

Commonwealth of Pennsylvania
Department of Human Services

MATP Quarterly Administrators Call

January 25th, 2022



Welcome & Overview

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!



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

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

Previous Call Highlights

Number of Participants

92 stakeholders joined the October Administrators Call

Administrative Processes Reviewed During the Call

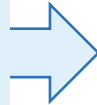
Transportation Request Referrals, Complaints Process, CMS Informational Bulletin (July 12, 2021), Transportation Denials

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 | Office of Inspector General \(hhs.gov\)](#)

OSIG Revised FWA Reporting Documentation: Review

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.

Step 1

FIELD INVESTIGATION REFERRAL <i>(Confidential Referrals and Tips Only)</i>		BFPF FILE NO.
SECTION I: REFERRAL INFORMATION – Completed by Manager, Administrator, or OSIG Special Agent (for Tips)		2 - - -
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 <input type="checkbox"/> NO <input type="checkbox"/>		
IF YES, AND THE CLIENT IS RECEIVING TANF, WAS THE REFERRAL REVIEWED AND APPROVED BY BOP? YES <input type="checkbox"/> NO <input type="checkbox"/>		
REFERRAL REVIEWED BY:		
COMMENTS:		
7. ASSISTANCE PROGRAMS/SERVICES INVOLVING INVESTIGATION	<input type="checkbox"/> TANF <input type="checkbox"/> SNAP <input type="checkbox"/> SA <input type="checkbox"/> MATP <input type="checkbox"/> GA	<input type="checkbox"/> LTC <input type="checkbox"/> LIHEAP <input type="checkbox"/> CHILD SUPPORT <input type="checkbox"/> EMPLOYMENT & TRAINING <input type="checkbox"/> OTHER _____
8. REFERRAL FOR:		
<input type="checkbox"/> APPLICANT <input type="checkbox"/> BENEFITS DELIVERY <input type="checkbox"/> LOCATION OF ABSENT PARENT <input type="checkbox"/> TIP	<input type="checkbox"/> EMPLOYMENT & TRAINING <input type="checkbox"/> CHILD CARE PROVIDER <input type="checkbox"/> HEALTH CARE PROVIDER <input type="checkbox"/> DRUG & ALCOHOL CENTER	<input type="checkbox"/> SSI Related MA Cat: <input type="checkbox"/> TANF related MA Cat: <input type="checkbox"/> GA related MA Cat: <input type="checkbox"/> MG related MA <input type="checkbox"/> PCO related MA
SECTION II: REASON(S) FOR REFERRAL (Explain) - Completed by Manager, Administrator, or OSIG Special Agent (
SIGNATURE & DATE _____ REFERRAL DATE TO OSIG _____		

Step 3

SECTION III: INVESTIGATIVE FINDINGS – Completed by OSIG Special Agent		BFPF FILE NO.																											
1. DATE RECEIVED		2. SPECIAL AGENT NAME (First Name, Middle Initial, Last Name)																											
3. DATE RETURNED		4. INVESTIGATIVE FINDINGS (USE CONTINUATION PAGE, IF NECESSARY)																											
SPECIAL AGENT SIGNATURE _____		DATE _____																											
SECTION IV: RESULT OF INVESTIGATION - Completed by Manager, Administrator, or IMCW (for Tips) NOTE: Please return this completed and signed form to the OSIG within 30 days.																													
ACTION TAKEN (CHECK BOX THAT APPLIES)	*AUTHORIZED WITH REDUCED BENEFITS																												
<input type="checkbox"/> 61. NO REDUCTION IN BENEFITS. <input type="checkbox"/> 62. DENIED/CASE CLOSED. <input type="checkbox"/> 63. VOLUNTARY WITHDRAWAL. <input type="checkbox"/> 64. REDUCED BENEFITS.* <input type="checkbox"/> 65. REJECTED – CAO ACTION.	GRANT BENEFIT REDUCED <table border="0"> <thead> <tr> <th></th> <th>FROM</th> <th>TO</th> </tr> </thead> <tbody> <tr> <td>Cash:</td> <td>\$</td> <td>to \$</td> </tr> <tr> <td>Child Care:</td> <td>\$</td> <td>to \$</td> </tr> <tr> <td>SNAP:</td> <td>\$</td> <td>to \$</td> </tr> <tr> <td>LTC:</td> <td>\$</td> <td>to \$</td> </tr> <tr> <td>Special Allowance:</td> <td>\$</td> <td>to \$</td> </tr> <tr> <td>LIHEAP:</td> <td>\$</td> <td>to \$</td> </tr> <tr> <td>MATP:</td> <td>\$</td> <td>to \$</td> </tr> <tr> <td>MA:</td> <td>Persons to</td> <td>Persons</td> </tr> </tbody> </table>			FROM	TO	Cash:	\$	to \$	Child Care:	\$	to \$	SNAP:	\$	to \$	LTC:	\$	to \$	Special Allowance:	\$	to \$	LIHEAP:	\$	to \$	MATP:	\$	to \$	MA:	Persons to	Persons
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SIGNATURE _____		DATE _____																											

Step 4

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

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

	Facility Not Accepting New Patients	Unmet Intake Requirements	Physical Health	Safety Issues	Medical Emergency	Other Reasons Not Listed
Exception Reason	Closest facility is not accepting new patients	Consumer does not meet the admission criteria of the facility	Consumer has a physical health condition that prohibits treatment at that facility	Consumer cannot be safely treated at that facility	Consumer has a medical emergency that prohibits treatment at the facility	Any other reason that is not specifically listed
Steps to Follow to Verify Exception	Verify this with the facility by telephone and document the details (name of the clinic, contact name/ phone) in the request form	Request that the consumer obtains written verification documentation from the facility, e.g., prescribed medications in conflict with facility policies	Request that the consumer obtains written verification documentation from the facility, e.g., lack of recommended services at the facility	Request that the consumer obtains written verification documentation from the facility e.g., PFA documents and why the facility is unsafe	Request that the consumer obtains written supporting verification documentation from the facility	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.

Methadone Exception Process Review: Request Form



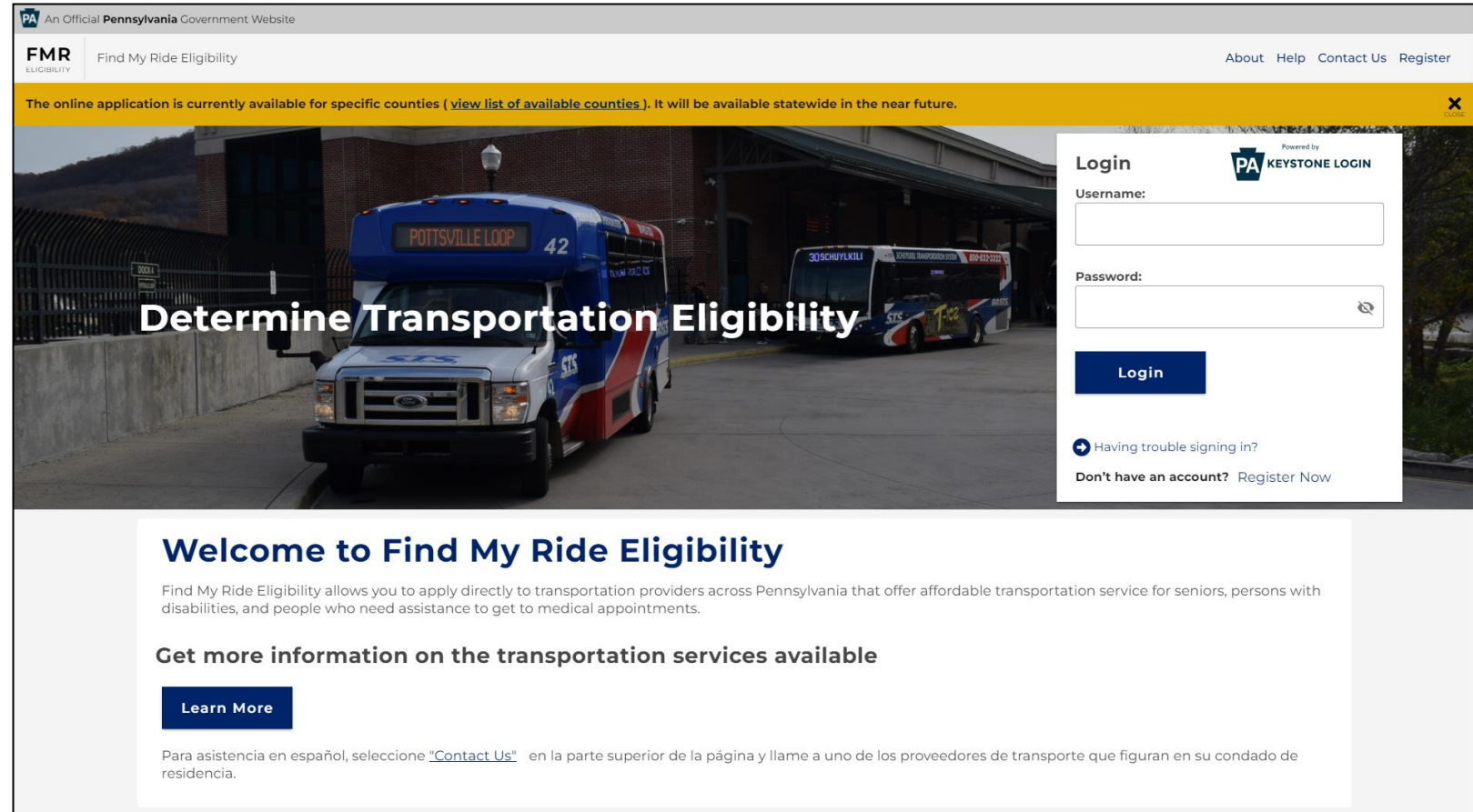
Listed below are the consumer Methadone Clinic Request Forms that must be utilized for the Methadone Exception Process

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	<input type="checkbox"/>
Physical Health	<input type="checkbox"/>
Safety Issues	<input type="checkbox"/>
Availability of Closer Provider:	<input type="checkbox"/>
Facility not Accepting New Patients	<input type="checkbox"/>
Consumer does not meet Intake Criteria	<input type="checkbox"/>
Other:	<input type="checkbox"/>
If other, please explain: _____	

MEDICAL ASSISTANCE TRANSPORTATION PROGRAM		
METHADONE CLINIC REQUEST		
If other, please explain: _____		

Requested Effective Date:		
Expiration Date (if applicable):		
Supporting Documentation Received:	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Supporting Documentation Received From: _____		
DHS REVIEW/APPROVAL		
DHS Approval/Disapproval:	Approved: <input type="checkbox"/>	
	Disapproved: <input type="checkbox"/>	
	Reason: _____	

- **Online Application**
- **Mileage Reimbursement**



The screenshot shows the 'Find My Ride Eligibility' website. At the top, it says 'PA An Official Pennsylvania Government Website' and 'FMR ELIGIBILITY Find My Ride Eligibility'. There are links for 'About', 'Help', 'Contact Us', and 'Register'. A yellow banner states: 'The online application is currently available for specific counties ([view list of available counties](#)). It will be available statewide in the near future.' Below this is a large image of a blue and white bus with 'POTTSVILLE LOOP 42' on its destination sign. Overlaid on the image is the text 'Determine Transportation Eligibility'. To the right of the image is a login form titled 'Login' with 'Powered by PA KEYSTONE LOGIN'. The form has fields for 'Username:' and 'Password:', a 'Login' button, and links for 'Having trouble signing in?' and 'Don't have an account? Register Now'. Below the image, there is a section titled 'Welcome to Find My Ride Eligibility' with a paragraph explaining the service. Below that is a section titled 'Get more information on the transportation services available' with a 'Learn More' button. At the bottom, there is a paragraph in Spanish: 'Para asistencia en español, seleccione "[Contact Us](#)" en la parte superior de la página y llame a uno de los proveedores de transporte que figuran en su condado de residencia.'

Screenshot of the Find My Ride Eligibility Website

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 Members:

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



**County
Commissioners
Association of PA**



**PA Association of County
Human Services
Administrators**



**PA Public
Transportation
Association**



**Department of Aging
Department of Transportation
Department of Human Services**
Offices of:

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



Workgroup Purpose and Goals:

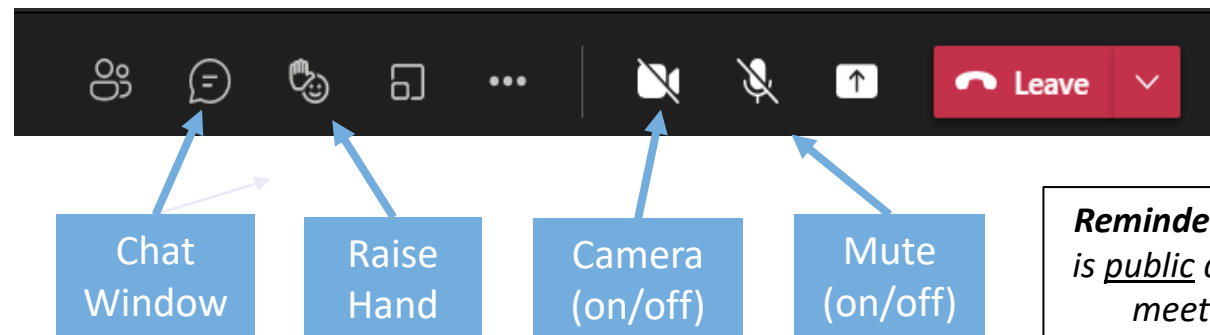
The purpose of the Workgroup is to carefully review potential options that optimize access and consistency of experience for consumers while also streamlining the administration of the program

- 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?*

TEAMS GUIDE

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



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