

**WELCOME TO THE MEDICAL ASSISTANCE  
TRANSPORTATION PROGRAM (MATP)  
ONE APPLICATION PER RECEIPT ( CALL FOR ADDITIONAL FORMS )**

Name (Last, First, MI)		Date of Birth	Telephone Number		
Address (Street, City, Town, State, Zip Code)				County Of Residence	
Physical Address (for paratransit use ONLY)			Development /Community Name		
Directions to residence					
Access Card Information →	Recipient Number	Social Security Number	Verification	Code	
<b>AFFIRMATION OF INFORMATION:</b> 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 Department of Public Welfare fair hearing. This affirmation statement covers all attachments required for the determination of eligibility.					
Signature Of Client Or Designee				Date Signed	

**I. INFORMATION SO WE MAY SERVE YOU BETTER**

What is the nature of your disability: Check those that apply.

Mobility                       Visual  
 Cognitive                       Mental  
 Hearing                       Other-please specify)

Please check all mobility aids that apply.

Manual wheelchair                       Crutches  
 Power Wheelchair                       Cane  
 Motorized Scooter                       Walker

**II. CURRENT MODE OF TRANSPORTATION:**

Check those that apply

Drive my own vehicle                       Taxi  
 Have access to a vehicle                       other-Please  
 specify \_\_\_\_\_

<b>Office Use Only</b>		
Date _____	Interviewer _____	
Paratransit	MR	N/E _____

**PLEASE READ ESCORT POLICY ON THE OTHER SIDE AND SIGN ALSO** 

**WELCOME TO THE MEDICAL ASSISTANCE  
TRANSPORTATION PROGRAM (MATP)**

**ESCORT POLICY**

**CONSUMERS RESPONSIBILITIES:**

1. Have the ability to get their wheelchair to our lift by themselves or have an aide to assist.
2. At destination point, must be able to disembark by themselves or have an aide assist them. (We do NOT provide aides)

\*Based on physical and or medical conditions, certain clients may be required to have an escort ride with them for their own safety and well being.

**DRIVER'S RESPONSIBILITIES:**

1. Moving wheelchair on to lift and into appropriate position
2. Secure wheelchair in position, with restraints, while in transport
3. Return passenger to lift and discharge at destination.

**DRIVERS ARE NOT PERMITTED TO:**

Take wheelchairs up or down stairs or push wheelchairs from destination to lift, or provide door to door service.

I have read and understand the above policy:

---

Client's Signature

# WELCOME TO THE MEDICAL ASSISTANCE TRANSPORTATION PROGRAM (MATP)

## A. WHAT IS MATP?

The Medical Assistance Transportation Program (MATP) is a transportation service available to Medical Assistance (MA) consumers in Pike County. MATP is funded by the Pennsylvania Department of Public Welfare. In Pike County the MATP Program is run by Pike County Transportation.

Our program offers transportation or mileage reimbursement to help you get to medical care or services from an approved MA provider. We are required to provide you with the most cost effective and appropriate means of service available, to meet your needs. An assessment of your transportation needs is required upon application.

You may use MATP services to travel to medical appointments or for any pre-approved, service Medical Assistance pays for. These include physical therapy, medically necessitated tests, dental visits, pharmacy pick-up, mental health treatment, drug & alcohol treatment, and trips to medical equipment suppliers.

You CANNOT use MATP:

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

## B. HOW TO CONTACT US

Our office is located at 506 Broad Street Milford, PA 18337. The phone number(s) are:

**570-296-3408 or toll free at 866-681-4947**

**[www.pikepa.org](http://www.pikepa.org)**

**\*All transportation forms available on line\***

Our regular office hours are Monday through Friday from 7:30am to 4:00pm. 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 make every attempt to return your call expeditiously. Our answering machine will also tell you what to do if you need urgent care transportation (see pg. 5) and where to call for emergency transportation.

# WELCOME TO THE MEDICAL ASSISTANCE TRANSPORTATION PROGRAM (MATP)

## **C. WHAT MEDICAL TRANSPORTATION SERVICES DO WE PROVIDE?**

Transportation Options: Depending on where you are going, your individual needs, and the costs involved; we could provide you with transportation in any one of the following ways:

- Lift-Equipped Vans
- Shared Ride Van
- Taxi
- Mileage Reimbursement

### **Mileage Reimbursement**

If you are determined to be eligible for mileage reimbursement, we will provide you mileage reimbursement at the rate of \$.25/mile. We will also reimburse you for incurred parking and/or toll expenses, when proper proof is submitted. Each visit claimed must be documented by a physician or authorized MA provider. This includes receipts from the pharmacy or a slip signed by the medical providers' office.

### **Paratransit transportation**

If the Program Office determines you eligible for the Shared Ride Para-transit transportation, you will be notified of the scheduling process. The Shared Ride program means you will be riding with other passengers. Depending on where you need to go, MATP can arrange a ride for you using vans, accessible vehicles for persons with disabilities, or taxis.

## **D. SCHEDULED TRANSPORTATION TO YOUR APPOINTMENT**

Pike County does NOT provide escorts, If you need a ride to a medical appointment, you should call us soon as possible. Two days being the minimum. If your MATP eligibility is current, we will schedule your transportation. When you call we will ask you the date and time of your appointment, where you need to go, and how long the appointment will last (if you know).

Inform our office of any special needs you may have, or if you require an escort; (Pike County Transportation does not provide escorts, but if they are used by consumer may ride free of charge); if you need an accessible vehicle, or have a child requiring a car seat, please let us know immediately.

Should your appointment be cancelled and rescheduled, please inform our office, prior to the day of the appointment.

# WELCOME TO THE MEDICAL ASSISTANCE TRANSPORTATION PROGRAM (MATP)

## Pick Up and Drop Off Guidelines

If we will be transporting you using shared ride, you will be told in advance the approximate time you will be picked up by the MATP driver. The time of your pick up will also be provided. In order to facilitate an effective and efficient flow of transport, we ask you to be ready no less than 45 minutes prior to your pick up time. We will make every attempt to stay within a one hour time frame for both drop off and pick up. If you are kept waiting for an inordinate period of time, please do not hesitate to inform us of your displeasure, and we will make a concentrated effort to resolve your concerns. You may call 1-866-681-4947. If at all possible, alternate arrangements will be made.

## *Urgent Medical Transportation*

***Urgent care transportation is any illness or serious condition, which under reasonable standards of practice would be diagnosed and treated within a 24 hour period, but if left untreated may rapidly become a crisis and/or emergency situation resulting in a hospital admission.***

If you experience an urgent need for transportation, during our normal business hours, please call our office. If it is after hours or a holiday or weekend, and you and your physician feel you need urgent transportation, **CALL 1-800-233-8911 for 24 hour assistance.**

If you need emergency transportation, we suggest you do call **911**.

## **E. HOW FAR CAN YOU GO WITH MATP?**

We are responsible for providing or for arranging your transportation to get you to the medical care you need.

**If you are enrolled in the Medical Assistance ACCESS Plus Program,** You can use MATP services to get to your selected or assigned Personal Care Physician (PCP) and any specialist to whom your PCP refers you.

**If you belong to Healthchoices or an (MCO) for services,** you are able to access behavioral health services anywhere in the MCO network.

## **WELCOME TO THE MEDICAL ASSISTANCE TRANSPORTATION PROGRAM (MATP)**

**If you are in Medical Assistance fee-for-service**, we will provide or arrange transportation for you to the provider who is closest to your home and who can meet your medical needs. We will take you to a more distant provider only if you give us medical information that shows the more distant provider is required to meet your needs. This includes a letter of need from you or your provider explaining the situation and how a different provider will meet your needs. If you have questions regarding the transportation options available to you, please contact our office.

### **F. ESCORT POLICY**

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

- If you are under 18, you must be escorted by a parent or other relative/guardian
- If you cannot travel independently, or you need any assistance due to age, illness, physical or mental disability
- If you do not speak English, you can bring someone with you to interpret
- Drivers have the right to recommend to the manager if a client needs an escort.

### **G. BASIC POLICIES FOR PASSENGERS**

- Be ready for driver
- NO profanity
- NO eating, drinking, and or smoking,
- NO weapons of any kind
- NO pets except service animals
- Shirts and Shoes are required ( male / female )
- Passengers are required to call immediately if their appointment is cancelled

**\* MISREPRESENTATION OF ELIGIBILITY AND QUALIFICATION FOR  
PROGRAMS WILL RESULT IN PERMANENT SUSPENSION. \***

# WELCOME TO THE MEDICAL ASSISTANCE TRANSPORTATION PROGRAM (MATP)

## **H. NO SHOWS:**

Consumers must call and cancel a ride that is no longer needed to avoid being a no show. You must call 24 hours in advance. Otherwise  
A no – show is defined as any scheduled trip that is not taken and not canceled by the passenger.

## **I. SANCTION POLICY**

### **Sanction Policies for misconduct and no shows will commence with the first offense.**

Each offense will be dealt with individually, depending on its severity. Pike County reserves the right to enforce the following progressive sanction policies:

1. First offense will result in a written warning by the operator or the driver, with no riding privileges effected at that time.
2. A second offense will result in a written notice from the transportation provider: *Pike County Transportation* -This may be by mail or in person within ten business days of the offense.
3. Future non-compliance with corresponding third written notice will result in the suspension of services. Suspension will be for a thirty day period. Suspension will occur 15 days after the dated notice. Referral to the Pike County Assistance Office will be done at that time. DPW written notice will explain the suspension and appeal rights.

**\*\* ANY UNACCEPTABLE BEHAVIOR THAT THREATENS THE SAFETY OF THE DRIVER OR ANY PASSENGERS MAY RESULT IN IMMEDIATE SUSPENSION, AND PIKE COUNTY TRANSPORTATION RESERVES THE RIGHT TO DENY TRANSPORTATION SERVICES DURING THE APPEAL PROCESS.\*\***

## **WELCOME TO THE MEDICAL ASSISTANCE TRANSPORTATION PROGRAM (MATP)**

### **J. 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 10 days.

1. Inform transportation either verbally or in writing of your complaint. (The complaint will then be documented by Transportation Manager).
2. If you are dissatisfied with the transportation Manager's response or resolution, you may want to proceed to the next level. You may contact Pike County Administration Office, 506 Broad Street Milford PA 18337 You may also contact the Director of Transportation at 570-296-3439. Response will be made within 10 business days.

*If the complaint is not resolved by these levels of review, a copy will be forwarded to the office of Medical Assistance Programs in Harrisburg, Pa.*

### **K. APPEAL PROCESS**

We are required to give you a written notice if we deny your request for MATP transportation or for mileage reimbursement. We are also required to give you written notice in advance if we plan to reduce or change your services or suspend you from the program for any length of time. The notice will tell you the reasons for our action, when the action will go into effect, and your rights to appeal this action.

**You can get free legal assistance if you need help with an appeal.**

If you need help with an appeal you can call Pike County Assistance Office @ (570) 296-6114. Your local legal services office at 1-800-262-5297 or the Pennsylvania Health Law Project at 1-800-274-3258.

### **L. OTHER MEDICAL TRANSPORTATION RESOURCES**

If we are not able to meet your medical transportation needs, you will be referred to your caseworker at the local County Assistance Office at 1-570-296-6114.