

Act 121 Frequently Asked Questions

In the background section, you state that OMHSAS will review the exception request along with the MATP and the requests are approved or denied. Who will be approving or denying, us or OMHSAS?

MATP staff in conjunction with OMHSAS will review and approve the request.

And, if the exception is denied, does the consumer get the right to appeal that decision?

No

Would exception requests dealing with capacity still need to follow the exception process in order to formally document the fact that the clinics are at capacity?

No, counties can verify with the facility if they are taking new patients.

How will we know when the clinic is no longer at capacity so the consumer can be taken there?

Counties can verify with the facility if they are taking new patients.

Under the Recipient Notices section, you indicate that the counties must emphasize the new Paratransit protocol to all new methadone recipients at initial application. I interpret this to mean that once you issue the OPS memo, any new methadone recipient requesting transportation will only be provided service or reimbursement to the closest clinic, regardless of the fact that other consumers may not change until March 1. Is that correct?

Yes

I am assuming that this applies to persons who are reimbursed for public transportation as well? Most consumers buy monthly passes but the prices fluctuate based on zones. Should the letter be changed to include them?

The Act only pertains to mileage reimbursement and paratransit. So, I would say not to apply to public transit at this time.

If a consumer requests an exception and it is approved, do we reimburse retroactively for the higher amount?

No, start from the period from when an exception is granted

We do not currently have any consumers using paratransit to travel to methadone clinics but will send the reimbursement letter to any consumers who are not attending the closest facility.

The letter should be distributed to the following recipients to make them aware of the new policy:

1. All current recipients within the standard of the new policy notifying them of the new policy, but clarifying that based on their trips, their paratransit or **mileage reimbursement** trips will not be impacted unless or until they choose to travel to a different clinic.
2. all recipients who are traveling distances outside the standard of the new policy, prior to March 1, 2012, notifying them of the new policy.