COUNTY OF ALLEGHENY

SARA INNAMORATO
COUNTY EXECUTIVE

Dear Applicant: _____ _____ CLIENT ID _____
Print first and last name (For MATP use only)

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

The MATP application process is simple. You complete and sign the forms listed below and send them to us within 30 days of the "date of application." We review your application and determine if you are eligible to participate.

Please complete all blanks on these forms, unless noted "for MATP use only":

_____ **MATP Application/Eligibility –** helps us determine if you are eligible for service

_____ **Client Authorization for Release of Information –** gives MATP permission to receive / release information from medical facilities, physicians, dentists, hospitals, clinics, and ACCESS Transportation Inc. regarding your need for and / or receipt of MA-covered medical services.

_____ **This Welcome Letter –** your signature indicates that you kept the MATP Instruction & Information booklet and the MATP Holiday Schedule (enclosed).

Optional forms:

_____ **DHS voluntary survey** – completing this form is completely voluntary. What you answer will in no way affect your transportation service. Information you provide helps DHS plan better services.

Transportation services are available during the 30 days you have to return the completed/ signed required forms listed above. Services will be suspended if the required forms, with your signature, are not returned within 30 days of the "date of application" on the application form.

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

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

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

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

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

Regards,

James R. Farwell

MATP Administrator

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

X _____

Applicant signature **Date**

ERIN DALTON, DIRECTOR
DEPARTMENT OF HUMAN SERVICES
OFFICE OF BEHAVIORAL HEALTH
MEDICAL ASSISTANCE TRANSPORTATION PROGRAM (MATP)
HUMAN SERVICES BUILDING • ONE SMITHFIELD STREET • FIRST FLOOR • PITTSBURGH, PA 15222
PHONE (412) 350-4476 • FAX (412) 350-2729 • E-MAIL MATP@ALLEGHENYCOUNTY.US

Medical Assistance Transportation Program (MATP)
Adult (18 years and older) Application / Eligibility Form
1-888-547-6287

Reset Personal Info

Reset All

(PLEASE TYPE OR PRINT CLEARLY)

SECTION I CLIENT IDENTIFYING INFORMATION

Prefix	Last name	First name	Middle name	Suffix	Client ID (for MATP use only)

Cell phone number (including area code)	Home phone number (including area code)	Social Security number	Date of birth (m-d-yyyy)

Pick-up Address

House number	Street name (include St., Ave., Rd.)	Apartment number

City / Township / Borough	County	State	ZIP
	Allegheny	PA	

Mailing Address (if different from pick-up address)

House number, street name, apartment number or P.O. Box	City	State	ZIP

Emergency Contact

Emergency contact name	Emergency contact phone number
Name of parent / guardian	Parent/guardian phone number

R-EC

SECTION II MEDICAL ASSISTANCE ELIGIBILITY VERIFICATION / REVERIFICATION

☐ Group I ☐ Group II (D-00, B-00, PD-00, PD-21, PD-22, PD-29, TD-00, TB-00)

Category of assistance		Program status code	
Plan name		Proof of age	

R II

SECTION III AFFIRMATION OF INFORMATION

I hereby certify that to the best of my knowledge, the information contained herein is true, correct and complete. I agree to report any changes in circumstances immediately to this Service Provider.

I understand that documentation of all eligibility factors may be required to determine eligibility correctly or for auditing purposes, and that giving knowingly false statements is a criminal offense.

I understand that I have a right to request a PA Department of Human Services (formerly DPW) fair hearing.

This affirmation statement covers all attachments required for the determination of eligibility.

Signature of applicant	Signature of interviewer	Date of application m-d-yy
X		

Revised 4-12-18

Pennsylvania
Department of Human Services
Office of Medical Assistance Programs

HIPAA AUTHORIZATION FOR USE OR DISCLOSURE OF HEALTH INFORMATION

Date: _____, 20____

I. THE PATIENT. This form is for use when such authorization is required and complies with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Standards.

Patient's Name: _____

Date of Birth: _____

Social Security Number or MA ID: _____

II. AUTHORIZATION. I authorize any health plan, physician, health care professional, hospital, clinic, laboratory, pharmacy, medical facility, or other health care provider that has provided payment, treatment or services to me or on my behalf ("Authorized Party") to use or disclose the following:

Any medical-related information needed to verify my receipt of medical services for the purpose described below

Hereinafter known as the "Medical Records."

III. DISCLOSURE. The Authorized Party has my authorization to disclose Medical Records to:

Name: Insert Name of MATP ADMINISTRATOR

Address: Insert Contact Information for MATP ADMINISTRATOR

Phone: (____)____ - _____ Fax: (____) ____ - _____

E-Mail: _____

IV. PURPOSE. The reason for this authorization is:

To verify attendance to the appointment for medical services for which you received transportation through the Medical Assistance Transportation Program.

V. TERMINATION. This authorization will terminate:

Upon sending a written revocation to the authorized party.

VI. ACKNOWLEDGMENT OF RIGHTS.

I understand that I have the right to revoke this authorization, in writing and at any time, except where uses or disclosures have already been made based upon my original permission. I might not be able to revoke this authorization if its purpose was to obtain insurance.

I understand that uses and disclosures already made based upon my original permission cannot be taken back.

I understand that it is possible that Medical Records and information used or disclosed with my permission may be re-disclosed by a recipient and no longer protected by the HIPAA Privacy Standards.

I understand that treatment by any party may not be conditioned upon my signing of this authorization (unless treatment is sought only to create Medical Records for a third party or to take part in a research study) and that I may have the right to refuse to sign this authorization.

I will receive a copy of this authorization after I have signed it. A copy of this authorization is as valid as the original.

Signature of Patient: _____ **Date:** _____

Print Name: _____

(IF THE PATIENT IS UNABLE TO SIGN, USE THE SIGNATURE AREA BELOW)

The patient is unable to sign due to: (check one)

☐ - **Being a Minor**. Patient is years old and considered a minor under state law.

☐ - **Being Incapacitated**. Patient is incapacitated due to: _____

☐ - **Other:** _____

Signature of Representative: _____ **Date:** _____

Print Name: _____

Relationship to Patient: ☐ Parent ☐ Spouse ☐ Guardian ☐ Other: _____

ADDITIONAL CONSENT FOR CERTAIN CONDITIONS

I. SENSITIVE INFORMATION. This medical record may contain information about physical or sexual abuse, alcoholism, drug abuse, sexually transmitted diseases, abortion, or mental health treatment. Separate consent must be given before this information can be released.

(check one)

☐ - **I consent** to have the above information released.

☐ - **I do not consent** to have the above information released.

Signature of Patient: _____ **Date:** _____

Print Name: _____

II. HIV/AIDS. This medical record may contain information concerning HIV testing and/or AIDS diagnosis or treatment. Separate consent must be given to have this information released.

(check one)

☐ - **I consent** to have the above information released.

☐ - **I do not consent** to have the above information released.

Signature of Patient: _____ **Date:** _____

Print Name: _____

Pennsylvania
Department of Human Services
Office of Medical Assistance Programs

AUTORIZACIÓN HIPAA PARA EL USO O DIVULGACIÓN DE INFORMACIÓN DE SALUD

Fecha: ____ de _____ de 20____

I. EL PACIENTE. Este formulario se utilizará cuando se requiera dicha autorización y se cumplan las Normas de Privacidad de la Ley de Portabilidad y Responsabilidad de los Seguros de Salud de 1996 (HIPAA, por sus siglas en inglés).

Nombre del Paciente: _____

Fecha de nacimiento: _____

Número de Seguro Social o ID de MA: _____

II. AUTORIZACIÓN. Autorizo a cualquier plan de salud, médico, profesional de la salud, hospital, clínica, laboratorio, farmacia, centro médico u otro proveedor de atención sanitaria que me haya proporcionado pago, tratamiento o servicios, o que los haya proporcionado en mi nombre ("Parte Autorizada") a utilizar o divulgar lo siguiente:

Cualquier información médica necesaria para verificar que he recibido los servicios médicos para los fines que se describen a continuación

En lo sucesivo, "Registros Médicos".

III. DIVULGACIÓN. La Parte Autorizada tiene mi autorización para divulgar mis Registros Médicos a:

Nombre: **[INGRESE EL NOMBRE DEL BENEFICIARIO DEL PROGRAMA MATP]**

Dirección: **[INGRESE LA INFORMACIÓN DE CONTACTO DEL ADMINISTRADOR DE MATP]**

Teléfono: (____)____ - _____ Fax: (____) ____ - _____

Correo electrónico: _____

IV. FINALIDAD. El motivo de esta autorización es:

Verificar la asistencia a la cita para servicios médicos para la que recibió transporte a través del Programa de Transporte de Asistencia Médica (MATP).

V. TERMINACIÓN. Esta autorización terminará:

Al enviar una revocación por escrito a la parte autorizada.

VI. RECONOCIMIENTO DE DERECHOS.

Entiendo que tengo derecho a revocar esta autorización, por escrito y en cualquier momento, excepto cuando ya se hayan hecho usos o divulgaciones sobre la base de mi permiso original. Es posible que no pueda revocar esta autorización si su finalidad era obtener un seguro.

Entiendo que los usos y divulgaciones ya realizados sobre la base de mi permiso original no se pueden revocar.

Entiendo que es posible que un destinatario de mis Registros Médicos o de mi información utilizada o divulgada con mi permiso puede volver a divulgarla y que tal información puede ya no estar protegida por las Normas de Privacidad de la HIPAA.

Entiendo que el tratamiento realizado por cualquier parte no puede estar condicionado a mi firma de esta autorización (a menos que el tratamiento se realice solo para crear Registros Médicos para un tercero o para participar en un estudio de investigación) y que puedo tener derecho a negarme a firmar esta autorización.

Recibiré una copia de esta autorización después de firmarla. Las copias de esta autorización tienen la misma validez que la original.

Firma del Paciente: _____ **Fecha:** _____

Nombre: _____

(SI EL PACIENTE NO PUEDE FIRMAR, UTILICE LA ZONA DE FIRMA DE ABAJO) El paciente no puede firmar debido a: (marque una opción)

☐ - **Es menor de edad**. El paciente tiene ___ años y es considerado menor de edad según la ley estatal.

☐ - **Está incapacitado**. El paciente está incapacitado debido a: _____

☐ - **Otro motivo:** _____

Firma del Representante: _____ **Fecha:** _____

Nombre: _____

Relación con el Paciente: ☐ Padre ☐ Cónyuge ☐ Tutor ☐ Otro: _____

CONSENTIMIENTO ADICIONAL PARA CIERTAS CONDICIONES

I. INFORMACIÓN SENSIBLE. Este historial médico puede contener información sobre abusos físicos o sexuales, alcoholismo, drogadicción, enfermedades de transmisión sexual, abortos o tratamientos de salud mental. Se debe dar un consentimiento por separado antes de divulgar esta información.

(marque una opción)

☐ - **Doy mi consentimiento** para que se divulgue la información anterior.

☐ - **No doy mi consentimiento** para que se divulgue la información anterior.

Firma del Paciente: _____ **Fecha:** _____

Nombre: _____

II. VIH/SIDA. Este historial médico puede contener información relativa a la prueba del VIH y/o al diagnóstico o tratamiento del SIDA. Se debe dar un consentimiento por separado para que se divulgue esta información.

(marque una opción)

☐ - **Doy mi consentimiento** para que se divulgue la información anterior.

☐ - **No doy mi consentimiento** para que se divulgue la información anterior.

Firma del Paciente: _____ **Fecha:** _____

Nombre: _____

Medical Assistance Transportation Program (MATP)

Your Instructions and Information Booklet to help you make the most of MATP services

MATP

Allegheny County Department
of Human Services
One Smithfield Street, 1st Floor
Pittsburgh, PA 15222
1-888-547-MATP (6287)



Travelers Aid

343 Blvd of the Allies
Pittsburgh, PA 15222
412-281-5474

Director's Action Line (DAL)

One Smithfield Street, First Floor
Pittsburgh, PA 15222
1-800-862-6783

MATP ACCESS provider

Each provider listed below provides service to specific areas of Allegheny County. If you are assigned to ACCESS, you will be informed which provider will provide your transportation. If you qualify, circle your ACCESS provider for easy reference.

AirStar
412-381-7230

NAMS
412-781-6774

PRN
1-888-634-8773

S&S
412-829-7627

Table of Contents

Introduction 1

General Information About MATP 2

- MATP can provide
- MATP can take you here
  - Methadone Treatment
- Urgent Care Transportation
  - Methadone Treatment
- MATP cannot take you here
- Rules for MATP riders
  - Young riders
  - Escorts
  - Changes to your personal information
  - Reasons your MATP services may be stopped
  - Inappropriate Behavior
- MATP-observed holidays

If You Have a Question or Complaint 6

Using Public Transportation for Your MATP Trip 7

- Public transportation ahead-of-time tickets
  - For first-time riders or locations not in the Travelers Aid network
  - For locations in the Travelers Aid network
- Requesting your after-your-appointment payback

Using a Private Vehicle for Your MATP Trip 10

- Requesting your after-your-appointment payback

Using ACCESS (Shared-ride Transportation) for Your MATP Trip 11

- Additional information for ACCESS riders
- One-Hour Rule
- To schedule an ACCESS MATP round-trip
- To request your “will-call” return MATP trip on ACCESS
- To cancel an ACCESS MATP trip

Using the MATP Ride-hailing Service 14

- General information about MATP ride-hailing
- Additional rules about MATP ride-hailing
- Travelers Aid-observed holidays
- Scheduling an MATP ride-hailing “to” trip
- Requesting an MATP ride-hailing return trip
- Making your own MATP ride-hailing arrangements

Introduction

This booklet contains all the information you need to successfully use MATP services. Please keep it handy and refer to it when you have questions. If you still have questions about MATP, please call us at 1-888-547-MATP (6287). We will be happy to help.



General Information About MATP

MATP can provide:

- Public transportation (bus, subway and incline) ahead-of-time tickets
- Reimbursement for your use of public transportation or a private vehicle
- Door-to-door service, when medically necessary, via shared-ride or ride-hailing service

MATP is required by law to provide the least costly, most appropriate transportation service available that fits a rider's needs.

If you qualify, MATP can take you (and your escort, if necessary) to and from these MA-billable appointments:

- Non-emergency medical trips related to your physical health
  - Doctor appointments
  - Dental appointments
  - Pharmacy visits to get prescription medication (not available with ride-hailing)
- Non-emergency medical trips related to your mental health counseling
- Non-emergency medical trips related to counseling and treatment for drug and alcohol dependency
- Urgent-care trips (next day or same day) on a case-by-case basis

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.

If you need an Urgent Care appointment — contact Allegheny County MATP immediately to arrange transportation.

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

MATP does not provide transportation for these non-MA-billable reasons:

- Emergency ambulance service
- Trips of distances less than one-quarter of a mile unless you are unable to walk the distance
- Transportation to or from:
  - Veterans Administration (VA) medical centers
  - Mental health social rehabilitation programs
  - Hospital visits unless visting a minor child
  - Day care programs
  - Sheltered workshops
  - WIC programs
  - Nutrition programs

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

If you have needs beyond the scope of the provided MATP services, please contact your service coordinator. If you do not have a service coordinator, please contact IRES at 412-350-4456 or email **OBHInformationRequest@AlleghenyCounty.us**

Rules for riders on all MATP vehicles

Young riders

- Qualified children under 18 need to have a completed MATP Application Packet for Minors in order to use MATP services. Normally this will be signed by a parent or legal guardian.
- Children under four years of age must ride in an approved car seat provided by their parent or legal guardian.
- The parent or legal guardian must ride with the child.
- Children between four and eight years of age must ride in an approved booster seat provided by their parent or legal guardian. The parent or legal guardian must ride with the child.
- Children 13 to 17 years of age must have a signed "Permission for a Minor to Ride MATP Alone" form on file whether or not the child is permitted to ride alone.

Escorts

- MATP does not provide escorts. It is your responsibility to arrange for an escort, if needed.
- You may consider traveling with an escort if:
  - You are unable to safely ride alone
  - Your medical treatment will result in you being unable to safely ride alone
  - You need help to speak with, understand or remember what your medical professional said
- Escorts must be 18 years of age or older.
- Travel arrangements for escorts and registered service animals must be made when you schedule your trip.
- There is no charge if you need an escort.

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 or equipment

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

If your service is denied, reduced or ended, you will be sent written notice about your right to request a fair hearing from the PA Department of Human Services. If you have questions about this, please call the MATP administrator at 1-888-547-MATP (6287) or Neighborhood Legal Services at 412-255-6700.

MATP is closed on weekends and county-observed holidays

Even though the MATP office is closed on weekends and the holidays listed below, you can still use MATP services 365 days a year. You take these closed days into account when scheduling your service.

- New Year's Day (January 1)
- Martin Luther King Jr. Day
- President's Day (third Monday in February)
- Memorial Day (last Monday in May)
- Juneteenth (June 19)
- Independence Day (July 4)
- Labor Day (first Monday in September)
- Columbus Day (second Monday in October)
- Veterans' Day (November 11)
- Thanksgiving (fourth Thursday in November)
- Christmas Day (December 25)

If You Have a Question or Complaint

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.

Contact MATP



- By Phone
  - Weekdays, 8:00 am to 4:30 pm
    1-888-547-MATP (6287)
- Walk-ins
  - Weekdays, 8:30 am to 3:30 pm
    The Human Services Building
    One Smithfield Street, First Floor
    Pittsburgh, PA 15222
- Email **MATP@alleghenycounty.us**

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.

Using Public Transportation for Your MATP Trip

Public transportation ahead-of-time tickets

For first-time riders or people whose medical facility cannot provide Travelers Aid bus tickets

1. At least one week before your scheduled medical appointment, call Travelers Aid at 412-281-5474.
2. Travelers Aid will send the tickets through the mail to your home address in time for your appointment.
3. The envelope will also have a Verification of Billable Services form to be signed by your provider.
4. You must send the Verification of Billable Services form, signed by the facility staff, back to: Travelers Aid, 343 Blvd of the Allies, Pittsburgh, PA 15222, within 10 days of your appointment to get tickets for future appointments. If you break this rule three times, you will no longer get tickets ahead of time. You will need to ask to be paid back.

NOTE:

- There is no guarantee that you will get your tickets on time if your request is placed less than one week ahead of time.
- If you don't get your tickets in time, and you pay out of pocket for your public transportation tickets, you have 10 days from your appointment date to submit acceptable documentation of your visit to: Travelers Aid, 343 Blvd of the Allies, Pittsburgh, PA 15222:
  - Acceptable documentation means the staff at the facility must write on facility/physician letterhead, prescription pad or after-visit summary that you were there for an appointment.

- Reimbursements cannot be made if documentation is received more than 10 days after your appointment date.
- Reimbursement will be paid in bus tickets.

For riders whose facility is in the Travelers Aid network
Because the medical facility that you visit is in the Travelers Aid network, staff there will provide you with that day's return ticket and a bus ticket to get to your next visit.

You are still required to send the signed Verification of Billable Services form to Travelers Aid, 343 Blvd of the Allies, Pittsburgh, PA 15222, within 10 days of your appointment.

Public transportation: Requesting your after appointment reimbursement

Only documented transportation expenses to MA-eligible medical appointments will be reimbursed.

Within 15 days of your appointment, send the following to: MATP Office, One Smithfield Street, First Floor, Pittsburgh, PA 15222 via mail, fax, or email:

1. Proof of visit

- To be reimbursed for travel to/from a medical office visit: Proof of your completed medical visit on the office's official letterhead, prescription pad or after-visit summary that includes the address of the appointment location

  OR

- To be reimbursed for travel to/from a pharmacy prescription pick-up visit: the prescription receipt with your name and the cash register receipt that has the day you picked up your prescription

2. Proof of costs for your travel

- You don't need to send anything for proof of cost. Your home address and the address of your medical appointment or pharmacy will determine actual travel cost based on published public transportation fares.

If you cannot get ahead-of-time tickets but require support purchasing tickets on your own, contact Allegheny GO and see if you are eligible for reduced fares.

Call 412-255-1381
Email DHS-allegheny-go@alleghenycounty.us

You will receive a reimbursement check after your information is verified.



Using a Private Vehicle for Your MATP Trip

If you have access to a private vehicle, you may use it for any MA-eligible appointments and receive mileage reimbursement as well as parking and tolls when receipts are provided.

Requesting your after-your-appointment payback

Within 15 days of your appointment, send the following to: MATP Office, One Smithfield Street, First Floor, Pittsburgh, PA 15222 via mail, fax, or email:

1. ***Proof of visit***

    - To be reimbursed for travel to/from a medical office visit: Proof of your completed medical visit on the office's official letterhead, prescription pad or after-visit summary that includes the address of the appointment location

    OR

    - To be reimbursed for travel to/from a pharmacy prescription pick-up visit: the prescription receipt with your name and the cash register receipt that has the day you picked up your prescription

2. ***Proof of costs for your travel***

    - Send receipts (original and unchanged) for parking and tolls with your trip verification

    - Your home address and the address of your medical appointment will determine actual travel cost based on a per-mile rate

You will receive a reimbursement check after your information is verified.



Using ACCESS (Shared-ride Transportation) for Your MATP Trip

Additional information for ACCESS riders

- ACCESS vehicles operate seven days a week, 6:00 am to 10:00pm, year-round, including holidays.
- Please be ready at least 15 minutes ahead of your scheduled pick-up time.
- ACCESS vehicles are permitted to arrive up to 10 minutes prior and 20 minutes after your scheduled pickup time
- ACCESS vehicles will only wait five minutes at a pick-up site.
    - The PA Department of Human Services granted Allegheny County MATP a waiver regarding pickup windows for MATP services.
- The vehicle that arrives for you may be a van, a wheelchair-lift-equipped vehicle or a sedan. No matter what form it takes, all ACCESS vehicles are marked with the providers logo.
- In the event of bad weather, ACCESS will make every attempt to get you to your destination. Scheduled pick-up times may be delayed or travel restricted for safety concerns.
- You need to make sure the pathway between your door and the ACCESS vehicle is clear of all obstructions. ACCESS drivers will not shovel snow or chip ice.
- ACCESS drivers may help you up or down no more than four steps.
- Only clients and escorts authorized by MATP are permitted on ACCESS vehicles.
- No smoking is permitted on ACCESS vehicles.
- A list of ACCESS providers and their phone number is provided on the inside cover.
- Scheduling and canceling ACCESS trips must be done according to the process below.

To schedule an ACCESS MATP round-trip

Remember, the MATP office is closed on weekends and all county-observed holidays. Please see the list of county observed holidays on page 5.

- Contact MATP up to two weeks before but at least two weekdays before your appointment, as shown in the chart below.
  - By phone toll-free 1-888-547-MATP (6287);
    - 8:00 am to 4:00 pm
  - By walk-in
    - MATP Office, Human Services Building, First Floor, One Smithfield Street, Pittsburgh, PA 15222;
    - 8:30 am to 4:00 pm

Day of your appointment: Monday	**Deadline to call MATP to schedule a ride:** By 4:00 pm on the previous Thursday
Day of your appointment: Tuesday	**Deadline to call MATP to schedule a ride:** By 4:00 pm on the previous Friday
Day of your appointment: Wednesday	**Deadline to call MATP to schedule a ride:** By 4:00 pm on the previous Monday
Day of your appointment: Thursday	**Deadline to call MATP to schedule a ride:** By 4:00 pm on the previous Tuesday
Day of your appointment: Friday	**Deadline to call MATP to schedule a ride:** By 4:00 pm on the previous Wednesday
Day of your appointment: Saturday	**Deadline to call MATP to schedule a ride:** By 4:00 pm on the previous Thursday
Day of your appointment: Sunday	**Deadline to call MATP to schedule a ride:** By 4:00 pm on the previous Thursday

- Next-day trips are considered on a case-by-case basis. If calling for a next-day trip, you must contact MATP before 3:00 pm the previous weekday.

Be ready to tell the MATP interviewer:

- The address, including street name, number and zip code of your medical appointment
- The purpose of your medical appointment
- The name of the physician you will be seeing or facility you will be going to and their office phone number
- The time of your appointment

To request your "will-call" return MATP trip on ACCESS

- Call your assigned ACCESS provider for your return trip home unless you are told otherwise. Phone numbers for all the ACCESS providers are listed on the inside cover.
- If your appointment is scheduled to begin before 2:30 pm, you can use a will-call return trip. When calling a will-call return trip, you must be finished with your appointment and ready to leave. ALL calls for will-call return trips must be made to the provider before 5:00 pm.
- If your appointment is scheduled after 2:30 pm, you must tell the provider a return time in advance.
- Drivers may arrive within five minutes or up to 45 minutes after your call for pick-up.
- Call the provider if you have waited 45 minutes and your driver has not arrived.

To cancel an ACCESS MATP trip

- Call your provider directly at least one hour before your scheduled pick-up time to cancel your trip. Phone numbers for all the ACCESS providers are listed on the inside cover.

Using the MATP Ride-hailing Service

General information about MATP ride-hailing

- MATP determines eligibility for all transportation options, including MATP ride-hailing, based on the most appropriate, cost-effective mode of transportation. Clients cannot sign themselves up for ride-hailing. ***NOTE:*** Only those who are already registered with MATP **and** determined to be eligible **and** referred to Travelers Aid by MATP **and** approved by Travelers Aid may use this service.

- Additional rules for MATP ride-hailing:
  - MATP ride-hailing rides use Uber, Lyft, and zTrip vehicles.
  - Pick-up times for "to" rides using MATP ride-hailing services are available Monday through Friday starting at 8:45 am.
  - Arrangements for after-appointment pick-ups must be made by 4:00 pm.
  - Since rides are scheduled by Travelers Aid and Travelers Aid is closed on weekends and holidays, (see below) any travel needed during these periods must be arranged using a different MATP service.
  - Travelers Aid will call to alert you of the driver's arrival time, the make and model of the car, the company of the car (Uber, Lyft or zTrip) and the name of the driver.
  - The driver will already know your name and destination when they arrive.
  - You must be ready when the driver arrives for pick-up to or from your appointment.
  - No assistance is provided to the rider by the Uber, Lyft or zTrip driver.
  - MATP ride-hailing does not provide transportation to pharmacies for prescription pick-up.

Travelers Aid is closed on weekends and some holidays

Travelers Aid is closed on weekends and on the following holidays, so you cannot use MATP ride-hailing on weekends or the holidays listed below.

- New Year's Day (January 1)
- Martin Luther King Jr. Day (third Monday in January)
- President's Day (third Monday in February)
- Memorial Day (last Monday in May)
- Juneteenth (June 19)
- Independence Day (July 4)
- Labor Day (first Monday in September)
- Columbus Day (second Monday in October)
- Veterans' Day (November 11)
- Thanksgiving Day (fourth Thursday in November)
- Christmas Day (December 25)

Scheduling an MATP ride-hailing "to" trip

If you have been referred by MATP to Travelers Aid to use ride-hailing and have registered for this service, you may contact Travelers Aid at 412-436-9621 so they can schedule your ride.

- You must call Travelers Aid to schedule your trip between 8:30 am and 3:00 pm, Monday through Friday up to one week ahead but at least the day before your appointment.

You must schedule Monday pick-ups no later than 3:00 pm the previous Friday.

Requesting an MATP ride-hailing "return" trip

- All calls to request a return trip using ride-hailing service must be made to Travelers Aid at 412-436-9621 by 4:00 pm.

Allegheny County
Department of Human Services
One Smithfield Street
Pittsburgh, Pennsylvania 15222
www.alleghenycounty.us/dhs

Current as of June 2026