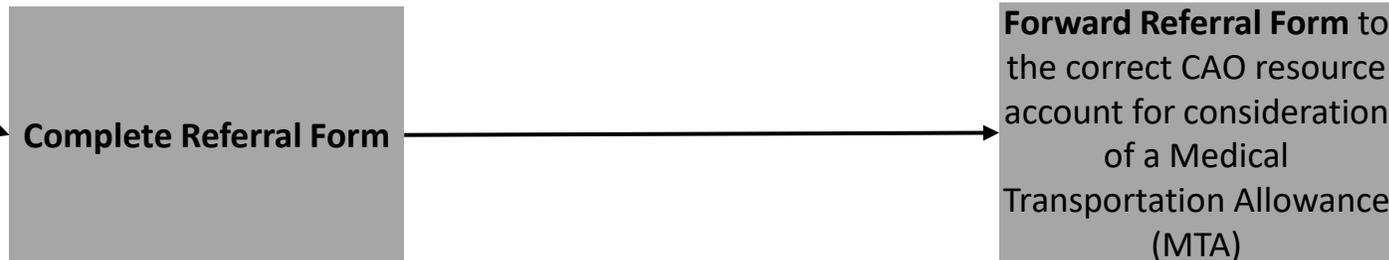
## Referral Process

### PH-MCO/CHC-MCO Members



Send Written Notice of Denial of Transportation to Consumer

### Fee-For-Service Members



**NOTE**  
The CAO will not obtain the necessary mode of transportation. Instead, the CAO will only provide an allowance to the consumer.

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 Administrator 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.



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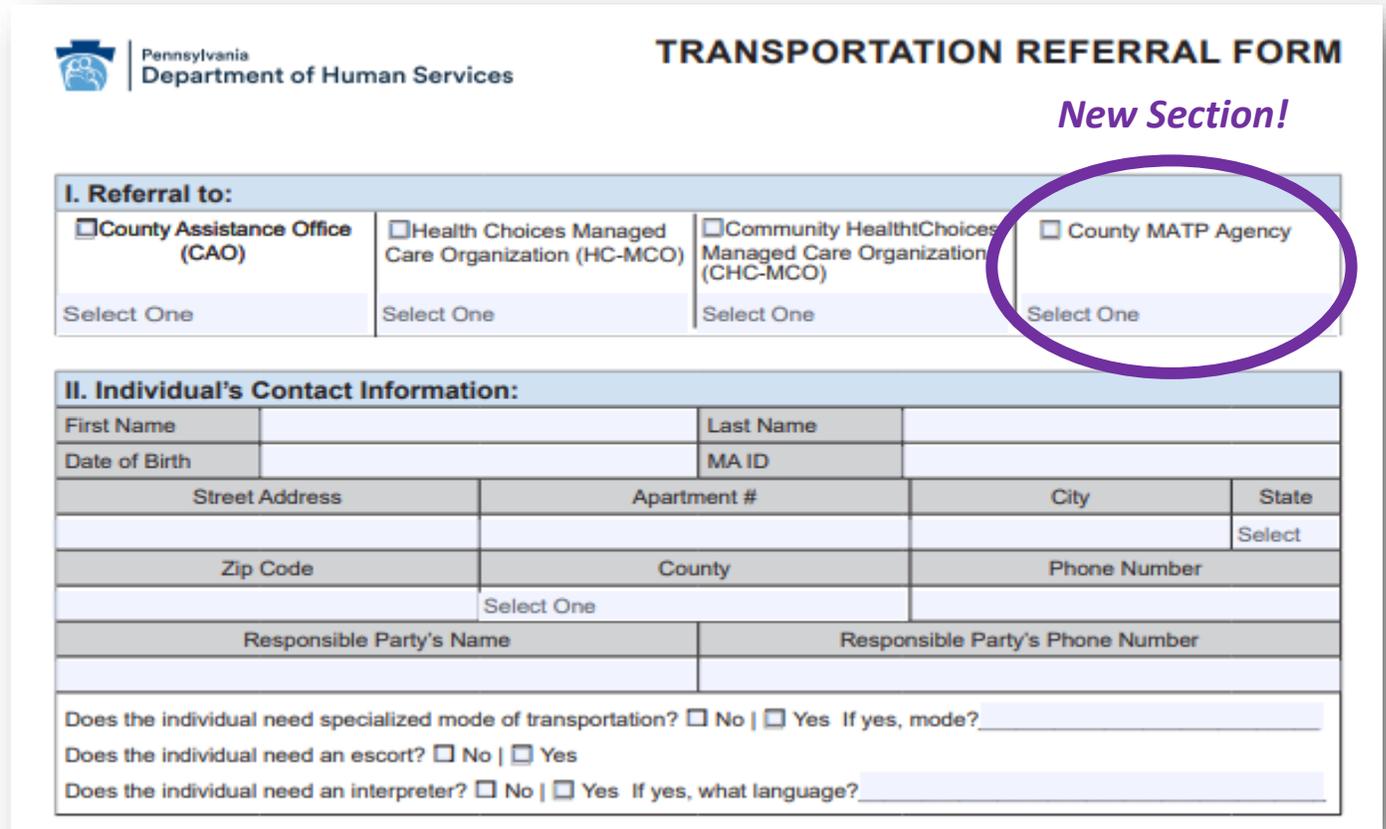
# Referrals Process (Important Reminders)

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

 ***Referrals are not just for things like stretchers and ventilators, but also potentially for service area and access standard related reasons***

 ***If a consumer is in an MCO, the referral must go from MATP to the 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	
Date of Birth		MA ID	
Street Address	Apartment #	City	State Select
Zip Code	County Select One	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? \_\_\_\_\_



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## I. When Will This Be Instituted?

Transportation for Psychiatric Rehabilitation Services **will not begin this year**. Psychiatric Rehabilitation services will not be eligible for MATP transportation until Pennsylvania has a CMS approved State Plan Amendment.

## II. What is Psychiatric Rehabilitation?

Mental Health Services that specifically improve an individual's role (family members, students, worker) and functioning in an environment (home, school, work, community) so that they thrive and recover. The psychiatric rehabilitation mission is to assist individuals with serious mental health conditions across their lifespan to improve their functional and satisfaction in environments of their choice.

## III. Where can I Find More Information About Psychiatric Rehabilitation Services in Pennsylvania? [Psychiatric Rehabilitation - PA 211](#)

## IV. How Will I Know What My Responsibilities Are in Transporting Consumers to These Appointments? Psychiatric Rehabilitation Services is scheduled to be adopted **first** into the State Plan with a following **scheduled effective date**. Service requirements for MATP will not be instituted until **effective**.

## V. Reminder

Transportation for consumer's receiving these services should **not be treated differently** than transportation for consumers receiving non-psychiatric rehabilitation medical services.



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# BFM Updates



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As we enter the 3rd quarter of fiscal year (FY) 24-25 (July 2024 – July 2025), we'd like to discuss upcoming reports, items and deadlines as well as expectations to facilitate timely completion of fiscal report reviews.

## Upcoming Reports

- FY 24-25 Quarter 2 Cost Reports are due 01/30/25
  - Please submit reports on time so that we can continue our financial reporting process
  - 7 reports have been received to date (1/21/25)
- FY24-25 Monthly Trip Data is due 2/15/25 for December 2024
- FY24-25 Monthly Trip Data is due 3/15/25 for January 2025

## Streamlining Fiscal Processes:

As we continue our collaborative effort we want to aim for:

- **Timely Submissions:** Continue submitting fiscal reports on time to aid in continuous funding of the MATP Program
- **Prompt Responses:** Promptly address any DHS communications regarding fiscal reports

## General Notice:

- **Psychiatric Rehabilitation:** Additional budget on Budget Projection Reports will need to be allocated; BFM will advise at a later date

## Reporting Timelines

Reporting & Agreements	Deadlines
<b>Quarterly Cost Reporting</b>	
Quarter 1	<b>Due 10/29</b>
Quarter 2	<b>Due 01/30</b>
Quarter 3	<b>Due 04/30</b>
Quarter 4	<b>Due 09/02</b>
<b>Monthly Trip Data</b>	<b>Due 45 days after month has ended</b>
<b>Budget Projection Reports</b>	<b>Due 5/13</b>

Please be mindful of the timeline above as these deadlines are critical for maintaining current payment schedules – Thank you for supporting the MATP Program!



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# PennDOT Updates



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# Q&A



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*We know a consumer who has an operational vehicle but does not want to drive themselves OR does not want to drive themselves to certain appointments. **How do I handle this?***



## DHS MATP Response

- ✓ **Review** the consumer's initial needs assessment and mode determination
- ✓ Per the S&G Chapter 4, Determination of Mode pg. 28, "...review an individual consumer's situation,... only authorize the **least costly** and **most appropriate** mode of transportation that will meet that individual consumer's **current level of mobility and functional independence**".
- ✓ **Work with the consumer** to determine what mode(s) of transportation are meet the consumer and the Program's needs.



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*A consumer recently scheduled a ride and realized when they arrived for their medical appointment – they had no appointment that day. **How do I handle this with the consumer? How do I pay the driver for this trip?***



## DHS MATP Response

DHS MATP has been notified others may have experienced similar situations. As we prepare guidance, we wanted to take time today to ask if others have experienced this issue?

- Please drop your comments in the chat or raise your hand to come off mute.

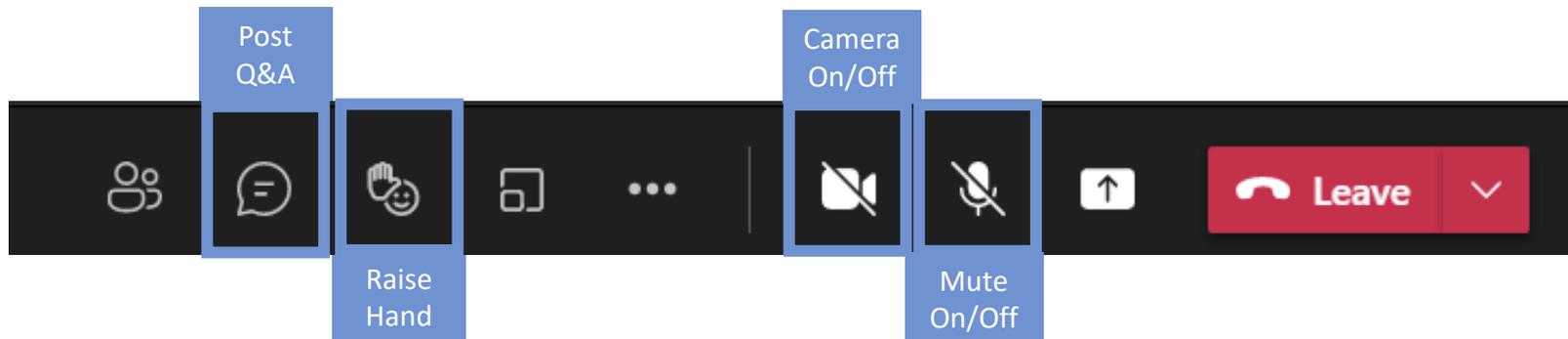


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## Do you have questions or comments about topics covered in today's session?

Please use the **Raise Hand** function to ask a question or share a concern

### TEAMS MEETING GUIDE



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## Thank you for joining us today!

Below are a couple important administrative items to track:

1. **MATP Administrator attendance** helps support the MATP delivery through a shared partnership. **Please have at least one representative/designee join** this call each quarter.
  - If you have not already, please record your attendance for today here: <https://tinyurl.com/MATPQACallSignIn>
2. **Please notify** to your respective DHS MATP RA Account and DHS MATP Program Monitor if any of your **email addresses or main points of contact have changed**.
  - DHS MATP Program: [ra-matp@pa.gov](mailto:ra-matp@pa.gov)
  - DHS MATP Financial: [ra-pwmatpfg@pa.gov](mailto:ra-pwmatpfg@pa.gov)
3. Lastly, **let us know if you have others who should receive this invite!** Our goal is to support you by increasing awareness and education of this program.



### Schedule of 2025 DHS MATP Quarterly Administrators Calls

- ✓ January 22, 2025, 9-10:30AM ET
- April 23, 2025, 9-10:30AM ET
- July 23, 2025, 9-10:30AM ET
- October 22, 2025, 9-10:30AM ET

### Pre-Call Content Ideas

Please submit all questions to DHS MATP prior to our sessions to help us create content that addresses what is most important to you!



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## IV. How Will I Know Psychiatric Rehabili

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## V. Reminder

Transportation for c  
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n-psychiatric rehabilitation

OMHSAS working this – to send back 1/10



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