

Medical Assistance Transportation Operations Memorandum *Systems* MATP OPS # 01/2008-005

Date: January 18, 2008

Subject: Written Notice Form Requirements

To: All Statewide County MATP Program Offices

From: Tyrone E. Williams, Director, Division of Enrollment and Transportation Programs

Purpose:

The Medical Assistance Transportation Program (MATP) is reminding all counties to provide proper documentation on the standard MATP Written Notice form (Written Notice form) when MATP service is denied, terminated or reduced.

Background:

Regulations at 55 Pa Code 2070.41(d) governing the written notice of determination or redetermination of need specify that the notice must include the following:

- 1) A clear statement of the decision and the effective date of that decision.
- 2) A full statement of the reason for the decision.
- 3) A citation and brief explanation of the regulations used as the basis for the decision.
- 4) Pertinent information concerning the Appellant's right to appeal and to request a fair hearing.

This regulation protects the Medical Assistance (MA) Consumer's right to appeal a decision relating to denying, terminating, or reducing MATP service.

Discussion:

Many counties are failing to appropriately provide key aspects on the Written Notice Form which in most cases results in the Department inappropriately losing fair hearings, increases reconsideration hearings, and denies a MA consumer's right to due process and appeals relating to MATP service decisions. As stated above, counties must ensure the following:

Regulatory citation - Counties must provide the appropriate cite from 55 Pa. Code, Chapter 2070. In most cases, the citation will come from the provision 55 Pa. Code, Chapter 2070.38. **Reductions and terminations based upon professional judgment.** It is appropriate that the county references the whole provision with the cite (2070.38) and et. Seq. (which means “and all that follows”- please see attached form). However, counties should review the entire chapter to ensure that they are using the most relevant citation. In addition, counties must reference the specific section in their policies that was previously shared with clients relevant to the decision to deny, reduce, or terminate service.

Effective dates - Counties must provide the appropriate effective date of a reduction or termination of services. The effective date for all reductions or terminations is the 15th calendar day following the date the written notice is mailed or hand-delivered to the client.

Pertinent Information - In addition to informing MA consumers of the process for filing an appeal (which is explained in the MATP brochures), the written form must provide the name and address of the local County legal services office to assist MA consumers when they need to obtain a lawyer to represent them at a hearing. A list of local legal service providers can be found on the MATP website at: <http://www.dpw.state.pa.us/PartnersProviders/MedicalAssistance/AdvocatesStakeholders/MATP/>.

Next Steps:

MATP County Program Offices should review their internal process for preparing and submitting the Written Notice form.

Effective Immediately, the Department is requesting all MATP County program staff begin using the new written notice form and submit a copy of the Written Notice form to their DPW MATP Advisor when filing with the Bureau of Hearing and Appeals for review.

If you have any questions, please contact your county MATP program advisor or MATP Program manager at 717-705-8220.