MATP Quarterly Administrators Call

January 25th, 2022
Welcome & Overview
# Quarterly MATP Administrators’ Calls: Purpose

**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
- Tammi Carter, MATP Program Director
- Daphne Simeonoff, MATP Program Supervisor
- Amy Brandt, MATP Financial Supervisor
- Danielle Spila, Bureau Director, Public Transportation
- John Taylor, Mass Transit Manager, Bureau of Public Transportation

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

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.

TEAMS GUIDE

Chat Window  Raise Hand  Camera (on/off)  Mute (on/off)

Reminder! Teams Chat is public and remains in meeting history.
Agenda

MATP ADMINISTRATORS CALL

Welcome & Overview 10 mins

Administrative Processes 30 mins

Workgroup Report Updates 5 mins

Questions & Answers 10 mins

Introductions and Follow-ups

Review of Key Administrative Processes

Updates on Status of the MATP Workgroup Summary Report

Q&A
Follow-ups
Follow-Ups from Previous Call

Previous Call Highlights

Number of Participants
92 stakeholders joined the October Administrators Call

Administrative Processes Reviewed During the Call
Transportation Request Referrals, Complaints Process, CMS Informational Bulletin (July 12, 2021), Transportation Denials

Open Discussion
Driver shortage issues & strategies to address driver shortages

Post Call Feedback Survey

• A post-call survey was sent to gather feedback on the call and suggestions of topics for future calls
• Additional questions provided an opportunity for participants to share strategies to address driver shortage challenges (on next page)

Summary of Feedback:
• Good conversation and questions
• Sharing both ideas and challenges is beneficial
• Understanding other counties’ concerns is helpful
• Appreciative of the experience and opportunity to be heard

Suggested Future Call Topics:
• New operating bulletins
• Release of any upcoming bulletins or memos
• Reporting
• Updates to the MATP user group recommendations
Below are a few examples of strategies to address driver shortages that were compiled from the post administrators call feedback survey as well as from the information collected during monitoring calls.

**Recruitment Strategies**
- Posting job openings in local newspapers, Indeed.com, Facebook, county websites and PA CareerLink websites
- Attending hiring events at local PA CareerLink facilities
- Sharing video interviews of drivers on social media platforms
- Holding job fairs with vehicles located in high visibility areas with high traffic
- Renewing driver searches through the Bureau of Talent Acquisition

**Programmatic Changes**
- Prioritizing trips by life sustainment, medical appointments and then using the remaining resources to schedule non-medical and non-priority trips
- Grouping rides to OOC appointments
- Reaching out to participants on the night prior to warn of high demand on service / potential delays
- Utilizing alternate transportation, such as Uber / Lyft, shuttle services, mass transit and mileage reimbursement.

**Incentives**
- Offering raises and employee referral bonuses
- Offering training for Commercial Driver’s licenses (CDL)
- Providing sign-on bonuses
- Making overtime available until new drivers are hired and trained
Administrative Processes
Provided below are steps to be followed when reposting suspected fraud, waste and/or abuse to the Office of State Inspector General (OSIG)

**Step 1**
The MATP Representative makes the referral by completing **sections I and II of Form C: OSIG-12 Referral Form**

*Note: Form C: OSIG-12 Referral Form replaces Exhibit C in the MATP Standards and Guidelines*

**Step 2**
MATP Representative forwards the completed form via email to their respective **county Regional Manager**

*Note: Respective county Regional Managers can be found in Exhibit 8: OSIG Regions and Contact Information list*

**Step 3**
The MATP Representative will receive Form C: OSIG-12 Referral Form back, with **Section III completed with findings of the investigation**

**Step 4**
Once received, the MATP Representative should complete **Section IV** and return to their county Regional Manager to close out the investigation

**NOTE:** Provided is the updated link to the searchable Exclusions Database of the Office of Inspector General of the U.S. Department of Health & Human Services: [Search the Exclusions Database](https://www.hhs.gov) | [Office of Inspector General (hhs.gov)]
Form C - OSIG-12 Referral Form: The form is to be used when reporting suspected Fraud, Waste and Abuse and replaces Exhibit C in the Standards and Guidelines.

**SECTION I: REFERRAL INFORMATION**
- **BFPP FILE NO.**
- **FIELD INVESTIGATION REFERRAL**
- **(Confidential Referrals and Tips Only)**

1. **INDIVIDUAL’S NAME** (First Name, Middle Initial, Last Name)
2. **IMCW NAME** (First Name, Middle Initial, Last Name)
3. **COUNTY/RECORD NUMBER**
4. **INDIVIDUAL NUMBER**
5. **LANGUAGE PREFERENCE** – ENTER LANGUAGE NAME (DO NOT ENTER CODE)
6. **DOES INDIVIDUAL CLAIM DOMESTIC VIOLENCE?**
   - **YES**
   - **NO**
   - **IF YES, AND THE CLIENT IS RECEIVING TANF, WAS THE REFERRAL REVIEWED AND APPROVED BY BOP?**
     - **YES**
     - **NO**
   - **REFERRAL REVIEWED BY:**
   - **COMMENTS:**
7. **ASSISTANCE PROGRAM/SERVICES INVOLVING INVESTIGATION**
   - **TANF**
   - **LTC**
   - **SSI Related MA Cat:**
   - **SNAP**
   - **MEDICAID**
   - **GA related MA Cat:**
   - **MATP**
   - **MG related MA Cat:**
   - **PCO related MA**
   - **LIHEAP**
   - **CHILD SUPPORT**
   - **EMPLOYMENT & TRAINING**
   - **OTHER**

**SECTION II: REASON(S) FOR REFERRAL (Explain)**
- **DATE RECEIVED**
- **SPECIAL AGENT NAME** (First Name, Middle Initial, Last Name)
- **DATE RETURNED**

**SECTION III: INVESTIGATIVE FINDINGS**
- **DATE RECEIVED**
- **SPECIAL AGENT NAME** (First Name, Middle Initial, Last Name)
- **DATE RETURNED**

**SECTION IV: RESULT OF INVESTIGATION**
- **ACTION TAKEN**
  - **AUTHORIZED WITH REDUCED BENEFITS**
  - **NO REDUCTION IN BENEFITS.**
  - **DENIED/CASE CLOSED.**
  - **VOLUNTARY WITHDRAWAL.**
  - **REDUCED BENEFITS.***
  - **REJECTED – CAD ACTION.**
  - **GRANT BENEFIT REDUCED FROM**
    - **Cash:** $ to $
    - **Child Care:** $ to $
    - **SNAP:** $ to $
    - **LTC:** $ to $
    - **Special Allowance:** $ to $
    - **LIEAP:** $ to $
    - **MA:** $ to $

**COMMENTS**

**SIGNATURE & DATE**

*Confidential: Individuals receiving and reviewing this document must not provide this information to any other person without written permission.*
CMS Bulletin Follow-Up: Provider and Driver Requirements

Below are the new provider and driver requirements as outlined in CMS Information Bulletin discussed during the October quarterly call

Who do these requirements apply to?

- **Providers** (including transportation network companies)
- **Individual drivers** of non-emergency transportation to medically necessary services
- NOTE: Requirement does not apply to public transit authority

What are the minimum provider and driver requirements?

- Each provider and individual driver are **not excluded from participation in any federal health care program** and is **not listed on the exclusion list** of the Inspector General of the Department of Health and Human Services
- Each such individual driver **has a valid driver’s license**
- Each such provider has in place a **process to address** any **violation of a state drug law**
- Each provider has in place a **process to disclose** to the state Medicaid program the **driving history**, including any **traffic violations**, of each such individual driver employed by such provider
County Methadone Clinic Exception Request Process Overview

Please follow the process below for sending requests to DHS regarding approval/denial of consumer exception requests for transportation to methadone clinics not closest to the provider.

1. Verification of Distance
   - Verify requested clinic is not the closest provider and complete the Methadone Exception form with the consumer or their representative
   - Methadone Exception Request form on slide 15

2. Verification of Exception
   - Verify if the exception request is valid and direct consumer to obtain proper documentation
   - See next slide for approved reasons & documentation

3. Submission of Form
   - Forward the completed form with appropriate documentation to the DHS County Program Monitor
   - A copy of the request is given to the consumer and kept by the County MATP Provider

4. Approval of Request
   - DHS will review the information and approve/deny the exception in writing
   - Approval or denial letters will be sent to the consumer and county within 10 days of receipt
## County Methadone Clinic Exception Request Process Overview

*Listed below are approved categories for exception reasons and steps the county MATP administrators should follow to verify the exception reasons*

<table>
<thead>
<tr>
<th>Exception Reason</th>
<th>Steps to Follow to Verify Exception</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility Not Accepting New Patients</td>
<td>Closest facility is not accepting new patients</td>
</tr>
<tr>
<td>Safety Issues</td>
<td>Consumer cannot be safely treated at that facility</td>
</tr>
<tr>
<td>Physical Health</td>
<td>Consumer has a physical health condition that prohibits treatment at that facility</td>
</tr>
<tr>
<td>Unmet Intake Requirements</td>
<td>Request that the consumer obtains written verification documentation from the facility, e.g., prescribed medications in conflict with facility policies</td>
</tr>
<tr>
<td>Medical Emergency</td>
<td>Consumer has a medical emergency that prohibits treatment at the facility</td>
</tr>
<tr>
<td>Other Reasons Not Listed</td>
<td>Any other reason that is not specifically listed</td>
</tr>
</tbody>
</table>

**Steps to Follow to Verify Exception**

- **Facility Not Accepting New Patients**
  - Verify this with the facility by telephone and document the details (name of the clinic, contact name/phone) in the request form.

- **Unmet Intake Requirements**
  - Request that the consumer obtains written verification documentation from the facility, e.g., prescribed medications in conflict with facility policies.

- **Physical Health**
  - Request that the consumer obtains written verification documentation from the facility, e.g., lack of recommended services at the facility.

- **Safety Issues**
  - Request that the consumer obtains written documentation from the facility, e.g., lack of recommended services at the facility.

- **Medical Emergency**
  - Request that the consumer obtains written supporting verification documentation from the facility.

- **Other Reasons Not Listed**
  - The consumer should outline the reasons for the request and provide appropriate documentation.

If the consumer was terminated from the closest program due to unacceptable behaviors, drug use or nonpayment of fees, an exception will not be granted. The consumer should be advised of this information.
Listed below are the consumer Methadone Clinic Request Forms that must be utilized for the Methadone Exception Process.

**MEDICAL ASSISTANCE TRANSPORTATION PROGRAM**

**METHADONE CLINIC REQUEST**

**CONSUMER INFORMATION:**

- Date:
- Consumer Name:
- Address:
- MA ID:
- Phone Number:

**TRANSPORTATION INFORMATION:**

- County MATP Agency:
- Current Mode of Transportation:
- Requested Mode of Transportation:

**TREATMENT CLINIC INFORMATION:**

- Closest Methadone Clinic to Residence:
- Requested Methadone Clinic:

**Reason for the Change in Clinics:**

- Medical Emergency
- Physical Health
- Safety Issues
- Availability of Closer Provider:
  - Facility not Accepting New Patients
  - Consumer does not meet Intake Criteria
- Other:

If other, please explain: ___________________________________________________________
________________________________________________________________________________

**DHS REVIEW/APPROVAL**

- DHS Approval/Disapproval:
  - Approved:
  - Disapproved:
- Reason: ___________________________
  ______________________________________

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**Supporting Documentation Received From:**

- Yes:
- No:

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**Supporting Documentation Received From:**

- DHS Approval/Disapproval:
  - Approved:
  - Disapproved:
- Reason: ___________________________
  ______________________________________

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**Supporting Documentation Received From:**

- DHS Approval/Disapproval:
  - Approved:
  - Disapproved:
- Reason: ___________________________
  ______________________________________
PennDOT Updates

- Online Application
- Mileage Reimbursement
Workgroup Report Updates
Starting in January 2020, **DHS actively engaged with a workgroup of key stakeholders** across Pennsylvania to define options for the MATP program going forward.

**Workgroup Overview**

**Workgroup Members:**

Workgroup members represented a variety of transportation perspectives across the Commonwealth:

- **CCAP** - County Commissioners Association of PA
- **PACHSA** - PA Association of County Human Services Administrators
- **PPTA** - PA Public Transportation Association

- **PDA** - Department of Aging
- **PDOT** - Department of Transportation
- **PDHS** - Department of Human Services

Offices of:
- Income Maintenance
- Long-Term Living
- Medical Assistance Programs
- Mental Health and Substance Abuse Services

**Workgroup Purpose and Goals:**

The purpose of the Workgroup is to carefully review potential options that optimize access and consistency of experience for consumers while also streamlining the administration of the program.

1. Simplify the administration of the MATP for DHS
2. Improve access, coordination, delivery, and outcomes of the MATP
3. Enhance MATP experience for consumers
4. Control overall MATP costs to the Commonwealth, including fiscal impacts within other state agencies and effects on federal funding
5. Include local and external stakeholder decision making and participation in design and management of MATP
6. Consider how potential changes to MATP could impact interactions with other HST programs
• Do you have any questions about what was discussed?

• Are there any additional topics that you would like to discuss?

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

**TEAMS GUIDE**

- Chat
- Camera (on/off)
- Mute (on/off)

*Reminder!* Teams Chat is **public** and remains in **meeting history**.
Thank You!

Email us with any suggestions or questions

• Tammi Carter: tacarter@pa.gov

• Daphne Simeonoff: daphsimeon@pa.gov

• Amy Brandt: amybrandt@pa.gov