


**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HUMAN SERVICES
OFFICE OF MEDICAL ASSISTANCE PROGRAMS**

**MEDICAL ASSISTANCE
TRANSPORTATION
PROGRAM**



**STANDARDS
&
GUIDELINES**

Prepared by the Division of Medical Assistance Transportation Programs
Bureau of Managed Care Operation

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**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HUMAN SERVICES
OFFICE OF MEDICAL ASSISTANCE PROGRAMS**

**MEDICAL ASSISTANCE
TRANSPORTATION
PROGRAM**



SCOPE OF SERVICES

Prepared by the Division of Medical Assistance Transportation Programs
Bureau of Managed Care Operations

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MATP EXECUTIVE SUMMARY

Federal regulations require that the State Medical Assistance agency assure that transportation is available for consumers to and from medical providers. The Department of Human Services (Department or DHS) carries out this mandate by providing both emergency and non-emergency medical transportation services. Emergency medical transportation services are funded separately through the Medical Assistance Outpatient appropriation. Non-emergency medical transportation services are provided through the Medical Assistance Transportation Program (MATP). Funding for the MATP consists of a State appropriation and Federal Medical Assistance (Title XIX) funds.

Non-emergency, non-ambulance medical transportation is provided in accordance with the regulations, policies, and requirements established by the Department through agreements with county governments, transportation brokers , and local transit agencies (individually, the Grantee).

The county government is given the right of first refusal to administer non-emergency medical transportation for MA consumers in their respective county. Upon acceptance, the county government selects the particular administrative method best suited to provide the transportation in its locale. This may include the direct provision of service, contracting with an independent transportation entity, or through a human services agency. The Grant Agreement provides requirements for the acceptance of funding and the responsibility to administer the program by a county government in compliance with all state and federal policies and regulations.

Agreement to accept funding for and responsibility to administer the MATP by a grantee requires full compliance with all sections of the MATP Standards and Guidelines.

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**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HUMAN SERVICES
OFFICE OF MEDICAL ASSISTANCE PROGRAMS**

**MEDICAL ASSISTANCE
TRANSPORTATION
PROGRAM**



GLOSSARY OF TERMS

Prepared by the Division of Medical Assistance Transportation Programs
Bureau of Managed Care Operations

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GLOSSARY OF TERMS

Abuse- A fraud term defined as any practices that are inconsistent with sound fiscal, business, or medical practice and which result in unnecessary cost to the MA Program, or in reimbursement for services that are not medically necessary or that fail to meet professionally recognized standards or contractual obligations (including the terms of the Grant Agreement, Standards and Guidelines, contracts, and requirements of state or federal regulations).

Appeal- The consumer's right to challenge any MATP action or inaction which affects his/her benefits.

Appropriate mode of transportation- The mode of transportation that best meets the physical and medical circumstances of a Consumer's requiring transportation to a medical service.

Business Days- A business day includes Monday through Friday except for those days recognized as Federal Holidays and/or Pennsylvania state holidays.

Category- A letter code that identifies coverage for federal and state funding purposes and the type of medical benefits received. For example, the letter "P" indicates Non-money Payment and the letter "T" indicates Medically Needy Only.

Coordination – An agreement between agencies to operate one or more transportation functions jointly to better utilize resources. Whenever possible, transportation services funded by the MATP are to be integrated with transportation services funded by other programs within the Departments of Human Services, Aging and Transportation.

The term also refers to scheduling trips in such a manner as to allow multiple consumers who have medical appointments at the same or similar locations and within a reasonable time frame to be transported in the same vehicle.

Disclosing entity - Any entity that does not participate in Medicaid, but is required to disclose certain ownership and control information because of participation in any of the programs established under title V, XVIII, or XX of the Act. This includes:

- a. Any hospital, skilled nursing facility, home health agency, independent clinical laboratory, renal disease facility, rural health clinic, or health maintenance organization that participates in Medicare (title XVIII);
- b. Any Medicare intermediary or carrier; and
- c. Any entity (other than an individual practitioner or group of practitioners) that furnishes, or arranges for the furnishing of, health-related services for which it claims payment under any plan or program established under title V or title XX of the Act.

Dual Eligibles – An individual who is eligible to receive services through both Medicare and the MA Program (Medicaid).

Fee-for-Service – A healthcare system that provides medical services to eligible Medical Assistance consumers where health care providers are paid for each service (like an office visit, test, or procedure).

Fiscal agent- A contractor that processes or pays vendor claims on behalf of the Medicaid agency.

Fixed Route – A regularly scheduled transportation service operating on a set route.

Fraud – An intentional deception or misrepresentation made by an entity or person with the knowledge that the deception could result in an unauthorized benefit to the entity, him/herself, or another responsible person.

Grantee – The Grantee is the entity or agency with whom the Pennsylvania Department of Public Welfare, Medical Assistance Transportation Program contracts to operate the MATP in a specific county or geographic region.

Indirect ownership interest - an ownership interest in an entity that has an ownership interest in the disclosing entity.

Note: The amount of indirect ownership interest is determined by multiplying the percentages of ownership in each entity. For example:

If you own 10 percent of the stock in Corporation A, which owns 80 percent of the stock of the disclosing entity, you would have an 8 percent indirect ownership interest in the disclosing entity.

If you own 20 percent of the stock in Corporation A, which owns 50 percent of the stock in Corporation B which owns 80 percent of the stock of the disclosing entity, you would have an 8 percent indirect ownership interest in the disclosing entity.

Managed Care Organization (MCO) – An entity responsible to provide health care services to Medicaid consumers through either a Mandatory (HealthChoices) or Voluntary delivery system.

Managing employee- a general manager, business manager, administrator, director, or other individual who exercises operational or managerial control over, or who directly or indirectly conducts the day to day operation of an institution, organization, or agency.

Ownership Interest- means the possession of equity in the capital, the stock, or the profits of the disclosing entity.

Person with an ownership or control interest means a person or corporation that:

1. Has an ownership interest totaling 5 percent or more in a disclosing entity;
2. Has an indirect ownership interest equal to 5 percent or more in a disclosing entity;
3. Has a combination of direct and indirect ownership interests equal to 5 percent or more in a disclosing entity;
4. Owns an interest of 5 percent or more in any mortgage, deed of trust, note, or other obligation secured by the disclosing entity if that interest equals at least 5 percent of the value of the property or assets of the disclosing entity.

Note: The percentage of ownership of a mortgage, deed of trust, note, or other obligation is determined by multiplying the percentage of interest owned in the obligation by the percentage of the disclosing entity's assets used to secure the obligation. For example:

If you own 10 percent of a note secured by 60 percent of the disclosing entity's assets, you would have a 6 percent interest in the disclosing entity's assets.

5. An officer or director of a disclosing entity that is organized as a corporation; or
6. Is a partner in the disclosing entity that is organized as a partnership.

Program Status Code – A code that identifies budgets which meet certain characteristics. The code, which is determined by the County Assistance Office, is used for federal reimbursement, reporting and general control purposes.

Provider - A named person or entity that furnishes, or arranges for furnishing non-emergency medical transportation for which it claims payment under the MA program.

Psychiatric Rehabilitation Services – Services for adults with long-term psychiatric disabilities to develop, enhance, and/or retain psychiatric stability; social competencies; personal and emotional adjustment and/or independent living competencies so that they experience more success and satisfaction in the environment of their choice and can function as independently as possible. These therapeutic services are MA compensable, but are not MATP eligible. Psychiatric Rehabilitation Services are not included in the State Plan as a covered MATP service. The MATP does not provide transportation to Psychiatric Rehabilitation Services.

Public Transportation- Buses, trains, subways, and other forms of transportation that charge set fares, run on fixed routes, and are available to the public. This definition includes the terms mass transit or public transit.

Shared-Ride Program – The Lottery funded paratransit service for persons 65 years of age and older.

Shared-Ride Service – A type of demand response service in which (vehicles) are allowed to carry at any one time several unrelated passengers with different origins and destinations.

Significant business transaction- any business transaction or series of transactions that, during any one fiscal year, exceed the lesser of \$25,000 and 5 percent of a provider’s total operating expenses.

Subcontractor means:

An individual, agency, or organization to which a disclosing entity has contracted or delegated some of its management functions or responsibilities of providing medical care to its patients; or


An individual, agency, or organization with which a fiscal agent has entered into a contract, agreement, purchase order, or lease (or leases of real property) to obtain space, supplies, equipment, or services provided under the Medicaid agreement.

Supplier - An individual, agency, or organization from which a provider purchases goods and services used in carrying its responsibilities under the MA program.

Wholly Owned Supplier - A supplier whose total ownership interest is held by a provider or by person/persons or other entities with an ownership or control interest in a provider.

**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
OFFICE OF MEDICAL ASSISTANCE PROGRAMS**

**MEDICAL ASSISTANCE
TRANSPORTATION
PROGRAM**



GENERAL RESPONSIBILITIES

Prepared by the Division of Medical Assistance Transportation Programs
Bureau of Managed Care Operations

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GENERAL RESPONSIBILITIES

The purpose of this section is to describe the scope of services the MATP Grantee will perform.

Medical Assistance (MA) consumers residing in Pennsylvania are entitled to non-emergency medical transportation services to secure medical care provided under the MA program. Grantees that accept the program shall comply with the conditions set forth in this document and its attachments.

Non-emergency medical transportation service includes transportation to and from a medical facility, physician's office, dentist's office, hospital, clinic, pharmacy, or purveyor of medical equipment for the purpose of receiving medical treatment or medical evaluation or purchasing prescription drugs or medical equipment. The Grantee assures that transportation is available only to get consumers to and from qualified MA-enrolled providers of their choice who are generally available and used by other members of the community or locality in which the consumer is located. Exceptions may be granted upon discretion of the Grantee, with oversight from the single state agency, for good cause such as the unavailability of a general range of appropriately qualified MA- enrolled providers and/or a unique medical condition for a beneficiary.

The Grantee shall undertake the responsibility to:

1. Inform and Educate
 2. Operate an MATP Telephone Line
 3. Verify Eligibility and Need
 4. Authorize and Coordinate Transportation Services
 5. Recruit and Maintain Adequate Transportation Networks
 6. Ensure Program Integrity
 7. Maintain Confidentiality of Information
 8. Reporting and Record Retention

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1. Inform and Educate

A. Outreach

Outreach, at a minimum, shall include the distribution of a basic MATP informational brochure to be available at county assistance offices (CAOs), medical service providers, human services/community agencies, social service agencies, and other appropriate locations.

The Grantee may conduct community outreach in addition to the distribution of the above brochure. See Exhibit 3, Suggested Outreach Venues, for suggestions for venues to conduct community outreach.

B. Written Materials

The Grantee shall develop and distribute MATP specific written materials as set forth in this grant agreement and as may be requested by the Department. The Grantee shall deliver, to consumers, all notices developed by the Department in the manner and timeframe prescribed by the Department or this agreement.

The Grantee shall submit all written material to the Department for advance written approval prior to distribution. The Department shall approve such material in writing prior to their use. The Department's review will be conducted within thirty (30) business days and approval will not be unreasonably withheld. The Grantee shall develop material for consumers, which include outreach and general MATP information and information on how to access services. The Grantee shall ensure that consumer information is written at a sixth grade reading level.

The Grantee shall develop and distribute the following outreach materials:

Basic Informational Brochure - The Grantee shall develop a basic informational brochure to be available at CAOs, medical service providers, human services/community agencies, social service agencies and other stakeholders' locations. See Exhibit 1, Basic Informational Brochure, for the information the Grantee shall include in the brochure.

MATP Welcome Brochures - The Grantee shall mail a welcome brochure within five (5) business days after a consumer registers to receive services. The Grantee may provide the Welcome Brochure in formats other than hard copy. If this option is exercised, the Grantee must inform consumers what formats are available and how to access each format. Upon consumer request, the Grantee must provide a hard copy version of the Welcome Brochure. See Exhibit 2, MATP Welcome Brochure, for information the Grantee shall include.

At a minimum, the Grantee is required to mail MATP material to all users of MATP services within their county. The Grantee is required to produce sufficient material to respond to all MATP information requests. Some requests, such as from medical providers and advocates, may be fulfilled by referral to a website with downloadable information.

Upon request by the Department, the Grantee must develop or distribute additional mailings to announce special initiatives and/or policy or program changes. The Grantee must develop such materials for the MATP in the form and context required by the Department. The Grantee shall provide mailings at least thirty (30) business days in advance. At a minimum, when MATP notices are distributed, the Grantee is required to mail MATP material to all users of MATP services within their county.

C. Limited English Proficiency (LEP)

Upon a consumer's request, the Grantee must provide, at no cost to the consumer, oral interpretation services in the requested language or provide sign language interpreter services to meet the needs of the consumer.

The Grantee must make all vital documents disseminated to English speaking consumers available in alternative languages, upon request. Documents may be deemed vital if related to accessing programs and services and may include informational material. Vital documents include, but are not limited to short and welcome brochures.

The Grantee must include appropriate instructions on all materials about how to access, or receive assistance with accessing, desired materials in an alternate language. This information must also be posted on the Grantee's web site.

D. Alternate Format Requirements

The Grantee must provide alternative methods of communication for consumers who are visually or hearing impaired, including Braille, audio tapes, large print, compact disc, DVD, computer diskette, and/or electronic communication. The Grantee must, upon request make all written materials disseminated to consumers accessible to those who are visually impaired. The Grantee must include appropriate instructions on all materials about how to access, or receive assistance with accessing, desired materials in an alternate format.

2. Operate a MATP Telephone Line

The Grantee shall ensure that a toll-free telephone line is available to consumers to request transportation services, except in counties where all calls are local. The Grantee shall have sufficient and appropriate staff to handle all calls. Consumers shall be able to schedule a ride as many as 14 days in advance and as few as same-day-service (in the case of urgent care). The Grantee shall process all incoming telephone inquiries for medical transportation services in a timely, responsive and courteous manner.

The Grantee shall provide TTY and/or Pennsylvania Telecommunications Relay Service for communicating with consumers who are deaf or hearing impaired, upon request. The Grantee shall provide material to consumers on how to access or receive interpreter and translation services for those individuals who are deaf or hard of hearing.

3. Verify Eligibility and Need

The Grantee, prime contractors and their providers are responsible for developing a cost efficient, user-friendly screening and registration process for receiving transportation requests from consumers.

SCREENING

The screening process for transportation services shall include the following components:

A. Eligibility

The Grantee shall verify at the time of every trip that a consumer is MA eligible. Eligibility regulations for MATP are published in Part IV, Chapter 2070, The Adult Services Manual, 55 Pa. Code 2070.

The Grantee shall use the Department's Eligibility Verification System (EVS) to verify MA eligibility. Verification through EVS is sufficient to validate consumer eligibility to receive transportation services (For consumers who are members of managed care organizations, the Grantee may check the Department's EVS for MA eligibility once during the month of service and presume eligibility continues through the end of the month).

Currently, Grantees have the option to access eligibility information through the following methods:

- Web Interactive
- EVS Software
- Mainframe
- Batch EVS
- Telephone

Please find a description of each option at Exhibit 5, Eligibility Verification System (EVS).

The Department does not require the Grantee or their providers to obtain a consumer's signed application or to see a valid medical services eligibility card prior to the provision of transportation services.

After verifying the consumer's MA eligibility, the Grantee shall ensure the consumer's MA Category and Program Status Codes are valid for MATP services using the MATP Eligibility Guide. The guide is available on the MATP Internet Website at <http://matp.pa.gov/PDF/MATPEligibleCategories.pdf>.

B. Authorization of Transportation Services

When a consumer requests non-emergency medical transportation services, the Grantee shall confirm that the consumer has an unmet transportation need and the requested transportation is necessary to receive a medical service. In addition, the Grantee will not fund transportation, if the consumer could have been transported at no cost to the program or if other options other than MA funded transportation is available.

C. Registration

The registration process for transportation services shall include the following components:

- **Application**

The Grantee shall require and retain on file a signed application for MATP services. The consumer shall sign the application within 30 days of the date the Grantee verifies the consumer's eligibility for MATP. The Grantee shall transport eligible consumers for up to 30 days without a signed application. Within the 30-day period, the Grantee shall not deny services because a signed application has not been received. In instances where a consumer fails to return a signed application within the 30-day window, transportation services may cease until a signed application is obtained by the Grantee. The Grantee, shall determine, on an individual basis, exceptions to the 30-day window based on the health concerns (mental and/or physical) of the eligible consumer.

- **Needs Assessment**

The Grantee shall complete a needs assessment as part of the registration process. As part of this process, the consumer shall also supply specific documentation of any special needs. See Form I, MATP Application Form, for Assessment of Needs and Special Needs.

4. Determination of Mode

Once eligibility is established, the Grantee shall, on a case-by-case basis, review an individual consumer's situation, and may only authorize the least costly and most appropriate mode of transportation that will meet that individual consumer's current level of mobility and functional independence.

If a consumer asserts that the mode assigned by the Grantee is not appropriate for his or her needs or has requested a transportation mode that has not been approved, the Grantee shall issue a Written Notice informing the consumer of their right to appeal the decision.

5. Covered Services

The Grantee is required to provide transportation to all MA covered services. A list of covered services (not all inclusive) and situations eligible for MATP can be found in Exhibit 4, Covered MATP Services and Categories.

6. Non-Covered Services

The list of services that the MATP does not cover includes, but is not limited to the following:

- Emergency ambulance transportation
- Non-emergency medically necessary ambulance transportation
- Transportation to sheltered workshops
- Transportation to child day care programs (including adult day care)
- Transportation to psychiatric rehabilitation services
- Transportation to any service not compensable through the Department's MA Program
- Transportation as part of inpatient treatment (responsibility of the inpatient facility)
- Exceptional transportation service as defined at 55 Pa. Code 2070.4*
- Air travel, lodging, meals *
- Stretcher service
- Door-through-Door service
- Transportation for visitation to an inpatient adult consumer
- Transportation to non-medical services
- Transportation during severe inclement weather when it is deemed unsafe

7. Transportation Access Standards

At a minimum, the Grantee assures that transportation is available only to get consumers to and from qualified MA-enrolled providers of their choice who are generally available and used by other residents of the community. The standard allows the following:

- Generally requires consumers to receive medical care in their home community when available there, but, unavailability of qualified MA-enrolled providers requires transportation to providers outside the usual community boundaries.
- The Grantee must provide access to a sufficient range of providers to give consumers an opportunity to obtain medical services from **providers of their choice** that are comparable, if not equal, to the opportunity available to the general public.
- Transportation must be adequate for each consumer's particular combination of physical limitations, geographic location, and available sources of medical care. The

details of each consumer's transportation must be determined on- case-by-case basis.

In addition to the above, Grantees shall only fund transportation to pharmacies and methadone providers based on the following guidelines:

Pharmacy Providers – Grantees shall only provide transportation to a choice of two pharmacies closest to the consumer's residence or two pharmacies closest to the consumer's prescribing physician's office (if the prescription was provided at the office visit and is being filled in route from the prescribing physician's office).

Methadone Treatment – Grantees shall only provide transportation to methadone treatment up to the closest in-network methadone treatment program to a consumer's residence, unless the consumer is granted an exception. See Exhibit 9, Methadone Maintenance Closest Provider Rule, for further information.

8. Quarter Mile Policy

The Grantee shall not fund trips where the distance from origin to destination is less than a quarter mile. The Grantee, shall determine on an individual basis, as part of the registration process, exceptions to the quarter mile policy based on safety issues and the mental and/or physical capacity of the eligible consumer.

9. Trip Coordination and Service Integration

Trip Coordination-Whenever possible, the Grantee shall ensure transportation services are integrated with services provided by other Department of Human Services programs funded by the Department of Aging, and Public Transit Services provided by the Department of Transportation.

Service Integration-The Grantee shall also establish linkages with community programs to coordinate activities with existing programs serving the MA program population and to minimize or avoid duplicate efforts and fragmentation of services to the same consumers.

The Grantee may develop referral protocols or formal written coordination agreements with such programs.

10. Urgent Care Trips

The Grantee shall be responsible to provide same-day, after normal business hours, and weekend transportation services when the consumer has no other available means of transportation and requests services for urgent care.

Urgent care, for the purpose of this agreement, is defined as any illness or severe condition, which under reasonable standards of medical practice would be diagnosed and treated within a 24-hour

period and if left untreated, could rapidly become a crisis or emergency situation. A hospital discharge shall be considered urgent care.

The Grantee may require verification of “urgency” from the medical provider, which may be obtained by the consumer or the Grantee directly. Verification of urgency from a provider need not be in writing. The Grantee can accept a provider’s verbal authorization.

A. Three Hour Window

The Grantee shall coordinate valid requests for urgent care transport during normal business hours within three (3) hours of the time a consumer makes a request. The Grantee, at a minimum, must have secured transportation for the consumer within three hours of the consumer’s request.

The standard does not apply to after-hours service, weekends, or hospital discharges.

11. Mode of Transportation

At a minimum, the following are transportation modes that could be considered when determining services (not all inclusive):

A. Public Transportation (excluding Shared Ride)

Public Transportation includes buses, trains, subways, and other forms of transportation that charge set fares, run on fixed routes, and are available to the public. This definition includes the terms mass transit or public transit.

The Grantee shall purchase public transportation for consumers, whenever possible, if it is cost-effective. The Grantee may use this type of transportation to provide a full trip or portion of a trip to or from a medical appointment.

Public transportation requirements:

1. The Grantee must have procedures in place to determine whether public transportation is accessible to and appropriate for the requesting service.
2. Consumers should live no more than a quarter mile from the bus route when determining public transportation. If a consumer lives more than one-quarter mile from the bus pickup point, or if the consumer cannot travel the one-quarter mile, and public transportation is the most viable mode, then the Grantee may provide transportation to and from the bus stop.
3. The Grantee must send tokens or passes to consumers, if applicable, to cover the established fare for public transportation services use in traveling to or from scheduled medical appointments in cases where consumers cannot afford to purchase them.

4. The Grantee must have procedures for distribution or reimbursement of tokens/passes to consumers to ensure timely receipt.
5. Grantees are prohibited from paying more for fixed route public transportation than the rate charged to the general public.
6. The cost of a public transportation pass (monthly, weekly, etc.) for an individual consumer shall not exceed the cost of individual transit trips. To determine this, the Grantee shall compare the cost of a pass to the cost of single fixed route trips (bus, subway, etc.) a consumer would make to a MA-provider to obtain an MA covered service.

B. Mileage Reimbursement

The Grantee may reimburse consumers who have access to private vehicles (their own or another individual's), but cannot meet the cost of fuel, parking, and tolls.

The Grantee shall reimburse for fuel at a rate per mile, specified by the Department, and reimburse the reported parking and/or toll fees, supported by receipts.

The Grantee must have cost effective procedures for the reimbursement of fuel, parking, and tolls to ensure timely receipt.

C. Paratransit

Paratransit services, where available, includes types of transportation that are more flexible than conventional fixed-route transit but more structured than the use of private vehicles. This includes demand response service in which vehicles carrying, at any one time, unrelated passenger(s) with different origins, destinations and/or different funding sources. Paratransit also includes multi-modal and taxi services.

When public transportation is unavailable, inaccessible, not appropriate (due to the physical/mental needs of a consumer), or if a consumer does not have **access** to a working, available motor vehicle, the Grantee shall provide paratransit services to and from a medical appointment.

D. Volunteers

The Grantee may authorize volunteer drivers, where available, to provide transportation services by driving their personal vehicles, that of a county agency, or a non-profit to MA compensable services and are reimbursed for their mileage only and not their services.

1. A volunteer shall be defined as the following:
 - a. A driver provided through the Grantee who does not reside in the same physical household as the consumer's and who provides the vehicle for transport

- b. A driver provided through the Grantee who resides in the same physical household as the consumer's, is not related to the consumer's and provides the vehicle for transport
 - c. A driver who does not reside in the same physical household as the consumer's, is not related to the consumer's and provides the vehicle for transportation of a single specified consumer's and is chosen by the consumer's
 - d. A driver using the vehicle of an organization or agency and provides the vehicle for transport.
 - e. In no case will a volunteer driver be reimbursed for driving a vehicle owned by the consumer's or a member of the consumer's family.
2. If, at the Grantee's discretion, volunteer drivers represent the least costly and most appropriate mode of transportation, volunteer drivers can be reimbursed more than the mileage rate specified, but must be approved in writing, by the Department.
 3. Volunteer drivers should be at least 21 years of age and have a valid driver's license, a clean driving record and the required insurance coverage. Their vehicle shall be in good condition with working seat belts and have all safety inspection and registration stickers up-to-date.
 4. If a volunteer driver or organization will be transporting children, they must obtain clearances for child abuse and criminal background checks as outlined under section 24. B. Driver Criminal History and Child Abuse Clearance Checks and Training.
 5. The Grantee shall screen volunteers to ensure that the Department does not pay federal funds to excluded persons or entities.

12. Escort

The Department defines an escort as an individual who must accompany a consumer due to the consumer's age, physical, mental, and/or developmental capacity and the escort's presence is required to ensure that the consumer receives proper medical service/treatment. The escort leaves the vehicle at its destination and remains with the consumer.

The Grantee must allow, without charge to the escort or consumer, one (1) escort to accompany a consumer who meets the above definition when the consumer is transported to receive a medical service.

13. Attendant

The Grantee must arrange for the provision of one (1) attendant during transport when, in the judgment of the Grantee, in consideration of all known factors, it is necessary to have an adult helper on a trip to assure the safety of all passengers. The attendant shall be a paid employee of the Grantee, or the agency for whom the Grantee is transporting. Unlike an escort, who accompanies the MA consumer, the attendant remains with the vehicle.

14. Pick-up and Delivery Standards

The Grantee must assure that transportation services are provided that comply with the following minimum service delivery requirements and that shall be delineated in all transportation service agreements:

A. Curb-to-Curb Service

The standard paratransit service shall be curb-to-curb. The transit vehicle picks up and discharges passengers at the curb or driveway in front of their home or destination. The Grantee shall ensure curb-to-curb service for consumers who need little if any assistance between the vehicle and the door of the pick-up point or destination. The assistance provided by the driver includes opening and closing the vehicle doors, helping the consumer enter or exit the vehicle, folding and storing the consumer's wheelchair or other mobility device as necessary, or securing the wheelchair or other wheeled mobility device in the vehicle. It does not include the lifting of any consumer. Drivers need not leave their vehicle or enter any buildings.

B. Paratransit Pick up Rule

The Grantee shall pick up consumers within a window beginning 15 minutes before and extending to 15 minutes after the scheduled pick-up time. This creates a 30-minute pick-up window.

The grantee shall make consumers aware that the expectation is for the consumer to be ready and waiting at least 15 minutes before the scheduled pick-up time.

Vehicles that arrive before the 30-minute window shall wait until the scheduled pick-up time to accommodate a consumer who is not ready.

Vehicles arriving at the scheduled pick-up time or within 15 minutes after are not required to wait for a consumer who is not ready.

For purposes of the complaint process, pick-ups within the 30-minute window are on time.

C. Paratransit One-Hour Rule

Drivers shall not drop off consumers at the medical service provider's office more than one hour prior to the medical appointment. Drivers shall not pick up consumers more than one hour after the completion of the medical visit.

Exception to the Paratransit One-Hour Rule:

- To ensure cost effective grouping of trips a Grantee may set aside the One-Hour Rule for any scheduled transportation if:

- The trip (one-way) is longer than one hour and there is more than an average of 2.5 trips per day to a specific facility or defined geographic area
- Consumers experience drop-offs at their medical appointments no more than 2.5 hours prior to the time of the appointment and pick-ups no more than 2.5 hours after their appointment has ended
- Alternative transportation services are made available to those who cannot schedule or reschedule medical appointments to meet the established grouped ride plan
- The Grant shall ensure there are exceptions in place for consumers who may have safety and security issues when waiting for return rides back to their residence.

D. Door-to-Door Service

- The Grantee shall provide door-to-door service based on the level of service that is appropriate for the consumer's physical and mental capacities. The availability of door-to-door service shall be communicated to all consumers at the time they apply for services and anytime they request a change to paratransit service. The Grantee shall require verification from a medical provider, which may be obtained by the consumer or the Grantee directly.

Verification of need from a provider need not be in writing, and the Grantee can accept a provider's verbal authorization and indicate the verbal verification in the consumer's file. The physician's certification/verification should be sufficient for establishing medical need for door-to-door service.

If the physician's verification indicates that the consumer's need for door-to-door services is time-limited, the verification shall indicate the date when the consumer's need for door-to-door is no longer necessary. In these situations, the Grantee should give notice to the consumer before the expiration of the door-to-door service and assist the consumer with contacting the physician if a door-to-door service extension is needed.

Any time door-to-door services are denied and the consumer asserts that the mode assigned by the Grantee is not appropriate for his/her need, the Grantee will send a Written Notice to the Consumer.

15. Consumer No-Shows

No-shows are scheduled trips that a consumer does not take and does not cancel within required timeframes. The Grantee cannot deny a consumer a trip or bill a consumer for no-shows.

Grantees may take the following actions with consumers who repeatedly no-show:

- Require consumers to reconfirm transportation details the morning of or the night before. If details cannot be confirmed, the ride will not be provided
- Require consumers to use a single provider assigned by the Grantee. Consumers would be required to reconfirm transportation details the morning of or the night before. If details cannot be confirmed, the ride will not be provided
- Require consumers to schedule trips no more than one ride at a time
- Require consumers to travel with an escort
- Change the mode of transportation as appropriate (i.e., from paratransit to public transportation). The Grantee must send a written notice.

The Grantee must send at least one warning notice prior to any action and send appropriate notices regarding any subsequent action.

Good cause for missing rides may be taken into consideration when addressing specific no-show incidents. Late or last-minute appointment cancellations by medical providers shall not be counted as no-shows for members.

If a Grantee does not send the appropriate notices, the no-show cannot be counted against a consumer until a notice has been sent.

16. Waiver Request

In order to ensure that services are cost-efficient and appropriate to local circumstances and needs, the Grantee may submit to the Department a written request for a waiver of any MATP requirement.

The request for a waiver shall contain justification for the request, a citation of the requirement to be waived, and the alternative proposed as a substitute for the waived requirement. The following factors will be considered in reviewing waiver requests: administrative efficiency; health and safety of consumers; and the objectives of MATP.

Waiver requests shall be submitted in writing to the appropriate MATP monitor. Any waivers that are granted will be available to the public. If the Grantee is granted a waiver, the Grantee shall provide consumers with a 30-day notice of the change and shall convey that the policy change was made possible by a waiver from the Department.

17. Complaints

The Department defines a complaint as any issue brought to the attention of the Grantee by a consumer, guardian, advocate or agency for the purpose of assistance or resolution. A complaint does not include a decision by the Department regarding coverage or medical need of a service. The Grantee shall develop and maintain a complaint process that responds to all complaints

regarding the delivery of non-emergency medical transportation services. The process shall include at a minimum:

- Documentation of the complaint in writing
- A first level review of the circumstances surrounding the complaint by someone other than those involved in the action which is the subject of the complaint
- The timeframe by which a consumer will receive a written response to the first level review and how the response will be documented
- If the complaint is not settled at the first level, identifying a second level reviewer or reviewers
- The timeframe by which a consumer will receive a written response to the second level review
- The Grantee shall forward the complaint to the Department if the complainant is still dissatisfied after at least two levels of Grantee-level review.

The Grantee shall maintain copies of all complaints and responses and make them available to Department staff upon request. The Grantee shall submit on their quarterly reports the aggregate number of complaints received by type and their disposition.

18. Denial of Transportation

When the Grantee denies, reduces, or terminates a consumer's request for transportation, the Grantee shall send the Department's standard written notice form explaining the reason for the denial and informing the consumer of the right to appeal. Consumer appeal rights are governed by Appeal and Fair Hearing and Administrative Disqualification Hearings, 55 Pa. Code 275. The form shall include a clear statement of any and all reasons for the action as well as a citation to the authority for the decision.

The Grantee must develop, implement, and maintain the processing of requests for DHS Fair Hearings and Appeals as outlined in Exhibit 7, Written Notice requirements, processes, and policy. The Grantee must use the required written notice form to inform consumers regarding decisions and the process. The standard notice is available at MATP.gov.

The Grantee need not issue a Written Notice Form in the instance of service denial due to MA ineligibility, however, when a consumer maintains that the consumer is MA eligible and EVS indicates otherwise, the Grantee shall confirm the consumer's eligibility status with the CAO before denying the trip. Additionally, the Grantee need not issue a Written Notice Form when the consumer requests a trip to a nonmedical service.

Situations which require a Written Notice Form, but are not limited to, include:

- The transportation requested is not to a medical facility as defined for MATP

- The consumer has not provided requested documentation for purposes of obtaining mileage reimbursement
- The Grantee denies mileage reimbursement for an entire requested trip
- The Grantee is unable to provide the service
- The consumer asserts that the mode assigned by the Grantee is not appropriate for the consumer needs or has requested a transportation mode that has not been approved

The Grantee may have an appeal process at the local level that must be approved by the Department. The Grantee's appeal system shall not be a prerequisite to, or a replacement for, the consumer's right to appeal to the Department.

19. Incident Reports

The Grantee shall develop a policy and procedures for incident management and ensure that staff have proper orientation and training to respond to, report, and prevent incidents. The Grantee is required to report significant incidents to the Department. See Exhibit 10, Incident Reporting Process, for a listing of incidents that shall be reported, as well as information that shall be included in the incident reports.

20. Inclement Weather

The Grantee shall have a written inclement weather plan to minimize any disruptions to services. The plan shall include at a minimum:

- Plan to transport consumers who need critical medical care (dialysis, chemotherapy, etc.) during adverse weather conditions.
- Methods of communications to consumers and medical providers

21. Exceptional Transportation

The Grantee shall refer exceptional transportation requests to a consumer's local CAO. Exceptional transportation is non-emergency transportation which is necessary under extraordinary medical circumstances. This type of transportation may require great distances for medical treatment not normally provided through regional medical providers. Exceptional transportation includes air travel, lodging, meals and transportation for visitation purposes.

22. Non-Emergency Medically Necessary Ambulance Transportation

The provision of non-emergency ground ambulance transportation for those consumers who require transport by stretcher is the responsibility of the consumer's local CAO and MA Managed Care Organization (MCO).

The Grantee shall refer a consumer, covered by the Department's MA Fee-For-Service program, requesting non-emergency medically necessary ambulance transportation to his or her local CAO.

The Grantee shall refer a consumer, covered by the Department's MA mandatory managed care program (HealthChoices), requesting non-emergency medically necessary ambulance transportation to his or her MCO.

23. Fraud and Abuse

A request for an investigation of a consumer should be forwarded to the Office of Inspector General, using form OIG-12, Forms Exhibit C, when the Grantee suspects inadequate, incomplete, inconsistent, or indeterminate information that cannot be verified through normal means and requires a more complete investigation to confirm facts.

See Exhibit 8 for OIG regions and contact information.

24. Recruit and Maintain Adequate Transportation Provider Networks

The Grantee shall establish a sufficient network of transportation providers to deliver medical transportation services to MA consumers. The Grantee shall ensure that it has vehicles that can accommodate persons with disabilities. The Grantee may negotiate rates through competitive bidding or utilize other strategies to ensure that the most appropriate and least costly transportation services are provided.

The Grantee shall ensure access to transportation services is at least comparable to transportation resources available to the public, and shall ensure provision of service delivery to meet the needs of consumers for routinely scheduled trips, non-routinely scheduled trips, and urgent care trips either within the home county or to medical services outside of the county.

A. Subcontracts and Provider Contracts

All subcontracts for the provision of transportation services shall specify the minimum requirements per Exhibit 6, Required Contract Terms for Subcontractors and Provider Contracts.

B. Driver Criminal History and Child Abuse Clearance Checks and Training

The Grantee shall obtain child abuse and criminal history clearances for all of their drivers and obtain proof of clearances from subcontracted drivers at the time of hire. The Grantee shall ensure that all drivers, including volunteers, have the following clearances:

- Pennsylvania Child Abuse History Clearance;
- Pennsylvania State Police Criminal Record Check; and

- Federal Bureau of Investigation Criminal Background Check. (Volunteers under the CPSL do not have to get the FBI check if they have lived in PA for 10 years).

The Pennsylvania Child Abuse History Clearance can be submitted and paid for online through the Child Welfare Information Solution (CWIS) self-service portal, www.compass.state.pa.us/cwis.

For more information on obtaining the Pennsylvania State Police Criminal Record Check or Federal Bureau of Investigation Criminal Background Check, please go to: <http://www.dhs.pa.gov/publications/findaform/childabusehistoryclearanceforms/index.htm>.

C. Monitoring

The Grantee is responsible for all services provided by subcontracted transportation providers and, as such, shall assure adequate oversight of subcontracted transportation service providers. The Grantee shall develop and implement a monitoring plan for subcontracted transportation providers, including, but not limited to, assuring providers comply with the terms of these Standards and Guidelines and all applicable state and federal laws and regulations. The Grantee shall also monitor the transportation providers to ensure compliance with the terms of their subcontracts and all other transportation provider-related requirements. The Grantee shall also ensure that all subcontractors have procedures for the prevention, detection, and reporting of suspected fraud and abuse.

D. Obligation to screen for Medical Assistance excluded providers

The Grantee is prohibited from contracting with carriers (volunteers or professionals), any person with an ownership or controlling interest, or who is a managing employee who have been terminated from the MA program by HHS-OIG or the Department for fraud or abuse.

In accordance with Section 1128(a)(1) and 1932(d)1 of the Social Security Act and 42 CFR 438.610, and other applicable statutes and regulations, the Grantee shall not participate with any Consumer's or entity that has been excluded from participation in Federal health care programs.

Federal health care programs include Medicare, Medicaid, and all other plans and programs that provide health benefits funded directly or indirectly by the United States government. A searchable database of persons excluded from participation can be found at www.exclusions.oig.hhs.gov.

The Grantee shall search the database at least monthly and immediately notify the department, in writing, if a provider or subcontractor with whom the Grantee has entered into an agreement is subsequently suspended, terminated, or voluntarily withdraws from participation in the program as a result of suspected or confirmed fraud or abuse.

The Grantee shall also immediately notify the department, in writing, if it terminates or suspends an employee because of suspected or confirmed fraud or abuse.

The Grantee shall inform the department, in writing, of the specific underlying conduct that lead to the suspension, termination or voluntary withdrawal. Provider agreements shall carry notification of the prohibition and sanctions for submission of false claims and statements. Grantees who fail to report such information are subject to sanctions, penalties, or other actions.

The Grantee shall also notify the department if it recovers overpayments or improper payments related to fraud, abuse or waste of MA funds from non-administrative overpayments or improper payments made to network providers, or otherwise takes adverse action against a provider.

The Grantee shall ensure that this language is included in all contracts with transportation service providers/sub-contractors. Grantee shall review and ensure transportation service providers/sub-contractors review and report in the prescribed manner to the Grantee.

E. Obligation of providers and fiscal agents to disclose information on ownership and control (Form K)

The Grantee must collect information on the ownership and control of any provider, subcontractor, and/or provider. Specifically, the Grantee must:

- Collect the name, address, Date of Birth and Social Security Number of each person with an ownership or controlling interest in any provider, subcontractor and/or supplier, in which it has direct or indirect ownership of five percent or more. The address for corporate entities must include as applicable primary business address, every business location, and P.O. Box address
- Disclose whether any of the persons named is related to another as spouse, parent, child, or sibling
- Disclose the name of any other disclosing entity in which a person with an ownership or controlling interest in the disclosing entity has an ownership or controlling interest
- As set forth under § 455.104(c), the State agency must collect the disclosures from disclosing entities, fiscal agents, and Managed Care Entities (MCE) prior to entering into the provider agreement or contract with such disclosing entity, fiscal agent, or MCE.
- The Grantee shall ensure that this language is included in all contracts with transportation service providers/sub-contractors. Grantee shall review and ensure transportation service providers/sub-contractors review and report in the prescribed manner to the Grantee.

F. Obligation of providers and fiscal agents to disclose information on ownership and convictions (Form L)

The Grantee must collect and report information to the department of any criminal convictions related to Medicare, MA, or Title XX programs at the time any transportation provider, subcontractor, and/or supplier apply or renew their agreements with the Grantee or at any time on request. Specifically, they must furnish full and complete information about:

- Ownership or controlling interest in the provider, or is an agent or managing employee of the provider; and
- Convictions of a criminal offense related to that person's involvement in any program under Medicare, MA, or the Title XX services program since the inception of those programs.
- The Grantee shall ensure that this language is included in all contracts with transportation service providers/sub-contractors. Grantee shall review and ensure transportation service providers/sub-contractors review and report in the prescribed manner to the Grantee.

G. Obligation to furnish upon request the information related to business transactions totaling more than \$25,000 (Form M)

42 C.F.R. § 455.105 (b) (2) requires that upon request providers furnish to the state certain business transactions with wholly owned suppliers or any subcontractors. Specifically, they must furnish full and complete information about:

- The ownership of any subcontractor with whom the provider has had business transactions totaling more than \$25,000 during the 12-month period ending on the date of the request; and
- Any significant business transactions between the provider and any wholly owned supplier, or between the provider and any subcontractor, during the five-year period ending on the date of the request

The Grantee shall ensure that this language is included in all contracts with transportation service providers/sub-contractors. Grantee shall review and ensure transportation service providers/sub-contractors review and report in the prescribed manner to the Grantee.

25. Ensure Program Integrity

The Grantee shall establish and maintain policies and procedures for the detection and prevention of fraud and abuse which may be committed by the Grantee's employees, subcontractors, transportation service providers and by consumers.

A. Verification of Trips and Medical Appointments

The Grantee shall develop policies and procedures to verify information on applications, vouchers, manifests, and any appropriate documentation for the expressed purpose of avoiding fraud and abuse.

The Grantee shall have payment procedures verifying that transportation provider claims for reimbursement match verification of authorized trips.

The Grantee shall have a process in place to verify that consumers actually have scheduled medical appointments and are attending those appointments for medical service by verifying 5% of all trips annually (3% pre-trip and 2% post-trip). Pharmacy and grouped children's trips to behavioral health service are excluded.

1. Public Transportation

The consumer shall provide written verification that a medical appointment was kept that includes at a minimum the name of the medical provider, location, date and time of the appointment, and signature of the medical provider. Failure to provide written verification may result in a denial of a future trip or reduction in service.

If the written verification is inaccurate or incomplete, the Grantee shall make at least one attempt to contact the consumer to resolve the issue before denying or reducing transportation. If the Grantee denies the trip, the Grantee shall issue a Written Notice Form.

2. Mileage Reimbursement

In order to receive reimbursement, consumers shall submit a completed MATP mileage reimbursement form with required documentation, i.e., the name of the medical provider, the time and place of each medical appointment, actual miles traveled. The form shall include written verification (e.g., a signature by the medical service provider) that the medical service was provided. The Grantee shall verify the trip/mileage using maps or computer based programs such as Map Quest, Google Maps or Rand McNally Driving Directions and Maps.

If a mileage reimbursement request is inaccurate or incomplete, the Grantee shall make at least one attempt to contact the consumer to resolve the issue before denying the reimbursement request. If the Grantee denies the trip, the Grantee shall issue a Written Notice Form.

3. Paratransit

The Grantee shall have either written or electronic documentation to verify that a service was provided to a consumer to go to a medical appointment. The Grantee shall have on

file at the minimum the name of the medical provider, location, date and time of the appointment.

B. Reporting of Fraud

Grantees are required to report to the Department any act by providers, consumers, and/or employees that may affect the integrity of the MATP under the MA Program. Specifically, if the Grantee suspects that either fraud or abuse may have occurred, the Grantee shall report the issue to the Department's Bureau of Program Integrity (BPI). Depending on the nature or extent of the problem, it may also be advisable to place the individual provider on prepayment review to avoid unnecessary expenditures during the review process.

All fraud or abuse referrals must be made within thirty (30) days of the identification of the problem/issue. The Grantee must send to BPI all relevant documentation collected to support the referral. Relevant documentation shall include:

- Date of trip(s)
- MA ID number of the consumer
- Mode of transportation
- Total amount of payment made to provider
- Detailed description of the fraud or abuse suspected
- Disclosure information from provider/ subcontractor
- Whether or not payment has been suspended or if good cause has been granted
- Good cause reason
- Prepayment review process

Contact information is:
Department of Human Services
Office of Administration
Bureau of Program Integrity
P.O. Box 2675
Harrisburg, PA 17105-2675
Telephone 1 (866) 379-8477

26. Maintain Confidentiality of Information

The Grantee shall maintain the confidentiality of MATP program-related information including consumer-specific information. The Grantee shall take measures to prudently safeguard and protect unauthorized disclosure of the MATP information in its possession. The Grantee shall

establish internal policies to ensure compliance with federal and state laws and regulations regarding confidentiality.

The Grantee, prime contractors and providers shall comply with the federal Health Insurance Portability and Accountability Act (HIPAA) of 1996 with regards to:

- Use or disclose information only as permitted by law, regulation or contract.
- Appropriately safeguard the protected health information.
- Report any misuse of protected health information.
- Secure satisfactory assurances from any subcontractor.
- Grant individuals access and ability to amend their protected health information.
- Make an accounting of disclosure available to individuals
- Release applicable records to the secretary of DHHS if requested.
- Upon termination, return or destroy all protected health information.
- Report any knowledge of a violation or potential violation of this policy to the program office.

Under Section 404 of the Human Services Code, information that might identify applicants and consumers is limited to the following:

- Providers shall give access to and allow the use and disclosure of information on applicants and consumers to: Federal authorities; the Commonwealth; the Department; the County Commissioners or County Executive; and prime contractors or their authorized agents, if the information is necessary to carry out their required functions with respect to the administration of the MATP.
- Providers shall also give access to allow the disclosure of information on applicants to official authorities assigned to investigate the amount of assistance received. Disclosures beyond this scope require the consumer's written consent. The list of officials to whom information is disclosed shall be made available to the consumer upon request.
- Providers shall make available to a consumer or to the consumer's authorized representative the contents of the consumer's record under Chapter 105 (relating to safeguarding information).
- Providers shall make efforts to ensure consumer-specific information (whether automated or hardcopy), except for the officials listed above, is not in view or accessible to any person other than the consumer to which the information relates.

27. Reporting and Record Retention

A. Data Reporting

The Grantee shall establish and maintain a database or spreadsheet sufficient to meet the reporting requirements of the program.

Monthly Trip Level Data Reports, Form E, Monthly Data File Form Format, are due 45 days from the close of each month and shall be formatted to include:

- County Code
- Date of Trip
- Consumer MA ID number
- Mode of transportation
- Whether trip was completed
- Whether an escort was needed

For reporting purposes, Grantees should define a completed trip as follows:

- A one-way trip from the MA consumer's home or other designated location to the destination where the covered medical service will be provided to the consumer; or
- A one-way trip from the covered medical service to the consumer's home or other designated location; or
- A one-way trip from one covered medical service to another covered medical service.

For purpose of illustration, a reserved trip from a consumer's home to a primary care physician appointment; from the physician's office to the pharmacy, and from the pharmacy to the consumer's home constitutes three (3) one-way trips. Exceptions to these criteria may be necessary, e.g., eligible consumers may need to be picked up or returned to work, school, or day care in order to acquire necessary MA services. The Grantee should upload their monthly trip level data to SeGov. based on the following schedule:

Month	Upload Timeframe
July	September 15-30
August	October 15-31
September	November 15-30

Month	Upload Timeframe
October	December 15-31
November	January 15-31
December	February 15-28
January	March 15-31
February	April 15-30
March	May 15-31
April	June 15-30
May	July 15-31
June	August 15-31

Trip level data files shall be retained as per 55 Pa. Code §2070.24(a).

B. Failed Data Files

The Department shall email an Excel spreadsheet containing the records that failed from the Grantee MATP Monthly Data File submission. Each file should hold data about trips taken approximately two months previously that failed due to the five following reasons.

- Invalid Recipient
- Ineligible for MATP
- Ineligible for MA
- Entry Date Invalid
- Missing/Invalid Data

As a reminder, this is typically a monthly process. You will only receive an email when a file submission has records that fail the initial edits. The Grantee shall review each record and make the appropriate correction(s) or enter the ineligible trip cost. A copy of the corrected report shall be submitted to the financialgatekeeper@pa.gov no later than 20 days from the date of receipt from DHS.

C. Ad hoc Reports

The Grantee shall submit accurate, complete, and timely ad hoc reports to the Department at required intervals or upon request.


D. Record Retention

The Grantee shall ensure that all consumer files, trip logs, records, and other fiscal and administrative documents pertaining to expenditures which are reimbursed through MATP are retained:

- For four years from the end of the fiscal year in which the agency terminates transportation activities.
- Until the completion of an audit for compliance with MATP Grant requirements which was begun, but not completed, at the end of the four-year period.
- Until audit findings and consumer appeals, not resolved at the end of the 4-year period.

**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HUMAN SERVICES
OFFICE OF MEDICAL ASSISTANCE PROGRAMS**

**MEDICAL ASSISTANCE
TRANSPORTATION
PROGRAM**



FISCAL REQUIREMENTS

Prepared by the Division of Medical Assistance Transportation Programs
Bureau of Fiscal Management

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1. FEDERAL FUNDS

The Federal CFDA number for the MATP is 93.778.

2. BUDGET PROJECTION REPORT SUBMITTAL

The Grantee shall complete Form D, MATP Budget Projection Report and submit it to the Department of Human Services (hereafter referred to as the Department or DHS) within 45 business days of receipt of the appropriate forms. The total cost reported on the Budget Projection Report should represent estimated actual expenses for the appropriate fiscal year.

The Grantee shall prepare and submit a revised MATP Budget Projection Report only when the Grantee identifies material cost changes. The Grantee shall submit a revised Budget Projection Report to better reflect current and projected expenditures. This shall be submitted along with the current Quarterly Expenditure Report.

See Exhibit 13, MATP Funding Status, for information about categories of assistance and program status codes.

The Grantee shall e-mail an electronic version of the report to the MATP Financial Report Gatekeeper at ra-PWMATPFG@pa.gov and copy the Grantee's assigned MATP financial advisor.

3. FISCAL REPORTING REQUIREMENTS

The Grantee shall be responsible for the management of overall day-to-day operations necessary for the delivery of cost-efficient, appropriate medical transportation services and the maintenance of appropriate records and systems of accountability to report to the Department. The Grantee shall establish and maintain a process for meeting the fiscal reporting requirements of the program.

- For detailed requirements on allowable costs and instructions for reporting these costs to the Department, please refer to the Addendum at the end of the Fiscal Requirements section.

4. QUARTERLY REPORTS SUBMISSIONS

The Grantee shall submit Quarterly Reports, See Addendum (Appendix E, F and G), in electronic format to the Department no later than the last day of the month after the quarter end. Upon approval of the electronic report, the Grantee should submit a scanned (PDF) copy of the signature page only. The Department may delay payments to counties when the Grantee fails to submit either the electronic report or signature page.

For the first, second and third quarters, the MATP Contact Person or other person designated by the County Commissioners/County Executive may sign the report if he or she has obtained the

appropriate level of approval from County officials. For the fourth quarter Expenditure Report, the signatures of the County Commissioners/County Executive are required.

For all report submissions, the Grantee shall e-mail both the electronic report submission and the scanned copy of the signature page to the Financial Report Gatekeeper at ra-PWMATPFG@pa.gov and copy the Grantee's assigned MATP fiscal advisor.

The Department bases program allocations on four quarters of the state fiscal year beginning July 1 and continuing through June 30 of the following calendar year. The Grantee shall report expenditures and revenues on a modified accrual or accrual basis; therefore, the Grantee shall report expenses, purchases and other bills in the period when incurred (regardless of when paid), and report interest, revenues, fees and contributions in the period when earned (regardless of when received). When submitting the 2nd, 3rd and 4th Quarter Reports, the Grantee shall make any prior period fiscal year adjustments in the current quarter being reported. The Grantee shall not go back and restate prior period quarterly data previously submitted.

For requirements on allowable costs and instructions on reporting costs on the approved Quarterly Cost Reports, please refer to the Addendum within the Standards and Requirements manual the Fiscal Requirements section.

5. INELIGIBLE REPORT SUBMISSIONS

The Department shall email an Excel spreadsheet containing the records that failed from the Grantee MATP Monthly Data File submission. Each file should hold data about trips taken approximately two months previously that failed due to the five following reasons.

- Invalid Consumer
- Ineligible for MATP
- Ineligible for MA
- Entry Date Invalid
- Missing/Invalid Data

As a reminder, this is typically a monthly process. You will only receive an email when a file submission has records that fail the initial edits. The Grantee shall review each record and make the appropriate correction(s) or enter the ineligible trip cost in the file sent by the Department. A copy of the corrected report shall be submitted to the ra-PWMATPFG@pa.gov no later than 20 days from the date of receipt from DHS. See Standards and Guidelines, Scope of Services for corrections to the Grantee MATP Monthly Data File submission.

6. MATP AS THE PAYER OF LAST RESORT

Per 42 CFR §433.138, MA, and any programs funded by it, is/are the payer of last resort. All third-party payers, including state-only funded programs, are required to pay for services in advance of MATP. Therefore, the Grantee shall use all existing social service and public transit resources prior to the expenditure of MATP funds. The Grantee shall use all other available resources before MATP pays for service to an MA-eligible individual including:

- Benefits the Grantee derives from grants and/or subsidies for administration, operational expenses or capital acquisition.
- Third-Party Payers - Third-party payers include payers with whom the consumer may have rights, such as insurance companies and accident claims. If a consumer is receiving therapy as a result of an automobile accident, for example, the insurance carrier may also cover transportation costs as part of his or her liability.
- Children and Youth Agencies - Children and Youth agencies may have a line item for transportation in their budgets. The Grantee should work with its children and youth agencies to assess the availability of funding for MA transportation and provide transportation when the need is demonstrated due to the lack or limitation of children and youth funding.
- Shared-Ride Program (SRP) for Senior Citizens ages 65 and older - The SRP utilizes Pennsylvania Lottery proceeds to fund Shared-Ride transportation providers up to 85 percent of the general public fare for trips provided to senior citizens ages 65 and older. The remaining 15 percent of the fare is the responsibility of the senior citizen.

7. SHARED-RIDE SERVICES

The Grantee should consider the extent to which the subcontracted service provider utilizes the Shared-Ride Program when negotiating their per trip rate. The Shared-Ride rate is an all-inclusive rate, which includes both administrative and service cost.

The Grantee shall include trips billed at the Shared-Ride rate in the Paratransit line of the Transportation Report. This includes any trips for which MATP only pays a co-payment, as noted below.

All costs (including those necessary to provide services to MA consumers) associated with Shared-Ride services should be reflected in any request for a fare increase submitted to Pennsylvania Department of Transportation.

8. SENIOR SHARED-RIDE PROGRAM CO-PAYMENT FOR DUAL ELIGIBLE CONSUMERS AGES 65 AND OLDER

A. Co-payments

For the Senior Shared-Ride Program (SSRP), the Department will fund the percentage of trip costs that remain the responsibility of the MATP senior citizen, known as the co-

payment (see below for fares in excess of \$50). The trip must be reserved, scheduled and dispatched consistent with general public service defined as the following:

- The trip was reserved at least one working day in advance of the trip.
- The trip is provided within the established geographic service area of the SSRP Transportation provider.
- The trip is provided within the established days and hours of service of the SSRP Transportation provider.
- The trip is provided at the established general public fare structure.

The Grantee should take into consideration the number of trips for which MATP pays the co-payment only, when negotiating the per trip rate.

B. Co-payments for trips over \$50

For SSRP eligible trips that exceed the General Public Shared-Ride Fare of \$50.00, MATP will fund the remaining amount of the fare in excess of the maximum Pennsylvania Lottery reimbursement rate of \$42.50 (Fixed rate set by PennDOT).

Example: \$75.00 General Public Shared Ride Fare. Pennsylvania Lottery reimburses \$42.50 and MATP reimburses \$32.50.

C. Determination between SSRP versus Premium Trip

The Department recognizes that MA consumers sometimes require trips beyond the standard criteria provided under general public service. Trips that do not meet the above general public service definition shall be considered a MATP trip that shall be supported by an approved MATP transportation trip rate.

D. Shared-Ride Program Escorts

The Department will fund medically necessary escorts, as set forth in these Standards and Guidelines.

9. LEAST COSTLY AND MOST APPROPRIATE REQUIREMENT

MATP consumers shall use the least costly and most appropriate form of transportation. The Grantee shall, on a case-by-case basis, carefully review an individual consumer's situation, and may only authorize the least costly form of transportation that will meet that individual consumer's needs. Prior to authorizing, for example, more costly taxi or paratransit services, the Grantee shall first determine that less costly and equally appropriate transportation services are not available.

See Standards and Guidelines, Scope of Services for the form and additional information.

10. MULTIPLE MILEAGE REIMBURSEMENTS

The Department will not fund multiple reimbursements for consumers traveling together in one privately owned vehicle. The MATP is a shared-ride program. If more than one individual is in a vehicle going to covered services, the reimbursement is the same as if only one individual was receiving service. In this case, the MATP should count this as one trip on the Mileage Reimbursement line of the transportation report.

11. PREMIUM SERVICES

The Department recognizes some services are not shared-ride in nature and are beyond the standard services provided for the public. The following are types of premium service:

- Trips requested after the close of the last business day prior to the trip; that is, same day service
- Exclusive ride taxi/paratransit service
- Call or demand service
- Non-public transportation service
- Long distance travel not available to the general public

The Grantee shall take into consideration the cost associated with and the amount of utilization of premium service when negotiating the per trip rate. The Grantee shall report premium service trips in the Paratransit line on the Transportation Report tab.

12. TRANSPORTATION RATE (PER TRIP RATE)

The Transportation Rate is an all-inclusive per trip rate that includes all expenses associated with a MA trip. This would include all subcontractor/vendor expenses associated with a MA trip taken on behalf of a consumer including, but not limited to, the following:

- No shows
- Unloaded Miles
- Wait time

13. RESPONSIBILITY TO NEGOTIATE

The Grantee has a responsibility to assign skilled negotiators to negotiate contracts with transportation service providers, and to ensure that contracts are zealously negotiated to obtain quality transportation services for consumers at the lowest possible cost. The Grantee shall use competitive bidding procedures whenever possible. The Grantee shall negotiate a cut-off date with its subcontractors to allow appropriate expenditures to be properly recorded in each submission to the Department. All rates are prospective in nature. Therefore, the Grantee can only negotiate a prospective rate increase or decrease. No retroactive rate changes are allowed.

14. CLAIM CUT-OFF PERIOD

In order to capture allowable expenditures within the allotted time period, the Grantee should have a policy related to claims cut-off. The Grantee shall ensure effective communication of this established cut-off date and define required documentation and reimbursement to both consumers and providers so allowable expenditures will be properly included in each submission to the Department.

15. BIDDING AND PROCUREMENT

The Grantee shall obtain all supplies and services as required by the applicable County Code, County Institutional District Law or Home Rule Charter.

16. SUBCONTRACTS

The Grantee may rely on subcontractors to perform and/or arrange for the performance of services to be provided to consumers on whose behalf the Department reimburses the Grantee, notwithstanding its use of subcontractor(s).

The Grantee must have a written and signed contract/agreement in place with its subcontractors. This includes a formal interagency agreement between two components of the county government.

The contract must contain (at a minimum):

- The contract length (i.e. number of years) and applicable service dates;
- The negotiated rate for the applicable service dates;
- The frequency and format of invoices;
- The frequency and method for payment;
- Requirements for submitting supporting documentation;
- Requirements surrounding record retention;
- Requirements regarding audits and submission of audit reports (if necessary);
- Signature page with all authorizing signatures, which includes the names and titles of all signatories.

The Grantee and all of its subcontractors shall provide a copy of the executed transportation related contracts to the Financial Report Gatekeeper at ra-PWMATPFG@pa.gov within 30 days from the date of execution. Please review Scope of Services Exhibit 6: Required Contract Terms for more detail on subcontracts.

17. CONSUMER FRAUD

The Grantee shall refer cases involving consumer fraud to the Office of Inspector General (OIG). OIG contact information, by region, is included in the Scope of Services Exhibit 8:OIG Regions and Contact Information.

18. DECEASED CONSUMERS

The Grantee should only make payment of a reimbursement check on behalf of a consumer who is deceased when an individual can prove that he or she transported the consumer to medical visits.

19. INTEREST BEARING ACCOUNTS

While the Department recommends that Grantees maintain advance payments and excess funds within interest bearing accounts, the Grantee shall maintain the ability to easily access funds to effect timely delivery of payment. In addition, the Grantee shall ensure that it accurately reports and uses interest earned on MATP funds to support transportation services under the MATP and to increase the level of services provided. Finally, should the Grantee co-mingle MATP funds with other program revenues, an allocation resulting in an equitable distribution of earned interest shall be supported with a written allocation plan and available for independent review.

20. RETROACTIVE COSTS

All MATP services begin with and go forward from the time the Grantee determines eligibility and level of MATP service need. The Grantee may determine eligibility for a new enrollee for a current month's bus pass, for example, by using the previous month's appointments.

21. NOTIFICATION OF FARE INCREASES – PENNDOT SHARED-RIDE PROGRAM

The Grantee shall keep the Department informed of any fare increases so that it may anticipate future costs to the overall MATP program. The Grantee shall forward a copy of the rate increase letter to the Financial Report Gatekeeper at ra-PWMATPFG@pa.gov for distribution to appropriate offices.

22. RECORD KEEPING AND RETENTION

The Grantee and its subcontractors shall maintain books, records, documents and other evidence pertaining to costs and expenses of the allocation and according to generally accepted accounting principles. Where feasible, the Department recommends the Grantee maintain books and records based on the account structures used in other county human service or county transportation programs. These records shall properly reflect all costs of labor, materials, equipment, supplies, services and other costs and expenses of any nature for which reimbursement is claimed or payment is made under the MATP. Contracts between the Grantee and transportation subcontractors shall contain provisions that ensure subcontractors maintain and provide access to the information identified in this section.

The Grantee shall preserve fiscal and consumer and trip records and make them available for a period of four years from the close of the State fiscal year for which the Department awarded the allocation.

If the Grantee is selected for audit by the Commonwealth or federal auditors, or their designee, the Grantee is required to keep the above referenced records for no less than four years from the date the audit report is issued, or if part of an active appeal, records must be kept until which time that appeal is resolved and a final judgement or settlement results. Please refer to the General Responsibilities section for additional requirements on records retention.

23. AUDITS

The Grantee and designated entities are subject at all reasonable times to review and audit by the Department, Auditor General, federal auditors and persons authorized by the Department to determine compliance with statutes, regulations and policies. The Grantee is subject to audit under the Single Audit Act since Federal Title XIX funds are included within the MATP allocation.

When applicable, all audits shall be performed in accordance with the audit guidelines contained in the DHS Single Audit Supplement issued by the Department.

If the Grantee subcontracts all or a portion of its administrative responsibilities, the Grantee shall require through its agreement with the subcontractor any necessary audit requirements, as may be required by federal or state regulation.

If a nonprofit agency assumes the administrative responsibilities of a Grantee, the Grantee shall include the additional requirements contained in the DHS Single Audit Supplement.

The Grantee and designated subcontractors with more than one funding source for transportation shall use a written cost allocation plan that demonstrates equitable cost distribution. The cost allocation plan is subject to independent review and must be made available to the Department upon request.

All requests for audit confirmation shall be made in writing to the Commonwealth of Pennsylvania, Comptroller Operations, 9th Floor Forum Place, 555 Walnut Street, Harrisburg, Pennsylvania 17101-1925 or via e-mail at RA-AuditConfirmation@pa.gov.

24. FISCAL MONITORING

The Department shall review the quarterly reports submitted by Grantee during the course of the year to identify instances where program expenditures appear to exceed those expected of economically and efficiently operated programs. The Department may need to come on-site to ensure all requirements are being adhered to. See Scope of Services, Exhibit 14, Grantee On-Site Monitoring, for additional information about the Department's monitoring process.

25. PERFORMANCE AUDITS

If necessary, auditors from the Department's Bureau of Financial Operations may conduct performance audits of programs to identify program inefficiencies, ensure compliance with MATP standards and recommend corrective action.

26. SANCTIONS

The Department shall enforce all Standards and Guidelines contained in this document through the imposition of sanctions. Sanctions may include, but are not limited to, total or partial revocation of the allocation or suspension of quarterly payments. The Department may also use all equitable remedies provided under Pennsylvania law. Additional information on Time Study sanctions is contained in the Addendum to the Fiscal Requirements section.

27. ALLOCATION TERMINATION

In the event of termination or cancellation of the allocation, the Grantee shall submit a final invoice to the Department no later than 60 business days after the termination date. The invoice must be in the format identified in the Addendum to the Fiscal Requirements. The Department may terminate allocations where it finds a Grantee to be substantially out of compliance with the requirements, regulations and/or assurances that govern the expenditure of funds.

28. ENCUMBRANCES

Funds may not be encumbered out of a current fiscal year's allocation for costs anticipated to be incurred in a succeeding fiscal year.

29. LIMITATIONS ON PURCHASES

The Grantee shall not use the allocation to purchase or improve land; purchase, construct or permanently improve any building or other facility; or purchase fixed assets that have a unit purchase price of \$10,000 or more. Fixed assets are defined as major items which have a useful life of more than one year or which can be used repeatedly without materially changing or impairing their physical condition by normal repair, maintenance or replacement of components. A class of components normally considered together as a unit may not be listed at the individual component value to avoid the \$10,000 unit purchase price limit.

The expenses incurred may be depreciated over the useful life of the purchase or improvement based upon past experience or the best estimate of the company. The depreciation and allocation methodology to expense MATP's portion must be submitted to the Department for review.

No capital acquisitions purchased outright with MATP funds may be subsequently depreciated.

30. TITLE TO PROPERTY

Title to fixed assets acquired with allocation funds shall remain with the Grantee during the term of the grant, including property purchased by the Grantee for its own use and property purchased

by or for subcontractors or contractors. The Grantee shall maintain a list of MATP-purchased fixed assets.

31. DISPOSITION OF PROPERTY

Upon termination or cancellation of the allocation, disposition of property, which has a remaining useful life and to which the Grantee holds title, shall be made according to the following provisions at the discretion of the Department:

- Property shall be transferred at no cost by the Grantee holding title to such property to another Grantee or providers designated by the Department.
- Property shall be allowed to be acquired by the Grantee. The Grantee will reimburse the Department for remaining life of the property on the basis of an independent third-party appraisal or, where appropriate, depreciation tables.
- Upon prior written permission of the Department, the Grantee may sell the property and reimburse the Department for a determined appropriate share. The Commonwealth, a public authority, commission, board or other agency created by the Commonwealth, a political subdivision of this commonwealth or a public authority created by the political subdivision are exempt from state taxation under the laws of the United States.

32. PAYMENT PROCEDURES

It is expected that the Grantee will operate their programs within their approved allocation. In addition, the Grantee should manage their programs in an effective and efficient manner and implement cost reduction measures.

The Department will make payment to the Grantee for MATP services as follows:

Payment #1: The Department will process the first payment during the first quarter (July 1 - September 30) of the fiscal year. This payment will represent 25 percent of the Grantee's current fiscal year allocation. It will not include any reconciliation of a prior period or audit adjustments. Payment will not be made until a signed Allocation Agreement letter is returned to the Department.

Payment #2: The Department will process the second payment during the second quarter (October 1 - December 31) of the fiscal year. This payment will represent 25 percent of the Grantee's current fiscal year allocation. It will not include any reconciliation of a prior period or audit adjustments.

Payment #3: The Department will process the third payment during the third quarter (January 1 - March 31) of the fiscal year contingent upon the Department's receipt, review and approval of the Grantee's first quarter cost report. This payment will represent 75 percent of the Grantee's current fiscal year allocation less the first and second payments for the current fiscal year as well

as a reconciliation of the first quarter cost report. The reconciliation will take into account the level of expenditures for the first quarter as well as any audit adjustments due to the Department from the Grantee. In addition, a reduction for any outstanding obligation due to the Department from the Grantee may be taken.

Payment #4: The Department will process the fourth payment during the fourth quarter (April 1 - June 30) of the fiscal year contingent upon the Department's receipt, review and approval of the Grantee's second quarter cost report. This payment will represent 100 percent of the Grantee's current fiscal year allocation, or reallocation, less prior payments for the current fiscal year as well as a reconciliation of the second quarter cost report. The reconciliation will take into account the level of expenditures for the second quarter as well as any outstanding audit adjustment or other obligations due to the Department.

Payment #5: The Department will process a fifth payment when the Department has determined that an additional obligation is due to the Grantee after receipt, review and approval of the Grantee's third quarter cost report. This payment will take into account the level of expenditures up to and including the third quarter less the first, second and third payments. The reconciliation will take into account the level of expenses up to the end of the 3rd quarter as well as any outstanding audit adjustments or other obligations due to the Dept.

Payment #6: Contingent upon the availability of state and federal funds, the Department may provide an allocation adjustment after receipt of the 4th quarter report. If an allocation adjustment is provided, the Department will process an supplemental payment based on the adjusted allocation for the previous fiscal year by October 31 of the current fiscal year. Payment will not be made until a signed Agreement letter is returned to the Department. It will not include any adjustments.

- *Note: The reconciliation of Payments #3 through #6 may also be offset by any outstanding obligation(s) due to the Department from the Grantee of which is 120 days passed the requested due date.*

Payment cannot be guaranteed if the signed pdf copy of the 4th quarter Signature Page is not received timely.

33. BALANCE OF FUNDS


The Department retains the authority to review allocations against actual expenditures and revenues and to request a refund of an allocation overpayment from the Grantee. Refund requests will be made in writing by the Department. The Grantee must comply with the Department's request within the timeframe given. If the Grantee fails to comply, the Department will reduce a future payment by the outstanding obligation.

34. KEY DATES

August 31	Grantee's prior fiscal year electronic-copy final quarterly report due to the Financial Report Gatekeeper.
October 31	Grantee's electronic-copy first quarterly report due to the Financial Report Gatekeeper and the Grantee's assigned MATP financial advisor
January 31	Grantee's electronic copy second quarterly report due to the Financial Report Gatekeeper and the Grantee's assigned MATP financial advisor.
April 30	Grantee's electronic copy third quarterly report due to the Financial Report Gatekeeper and the Grantee's assigned MATP financial advisor.

**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HUMAN SERVICES
OFFICE OF MEDICAL ASSISTANCE PROGRAMS**

**MEDICAL ASSISTANCE
TRANSPORTATION
PROGRAM**



FISCAL REQUIREMENTS: ADDENDUM

Prepared by the Division of Medical Assistance Transportation Programs
Bureau of Fiscal Management

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1. PROVISIONS FOR ALLOCATING COST

Non-emergency non-ambulance medical transportation is provided in accordance with the regulations, policies, and requirements established by the single state agency through agreements with county governments, transportation brokers, and local transit agencies (individually, the Grantee).

The county government is given the right of first refusal to administer non-emergency medical transportation for Medicaid beneficiaries in their respective county. Upon acceptance, the county government selects the particular administrative method best suited to provide the transportation in its locale. This may include the direct provision of service, contracting with an independent transportation entity, or through a human services agency. The Grant Agreement provides requirements for the acceptance of funding and the responsibility to administer the program by a county government in compliance with all state and federal policies and regulations.

A portion of the county governments operate other transportation programs made available to the general public through the Pennsylvania Department of Transportation. These programs are identified on the document titled "PA Transportation Programs".

The Department of Human Services (DHS) claims Medical Assistance (MA) non-emergency transportation expenditures associated with eligible MA beneficiaries for services administered by Grantees, as identified above. The claim is derived using the MA transportation eligible expenses reported by grantees to DHS via a CMS approved quarterly cost report.

The Grantee must follow all fiscal requirements, as agreed to by signing the grant agreement. In order to identify applicable costs charged to the program, grantees must establish unique MA transportation cost centers, and all administrative costs submitted for reimbursement must adhere to the requirements within the grant agreement.

2. ALLOWABLE COSTS

Allowable costs are service costs and administrative costs, both direct and indirect, as identified below:

Service Costs

Non-emergency medical transportation service includes transportation to a medical facility, physician's office, dentist's office, hospital, clinic, pharmacy or purveyor of medical equipment for the purpose of receiving medical treatment or medical evaluation or purchasing prescription drugs or medical equipment.

- a. DHS enters into agreements with Grantees to identify expenses and payments made to subcontractors to purchase the following transportation options that include, but not limited to:
 - Fixed-route public transportation
 - Fixed and deviated route public transportation tickets or tokens
 - Beneficiary mileage reimbursement/fuel cards
 - Fixed and deviated route public transportation monthly passes
 - Volunteer drivers
 - Paratransit services
- b. Determination of Service Provider Rates – This applies to grantees that subcontract with large transportation services providers for transportation and/or administrative services.
 - i. If necessary, the DHS will assist the grantee in establishing a trip rate for subcontracted MA transportation service providers.
 - ii. The trip rate will include both administrative and transportation services.
 - iii. The total of the trip rate multiplied by the number of trips provided for the quarter should be recorded as service costs on the grantee’s CMS approved quarterly cost report.
- c. Expenses related to Specific MA Eligible Beneficiaries
 - i. Identification of MA beneficiaries – The Grantee verifies MA eligibility and MATP eligibility using client information from the Eligibility Verification System or PA’s Medicaid Management Information System (PROMISe) before providing transportation services.
 - The MATP eligibility is based on the consumer’s Category of Aid and Program Status Code. The Category of Aid and Program Status are determined during the MA application process. Information on the MA eligibility process can be found in the Medical Assistance Eligibility Handbook published by the Office of Income and Maintenance.

- The MATP Eligibility Guide contained in the MATP I&Rs provide the Grantees with the codes that are eligible for MATP services.
- ii. Dual Eligible - MA beneficiaries are identified based on a valid MA ID Number and an eligible MA medical service. Dual eligible beneficiaries for the PA Department of Transportation's Shared Ride Program are identified using their date of birth, to include individual 65 years or older, on the date of service. The MA program will only reimburse the 15% co-payment, required by the Shared Ride program for individuals deemed to be dual eligible.
 - iii. State-Only Consumers - Grantees identify beneficiaries that are state-only through a review of the category of aid and program status code for each MA consumer. These expenses are reported separately from the federal expenses on the CMS approved quarterly cost report and are reimbursed with state-only funding.
 - The consumer trips and associated trip expenses can be directly related to each consumer. Those expenses are broken out as state-only or MA based on the consumer's codes noted above.
 - The administration expense cannot be directly related to each consumer and must be allocated. These expenses are allocated as State Only or MA based on the percentage of consumer trips or percentage of consumer trip expenses. Example: The percentage of consumer trips identified as state only is five percent. Five percent of the administrative expenses will be allocated to state only.

Administrative Costs

Administrative costs are Grantee expenses for management of the MATP program and are not transportation-specific. The DHS has provided direction to the grantees on the appropriate method for determining both direct and indirect administrative costs. This guidance is provided in the attached instructions for completing the CMS approved quarterly cost report based on the three different transportation models operating in the Commonwealth of Pennsylvania. The models included vendor type, grantee as service provider, and a hybrid (vendor and grantee). General guidelines are described below:

- a. Direct Costs- Administrative costs that can be identified as incurred as a direct result of completing MATP activities and must adhere to 2 CFR 225, Generally

Accepted Accounting Principles, and the applicable Grant Agreement and corresponding Standards and Guidelines.

- i. DHS - The administrative cost associated with MATP staff is charged to MA funds based on methodology noted within the approved Cost Allocation Plan, and all staff is charged to the other MA administration line, which is billed at 50% federal participation.
 - ii. Grantees - Direct administrative costs are eligible for reimbursement based on actual expenditures and are charged to the CMS approved quarterly cost report in the period for which the expense was incurred. The grantee must document direct personnel per 2 CFR 225, Appendix B. If the grantee chooses to utilize a time study methodology, they must follow an approved Time Study Methodology, as referenced in the MATP Approved Time Study Methodologies. The grantees should attempt to identify as many direct costs as possible.
 - iii. Below are examples of types of activities that the Department considers to be direct administrative costs to this program. This list is not intended to be all inclusive:
 - Operate a MATP Telephone Line
 - Verify MA eligibility
 - Authorize Medicaid Transportation Services, Schedule and Dispatch Trips
 - Recruit and Maintain Adequate Medicaid Transportation Networks
 - Maintain a Medicaid Complaint and Denial Process
 - Review, Monitor, and Report Provider and Sub-contractor Fraud and Abuse
- b. Indirect Costs - Costs that are incurred for a common purpose, benefit more than one program objective, and cannot be easily assigned to any one program objective. These costs should be pooled together prior to completing the approved cost allocation process.
- i. In order for grantees to charge for indirect expenditures, the grantee must submit their cost allocation plan for review by the DHS.

- ii. This plan must be established by using an allocation method recognized by Generally Accepted Accounting Principles, as required by 2 CFR 225, Appendix A, which includes both the step-down method and the multiple distribution method.
- iii. The grantee must comply with the audit requirements in the DHS Single Audit Supplement. The independent audit must follow the required audit procedures to provide assurance on the acceptability of the grantee's cost allocation plan. The DHS Single Audit Supplement, Section IV MATP, requires additional testing of the indirect cost rate established in the cost allocation plan and reasonableness in use for MATP. The audit must agree to the percentage and include the audited percentage on the MATP expenditure schedule submitted as part of the required Auditor's Report on Applying Agreed-Upon Procedures. The audited indirect cost rate will be included on the Indirect Cost Rate line of the CMS approved quarterly cost report.
- iv. Charging Indirect Costs per the Cost Allocation Plan:
 - 1. The grantee must pool all indirect costs during a given time period.
 - 2. At the end of the time period, the grantee must perform the allowable cost allocation process, by using approved methods noted in b (ii) above, and allocate indirect costs down to all affected programs.
 - 3. The indirect costs determined by the completion of the cost allocation process should then be charged to the CMS approved quarterly cost report on the indirect cost line.
 - 4. Charges to this line may not exceed the audited indirect cost rate, from b (iii) above, multiplied by direct program costs, as explained in the MATP Cost Allocation Guidance.
 - 5. The DHS will only reimburse for the lessor of b(iv)(3) or b(iv)(4).
- c. The administration costs, determined in a and b above, must be allocated between MA and state-only eligible costs prior to completing the CMS approved quarterly cost report. Grantees may use one of the following methods:

- i. The amount of state-only or MA consumer trip expenses divided by the total consumer trip expense for the applicable time period and displayed as a percentage; or,
- ii. The amount of state-only or MA consumer trips divided by the total consumer trips for the applicable time period and displayed as a percentage.
- iii. The percentage of state-only or MA expenses or trips, determined by methods c(i) or c(ii) above, multiplied by each line item administrative cost on the CMS approved quarterly cost report.

d. The DHS, MATP Fiscal Monitoring Unit reviews each CMS approved quarterly cost report for compliance with the above requirements.

3. INSTRUCTIONS FOR IDENTIFICATION AND REPORTING OF DIRECT AND INDIRECT ADMINISTRATIVE COSTS

The Centers for Medicare and Medicaid Services (CMS) has directed Department of Human Services (DHS) Fiscal Staff to provide clarification on the allowable methods for county agencies to claim MATP administrative costs. The cost principles to be followed are found in OMB Circular A-87 Cost Principles for State and Local Governments, ASMB C-10 the Implementation Guide for A-87, the November 2012 DHS MATP Standards & Guidelines and the DHS Single Audit Supplement Section 4 – Medical Assistance Transportation Program.

CMS issues center around three key areas:

- a) County Agency Indirect Cost Rate
- b) Identification of MATP Direct and Administrative Costs
- c) Allowable Methods to Allocate Direct and Administrative Costs to MATP

1. County Agency Indirect Cost Rate

Indirect costs are those costs incurred by a county agency that are not readily chargeable to a particular program or function, but benefit all programs and functions operated by the agency. Indirect costs are applied to functions necessary to the overall operation of the agency, but where a direct relationship to a specific program cannot be shown. An example of an indirect cost might be the salary and related fringe benefits paid to the agency's human resources staff and/or the executive director. Generally, these kinds of costs are identified, pooled and charged against individual programs or funding sources using an indirect cost rate designed to recover the costs.

Indirect costs for county agencies are allowable if the county develops and retains on file an approvable county-wide Indirect Cost Allocation Plan. Indirect costs can be claimed once

the Plan has been reviewed by DHS. Any allocated administrative costs must be supported by a Narrative Cost Allocation Plan. Both the Indirect and Narrative Cost Allocation Plans must be in accordance with the requirements of A-87 and reviewed by the county's independent auditor as a part of the annual single audit.

Indirect costs for other agencies, such as non-profit organizations, for-profit businesses and local units of government (other than counties) must be:

- a) Reasonable
- b) Documented in writing in an agency-wide Cost Allocation Plan and an agency-wide Indirect Cost Plan
- c) Allocated in a manner consistent with the above plans.

These plans must be in accordance with the requirements of the applicable federal cost principles and reviewed by the agency's independent auditor as a part of the annual audit.

When indirect costs are charged, they shall be accumulated by logical cost groupings such as Office of the Director, financial management, administrative services, equipment use and services furnished such as personnel, accounting, budgeting, purchasing, audit, communications, and other general business operations. The indirect plan may have other identified central service and executive management costs as part of the agency's indirect costs. Once all indirect costs are identified, the costs must be distributed equitably to all programs or functions of the agency using a rate designed to recover the costs of the pool established through the indirect cost plan. The indirect costs are presented in most plans as a rate applied to specified component(s) of program costs such as the salary base.

In accordance with 2CFR§200.414(f), effective with the program fiscal year beginning July 1, 2015 and after, the Grantees will no longer report the Indirect Cost (IDC) rate, as identified above, unless they have a negotiated IDC rate with the U.S. Department of Health and Human Services (HHS).

The DHS will include a de minimis 10% allowance multiplied by direct costs, as identified above, and add this to the expenditures for reimbursement. This will be the total indirect cost allowance and no additional indirect costs can be claimed.

If the Grantee negotiated an IDC rate with HHS and has received approval of any amount in excess of 10%, the approval letter must be forwarded to DHS for review. This approved IDC rate will then replace the 10% de minimis rate in that Grantee's specific Cost Report. No additional indirect costs may be charged in excess of the approved IDC rate multiplied by the direct costs incurred.

Example: *Cost Allocation of Accounting Staff*

Accounting staff who provide overall support for the agency have their costs included in the indirect plan, and an appropriate allocation method such as transactions processed would be used to allocate the costs – minus costs directly assigned to a Division or Program area.

Accounting is an agency overhead cost (e.g., indirect or central services). If an accountant works only with a designated program Division, their cost can be directed to that Division and allocated in the same manner as the Division for the reporting period. Documentation in the agency indirect plan will reflect the cost as being a direct cost to the Division. The identification of staff would occur through either the preparation of the Agency indirect plan which precludes their cost as part of the indirect cost calculation or supported by personnel activity reports (PAR) completed on a frequent basis in conjunction with payroll periods to document the position only supports the one program Division.

When the indirect plan is prepared, if there are central services staff who provide direct support to a program (e.g., MATP) their cost can be directly identified to MATP and excluded from the indirect costs. Additionally, if there are costs such as space that can be clearly identified as only used by MATP, those costs can be direct and excluded from the indirect cost pool used to calculate the indirect rate. The direct cost base is used to distribute indirect costs to individual Federal awards. The indirect cost rate is applied to a direct cost base in order to determine the amount of indirect costs allowable to be charged to Federal programs such as MATP program. All programs are included in the distribution of the indirect costs without regard to reimbursement limitations or ability to recover indirect costs. Indirect costs to a particular program may not be allocated to other programs. The indirect amount identified to MATP cannot exceed the amount of indirect cost calculated by applying the indirect rate percentage to direct costs for the reporting period. If a program administered by the agency has no ability to recover indirect costs, it does not mean that those costs can be shifted to another program. All programs benefit to some extent from the support provided by the Director's Office and central administrative services.

Two basic types of direct cost bases are:

- Total Direct Salaries and Wages (S&W)
- Modified Total Direct Costs (MTDC)

The MTDC excludes "extraordinary or distorting expenditures" such as capital expenditures, sub-awards, contracts, assistance payments, transportation vendor contract payments and provider payments.

Example: Application of Agency Indirect Rate to MATP Direct Costs

Step	Reporting Source
Identify MATP Direct Program Costs	County Cost Report – Total Direct Administrative Costs
Identify MATP Indirect Rate	From County Agency Indirect Cost Plan for Reporting Period
Apply Indirect Rate % to MATP Direct Program Costs	Ex. \$50,000 Direct Costs x 8.5% Indirect Rate = \$4,250
Enter amount of actual indirect cost incurred for the time period	County Cost Report – Indirect Costs
Cap actual indirect cost at maximum allowable amount	Include the lesser of Indirect Rate % times MATP direct program costs or actual indirect costs incurred for the time period

2. MATP providers must use their established indirect cost rate rather than a set 10%. If the calculation of the indirect rate is 8.5% that is the rate applied to the base. An agency may have an indirect rate or identified indirect costs higher than 10%. If a higher rate is requested, DHS will expect to see sufficient detailed documentation to approve a rate above 10%. However, beginning with fiscal year July 1, 2015, the DHS will apply a 10% indirect cost rate for all Grantees except those having a negotiated ISC rate with HHS.
3. County agencies that have a vendor providing MATP services have program oversight responsibility, but they have no county MATP program staff – therefore, no county indirect costs can be claimed.

IDENTIFICATION OF MATP DIRECT AND ALLOCATED PROGRAM COSTS

A direct cost is defined as any cost that can be identified with a particular program or cost objective. For example, the entire salary of an individual who spends all of his or her time working on the MATP program can be charged and certified at least every six months as a direct cost to MATP. Direct costs shall be claimed whenever possible based on the nature of the costs and the accounting system in place.

Agency staff may support MATP but also other programs through their work effort. A reasonable and equitable basis must be used to allocate effort and associated costs to all benefiting programs including MATP. For example, if an individual spends his or her time working on a number of different programs that the agency operates, salary and related fringe benefits and associated administrative costs can be charged to the respective programs via one of the following three methods:

1. Based on the number of hours reported to each program on employee time sheets
2. Through a statistically valid substitute reporting method (e.g., Random Moment Sampling)
3. Use of an allocation method (e.g., transactions processed) to identify accounting units staff costs to programs.

Random Moment Sampling (RMS), also known as Random Moment Time Studies (RMTS), is a statistically valid method used by human service agencies to replace 100% time and effort reporting. The sampling is conducted on a continuing basis to provide data for the allocation of direct and agency administrative costs to various state and federally supported programs. The objective is to identify employee efforts directly related to programs administered by the county agency and use the results to allocate agency costs to benefiting programs. RMS is based on laws of probability, which in essence, state that there is a high probability that a relatively small number of random observations will yield an accurate depiction of the overall characteristic of the population for which the sample is taken. An observation at a random moment is a sample of what is happening at a particular instant of time. The basic requirement in selecting a random sample is that every item in the sample universe be given an equal or known chance of being included in the sample. To ensure that this requirement is met, the sample must be truly random and must exclude human judgments and other influences or biases. Therefore, RMS is a technique for estimating the actual distribution of workers' efforts to various programs by selecting a relatively small portion of the time worked.

Samples are generated by an automated process with every individual in the sample pool having equal probability of being selected for the moment and all other moments. A designated number of no fewer than 2,500 observations per sample period, irrespective of the number of employees in the pool, are selected over the three months that mirror the federal reporting period.

The sample can be distributed at the sample time by use of email or handed to the employee for his or her completion. Typically, a set time limit is designated for the observation to be completed and there is a quality review process for at least 10% of the responses. Prior to beginning sampling, the employees and supervisors undergo training on the purpose of the RMS and how to complete the observation. The designated RMS Administrator compiles the program summary report at the end of the quarter. The results of the sampling are used to allocate the costs of the employees in the sample pool and other appropriate administrative cost pools for the quarter following the County Agency Cost Allocation Plan.

The basis for non-personnel service costs shall be an equitable measure of the extent to which the cost incurred actually benefits the program to which it is charged. For example, square footage used by the various programs operated by the agency would be an equitable basis to allocate the total rent or utility costs incurred by the agency. In selecting one method over

another, consideration should be given to the additional effort required to achieve a greater degree of accuracy.

ALLOWABLE METHODS TO ALLOCATE ADMINISTRATIVE COSTS TO MATP

MATP services are provided by counties in one of three methods:

- a. County Agency has Oversight for Service Provider (Vendor)
- b. County Agency is the Service Provider
- c. Hybrid Model – Services are provided by County Agency and Vendor

COUNTY AGENCY OVERSIGHT OF SERVICE PROVIDER (VENDOR)

The allowable county agency MATP expenditures are those that pertain to monitoring the MATP service provider. The county may have an individual(s) identified to oversee the contract and assure the provider is in compliance with program requirements. Routine monitoring visits may occur, as well as desk audits and reviews of program operation. This is required to fulfill the agency's Compliance Requirements of contractors and subcontracts as specified in the DHS Single Audit Supplement.

Documentation of county agency staff time spent in MATP program oversight and related travel costs must be documented through A-87 compliant time reporting or an approvable substitute system with direct expenses identified through the agency accounting system.

Allowable Direct Cost Base – S&W

COUNTY AGENCY SOLE SERVICE PROVIDER

The allowable county agency expenditures as the MATP provider or providing some MATP service components will contain an agency monitoring component as described above and require sufficient documentation to support program monitoring costs.

County agency administrative and program staff may be dedicated to MATP and work on no other programs or have shared responsibility for MATP and other programs.

The county agency's approvable Cost Allocation Plan must present the allocation method(s) used by staff with multiple program responsibilities. Some of the options are:

- a. Keep 100% time and effort reports to identify effort to benefiting programs
- b. Participate in a statistically valid RMS

- c. Use an allocation method that will appropriately identify level of effort to benefiting programs (e.g., transactions or checks processed by program, contracts processed by program)

An FTE count may be used to allocate supervisors' costs based on work effort of their staff.

Allowable Direct Cost Base - MTDC

COUNTY AGENCY HYBRID MODEL

The allowable county agency expenditures as the MATP provider or providing some MATP service components will contain an agency monitoring component as described above and require sufficient documentation to support program monitoring costs.

County agency administrative and program staff may be dedicated to MATP and work on no other programs or have shared responsibility for MATP and other programs.

The county agency's approvable Cost Allocation Plan must present the allocation method(s) used by staff with multiple program responsibilities. Some of the options are:

- a. Keep 100% time and effort reports to identify effort to benefiting programs
- b. Participate in a statistically valid RMS
- c. Use an allocation method that will appropriately identify level of effort to benefiting programs (e.g., transactions or checks processed by program, contracts processed by program)

An FTE count may be used to allocate supervisors' costs based on work effort of their staff.

Allowable Direct Cost Base – S&W; however, the DHS may approve the use of MTDC with appropriate documentation to justify the need for use of this cost base.

MATP COST REPORTING

Table 1 below provides examples of methods for identifying MATP direct and allocated costs for the major headings in the Revised MATP Cost Report:

Table 1: *Identifying Allowable MATP Agency Direct Costs Methods*

Category	Description	Allowable Activities	Allowable Methods
Salaries and Benefits	Employee MATP salary and benefits (wages, benefits, related miscellaneous costs)	<ul style="list-style-type: none"> • Preparing MATP reports • Consumer verification • Referral to services • Case management • Negotiating contracts • Monitoring contracts • Process reimbursement checks • Quality assurance • Invoicing • Completing application forms • Staffing Call Center • Servicing clients • Program supervision • Program management • On-the-job training • Responding to audit • Program meetings • Budget monitoring 	<ul style="list-style-type: none"> • MATP Approved Time Methodology (each Grantee claiming direct administrative or service cost must follow an approved methodology as identified in the corresponding document of the same name. Only actual costs as identified through the time study may be charged to the salary and benefits line on the grantee's MATP Cost Reports (all type).)
Rent/Lease of Space	County agency MATP rent, utilities, insurance, telephone and related miscellaneous expenses	<ul style="list-style-type: none"> • Office space • Call center • Office phones • Cell phones 	<ul style="list-style-type: none"> • Rent/utilities/insurance – MATP square footage as % of total square footage • Telephone usage by MATP staff as % of total usage or direct charge Call Center and Program Operations staff if telephone bill discretely identifies line charges

Category	Description	Allowable Activities	Allowable Methods
Materials and Supplies	County agency MATP materials, printing, copying, office supplies expenses and postage	<ul style="list-style-type: none"> • Office supplies • Program brochures • Document copying • Mailings 	<ul style="list-style-type: none"> • Direct charge to MATP
Office Furniture and Equipment	County agency MATP office furniture and equipment expenses	<ul style="list-style-type: none"> • For MATP program staff 	<ul style="list-style-type: none"> • Direct charge to MATP • Depreciation amount
Data Processing	County agency MATP data processing MATP expenses	<ul style="list-style-type: none"> • Computer purchase • Computer LAN support • Software • Report set-up • Report production • IT subcontract support 	<ul style="list-style-type: none"> • System usage if statistics available to discretely identify MATP • Work orders/invoices • Computer and software purchases
Travel	County agency staff MATP travel expenses	<ul style="list-style-type: none"> • DHS meetings • Provider reviews • Program-related conferences and meetings 	<ul style="list-style-type: none"> • Direct charge to MATP
Fees	County agency MATP fees expenses	<ul style="list-style-type: none"> • Professional associations • Publications • Insurance • Bank charges • Other (requires detail submitted with report) 	<ul style="list-style-type: none"> • Direct charge to MATP • Statistic used to identify MATP share
Computer Equipment/Maintenance	County agency MATP computer equipment/maintenance expenses	<ul style="list-style-type: none"> • For Call Center staff • For MATP program staff • For Drivers 	<ul style="list-style-type: none"> • Direct charge to MATP • Statistic used to identify MATP share
Postage	County agency MATP postage expenses	<ul style="list-style-type: none"> • Mailings • MATP correspondence 	<ul style="list-style-type: none"> • Direct charge to MATP • Statistic used to identify MATP share

Note: Instructions for reporting costs in Table 1 by service model are include in the Instructions tab on the specific model’s template. For details on how to claim each cost by service model structure, please refer to this Tab of the specific model cost report in Appendix E – Service Provider, Appendix F – Hybrid, and Appendix G – Vendor.

The Department of Human Services (DHS) is responsible for monitoring the provision of Medical Assistance Transportation Program (MATP) services and reviewing the methods in place for validating MATP administrative costs. This document provides guidance on allowable time study methodologies for documenting MATP personnel services and outlines the time study methodology which 64 of the Commonwealth’s counties will adopt in 2015.

4. MATP APPROVED TIME STUDY METHODOLOGIES

GENERAL INFORMATION

OMB Circular A-87 Section 8h (Compensation for Personnel Services) provides the standards on time reporting and labor charges to federal awards. MATP providers are responsible for compliance with the standards.

SAMPLE UNIVERSE

The sample universe consists of 55 counties with Philadelphia, Allegheny and Northumberland excluded as they use a broker model, random moment time study (RMTS) and third party transportation service provider respectively. The 55 counties contain approximately 183 employees that are potential random week time study participants. As of July 1, 2016, this grant agreement includes Union, Montour, Columbia, Snyder, Franklin, and Cumberland counties, and as of October 1, 2016, the agreement includes Adams, Perry, and York counties.

AVAILABLE ACTIVITIES FOR MATP

The DHS has pre-determined the allowable activities for use in time and effort reporting when an employee works on multiple cost objectives. An employee is considered to work on multiple cost objectives if their work is characterized as any one of the following scenarios:

- Works on more than one federal award
- Works on a federal award and a non-federal award
- Works on an unallowable activity and a direct cost activity

An indirect activity scenario was not noted above as indirect activities are reported for indirect cost rate development and are excluded from time study reporting. See *MATP Instructions for Reporting Direct and Indirect Admin Costs* for indirect cost reporting guidance.

A listing of allowable activities and their descriptions can be found in *Appendix A: MATP and Non-MATP Activities and Programs*.

E. Time and Attendance Reporting

Time and Attendance reporting systems document whether an employee was on the job or absent on leave.

Time and Attendance reporting systems are based on payrolls documented in accordance with the generally accepted practice of the governmental unit and approved by a responsible official of the governmental unit.

SEMI-ANNUAL CERTIFICATIONS

If an employee works solely on a single federal award or cost objective (e.g., MATP) the activity must be supported with a periodic certification. The certification documents the employee worked solely on an activity for the period covered. The certification must be prepared at least semi-annually (every six months), signed and dated by the employee or supervisor having firsthand knowledge of the work performed by the employees.

It is possible that the requirement for the semi-annual certification may be achieved through certain payroll coding and time and attendance certifications.

Examples include:

- Employees work in a dedicated function (single cost objective)
- Employee is coded to one dedicated function
- Employee's potential assignment to multiple programs/activities is not within the authority, function or purview of the supervisor responsible for certifying payroll time and attendance

In the above situations, the payroll certification can be accepted in lieu of the semi-annual certification of time and effort.

If a six-month certification is necessary, an example of a form is found in *Exhibit 1: Six (6) Month Certification Example* at the end of this document.

F. Personnel Activity Reports (PARs)

The PAR supplements the time and attendance reporting system by identifying the amount of time an employee works on multiple cost objectives.

PARs must meet the following standards:

Standard	Description
After-The-Fact Record	Must reflect an after the fact distribution of the actual activity of the employee
Total Activity	Must account for the total activity for which the employee is compensated
Monthly	Must be prepared at least monthly and must coincide with one or more pay periods
Signed and Dated	Must be signed and dated by the employee. A signature of the supervisor or Time Study Coordinator alone is not sufficient.

Budget estimates determined before the services are performed do not qualify as support for charges to federal awards. Estimates can only be used for interim accounting purposes if certain criteria required by OMB Circular A-87 are met. Costs reported for the MATP program must be based on actual expenditures in support of the program.

REPORT REQUIRED

The approved report format is provided in *Appendix B: MATP Personnel Activity Report*.

POLICIES AND PROCEDURES

Written policies and procedures are essential to implementing an effective time reporting system. The DHS has developed the following policies and procedures for reviewing and processing the time study submissions:

1. **Completion of PARs:** the Instructions are included in *Appendix B - MATP Personnel Activity Report*
2. **Grantee internal review process established to ensure compliance:** Once a time study is completed the supervisor has five business days to transfer reported time from hard copy PARs to the Excel formatted PARs, and review the accuracy of the activities reported in the PARs. The supervisor reviews the time summary sheet on each submitted PAR, and signs and dates it when deemed reasonable. If the supervisor finds an error, they must resolve it with the MATP staff within the five business days prior to submitting to the grantee-appointed Time Study Coordinator for final review. The Time Study Coordinator will perform a final review of the PARs for reasonableness within two business days upon

receipt from the supervisor. Once the Time Study Coordinator completes the review, all reviewed PARs are submitted to DHS in a password protected zip file.

3. **DHS approval cycle:** DHS staff will review a random sample of the statewide submitted PARs from the time study for completeness, accuracy, and identification of any issues/concerns. Any issues/concerns will be addressed with the grantee Time Study Coordinator as needed. DHS will determine the final percentage of time attributable to MATP and notify the grantees included in the time study of the percentage of salaries and benefit costs that can be entered on the corresponding MATP Quarter Report submission.
4. **Processing of completed forms:** Once the grantee receives PAR approval from DHS, they submit the PARs to the grantee's accounting department where the reported time will be transferred from the PARs to the quarterly cost reports and submitted to DHS. The quarterly cost reports must be submitted to DHS within 45 days of the end of a quarter. Therefore, depending on the end date of the time study, the accounting department will have between 30 and 45 business days to complete and submit the quarterly cost reports to DHS.

Refer to *MATP Cost Reporting Flowchart - 1.9.2015.docx* for an illustration of the cost reporting process that includes the completion of PARs, the county internal review process, the DHS approval cycle, and cost report processing.

SUBSTITUTE SYSTEMS

A substitute system can be used in certain situations. OMB Circular A-87 provides examples of Random Moment Sampling (RMS), case counts, or other formats that accurately measure employee effort.

Random Moment Sampling is based on statistically valid sampling parameters that assure the results of the employee's responses are representative of the total group. The RMS methodology is grounded in the laws of probability which underscore that there is a high probability that a relatively small number of random observations will yield an accurate depiction of the overall characteristic of the population for which the sample is taken. An observation at a random moment is a sample of what is happening at a particular instance of time. The basic requirement in selecting a random sample is that every item in the sample universe be given an equal or known chance of being included in the sample. To ensure that this requirement is met, the sample must be truly random and must exclude human judgments and other influences or biases. Therefore, RMS is a technique for estimating the actual distribution of workers' efforts to various programs by selecting a relatively small portion of the time worked.

Samples are generated by an automated process with every individual in the sample pool having equal probability of being selected for the moment and all other moments. The employee RMS cost pool includes salary and related benefits and associated administrative costs (e.g., based on agency FTE count).

Like employees are included in the sampling (e.g., Social Services staff in one sample and Income Maintenance/Eligibility staff in a different sample). Typically, the number of employees is no fewer than 100 and the number of valid observations is 2,500 to have statistical validity at 95% with standard error of +/- 2%. Common to all programs, vacation and leave are redistributed based on the program results.

The sample can be distributed at the sample time by use of email or handed to the employee for his or her completion. Typically, a set time limit is designated for the observation to be completed. At least 10% of the sample responses are reviewed by the RMS Coordinator or other agency employees with direct knowledge of employees' work to validate the response. If changes are necessary, the RMS Coordinator will make the change.

At the end of a sampled quarter, the designated RMS Administrator compiles the program summary report. The RMS results for the quarter are applied to the indirect and direct costs for the same quarter.

Allegheny County uses RMS to determine the MATP proportion of their direct administrative costs. See *Appendix C - Allegheny County Cost Allocation Description.docx* for a comprehensive narrative description of the RMS model used by Allegheny County.

Philadelphia County employs a broker model to provide MATP services. See *Appendix D - Philadelphia Broker Model.pdf* for a comprehensive narrative description of the broker model for Philadelphia County. Appendix D is an approved state plan amendment form from CMS.

Northumberland County (as of July 1, 2016, this grant agreement includes Union, Montour, Columbia, Snyder, Franklin, and Cumberland counties, and as of October 1, 2016, the agreement includes Adams, Perry, and York counties) is administered through a grant agreement with a third party transportation service provider. The grant includes a per trip rate, which the service provider invoices directly to the DHS for payment.

MATP RANDOM WEEK TIME REPORTING

Beginning in 2015, DHS will oversee a quarterly statewide time study to determine the MATP allocation of direct administrative costs, excluding Allegheny and Philadelphia counties as they use a quarterly Random Moment Time Study and a broker model respectively.

The time study will consist of 115 MATP staff reporting 100% of their time for 4 consecutive weeks; resulting in a statistically significant time reporting sample of 460 worker weeks. Agency staff that work directly on the MATP program will be required to record their time for all their MA and Non-MA activities in 15-minute increments during the daily work schedule. The agency staff will complete the daily work schedule on each day worked of the chosen week for the time study. Time will be reported in a CMS approved activity report that includes an exhaustive list of all MA and Non-MA activities (refer to *Appendix B - MATP Personnel Activity Report.xlsx*). The results of the quarterly time study, the average MATP proportion of costs, will be used to allocate direct staff salary (wages and benefits) to the MATP program across all grantees selecting this method.

Each quarter all grantees who choose to participate in the time study will provide DHS with a list of their eligible MATP staff. DHS will use an Excel based random selection procedure to select 115 staff for the time study sample. The time study will cover the entire four weeks sampled, and the results will be applied to the costs in the quarter the time study was performed.

Central services administrative staffs (accountants, budget analysts, data processors) are not to be included in the quarterly Random Week sampling. Administrative support costs are included in the agency approved indirect cost rate.

Per CMS guidance, 400 worker weeks is a statistically valid sample whose average time distribution can be applied to all MATP staff. Therefore, the Random Week Time Reporting requires a minimum of 100 MATP agency staff to complete 4 weekly time study reports. Further, to account for non-responses and non-paid time off, DHS will oversample time reporting by 15% for a total of 115 MATP staff and 460 worker weeks should full participation be achieved. The DHS will track the number of MATP agency staff included in this statewide sampling methodology to ensure that the minimum staff requirement of 115 is met each quarter. If 115 MATP staff are not able to participate in the time study, the DHS will notify the grantees prior to beginning the upcoming quarter that MATP staff will be reporting 100% of their time for the entire quarter.

TIME STUDY POLICIES

The Grantee must prepare policies related to the operation of the MATP Random Week Time Reporting. The DHS will review all policies and ensure that they adhere to the requirements set forth by the Approved Time Study Methodologies. The Grantee must submit these policies, at least, bi-annually to the DHS for review and comment. When revisions to the Time

Study materials occur, the Grantee will make necessary changes to their policies and submit these changes to the DHS upon request.

POLICIES ON QUALITY ASSURANCE

The Grantee must have a policy related to quality assurance of responses. At a minimum this policy should include such items as:

- Assurance that personnel comply with all requirements set forth by any federal and state regulation and this MATP's Approved Time Study Methodologies.
- Leadership responsibilities: including responsibilities for supervisors and management
- Responsibilities for the Time Study Coordinator
- Standards for acceptable documentation
- Training requirements
- Plan for active monitoring
- A method for communicating concerns to DHS

PROCEDURES

The Grantee must implement procedures related to the operations and reporting of all MATP Random Week Time Study requirements contained in this document. The Grantee must submit all procedures related to this time study to the Department for review and comment prior to implementation. At a minimum, the DHS requires the Grantee to review all procedures at least bi-annually to ensure no changes have occurred. The Grantee must submit to the DHS any proposed updates or revisions to the procedures, as they occur. The Grantee may not implement the revised procedure until DHS has had the ability to review and comment on the change.

If there is a dispute in operating procedures relative to the MATP Random Week Time Study, the DHS will have the ultimate decision making ability, and if necessary, we dictate the procedures to be followed.

MONITORING

The DHS will continually monitor the Grantees. This monitoring is inclusive of review of all policies and procedures for operating the time study, and when necessary will make the final determination in whether policies and procedures adhere to the requirements set forth in this document.

The Grantee must review all policies bi-annually and submit changes to the DHS for review and comment, as they occur. The DHS will require certification from the Grantee at the beginning of each state fiscal year that no policies and procedures have changed or expect to change.

The DHS may complete a full review of the Grantee's policies and procedures to ensure all requirements associated with the time study are met. This may include, but is not limited to, desk review of materials, on-site review, or any combination thereof. Grantees will be selected through a risk assessment of the individual Grantees participating in the time study and/or through statistically valid random sample. The DHS will monitor all Grantees via one of the aforementioned methods at least once every two years.

DHS MATP fiscal staff will monitor the time study results, including all non-responses. For grantees meeting the criteria for non-response sanctions above, the MATP fiscal staff will go onsite to discuss reasons for non-responses with all grantee staff including the non-responding staff and provide additional training to ensure all parties understand the requirements for completing the time study.

SANCTIONS

The DHS will monitor each selected grantees non-responses. If a grantee has non-responses in excess of 15% of their sampled moments (e.g., more than four days are missed out of the 28 reporting days for a grantee with one staff, more than 21 days are missed out of the 140 total days for a grantee with five staff, etc.), or if the Grantee is determined to not have met the standards or requirements set forth in this document, the DHS will send a warning letter notifying the grantee of their non-compliance. The grantee will then be required to submit a corrective action plan to the DHS that details the reasons for their non-compliance and specific steps that will be employed to ensure compliance in the subsequent quarter.

If the grantee continues to be non-compliant in the next quarter subsequent to the quarter in which the warning letter was issued, then the DHS will disallow all direct administrative costs submitted for reimbursement on the cost report beginning with that second quarter invoice.

If the grantee is non-compliant after the end of the third quarter subsequent to the quarter in which the warning letter was issued, the DHS will disallow all direct administrative expenses for all three effected quarters and that grantee's moments will not be included in the quarterly time study until the DHS notes they are back in compliance with all requirements.

The grantee will be allowed to enter back into a subsequent quarterly time study after the quarter in which they achieve a non-response percentage of no less than 10% (e.g., no more than two days are missed out of the 28 reporting days for a grantee with one staff, no more than 14 days are missed out of the 140 total days for a grantee with five staff, etc.). All direct administrative costs will be disallowed until the quarter in which they reenter the time study program.

EXCEPTIONS

Grantees can submit a request for reconsideration to DHS no later than 10 days after receipt of the initial sanction notification letter. The DHS will issue a final determination on imposed sanctions within 30 days after receipt of the reconsideration letter. The DHS reserves the right to grant exceptions to the 85% non-response rate rules and sanctions for grantees in instances of extreme unforeseen circumstances, on a case-by-case basis.

DHS will be responsible for choosing the start of the weekly time reporting. DHS will randomly select a day Monday through Friday using a random day generator in Excel. Time studies will not begin on Pennsylvania Commonwealth holidays which include:

- New Year's Day
- Martin Luther King Jr. Day
- Presidents Day
- Memorial Day
- July 4th
- Labor Day
- Columbus Day
- Veterans Day
- Thanksgiving Day
- Day after Thanksgiving
- Christmas Day

The grantees will be notified the morning of the beginning of the first time study week, and the time study will continue for 28 consecutive days. Participating MATP staff will enter time in DHS supported personnel activity reports (PAR). Time Study results will be tallied and sent to DHS for review. DHS will select days and/or times for which the grantee must certify

the program and activity the MATP agency staff recorded on the time study report. Additionally, MATP staff will sign their time reports at the completion of the time study. The staff and the Time Study Coordinator (see below for coordinator description) will sign off on the four reported weeks of the time study, and DHS will select 10% of the submitted time reports to validate. Refer to *MATP Cost Reporting Flowchart - 1.9.2015.docx* for an illustration and description of the cost reporting process from the time reporting in the personnel activity reports to DHS cost report submission to CMS. To be eligible for the time study, each Agency must identify a Time Study Coordinator. The Time Study Coordinator may be selected from the current supervisor staff or may need to be hired on by the Agency. The Time Study Coordinator will receive DHS provided training on the following Random Week Time Reporting components:

- Purpose of the Quarter MATP Random Week Time Reporting
- Agency Time Study Coordinator responsibilities
- Agency staff who are required to participate in the MATP Time Study
- Instructions for completing the MATP Time Study form
- Activity choices for each 15 minute increment during daily work schedule
- Review process for determining accuracy of completed forms
- Timeline for submission of each quarter's set of forms or database file to DHS
- The Notification process for each selected week(notice no more than 24 hours in advance of selected week)
- DHS process for calculating agency MATP staff salary percentage
- Overview of DHS Agency Staff MATP Random Week Time Study Training Agenda and Materials
- Submission of questions to DHS for preparation of Frequently Asked Questions (FAQ)
- DHS Contact Information

The grantees choosing to use this option must report their time on the approved MATP Random Day Week Time Study form, and only select from available Programs and corresponding Activity choices.

REPORT REQUIRED

The approved report format is provided in *Appendix B - MATP Personnel Activity Report*.

EXHIBIT 1: SIX (6) MONTH CERTIFICATION EXAMPLE¹

Semi-Annual Certification
(Staff Working Solely on one Cost Objective)

This is to certify that Jean Smith has worked 100% of his/her time for the period March 1, 2009 through August 31, 2009 on program number DOE 555.

Signature of Employee

Printed Name of Employee

Date

Signature of Supervisor


Printed Name of Supervisor

Date

¹ U.S. Department of Education, *Cost Allocation Guide for State and Local Governments*, September 2009. Available online at: <http://www2.ed.gov/about/offices/list/ocfo/fipao/guideigcwebsite.pdf>.

**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HUMAN SERVICES
OFFICE OF MEDICAL ASSISTANCE PROGRAMS**

**MEDICAL ASSISTANCE
TRANSPORTATION
PROGRAM**



FISCAL REQUIREMENTS: APPENDIX

Prepared by the Division of Medical Assistance Transportation Programs
Bureau of Fiscal Management

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APPENDIX A – MA AND NON-MA ACTIVITIES AND PROGRAMS (screen prints provided)

Activity Descriptions MATP Only Activities:		
A1. Recipient Related (MATP Only): All aspects of interacting with recipients seeking program services, either by direct contact on the recipient's behalf. Allowable activities include the following:		
Activity	Descriptions	Activity Examples*
• Application Processing and Assistance	All aspects of assisting the recipient with the application process.	Interview clients, complete Needs Assessment to determine transportation mode, verify eligibility on EVS, enter client info into computer, mail application & policies to client for signature.
• Case Management	This includes direct contact with the rider for the purpose of ongoing service coordination, troubleshooting, and follow up to assure the most appropriate and cost effective Medical Assistance transportation service.	Answering Telephone, Check eligibility status in EVS, handling distribution of bus fare for eligible consumers.
• Intake	The interview process by which program eligibility is determined. This includes the Medical Assistance eligibility verification for all Medical Assistance eligible programs.	Enroll eligible consumers and update existing consumer information in MATP and Organization data bases (via scheduled office appointments, walk-ins, home or off-site appointments, and mail).
• Eligibility Determination	This is the process of assessing ongoing eligibility for riders receiving Medical Assistance transportation services.	Check each client eligibility in promise system, confirm any inquiries from State regarding client eligibility "Ineligibles Report."
• Program Outreach	This includes all aspects of promoting the program and its delivery system. This includes activities related to the preparation and distribution of program brochures.	Provide information on MATP services & application process to clients, human services agencies, medical providers.
• Referral to Services	This includes all aspects of referring riders to alternate transportation services for transport assistance.	Contact and inquire or coordinate services with other programs and organizations to obtain services or information for consumers.
• Scheduling/Service Clients	This includes all aspects of scheduling pickup/drop off appointments with riders to/from their destination.	Schedule trips with appropriate service provider; confirm appointments with providers and confirm trips were taken.
B1. Service Related (MATP Only): All aspects of providing program services to recipients. Allowable activities include the following:		
Activity	Descriptions	Activity Examples*
• Contract Monitoring	This includes all aspects of monitoring subcontractors and/or vendors, as required by the program.	Conduct vehicle monitoring; Request/review driver acknowledgment verification, and vehicle maintenance verification. Annual review of vendor requirements and contract compliance.
• Contract Processing	This includes all aspects of the transportation contracting process with vendors and/or subcontractors. This would include, but is not limited to, Request for Proposals, Negotiations, Bid Review, Public Hears, Final Processing of Contracts.	Negotiate & prepare contracts with service providers and present to County Commissioners for approval; monitor contracts and prepare addendums on an as needed basis.
• Trip Scheduling	This includes all aspects of scheduling the transportation trip for the rider.	Assign trips, enter schedule into computer, print and distribute Trip Detail Reports.
• Service Recruitment	This includes the recruiting of new transportation providers and/or drivers for current paratransit vehicles.	Process new drivers/setting up interviews, making physical and drug screening appointments.
• Transportation Services	This includes any contact with transportation vendors/subcontractors that does not directly related to trip scheduling.	Take calls from Service Providers.
• Trip Reimbursement	This includes all aspects of reimbursing providers for Medical Assistance transportation trips rendered and reimbursing eligible consumers for trips taken.	Enter consumer payments into data base; Print data base payment report for fiscal report; Update reimbursement tracking spreadsheet with payment information; review mileage reimbursement forms. Calculate trip counts, mileage, and reimbursement due.

Note: The DHS will send to each Grantee the corresponding excel file that shows all approved activities across programs.

Activity Descriptions

MATP Only Activities:

C1. Program Related (MATP Only):
 All aspects of providing services to the program recipient that is not identifiable as a service or recipient related service.
 Allowable activities include the following:

Activity	Descriptions	Activity Examples*
• MATP Accounting	This includes reviewing accounts payable and payroll related MATP activities.	Check and Code Invoices. Prepare Budgets and Quarterly Reports.
• MATP Budgeting and Tracking	This includes all aspects of creating and tracking program budgets for MATP.	Fiscal year budget preparation, tracking budget expenditures, and prepare M budgets and projections.
• MATP Cost Reporting	Preparing Grantees quarterly cost reports for MATP services.	Calculate trips and cost, and complete quarterly MATP reports.
• MATP Financial Reporting	Time spent completing fiscal responsibilities relative to MATP. This may include various ad hoc reporting.	Prepare agency financial statements, SEFA, Statement of Activities, Statement of Functional Expenses, and Statement of Financial Position.
• MATP Grant Process	Tracking Grant expenditures and preparing reports for MATP services.	General fiscal management for the entire agency, ensuring audit and grant file compliance, reporting to grantors, board and county. Developing and maintaining grant funding calendar.
• MATP Invoice Processing	Includes all aspects of invoice processing for MATP services: compilation, review, signing off, and system entry for payment.	Check and Code Invoices, review monthly provider invoices, and prepare the invoices from the provider for payment from our Controller's office.
• MATP IT Support	This includes installing and maintaining software necessary for MATP operations.	Setup all new accounts, fix email issues, add programs to computers as needed, voicemail problems, answer any IT questions. Maintain County website.
• MATP Time Study	This includes all aspects related to the MATP Time Study such as time entry, supervision, and report compilation.	MATP roster submission, time entry review by time study coordinator, and P compilation and submission.
• Program Appeal Proceeding	Time spent attending program appeal proceedings. This can be attendance via person or teleconference.	Gather information and prepare exhibits and other documents for appeal hearing. When applicable, attempt to make resolutions with the consumer prior to submission; present at appeal.
• Program Coordination	Time spent coordinating activities between MATP and other programs.	Contact and inquire or coordinate services with other programs and organizations to obtain services or information for consumers.
• Program Preparation	All aspects of developing plans, programs, and activities. This includes planning for changes to MATP requirements.	Coordinate Human Resource functions for MATP Employees.
• Program Related Training & Meetings	Time spent attending MATP-related trainings, which can include vendor/subcontractor trainings, county trainings, and State trainings.	Review/update/develop/implement requirements, policies, and procedures. Speak at local agencies regarding MATP Services and training fairs.
• Program-related Meeting	Time spent attending MATP-related meetings, conference calls, and technical assistance sessions.	Attend MATP Advisory Committee meetings. Discussing MATP issues in large Department Meetings. Attend Meetings discuss - rate, changes, clients, subcontractor, staff, operation processes.
• Service Administration	This includes all aspects of overseeing the policies and procedures related to MATP, which are included in the Instructors Manual.	Prepare policies & procedures for the county MATP and train staff; work with service providers on policies & procedures and work out problems to make the program run smoothly; update consumer handbook as necessary; prepare and finalize Written Notice Forms, process appeals and participate in appeal hearing.
• Staffing	This includes all aspects of personnel related issues for program direct staff.	Provide general supervision of MATP staff and evaluate work performance. Manage personnel benefits packages, track staff work hours, PTO & absences.
• Tracking/Monitoring of MATP Participants	This includes all aspects of reviewing the recipient's trip usage and review the mode used for trips provided. This includes any trip review for the purpose of determining fraud and abuse, no-show violations, possible reassessment of mode used, and review of denial tracking.	Investigate and document findings in fraud and misuse of service situations. Prepare and send notices to consumers. Contact OIG Welfare Fraud Investigator for vehicle checks, surveillance, etc. Prepare referrals.
• Travel - MATP Related	Time spent traveling for a MATP related activity (i.e. to attend program meeting, monitor subcontractor, conduct face-to-face visit with rider).	Data entry/check distribution for client travel reimbursement. Travel to attend trainings, meetings, and conference calls.

Activity Descriptions

MATP Only Activities:

D1. Time Off (MATP Only):
 Administrative time when the person is not available for work.
 Allowable activities include the following:

Activity	Descriptions	Activity Examples*
• Bereavement	Leave that is taken due to the death of another individual, usually a close relative.	
• Break	Time spent for a break during working hours.	
• Comp Time	Time earned in lieu of overtime pay.	
• Holiday	Absence due to a Grantee-paid holiday.	
• Jury Duty	Time spent responding to a jury summons or serving on a jury.	
• Lunch	Time spent for lunch during working hours.	
• Personal Day	Leave that is taken for personal time off.	
• Sick	Absence due to sickness.	
• Vacation	Leave that is taken for personal vacation.	
• Work Related Injury	Leave that is taken due to a work-related injury.	

* Activity Examples are actual tasks drawn from the activity survey distributed by DHS to the Pennsylvania counties in November of 2014.

Activity Descriptions

MA Covered, Non-MATP Activities:

A2. Recipient Related (MA Covered, Non-MATP):
 All aspects of interacting with recipients seeking program services, either by direct contact on the recipient's behalf.
 Allowable activities include the following:

Activity	Descriptions	Activity Examples*
• Application Processing and Assistance	All aspects of assisting the recipient with the application process.	Interview clients, complete Needs Assessment to determine transportation mode, verify eligibility on EVS, enter client info into computer, mail application & policies to client for signature.
• Case Management	This includes direct contact with the MA member for the purpose of ongoing service coordination, troubleshooting, and follow up to assure the most appropriate and cost effective MA covered service.	Provides specialized group & individual Case Management counseling for housing programs. Conducts self-sufficiency needs assessments & complete contracts as required. Monthly reports.
• Intake	The interview process by which program eligibility is determined. This includes the Medical Assistance eligibility verification for all Medical Assistance eligible programs.	Interviewing, certifying eligibility, completing applications, updating client databases & folders, & submit monthly reports.
• Eligibility Determination	This is the process of assessing ongoing eligibility for members receiving MA covered services (excluding MATP).	Check each client eligibility, confirm any inquiries from State regarding client eligibility.
• Program Outreach	This includes all aspects of promoting the program and its delivery system.	Represent the agency at outreach venues & promote good public relations within the community.
• Referral to Services	This includes all aspects of referring MA members to alternate services.	Clerk - Track Client use of Services, Refer Services to ATA, Keep track of inventory of food program.
• Scheduling/Service Clients	This includes all aspects of scheduling appointments for MA covered services with members.	Schedule group trips for agencies. Schedule CRN and DUI assessment appointments.

B2. Service Related (MA Covered, Non-MATP):
 All aspects of providing program services to recipients.
 Allowable activities include the following:

Activity	Descriptions	Activity Examples*
• Contract Monitoring	This includes all aspects of monitoring subcontractors and/or vendors, as required by the program.	Conduct vehicle monitoring; Request/review driver acknowledgment verification, and vehicle maintenance verification. Annual review of vendor requirements and contract compliance.
• Contract Processing	This includes all aspects of the contracting process with vendors and/or subcontractors. This would include, but is not limited to, Request for Proposals, Negotiations, Bid Review, Public Hears, Final Processing of Contracts.	Negotiate & prepare contracts with service providers and present to County Commissioners for approval; monitor contracts and prepare addendums on an as needed basis.
• Maintenance	Monitor maintenance expenses of providers rendering MA covered services (excluding MATP).	Manage and oversee all vehicle repairs and maintenance. Building and property Maintenance and Janitorial duties.
• Service Scheduling	This includes all aspects of scheduling the MA covered services with the service provider for the member.	Schedule and Print Trip details for a limited amount of non-MATP riders.
• Service Recruitment	This includes the recruiting of new service providers for MA covered services (excluding MATP).	Recruiting, interviewing, selecting, and training new Foster Grandparent volunteers, communicating with Grandparents and School/Daycare staff.
• Service Reimbursement	This includes all aspects of reimbursing providers for MA covered services rendered.	Compare provider invoices to contract, work to correct invoices if needed, pay invoices.

Activity Descriptions

MA Covered, Non-MATP Activities:

C2. Program Related (MA Covered, Non-MATP):

All aspects of providing services to the program recipient that is not identifiable as a service or recipient related service.
Allowable activities include the following:

Activity	Descriptions	Activity Examples*
• Accounting	This includes reviewing accounts payable and payroll related activities for MA covered services (excluding MATP).	Enter data into accounting program and prepare monthly accounting reports for County.
• Budgeting and Tracking	This includes all aspects of creating and tracking program budgets for MA covered services (excluding MATP).	Prepare various grant budgets and meet with directors regarding.
• Cost Reporting	Preparing quarterly cost reports for MA covered services (excluding MATP).	Compile the monthly information into the quarterly reporting. Prepare monthly, quarterly & annual financial reports as well as close outs.
• Financial Reporting	Time spent completing fiscal responsibilities relative to MA covered, non-MATP programs. This may include various ad hoc reporting.	A/P, A/R, Payroll, Assist with G/L; Financial Stmts; Budgeting & Analysis.
• Invoice Processing	Includes all aspects of invoice processing related to MA covered, non-MATP programs: compilation, review, signing off, and system entry for payment.	Process the provider invoices for payment by the County Controller.
• IT Support	This includes installing and maintaining software necessary for MA covered, non-MATP operations.	Agency IT, reviews and monitors outside client work with IT staff, oversee IT Department.
• Program Appeal Proceeding	Time spent attending program appeal proceedings. This can be attendance via person or teleconference.	Gather information and prepare exhibits and other documents for appeal hearing. When applicable, attempt to make resolutions with the consumer prior to submitting appeal; present at appeal.
• Program Coordination	Time spent coordinating activities between programs.	Attend meetings to coordinate services to utilize funding in the most efficient matter.
• Program Preparation	All aspects of developing plans, programs, and activities. This includes planning for changes to the program requirements.	Coordinate Human Resource functions for MATP Employees. Review/update/develop/implement requirements, policies, and procedures.
• Program Related Training & Meetings	Time spent attending MA program (excluding MATP) trainings, which can include vendor/subcontractor trainings, county trainings, and State trainings.	Oversee ANR Transport Operations, meet with drivers, payroll, driver meeting, trainings.
• Program-related Meeting	Time spent attending MA program (excluding MATP) meetings, conference calls, and technical assistance sessions.	Assisting Director - Policy revisions; write to know requests; special reporting requests from the state; attending conference calls and TA meetings; helping with test and recommending changes with out database.
• Service Administration	This includes all aspects of overseeing the policies and procedures related to a MA covered, non-MATP program.	Oversee state and provider contract process and compliance.
• Staffing	This includes all aspects of personnel related issues for program direct staff.	Provide agency orientation for new hires, maintain personnel files, oversee staff exit interviews.
• Time Studies	This includes all aspects related to time studies such as time entry, supervision, and report compilation (excluding MATP time studies).	Do a monthly time study and submit to the Fiscal Dept. to adjust pay each month.
• Tracking/Monitoring of Program Participants	This includes all aspects of reviewing the recipient's program usage (excluding MATP services).	Creating monitoring reports and reviewing with agency staff, handle consumer complaints. Monitor consumers files.
• Travel - Program Related	Time spent traveling for a MA covered, non-MATP program related activity.	Attend meetings as required by funding sources or to facilitate the work of CAP in our community.

Activity Descriptions

MA Covered, Non-MATP Activities:

D2. Time Off (MA Covered, Non-MATP):
 Administrative time when the person is not available for work.
 Allowable activities include the following:

Activity	Descriptions	Activity Examples*
• Bereavement	Leave that is taken due to the death of another individual, usually a close relative.	
• Break	Time spent for a break during working hours.	
• Comp Time	Time earned in lieu of overtime pay.	
• Holiday	Absence due to a Grantee-paid holiday.	
• Jury Duty	Time spent responding to a jury summons or serving on a jury.	
• Lunch	Time spent for lunch during working hours.	
• Personal Day	Leave that is taken for personal time off.	
• Sick	Absence due to sickness.	
• Vacation	Leave that is taken for personal vacation.	
• Work Related Injury	Leave that is taken due to a work-related injury.	

* Activity Examples are actual tasks drawn from the activity survey distributed by DHS to the Pennsylvania counties in November of 2014.

Activity Descriptions

Non-MA Covered Activities:

A3. Recipient Related (Non-MA Covered):
All aspects of interacting with recipients seeking program services, either by direct contact on the recipient's behalf.
Allowable activities include the following:

Activity	Descriptions	Activity Examples*
• Application Processing and Assistance	All aspects of assisting the recipient with the application process.	Interview clients, complete Needs Assessment to determine transportation mode, verify eligibility on EVS, enter client info into computer, mail application & policies to client for signature
• Case Management	This includes direct contact with the non-MA member for the purpose of ongoing service coordination, troubleshooting, and follow up to assure the most appropriate and cost effective service.	Provides specialized group & individual Case Management counseling for housing programs. Conducts self-sufficiency needs assessments & complete contracts as required. Monthly reports.
• Intake	All aspects of the interview process, including the program eligibility verification.	Interviewing, certifying eligibility, completing applications, updating client databases & folders, & submit monthly reports
• Eligibility Determination	This is the process of assessing ongoing eligibility for members receiving non-MA covered services.	Check each client eligibility, confirm any inquiries from State regarding client eligibility.
• Program Outreach	This includes all aspects of promoting the program and its delivery system.	Represent the agency at outreach venues & promote good public relations within the community.
• Referral to Services	This includes all aspects of referring non-MA members to alternate services.	Clerk - Track Client use of Services, Refer Services to ATA, Keep track of inventory of food Program.
• Scheduling/Serviceing Clients	This includes all aspects of scheduling appointments for non-MA covered services with members.	Schedule group trips for agencies. Schedule CRN and DUI assessment appointments.

B3. Service Related (Non-MA Covered):
All aspects of providing program services to recipients.
Allowable activities include the following:

Activity	Descriptions	Activity Examples*
• Contract Monitoring	This includes all aspects of monitoring subcontractors and/or vendors, as required by the program.	Conduct vehicle monitoring; Request/review driver acknowledgment verification, and vehicle maintenance verification. Annual review of vendor requirements and contract compliance
• Contract Processing	This includes all aspects of the contracting process with vendors and/or subcontractors. This would include, but is not limited to, Request for Proposals, Negotiations, Bid Review, Public Hears, Final Processing of Contracts.	Negotiate & prepare contracts with service providers and present to County Commissioners for approval; monitor contracts and prepare addendums on an as needed basis.
• Maintenance	Monitor maintenance expenses of providers rendering non-MA covered services	Manage and oversee all vehicle repairs and maintenance. Building and property Maintenance and Janitorial duties.
• Service Scheduling	This includes all aspects of scheduling the non-MA covered services with the service provider for the member.	Schedule and Print Trip details for a limited amount of non-MATP riders.
• Service Recruitment	This includes the recruiting of new service providers for non-MA covered services.	Recruiting, interviewing, selecting, and training new Foster Grandparent volunteers, communicating with Grandparents and School/Daycare staff.
• Service Reimbursement	This includes all aspects of reimbursing providers for non-MA covered services rendered.	Compare provider invoices to contract, work to correct invoices if needed, pay invoices.

**Activity Descriptions
Non-MA Covered Activities:**

C3. Program Related (Non-MA Covered):
All aspects of providing services to the program recipient that is not identifiable as a service or recipient related service.
Allowable activities include the following:

Activity	Descriptions	Activity Examples*
• Accounting	This includes reviewing accounts payable and payroll related activities for non-MA covered services.	Enter data into accounting program and prepare monthly accounting reports for County.
• Budgeting and Tracking	This includes all aspects of creating and tracking program budgets for non-MA covered services.	Prepare various grant budgets and meet with directors regarding.
• Cost Reporting	Preparing quarterly cost reports for non-MA covered services.	Compile the monthly information into the quarterly reporting. Prepare monthly, quarterly & annual financial reports as well as close outs
• Financial Reporting	Time spent completing fiscal responsibilities relative to non-MA covered programs. This may include various ad hoc reporting.	A/P, A/R, Payroll. Assist with G/L; Financial Stmts; Budgeting & Analysis
• Invoice Processing	Includes all aspects of invoice processing related to non-MA covered programs: compilation, review, signing off, and system entry for payment.	Process the provider invoices for payment by the County Controller
• IT Support	This includes installing and maintaining software necessary for non-MA covered program operations.	Agency IT, reviews and monitors outside client work with IT staff, oversee IT Department.
• Program Appeal Proceeding	Time spent attending non-MA covered program appeal proceedings. This can be attendance via person or teleconference.	Gather information and prepare exhibits and other documents for appeal hearing. When applicable, attempt to make resolutions with the consumer prior to submitting appeal; present at appeal.
• Program Coordination	Time spent coordinating activities between programs.	Attend meetings to coordinate services to utilize funding in the most efficient manner
• Program Preparation	All aspects of developing plans, programs, and activities. This includes planning for changes to the program requirements.	Coordinate Human Resource functions for MATP Employees. Review/update/develop/implement requirements, policies, and procedures.
• Program Related Training & Meetings	Time spent attending trainings, which can include vendor/subcontractor trainings, county trainings, and State trainings related to non-MA covered programs.	Oversee ANR Transport Operations, meet with drivers, payroll, driver meeting, trainings.
• Program-related Meeting	Time spent attending non-MA covered program meetings, conference calls, and technical assistance sessions.	Assisting Director - Policy revisions; write to know requests; special reporting requests from the state; attending conference calls and TA meetings; helping with test and recommending changes with out database.
• Service Administration	This includes all aspects of overseeing the policies and procedures related to a non-MA covered program.	HAP - Provide technical assistance to providers by thoroughly understanding regulations, monitoring providers, creating monitoring reports and reviewing with agency staff, handle consumer complaints, appeals officer for those denied or terminated from services, hold appeal hearings and issue decisions, create and monitor cost containment measures, review monthly provider invoices, complete quarterly reports.
• Staffing	This includes all aspects of personnel related issues for program direct staff.	Provide agency orientation for new hires, maintain personnel files, oversee staff exit interviews.
• Time Studies	This includes all aspects related to time studies such as time entry, supervision, and report compilation (excluding MA programs).	Do a monthly time study and submit to the Fiscal Dept. to adjust pay each month.
• Tracking/Monitoring of Program Participants	This includes all aspects of reviewing the recipient's program usage (excluding MA-covered services).	Creating monitoring reports and reviewing with agency staff, handle consumer complaints. Monitor consumers files.
• Travel - Program Related	Time spent traveling for a non-MA program related activity.	Attend meetings as required by funding sources or to facilitate the work of CAP in our community

Activity Descriptions

Non-MA Covered Activities:

D3. Time Off (Non-MA Covered):
 Administrative time when the person is not available for work.
 Allowable activities include the following:

Activity	Descriptions	Activity Examples*
• Bereavement	Leave that is taken due to the death of another individual, usually a close relative.	
• Break	Time spent for a break during working hours.	
• Comp Time	Time earned in lieu of overtime pay.	
• Holiday	Absence due to a Grantee-paid holiday.	
• Jury Duty	Time spent responding to a jury summons or serving on a jury.	
• Lunch	Time spent for lunch during working hours.	
• Personal Day	Leave that is taken for personal time off.	
• Sick	Absence due to sickness.	
• Vacation	Leave that is taken for personal vacation.	
• Work Related Injury	Leave that is taken due to a work-related injury.	

* Activity Examples are actual tasks drawn from the activity survey distributed by DHS to the Pennsylvania counties in November of 2014.

Non-MA Covered, Non-MATP Programs			
Program	Program Description	Service Description	Funding Description
Pwd PwD Program	Persons With Disabilities Discount Program provided by the Pennsylvania Department of Transportation	Persons with disabilities pay a portion (approximately 15%) of the general public fare for advance reservation, shared-ride transportation service.	
Senior Shared-Ride Shared-Ride Transportation Shared Ride Programs Shared Ride Transportation Shared Ride Senior Shared Ride	Pennsylvania Public Transportation Service provided by the Pennsylvania Department of Transportation	Shared-Ride/Demand Response service offers the community door-to-door transportation services throughout Pennsylvania and subsidizes the cost of that service for senior citizens. Passengers must make trip requests at least one working day in advance of the trip, and must be willing to share the vehicle with other passengers.	
SEPTA SEPTA - ADA Paratransit	Southeastern Pennsylvania Transportation Authority	Offers a vast option of transit services, including buses, trolleys, trackless trolleys, subways, and Regional Rail (our commuter rail).	
BART	Butler Area Rural Transit	A demand response transportation provider in Butler County.	
ANR Transport	Alliance for Nonprofit Resources	Manages Butler County transportation.	
EARN	Employment, Advancement and Retention Network	Provides assessment, counseling, job search, self-development and training to individuals referred by the Department of Human Services (DHS).	
SSVF	Supportive Services for Veteran's Families	Provides assistance with housing rental, security deposits, utilities, employment, counseling and supports to veterans and their families.	
ESG	Emergency Solutions Grant	Provides rental and/or utility assistance to homeless and near homeless individuals and families.	
RSVP	Retired and Senior Volunteer Program	Links volunteers with service agencies to provide community needs.	
CCIS	Child Care Information Services	Provides funding to help pay child day care bills. Parents must be willing to work at least 20 hours per week.	
CCR	Center for Community Resources	Sister agency to Alliance for Nonprofit Resources	
NDC	Nonprofit Development Corporation	Sister agency to Alliance for Nonprofit Resources	
HSDF	Human Services Development Fund	Provides funding for a variety of county programs. Adult Day Care Service, Chore Service, Counseling Service, Employment Service, Home Delivered Meals Service, Homemaker Service, Housing, Life Skills Education Service, Protective Service and Transportation Service.	
PCAP	Pennsylvania Consumer Assistance Program	Provides utility assistance.	

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Non-MA Covered, Non-MATP Programs			
Program	Program Description	Service Description	Funding Description
CSBG	Community Services Block Grant	Client emergency assistance program.	
TACC	Transportation and Child Care	Funded 100% out of the Community Services Block Grant and pays for transportation and child care for persons who are at or below 125% of poverty and are newly employed and/or enrolled in an educational program.	
Early Head Start		Provides early, continuous and comprehensive year-round child development and family support services to pregnant women, infants and toddlers and their families.	
HAP	Department of Human Services Housing Assistance Program	Administered by local public housing authorities. Provides affordable apartments for eligible low income families, the elderly and person with disabilities. Also, provides vouchers to eligible low income and working families to pay for all or part of the rent.	Federal funding for Allegheny County and Philadelphia County only. Allegheny County receives Substance Abuse and Treatment Block Grant (SAPTBG) funding at 21.5%. Philadelphia County receives Social Services Block Grant (SSBG) funding at 47.0% and SAPTBG funding at 14.0%.
MIECHV	Maternal, Infant and Early Childhood Home Visitation Program	Provides evidence-based home visitation services in high-risk counties that will positively impact child and family outcomes.	

MA Covered, Non-MATP Programs			
Program	Program Description	Service Description	Funding Description

APPENDIX B – MATP PERSONNEL ACTIVITY REPORT (screen prints provided)

Personnel Activity Report (PAR) Instructions	
Excel Users	Non-Excel Users
<p>Step 1: Input the user's name, position, agency name, and programs in the "Supervisor Inputs" worksheet.</p>	<p>Step 1: Input the user's name, position, agency name, and programs in the "Supervisor Inputs" worksheet.</p>
<p>Step 2: User enters time in each "Day #" worksheet for the 28 consecutive days of the time study. Under the appropriate program column, use the dropdown boxes to select the activity worked in a given 15 minute time slot. Activity descriptions are included to the right of each timesheet and also on the blue "Activities" worksheets.</p>	<p>Step 2: Supervisor or User prints the PAR once the "Supervisor Inputs" worksheet has been populated. Please print the following worksheets: "PAR Activity Descriptions", "Day 1" through "Day 28", and "Month". Please use the blue "Activities" worksheets as a reference while entering time.</p>
<p>Step 3: Once the 28 timesheets are complete, in the "Month" worksheet please review the time summary for accuracy and sign off below the time summary. Provide an explanation if less than 8 hours was recorded in a given day.</p>	<p>Step 3: User enters time in each "Day #" exhibit for the 28 consecutive days of the time study. Under the appropriate program column, use the dropdown boxes to select the activity worked in a given 15 minute time slot. Activity descriptions are included to the right of each timesheet.</p>
	<p>Step 4: Once the 28 timesheets are complete, please sign and date below the time summary table in the "Month" worksheet. Supervisors will fill out the time summary. Provide an explanation if less than 8 hours was recorded in a given day.</p>
<p>*** Note that there are instructions on the "Day #" and "Month" worksheets. ***</p>	

Note: The DHS will send to each Grantee a copy of the approve Personnel Activity Report for recording of staff time.

This Sheet is for Supervisor Input Only

Step 1: Supervisors please input the employee information whose time is recorded in this workbook. The 'Name', 'Position', and 'Agency Name' cells are linked to the 'Day' and 'Month' sheets in this workbook. Therefore, once you input the employee's information below, it will populate the entire workbook.



Employee Information Inputs	
Employee Information	
Name:	
Position:	
Agency Name:	

Step 2: Supervisors please select the programs the user works on from the dropdown boxes below. The program dropdowns are linked to the timesheets and will update automatically. Therefore, please input the programs before you print this workbook for non-Excel users.
Note that users need DHS approval for more



Program Selection			
	MATP Only	MA Covered, Non-MATP	Non-MA Covered
Program 1.	MATP		CSBG
Program 2.			
Program 3.			
Program 4.			
Program 5.			
Program 6.			
Program Count	1	0	1
			Total Program Count:

Step 3: If the user chooses not to use Excel to report time, please print the descriptions from the "PAR Activity Descriptions" worksheet and the "Day #" and "Month" worksheets. The "PAR Activity Descriptions" can be used as a reference while the user enters time. For Excel users, the activity descriptions do not need to be printed as the activity descriptions are visible on each "Day #" worksheet.

Section 1: Employee Information	
Name:	
Position:	
Agency Name:	

STEP 1: If the fields are not populated, please fill in Name, Position, and Agency Name in Section 1.

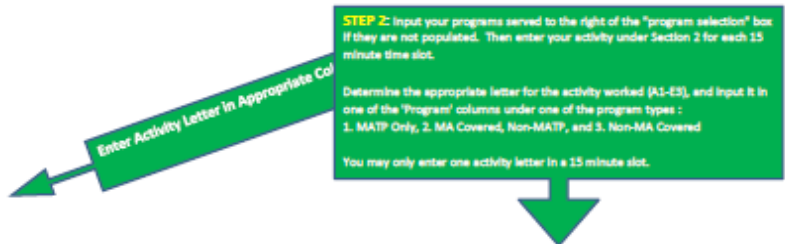
Day 1

Section 2: Activity Code Description by Program Type and Time Interval													
Program Type	1. MATP Only	2. MA Covered, Non-MATP						3. Non-MA Covered					
Program Selection	MATP							CSBG					
Time													
6:00 AM													
6:15 AM													
6:30 AM													
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4:15 PM													
4:30 PM													
4:45 PM													
5:00 PM													
5:15 PM													
5:30 PM													
5:45 PM													
6:00 PM													
Total Hours	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00



Items to Remember

- Input an activity for each 15 minute interval during the work day.
- Select the activity worked on for the majority of the 15 minute interval.



Personnel Activity Report (PAR) Activity Descriptions MATP and non-MATP		
1. MATP Only Activities:	2. MA Covered, Non-MATP Activities:	
A1. Recipient Related (MATP Only)	A2. Recipient Related (MA Covered, Non-MATP)	A3
<ul style="list-style-type: none"> Application Processing and Assistance Case Management Intake Eligibility Determination Program Outreach Referral to Services Scheduling/Servicing Clients 	<ul style="list-style-type: none"> Application Processing and Assistance Case Management Intake Eligibility Determination Program Outreach Referral to Services Scheduling/Servicing Clients 	
B1. Service Related (MATP Only)	B2. Service Related (MA Covered, Non-MATP)	B3
<ul style="list-style-type: none"> Contract Monitoring Contract Processing Trip Scheduling Service Recruitment Transportation Services Trip Reimbursement 	<ul style="list-style-type: none"> Contract Monitoring Contract Processing Maintenance Service Scheduling Service Recruitment Service Reimbursement 	
C1. Program Related (MATP Only)	C2. Program Related (MA Covered, Non-MATP)	C3
<ul style="list-style-type: none"> MATP Accounting MATP Budgeting and Tracking MATP Cost Reporting MATP Financial Reporting MATP Grant Process MATP Invoice Processing MATP IT Support MATP Time Study Program Appeal Proceeding Program Coordination Program Preparation Program Related Training & Meetings Program-related Meeting Service Administration Staffing Tracking/Monitoring of MATP Participants Travel - MATP Related 	<ul style="list-style-type: none"> Accounting Budgeting and Tracking Cost Reporting Financial Reporting Invoice Processing IT Support Program Appeal Proceeding Program Coordination Program Preparation Program Related Training & Meetings Program-related Meeting Service Administration Staffing Time Studies Tracking/Monitoring of Program Participants Travel - Program Related 	
D1. Time Off (MATP Only)	D2. Time Off (MA Covered, Non-MATP)	D3
<ul style="list-style-type: none"> Bereavement Break Comp Time Holiday Jury Duty Luncheon Personal Day Sick Vacation 	<ul style="list-style-type: none"> Bereavement Break Comp Time Holiday Jury Duty Luncheon Personal Day Sick Vacation 	

3. Non-MA Covered Activities:
Recipient Related (Non-MA Covered)
• Application Processing and Assistance
• Case Management
• Intake
• Eligibility Determination
• Program Outreach
• Referral to Services
• Scheduling/Servicing Clients
Service Related (Non-MA Covered)
• Contract Monitoring
• Contract Processing
• Maintenance
• Service Scheduling
• Service Recruitment
• Service Reimbursement
Program Related (Non-MA Covered)
• Accounting
• Budgeting and Tracking
• Cost Reporting
• Financial Reporting
• Invoice Processing
• IT Support
• Program Appeal Proceeding
• Program Coordination
• Program Preparation
• Program Related Training & Meetings
• Program-Related Meeting
• Service Administration
• Staffing
• Time Studies
• Tracking/Monitoring of Program Participants
• Travel - Program Related
Time Off (Non-MA Covered)
• Bereavement
• Break
• Comp Time
• Holiday
• Jury Duty
• Lunch
• Personal Day
• Sick
• Vacation

Section 1: Employee Information	
Name:	
Position:	
Agency Name:	

STEP 1: If the fields are not populated, please fill in Name, Position, and Agency Name in Section 1.

Step 2: Supervisor and Employee sign off on completed monthly timesheets in section 3 below the section 2 summary.

Section 2: Activity Code Description by Program Type and Time Interval														
Program Selection	Program Type							3. Non-MA Covered					Total Hours	
	1. MATP Only	2. MA Covered, Non-MATP						CDBG						
Day	MATP													
Day 1	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Day 2	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Day 3	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Day 4	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Day 5	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Day 6	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Day 7	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Day 8	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Day 9	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Day 10	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Day 11	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Day 12	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Day 13	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Day 14	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Day 15	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Day 16	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Day 17	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Day 18	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Day 19	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Day 20	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Day 21	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Day 22	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Day 23	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Day 24	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Day 25	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Day 26	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Day 27	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Day 28	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Hours	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Section 3: Comments - If any day above does not have 8 hours coded, please explain:

NOTE: Employee and Supervisor sign and date once the timesheet has been completed for the 28-day period.

Section 4	
End of Month Signatures	
Employee	
Signature:	
Date:	
Supervisor	
Signature:	
Date:	
Position:	

APPENDIX C – ALLEGHENY COUNTY RMTS

OVERVIEW

The Pennsylvania Department of Human Services (DHS) enters into agreements with counties to administer the Medical Assistance Transportation Program (MATP). Sixty-five counties currently either operate the program or have subcontracted some or all of the program operation responsibilities. Different cost allocation methods are used to substantiate the quarterly claim based on county program operation decisions.

MATP DIRECT AND INDIRECT COSTS

MATP is one of the programs counties administer. There are a variety of structures in place to identify allowable administrative costs as they fit the organization of the county. Monitoring of the financial reporting is conducted by DHS financial and program staff. County financial and program staff monitor reporting where the program is subcontracted. An annual audit of each county is a state requirement to examine conformance to the cost allocation methods specified in the county cost allocation plan and appropriate application of approved indirect cost rates.

Methods used for allocating costs follow the guidelines in A-87 (relocated to 2 CFR Part 225) and the implementation guide ASMB C-10.

METHODS TO IDENTIFY STAFF COSTS

MATP staff may be direct charged with six-month certifications by county officials to attest that staff worked only on MATP during the time period.

MATP staff who work on more than one program during reporting periods participate in a regularly scheduled 100% time and effort reporting study covering all work hours during a designated time period as specified by DHS (e.g., two non-consecutive weeks during the year).

Random Moment Sampling (RMS), also known as Random Moment Time Studies (RMTS), is used in Allegheny County to identify the Office of Community Services (OCS) work effort to support MATP and other programs administered under the auspices of OCS. Below is a description of the OCS RMS Methodology.

OCS RANDOM MOMENT TIME STUDY METHODOLOGY

Random Moment Time Study System

PURPOSE

The OCS RMTS is conducted on a continuing basis to provide data to the Pennsylvania Department of Human Services (DHS) for the allocation of direct and shared administrative costs to various state and federally supported programs. The objective is to identify employee efforts directly related to the programs administered by Allegheny County from the OCS RMTS such as the Medical Assistance Transportation Program (MATP). All staff, excluding executive management, are included in an RMTS for their area with a sample generated of 2,500 observations per quarter.

OVERVIEW

RMTS is based on the laws of probability, which, in essence, states that there is a high probability that a relatively small number of random observations will yield an accurate depiction of the overall characteristics of the population for which the sample is taken. An observation at a random moment is a sample of what is happening at a particular instant of time. The basic requirement in selecting a random sample is that every item in the universe be given an equal or known chance of being included in the sample. To ensure that this requirement is met, the sample must be truly random and must exclude human judgments and other influences or biases.

RMTS is a technique for estimating the actual distribution of the OCS workers' effort to various programs by selecting a relatively small portion of the time worked. The automated software system provides the mechanism to produce a random selection of observations for each worker population during the reporting period. The sampling frame is constructed to provide each worker in the pool an equal opportunity, or chance, to be included in each sample observation. The sampling occurs with replacement, so as a worker and moment is selected, each is returned to the potential sampling universe. Each worker has the same chance as any other worker to be selected for each observation. Sampling with replacement ensures true independence of sample moments. County holidays are excluded each quarter from the available work days.

Each worker receives the sample moment by e-mail and responds electronically to the sample with his or her specific activity or task at that particular moment in time of his or her sample moment. Based on the employee's job, the list of program and activity choices is predetermined to reduce possible invalid sample responses. The RMTS administrator reviews all responses, and at the end of the quarter each worker's supervisors review his or her responses. There is no advance notice to the employees of their sample moment. The RMTS is unique among time study techniques in that the participation of those being measured is minimal and relatively few responses offer adequate sample reliability.

SAMPLE UNIVERSE

The OCS RMTS sample universe is defined as an employee who has front line contact with clients or potential clients. Office of Administration and Information Management Services, Bureau of Financial Management, Budgets and Reports staff who are assigned to OCS are also included in the sample pool. Clerical staff are not included in the RMTS sample. The staff in the identified positions may be direct charged to a grant (certified to the grant each six-month period) but they are included by the RMTS Administrator in the sample. Responses are reviewed each quarter to assure staff are working on only the specific program (e.g., MATP).

The Position Classifications for the OCS sample universe are the following:

Office of Community Services

Deputy Director Office of Community Services

Administrator

 Bureau of Family and Community Services

 Bureau of Outreach and Prevention Services/Family Support and Youth
 Programs

 Bureau of Housing Services

Manager

Program Coordinator

Program Director

Program Administrator

Service Administrator

Assistant Director

Supervisor

Service Monitor

Service Coordinator

Community Program Liaison

Training Program Coordinator

Behavioral Health Specialist

Family Support Specialist

Family Youth Specialist

Counselor

Resource Specialist

Program Specialist

Service Specialist

Case Management and Quality Assurance Coordinator

Operations Officer

Financial Monitor

Project Integration Liaison

MATP Service Administrator

MATP Operations Officer

Transportation Worker
Transportation Worker 2
MATP MIS Coordinator
MATP Clerk 2
MATP Eligibility Worker 2
MATP Clerk Typist 2

Office of Administration and Information Management

OCS Budget Analyst
OCS Fiscal Analyst
OCS Fiscal Monitor
OCS Supervisor Revenue

All such positions employed as of the date the sample rosters are updated for the next quarter are eligible for inclusion in the OCS RMTS sampling universe.

SAMPLING TECHNIQUES

A random sample for 56 OCS workers is the base for the January – March 2013 sample. The sample is generated using the facilities of Applied Computer Services. Sampling began in 1999 using distribution of paper forms. The automated sampling method was implemented in October 2005.

The RMTS software generates 2,500 “moments” for the quarter for the Sample Universe at random from the eligible workers and the number of eligible moments during the quarter. Included in the eligible moments is the time worked by all employees on the OCS roster. For sampling purposes, the population is approximately 56 OCS workers subject to sampling for all work days per quarter and each employee’s specific work schedule is used to draw the sample.

SAMPLE SIZE REQUIRED

The sample size required to produce mandatory levels of precision and confidence is determined initially through application of the following equation:

$$n = \frac{p(1-p)}{\left(\frac{SE}{z}\right)^2}$$

Where:

n = sample size (to be increased by the standard 10% sampling overload factor to accommodate unforeseen situations such as worker transfers and terminations)

p	=	maximum anticipated rate of occurrence of the activities being observed (anticipated distribution of effort no more than 30%)
SE	=	desired sample precision (sampling error of .02)
z	=	1.96 for a 95 percent confidence level

Solving the equations yields:

$$n = \frac{.30(1 - .30)}{\left(\frac{.02}{1.96}\right)^2} = 2017$$

Increasing the sample size for the standard over sample factor (10%) increases the sample size from 2,017 + 202 (10% increase) to a total of 2,219 for the sample.

The above equation assumes a population from which the sample is drawn to be larger than one hundred workers and results in a suggested sample size of 2,219. The OCS sample size is 2,500 observations per quarter for each sample which represents a larger over sample to compensate for populations fewer than 100 employees, missing or invalid moment selections.

Given the number of employees in the RMTS sample universe and 2,500 observations, each employee could expect to receive approximately 45 sample observations each quarter.

SAMPLE SELECTION AND DISSEMINATION

The OCS sample will be drawn from a listing of all active employees subject to the RMTS during the month preceding the sample quarter (e.g., the RMTS for the quarter beginning July 1 will be drawn from a June listing of active employees). The RMTS software will generate the random moments for the quarter from the population of the total number of eligible employees and total working minutes in each quarter. The moments generated are identified with a number (the observation number) and include the following information:

Day:	Office hours are M:F from 7:00 am – 5:00 pm Official County holidays are excluded (see list at end of the RMTS methodology section)*
Time:	Any minute during the working day for the individual based on their specific schedule. Lunch is carved out of sampling period
ID#:	Personal Identification Number (PIN)
Name:	Employee name

Location:	Location of Employee
Contact Info:	E-mail Address and Phone Number
Supervisor:	Name of Supervisor
Contact Info:	E-mail Address and Phone Number
Alt Supervisor:	Program Manager serving as Alternate for Supervisor
Contact Info:	E-mail Address and Phone Number

A master list of the above information is generated, as well as sample listings for the supervisor/RMTS Coordinator to monitor observations and to provide 100% review of all responses. The selected employee completes the web-based observation form based on the instructions contained in this document. The RMTS Coordinator validates the response based on direct observation of the sampled worker's activities, questions asked of the worker or by assessing the interaction of the worker with a client or other person.

An observation must be completed within two days. Reminder emails are sent to sampled employees and supervisors. Supervisor/employee must notify the RMTS coordinator when planning leave time to ensure the employee is removed from the sample that day. In the instance when unexpected leave is taken (i.e. sick or personal leave) the employee's supervisor must ensure the employee completes their missed response within 24 hours of return to work. The supervisor should instruct the employee to choose a 'time off work' activity, so as to be sure that a program activity is not chosen in place of 'time off work'. Emails can be responded to using office computer, laptop or cell phone.

The OCS RMTS results are compared to the results of previous quarters. Significant differences found between the time periods are reviewed to determine potential reasons and any requisite changes in sampling procedures.

STATISTICAL RELIABILITY

As stated in Appendix C of the United States Department of Health and Human Services – Office of Procurement, Assistance and Logistics (OPAL) guidelines, entitled "A Guide for State and Local Government Public Assistance Agencies/Departments: Procurement for the Preparation and Submission of Cost Allocation Plans," dated November, 1981: "The precision (sometimes referred to as 'allowable error') is + 2% at the 95% confidence level for each activity whose frequency occurs 5 or more percent of the time." For each activity whose frequency occurs less than 5 percent of the time, the precision can be up to + 5% at a 95% confidence level.

OBSERVATION FORM AND INSTRUCTIONS

An important element in the successful operation of the OCS and the successful is the development of a standardized observation form with clear definitions for the participants, supervisors, program managers and administrators. The OCS RMTS form and instructions have been developed in a manner so as to ensure consistent and uniform use by the participants.

The OCS Observation Form and instructions identify all of the programs and activities that the entire group of sampled workers may be engaged in during the work day. The RMTS Coordinator, sampled worker and their supervisor are trained in the completion of the Observation Form and the importance of providing accurate and timely responses prior to participation in the sampling.

VALID OBSERVATION

The definition of a valid observation is a response from the staff listed to be contacted for the observation or from their replacement. A valid observation could include the worker being at lunch, on break, vacation, sick or compensatory time or not being available at the time of the sample moment.

NON-STRIKE

A Non-strike is when a worker leaves their position during the sample period and there is no trained individual in the position (vacant position).

ORIENTATION AND TRAINING

OCS employee training and orientation of all impacted county staff is conducted prior to RMTS implementation. The OPAL guidelines stress the importance of communicating the purpose of RMTS procedures to direct workers. OCS conducts training with the appropriate staff on a regular basis with an annual refresher for all impacted staff when a significant change occurs in the sampling process.

New workers and supervisors eligible to participate in the OCS RMTS receive training by their supervisor. A new participant is scheduled for RMTS training with their supervisor prior to their first quarter of participation in the sample process. Quarterly review of samples is conducted with staff. Participation in RMTS is a requirement of the position.

Training includes documents that cover the:

- Purpose of RMTS system
- Procedure for responding using the web-based observation form
- Review of Observation Form and instructions
- Timeline for completion of observation

- Procedure for problem resolution
- Validation process

The RMTS training information is available for the OCS staff from their supervisor and the RMTS Administrator. Screenshots that show the RMTS process for completing the internet observation form are found in *Attachment 1 – Allegheny County Department of Human Services Random Moment Sampling*.

SAMPLE RETRIEVAL AND PROCESSING

The completed Web-based Observation Form responses and all comments by sampled worker, supervisor, program manager or RMTS Administrator are stored in the RMTS database. If any discrepancies exist upon review at the end of the quarter, the employee's supervisor discusses the observation response with the employee. If needed, the employee will make manual corrections to the observation, which may include adding descriptive elements to the comments portion of the observation (e.g., adding the case name or number). If manual corrections are needed, the employee makes the corrections of the observation in the response report provided to the supervisor and initials and dates the change. The supervisor will then submit the manual change to the RMTS Coordinator to input the correction into the sample database. If an oversight occurs and a validation is not properly completed, that interview is omitted from the study with the reason for omission documented. The sampled moment is then recorded with other administrative moments and not charged to a program activity.

SAMPLE RESULTS FOR COST ALLOCATION

At the end of each fiscal quarter, the percentages of total responses are computed for each individual. The program hits are identified, and a percentage is calculated and applied to the cost pool including all sampled employee's total costs (salaries/wage and related fringe benefits) to distribute their costs to the specified programs. In addition, these ratios will be used to distribute related cost centers (clerical support, supervision, related administrative costs, etc.) to the specific programs. RMTS results from a quarter allocate costs reported for the same quarter (e.g., January – March 2013)

All completed observations are retained at the OCS primary office for seven (7) years subsequent to the sample quarter. Likewise, each quarter's data files, including sample data and allocation matrices, are retained for the same retention period. Information on case-related or client-related activity is coded on the observation to facilitate audits back to the case file by federal or district auditors.

RMTS ADMINISTRATION AND QUALITY CONTROL

Allegheny Administrative Staff are committed to the success of the OCS RMTS approach.

The RMTS Administrator has responsibility to:

- Ensure the generation of the sample data with a listing of the dates and times of the employees to be sampled is sent to the appropriate RMTS Coordinator, Program Manager and Administrator.
- Monitor OCS RMTS activities and assist in problem resolution; and provide technical assistance, reference and resource material, and training when required.
- Review statistical reports to ensure a sufficient number of valid observations is obtained and the desired statistical precision is achieved.
- Compare current quarter RMTS results for programs for prior months. Significant differences more than 2% are identified and investigated to assure that the RMTS sampling is operating properly and any problems are disclosed in a timely manner and promptly resolved.
- Conduct periodic internal reviews of the RMTS process to determine staff participating in the OCS RMTS understand the instructions, the program and activity code definitions.
- Ensure that the sample universe is updated monthly to include new hires and exclude workers in training, terminations and transfers.
- Work with OCS supervisors to ensure new workers are trained on RMTS process before receiving samples.
- Annually offer periodic refresher training for OCS sampled staff, supervisors, program managers and administrators.
- Work with the Fiscal office to ensure the necessary information is received for the preparation of reports.
- Analyze, edit and summarize the sample results and prepare information for dissemination, for management purposes, as deemed necessary.
- Review and update the RMTS documentation, as necessary.

Official County Holidays for 2013 are: -

- New Year's Day
- Dr. Martin Luther King Day
- President's Day
- Primary Election Day
- Memorial Day
- Independence Day
- Labor Day
- Columbus Day
- Veterans Day
- Thanksgiving Day
- Christmas Day

OCS SAMPLING FORM AND INSTRUCTIONS

Instructions for completing the Allegheny County Department of Human Services random moment sampling are found in *Attachment 1*. Page 4 provides information for selecting the Program and page 5 provides information for selecting the activity. Page 6 shows the ability to provide additional information to clarify a response. Pages 7 and 8 show how to make any modifications to a sample response and how to successfully save the response.

OCS PROGRAM CHOICES

The following are the current programs listed in the RMS system as program choices for the OCS Sampling Form:

EARN (formerly SPOC)
CYF Prevention Programs
Affordable Housing
AmeriCorps (KEYS)
Child and Adult Care Food Program
Community Service Block Grant
HUD XVIII
Head Start Program
Homeless Assistance
HSDF
Medical Assistance Transportation (MATP)
Summer Food Service Program
Work Ready Supported Work/Outreach (DHS)
TEFAP
Family Housing Stabilization Program

Family Dev. Credential Training
Jail Collaborative Activity
CSBG Discretionary Grant
Common to All

OCS ACTIVITY CHOICES

The following are the current activity choices listed in the RMS system for the OCS Sampling Form:

Personnel/Hiring Process
Contract Process
Contract Monitoring
Grant Process
Tracking of Grant Expenditures
Other Fiscal Operations
Service Administration
Program-related Mtgs., Letters, supervision, etc.
Tracking/Monitoring of Program Participants
Job Development/Placement
Intake
Eligibility Determination
Vocational Counseling
Referral to Services
Case Management
Servicing Clients
Program Outreach
Program Coordination/Core Program
Program Preparation
Staff Training/Workforce Development
Service Computer Network Development
Support Service Counseling
Travel - Program Related
Program Related Training and Meetings
Assessment
Member Training (AmeriCorps)
Transportation Services
Program Operations
Monthly Program Reports
Program Monitoring
Emergency Shelter Coordination
Rental Assistance Coordination
Program Assistance
Budgeting
Fiscal Monitoring

FHSP-related Meetings, Letters, Supervision, etc.
Providers Trainings
Technical Assistance
Team Meeting
Project Management
Outreach/Marketing
Development and scheduling of classes
Direct Service/Program Instruction
Direct Service/Portfolio Advisement
Direct Service/Training/Orientation
Program Oversight/Tracking/Monitoring Participants
Program Oversight/Class observation
Program Oversight/Supervision
Program Oversight/Reports
Life Skills

COMMON TO ALL PROGRAMS:

General Information Staff Meeting
Management Meeting
Planning Session
Other DHS-wide Activity
Bereavement
Break
Comp Time
Jury Duty
Lunch
Personal Day
Sick
Vacation
Other
Sample is outside my normally scheduled work hours

All program and activity combinations are identified as funded through the program source with the exception of Common to All Programs which are redistributed to all programs. The result of the redistribution is an allocation to all programs based on the ratio of the valid program and activity responses to all valid responses.

OCS PROGRAM AND ACTIVITY COMBINATIONS

Attachment 2 – OCS Prompts Q2 2013 is a spreadsheet showing the valid program and activity combinations for each of the OCS Programs. Each cell with a red triangle brings up a description of the program or the activity.

OCS SAMPLE RESULTS

The Quarter 1 2013 OCS Sample Results had 397 common to all hits for a total of 2,103 valid observations. 18 of the 56 sampled employees reported working on the MATP Program at the time of their random moment sample. A total of 506 hits were recorded to MATP which represents 24.061% of the total program hits. In the MATP Unit all workers with the exception of one reported all program specific effort as supporting MATP. *Attachment 3 – OCS RMS Results Q1 2013* is included as support for the analysis of the sample results.

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APPENDIX D – PHILADELPHIA BROKER MODEL

SERVICE	LIMITATIONS
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24. Any other medical care and any other type of remedial care recognized under State law, specified by the Secretary.

- a. Transportation
 - No limitations
 - With limitations*

Transportation for recipients is available in three modes: Ambulance (both emergency and non-emergency), Non-Emergency Non-Ambulance (non-brokered) and (brokered)

- i. Transportation – Emergency and Non-Emergency Ambulance

Limitations on payment – The following limits apply to payment for compensable ambulance transportation:

1. Coverage of ambulance transportation is limited to eligible recipients only when the patient's condition precludes any other method of transportation.
2. Ambulance transportation must be made to or from an appropriate medical facility.
3. If more than one person is transported during the same trip, either to the same destination or a different destination, payment is made for transportation of the patient whose destination is the greatest distance. No additional payment is allowed for the additional person(s).

- ii. Transportation – Non-Emergency Non-Ambulance (Non-brokered)

Limitations on payment – The following limits apply to payment for compensable non-emergency non-ambulance transportation.

1. Transportation must be made to or from services which are covered under the Medical Assistance Program.
2. For dual eligibles, in addition to services covered by Medical Assistance, transportation to or from Medicare Part D pharmacy providers.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE: COMMONWEALTH OF PENNSYLVANIA
DESCRIPTIONS OF LIMITATIONS

ATTACHMENT 3.1-A
Page 9aa

iii. Brokered Transportation

- Provided under section 1902(a)(70) for Philadelphia County only

The State assures it has established a non-emergency medical transportation program in order to more cost-effectively provide transportation and can document, upon request from CMS, that the transportation broker was procured in compliance with the requirements of 45 CFR 92.36(b)-(f).

- (1) The State will operate the broker program without the requirements of the following paragraphs of section 1902(a):

- (1) statewideness (Indicate areas of State that are covered)
 (10)(B) comparability (Indicate participating beneficiary groups)
 (23) freedom of choice (Indicate mandatory population groups)

- (2) Transportation services provided will include:

- wheelchair van
 taxi
 stretcher car
 bus passes
 tickets
 secured transportation

such other transportation as the Secretary determines appropriate (please describe)

- (3) The State assures that transportation services will be provided under a contract with a broker who:

- (i) is selected through a competitive bidding process based on the State's evaluation of the broker's experience, performance, references, resources, qualifications, and costs;
(ii) has oversight procedures to monitor beneficiary access and complaints and ensures that transport personnel are licensed, qualified, competent, and courteous;
(iii) is subject to regular auditing and oversight by the State in order to ensure the quality of the transportation services provided and the adequacy of beneficiary access to medical care and services;
(iv) complies with such requirements related to prohibitions on referrals and conflict of interest as the Secretary shall establish (based on prohibitions on physician referrals under section 1877 and such other prohibitions and requirements as the Secretary determines to be appropriate).

iii. Brokered Transportation

- Provided under section 1902(a)(70) for Philadelphia County only

The State assures it has established a non-emergency medical transportation program in order to more cost-effectively provide transportation, and can document, upon request from CMS, that the transportation broker was procured in compliance with the requirements of 45 CFR 92.36 (b)-(f).

- (1) The State will operate the broker program without the requirements of the following paragraphs of section 1902(a);

- (1) statewide (Indicate areas of State that are covered)
- (10)(B) comparability (Indicate participating beneficiary groups)
- (23) freedom of choice (Indicate mandatory population groups)

- (2) Transportation services provided will include:

- wheelchair van
- taxi
- stretcher car
- bus passes
- tickets
- secured transportation

- such other transportation as the Secretary determines appropriate (please describe)

- (3) The State assures that transportation services will be provided under a contract with a broker who:

- (i) is selected through a competitive bidding process based on the State's evaluation of the broker's experience, performance, references, resources, qualifications, and costs;
- (ii) has oversight procedures to monitor beneficiary access and complaints and ensures that transport personnel are licensed, qualified, competent, and courteous;
- (iii) is subject to regular auditing and oversight by the State in order to ensure the quality of the transportation services provided and the adequacy of beneficiary access to medical care and services;
- (iv) complies with such requirements related to prohibitions on referrals and conflict of interest as the Secretary shall establish (based on prohibitions on physician referrals under section 1877 and such other prohibitions and requirements as the Secretary determines to be appropriate).

- (4) The broker contract will provide transportation to the following medically needy populations under section 1905(a)(1)-(xiii):
- Under age 21, or under age 21, 19, or 18 as the State may choose
 - Relatives specified in section 406(b)(1) with whom a child is living if a child is a dependent child under part A of Title IV
 - Ages (65 years of age or older)
 - Blind with respect to States eligible to participate, under Title XVI
 - Permanently or totally disabled individuals 18 or older, under Title XVI
 - Blind or disabled as defined in section 1614 with respect to States not eligible to participate in the State plan program under Title XVI
 - Pregnant women
- (5) The State will pay the contracted broker by the following method:
- (i) risk capitation
 - (ii) non-risk capitation
 - (iii) other (e.g., brokerage fee and direct payment to providers)

APPENDIX E/APPENDIX F/APPENDIX G – APPROVED QUARTERLY COST REPORT

FY13-14 GRANTEE COST REPORT

GRANTEE:
MODEL
PROGRAM:

VENDOR TYPE
MEDICAL ASSISTANCE TRANSPORTATION

ITEM	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Total FY
GRANTEE COST REPORT					
Direct Administrative Costs					
Salaries & Benefits					
Staff Wages	1,560	0	0	0	1,560
Benefits	515	0	0	0	515
Misc. (details must be attached)	#REF!	#REF!	#REF!	#REF!	#REF!
Subtotal - Salaries & Benefits	#REF!	#REF!	#REF!	#REF!	#REF!
Rent/Lease of Space					
Rent	0	5,000	5,000	5,000	15,000
Utilities	0	0	0	0	0
Insurance	0	0	0	0	0
Telephone	0	0	0	0	0
Misc. (details must be attached)	0	0	0	0	0
Subtotal - Rent/Lease of Space	0	5,000	5,000	5,000	15,000
Materials & Supplies					
Office Supplies	0	0	0	0	0
Printing & Copying	0	0	0	0	0
Postage	0	0	0	0	0
Misc. (details must be attached)	0	0	0	0	0
Subtotal - Materials & Supplies	0	0	0	0	0
Office Furniture & Equipment	0	0	0	0	0
Data Processing					
Computer Equipment	0	0	0	0	0
Subcontract Services	0	0	0	0	0
Software	0	0	0	0	0
Misc. (details must be attached)	0	0	0	0	0
Subtotal - Data Processing	0	0	0	0	0
Travel	0	0	0	0	0
Fees - Other Related Costs					
Professional Fees	0	0	0	0	0
Bank Charges	0	0	0	0	0
Insurance	0	0	0	0	0
Misc. (details must be attached)	0	0	0	0	0
Subtotal - Fees - Other	0	0	0	0	0
Total Direct Administrative Costs	#REF!	#REF!	#REF!	#REF!	#REF!

Note: The report shown here is Vendor Model. All the reports have the same detail, but different instructions on the instructions tab. The appropriate excel file will be sent to each Grantee (separately) based on the model the DHS has approved for them: Vendor, Hybrid, or Service Provider.

FY13-14 GRANTEE COST REPORT

GRANTEE:
MODEL
PROGRAM:

VENDOR TYPE
MEDICAL ASSISTANCE TRANSPORTATION

ITEM	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Total FY
Transportation Cost					
Direct Transportation Rate (Negotiated Rate)	25.94	25.94	25.94	25.94	25.94
Direct Transportation Costs (Trips multiplied by approved transportation rate)	1,508,644	0	0	0	1,508,644
Total Direct Costs	#REF!	#REF!	#REF!	#REF!	#REF!
Indirect Costs (10% unless another indirect cost rate is approved)	#REF!	#REF!	#REF!	#REF!	#REF!
Indirect Cost Rate	10.0%	10.0%	10.0%	10.0%	10.0%
Total Costs	#REF!	#REF!	#REF!	#REF!	#REF!
Total Costs by Group					
Group 1	1,477,011	0	0	0	1,477,011
Group 2	31,633	0	0	0	31,633
Total Costs	1,508,644	0	0	0	1,508,644
Interest Earned	245	0	0	0	245
Total Funding	#REF!	#REF!	#REF!	#REF!	#REF!

FY13-14 GRANTEE OTHER DIRECT COSTS REPORT

GRANTEE:

PROGRAM:

MEDICAL ASSISTANCE TRANSPORTATION

FIRST QUARTER

ITEM	Total Grantee Costs	MATP Grantee Costs
Direct Administrative Cost		
Rent/Lease of Space		
Rent	0	5,000
Utilities	0	0
Insurance	0	0
Telephone	0	0
Misc. (details must be attached)	0	0
Subtotal - Rent/Lease of Space	0	5,000
Materials & Supplies		
Office Supplies	0	0
Printing & Copying	0	0
Postage	0	0
Misc. (details must be attached)	0	0
Subtotal - Materials & Supplies	0	0
Office Furniture & Equipment	0	0
Data Processing		
Computer Equipment	0	0
Subcontract Services	0	0
Software	0	0
Misc. (details must be attached)	0	0
Subtotal - Data Processing	0	0
Travel	0	0
Fees - Other Related Costs		
Professional Fees	0	0
Bank Charges	0	0
Insurance	0	0
Misc. (details must be attached)	0	0
Subtotal - Fees - Other	0	0
Total Other Direct Administrative Costs	0	5,000

FY13-14 GRANTEE OTHER DIRECT COSTS REPORT

GRANTEE:
PROGRAM: MEDICAL ASSISTANCE TRANSPORTATION

	FIRST QUARTER	
ITEM		MATP
Transportation Cost		
Transportation Costs (Trips multiplied by approved transportation rate)	0	1,508,644
Total Other Direct Grantee Costs	0	1,513,644

TRIP AND CONSUMER DATA REPORT

GRANTEE:
PROGRAM: MEDICAL ASSISTANCE TRANSPORTATION

ITEM	Actual 2013-2014 Data				
	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Total FY
TRIP DATA					
(1) Paratransit Trips	37,455	0	0	0	37,455
(2) Reimbursement Trips	20,704	0	0	0	20,704
(3) Mass Transit Trips	0	0	0	0	0
(4) Volunteer Trips	0	0	0	0	0
TOTAL TRIPS	58,159	0	0	0	58,159
CONSUMER DATA	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Total FY
		YTD	YTD	YTD	YTD
Unduplicated Consumers (Group 1)	1,548	0	0	0	1,548
Unduplicated Consumers (Group 2)	98	0	0	0	98
TOTAL Consumers	1,646	0	0	0	1,646

First Quarter:

Second Quarter:

Third Quarter:

Fourth Quarter:

MEDICAL ASSISTANCE TRANSPORTATION PROGRAM
SIGNATURE PAGE




COUNTY NAME
PERIOD OF REPORT
7/1/13 - 9/30/13

QUARTER			
1	2	3	4
X			

REPORT PREPARED BY	TELEPHONE NUMBER	DATE
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CERTIFICATION STATEMENT

We certify that we are authorized officials of the above-named County, and that this Statement of Receipts and Expenditures for the period shown is true and correct to the best of our knowledge and belief, that the fund balance shown on this form has been reconciled with the related balances of the books of this County; that the expenditures have been made in accordance with the instructions, requirements and the eligibility regulations which govern the administration of the Medical Assistance Transportation Program and that the County understands that any and all payments made hereunder are made in reliance by the Commonwealth upon the Statement made herein.


SIGNED		_____	_____	_____
		AUTHORIZED OFFICIAL	TYPE OR PRINT POSITION/TITLE	DATE
TYPE OR PRINT NAME		_____		
SIGNED		_____	_____	_____
		AUTHORIZED OFFICIAL	TYPE OR PRINT POSITION/TITLE	DATE
TYPE OR PRINT NAME		_____		
SIGNED		_____	_____	_____
		AUTHORIZED OFFICIAL	TYPE OR PRINT POSITION/TITLE	DATE
TYPE OR PRINT NAME		_____		

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EXHIBITS

**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
OFFICE OF MEDICAL ASSISTANCE PROGRAMS**

**MEDICAL ASSISTANCE
TRANSPORTATION
PROGRAM**



EXHIBITS

Prepared by the Division of Medical Assistance Transportation Programs
Bureau of Managed Care Operations

EXHIBITS

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EXHIBITS

EXHIBIT 1: BASIC INFORMATIONAL BROCHURE

(Basic informational brochure to be available at CAOs, social service agencies, etc.)



MEDICAL ASSISTANCE TRANSPORTATION PROGRAM - MATP

WHO CAN USE THE MEDICAL ASSISTANCE TRANSPORTATION PROGRAM?

In _____ County call _____ (toll free #)

If you or anyone in your family receives Medical Assistance, and you have an unmet transportation need you may be able to get help getting to and from your medical appointment. The Medical Assistance Transportation Program (MATP) provides rides to medical care at no cost to you.

WHERE CAN YOU GO WITH MATP?

You can use MATP transportation to get to any health care service that is paid for by Medical Assistance. That includes appointments with your doctor, dentist, psychologist or psychiatrist, drug and alcohol treatment clinics, or any other MA provider. You can also use MATP to go to the pharmacy for prescriptions, to the hospital for tests, or to get to medical equipment suppliers.

Important: Depending on your situation and what providers you see, certain limits may apply to how far you can go to visit.

HOW IS TRANSPORTATION PROVIDED?

The MATP provides rides in the least costly and most appropriate way to meet your needs. You will usually be riding with other passengers. Depending on where you need to go, MATP can arrange a ride for you using vans, taxis or accessible vehicles for persons with disabilities.

If you can ride a bus, and you do not live far from a bus route, you may be reimbursed for the cost of riding the bus or receive bus tickets or passes.

If you own your own car or have access to one, the MATP may be able to provide mileage reimbursement at a specified rate, and reimburse you for any parking and toll costs involved in your trip.

DOES THE MATP PROVIDE DOOR-TO-DOOR SERVICE?

EXHIBITS

When you get a ride through the MATP, you are expected to get to the curb to be picked up. If you have any disabilities or limitations that keep you from getting to the curb, the MATP is required to provide door-to-door service, when the need is medically verified.

CAN SOMEONE ACCOMPANY ME TO MY APPOINTMENT?

An MATP eligible child, who is under 18, can be accompanied by a parent or guardian at no cost to you.

Also, an escort may accompany anyone on an MATP trip when independent travel is not possible due to age, disability, language, or when the escort is verified necessary for the recipient to secure medical examinations and treatment.

HOW DO I APPLY FOR MATP SERVICES?

If you have an unmet transportation need, contact the county MATP office whose information is listed on the back of this brochure to apply. You will be asked for your ACCESS card number and other necessary information about your need for transportation. Make sure you tell the MATP office about any special needs you may have such as:

- Use of a wheelchair or walker
- Any problem that keeps you from riding in a bus or van with other people
- The need to have someone go with you to your appointments

IMPORTANT

You can obtain transportation services while you are completing the registration process. However, the county MATP must receive a signed registration form from you within 30 days of your eligibility verification.

Once you are registered, you will be sent more written information about how to use MATP services. Your registration is good as long as you continue to receive Medical Assistance, though you may be required to update your information from time to time if it changes.

EXHIBITS

EXHIBIT 2: RECIPIENT WELCOME BROCHURES (Send when a recipient registers with MATP)

WELCOME

WELCOME TO THE MEDICAL ASSISTANCE TRANSPORTATION PROGRAM! (Title Page)

WHAT IS MATP?

The Medical Assistance Transportation Program (MATP) is a transportation service available to Medical Assistance (MA) consumers throughout Pennsylvania. The Pennsylvania Department of Human Services (DHS) funds the MATP.

The MATP offers transportation to medical care or services from a MA provider. The MATP is required to provide the least costly, most appropriate transportation that will meet your needs.

You can use MATP transportation to get to any health care service that is paid for by Medical Assistance. That includes appointments with your doctor, dentist, psychologist or psychiatrist, drug and alcohol treatment clinics, or any other MA provider. You can also use MATP to go to the pharmacy for prescriptions, to the hospital for tests, or to get to medical equipment suppliers.

You cannot use MATP:

- If you need emergency ambulance transportation
- For non-medical trips such as for grocery shopping or for social activities
- To obtain medical care that is not covered by Medical Assistance

Specific information on your county MATP provider is listed on the back page of this brochure.

WHAT MEDICAL TRANSPORTATION SERVICES DO WE PROVIDE?

Depending on where you are going, what your needs are, and the costs involved, we will provide you with transportation in one of the following ways: (list all modes available in your county)

- Public fixed route service
- Shared van
- Lift-equipped vans
- Taxi

EXHIBITS

Mileage Reimbursement

If you have a car available, or if you know someone who has a car and who can take you to your medical appointment, you may be eligible for mileage reimbursement. If you are eligible, we will reimburse you at a rate per mile as specified by DHS. We will also reimburse you for your actual parking expenses and tolls if you provide receipts showing how much you paid.

If you are eligible for mileage reimbursement and you want to request payment for a trip, you must tell us in advance. We will send you a form to fill out to tell us how far you traveled and whether you had any parking or toll costs. You can turn in your reimbursement request right after a trip or you can wait until the end of the month.

(Don't forget to list any county specific reimbursement requirements.)

SCHEDULING A RIDE TO AN APPOINTMENT

If you need a ride to a medical appointment or service, you should call us as soon as possible. For regular appointments, you shall call us at least ___days in advance to arrange a ride.

When you call to schedule we will ask the date and time of your appointment, where you need to go, and how long the appointment will last (if you know). Please tell us if you have any special needs like, if you need an escort to go with you, or if you need accessible transportation due to a temporary or permanent disability. We will arrange for the least costly way to get you to and from your appointment, which meets your needs. If your appointment is rescheduled or cancelled, or if things change and you no longer need a ride, you must call us immediately and let us know.

HOW FAR CAN YOU GO WITH MATP?

If you have an unmet transportation need, the MATP can provide or arrange transportation to a qualified MA-enrolled provider of your choice within your county MATP's service area. That includes appointments with your doctor, dentist, psychologist or psychiatrist, drug and alcohol treatment clinics, or any other MA provider.

Transportation to medical services that are outside of your county MATP's service area must be allowed if a medical service is not available locally and/ or if your doctor refers you to these services for medical reasons.

Pharmacy

EXHIBITS

Transportation shall only be provided to a choice of two pharmacies closest to your home or two pharmacies closest to your prescribing physician's office (if the prescription was provided at the office visit and is being filled in route from the prescribing physician's office.)

Methadone Treatment

Pennsylvania law requires that transportation only be provided to the closest in-network methadone treatment program from your home, unless you request and we grant an exception. Specific conditions for granting an exception are required by law. These are:

- Medical emergency
- Physical health
- Safety issues
- Availability of a closer clinic

If you have questions regarding the transportation options available to you, please contact our office.

PICK-UP AND DROP-OFF GUIDELINES

If we will be transporting you using shared ride or a taxi, you will be told in advance the approximate time you will be picked up by the MATP office. MATP requires that we pick you up no more than 15 minutes before and no later than 15 minutes after your scheduled pick-up time. That allows a 30-minute pick-up window. This means that you must be ready and waiting at least 15 minutes before your scheduled pick-up time and you must remain ready for transportation for at least 15 minutes after your scheduled pick-up time.

If the driver arrives before the scheduled pick-up time, the driver must wait until the scheduled pick-up time before leaving. Drivers arriving at the scheduled pick-up time or within 15 minutes after are not required to wait for a consumer who is not ready.

Pick-ups within the 30-minute window are considered to be on time.

ONE-HOUR RULE

MATP requires, for most appointments, that we drop you off at your medical provider's office no more than 1 hour before your scheduled appointment and we pick you up no later than 1 hour after your appointment is finished.

For appointments that require longer travel times, pick-up and drop off may exceed this 1 hour

EXHIBITS

limit, but cannot be greater than 2½ hours.

If we do not meet these timelines and you are kept waiting, you should call us at (XXX) XXX-XXXX to report the problem and to see if alternate arrangements can be made.

ESCORT POLICY

An escort is an individual who accompanies you to your appointment as an aide for physical/mental/developmental capacity or limited English proficiency. Examples of an escort include, but are not limited to, parent, guardian, or an individual who assumes parental like responsibility, or the adult child of a geriatric parent. The escort's presence is required to ensure that you or someone you are responsible for receives proper medical service/treatment or to assist in the transportation process.

You may bring someone with you as an escort at no cost to you in the following situations:

- If you are under 18, you can be escorted by a parent or other relative/guardian. (Some counties may require escorts for children.)
- If you cannot travel independently, or you need any assistance due to age, illness, physical or mental disability. Your need must be verified by a physician
- If you do not speak English, you can bring someone with you to interpret

URGENT CARE TRANSPORTATION

At some point you may need transportation on short notice for an urgent care matter. Urgent care includes any situation where your medical provider has told you that you need to come to their office, or to obtain some other medical treatment or service, that same day or within the next 24 hours. We have a process for responding to any urgent care requests and will make every effort to help you get to the medical care you need.

To obtain services for Urgent Care appointments - contact the office immediately to arrange transportation. The office will verify with the medical provider that the appointment is urgent, and then we will arrange transportation. If the appointment is called in after office hours, leave a message with your name, phone number and someone will return your call. Arrangements will be made for your ride or you will be given mileage reimbursement forms to have someone take you.

SANCTION POLICIES

EXHIBITS

No-Show

A no-show is defined as any scheduled trip that is not taken or not cancelled with enough time to notify the provider. You will be considered a no-show in the following situations:

- You (or someone on your behalf) do not call the office at least X hours prior to your scheduled pick-up time to cancel your ride
- You are not present at the designated pick-up site when the driver arrives

If you accumulate 2 no-shows within a 90 day period, you may be subject to the following:

You will receive notice from our office after each no-show.

The notice of the first no-show may be verbal or written with a warning that you may be asked to call into your MATP office the day before all scheduled trips, if you want to receive a trip the next day.

After the second no-show, you will be sent a letter notifying you that you are required to call in the day before all scheduled trips, if you want to receive a trip the next day.

If no confirmation is received, the trip will be automatically cancelled. No call will be made to notify you that the trip has been cancelled.

Inappropriate Behavior

You may be suspended from the MATP for inappropriate behavior including but not limited to:

- Loud, boisterous, obscene, and/or offensive language;
- Disruptive behavior or any behavior that jeopardizes the safety of any occupant of the vehicle;
- Being under the influence of alcohol or controlled substances;
- Violations of moving vehicle safety requirements or leaving the vehicle before the designated drop-off point;
- Implied threats or physical action, either verbal or with weapons, toward other passengers, drivers or administrative staff;
- Property damage or threat of damage to the vehicle and/or equipment related to the MATP

If a sanction is required for inappropriate behavior, the following will occur:

- After the first offense, you will receive a written warning stating that transportation services are in danger of being reduced or terminated.

EXHIBITS

- After the second offense, you will receive a Written Notice reducing or terminating your service.

COMPLAINT PROCESS

A complaint is any issue or dispute or objection you express to us about our agency, or about the coverage, operations or policies of our MATP. If you have a complaint about our services, about how you were treated by our staff or a driver, or about our policies and procedures, please tell us. We will record your complaint, investigate it and respond to you within ___ days.

(Provide more information here on the Complaint process or attach)

APPEAL PROCESS

The Pennsylvania Department of Human Services requires us to give you a Written Notice if we deny your request for MATP transportation.

We are also required to give you a Written Notice in advance if we plan to reduce, change, suspend, or terminate your MATP service.

The Written Notice will tell you the reasons for our action, when the action will go into effect, and your rights to appeal these actions.

If you receive a Written Notice and wish to appeal, you must complete the proper section of the Written Notice and return it to our office within the time limits listed in the Written Notice.

IF YOU NEED HELP WITH AN APPEAL

You can call us or get free legal assistance.

You can call XXX Legal Services at (XXX) XXX-XXX) or the Pennsylvania Health Law Project at (800) 274-3258.

HOW TO CONTACT US

Our office is located at _____ and our phones number(s) are:

Our regular office hours are Monday through Friday from ___ to ___. If you call us after hours or on a weekend or holiday, you will be able to leave a message on our answering machine and we will return your call on the next business day. Our answering machine will also tell you what to do if you need urgent care transportation (see p. __) or where to call for emergency transportation.

EXHIBITS

EXHIBIT 3: SUGGESTED OUTREACH VENUES

Examples of venues the Department suggests Grantees consider for outreach efforts are:

- Get the local bus system to put signs on their buses that advertise the availability of the MATP program; and have them put large signs in their terminal.
- Have local cable stations run Public Service Announcements for free.
- Local newspapers, daily and weekly, will run information sent out as a short press release. Also, write letters to the editor to talk about the importance of the program.
- Contact churches and ask them to either post information or include it in their weekly bulletins.
- The MH Community/Family Satisfaction Team may provide MATP information during their hospital outreach and at the end of their recipient and family survey interviews.
- Local radio stations have talk shows and often are looking for a topic. Most of these stations can do the interview so that you can just call in rather than having to make your way to the studio.
- Provide medical offices and psychiatric facilities with notices to post on bulletin boards. They may also be posted on super market and other public bulletin boards which are free and may include tear off telephone numbers result in responses.
- About every six months, someone from the transit authority and PA Health Law Project brought in to related human services offices to discuss MATP. The local CAO office has outreach people for this type of event as well.
- At the drop-in center, a supply of MATP applications is always available. Re-supplies are requested as the stack goes down. In these sites, people are assisted in completing the applications. Partnerships with drop-ins and other agencies which provide case management can be helpful.

EXHIBITS

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EXHIBITS

EXHIBIT 4: COVERED MATP SERVICES AND CATEGORIES

The following services are eligible for MATP:

- Physicians
- Dentists
- Podiatrists
- Medical suppliers (including low vision centers and opticians)
- Chiropractors
- Independent medical/surgical clinics
- All outpatient services provided by general hospitals, including psychiatric services
- Independent laboratories
- Outpatient - Rehabilitation hospitals and all covered outpatient services provided by the hospitals
- Pharmacies
- Prescribed Pediatric Extended Care (PPEC) Programs
- Private psychiatric hospitals
- Rural health clinics
- Primary health care clinics
- Drug and alcohol clinics (including methadone maintenance services)
- Inpatient drug and alcohol detoxification
- Inpatient drug and alcohol rehabilitation
- Non-hospital residential detoxification, rehabilitation, and halfway houses
- Family planning clinics
- Midwives
- Birth Centers
- Psychiatric clinics (including mental health partial hospitalization)
- Optometrists
- Hospice Programs
- Freestanding dialysis clinics
- Short procedure units
- Ambulatory surgical centers

EXHIBITS

- Certified registered nurse practitioners
- Psychologists
- Comprehensive outpatient rehabilitation facilities
- Physical therapists-The Grantee shall provide requested transportation to physical therapists, speech therapists and occupational therapists to consumers of all ages when provided through outpatient hospital clinics.
- Certified rehabilitation agencies
- EPSDT service providers, including audiologists, behavioral health wrap-around service providers, residential treatment facilities, occupational therapists, speech therapists, Easter Seal Society and Cerebral Palsy Associations.
- Community Residential Facilities/ Therapeutic Rehabilitative Residential Treatment Facilities
 - MATP-funded transportation can be provided for a consumer's admission to a community residential facility or a therapeutic rehabilitative residential treatment facility and upon discharge from the facility. No other MATP service will be provided while the consumer remains in the facility.
- Nursing Facilities
 - MATP funded transportation can be provided for a consumer's admission to a nursing facility and upon discharge from the facility. It is the responsibility of the nursing facility, not the Grantee, to provide nonemergency transportation for their nursing home residents as part of their MA per diem.
- Personal Care Homes
 - Consumers in a licensed personal care home have an agreement with the home as to what services are provided by the facility. If routine transportation services are provided for the consumer, then the MATP is not responsible for the funding of transportation to medical assistance covered services. If routine transportation is not provided, then the MATP will fund transportation for medical assistance covered services. It is the MATP's responsibility (and not the consumer's) to contact and request a letter from the PCH Administrator whether routine transportation is provided to residents.
- Veterans Administration Hospitals
 - MATP-funded transportation cannot be provided to the VA hospital unless the consumer is receiving MA-covered services from an enrolled MA provider.

EXHIBITS

- Visitation/Patient Education
 - A parent, foster parent or guardian is eligible to be transported to visit his or her client minor child(ren) who is an inpatient of a hospital, whether or not the parent is eligible themselves. Transportation of individuals who are not MA consumers should be reported under the minor child's eligibility number. Transportation to visit adult consumer inpatients is not covered.
- Waiver-Funded Services
 - If the waiver includes funding for medical transportation, the Grantee shall not provide MATP-funded transportation. If the waiver does not include funding for medical transportation, the Grantee may provide MATP-funded transportation to MA covered services.
- School Age Children Receiving Physical and Mental Health Services
 - If the child's Individual Education Plan does not provided for transportation but their medical service is MA covered, the child is eligible for MATP services during school hours.
- Medical Assistance Workers with Disabilities
 - Individuals who qualify for the MAWD Program are MA eligible and eligible for the same MATP service as other eligible consumers. MATP agencies are required to provide cost data relating to MAWD consumers on the Quarterly Report. See Grantee Fiscal Requirement, Fiscal Reporting Requirements
- Deceased Consumers
 - The Grantee should only make pay mileage reimbursement on behalf of a Consumer's who is deceased when an individual can prove that he or she transported the Consumer's to medical visits.
- Dual Eligibles (Medicare Consumers)
 - Medical Assistance eligible consumers whose medical service is paid by Medicare (Dual Eligibles) can receive MATP service to a Medicare product or service from the Medicare Provider of his/her choice. Dual Eligibles age 21 and older and who have Medicare, Part D, participate in the Fee-for-Service program.
 - Dual Eligibles under the age of 21 participate in the Department's mandatory managed care program HealthChoices.
- School Age Children Receiving Physical and Mental Health Services
 - The MATP Grantee should verify with the local Intermediate Unit if transportation for particular medical services is provided for in the child's Individual Education Plan (IEP). If transportation is not provided for and the

EXHIBITS

medical service is MA covered, the MATP is responsible for transporting the child during school hours. If transportation is provided for in the IEP, the MATP is not responsible for transporting the child.

EXHIBITS

EXHIBIT 5: ELIGIBILITY VERIFICATION SYSTEM (EVS) OPTIONS

Pennsylvania Medical Assistance (MA) PROMISe™ Update for Recipient Eligibility Verification

OMAP and EDS are providing Provider Electronic Solution software free-of-charge for download from the OMAP Web site.

Method	Description
Web Interactive	A Web eligibility window is available to approved providers and other agencies. The Web address for this is http://promise.DHS.state.pa.us/ and click on PROMISe online. To send recipient information click the appropriate button on the Web page; the result returned is displayed on the Web page.
EVS Software	The MA HIPAA-Compliant PROMISe™-Ready software referred to as Provider Electronic Solutions Software - replaces OMAP's past EVS Software. It is available free-of-charge by downloading from the OMAP PROMISe™ Web site at https://promise.DHS.state.pa.us/ePROM/_ProviderSoftware/softwareDownloadForm.asp To order the software on CD-ROM, call 717-975-4100.
Mainframe	Providers developing their own access method will need to consult both the PROMISe™ Companion Guide for the ANSI 270/271 transaction as well as the HIPAA specifications for the 270/271. The Companion Guides provide Pennsylvania specific information required in the transaction. The Companion Guides can be found here. Providers will also need to register and be certified by EDS, the Department of Human Services' claims processing contractor. To register, please go to: http://promise.DHS.state.pa.us/ePROM/_ProviderSoftware/softwareDownloadMain.asp and complete the certification/registration form.
Batch EVS	Batch EVS will need to be submitted utilizing the ANSI 270/271 transactions. Batch EVS capabilities have been built into the Provider Electronic Solutions software which provide for a simple data entry, submission, and receipt process. Providers submitting Batch EVS transactions will need to register in order to gain access to the Batch Bulletin Board System (BBS). For more information on registration please visit the OMAP Web site. Providers will also have the option of building their own solution or purchasing commercial software; however, the application will need to pass the certification process prior to gaining access to the production system Batch BBS.
Telephone	Providers utilizing the telephone access method will still dial 800-766-5387 to determine recipient eligibility. Providers utilizing the telephone access method must use a 13-digit provider number.

EXHIBITS

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EXHIBITS

EXHIBIT 6: REQUIRED CONTRACT TERMS FOR SUBCONTRACTORS AND PROVIDER CONTRACTS

All subcontracts must be in writing and must include, at a minimum, the following provisions:

- Specify contract effective date, duration, termination, and renewal options;
- Specify the amount and scope of services to be provided or paid for
- Identify the population covered by the contract.
- The specific activities and report responsibilities delegated to the subcontractor;
- A provision for revoking delegation or imposing other sanctions if the subcontractor's performance is inadequate;
- All subcontractors shall comply with all applicable requirements of the Agreement between the MATP Grantee and the Department of Human Services concerning the Medical Assistance Transportation Program;
- Include nondiscrimination provisions;
- Include the provisions of the Americans with Disabilities Act (42 U.S.C. Section 12101 et seq);
- Contain a provision in all subcontracts with any individual firm, corporation or any other entity, which provides transportation and receives reimbursement from the Grantee either directly or indirectly, that data for all services provided will be reported timely to the Grantee;
- Contain a hold harmless clause that stipulates that the subcontractor agree to hold harmless the Commonwealth, all Commonwealth officers and employees and all MA consumers in the event of nonpayment by the Grantee to the subcontractor. The subcontractor shall further indemnify and hold harmless the Commonwealth and their agents, officers and employees against all injuries, death, losses, damages, claims, suits, liabilities, judgments, costs and expenses which may in any manner accrue against the Commonwealth or their agents, officers or employees, through the intentional conduct, negligence or omission of the subcontractor, its agents, officers, employees or the Grantee;
- Contain a provision in all subcontracts of compliance with all applicable federal and state laws;
- The Grantee shall require as a written provision in all subcontracts that the Department has ready access to any and all documents and records of transactions pertaining to the provision of services to Medical Assistance consumers;
- The Grantee and its subcontractor(s) shall make all records available for audit, review or evaluation by the Commonwealth, its designated representatives or federal agencies;

EXHIBITS

- The Grantee and its subcontractor(s) shall maintain books, records, documents and other evidence pertaining to all revenues, expenditures and other financial activity pursuant to this contract as well as to all required programmatic activity and data pursuant to this contract. These books, records, documents and other evidence shall be available for review, audit or evaluation by authorized Commonwealth personnel or their representatives during the contract period and five years thereafter, except if an audit is in progress or audit findings are yet unresolved, in which case, records shall be kept until all tasks are completed;
- The Grantee and its subcontractor(s) must agree to retain the source records for its data reports for a minimum of four years;
- The Grantee shall require, as a written provision in all subcontracts that the subcontractor recognize that payments made to the subcontractor are derived from federal and state funds.
- The Grantee shall notify all subcontractors of the prohibition and sanctions for the submission of false claims and statements;
- Specify procedures and criteria for terminating the contract, including a requirement that the subcontractor promptly supply all information necessary for the reimbursement of any outstanding claims;
- The Grantee shall require the subcontractor to maintain the confidentiality of MATP program-related information including Consumer's-specific information. The subcontractor must take measures to prudently safeguard and protect unauthorized disclosure of the MATP information in its possession;
- Specify the requirement to disclose the following: business transactions above \$25,000.00, ownership and convictions, ownership and control, per federal guidelines. The subcontractor must provide the information cited above to the Grantee, upon request.

EXHIBITS

EXHIBIT 7: WRITTEN NOTICE REQUIREMENTS, PROCESSES, AND POLICY

Consumer appeal rights are governed by Appeal and Fair Hearing and Administrative Disqualification Hearings, 55 Pa. Code 275.

The Grantee shall give a consumer the Department's standard Written Notice Form at the time their request for services is denied, terminated, or reduced. The Form shall include a clear statement of any and all reasons for the action as well as a citation to the authority for the decision.

Consumers may appeal the action identified on the Written Notice Form in writing or orally. If orally, the Grantee shall assist the consumer in reducing the appeal to writing and shall obtain the consumer's signature.

Within three business days of the oral appeal, the Grantee shall forward a copy of the written appeal—regardless of whether a signature has been obtained—to the Bureau of Hearings and Appeals. The Grantee shall retain a copy of the appeal.

If the consumer is being terminated or suspended from the program, the notice shall specify the effective date of the action and shall be the 15th calendar day following the date the written notice is mailed or hand-delivered to the consumer.

Service to the consumer may not be reduced or terminated pending the outcome of the hearing, if the hearing request is postmarked no later than the 10th calendar day following the date the notice is mailed or hand-delivered to the client.

SAFETY EXCEPTION TO THE TEN-DAY APPEAL RULE

Written Notice Requirement clarification re: situations that may deem immediate termination of services

55 Pa Code § 2070 also indicates that, in their professional judgment, a provider may decide that the mode of service currently being provided is no longer appropriate or that the consumer's uncooperative behavior or misuse of services warrants termination. It would be logical to assume that if an individual cannot ride a paratransit vehicle and maintain appropriate behavior, that paratransit is no longer an appropriate mode of transportation.

The MATP should inform the Bureau of Hearings and Appeals that the consumer is not receiving services pending their appeal and request that the appeal be expedited.

The Consumer's shall be sent a Written Notice Form and told in writing:

- That the 10 day rule does not apply to their situation
- That the termination will remain in effect unless the decision is overturned through the appeal process

EXHIBITS

- What other options or modes of transportation may be available

If the matter is resolved or settled any time prior to a fair hearing, the Grantee shall document the resolution reached. However, the Department's fair hearing process shall not be replaced by any internal hearing procedure established by a county, prime contractor, or provider.

Copies of all appeals and their resolution shall be retained and made available upon request.

FORWARD ALL APPEALS TO:

Department of Human Services
OMAP/MATP - Fair Hearings
P.O. Box 2675
Harrisburg, PA 17105-2675

The Grantee shall abide by the final decision of the Department of Human Services' Bureau of Hearings and Appeals for those cases when a consumer has requested a Department Fair Hearing, unless requesting reconsideration by the Secretary of the Department of Human Services. The decisions of the Secretary are binding on the Grantee.

EXHIBIT 8: OIG REGIONS AND CONTACT INFORMATION

EXHIBITS

Cases involving consumer fraud should be referred to the Office of Inspector General (OIG). Organized into four regions, the Office of Inspector General relies on Welfare Fraud Investigations and Claims Investigation Agents who together handle fraud prevention activities and fraud prosecutions and recoveries. Please report suspected consumer fraud to your county's respective regional manager as outlined in the below table.

Region	Counties	Regional Manager and Contact Information
Central	Clearfield, Cambria, Somerset, Bedford, Fulton, Blair, Centre, Huntingdon, Mifflin, Juniata, Perry, Franklin, Cumberland, Dauphin, Adams, York, Lancaster, Lebanon, Chester, Delaware, Montgomery, Bucks	Max V. Deitrick mdeitrick@pa.gov Phone: 717 705-4072 FAX: 717 772-2225
Northeast	Potter, Clinton, Tioga, Bradford, Susquehanna, Wayne, Pike, Monroe, Carbon, Northampton, Lehigh, Berks, Schuylkill, Luzerne, Wyoming, Lackawanna, Sullivan, Lycoming, Columbia, Montour, Northumberland, Union, Snyder	Maureen McKeown mmckeown@pa.gov Phone: 570 826-2006 FAX: 570 826-2381
Western	Greene, Fayette, Washington, Westmoreland, Allegheny, Beaver Lawrence, Indiana, Armstrong, Butler, Jefferson, Clarion, Venango, Mercer, Erie, Crawford, Warren, McKean, Cameron, Elk, Forest	Douglas Kunst dkunst@pa.gov Phone: 412 920-2538 FAX: 412 920-2541
Southeast (Region 1)	Philadelphia	Donald J. Pritchett dpritchett@pa.gov Phone: 215 560-2284 FAX: 215 560-5559
Southeast (Region 2)	Philadelphia	Rickard Johansson rjohnsson@pa.gov 215 560-3199 FAX 215 560-5559

EXHIBITS

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EXHIBITS

EXHIBIT 9: METHADONE MAINTENANCE CLOSEST SERVICE PROVIDER RULE

The MATP Grantee shall only coordinate paratransit and mileage reimbursement trips for MA consumers up to the distance of the closest in-network methadone clinic or substance abuse program to a consumer's residence.

MILEAGE REIMBURSEMENT

The Grantee shall ensure that mileage reimbursement checks reflect mileage to and from the closest clinic to a consumer's residence. A consumer may request an exception, but until that exception is approved, the reimbursement check shall be issued only for the mileage to and from the closest clinic.

Consumers are free to attend any clinic of their choosing. However, the Grantee will only reimburse mileage equivalent to the closest clinic to their residence. It does not matter what clinic the consumer indicates he or she is attending on the reimbursement form as long as it contains verification of attendance. Reimbursement checks shall reflect mileage to and from the closest clinic to the consumer's residence.

PARATRANSIT

Grantees may alter or establish paratransit routes that ensure that methadone maintenance or substance abuse program consumers are transported to and from the closest facility to their respective residences or that provide the least costly transportation option for each consumer.

If a clinic reaches a capacity level where, through no fault of the consumer, attendance at the closest clinic would not be possible, consumers shall verify that they have been placed on that particular clinic's waiting list. Transportation (both mileage reimbursement and paratransit) would then be authorized to the second closest clinic from the consumer's residence. When a consumer's name is reached on the waiting list of the closest clinic to the consumer's residence, the consumer shall begin to attend that clinic and the Grantee shall only transport the consumer to that clinic.

EXCEPTION PROCESS

A consumer may request an exception to attend a clinic other than the one closest to the consumer's residence. The exception request shall be in writing and shall explain in detail the consumer's need to travel to the more distant clinic. The Grantee may authorize exceptions for the following reasons:

- The facility is not accepting new patients
- The consumer does not meet the intake criteria for the facility
- Medical reasons
- Safety Issues

EXHIBITS

- Medical Emergency

The Grantee shall require verification from the methadone facility. Verification may be obtained by the consumer or the Grantee directly. Verification from a clinic, provided by the consumer, shall be in writing, but the Grantee can accept a provider's verbal verification. A clinic's verbal verification to the Grantee shall be narrated and placed in the consumer's file.

EXHIBITS

EXHIBIT 10: INCIDENT REPORTING PROCESS

The Grantee shall develop policy/procedures for incident management and ensure that staff has proper orientation and training to respond to, report, and prevent incidents.

The Grantee is required to report significant incidents to the Department. Incidents requiring reporting include, but are not limited to, the following:

- Assaults (either on a consumer or staff member)
- Threats of assault or injury
- Injury to a consumer or to a staff member by a consumer
- Accidents while consumers are on board that might require medical attention
- Involvement of law enforcement officials
- Allegations of abuse
- Medical attention being needed while en route
- Consumers exiting the vehicle prior to scheduled stop (See Exhibit 15: Safety Guidelines)

The Incident Report shall include the following (when applicable):

- Name of involved person(s)
- Address
- Date/time of incident
- Location
- Was illness or injury involved
- Description of incident (nature of the incident, witnesses, and narrative of what occurred)
- Final disposition (how you intend to handle the incident, any next steps required, or likely outcomes)
- Name of person submitting the report
- Date of report
- Date forwarded to DPW/OMAP/MATP

Any MATP incident involving a child shall be reported to the MATP Program Manager or assigned MATP Program Advisor by phone or internet within 24 hours. Written Incident Reports shall be completed and submitted to the assigned MATP Program Advisor by email or FAX within 48 hours of the incident. FAX number 717.705.8112. If final disposition of the incident is

EXHIBITS

not known at the time of written submission, a follow up report is required within two weeks of the incident.

EXHIBIT 11: GRANTEE ON-SITE MONITORING

The purpose of on-site monitoring is to ensure Grantee compliance with the MATP Standards and Guidelines and 55 Pa. Code 2070, to assess areas that are in need of improvement and/or technical assistance from the Department, and to identify practices that could be recognized as "Best Practices." Program and fiscal advisors assigned as primary advisors to the Grantee shall conduct the on-site visits.

A MATP Review Instrument (MRI) shall be sent to the Grantee approximately 4 to 6 weeks prior to the scheduled onsite visit.

- The MRI is a much more detailed document and is used in advance of the first on-site monitoring visit or when substantial changes have occurred that would require more detailed information from the Grantee.
- The MRI is a review document used for ongoing regular on-site monitoring visits. The MRI is designed to compare current practices to those found on the previous on-site(s).

Prior to the on-site monitoring visit, the staff will review the MRI completed by the Grantee along with the Grantee's quarterly reports to prepare statistical comparisons between the previous program year and the present (up to the last reported quarter).

The monitoring staff shall also obtain copies of current versions of all Grantee forms and publications, including, but not limited to:

- Consumer applications
- Consumer brochures (welcome and basic)
- Assessment of need document
- Mileage reimbursement form

The on-site monitoring visit shall include, but is not limited to, the following:

- Entrance conference
- Review of case records
- Discussions based on the review of the MRI
- Statistical comparisons
- Discussion of previous onsite reports
- Review and discussion of the current Grantee forms
- Trip validation review
- Observation or trip scheduling process

EXHIBITS

- Observation and review of the Monthly Trip Level Data transmission
- Review of driver manifests
- Review of signed mileage reimbursement forms
- Review of signed MA provider verification slips
- Time for “open discussion” of Grantee concerns and issues that did not get placed on the agenda
- Exit conference
- Invite the County Commissioners to attend the exit conference
- Discuss the strengths noted during the on-site monitoring visit
- Discuss deficiencies found during the on-site
- Discuss areas of concern
- Discuss all findings that will be contained in the on-site report
- Discuss the process, events, and timetable that will follow the on-site monitoring visit

A draft report will be written after the completion of the on-site monitoring visit. The draft report will include everything that was discussed at the exit conference as well as proposed Corrective Action Plans (CAP), if applicable.

When finished, the draft report shall be sent to the Grantee. The Grantee shall have 14 days to review and accept the draft or request modifications to the report. The Department shall entertain the Grantee’s concerns accordingly and shall discuss any discrepancies the Grantee may identify. The report may or may not be adjusted to satisfy the Grantee’s concerns.

When all issues surrounding the draft report have been resolved, a final report shall be issued along with a cover letter and any applicable Corrective Action Plans. Copies of the final On-site Monitoring Visit Report, Cover Letter and Corrective Action Plan(s) shall be sent to the Grantee and the County Commissioners.

Corrective Action Plan(s) shall be followed-up and resolved according to the time table contained in the CAP.

EXHIBITS

EXHIBIT 12: SAFETY GUIDELINES

CONSUMERS EXITING THE VEHICLE PRIOR TO SCHEDULED STOP

Purpose:

The purpose of this policy is to furnish MATP Grantees with a process for handling situations when a MATP consumer exits the vehicle prior to their scheduled stop.

Policy:

The Commonwealth of Pennsylvania, Department of Human Services, Office of Medical Assistance Programs, Medical Assistance Transportation Program defines a trip as travel from the consumer's domicile to the medical assistance service or the return trip from the service to the domicile, with some exceptions. Therefore, except in the case of an adult who can travel independently and there is no known risk or evidence of danger to health and safety, it is expected that MATP consumers utilizing MATP services remain on the vehicle until arrival at their scheduled stop. Should an incident occur when a consumer exits the vehicle prior to their scheduled stop, the actions listed in the procedures that follow are to be taken.

Procedures Adult Consumers

If the consumer is an adult, the following procedures are expected to be followed:

- The driver shall inform the individual of the inappropriateness of their disembarking prior to their scheduled stop and the ramifications that may occur as the result of said action. The consumer should be encouraged to remain on the vehicle; however, at no time should the driver have physical contact with the individual during this intervention.
- Should the consumer vacate the vehicle at an unauthorized stop, the driver shall immediately contact the dispatcher, relate the incident and await further instruction(s). The driver will not leave the unauthorized stop until directed to do so by the dispatcher or until another agent from the MATP arrives on the scene. Additionally, the driver should supply any pertinent information to the dispatcher as to special circumstances regarding the incident (i.e., the consumer appeared disoriented, agitated, distressed, upset, intoxicated, etc.), which might assist the dispatcher in determining what next steps would be appropriate. At no time, regardless of whether other consumers are aboard or not, should the driver leave the vehicle unattended and attempt to pursue the consumer.
- Decisions as to whether to have the involvement of law enforcement personnel will be the responsibility of the dispatcher/ MATP office, not the driver. Involvement of law enforcement personnel should only occur if it is apparent that the consumer is a danger to self or others and that without immediate intervention could cause injury or significant destruction of property.

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- If the untimely exit took place going to a scheduled appointment, the dispatcher should notify the service provider of the situation and inform the provider that the individual would not be keeping their appointment. In cases where the provider is a mental health service, the dispatcher would be prudent to seek input from the provider as how to address the incident.
- If the incident caused for a significant delay, the dispatcher will contact the providers of other consumers riding the vehicle, informing them of the reason for untimely arrival for appointments or arrival at home, as appropriate.

Procedures for Children

For the purpose of this policy & procedure, a child is defined as an individual less than eighteen (18) years of age unless otherwise emancipated.

If the consumer is a child, the following procedures are expected to be followed:

- The driver shall attempt to encourage the child to remain on the vehicle until the scheduled destination. Should an escort other than the child's parent/guardian be onboard, the escort should attempt to explain the responsibilities of the MATP provider and what actions might need to be taken if they should exit the vehicle. Under no circumstances should either a driver or a non-related escort attempt to restrain or have physical control over the child.
- The driver will immediately notify the dispatcher of the incident and await further instruction(s). The driver will not vacate the unauthorized stop until directed to do so by the dispatcher or until another agent from the MATP arrives on the scene.
- The driver will not, under any circumstances, vacate the vehicle and pursue the child. If a non-related escort is available, the escort may attempt to accompany the child and continue with intervention approaches so as to convince the child to return to the vehicle.
- The dispatcher will immediately notify the child's parent/guardian of the situation, providing as much information as available (i.e., location of the incident, any precursors to the incident, direction the child was observed to be traveling after vacating the vehicle, etc.).
- The dispatcher will notify the appropriate law enforcement agency as to the incident, providing appropriate information.
- The dispatcher will make every attempt possible to have another agent of the MATP program relocate to the site to assist in any way possible.
- If there is going to be a significant delay for other passengers on the vehicle, the dispatcher will notify the providers of the other consumers and, if other passengers are minor children, contact the parent/guardian to inform them of the situation.

EXHIBITS

- Any MATP incident involving a child shall be reported to the MATP Program Manager or assigned MATP Program Advisor by phone or internet within 24 hours. Written Incident Reports shall be completed and submitted to the assigned MATP Program Advisor by email or FAX within 48 hours of the incident. FAX number 717.705.8112. If final disposition of the incident is not known at the time of written submission, a follow up report is required within two weeks of the incident.

Additional Steps

In all incidents of a Consumer exiting the vehicle prior to scheduled stops, the following procedures will occur:

Both the driver and the dispatcher will document, in writing, all pertinent information. This documentation will include, but not be limited to, the following:

- Name of Consumer's
- Date and time of incident
- Location of unauthorized vacating of the vehicle
- Efforts made to encourage the Consumer's to remain on the vehicle
- Any special circumstances related to the incident
- Brief summary narrating what occurred

The Grantee's MATP administrators will review reports and take sanction(s)/action(s) as deemed appropriate. As stated previously, an exception to sanction actions will be considered in the case of an adult who can travel independently and there is no known risk or evidence of danger to health and safety.

The Grantee's MATP administrators will monitor their subcontractors for compliance with this policy and institute sanctions for noncompliance.

EXHIBITS

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EXHIBITS

EXHIBIT 13: MATP FUNDING STATUS

For purposes of the quarterly Actual Expenditures Reports:

Group 1 Cases

Categories of assistance and program status codes identified as receiving Federal funding for Medicaid services. Former Group 3 cases are now in Group 1.

Medical Assistance for Workers with Disabilities (MAWD)

Categories of assistance and program status codes are as follows: PW/00, PW/66, PW/80, PI/00, PI/66, and PI/80. These consumers include employed workers with a disability and are reported as Group 1 Cases.

Newly Eligibles

Categories of assistance and program status codes are as follows: MG/91 and MG/92. These consumers became eligible during CY2015, as the Department expanded Medicaid coverage per the Affordable Care Act.

Group 2 Cases

Categories of assistance and program status codes identified as receiving State funds only for Medicaid services.

Currently, the following categories of assistance and program status codes are identified as Group 2: D-00, B-00, PD-00, PD-21, PD-22, PD-29, TD-00, TB-00.


If a category of assistance and program status code is not listed above, assume that it is reported as Group 1.

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**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
OFFICE OF MEDICAL ASSISTANCE PROGRAMS**

**MEDICAL ASSISTANCE
TRANSPORTATION
PROGRAM**



FORMS

Prepared by the Division of Medical Assistance Transportation Programs
Bureau of Managed Care Operations

EXHIBITS

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FORMS

FORM A: WAIVER REQUEST FORM

MEDICAL ASSISTANCE TRANSPORTATION PROGRAM: WAIVER REQUEST FORM			Date	
Name of Requestor/Contact		Telephone		Requested Effective Date
Requesting Grantee/MATP Operator				
Please cite the requirement for which a waiver is being sought (from the Instructions and Requirements)				
Briefly describe the efficiencies and/or service enhancements that will result from the waiver				
Briefly describe the proposed alternative procedure				
Approximately how many recipients will be affected?		How will they be affected? What change, if any, will result in the level of service?		
Briefly describe the exception process for recipients who cannot be accommodated by the new requirement				
Briefly describe any local input in this waiver proposal, i.e., recipients, medical providers, etc.				

FORMS

WAIVER REQUEST FORM – SAMPLE

MEDICAL ASSISTANCE TRANSPORTATION PROGRAM: WAIVER REQUEST FORM			Date	9/1/2012	
Name of Requestor/Contact	Mr. Perry C. Transit	Telephone	(717) 555-1212	Requested Effective Date	10/1/2012
Requesting Grantee/MATP Operator	Ace County Department of Human Services				
Please cite the requirement for which a waiver is being sought (from the Instructions and Requirements)	One-Hour Rule (Scope of Services)				
Briefly describe the efficiencies and/or service enhancements that will result from the waiver	Individual trips to the Regional Medical Center on a daily, and sometimes multiple individual trips, are costly due to compliance with the One-Hour Rule. This proposed waiver request was discussed with our local recipient advisory group.				
Briefly describe the proposed alternative procedure	Our ability to group trips, whenever feasible, would significantly reduce the transportation costs. We would inform recipients of a policy change for recipients, whenever possible, to schedule appointments at the Regional Medical Center for Monday, Wednesday, or Friday. We will schedule two trips to the Medical Center on each of these days.				
Approximately how many recipients will be affected?	37	How will they be affected? What change, if any, will result in the level of service?	The change would ensure funding to provide transportation services to an increased number of eligible MA recipients. Our County has experienced a 2.5% increase in enrollment in MATP in the past two years.		
Briefly describe the exception process for recipients who cannot be accommodated by the new requirement	If a recipient cannot possibly schedule their appointment on the above days, we would schedule an individual trip for them to access the medical services on the day it was scheduled.				
Briefly describe any local input in this waiver proposal, i.e., recipients, medical providers, etc.	A work group consisting of the County Human Services Director and local recipients has met to discuss the implications of this change and the consensus is that it would not negatively impact recipients.				

FORMS

FORM B: WRITTEN NOTICE FORM - PAGE 1

<p style="text-align: center;">MEDICAL ASSISTANCE TRANSPORTATION PROGRAM WRITTEN NOTICE FORM</p> <p>NAME: _____ ADDRESS: _____ _____</p>	<p>DATE THIS NOTICE WAS MAILED OR HAND DELIVERED TO YOU: _____</p>		
SECTION I - NOTICE			
<p>THIS IS TO NOTIFY YOU YOUR REQUEST HAS BEEN:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top; padding: 5px;"> <input type="checkbox"/> For MATP Services <input type="checkbox"/> For Transportation Services on: _____ <input type="checkbox"/> For Mileage Reimbursement on: _____ </td> <td style="width: 50%; vertical-align: top; padding: 5px;"> <input type="checkbox"/> Denied <input type="checkbox"/> Terminated Effective: _____ <input type="checkbox"/> Reduced or Service Type Changed Effective: _____ </td> </tr> </table> <p>For the Following Reason: _____ _____</p> <p>The Regulatory Cite and the Instructions and Requirements sections for the basis of this decision are: _____ _____ _____</p>		<input type="checkbox"/> For MATP Services <input type="checkbox"/> For Transportation Services on: _____ <input type="checkbox"/> For Mileage Reimbursement on: _____	<input type="checkbox"/> Denied <input type="checkbox"/> Terminated Effective: _____ <input type="checkbox"/> Reduced or Service Type Changed Effective: _____
<input type="checkbox"/> For MATP Services <input type="checkbox"/> For Transportation Services on: _____ <input type="checkbox"/> For Mileage Reimbursement on: _____	<input type="checkbox"/> Denied <input type="checkbox"/> Terminated Effective: _____ <input type="checkbox"/> Reduced or Service Type Changed Effective: _____		
SECTION II - APPEAL RIGHTS AND RESPONSIBILITIES			
<p>You have the right to appeal this decision and request a Fair Hearing through the Department's Bureau of Hearings and Appeals if you disagree with the decision. The purpose of a Fair Hearing is to determine if the decision was based on a proper application of the law to your particular circumstances. Therefore, you do not have the right to appeal a decision that is based on changes in federal or state law or regulations which now exclude you from eligibility for service or reduce the amount of service you may receive. (See Section IV)</p> <p>To appeal this decision and request a Fair Hearing you must complete the reverse side of this form. Then, you must mail or hand-deliver this form plus one copy to the _____ (agency) located at _____ (address)</p> <p>The forms must be postmarked or hand-delivered by _____, which is thirty (30) calendar days following the date this notice is mailed or hand-delivered to you.</p> <p>If you are currently receiving service and your form is postmarked or hand-delivered on or before _____, your service will be continued pending the outcome of your appeal. If your form is postmarked or hand-delivered after this date, service will be discontinued.</p> <p>You may contact _____ at _____ if you need assistance filing in your request for a Fair Hearing, or if you do not understand this decision or would like to meet with a representative of our agency.</p>			
SECTION III - AGENCY INFORMATION			
<p>AGENCY NAME: _____</p> <p>AGENCY ADDRESS (Street, City, State, Zip Code): _____ _____</p> <p style="text-align: center;"> _____ Agency Representative Signature/Date </p> <p style="text-align: center;"> _____ Telephone Number </p>			
Page 1 of 2 Required	MATP Form WN-100 Rev. 9/1/2012		

FORMS

FORM C: OIG – 12 - PAGE 1 (PRINTABLE FROM [HTTP://MATP.PA.GOV](http://MATP.PA.GOV))

FIELD INVESTIGATION REFERRAL		BFPF FILE NO 2 - - -
SECTION I: REFERRAL INFORMATION - Completed by IMCW		
1. INDIVIDUAL'S NAME (First Name, Middle Initial, Last Name)	2. IMCW NAME (First Name, Middle Initial, Last Name)	
3. COUNTY/RECORD NUMBER	4. LANGUAGE PREFERENCE - ENTER LANGUAGE NAME (DO NOT ENTER CODE)	
5. PROVIDER NAME (IF APPLICABLE)	6. PROVIDER ADDRESS (IF APPLICABLE)	
7. DOES INDIVIDUAL CLAIM DOMESTIC VIOLENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO (if yes, no referral should be made.)		
8. ASSISTANCE PROGRAMS/ SERVICES INVOLVING INVESTIGATIONS		
<input type="checkbox"/> TANF	<input type="checkbox"/> MA	<input type="checkbox"/> CHILD SUPPORT
<input type="checkbox"/> GA	<input type="checkbox"/> SA	<input type="checkbox"/> EMPLOYMENT & TRAINING
<input type="checkbox"/> SNAP	<input type="checkbox"/> LTC	<input type="checkbox"/> LIHEAP
<input checked="" type="checkbox"/> MATP		
9. REFERRAL FOR:		
<input type="checkbox"/> APPLICANT	<input type="checkbox"/> EMPLOYMENT & TRAINING	<input type="checkbox"/> SHELTER /TREATMENT CENTER
<input type="checkbox"/> BENEFITS DELIVERY	<input type="checkbox"/> CHILD CARE PROVIDER	<input type="checkbox"/> NURSING HOME
<input type="checkbox"/> LOCATION OF ABSENT PARENT	<input type="checkbox"/> HEALTH CARE PROVIDER	<input type="checkbox"/> WFI GENERATED REFERRAL
<input type="checkbox"/> TIP	<input type="checkbox"/> DRUG & ALCOHOL CENTER	<input type="checkbox"/> OTHER <input type="text"/>
SECTION II: REASON(S) FOR REFERRAL (Explain) - Completed by IMCW		
_____ IMCW SIGNATURE & DATE	_____ REFERRAL DATE TO OIG	OIG-12-01/11

FORMS

OIG – 12 - PAGE 2 (PRINTABLE FROM [HTTP://MATP.PA.GOV](http://MATP.PA.GOV))

SECTION III : INVESTIGATIVE FINDINGS - Completed by OIG Investigator		BPPP FILE NO 2 <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/>
1. DATE RECEIVED	2. INVESTIGATOR NAME (First Name, Middle Initial, Last Name)	3. DATE RETURNED
4. INVESTIGATIVE FINDINGS (USE CONTINUATION PAGE, IF NECESSARY)		
INVESTIGATOR SIGNATURE _____		DATE _____
SECTION IV: RESULT OF INVESTIGATION - Completed by IMCW NOTE: Please return this completed and signed form to the OIG 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. FAIR HEARING - DECISION PENDING. <input type="checkbox"/> 66. REJECTED - CAO ACTION. FAIR HEARING DATE _____	GRANT BENEFIT REDUCED Cash: \$ _____ to \$ _____ Child Care: \$ _____ to \$ _____ SNAP: \$ _____ to \$ _____ LTC: \$ _____ to \$ _____ Special Allowance: \$ _____ to \$ _____ LIHEAP: \$ _____ to \$ _____ MATP: \$ _____ to \$ _____ MA: _____ Persons to _____	
COMMENTS		
INVESTIGATOR SIGNATURE _____		DATE _____
OIG-12-03/11		

FORMS

FORM E: MONTHLY DATA FILE FORM FORMAT

MATP Providers must provide trip level data monthly by submitting a Comma Separated Value (.CSV) file that can be extracted from a MS Excel or other software programs.

The required data is County Code, MA ID, Date of Trip, Mode of Transportation, Completed Trip Indicator, and Escort Indicator.

Required data as it might appear in MS Excel:

County Codes	Individual Number	Date of Trip	Mode	Completed	Escort
22	1234567890	7/1/2007	P	Y	N

The correct file name - ##MATP.csv - must be used to insure submitted data is accepted into the department's database. "##" is the county's numeric code. In the example above, 22 is Dauphin County.

When using MS Excel, you can create a .CSV by selecting the option "Save As" in the lower dialog box then choosing "csv". To name the file, type in your two digit county code followed by "MATP" with no spaces or other characters. .CSV will automatically be added to the file name when you select "save".

Data files are due 45 days after the reported month has ended.

If a submission deadline is missed or delayed, all missed trips can be included in the next monthly submission. The "Date of Trip" information will place missed trips in the proper month in which they actually occurred.

NOTE: When submitting more than one month's data, do not transmit two files with the same name. The second file will overwrite the first. The proper procedure in that case is to merge the two months of data into one file and submit one file with a single correct name.

Trip level data files may be loaded from the 15th through the end of the month. Trip level data files may not be submitted between 5:00 pm on the last day of the month and 15th of the following month.

Example: July 2012 data must be loaded from September 15th 2012 through 5:00 pm September 30th, 2012.

Basic File Transfer Instructions:

- Access the SeGov Data Collection Tool Web Site
- Enter your User Name and password
- Browse for the your saved "csv" file
- Load the file
- Change your password if it will expire before the 15th of next month
- The Grantee shall retain an electronic copy of the transmitted file for at least one year.

FORMS

INSTRUCTIONS FOR SUBMITTING MONTHLY TRIP LEVEL DATA

Monthly Trip Level Data Report File

File Layout:

<i>Field Name</i>	<i>Field Length</i>	<i>Alpha/ Numeric</i>
County Code	02	N
Recipient Number	10	N
Date of Trip	08	N
Mode of Transportation	01	A
Trip Completed	01	A
Escort Needed	01	A

Data Element Definitions:

County Code – The two digit number the state assigned for the county.

Individual Number – The Ten Digit Number assigned to an individual by DPW. Also know as a Medical Assistance Identification Number (MA ID).

Date of Trip – The date of the trip that was scheduled.

Mode of Transportation – Mode of Transportation, P = Para Transit, R = Reimbursement, M = Mass Transportation, V = Volunteer.

Trip Completed – The One Digit Yes (Y) or No (N) indicator whether or not a trip was completed.

Escort Indicator – The One Digit Yes (Y) or No (N) indicator whether or not an escort was needed.

FORMS

FORM I: MATP REGISTRATION (APPLICATION ASSESSMENT) FORM



MATP REGISTRATION
Application Assessment



Recipient Identification					
Last Name:		First Name:		Initial:	Date of Birth:
SSN:		MA Recipient #:		Phone #:	
Street Address:				Apartment #:	
City:		Municipality:		County:	State: Zip:
Emergency Contact:			Relationship:		Phone #:

General Transportation Assessment					
Do you speak English?		If no, what language do you speak?			
Do you have a valid Driver's License?		Do you have a vehicle that is legally registered, insured, and drivable?			
Are you or another household member able to drive you (and/or other household members) to medical appointments?					
If you checked "No" - Please explain below. (Supporting documentation will be required.)					
Do you have access to a vehicle of a friend or relative?		Will your friend or relative take you to medical appointments?		If yes, local? Out of town?	
If yes, name and address of friend or relative with vehicle.					
If you do not have a vehicle or access to a vehicle, how do you get to other appointments, shopping, or other personal needs? Describe below.					

Do you live in a nursing home?		Do you live in a personal care home?		If yes, does your care agreement include transportation?	
Do you live 1/4 mile or less from a bus route?					
Do you need an escort to assist with your transportation?			Will you need to travel with an interpreter?		
Do you have a disability that requires special accommodation?					
Are there medical reasons why you cannot use any of the following transportation modes?		Fixed Route?		Paratransit Service? Taxi?	

Assessment of Recurring Appointments											
List known locations for needed medical services.	Estimated distance from home	Number of weeks per month	Check the days of the week transportation is needed.							Appointment times if known	Comments
			Mon.	Tue.	Wed.	Thu.	Fri.	Sat.	Sun.		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Mobility Assessment				
Nature of Disability (Check all that apply)	Use of Mobility Aid (Check all that apply)	Is the use this mobility aid temporary?	If temporary, date need will end	Comments and Descriptions
Mobility Disability <input type="checkbox"/>	Manual Wheelchair <input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Hearing Disability <input type="checkbox"/>	Motorized Wheelchair <input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Visual Disability <input type="checkbox"/>	Scooter <input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Cognitive Disability <input type="checkbox"/>	Oversized Wheelchair <input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Behaviorial Health <input type="checkbox"/>	Walker <input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Gross Obesity <input type="checkbox"/>	Crutches <input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other <input type="checkbox"/>	Braces <input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Service Animal <input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Other (Describe) <input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Is your wheelchair greater than 30" in width, 48" in length (measured 2 inches above the ground) and weigh no more than 600 pounds when occupied? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable				
Can you transfer to a seat? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you need assistance to transfer to a seat? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Signature
<p>I understand that the purpose of this evaluation is to help in determine the most cost effective and appropriate mode of transportation for me. I understand that the information about any disability contained in this application will be kept confidential and shared only with professionals involved in evaluating my eligibility. 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 the MATP 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 Department of Public Welfare fair hearing if benefits are denied. This affirmation statement covers all attachments required for the determination of eligibility.</p>

Signature of Applicant or Designee

Date Signed

FOR OFFICE USE ONLY			
Eligible: <input type="checkbox"/> Yes <input type="checkbox"/> No	Eligibility Date:	Recipient Notified: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Notified:
Application: <input type="checkbox"/> Sent <input type="checkbox"/> In-person	Date Application Sent:	Date Application Returned:	Received By:
Assigned Transportation Mode: <input type="checkbox"/> Fixed Route <input type="checkbox"/> Mileage Reimbursement <input type="checkbox"/> DOT Shared Ride <input type="checkbox"/> Contracted Volunteer Driver <input type="checkbox"/> Paratransit			
MATP Funding Status: <input type="checkbox"/> Group I <input type="checkbox"/> Group II			
Notes:			

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Authorization for Release of Information
(MATP - PA4)



Last Name:		First Name:		Initial:	Date of Birth:
SSN:		MA Recipient #:		Phone #:	
Street Address:				Apartment #:	
City:	Municipality:	County:	State:	Zip:	
Emergency Contact:			Relationship:	Phone #:	

55 Pa. Code § 2070.25 requires providers of medical services to give access to and allow the use and disclosure of information on applicants and clients to: Federal authorities, the Commonwealth, the Department, the County Commissioners or County Executive, and prime contractors or their authorized agents, if the information is necessary to the administration of the Public Assistance Transportation Block Grant. I hereby authorize and request the disclosure to the Medical Assistance Transportation Program any information concerning the age, residence, citizenship, employment, education and training activities, and any additional information, including medical information and treatment plans, pertaining to eligibility for Medical Assistance Transportation and /or specific transportation requests under the MATP. It is understood that the information obtained will be used only for purposes directly related to the Medical Assistance Transportation Program.

Signature of Applicant

Date Signed

Applicant Name Printed

Signature of Designee (person signing on behalf of applicant)

Date Signed

Designee Name Printed

Signature of Witness

Date Signed

Title

Witness Name Printed

FORMS

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FORMS

FORM J: DISCLOSURE OF EXCLUSIONS

Disclosure of Exclusion(s)
Pennsylvania Department of Public Welfare
Medical Assistance Transportation Program
(As required by 42 C.F.R. §1001.1901.)

List the name of any person who:

Has been excluded in any program under Medicare, Medicaid or the Title XIX services program since the inception of those programs:

Name	Date of Birth	SSN	Date of Exclusion	Telephone
_____	_____	_____	_____	_____
Address		City	State	Zip Code
_____		_____	_____	_____
Name	Date of Birth	SSN	Date of Exclusion	Telephone
_____	_____	_____	_____	_____
Address		City	State	Zip Code
_____		_____	_____	_____
Name	Date of Birth	SSN	Date of Exclusion	Telephone
_____	_____	_____	_____	_____
Address		City	State	Zip Code
_____		_____	_____	_____

“By signing this form, I certify that the information provided on this form is true and correct. I will notify the Department of Public Welfare if any information changes. I will comply with all aspects of this disclosure form. By completing and signing this form, I give consent for the information contained herein to be disclosed to the Department of Health and Human Services or any other appropriate governmental agencies, including the Office of Homeland Security.”

Name: _____ **Title:** _____
 (Please Print or Type) (Please Print or Type)

Signature: _____ **Date:** _____

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FORMS

FORM K: DISCLOSURE OF OWNERSHIP AND CONTROL

Disclosure of Ownership and Control
Pennsylvania Department of Public Welfare
Medical Assistance Transportation Program

(As required by 42 C.F.R. §455.104: Disclosure by providers and fiscal agents: Information on ownership and control)

1. FOR INDIVIDUALS - List the name and address of each person, partner, stockholder, or officer with an ownership or controlling interest in the disclosing entity of 5% or more:

Name	Date of Birth	SSN	Percentage Ownership or Control Interest	Telephone
Address		City	State	Zip Code
Name	Date of Birth	SSN	Percentage Ownership or Control Interest	Telephone
Address		City	State	Zip Code
Name	Date of Birth	SSN	Percentage Ownership or Control Interest	Telephone
Address		City	State	Zip Code
Name	Date of Birth	SSN	Percentage Ownership or Control Interest	Telephone
Address		City	State	Zip Code

FORMS

**Disclosure of Ownership and Control
 Pennsylvania Department of Public Welfare
 Medical Assistance Transportation Program**

(As required by 42 C.F.R. §455.104: Disclosure by providers and fiscal agents: Information on ownership and control)

2. FOR CORPORATE ENTITIES - List each corporate entity, primary business address, every location, and PO Box address with an ownership or controlling interest in the disclosing entity with direct or indirect ownership of 5% or more:

Name of Corporation		FEIN/Tax ID Number
Street Address		PO Box
City	State	Zip Code
Name of Corporation		FEIN/Tax ID Number
Street Address		PO Box
City	State	Zip Code
Name of Corporation		FEIN/Tax ID Number
Street Address		PO Box
City	State	Zip Code
Name of Corporation		FEIN/Tax ID Number
Street Address		PO Box
City	State	Zip Code

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**Disclosure of Ownership and Control
 Pennsylvania Department of Public Welfare
 Medical Assistance Transportation Program**

(As required by 42 C.F.R. §455.104: Disclosure by providers and fiscal agents: Information on ownership and control)

3. SUBCONTRACTORS - List the full name, address, date of birth, and social security number for each person with an ownership or controlling interest in any subcontractor in which the disclosing entity has a direct or indirect interest or ownership of 5% or more:

Name	Date of Birth	SSN	Percentage Ownership or Control Interest	Telephone
Address		City	State	Zip Code
Name	Date of Birth	SSN	Percentage Ownership or Control Interest	Telephone
Address		City	State	Zip Code
Name	Date of Birth	SSN	Percentage Ownership or Control Interest	Telephone
Address		City	State	Zip Code
Name	Date of Birth	SSN	Percentage Ownership or Control Interest	Telephone
Address		City	State	Zip Code

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**Disclosure of Ownership and Control
 Pennsylvania Department of Public Welfare
 Medical Assistance Transportation Program**

(As required by 42 C.F.R. §455.104: Disclosure by providers and fiscal agents: Information on ownership and control)

4. RELATIONSHIP - Indicate whether any of the persons identified above are related to another as a spouse, parent, child or sibling:

Name	Name	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. OTHER PROVIDERS OF SERVICE - Indicate the name of anyone listed above with a controlling interest or ownership of another provider of service or services:

(Note: This requirement applies to the extent that the disclosing entity can obtain this information by requesting it in writing from the person. The disclosing entity must keep copies of all these requests and responses to them, make them available to the Secretary or the Medicaid agency upon request and advise the Medicaid agency when there is no response to the request)

Name of Person	Name of Other Service Provider
_____	_____
_____	_____
_____	_____

“By signing this form, I certify that the information provided on this form is true and correct. I will notify the Department of Public Welfare if any information changes. I will comply with all aspects of this disclosure form. By completing and signing this form, I give consent for the information contained herein to be disclosed to the Department of Health and Human Services or any other appropriate governmental agencies, including the Office of Homeland Security.”

Name: _____
 (Please Print or Type)

Title _____
 (Please Print or Type)

Signature: _____

Date: _____

FORMS

FORM L: DISCLOSURE OF OWNERSHIP AND CONVICTIONS

**Disclosure of Ownership and Conviction
 Pennsylvania Department of Public Welfare
 Medical Assistance Transportation Program**

(As required by 42 C.F.R. §455.106: Disclosure by providers: Information on persons convicted of crimes)

List the name of any person who:

1. Has ownership or control interest in the provider, or is an agent or managing employee of the provider; *and*
2. Has been convicted of a criminal offense related to that person's involvement in any program under Medicare, Medicaid or the Title XX services program since the inception of those programs:

Name	Date of Birth	SSN	Date of Conviction	Relationship to Provider
Address	City	State	Zip Code	Telephone
Name	Date of Birth	SSN	Date of Conviction	Relationship to Provider
Address	City	State	Zip Code	Telephone
Name	Date of Birth	SSN	Date of Conviction	Relationship to Provider
Address	City	State	Zip Code	Telephone
Name	Date of Birth	SSN	Date of Conviction	Relationship to Provider
Address	City	State	Zip Code	Telephone

FORMS

**Disclosure of Ownership and Conviction
Pennsylvania Department of Public Welfare
Medical Assistance Transportation Program**

(As required by 42 C.F.R. §455.106: Disclosure by providers: Information on persons convicted of crimes)

“By signing this form, I certify that the information provided on this form is true and correct. I will notify the Department of Public Welfare if any information changes. I will comply with all aspects of this disclosure form. By completing and signing this form, I give consent for the information contained herein to be disclosed to the Department of Health and Human Services or any other appropriate governmental agencies, including the Office of Homeland Security.”

Name: _____ **Title** _____
(Please Print or Type) (Please Print or Type)

Signature: _____ **Date:** _____

FORMS

FORM M: DISCLOSURE OF SIGNIFICANT BUSINESS TRANSACTIONS

Disclosure of Significant Business Transactions
Pennsylvania Department of Public Welfare
Medical Assistance Transportation Program

(As required by 42 C.F.R. §455.105: Disclosure by providers: Information related to Business transactions)

Within 35 days of the request date, submit full and complete information concerning the following:

1. The ownership of any subcontractor with whom the provider has had business transactions totaling more than \$25,000 during the 12-month period ending on the date of this request:

Request Date: _____

Name	Date of Birth	SSN	Percentage Ownership or Control Interest	Telephone
Address		City	State	Zip Code
Name	Date of Birth	SSN	Percentage Ownership or Control Interest	Telephone
Address		City	State	Zip Code
Name	Date of Birth	SSN	Percentage Ownership or Control Interest	Telephone
Address		City	State	Zip Code
Name	Date of Birth	SSN	Percentage Ownership or Control Interest	Telephone
Address		City	State	Zip Code

**Disclosure of Significant Business Transactions
 Pennsylvania Department of Public Welfare
 Medical Assistance Transportation Program**

(As required by 42 C.F.R. §455.104: Disclosure by providers and fiscal agents: Information on ownership and control)

2. Indicate whether any of the persons identified in number one above are related to another as a spouse, parent, child or sibling:

Name	Name	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. List the name of any other disclosing entity in which a person with an ownership or control interest in the disclosing entity also has an ownership or control interest:

(Note: This requirement applies to the extent that the disclosing entity can obtain this information by requesting it in writing from the person. The disclosing entity must keep copies of all these requests and responses to them, make them available to the Secretary or the Medicaid agency upon request and advise the Medicaid agency when there is no response to the request)

Name of Person	Name of Other Disclosing Entity
_____	_____
_____	_____
_____	_____
_____	_____

“By signing this form, I certify that the information provided on this form is true and correct. I will notify the Department of Public Welfare if any information changes. I will comply with all aspects of this disclosure form. By completing and signing this form, I give consent for the information contained herein to be disclosed to the Department of Health and Human Services or any other appropriate governmental agencies, including the Office of Homeland Security.”

Name: _____ Title: _____
 (Please Print or Type) (Please Print or Type)

Signature: _____ Date: _____