



**PIKE COUNTY TRANSPORTATION OFFICE
OFFICE HOURS MONDAY – FRIDAY 7:30 AM – 4:00 PM
MEDICAL ASSISTANCE TRANSPORTATION PROGRAM – MATP
SUBMIT ONE (1) APPLICATION PER CLIENT
PLEASE PRINT**

Client Last Name _____ Client First Name _____ M/F _____

Mailing Address _____

Physical Address _____

Name of Development/Community _____ Gate Code _____

Directions to Residence _____

Date of Birth _____ Telephone # _____ Cell Phone # _____

Access Card Recipient Number _____ Please make a copy and attach to application

Social Security Number _____

Copy of Pennsylvania Drivers License or ID

Please make a copy and attach to application

Emergency Contact Name _____ Phone Number _____

INFORMATION SO WE MAY SERVE YOU BETTER

What is the nature of your disability? Please check those that apply.

Mobility ___ Cognitive ___ Hearing ___ Visual ___ Mental ___ Other (Specify) _____

Please check all mobility aids that apply.

Manual Wheelchair ___ Power Wheelchair ___ Motorized Scooter ___ Crutches ___

Cane ___ Walker ___

TYPE OF TRANSPORTATION REQUIRED

Please check one that would apply.

___ I will be riding on Pike County Transportation vehicles.

___ I will be transported via my own vehicle or that of another individual-Mileage Reimbursement.

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 Department of Public Welfare fair hearing. This affirmation statement covers all attachments required for the determination of eligibility.

Signature _____ Date _____

(Signature of Client or Designee) **PLEASE RETURN THIS PAGE ONLY**

OFFICE USE ONLY

Date Received _____ Check one that applies: ___ Paratransit ___ MR ___ N/E ___

Reviewer _____ Verification _____ Code _____

Do you require the services of a personal care attendant or escort when you travel? (Someone that is needed to assist you during the trip or at the origin or destination) _____ Yes _____ No

Describe when you need the assistance: _____

If so, please complete the escort application and return.

ESCORT POLICY AND APPLICATION

An escort is an individual/agency employed that shall accompany a client to his or her appointment. Based on physical, medical or mental conditions, certain clients may be required to have an escort of their choice ride with them. This is for the safety and well being of the client and is the sole responsibility of the client.

The escort may not be employed by or provided by the Transportation Office delivering the transport and must be registered with the Transportation Office.

The Transportation Office needs to be notified as soon as possible, should an escort change and that a new escort will be assuming these responsibilities. The new escort must complete an application and provide requested documentation.

The client is responsible to make sure that their escort has submitted the completed escort application before transportation services are provided.

The client is responsible to notify the Transportation Office of any changes in escorts.

An escort must be 25 years of age or older.

All escorts are responsible to submit the escort application along with proof of identification.

Escorts will travel with their respective consumer at all times.

ALL ESCORTS ARE REQUIRED TO FILL OUT THE APPLICATION BELOW AND RETURN

Client's Name _____

Escort's Name _____ Date _____

Address _____

Phone _____ Cell Phone _____

Emergency Contact _____

Agency Affiliation _____

Escort Signature _____

A copy of the following identification is required to be submitted with this application:

Pennsylvania ID

or

Pennsylvania Driver's License

PENNSYLVANIA DEPT. OF TRANSPORTATION REQUIRES US TO VERIFY THE AGE OF EVERYONE USING OUR SERVICE. PLEASE RETURN APPLICATION WITH A COPY OF ONE THE FOLLOWING PROOFS OF AGE.

ACCEPTABLE PROOFS OF AGE And ID

1. Birth Certificate
2. Baptismal Certificate
3. Current Pennsylvania Driver's License
4. Armed Forces Discharge Papers
5. US Passport
6. Naturalization Papers
7. PennDOT-issued photo ID card
8. Pace I.D. Card
9. Statement of Age from US Social Security Administration
10. Resident Alien Card issued by the US Dept. of Justice-Immigration and Naturalization

IDENTIFICATION: YOU MAY BE REQUIRED TO SHOW A FORM IF I.D. TO THE DRIVER WHEN BOARDING THE VEHICLE

MEDICAL ASSISTANCE TRANSPORTATION PROGRAM - MATP

The Medical Assistance Transportation Program-MATP is a transportation service available to Medical Assistance (MA) clients in Pike County. MATP is funded by the Pennsylvania Department of Human Services. In Pike County the MATP Program is run by the Pike County Transportation Office. 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 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.

MEDICAL TRANSPORTATION SERVICES

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
- Mileage Reimbursement

MILEAGE REIMBURSEMENT

If you are determined to be eligible for mileage reimbursement, we will provide you mileage reimbursement at the rate of \$.12/mile. We will also reimburse you for incurred parking and/or toll expenses, when proper proof is submitted. Each visit claimed must be documented and stamped 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 Transportation Office determines you eligible for the Shared Ride Para-transit transportation, please review all the information quoted in the Transportation brochure which applies to the scheduling process. Shared Ride Program means you will be riding with other passengers. Depending on where you need to go within our service territory, MATP can arrange a ride for you using vans, accessible vehicles for persons with disabilities.

SCHEDULING TRANSPORTATION TO YOUR APPOINTMENT

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 a client the escort must be registered and may ride free of charge); if you need a wheelchair accessible vehicle please let us know immediately. If you have a child riding on a trip YOU must provide the proper safety car seat. Should your appointment be cancelled and rescheduled, please inform our office, prior to the day of the appointment.

PICK UP AND DROP OFF GUIDELINES

You will be using shared ride transportation and you must be ready 1 -1 ½ hours prior to your appointment time. You will be picked up in about an hour after your appointment time. In order to facilitate an effective and efficient flow of transport, we will make every attempt to stay within all scheduled appointments. However, 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.

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 are in need of going to a urgent medical appointment please call the office to schedule your trip as soon as possible. Verification of "urgency" will be required. If you experience an urgent need for transportation, we also suggest you do call 911.

HOW FAR CAN YOU GO WITH MATP

We are responsible for providing or for arranging your transportation to get you the medical care you need. If you are enrolled in the Medical Assistance Health Choices 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 as long it is within the service territory. (see brochure)

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.

This includes a letter of need from you or your provider explaining the situation and how a different provider will meet your needs.

PHARMACY TRIPS

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, and Availability of a closer clinic. If you have questions regarding the transportation options available to you, please contact our office.

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 5 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.

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. Inform transportation either verbally or in writing of your complaint. (The complaint will then be documented by Transportation Manager). If you are dissatisfied with the transportation manager's response or resolution, you may want to proceed to the next level. Contact: Pike County Transportation Director, 506 Broad Street, Milford, PA 18337. If you are dissatisfied with the second review the Department will forward the complaint to the MATP program monitor in the Department of Human Services.

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 written notice in advance if we plan to reduce or change your services or suspend you from the program for any length of time. This notice will tell you the reason 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.

Contact: Pike County Assistance Office 570-296-6114

North Penn Legal Services 570-424-5338

BASIC POLICIES FOR PASSENGERS

- Be ready for driver
- NO profanity
- NO smoking
- NO weapons of any kind
- NO pets except service animals
- Appropriate Cleanliness
- Feeling under the weather, please do not ride
- 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
- Unacceptable behavior that threatens the safety of the driver and passengers will result in permanent suspension
- Transportation Office reserves the right to deny transportation services during the appeal process

QUESTIONS?

CONTACT

Pike County Transportation

506 Broad Street

Milford, PA 18337

Phone 570-296-3408

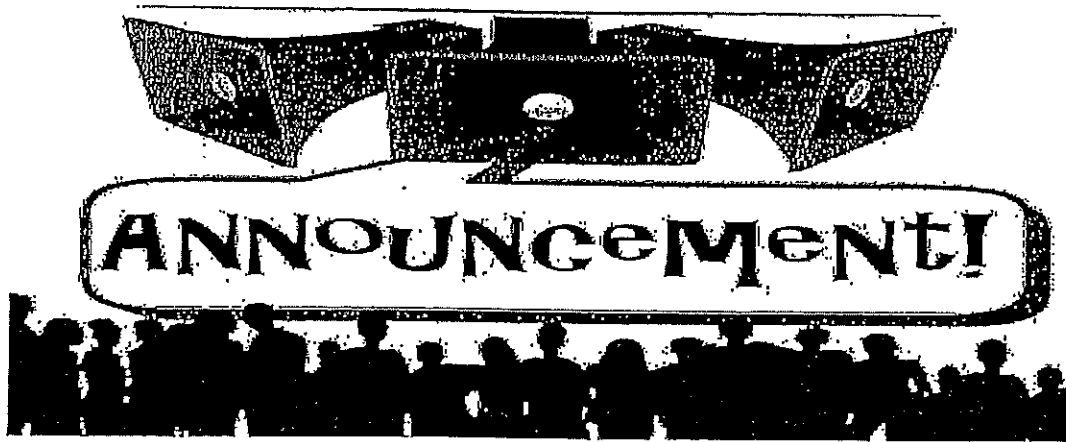
Fax 570-296-~~3436~~ 3436

866-681-4947

www.pikepa.org

UPDATED MARCH 29, 2017

PIKE COUNTY TRANSPORTATION



We are pleased to announce that the Transportation Department now has 2 ways to let our riders know if we are operating or not.

Check BRC TV- Channel 13 on Blue Ridge Cable

OR

Call our NEW Status Line at 570-296-1959 to hear our recording on the current status of the department.

