

MATP Policies and Procedures

I. PURPOSE AND SCOPE

The purpose of these policies and procedures is to set forth the standard operating procedures for the Medical Assistance Transportation Program as it is implemented in Fulton County, by the Fulton County Partnership, Inc. (The Prime Contractor). Nothing within these policies and procedures may supersede the Commonwealth of Pennsylvania Department of Public Welfare Office Of Social Programs Medical Assistance Transportation Program Instructions and Requirements (Hereon referred to as the Instructions and Requirements). Any policy or procedure that does not conform to the Instructions and Requirements shall be considered null and void, but will not nullify any other aspects of this document. It should be noted that every effort was made to be sure that these policies and procedures meet specifications of the Instructions and Requirements for the MATP.

II. GENERAL PROVISIONS

II.1 Medical Transportation

Medical Transportation services are defined as transportation to any medical assistance compensable service for the purpose of receiving treatment, medical evaluation or purchasing prescription drugs or medical equipment.

II.2 Medical Assistance compensable providers include but are not limited to:

- Physicians
- Dentist
- Podiatrists
- Medical Suppliers (including low vision centers and opticians)
- Chiropractors
- Independent medical/surgical clinics
- All out patient services provided by general hospitals, including psychiatric services
- Independent laboratories
- Outpatient – Rehabilitation hospitals and all compensable outpatient services provided by hospitals
- Pharmacies
- Private Psychiatric hospitals
- Rural Health Clinics
- Primary Health Care Clinics
- Drug and Alcohol clinics (including methadone maintenance services)
- In patient drug and alcohol detoxification
- Inpatient drug and alcohol rehabilitation
- Family planning clinics
- Midwives
- Birth centers
- Psychiatric clinics (including mental health partial hospitalization)
- Optometrists
- Hospice Programs
- Free standing dialysis clinics
- Short procedure units
- Ambulatory surgical centers
- Psychologists
- Physical therapists
- Certified rehabilitation agencies

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II.3 Medical transportation does not include any of the following: (non inclusive list)

- Ambulance transportation for any reason
- Transportation to any service not compensable through the Medical Assistance Program.
- Transportation as part of inpatient treatment (This is the responsibility of the inpatient facility.)
- Air travel, lodging, and meals *
- Transportation for visitation purposes*
- Transportation to day care programs or sheltered workshops
- Attendants, stretcher service, or door-through-door service.
- Transportation during severe inclement weather when it is deemed unsafe
- Exceptional transportation services[†]

* The County Assistance Office (CAO) May be able to assist with these services/needs.

† As defined at 55 Pa. Code 2070.4

II.4 Hours of Operation

The Fulton County Partnership, Inc. will hold office hours of: Monday through Friday, from 8:00 AM – 4:00 PM. All residents may apply for services, and schedule rides during these hours. Transportation services are provided 24 hours a day, seven days a week, 365 days a year. There is a toll free number (888) 329-2376 with an answering machine that is available for scheduling of Urgent Care^{††} trips 24 hours a day, 7 days a week.

†† Urgent Care must meet the guidelines defined in section II.6 below.

II.5 Trip Boundaries

The MATP in Fulton County will provide rides to any medically necessary destination (as defined by a medical professional and in accordance with above policies) within Pennsylvania, or Maryland.

All trips will originate and terminate from the client’s: domicile, place of employment, school, daycare, or a Medical Assistance compensable facility.

II.6 Urgent Care

Urgent Care is defined as: “Any illness or severe condition which under reasonable standards of medical practice would be diagnosed and treated within a twenty-four (24) hour period and if left untreated, could rapidly become a crisis; or discharge from a hospital will be delayed until services are approved; or a client’s ability to avoid hospitalization depends upon prompt approval of services”

Requests for transportation to urgent care access are considered if the request is validated by a physician, or designee; director of a partial hospitalization program, or designee; director of a psychiatric unit, or designee; or dialysis social worker. When a client requests urgent care transportation, a physician/provider or designee must validate that urgent care is approved.

II.7 Multiple Reimbursements

MATP will not fund multiple reimbursements for clients traveling together in one privately owned vehicle. MATP is a shared ride program. If more than one individual is going to compensable services, the reimbursement is the same as if only one individual was receiving service.

II.8 Client Fraud

Cases involving suspected client fraud will be referred to the Office of Inspector General

II.9 Retroactive costs

MATP will not pay previously incurred costs for medical transportation of individuals who have been approved for medical services retroactively.



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II.10 Policy flexibility / Special needs.

Many of these policies shall be flexible, however, it is the clients responsibility to make special requests prior to the delivery of services. If no request is made, the Fulton County Partnership, Inc. reserves the right to enforce these policies as written. (This means that if you have a special need, or for some reason are not able to meet any of the written requirements in these policies, just call us, and ask us to make a special exception for your need. We will do our best to meet your need, if you have a good reason.) **The Fulton County Partnership will always try to meet the individual's needs and make exceptions to these policies as needed, but always reserves the right to enforce the policies as written. Exceptions to any of these policies shall not void other policies, and exceptions will be made for individuals only. Exceptions for one individual do not apply to others unless individually agreed upon.**

III. ELIGIBILITY AND APPLICATION

III.1 MATP Eligibility requirements

Eligibility regulations for services under the MATP are published in Part IV, Chapter 2070, The Adult Services Manual, 55 Pa. Code 2070. These regulations govern medical transportation services funded under this program. Use of MATP funds must conform to appropriate criteria under Title XIX of the Social Security Act and appropriate state law, including Commonwealth budget enabling legislation, 62 P.S. 1407, and any other statutes governing control and expenditures of federal and state funds. Implicit in the regulations is the critical importance of verifying client eligibility.

III.2 Application and Eligibility

A MATP application form and client signature is required on a one-time basis when a client initially applies for MATP. Client Eligibility, however, must be verified on an ongoing basis. The Fulton County Partnership, Inc. will verify the client's eligibility using the Eligibility Verification System (EVS, the primary verification source) before every trip, to ensure eligibility.

III.3. Application Intake & Screening:

In order to be enrolled in and utilize MATP Services, the individual must do the following:

- Complete and sign the application forms.
- Sign a policy understanding agreement.
- Provide their ACCESS Card number and information.

Once the above has been completed, the client's eligibility will be verified on the EVS. Eligibility will be determined, and the individual will be informed of the decision.

If eligibility can not be determined via the EVS, the client will be referred to the CAO.

A client may enroll via the following methods:

- In person at the FCPI Office located at 22438 Great Cove Road, Suite 102, McConnellsburg, PA 17233
- At their residence with an FCPI Staff member (When available, and doing so meets the FCPI safety requirements)
- Via telephone and US Mail.
- Or the client may complete the forms found at www.fcpinc.net, and return them by mail, or e-mail to matp@fcpinc.net.

An application is not considered to be complete, and thus the client is not eligible for services until the eligibility has been confirmed, and the application has been signed by a member of the FCPI.

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IV. SERVICE SPECIFICATIONS AND REQUIREMENTS

IV.1 Mileage Reimbursement

- All trips will be paid at a rate of \$.20 per mile. Special cases with frequent long distance trips will be referred to the County Assistance Office for reimbursement. MA will not fund trips of less than 1/4 mile unless the recipient is unable to walk the distance. All mileage reimbursement should be submitted to the Fulton County Helpline on the forms provided.
- The most cost effective solution must be utilized. This means that the client must use the nearest medical provider unless medical verification is provided to substantiate that the more distant provider is required to meet the client's medical need. This applies to pharmacies, physicians, and all other METP approved providers.
- Clients who do not use the closest medical provider are not eligible for MATP services or mileage reimbursement.
- All completed forms must be submitted to the Fulton County Partnership, Inc. office following your trips in order to be processed. If any information is incomplete (the doctor's signature, etc.), the form will be returned to you for completion and will be processed upon completion. Forms will be processed as follows:
 - i. Forms will be reviewed by the MATP Coordinator to check the following items:
 - a. All information is completed
 - b. Form is signed by a representative of the facility
 - c. The providers MA Provider number is provided
 - ii. Approximately 15% of all forms will be randomly chosen for confirmation. The medical provider listed shall be called, to confirm that the client was at the appointment, and that the appointment was a Medical Assistance (MA) reimbursable service.
 - iii. Any form which shows any inconsistencies (e.g. questionable MA Provider numbers, questionable signatures, illegible entries, etc.) shall be verified verbally by calling the provider to confirm that the client was at the appointment, and that the appointment was a Medical Assistance (MA) reimbursable service.
 - iv. If upon verification, the provider denies the client was at the appointment, the client will not be reimbursed for that trip. If the client wishes to contest the decision to not reimburse, it will be the clients responsibility (at their own expense) to have the provider complete the appropriate FCP confirmation form, and submit it to the Fulton County Partnership, Inc. office within ten (10) days of the beginning of the dispute.
 - v. All confirmation forms will be verified via telephone contact to the provider.
 - vi. If the client does not agree with the decision made, the client may then complete the complaint procedure.
 - vii. Upon review and completion of any verification, the MATP Coordinator will total the eligible miles, and multiply that total by \$0.20 to come to a reimbursement total. The forms will be forwarded for posting of a check in the determined amount.

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IV.2 Transportation

- i. Trip distance – MATP Will not fund trips where the distance from origin to destination is less than ¼ mile.
- ii. The most cost effective solution must be utilized. This means that the client must use the nearest medical provider unless medical verification is provided to substantiate that the more distant provider is required to meet the client’s medical need. This applies to pharmacies, physicians, and all other MATP approved providers.
- iii. Clients who do not use the closest medical provider are not eligible for MATP services or mileage reimbursement.
- iv. All trips must be scheduled a minimum of twenty-four (24) hours prior to scheduled appointment to be guaranteed. The Fulton County Partnership, Inc. will make every effort to schedule trips requested between twenty-four (24) and two (2) hours prior to the appointment, however, no guarantee is offered that such transportation will be available. No trips will be scheduled within two (2) hours of scheduled appointment, unless the trip is designated as urgent care by a doctor, or representative of a medical facility. Notice, MATP does not provide “Emergency Transportation”.
- v. Once a ride is scheduled, it will be the client’s responsibility to accept the ride, or to notify the Fulton County Partnership, Inc. office at least two (2) hours prior to the scheduled pick-up time. Cancellations may be accepted after two (2) hours prior to the scheduled pick-up time if the driver has not left, and the partnership is able to contact the driver before the driver departs for the pick-up. If these conditions are not met, it will be considered a no-show.
- vi. Clients must be ready fifteen (15) minutes prior to schedule pick-up time, and allow (15) minutes after the scheduled pick-up time for the driver to arrive.
- vii. The client must be in the vehicle within three (3) minutes of the vehicle arrival or it will be considered a no-show.
- viii. Clients may be picked up only at their residence, or a medical office where they were transported by a Fulton County Partnership, Inc. MATP Driver.
- ix. All MATP Clients shall be allowed one (1) escort. An escort is a person who will accompany a client at all times during the MATP provided trip.
- x. Minors may be required to have an adult escort. If an escort is required, the reason will be presented to the parent or guardian in writing and a copy will be kept in the file.

V. MATP SANCTION POLICY

The Fulton County MATP Sanction Policy will ensure the appropriate use of the medical assistance funds as well as prevent fraud and abuse.

Fraudulent claims and inappropriate client behavior will be subject to investigation and can result in temporary or permanent suspension of MATP benefits, not in accordance with the below sanction policy.

Fraudulent claims and/or inappropriate behavior will include, but not be limited to:

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- Falsification of doctor’s signature. (Depending on circumstances, may result in immediate permanent suspension and will in all cases be forwarded to the Office of the Inspector General for review.)
- Falsification of mileage to be reimbursed on invoice. (Depending on circumstances, may result in immediate permanent suspension and or forwarding to the office of the Inspector General)
- Intoxicated or disorderly behavior during interview and/or interaction with Fulton County Partnership or contractor staff thereafter.
- Use of inappropriate language during the interview and/or interaction with Fulton County Partnership or contractor staff thereafter.
- No-show (not accepting a ride when a driver arrives, not accepting a ride within three (3) minutes of driver arrival, or calling to cancel a ride less than two (2) hours prior to scheduled pick-up time.)

The following actions will be taken to ensure the effectiveness and efficiency of the medical assistance transportation program. A written warning will be issued to clients before any suspension with the exception of fraud, threats or actions that endanger any staff or volunteer of the program.

<u>First Offense:</u>	Written warning.
<u>Second Offense:</u>	A One (1) month suspension from medical assistance transportation program benefits.
<u>Third Offense:</u>	A three (3) month suspension from medical assistance transportation program benefits.
<u>Fourth Offense:</u>	A one (1) year suspension from medical assistance transportation program benefits.

VI. GREIVIENCE/COMPLAINT POLICY

A complaint is an issue, dispute, or objection presented by or on behalf of a client regarding the coverage, operations, management policies, or quality of services, other than from a denial of transportation services.

This written complaint process has been established to address issues that demand immediate attention.

If you have a complaint regarding availability of services, quality of services, general operations, or management policies, please follow the below outlined procedure.

VI.1 Documentation of the complaint.

All complaints must be documented. A complaint may be presented in writing, or orally either in person or by telephone, where such complaint will be transcribed to a written form and then be signed by the person initializing the complaint. All complaints must be signed with the clients name and address. Anonymous complaints will not be reviewed. Complaints shall be submitted to the MATP Coordinator at the Fulton County Partnership, Inc.

VI.2 Review of the complaint.

Upon submission of a complaint, the MATP Coordinator shall review the circumstances surrounding the complaint. (If the MATP Coordinator is involved in the complaint, the Fulton County Partnership, Inc. Executive Director or his/her designee shall review the complaint.)

VI.3 Responses to the complaint.

Upon completion of the review of the complaint, the reviewer shall make a written response. This response shall detail all findings of the review and shall provide measures for resolution and or corrective actions to be taken. Copies of this response shall be placed in the clients file, where it will remain a part of the clients record, a copy of the response shall be forwarded to the Partnership Executive Director, a copy of the response shall be delivered to the person initiating the response, and a copy shall be delivered to each person involved in the complaint.



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VI.4 Resolution of the complaint.

If the complaint has been resolved, no further action shall be necessary. If the complaint is not resolved, the person initiating the complaint shall explain why the resolution was not satisfactory in writing, or orally to the MATP Coordinator who shall then transcribe the explanation to paper and submit it with the original complaint, and the response to the complaint to the Executive Director of the Fulton County Partnership, Inc. The Executive Director or her/his designee shall then follow steps two (2) and three (3) as listed above. If the complaint is not resolved satisfactorily at this level, the process shall be continued at the County Commissioners office.

VI.5 No resolution at the county level.

If the complaint is not resolved at the county level, the office of Social Programs shall facilitate a final resolution.

VII. CLIENTS RIGHTS AND RESPONSIBILITIES

VII.1 Clients rights:

- To be treated with dignity and respect.
- To be provided services without regard to: race, sex, age, national origin, religious preference, or any other federally prohibited discrimination.
- To be given a copy of the policies and procedures.
- To follow the grievance policy, if they feel that they have been treated unfairly.

VII.2 Clients responsibilities:

- To provide true and accurate information.
- To provide updated information when their situation changes
- To understand the policies and procedures of MATP
- To ask for assistance when they do not understand any aspect of MATP
- To treat the staff of FCPI with respect and dignity.

VIII. CERTIFICATION

I certify that I have been given a copy of these policies and procedures, and that they were reviewed with me by a member of the Fulton County Partnership, Inc. I understand that it is my responsibility to thoroughly read, understand, and abide by these policies and procedures.

Signature

Date

Client Name Printed

Staff Signature

Date

