

COUNTY OF



ALLEGHENY

RICH FITZGERALD
COUNTY EXECUTIVE

Dear Applicant:

Welcome! Thank you for your interest in using the Medical Assistance Transportation Program (MATP).

The MATP application process is simple. You complete and sign the forms listed below and send them to us. We will review your application and determine if you are eligible to participate.

Please complete the shaded areas on these forms:

- _____ **MATP Application/Eligibility** – helps us determine if you are eligible for service
- _____ **Client Authorization for Release of Information** – gives MATP permission to receive / release information from medical facilities, physicians, dentists, hospitals, clinics, and ACCESS Transportation Inc. regarding your need for and / or receipt of MA-covered medical services.
- _____ **This Welcome Letter** – your signature indicates that you kept a copy of the MATP Instruction & Information Sheet and the MATP Holiday Schedule (enclosed).

Optional forms:

- _____ **Permission for a Minor to use MATP Alone:** Parents/guardians must state if their minor child (13 to 17 years of age) does or does not have permission to travel alone on an MATP ACCESS vehicle.
- _____ **DHS voluntary survey** – completing this form is completely voluntary. What you answer will in no way affect your transportation service. Information you provide helps DHS plan better services.

Transportation service cannot begin until we have received and reviewed your completed and signed MATP Application/Eligibility Form, Release of Information Form and Welcome Letter.

MATP is required to provide the least expensive, most appropriate transportation service that meets your need. Transportation options include:

- reimbursement of mileage/parking/tolls for use of a private vehicle
- Port Authority bus/T/incline tickets
- shared-ride paratransit service, for those who we determine unable to use public transportation

We will discuss your transportation service with you as part of the application/ eligibility process.

You may return your completed, signed forms: by mail or hand-delivery: MATP, One Smithfield Street, 1st Floor, Pittsburgh, PA 15222-2221, **OR** by FAX: (412) 350-2729 **OR** by scan and email to: MATP@alleghenycounty.us .

Please call MATP at 1-888-547-6287 with any questions. Phones answer Monday through Friday, 8:00 a.m. to 4:30 p.m. If you must call at other times, leave a message and we will return your call on the next business day.

Regards,

James R. Farwell

MATP Administrator

I have retained a copy of the MATP Instruction & Information Sheet and MATP Holiday Schedule:

Applicant's Signature

**ALLEGHENY COUNTY
MEDICAL ASSISTANCE TRANSPORTATION PROGRAM (MATP)
APPLICATION/ELIGIBILITY FORM
1-888-547-6287**

(PLEASE TYPE or PRINT CLEARLY)

SECTION I - HOUSEHOLD IDENTIFYING INFORMATION			
NAME		TELEPHONE NUMBER (include area code)	
LAST	FIRST		
PICK-UP ADDRESS			
STREET NUMBER	STREET NAME	APT #	
TOWNSHIP/BOROUGH	COUNTY	STATE	ZIP
MAILING ADDRESS (If different from pick-up address)			
STREET ADDRESS /P.O. BOX	CITY	STATE	ZIP
RECIPIENT & CARD ISSUE Number	SOCIAL SECURITY NUMBER	DATE OF BIRTH	

FOR MATP USE ONLY

SECTION II - MEDICAL ASSISTANCE ELIGIBILITY VERIFICATION/REVERIFICATION	
MATP FUNDING STATUS: <input type="checkbox"/> GROUP I <input type="checkbox"/> GROUP II (D-00, B-00, PD-00, PD-21, PD-22, PD-29, TD-00, TB-00)	
CATEGORY OF ASSISTANCE	
PROGRAM STATUS CODE	
PLAN NAME	
PROOF OF AGE	

FOR MATP USE ONLY

SECTION III – DETERMINATION OF NEED FOR SERVICE
SPECIAL NEEDS:
MODE OF TRANSPORTATION:
EMERGENCY CONTACT NAME & PHONE NUMBER:
PARENT/GUARDIAN:

SECTION IV – AFFIRMATION OF INFORMATION
--

I hereby certify that to the best of my knowledge, the information contained herein is true, correct, and complete. I agree to report any changes in circumstances immediately to this Service Provider. I understand that documentation of all eligibility factors may be required to determine eligibility correctly or for auditing purposes and that giving knowingly false statements is a criminal offense. I understand that I have a right to request a Pennsylvania Department of Human Services fair hearing. This affirmation statement covers all attachments required for the determination of eligibility.

SIGNATURE OF CLIENT OR DESIGNEE: X	SIGNATURE OF INTERVIEWER:	DATE:
--	---------------------------	-------

**ALLEGHENY COUNTY
MEDICAL ASSISTANCE TRANSPORTATION PROGRAM (MATP)**

CLIENT AUTHORIZATION FOR RELEASE OF INFORMATION

(Type or Print Name)

I, , hereby give my permission to the Allegheny County Department of Human Services - Medical Assistance Transportation Program (MATP) to request information, as needed, from any medical facility, physician, dentist, hospital, clinic, pharmacy or purveyor of medical equipment regarding my need for and / or receipt of medical treatment, medical evaluation or purchase of prescription drugs or medical equipment.

I likewise give my permission to any medical facility, physician, dentist, hospital, clinic, pharmacy or purveyor of medical equipment to provide such information to the Allegheny County Department of Human Services MATP.

CLIENT SIGNATURE:

X

PICK-UP ADDRESS:

**MAILING ADDRESS:
(If different from
pick-up address)**

TELEPHONE:

TRANSPORTATION SERVICE WILL NOT BEGIN UNTIL YOU SIGN AND RETURN THE MATP APPLICATION/ELIGIBILITY FORM AND RELEASE OF INFORMATION FORM!

**ALLEGHENY COUNTY
MEDICAL ASSISTANCE TRANSPORTATION PROGRAM (MATP)**

PERMISSION FOR A MINOR, AGES 13-17 YEARS, TO USE MATP ALONE

**THIS FORM SHOULD ONLY BE COMPLETED BY A PARENT/GUARDIAN
WITH A MINOR CHILD AGE 13-17**

I, ,
(Type or Print Name)

CHECK (X) APPROPRIATE BOX:

hereby give my permission for my minor child age 13 - 17 to travel alone to and from medical appointments on ACCESS paratransit vehicles. **I understand that I retain full responsibility for my child when traveling to and from medical appointments on ACCESS paratransit vehicles.**

do not give my permission for my minor child age 13 - 17 to travel alone to and from medical appointments on ACCESS paratransit vehicles.

CLIENT SIGNATURE:

PICK-UP ADDRESS:

MAILING ADDRESS:
(If different from
pick-up address)

TELEPHONE:

TRANSPORTATION SERVICE FOR A MINOR CHILD AGE 13-17 TO TRAVEL ALONE ON ACCESS PARATRANSIT VEHICLES WILL NOT BEGIN UNTIL YOU SIGN AND RETURN THIS PERMISSION FORM!



MATP INSTRUCTION & INFORMATION SHEET

(Effective July 2014)

Thank you for applying to Allegheny County's Medical Assistance Transportation Program (MATP). This information outlines our policies, procedures and your responsibilities.

**PLEASE KEEP
THIS FOR
FUTURE REFERENCE**

INTRODUCTION

- To be an eligible customer for services, you must be an Allegheny County resident of any age and have a valid Pennsylvania Medical Assistance Card.
[No age requirements]
- We provide non-emergency medical transportation services - for both physical health and behavioral health issues (including mental health, drug & alcohol counseling, etc).
- Transportation service to Medical Assistance covered services cannot begin until your eligibility for service is verified and documented according to DPW guidelines through our office.

YOUR RESPONSIBILITIES

Advise us immediately of any changes of address, telephone number, Pennsylvania ACCESS Card Issue Number, or Medical Assistance eligibility.

Remember, all new MATP clients must sign and return the MATP Application, Release of Information Form and cover letter **WITHIN 30 DAYS** in order to receive non-emergency transportation services to MA covered services. Mail forms immediately to the MATP office for processing. (Applications received over 30 days old are invalid.)

PUBLIC TRANSPORTATION

No cost public transportation is available through Travelers Aid of Pittsburgh. A network of medical facilities and social service programs provides free bus tickets to MATP-approved customers for their MA-covered medical appointments. For consumers that do not attend a networked facility, Travelers Aid manages a Safety Net mail program. Consumers can call for tickets a week in advance of the appointment (412-281-5474). (Effective July 1st, 2014, Travelers Aid implemented a 3-strike system to assure appointment verifications are returned in a timely manner. It is the responsibility of the consumer to return the verification of billable services within ten days of appointment date. If Travelers Aid does not receive it within this 10 day grace period, the consumer file WILL have a balance (considered a "strike"). Consumers accumulating 3 strikes will be changed to Ticket Reimbursement only (consumer will submit appointment verification first before Travelers Aid will reimburse in bus tickets). Through the Travelers Aid Safety Net Program, any ticket order placed less than one week prior to the appointment is NOT GUARANTEED. If consumers must pay out of pocket, Travelers Aid can reimburse in tickets with proper documentation of the appointment on facility letterhead or prescription pad. Ticket reimbursement requests must be submitted to Travelers Aid within 10 days of service to guarantee reimbursement. Travelers Aid cannot guarantee reimbursement for any verification submitted beyond this time frame due to funding deadlines. Travelers Aid will send reimbursement tickets within ten days of receipt.

As a service of last resort, MATP is required by law to provide the least costly transportation available. MATP determines transportation service mode to MA covered services. Our selection of consumer transportation mode is based upon availability of public transportation; distance between consumer trip origin and destination; and consumer physical/or behavioral condition (among other factors). MATP and Travelers Aid do not fund trips of less than ¼ mile unless the consumer is unable to walk the distance. MATP will assign the consumer MA covered medical trips at their discretion – by public transportation, mileage reimbursement, or "shared ride" ACCESS door to door service.

DIRECT REIMBURSEMENT PROGRAM

- MATP provides after - the - fact reimbursement of transportation costs (e.g. bus & car) only for Medical Assistance covered services.
- Reimbursements for travel expenses are honored when trips are validated by MATP. Trip verifications must be received in our office no later than 15 days from the date of your appointment.
- Public transportation is reimbursed for actual trip cost & mileage is reimbursed at \$0.12 per mile.
- Parking and tolls are reimbursed when receipts are received.
- To receive reimbursement you must submit proof of every medical visit (preferably on letterhead) and original, unmodified proof of transportation cost (e.g. office receipt). We verify all mileage submissions.

ACCESS TRANSPORTATION PROGRAM

- ACCESS operates Monday through Sunday, 6:00 AM to 10:00 PM, including holidays.
- ACCESS transportation is a shared ride, door to door service. You may ride in a van, a wheelchair lift - equipped vehicle or in some cases, a sedan. Smoking is not permitted in ACCESS vehicles.

- All clients and escorts authorized by MATP ride on ACCESS vehicles for free. All children up to 12 years old must be accompanied by a parent or adult with parental authority. Children 13-17 years old may ride alone on ACCESS vehicles if the parent / guardian has signed and returned a Consent Form. Parents must furnish a car seat for children up to 4 years of age and PA law requires parents to furnish a booster seat for children 4 - 8 years of age.
- Call us no less than two (2) workdays (Monday through Friday) in advance of your medical appointments to schedule your ACCESS [shared ride] transportation (i.e. you must call Thursday for a Monday appointment).
- Requests for next day or same day service for 'urgent care' are approved on a case by case basis and are verified with your PCP and / or Managed Care Organization (MCO).
- You can call up to two weeks in advance to schedule your ACCESS trip(s).
- Call us (no less than one hour in advance) to cancel your ACCESS trip, 1 - 888 - 547 - 6287 if you do not need transportation. If our office is closed, you must call your assigned ACCESS carrier to cancel your transportation.
- Always be ready fifteen (15) minutes earlier than your scheduled pick-up time.
- ACCESS vehicles are permitted to be ten (10) minutes earlier or (20) twenty minutes later than your scheduled pick - up time. [This is considered on time.]

- Due to the shared ride scheduling system ACCESS has the right to make slight time changes in your pick-up times. MATP will notify you of the change the day before your scheduled trip if the time is changed by 15 minutes or more.
- ACCESS vehicles will only wait five (5) minutes for clients on pick - up and return trips.
- As necessary, ACCESS drivers may assist you up and down a maximum of four steps.
- Call your assigned ACCESS carrier for your return trip home, unless we tell you otherwise. If you call an ACCESS carrier for a return trip, allow forty-five (45) minutes for the vehicle to arrive. If the vehicle does not arrive in forty-five (45) minutes, call TOLL FREE at 1 - 888 - 547 - 6287 (until 4:30 PM).
- Calls to ACCESS carriers for return trips must be made before 5:00 PM.
- When the Pittsburgh Public Schools close because of bad weather, ACCESS carriers may automatically cancel your trip unless you receive life sustaining medical treatment such as renal dialysis, chemotherapy and radiation therapy. Extreme weather conditions may delay or restrict your ACCESS transportation if roads are unsafe.
- It is the responsibility of ACCESS riders to make sure the entryway of your residence is free of snow and ice, and clear year round.

- Please call us with any complaints about your ACCESS transportation service or rude and inappropriate language or manner.
- We do not provide escorts. Escorts must be at least 18 years of age. You must request an escort when scheduling trips. We authorize escorts when clients are incapable of traveling alone or if the effects of the medical treatment clients receive causes temporary incapacity.

CAUSE FOR SUSPENSION OR TERMINATION

Cause for suspension or termination of your MATP service includes but is not limited to:

- Failure to provide accurate information regarding your Medical Assistance eligibility
- Termination of your Medical Assistance eligibility
- Failure to sign and return an MATP Application and cover letter within 30 days
- Relocation to another county
- Abusive and / or uncooperative behavior in an ACCESS vehicle, toward vehicle drivers, or toward MATP staff
- Misuse of service and fraudulent behavior.
- If we deny, reduce or terminate your service you will receive Written Notice of your right to request a Fair Hearing from the Pennsylvania Department of Public Welfare.

If you have any questions, please write or call the MATP Services Administrator TOLL FREE at 1 - 888 - 547 - 6287, or contact Neighborhood Legal Services at (412) 255-6700.

Although MATP offices are closed on County observed holidays, ACCESS service and direct reimbursements will be provided to MATP clients needing transportation on these dates

SERVICE EXCLUSIONS

We DO NOT provide emergency or ambulance service or transportation to non-medical appointments like day care programs, hospital visits, mental health social programs, WIC programs, nutrition programs, or Veterans Medical Centers because they do not bill Medical Assistance for their services.

**Allegheny County
Department of Human Services**

Office of Community Services

**Medical Assistance Transportation
Program**

One Smithfield Street - First Floor

Pittsburgh, Pennsylvania 15222-2225

412- 350- 4484; FAX: (412) 350-2729

Proof-of-age Documents

Clients 65 years of age and older who we determine need shared-ride service but who are not currently registered with ACCESS will be required to provide us with acceptable proof of age.

The following documents are acceptable:

- ✓ BIRTH CERTIFICATE
- ✓ DRIVER'S LICENSE
- ✓ PA PHOTO IDENTIFICATION CARD (PENNDOT NON-DRIVER'S LICENSE)
- ✓ PASSPORT
- ✓ PACE CARD
- ✓ VERIFICATION STATEMENT FROM SOCIAL SECURITY ADMINISTRATION
(CALL 1-800-772-1213 TO REQUEST A LETTER)
- ✓ MILITARY DISCHARGE PAPERS
- ✓ IMMIGRATION / NATURALIZATION PAPERS
- ✓ RESIDENT ALIEN CARD

The copy must be clear and legible.

Allegheny County Department of Human Services
Voluntary Survey

Please check the description that most closely identifies your current marital status:

Divorced	Never Married
Widowed	Married
Separated	

Please check the description that most closely identifies the educational level you last completed:

Pre-school (0-3 years old)	Alternative School
Pre-school (4 years old - Kindergarten)	GED
Kindergarten – 4 th Grade	1-3 Years of College/Business/ Technical School
5 th – 7 th Grade	4 Years of College/Business/ Technical School
Special School 1-3 years	Graduate or Professional School 1 or more years
Special School 4-6 years	None
1-3 years of High School/ Vocational/ Technical School	Unknown
4 years of High School/Vocational/ Technical School	

Please check the description that most closely identifies your current state of employment:

Affirm. Industry employ (20 hours or less per week)	Part time employment and in school
Affirm. Industry employ (21 hours or more per week)	Part time
After school/summer employment	Prevocational training
Attending college (6 or less credits)	Retired
Attending vocational school/training	Seeking employment
Basic academic preparation	Sheltered employment
Disabled	Sheltered Workshop
Full time employment	Supported employment (20 hours or less per week)
Full time Special Day Treatment	Supported/transitional employment
Full time in regular class	Transitional employment (20 hours or less per week)
Full time student	Transitional employment (21 or more hours per week)
Home bound Instruction	Unemployed
Homemaker	Work Study
Leave of Absence	

Please check the description that most closely identifies your ethnicity:

Hispanic

Non-Hispanic

Please check the description that most closely identifies your current living arrangement:

Correctional facility
CYF residential system
DA residential system
Hospital
ID residential system
MH residential system
Nursing home

Personal care/other privately
purchased housing
State system
Homeless or Shelter/Mission
Independent (alone or with
family/friends)
Independent with supports
Independent with no supports

Please check the description that most closely identifies your race:

Asian
Black
Native American/Alaskan Native
Pacific Islander
White
Other
Unknown

ALLEGHENY COUNTY HOLIDAYS 2017

**Medical Assistance Transportation Program
MATP Office is closed on the following dates:**

<u>HOLIDAYS</u>	<u>FALLS ON</u>	<u>OBSERVED</u>
New Year's Day	Sun. January 1, 2017	Mon. January 2, 2017
Dr. Martin Luther King Day	Mon. January 16, 2017	Mon. January 16, 2017
Presidents' Day	Mon. February 20, 2017	Mon. February 20, 2017
Primary Election Day	Tues. May 16, 2017	Tues. May 16, 2017
Memorial Day	Mon. May 29, 2017	Mon. May 29, 2017
Independence Day	Tues. July 4, 2017	Tues. July 4, 2017
Labor Day	Mon. September 4, 2017	Mon. September 4, 2017
Columbus Day	Mon. October 9, 2017	Mon. October 9, 2017
Veteran's Day	Sat. November 11, 2017	Fri. November 10, 2017
Thanksgiving Day	Thurs. November 23, 2017	Thurs. November 23, 2017
Christmas Day	Mon. December 25, 2017	Mon. December 25, 2017

When the Pittsburgh Public Schools close because of bad weather, ACCESS carriers will automatically cancel your trips unless you receive life sustaining renal dialysis, chemotherapy, and radiation therapy. Extreme weather conditions may delay or restrict your ACCESS transportation service if road conditions are unsafe.