pennsylvania
DEPARTMENT OF HUMAN SERVICES

Medical Assistance Transportation Program Stakeholder Input and Options Analysis Workgroup Summary Report

Office of Medical Assistance Programs, Bureau of Managed Care Operations

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Glossary

Acronyms and Key Terms

Acronym	Definition
AAA	Area Agencies on Aging
ADA	American Disabilities Act
ATA	Area Transportation Authority
BeST	Bradford Sullivan Tioga (Transit agency)
CHC	Community HealthChoices
CMS	Centers for Medicare & Medicaid Services
CPTA	Central Pennsylvania Transportation Authority (rabbittransit)
DHS	Department of Human Services
DOT	Department of Transportation
FFP	Federal Financial Participation
FMAP	Federal Medical Assistance Percentages
HST	Human Service Transportation
MATP	Medical Assistance Transportation Program
MA	Medical Assistance (Medicaid)
MH/ID	Mental Health/Intellectual Disabilities
NEMT	Non-Emergency Medical Transportation
OGC	Office of General Counsel
OMAP	Office of Medical Assistance Programs
PDA	Pennsylvania Department of Aging
PennDOT	Pennsylvania Department of Transportation
PWD	Persons with Disabilities
RFA	Request for Application
RFP	Request for Proposal
PMPM	Per Member Per Month
S&G	Standards & Guidelines
SEPTA	Southeastern Pennsylvania Transportation Authority
SFY	State Fiscal Year
SSRP	Senior Shared-Ride Program
STEP	Success Through Engagement and Partnership

Key Term	Definition
Capitated (or 'capitation rate')	A payment structure where a monthly amount ('capitation rate') is paid to an entity for each covered individual (or 'member'), regardless of the amount or actual cost of services provided to that individual under a system of reimbursement. Capitation rates can vary based on demographics, location, covered services, or other characteristics. These rates can be structured so that the entity is fully at risk (paid a fixed amount but responsible for the actual cost of a program) – or so that an entity shares the risk with other parties (paid an amount that could vary depending on actual program usage or cost).[1]
Collaboration (formal)	Working together to deliver regional enhancements without increasing new layers of management or additional levels of administration. Collaboration is typically done in a more formal arrangement than efforts involving coordination. It encourages more efficient use of funding and public resources.
Coordination (informal)	In human service transportation, coordination allows the most efficient use of funds and limited transportation resources by avoiding duplication caused by overlapping individual program efforts by encouraging the use and sharing of existing community resources when possible. It is typically less formal or structured than collaboration or collaborative agreements.
Consumer	A person covered by MA who is a current or potential user of the MATP.
Ecolane	Ecolane is a transit scheduling and dispatch software[2]
Federal Financial Participation (FFP)	The Federal Government's share of a state's expenditures under the Medicaid program[3]
Fixed Route Transit	A regularly scheduled transportation service operating on a set route[4]
Human Service Transportation (HST)	Human service transportation includes a broad range of transportation service options designed to meet the needs of transportation disadvantaged populations including older adults, disabled persons and/or those with lower income[5]
Hybrid administrative model	One of the five current models for administration of the MATP in Pennsylvania (see Structure section of Program Background)
Hybrid service delivery model	One of the three options for alternative MATP models as developed by the Workgroup (see Option I)
Needs Assessment	A step in the MATP registration process to determine the most appropriate mode and specific needs for transportation for the consumer[6]

Key Term	Definition
Paratransit Ride	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[7]
Per member, per month	The amount of money paid or received on a monthly basis for each individual in the enrolled program, abbreviated as PMPM[8]
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[9]

Executive Summary

The Medical Assistance Transportation Program Stakeholder Input and Options Analysis Workgroup (the Workgroup) is pleased to present this Summary Report, reflecting the research and compilation of potential options to improve the administration and service delivery of the Medical Assistance Transportation Program (MATP) in the Commonwealth of Pennsylvania.

The Centers for Medicare & Medicaid Services (CMS) requires states to provide an assurance of necessary transportation for Medicaid consumers to travel to and from medical providers.[10] Accordingly, Pennsylvania's State Plan assures that transportation is available to transport consumers to and from qualified Medicaid-enrolled providers of their choice who are generally available and used by other members of the consumer's community. Non-emergency medical transportation (NEMT) services are provided by the MATP through agreements with county governments, transportation brokers, and local transit agencies.

In addition to the MATP, there are other transportation programs for Medical Assistance (MA) consumers in Pennsylvania that are provided through other Bureaus and agencies. Other types of medical transportation, such as emergency ambulance transportation and non-emergency medically necessary ambulance transportation are not included in the MATP. Similarly, participants in MA waiver programs may also receive NEMT services as included in their individual service plans, which is not provided through the MATP.

Pennsylvania provides NEMT to MA consumers through the MATP. Though the program provides the necessary services, it is administratively complex. The Department of Human Services (DHS) uses five different models to administer the MATP: broker, direct contract, hybrid administrative, service provider, and vendor (see Figure 1).[11]

Figure 1. Map of MATP Administrative Models Across Pennsylvania by County

A brokered model is run by a specialized third-party vendor that contracts with a state Medicaid agency to coordinate and administer all NEMT services. This model uses a full risk, per member per month (PMPM) payment method and is currently operating in one county only in Pennsylvania.

The direct contract model applies to thirteen counties that elected to allow DHS to administer the MATP. DHS then contracted with the shared-ride/transit providers to provide NEMT services to these counties. The providers invoice DHS and receive payment monthly.

Eight counties administer the program through a hybrid administrative model. This means that the county shares responsibility with a contracted vendor to provide MATP administration and services. Since a vendor provides some of the MATP functions, the county cannot claim as much in administrative costs.

Seven counties are referred to as service providers, meaning that the counties are responsible for all administrative components of the MATP. The counties submit time study reports and claim their administrative costs depending on the result of the time study.

Thirty-eight counties administer MATP through the vendor model. In this model, the county contracts with vendors, usually transit agencies, to handle both administration and service provision of the MATP.[12] Since the county's staff is not directly involved in the administration of MATP, the county cannot claim administrative costs.[13]

The payment method for the hybrid, service provider, and vendor models is as follows:
1. The counties submit budget projections to DHS, which are used by DHS to determine each county's budget allocation.
2. DHS processes quarterly payments to the counties that are based on the current budget allocation.
3. Throughout the year, DHS reviews the quarterly allocations against actual expenditures and adjusts the allocations accordingly.
4. After the close of the fiscal year, DHS reviews quarterly payments made to counties against actual expenditures. DHS will either seek a refund if the actual expenditures are less than the payments made or, contingent upon the availability of funds, DHS provides a payment to counties based on actual expenses.

Pennsylvania's MATP is the third largest NEMT program in the United States as measured by annual expenditures, serving the fifth largest population enrolled in Medicaid.[14,15] For the state fiscal year (SFY) 2020-2021, the program was allocated approximately $140 million in state and federal funding to provide a projected 9.5 million trips.[16] MATP services are provided statewide and DHS receives federal matching funds for the MATP service costs. DHS receives an administrative federal financial participation (FFP) rate of 50% for all MATP models except for the broker model. The broker model is eligible for the enhanced FFP service match (equal to 52.2% for Pennsylvania during federal fiscal year 2021), which varies based on state economic conditions and populations covered. If a brokerage model was used in all other counties, DHS would realize increased federal funding; however, the analysis of overall financial impact to the state was not part of the scope of this effort.

Act 40 of 2018, which amended the Human Service Code, required the DHS to issue a solicitation for statewide or regional brokers to provide administrative and operational MATP services. On December 21, 2018, DHS issued a Request for Application (RFA) No. 28-18, which solicited applicants. The RFA proposed three regions across the state. The Human Services Code was again amended as a result of Act 19 of 2019. Act 19 required DHS, in collaboration with the Pennsylvania Department of Transportation (PennDOT) and the Pennsylvania Department of Aging (PDA), to commission an analysis before contracting with a broker or implementing a full risk brokerage model to

administer the MATP. The Act also required DHS to put the procurement on hold pending the analysis.

To comply with Act 19, a Workgroup was established, which was comprised of representatives from DHS, including the Offices of Medical Assistance Programs, Long Term Living and Mental Health and Substance Abuse Services, PennDOT, the PDA, the County Commissioners Association of Pennsylvania, the Pennsylvania Public Transportation Association, and the Pennsylvania Association of County Human Services Administrators. The analysis was submitted to the legislature on December 28, 2019. When the analysis was submitted, DHS, PennDOT, and PDA committed to continuing the same workgroup for 18 months for the purpose of making recommendations on how to improve MATP. In May 2020, the Workgroup was further divided into five subgroups, each exploring one of the topics outlined in the December 13, 2019 letter (see Figure 2).

	Explore potential expansion of county-based collaborations (using the same transit agency vs. one entity operating the MATP, Shared Ride & PWD) for possible streamlining	**Collaborate and learn** from seven counties that **directly administer the MATP**	**Gain a better understanding of brokered MATP models** and lessons learned from other states	**Discuss direct contract MATP agreements** (currently agreement with 2 transit agencies for 13 counties)	**Identify areas of the state** that could potentially support a brokered MATP model
Topic					

Membership Representation	• County Commissioners Association of PA
	• Department of Human Services
	  • Office of Income Maintenance
	  • Office of Medical Assistance Programs
	  • Office of Mental Health and Substance Abuse Services
	• PA Department of Transportation
		• County Commissioners Association of PA
		• Department of Aging
		• Department of Human Services
		  • Office of Income Maintenance
		  • Office of Medical Assistance Programs
			• Department of Human Services
			  • Office of Long-Term Living
			  • Office of Medical Assistance Programs
			  • Office of Mental Health and Substance Abuse Services
			• PA Association of County Human Services Administrators
			• PA Public Transportation Association
				• Department of Human Services
				  • Office of Medical Assistance Programs
				• PA Department of Aging
				• PA Department of Transportation
					• Department of Human Services
					  • Office of Medical Assistance Programs
					• PA Public Transportation Association

Figure 2. Subgroup Topics and Membership Representation

The subgroups conducted research on these topics using several methods, including analysis of relevant reports, interviews with NEMT administrators in other states, summation of national best practices, and a survey of counties in Pennsylvania. After drafting a set of options, the Workgroup held a series of listening sessions with consumers and stakeholders to gather feedback on the options. This feedback was analyzed and considered to further develop the proposed options.

This Workgroup was operating during the COVID-19 pandemic. While the Workgroup discussed the effects of COVID-19, the options are designed to be long-term and thus do not directly address the pandemic. For more details about the Workgroup's discussion of COVID-19, please see Appendix A.

In this report, the Workgroup presents a series of options to 1) improve the current MATP model, and 2) provide alternative MATP models. A summary of these proposed options, arranged by topic, is found in Figure 3 on the following page. The Workgroup looks forward to receiving feedback on these options, including potential steps for their implementation, and continuing participation as part of the next steps in the process as appropriate.

Themes			Description

Improve Upon Current MATP Model	MATP Collaboration	**Option A**	• Increase county collaboration regionally in a way that complements coordination of all human services transportation (HST) including MATP:
			  − Identify opportunities to create program improvements and streamline processes in a synergistic fashion that enables neighboring counties within regions to collaborate on the delivery of MATP and HST. This model is called, "Coordination into Collaboration Model."
			• Support increased collaboration across counties by:
			  − Further researching the level of interest in collaboration between additional counties and providing support to those counties that enter into collaborations
			  − Encouraging counties to join neighboring counties in regional partnerships for expanded coordination of MATP service in multi-county areas
			  − Providing increased support to encourage collaboration between counties to enhance the provision of MATP services

	MATP/Shared-Ride Coordination	**Option B**	• Encourage and facilitate more coordination between MATP coordinators and shared-ride public transportation coordinators in counties where they are not the same organization
	MATP/HST Coordination	**Option C**	• Encourage state agencies administering programs that fund HST to coordinate, including MATP, Senior Shared Ride, Rural Transportation Program for Persons with Disabilities, American Disabilities Act (ADA) Complementary Paratransit, Community HealthChoices, Mental Health/Intellectual Disabilities Waivers (MH/ID), etc.
	Statewide Standards	**Option D**	• Evaluate the need for statewide standards for the provision and administration of non-emergency medical transportation while considering the impact to service costs and HST coordination
	Standardized Processes	**Option E**	• Standardize MATP processes such as applications, needs assessments, written denials, verification, scheduling, vehicle tracking, consumer feedback and data collection across the state
	Technology	**Option F**	• Evaluate the technology needs of MATP, create technology-related goals based on those needs, and deploy common platforms or standards to achieve those goals − For example: explore using new or existing technology (e.g., optimizing use of Ecolane's capabilities) to improve MATP
	Communication	**Option G**	• Establish monthly calls with all MATP administrators to enhance communication. Evaluate and enhance communication with consumers and stakeholders through regular surveys (perhaps quarterly) and outreach about the MATP
Alternative MATP Models	Broker	**Option H**	• Engage a risk-based broker for one county without a broker model, and compare and contrast the applicability, benefits, and challenges of such a program with the current program in that test county, as well as with the current broker contract
	Hybrid Service Delivery	**Option I**	• Consider the development of a hybrid service delivery model for implementation in a targeted study area in order to evaluate the potential benefits and cost savings for Pennsylvania
	Direct Contract Agreements	**Option J**	• Determine if one or more direct contract counties want to take back responsibility for the administration of their MATP • If the counties choose not to take back responsibility for the administration of their MATP, issue an Request for Application (RFA) to competitively procure a transit agency [or other vendor(s)] for the MATP administrator and transportation provider

Figure 3. Summary of Proposed Options

Purpose of this Report

Act 40 of 2018, which amended the Pennsylvania Human Services Code, required the DHS to issue a solicitation for statewide or regional brokers to administer MATP services.[17] In 2019, Act 19 further required DHS to analyze the potential impacts of implementing such a broker system and to place this procurement on hold until after the analysis was completed.[18]

The MATP Legislative Analysis report as required by Act 19 was completed by DHS, PDA and PennDOT with consulting services being provided by Mercer Health & Benefits LLC and sent to the General Assembly along with the December 13, 2019 letter from the Secretaries of Aging, Human Services, and Transportation (see Appendix B: December 13, 2019 MATP Letter) on December 27, 2019. The analysis focused on the following topics:

- Federal and state law, regulations, and policies
- Effectiveness and efficiency of the Medicaid NEMT as related to Pennsylvania's Human Service Transportation (HST) programs
- Other states' NEMT models
- Positive and negative impacts of maintaining or changing Pennsylvania's delivery model, including financial and service provision implications
- Potential impact on consumers, including quality and service availability"[19]

Following this analysis, DHS cancelled the RFA in early 2020, allowing for more time to explore options for the administration and service delivery of the MATP. DHS, in collaboration with the PDA and PennDOT, formed the MATP Stakeholder Input and Options Analysis Workgroup – hereafter referred to as the Workgroup – in January 2020 to explore options for the administration and service delivery of the MATP. Representatives from six different organizations have participated in the Workgroup, including four different offices from DHS.

The purpose of this report is to document the efforts of the Workgroup and to present the options for improving upon the current program and providing alternative models for the MATP that have been developed by the Workgroup.

Program Background

CMS requires states to provide an assurance of necessary transportation for consumers to travel to and from medical providers.[20] Accordingly, Pennsylvania's State Plan assures that transportation is available to get consumers to and from qualified Medicaid enrolled providers of their choice who are generally available and used by other members of the consumer's community.

In addition to the MATP, there are other transportation benefits for MA consumers in Pennsylvania that are provided through other programs. Other types of medical transportation, such as emergency ambulance transportation and non-emergency medically necessary ambulance transportation are not included in the MATP. Similarly, participants in MA waiver programs may also receive non-medical transportation as included in their individual service plans, which is not provided through the MATP.

The MATP is provided through agreements with county governments, transportation brokers, and local transit agencies. It allows consumers to travel to most medical services covered by MA, such as physician visits, health clinics, mental health centers, and dialysis clinics.[21] MATP does not cover trips for people not enrolled in MA and does not cover non-medical MA trips; such trips are provided through other HST programs. Examples of non-MA programs supporting HST include: Senior Shared-Ride Program (SSRP), Area Agencies on Aging (AAA), Americans with Disabilities Act (ADA), and Persons with Disabilities Act (PWD).

The MATP does not require consumers to pay a copayment for rides; state appropriations and federal funding (Title XIX) finance the program.[22] The state distributes these funds to each entity providing MATP services.[23] The current system provides the necessary services but is administratively and structurally complex, as outlined in the following section.

Structure

DHS creates agreements with county governments, a transportation broker, and local transit agencies to coordinate the administration and service provision of the MATP. Within this structure, there are five models to administer the MATP: broker, direct contract, hybrid, service provider, and vendor. A map of the different models administered by the counties across Pennsylvania can be seen in Figure 4.[24]

- **Broker model:** A brokered model is a specialized third-party vendor that contracts with a state Medicaid agency to coordinate and administer all NEMT services. Since 2005, Philadelphia County has been the only county to operate under the broker model. DHS has contracted with a transportation broker – ModivCare (formerly LogistiCare Solutions LLC) – to administer MATP services in this county, using a full-risk, per member per month payment method.
- **Direct contract model:** For various reasons (staffing, cost management, etc.), thirteen counties elected to allow DHS to administer the MATP. DHS then contracted with the shared-ride/transit providers to provide NEMT services to these counties. The providers invoice DHS and receive payment monthly.

- **Hybrid administrative model:** Nine counties administer the program through a hybrid administrative model. This means that the county shares responsibility with a contracted vendor to provide MATP administration and services. Typically, some of

Figure 4. County Map of MATP Administrative Models Across Pennsylvania

the program components are administered by a subcontracted transit provider in coordination with the county. The counties submit reports and documents to DHS quarterly and are subsequently paid. Since a vendor provides some of the MATP functions, the county cannot claim as much in administrative costs.
- **Service provider model:** Seven counties are referred to as service providers, meaning that the counties are responsible for all administrative components of the MATP. These counties may also directly provide at least some of the MATP services, and some may contract with transportation providers as well. The counties submit time study reports and claim for their administrative costs depending on the result of the time study.
- **Vendor model**: Thirty-eight counties administer MATP through the vendor model. In this model, the county contracts with vendors, usually transit agencies, to handle both administration and service provision of the MATP.[25] The county is still responsible for monitoring and oversight of the program, but because the county's staff is not directly involved in the administration of MATP, the county cannot claim administrative costs.[26]

The payment method for the hybrid, service provider, and vendor models is as follows:
1. The counties submit budget projections to DHS, which are used by DHS to determine each county's budget allocation.
2. DHS processes quarterly payments to the counties that are based on the current budget allocation.
3. Throughout the year, DHS reviews the quarterly allocations against actual expenditures and adjusts the allocations accordingly.
4. After the close of the fiscal year, DHS reviews quarterly payments made to counties against actual expenditures. DHS will either seek a refund if the actual expenditures are less than the payments made or, contingent upon the availability of funds, DHS provides a payment to counties based on actual expenses.

Federal regulations require that states provide the most appropriate mode of transportation to NEMT consumers. In Pennsylvania, this means that trips are provided through a combination of mass transit, mileage reimbursement, paratransit, and volunteer transportation.[27] Mass transit, or public transportation, includes buses, trains, and other forms of transportation that charge set fares, run on fixed routes, and are

available to the public. The NEMT provider covers the cost of the fares. Consumers who have access to private vehicles, whether their own or another individual's, can claim mileage reimbursement to cover the cost of fuel, parking, and tolls. The reimbursement rate has been $0.12 per mile since 2011, though it has been temporarily increased to $0.25 per mile during the COVID-19 public health emergency.

Paratransit rides 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 can carry unrelated passengers with different origins, destinations, and funding sources. Finally, volunteer drivers provide transportation services to consumers 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.

Furthermore, some counties form formal administrative collaborations with each other. Formal collaborations are when counties operate their MATP together as a group (see Glossary for the expanded definition). Currently, 28 counties are in such collaborations with other counties, with eight entities administering these

Figure 5. County Map of the MATP Administrative Collaborations Across Pennsylvania

county programs (see Figure 5).[28] These counties are Adams, Columbia, Cumberland, Franklin, Indiana, Montour, Northumberland, Perry, Snyder, Union, York, Berks, Lancaster, Bradford, Sullivan, Tioga, Cameron, Elk, McKean, Carbon, Lehigh, Northampton, Clinton, Lycoming, Juniata, Mifflin, Susquehanna, and Wyoming. Most collaborations are between counties that are geographically close to each other, however, this is not always the case. For example, Indiana County is relatively further away from other counties operating under the Central Pennsylvania Transportation Authority (CPTA) collaboration.
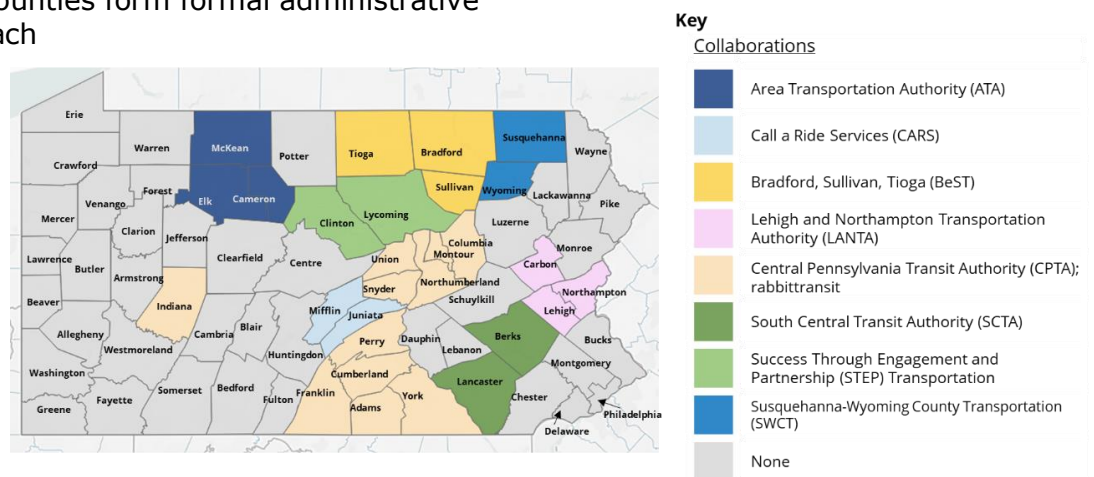
In addition, there are many examples of coordination between county MATP programs that maintain their administrative autonomy. Coordination is when counties maintain their autonomy but coordinate with other county programs to provide services they mutually share, such as mass transit. For example, Crawford County coordinates extensively with Venango, Clarion and Forest Counties to manage mass transit services and long-distance paratransit rides. Washington, Westmoreland, and Greene Counties also coordinate to provide long-distance paratransit rides. This coordination allows consumers to travel to medical appointments outside of their counties and also travel greater distances than otherwise would have been feasible.

The map in Figure 6 illustrates the number of counties that MATP consumers come from, by county; certain counties receive MATP consumers from multiple other counties

and others do not. For example, Allegheny County receives consumers through the MATP from 20 different counties. This data was self-reported from counties.
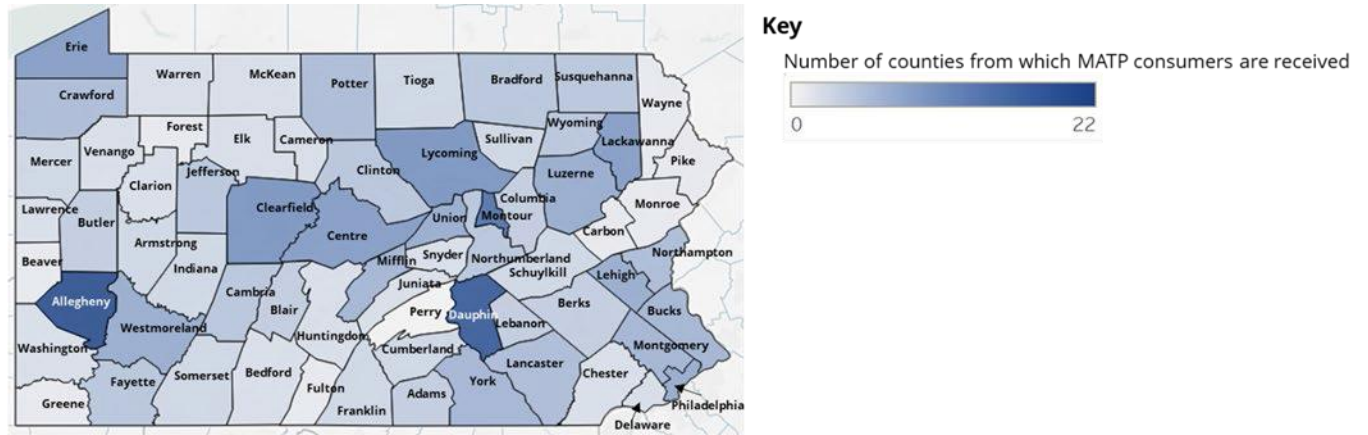

Figure 6. Map of Number of Counties from which MATP Consumers are Received

Similarly, Figure 7 illustrates the number of counties to which a certain county sends MATP consumers for medical appointments. For example, Bradford County reports sending MATP consumers to 10 other counties, perhaps due to fewer medical resources in Bradford County. This data was self-reported from counties.
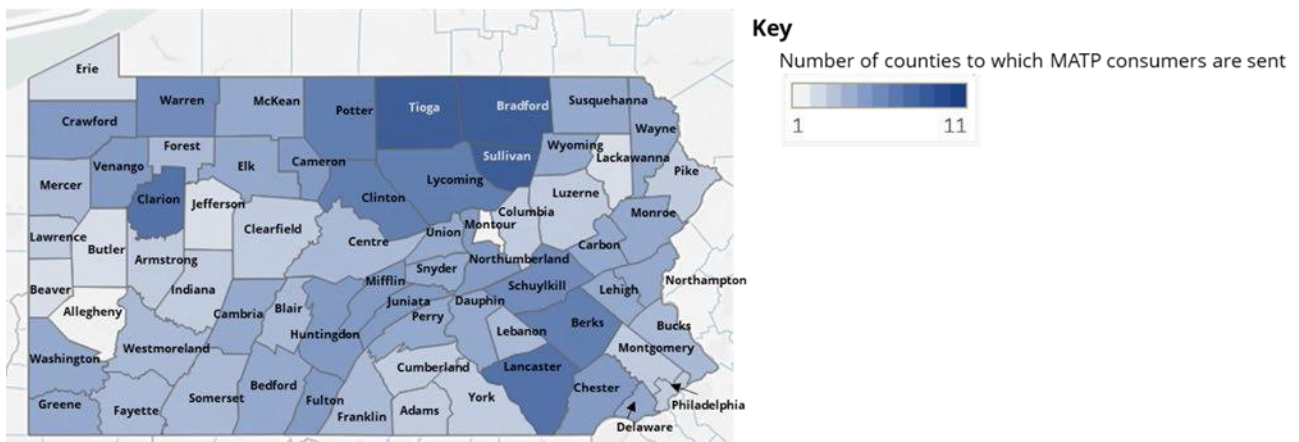
Figure 7. Map of Number of Counties to which a County Sends MATP Consumers

Fiscal

Pennsylvania's MATP is the third largest NEMT program in the country as measured by annual expenditure, serving the fifth largest population enrolled in Medicaid.[29,30] For SFY 2020-2021, the program was allocated approximately $140 million (including state and federal funding) to provide a projected 9.5 million trips (see below for more detailed data from SFY 2019-2020).[31] For context, MATP is one of several HST programs in Pennsylvania, and the other HST programs in total are funded at around $155 million per year to provide approximately 8 million trips. For additional fiscal information on HST programs in Pennsylvania, see Appendix C.[32] Due to programmatic differences, expenses should not be directly compared between MATP and HST. For example, in SFY 2018-2019, approximately 46% of MATP trips were delivered on mass

transit, while many HST programs (such as the Senior Shared-Ride, Americans with Disabilities Act, and Persons with Disabilities programs) use paratransit for almost all rides.

The maps in Figure 8 illustrate the number of one-way trips, unduplicated consumers, and average number of trips per consumer for Pennsylvania counties (data from FY18/19).
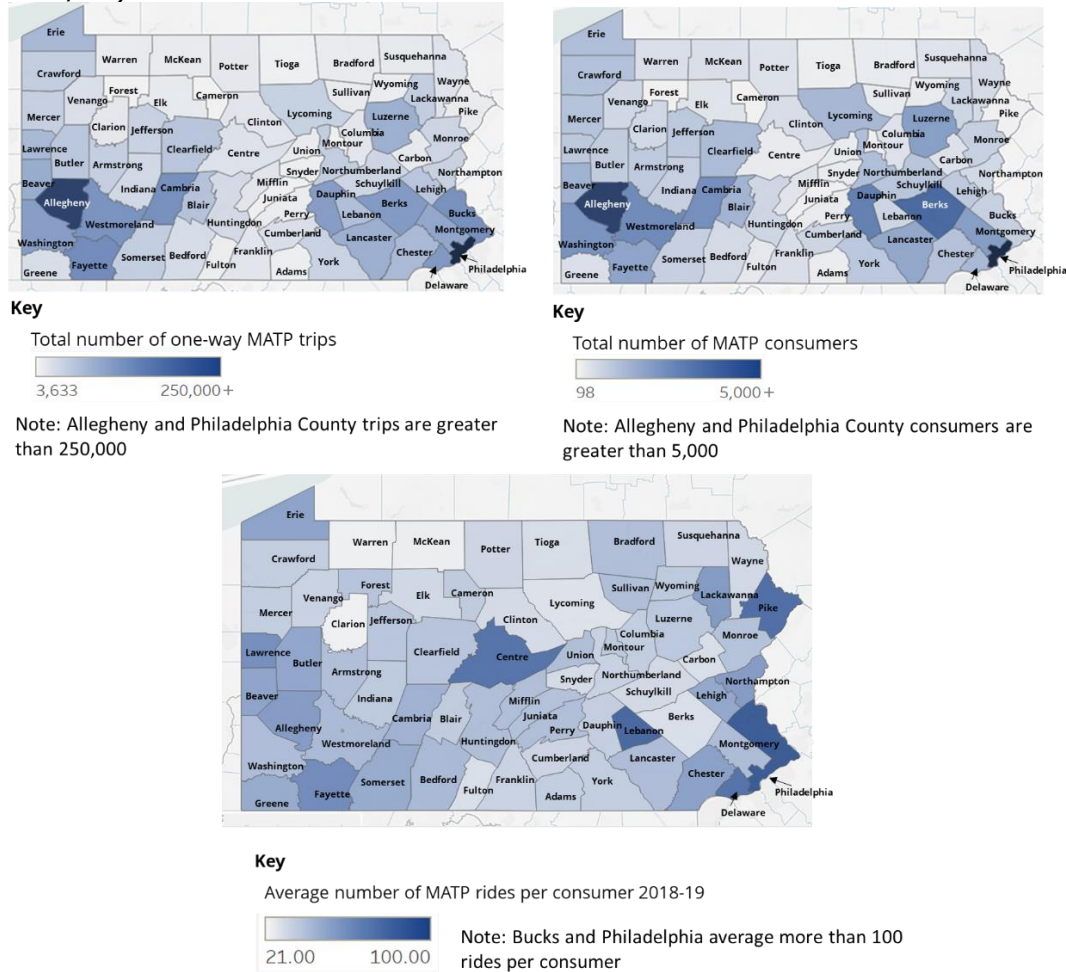

Key

Total number of one-way MATP trips

3,633   250,000+

Note: Allegheny and Philadelphia County trips are greater than 250,000

Key

Total number of MATP consumers

98   5,000+

Note: Allegheny and Philadelphia County consumers are greater than 5,000

Key

Average number of MATP rides per consumer 2018-19

21.00   100.00

Note: Bucks and Philadelphia average more than 100 rides per consumer

Figure 8. Maps of MATP Current Consumers, Trips and Average Trips per Current Consumer

MATP services are provided statewide and DHS receives federal matching funds for the MATP service costs. DHS receives an administrative rate of FFP of 50% for all MATP models except for the broker model. The broker model is eligible for the program services rate of FFP, which is higher than the administrative rate. If a brokerage model was used in all other counties, DHS would realize increased federal funding; however, the analysis of overall financial impact to the state was not part of the scope of this effort.

Figure 9 provides additional details about the MATP for state fiscal years 2018-2019 and 2019-2020, rounded to the nearest thousand.[33] In this table, expenditures, consumer count, and average cost per trip are broken down by MATP model type, and trips are further divided into the mode of transportation.

In reviewing this table, it is important to not directly compare the different MATP models solely based on the metrics presented particularly because the number of counties in each model and the proportion of rural counties vary. For example, in SFY 2018-2019, the broker model accounted for approximately 30% of all MATP expenditures and 50% of all MATP trips, but only includes one county (Philadelphia), which is the most populous and urban county in the state.[34] Conversely, the service provider and direct contract models account for approximately 10% of overall trips and expenditures, but are operated in 19 different counties, most of which are rural.

It is important to note that the COVID-19 pandemic started midway through SFY 2019-2020, which had a substantial effect on both trips and expenditures. Thus, while the data represented is accurate, it cannot be construed to predict future trips or expenditures.

MATP Data	Broker	Direct Contract	Hybrid	Service Provider	Vendor	Total
FY 2018-2019						
Number of Counties	1	12	9	7	38	67
Estimated Expenditures	$45,362,000	$10,876,000	$27,840,000	$4,901,000	$49,186,000	$138,165,000
Unduplicated Consumers	23,000	13,000	27,000	4,000	41,000	108,000
Average Cost per trip	$11.04	$24.70	$18.67	$19.28	$26.17	$16.91
Number of Trips	4,108,000	439,000	1,491,000	254,000	1,880,000	8,173,000
Paratransit	1,068,000	298,000	560,000	132,000	1,213,000	3,272,000
Reimbursement	37,000	141,000	243,000	121,000	581,000	1,124,000
Mass Transit	3,003,000	0	672,000	1,000	85,000	3,761,000
Volunteer	0	0	16,000	0	0	16,000
FY 2019-2020						
Number of Counties	1	13	8	7	38	67
Estimated Expenditures	$43,542,000	$10,903,000	$23,381,000	$4,337,000	$43,154,000	$125,317,000
Unduplicated Consumers	21,000	11,000	25,000	4,000	38,000	99,000
Average Cost per trip	$13.21	$29.55	$20.20	$19.37	$29.05	$19.18
Number of Trips	3,297,000	369,000	1,157,000	224,000	1,486,000	6,533,000
Paratransit	826,000	256,000	457,000	116,000	976,000	2,631,000
Reimbursement	29,000	113,000	159,000	107,000	435,000	843,000
Mass Transit	2,445,000	0	528,000	1,000	74,000	3,048,000
Volunteer	0	0	13,000	0	0	13,000

Figure 9. MATP Fiscal Data (Fiscal Year 2018-2019 and 2019-2020)

Note: Expenditures and trip counts are rounded to the nearest thousand. Number of Trips represents net total trips (after eligibility review) while trips per mode (e.g., Paratransit, Reimbursement) represent gross trips. Thus, there may be a difference between the sum of trips per mode and the Number of Trips field.

Medical Assistance Transportation Program Stakeholder Options & Analysis Workgroup

Purpose

The Workgroup agreed upon the following statement of purpose:

> " The purpose of the Workgroup is to carefully review potential options that optimize access and consistency of experience for consumers while also streamlining the administration of the program "

Figure 10. MATP Workgroup Statement of Purpose

Workgroup Goals

The Workgroup developed six goals to guide the formation of the options:

1	Enhance MATP experience for consumers
2	Improve access, coordination, delivery, and outcomes of the MATP
3	Simplify the administration of the MATP for DHS
4	Control overall MATP costs to the Commonwealth, including fiscal impacts within other state agencies and effects on federal funding
5	Include local and external stakeholder decision making and participation in design and management of MATP
6	Consider how potential changes to MATP could impact interactions with other HST programs

Figure 11. Goals Developed by the Workgroup

Workgroup Process and Subgroup Formation

The Workgroup process began with research of the topics outlined in the December 13, 2019, letter using several methods, including analysis of relevant reports, interviews with NEMT administrators in other states, summation of national best practices, and a

survey of counties in Pennsylvania. Based on this research, along with the Workgroup members' knowledge and experience, 12 potential options were drafted across the five subgroups. The Workgroup then held a series of listening sessions with MATP consumers and stakeholders to gather feedback on the options. This feedback was analyzed and considered as part of the process to further develop the proposed options, combining some together to present 10 options in this report.

Much of the work of this Workgroup continued against the backdrop of the COVID-19 pandemic. The Workgroup acknowledged and informally discussed the impacts of the pandemic, but also recognized that this was not a defining topic within the tasks assigned to this group. For more information regarding the Workgroup's discussion on COVID-19, see Appendix A.

Timeline

Workgroup meetings began on January 27, 2020 (see Figure 12). The meetings provided members an opportunity to review MATP mandates, program regulations, and other program background materials. Additionally, during this initial review and research process, the Workgroup discussed the strengths and weaknesses of the MATP in Pennsylvania.
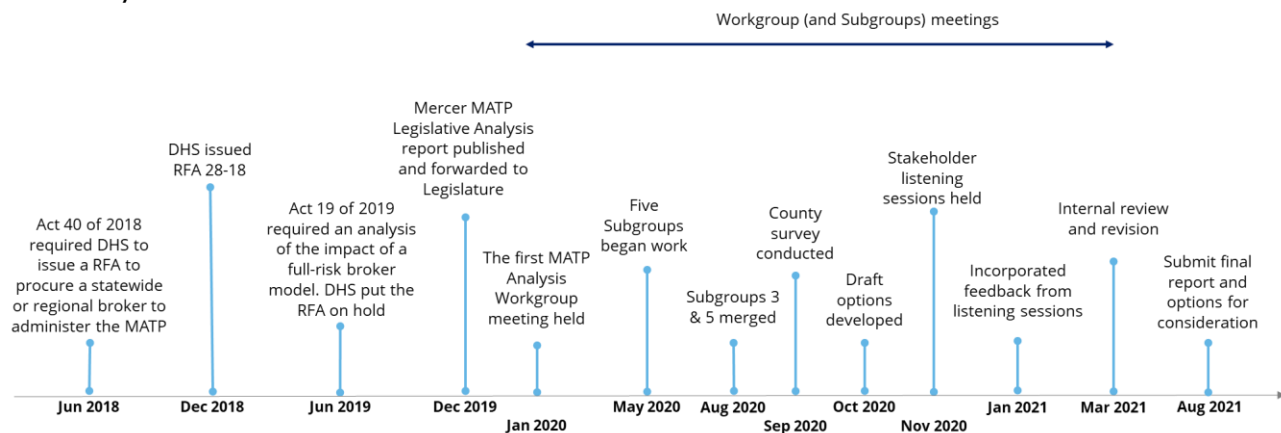
Figure 12. Timeline of MATP Workgroup Effort

In May 2020, the Workgroup split into five subgroups to focus their efforts on each of the bulleted topic areas outlined in the December 13, 2019 convening letter (see Figure 13). The subgroups met weekly to share research findings, discuss aspects of the MATP, and develop the options; in addition, a full Workgroup meeting was held monthly to share subgroup research and discuss findings.

Topic	Explore potential expansion of county-based collaborations (using the same transit agency vs. one entity operating the MATP, Shared Ride & PWD) for possible streamlining	Collaborate and learn from seven counties that directly administer the MATP	Gain a better understanding of brokered MATP models and lessons learned from other states	Discuss direct contract MATP agreements (currently agreement with 2 transit agencies for 13 counties)	Identify areas of the state that could potentially support a brokered MATP model

Membership Representation	• County Commissioners Association of PA
	• Department of Human Services
	  • Office of Income Maintenance
	  • Office of Medical Assistance Programs
	  • Office of Mental Health and Substance Abuse Services
	• PA Department of Transportation
		• County Commissioners Association of PA
		• Department of Aging
		• Department of Human Services
		  • Office of Income Maintenance
		  • Office of Medical Assistance Programs
			• Department of Human Services
			  • Office of Long-Term Living
			  • Office of Medical Assistance Programs
			  • Office of Mental Health and Substance Abuse Services
			• PA Association of County Human Services Administrators
			• PA Public Transportation Association
				• Department of Human Services
				  • Office of Medical Assistance Programs
				• PA Department of Aging
				• PA Department of Transportation
					• Department of Human Services
					  • Office of Medical Assistance Programs
					• PA Public Transportation Association

Figure 13. Subgroup Topics and Membership Representation

Alongside the research efforts of the subgroups, the Workgroup gathered the following data:

1. **County profiles**: Developed a profile documenting relevant program data for each county. Details of the template can be found in Appendix D.
2. **County maps**: Created county maps to visualize the data in the county profiles.
3. **County survey**: Surveyed counties and analyzed the results. Details of the survey can be found in Appendix E.

County Profiles

The Workgroup developed county profiles to document aspects of each county's MATP as well as other county-level data that could be relevant to the program. These profiles were developed through a two-part process. First, the Office of Medical Assistance Programs (OMAP) MATP staff reached out to all county MATP administrators to request information on the following topics:

- County coordination and collaboration (specifically, which counties they were actively coordinating and collaborating with)
- Modes of transportation available for MATP (e.g., paratransit, public transit, taxis, and Uber/Lyft)
- Healthcare infrastructure located within the county
- Counties to which their MATP riders most frequently travel

Second, OMAP MATP staff analyzed and added data from internal and external sources to complement the data provided by the county. This additional data included:

- Population (US Census)
- MA eligible population (OMAP data)
- Urban/rural classification and county class (County Commissioners Association of Pennsylvania)

- County model (OMAP data)
- Providers for MATP and other HST services (OMAP data)
- Availability of fixed-route transportation (PennDOT website)
- Availability of methadone and dialysis clinics (OMAP data, Department of Drug and Alcohol Programs data)
- Number of MATP consumers and MATP trips in FY18-19 (OMAP data)

In combination, these data points provide a profile for each county and the context in which the program operates, which was used in the Workgroup's discussion. Subgroups 1 and 2 particularly relied upon this information to support their research into county collaborations and operations and the potential for coordination between MATP and other HST programs.

County Maps

To visualize the data in the county profiles, a set of county maps were created. The maps were designed to support the Workgroup in understanding the current MATP and to support evaluation of options for future program changes. These MATP county maps were used for discussion purposes in the Workgroup and subgroup meetings.

Figure 14 is an example of one such map. It illustrates the healthcare infrastructure in the different counties of Pennsylvania, specifically whether or not there is at least one methadone clinic, dialysis center, or hospital in the county. For example, Cumberland County has at least one methadone clinic whereas Juniata County has no methadone clinics.
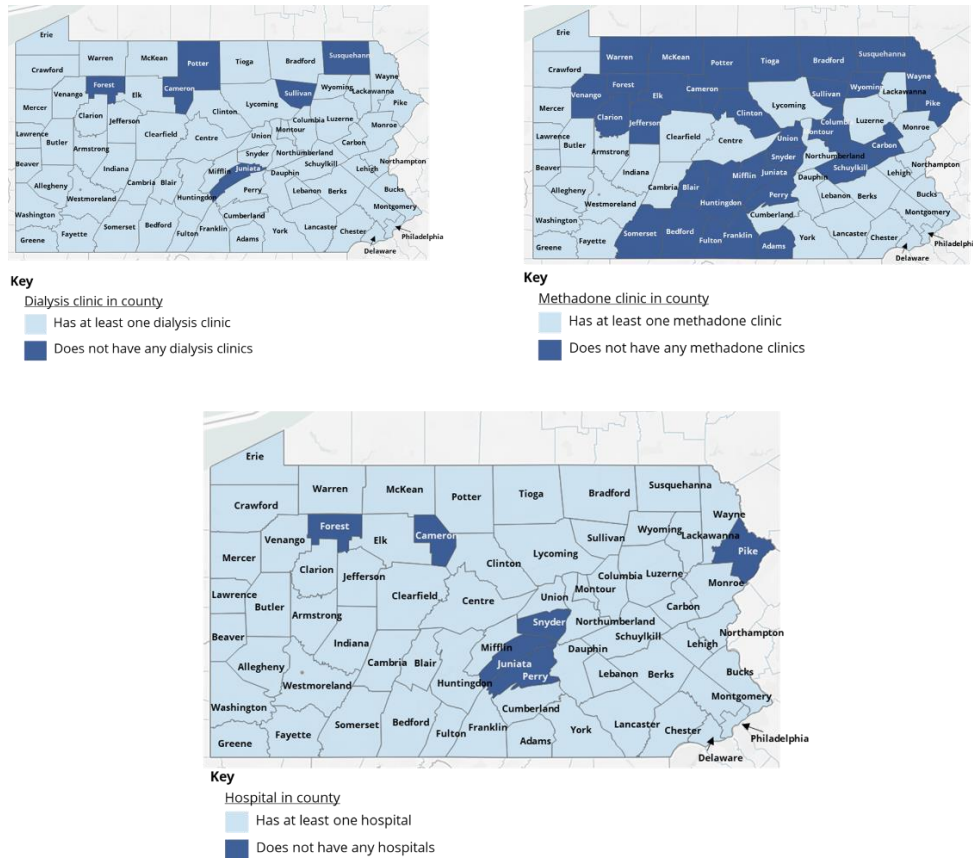
Figure 14. Maps of Pennsylvania Healthcare Infrastructure

County Survey

The third overall research effort was the development, distribution, and analysis of a survey sent to the MATP administrators and county commissioners of all 67 counties. The purpose of this survey was to further understand each county's MATP and to understand county-level perspectives on the MATP. The survey audience and respondents are described in Figure 15.
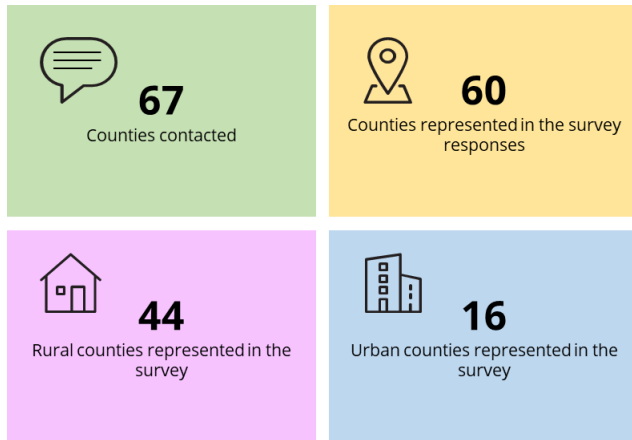
Figure 15. Overview of County Survey

Survey respondents were asked to identify up to three features of their MATP that are working well. 'Coordination' and 'Cost Control' were both the most popular options, selected 36 times each, as seen in Figure 16.
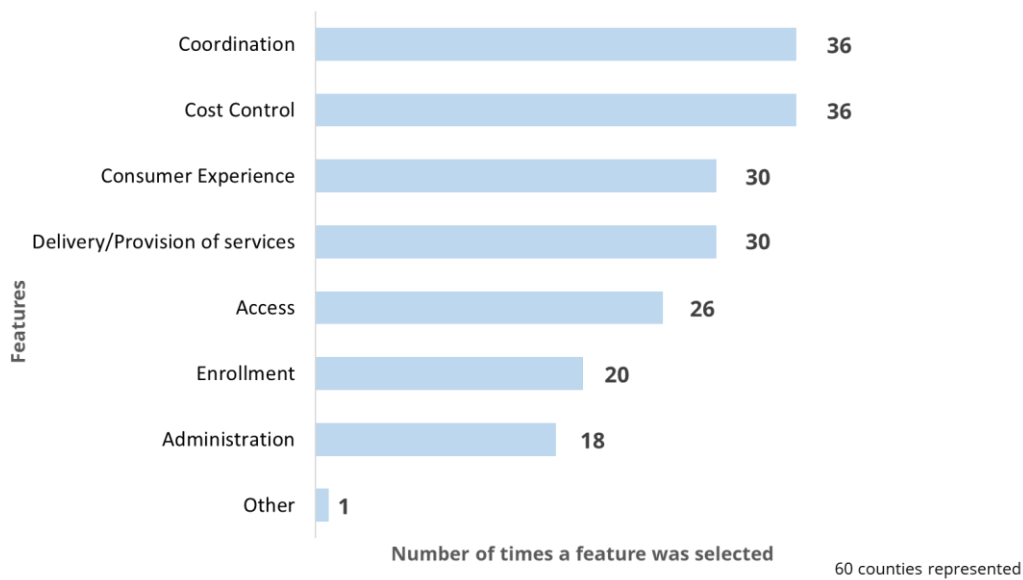
Figure 16. County Survey Results –MATP Features Working Well

When asked to rank in order of preference what aspects of the program should be considered to improve consumer experience, 'Enrollment,' which includes the process of applying and registering for the MATP – proved to be the highest ranked at 19 out of 60 responses, followed by 'Coupling rides with other HST programs' at 17 responses. This is illustrated in Figure 17.
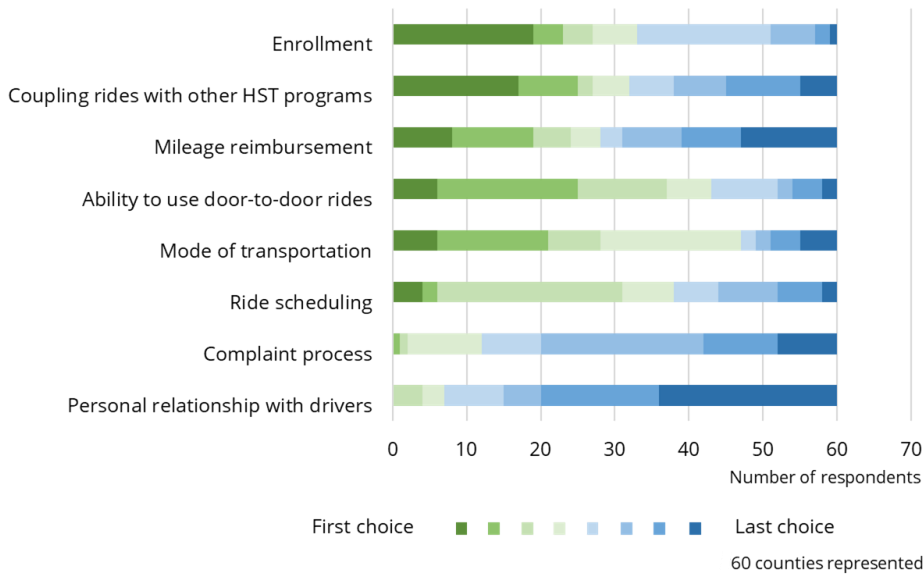
Figure 17. County Survey Results – Aspects Considered to Improve Consumer Experience in the Program

Figure 18 illustrates the responses to the questions "In general, how might you recommend simplifying county-level MATP administration?" and "How might you recommend simplifying overall MATP administration?" 25 of the 48 respondents said that their county-level program did not need any changes and works well as is. Conversely, only 13 of the 57 respondents said the same about the overall program administration.

County-Level Program Changes / **Overall Program Changes**

	County-level simplification	Overall simplification
Current system works well	25	13
Changing payment system/model	0	7
Coordinating better between agencies	3	9
Creating consistent policies	0	8
Establishing direct contracts	4	0
Expanding use of electronic system	5	9
Focusing on consumer experience	2	2
Other	3	3
Preference for an earlier system	3	0
Standardizing reporting	2	1
Working closely with PennDOT	2	4

These two questions were not required for response

48 county-level recommendations and 57 overall recommendations representing the 11 themes above

Figure 18. County Survey Results – Options to Simplify County-Level and Overall MATP Administration

Additionally, the following were also some of the survey results the Workgroup used when developing their proposed options:

- 19% of responding counties recognized coordination as an opportunity for improvement
- Many counties use manual processes for administration and are interested in automating their systems. For example, 42% of responding counties are currently tracking mileage reimbursement manually, and 52% noted interest in adopting more technology functions
- 19% of respondents suggest that increased knowledge about how MATP works would benefit consumers

Subgroup Organization and Methodology

Each subgroup was charged with researching its respective topic areas and identifying findings that could be used to contribute to the Workgroup's options. The following sections describe each subgroups' membership and research processes.

Subgroup 1 – Explore potential expansion of county-based collaborations
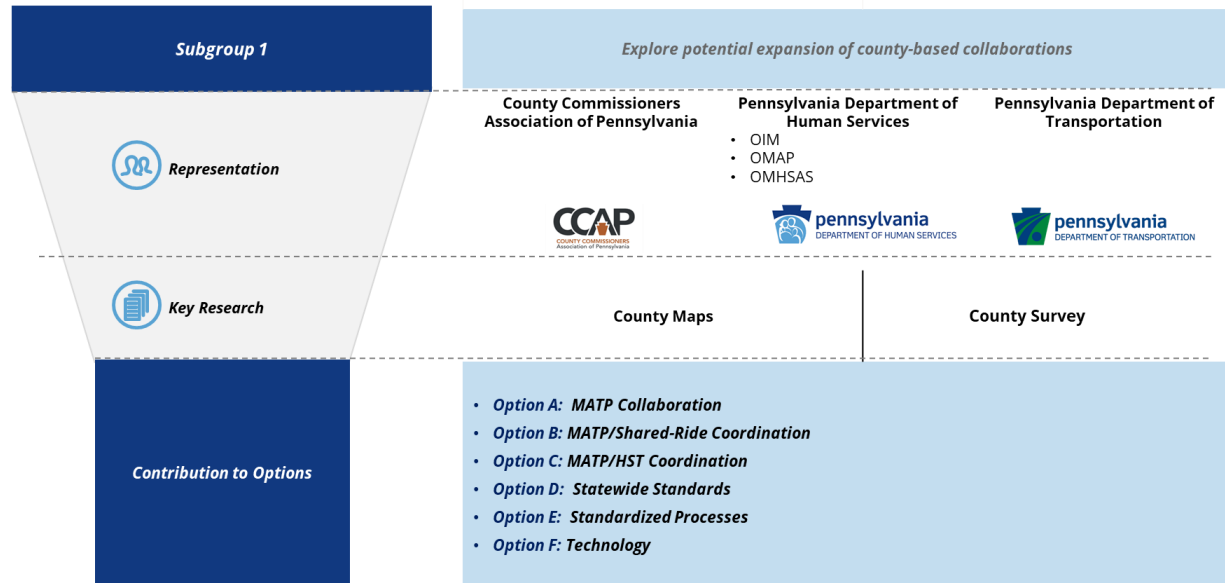
Figure 19. Overview of Subgroup 1

Subgroup 1 was tasked to explore the potential expansion of county-based collaboratives in order to streamline current operations and ensure more efficient administration of the MATP. The subgroup also focused on coordination and streamlining between MATP and other HST programs. Currently, there are 28 counties that operate in formal collaborations, but this remains a minority of counties statewide. One potential effect of counties not collaborating is a lack of consistency in program administration from county to county, as well as the resulting difficulty consumers experience in navigating and accessing MATP services. This subgroup sought to understand if expanding collaboration between counties and coordination with HST programs could address these concerns alongside the goals of streamlining operations and administration.

Subgroup 1 started by exploring two sets of counties to understand current best practices for collaboration. The sets were: 1) counties that formally collaborate to administer the MATP (see Figure 20), and 2) counties where one entity coordinates both the MATP and the shared-ride services (see Figure 21).[35]
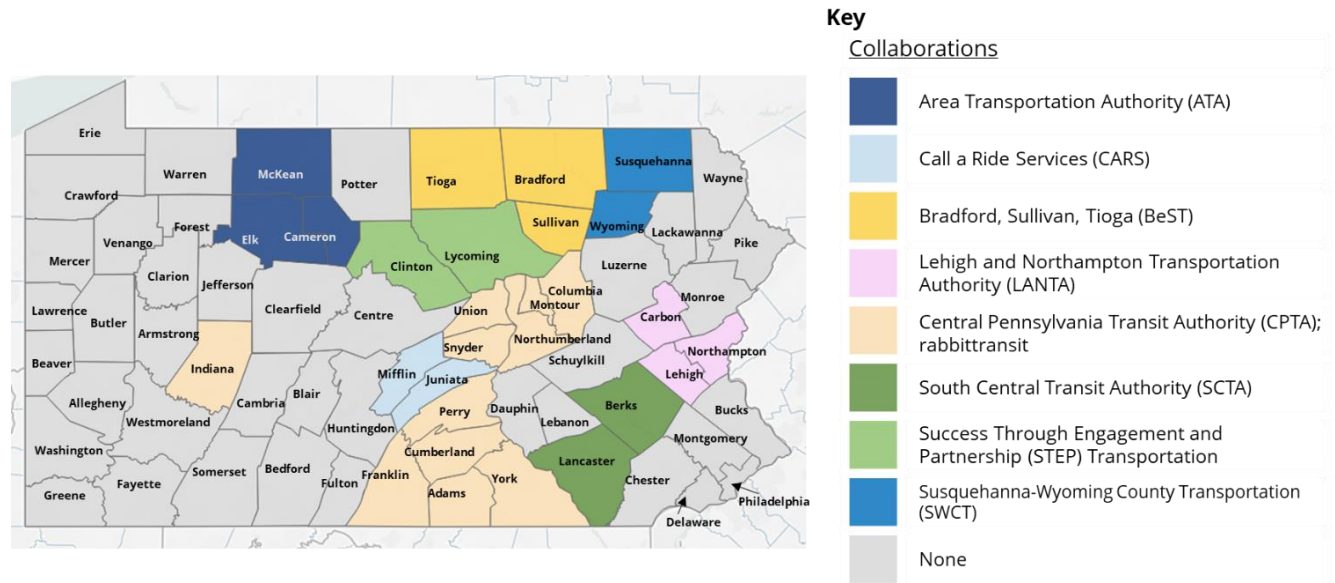
Figure 20. County Map of the MATP Administrative Collaborations Across Pennsylvania
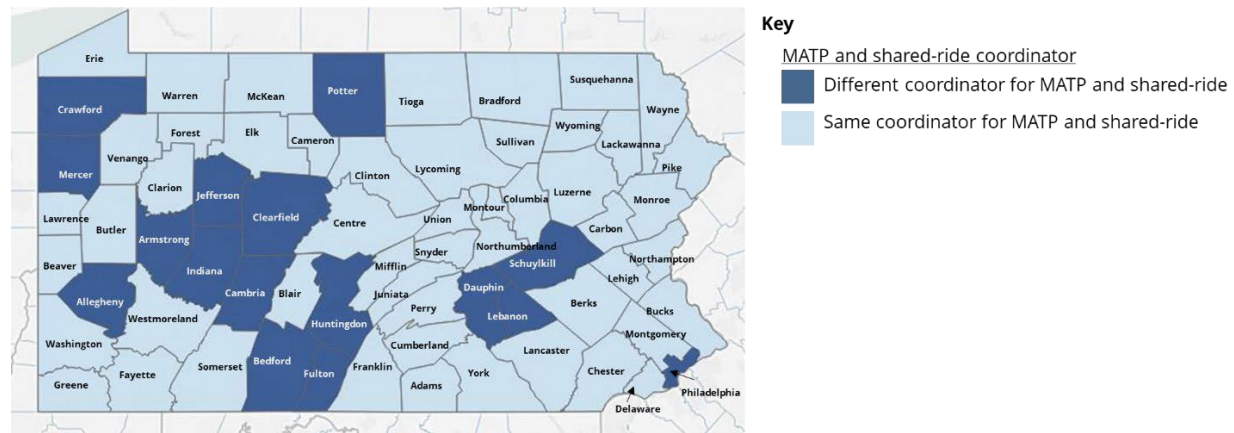
Figure 21. Map of County Coordinators for the MATP and Shared-Ride Services

The subgroup reviewed the county maps to evaluate the first set of counties (existing formal collaboration through a shared transit agency). The subgroup used the county collaboration map to better understand which counties are currently collaborating and how these collaborations benefit the counties.

In addition, the subgroup reviewed findings of the county survey data to gain insight into the level of coordination in the second set of counties, where one entity coordinates both the MATP and the shared-ride services. The subgroup found that coordination between these programs was generally viewed positively. For example, 36 of the 60 counties that responded indicated that coordination was one of the best features of their MATP (the most popular response of the seven options provided, see Figure 16), and approximately 15% of responding counties indicated that coupling rides with other HST programs was the highest priority item to improve the program experience for consumers (the second most popular response to the eight options provided, see Figure 17).

Through these efforts, the subgroup reviewed and documented both the current state of collaboration and coordination between counties and the perceptions of the importance of potential further collaboration. The findings of the subgroup contributed to the development of Workgroup Option A, B, C, D, E, and F.

Subgroup 2 – Work with counties directly administering MATP
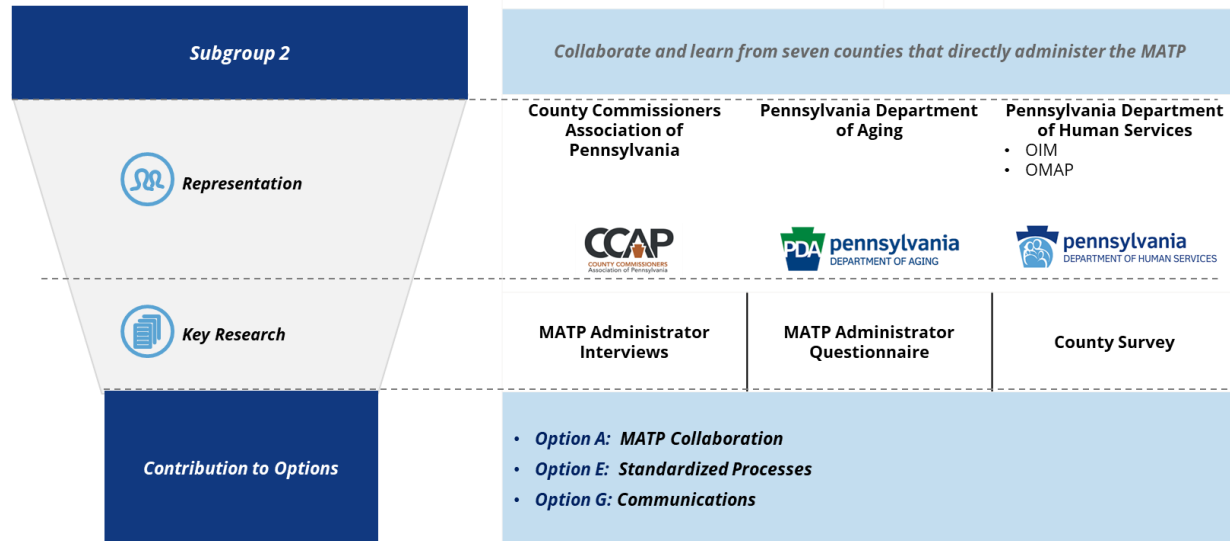
Figure 22. Overview of Subgroup 2

Subgroup 2 was charged with learning from the seven counties (Centre, Fayette, Forest, Greene, Pike, Potter, and Wayne) that operate MATP under the service provider model. Service provider model counties are unique in that they handle the full administration of MATP services and may directly provide some of the services as well. As these counties have a distinct program perspective, the subgroup sought to better understand program operations within these counties, evaluate consumer experiences, and identify best practices and areas for improvement.

The subgroup reviewed two primary sources of information to learn from these counties: first, questionnaires and interviews with MATP administrators from each of the seven counties (detailed below), and second, the results of the overall county survey (as discussed on page 19).

In the interviews and questionnaire discussed with the MATP administrators from the seven counties, the subgroup used the following questions to better understand their experiences with the program:

1. Why do you continue to directly administer the MATP?
2. What are some of the best features of your program or what seems to be working well within your program?
3. Where in your program do you see a need for improvement?
4. Do you work closely with any neighboring counties or any other counties?
5. What is the most used mode of transportation in your program?
6. What is the main challenge in the provision of services?

7. Do you use Ecolane for MATP and, if so, how? (see Glossary for details about Ecolane)
8. How do you coordinate with other agencies on payment, such as the Aging program?

In general, these administrators indicated a commitment to ensuring the provision of services for their consumers. Multiple responses indicated the importance of the program as there are otherwise limited transportation options within their respective counties. Many administrators stated that coordination and personalized, flexible service were some of the successes of their programs. Additionally, some counties indicated administrative challenges, such as eligibility verification for specific modes of transportation, as their primary challenge to providing services.

The subgroup also considered the results of the larger county survey to inform their findings. Of note, several commonalities between the seven service provider counties were identified:

1. All seven are rural counties
2. Six of the counties use the same transportation provider for both MATP and shared-ride service
3. Six of the counties use the Ecolane software for scheduling
4. Four of the counties have no fixed route transportation available in the county

It was determined through research that, while distinct, the seven counties have similarities in many areas which could provide an opportunity for streamlining, coordination, and collaboration. The findings of this subgroup contributed to the development of the Workgroup's Options A, E, and G.

Subgroup 3/5 – Gain a better understanding of other states' MATP models and identify areas of the state that could support a brokered MATP model
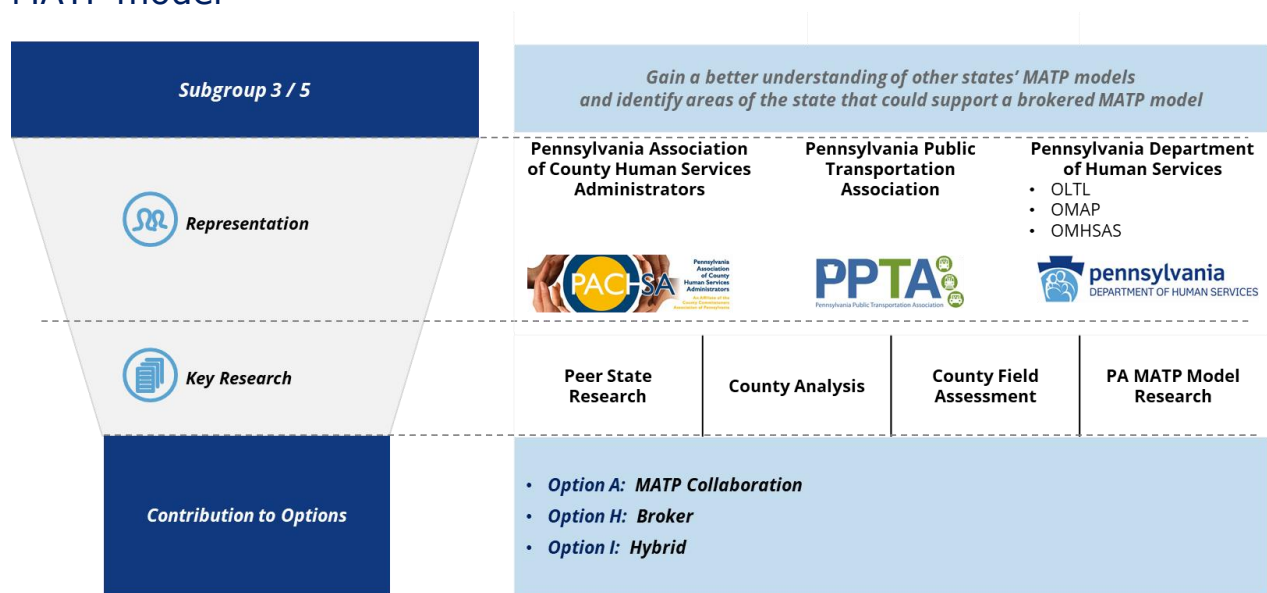
Figure 23. Overview of Subgroup 3/5

Subgroup 3 was tasked with gaining a better understanding of NEMT programs in other states. Subgroup 5 was responsible for identifying areas of the state that could potentially support a broker model. Due to the overlapping nature of their objectives, both subgroups merged in August 2020 and formed Subgroup 3/5.

Initially, Subgroup 3 members researched ten states: Arkansas, Colorado, Georgia, Kentucky, Massachusetts, Michigan, South Carolina, Texas, Vermont, and Washington. These states were selected due mostly to their similarity to Pennsylvania in terms of geography, population, and population density. The subgroup's research focused on evaluating program models, gathering best practices, identifying what worked well and what did not, highlighting obstacles to avoid, and finding lessons learned.

Similarly, Subgroup 5 members conducted a statewide assessment of medical infrastructure, researched broker models in other states, and assessed areas of Pennsylvania that could potentially support a broker model. Preliminary data collected by the two subgroups was compiled when the two subgroups merged to form Subgroup 3/5 (see Figure 24 for a summary of findings).

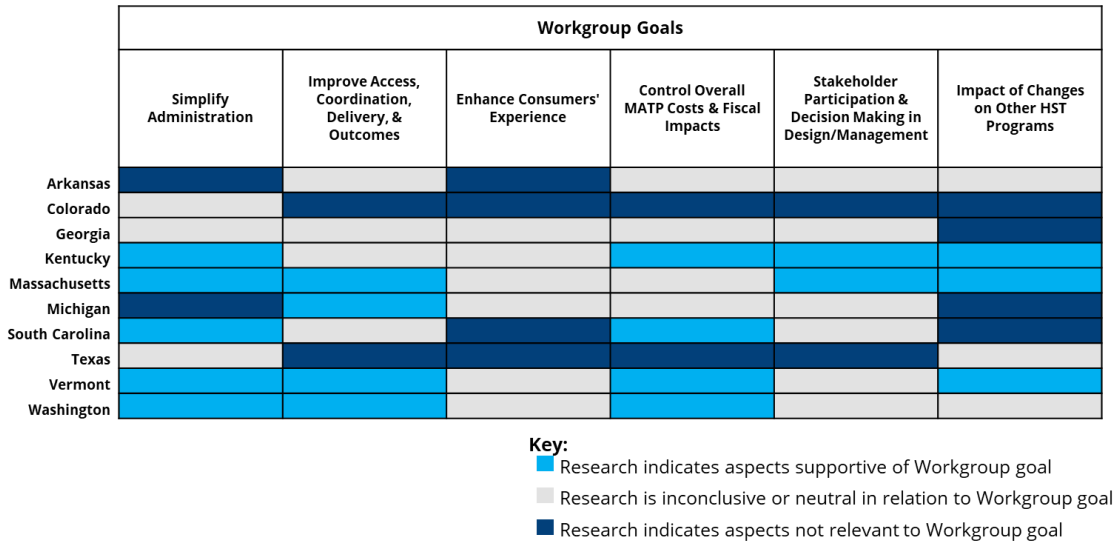|	Workgroup Goals					
	Simplify Administration	Improve Access, Coordination, Delivery, & Outcomes	Enhance Consumers' Experience	Control Overall MATP Costs & Fiscal Impacts	Stakeholder Participation & Decision Making in Design/Management	Impact of Changes on Other HST Programs
Arkansas	Not relevant	Neutral	Not relevant	Neutral	Neutral	Neutral
Colorado	Neutral	Not relevant	Neutral	Neutral	Not relevant	Not relevant
Georgia	Neutral	Neutral	Neutral	Neutral	Neutral	Not relevant
Kentucky	Supportive	Neutral	Neutral	Supportive	Supportive	Supportive
Massachusetts	Supportive	Supportive	Supportive	Neutral	Supportive	Supportive
Michigan	Not relevant	Supportive	Supportive	Neutral	Neutral	Not relevant
South Carolina	Supportive	Not relevant	Not relevant	Supportive	Neutral	Not relevant
Texas	Supportive	Not relevant	Not relevant	Not relevant	Not relevant	Neutral
Vermont	Supportive	Neutral	Neutral	Neutral	Neutral	Supportive
Washington	Supportive	Neutral	Neutral	Neutral	Neutral	Supportive

Key:
■ Research indicates aspects supportive of Workgroup goal
■ Research is inconclusive or neutral in relation to Workgroup goal
■ Research indicates aspects not relevant to Workgroup goal

Figure 24. Peer State Research Findings Summary

Subgroup 3/5 used the research to discuss infrastructure and key components that could potentially support a broker model in a county. Based on this discussion, the subgroup developed a two-step screening process to see if each county in Pennsylvania might meet the criteria identified to potentially support a broker model and whether or not the county might benefit from changing to a broker model.

Step 1 of Screening Process
The members concluded that the following are characteristics that may support implementation of a potential broker model:

- High population density
- Large population of eligible MATP riders
- Highly developed transportation infrastructure
    - Including a well-developed and built out public transportation network, taxi services, demand service transportation, and other publicly available transportation options
- Existing medical infrastructure that includes a developed network of readily available and accessible medical providers within proximity of the individuals who use the services

The subgroup discussed the challenges that may be faced in implementing a broker model in rural areas. Through this discussion, the subgroup members formed the opinion that implementing a broker model in rural counties could be challenging due to lower population density, less robust medical infrastructure, and a lack of comprehensive transportation options available in these counties.

Step 2 of Screening Process
In addition to identifying the previously discussed factors contributing to facilitation of a potential broker model, the members created subsequent factors to consider in identifying counties or areas that could potentially benefit from this model. This analysis looked at contrasts between counties, especially in terms of urban and rural characteristics, population density, and existing medical facilities.

These factors are as follows:

- MATP improvements
  - Increased cohesiveness
  - Expansion of mileage reimbursement
  - Improved timeliness
  - Increased ease of access
- Consumer experiences
  - Increased ease of access
  - Improved timeliness and decreased length of rides
  - Consistent access to customer service and other assistance
  - Consistent customer service understanding of local factors
- Consumer impact
  - Addresses preference for local transportation providers
  - Expected ability to contract a provider network sufficient to meet demand, particularly in rural areas
- Program administration simplification
  - Minimize impacts of administering MATP separately from other HST programs
  - Increased MATP administrative simplicity under a brokerage
- Federal Medical Assistance Percentage (FMAP) rate
  - Increased FMAP drawn down through implementation of a broker model or CMS waiver
- Financial considerations for the state
  - Minimize financial impacts of removing MATP from the broader HST environment
  - Budget stability through a broker model with PMPM payment method
- Unintended consequences
  - Minimize potential impacts on other HST programs, healthcare in general, and local transportation providers
- Social Determinants of Health
  - "[Address]… conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks."[36]
- Health outcomes
  - Potential for contribution to positive health outcomes for MATP consumers
- Human Service Transportation impacts
  - Minimize potential effects on HST programs within the counties
- County involvement
  - Increased opportunity for counties to participate as stakeholders in the MATP
- Coordination improvements
  - Potential to improve coordination of transportation within and across counties
- Does it need to happen?
  - Will the changes improve the overall operations and consumer experiences as compared with the existing services?

The members then conducted further analysis, which included:

1. Identification of medical resources available in the counties;
2. Interviews with local transit providers; and
3. A driving tour of one county to consider the extent to which it is urban and visualize county resources and characteristics firsthand.

The subgroup noted that Philadelphia County is a major metropolitan area (population around 1.6 million), with highly concentrated population density; a highly developed multimodal transportation network (SEPTA has 2,892 vehicles according to the 2018-19 Pennsylvania Public Transportation Annual Performance Report; additionally, there are numerous other transportation providers and subcontractors as well); and major medical infrastructure.[37] From the outset of the assignment, the subgroup was mindful of the MATP Legislative Analysis, which highlighted how switching to brokers for MATP delivery has brought mixed experiences in other states.

In addition to studying the broker model, the subgroup also studied the diverse MATP models in Pennsylvania as well as in other states. The subgroup coalesced around suggesting the "Coordination into Collaboration" model (Option A) and the hybrid service delivery model (Option I). Both models, the subgroup concluded, provide opportunities to minimize adverse impacts on HST, control overall MATP costs to the state, minimize impacts on federal and state funding, and reduce coordination fragmentation compared to any expansion of the broker model.

Subgroup 4 – Discuss direct contract MATP agreements
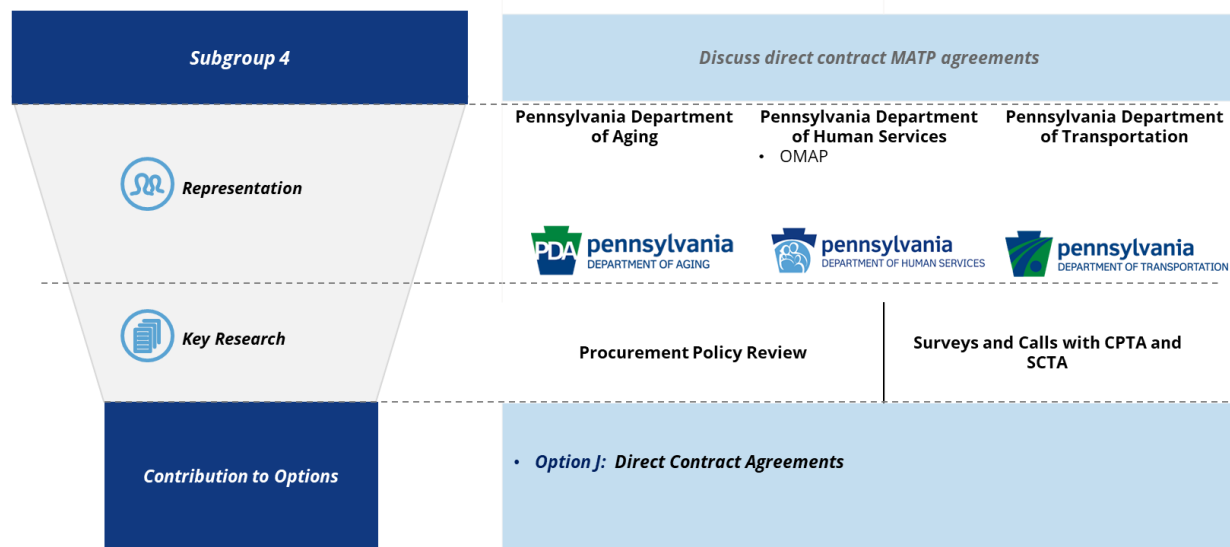

Figure 25. Overview of Subgroup 4

Subgroup 4 was charged with the task of researching the MATP's current direct contract agreements.

Thirteen counties elected to allow DHS to manage NEMT services. To avoid a lapse in the provision of services between the announcement of this change and the state assuming responsibility in those counties, DHS entered into agreements to secure

vendors capable of administering the MATP and providing NEMT according to the policies, procedures, and regulations established by the state. As a result of that process, the state contracted with CPTA and South Central Transit Authority (SCTA) to provide MATP services in those 13 counties.

The subgroup discussed concerns related to the continuation of direct contract agreements and researched the current perspectives on direct contracting for services in these counties. In addition to research conducted by subgroup members, surveys and calls were conducted with CPTA and SCTA to gather information and feedback about the current direct contracting agreement arrangement.

Listening Sessions

During the week of November 16, 2020, the OMAP MATP team hosted nine stakeholder listening sessions. The purpose of these listening sessions was to share the proposed options for Pennsylvania's MATP and receive feedback from MATP consumers and stakeholders. An estimated 340 attendees participated in these sessions and provided a total of 97 written and verbal questions and comments (see Figure 26). Details of this feedback is provided in Appendix F.

Figure 26. Overview of Listening Sessions
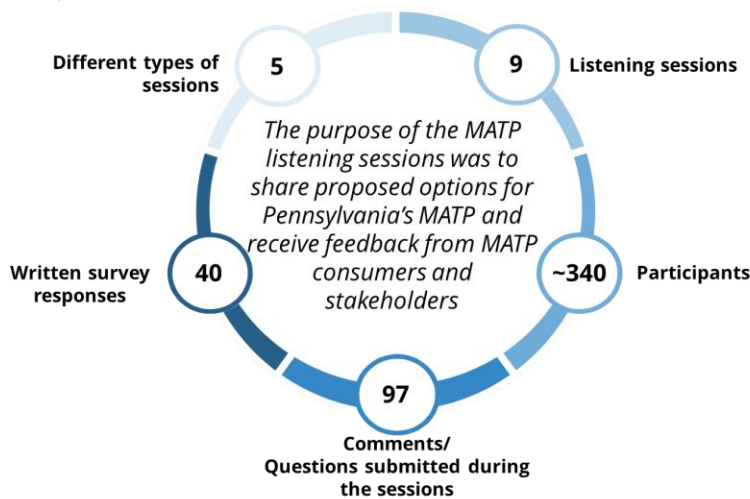
Sessions were divided by stakeholder type: consumers, transit providers and brokers, county representatives and MATP administrators, and managed care organizations. Additionally, one session was hosted specifically for Spanish-speaking consumers and their representatives. All 67 counties were represented by at least one individual in attendance in at least one of the sessions.

At the time of the listening sessions, the options developed by the Workgroup were in draft form and thus it was decided to group and present at the listening sessions as five themes: MATP collaboration; standardization of MATP processes and policies; technology, access, and communications; potential models; and direct contracts. After the sessions, several options were revised to address feedback from the listening sessions. As a result of these
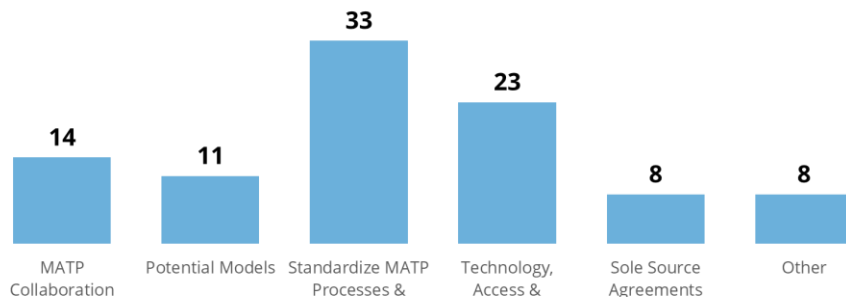

Figure 27. Number of comments per theme expressed during the listening sessions

revisions, some of the options described in this report may differ from those originally presented at the listening sessions.

Overall, participants expressed interest in improving the MATP experience for consumers. During the listening sessions, options on standardizing MATP processes and policies received the most comments – 33 out of 97 (see Figure 27). Some stakeholders expressed their concerns about how differing policies within MATP and between MATP and HST may be confusing to consumers as well as administrators. Additionally, 8 participants had questions about definitions related to MATP, and were curious about the implementation timeline. These are presented as 'Other' in Figure 27. Participants were generally appreciative for the opportunity to offer observations and share feedback in these sessions.[38]

Participants and stakeholders who could not attend the listening sessions were also provided the opportunity to send in feedback or complete a survey on the MATP and the proposed options up to three weeks after the sessions concluded. Details of this survey are provided in Appendix G.

Figure 28 summarizes the responses of 27 such non-consumer stakeholders who chose to take this survey. They had the option to respond whether they viewed the option positively, negatively, or were neutral, as well as indicating a favorite and least favorite option. Of the 27 non-consumer stakeholder responses, 20 were from transportation providers, with the remaining responses coming from MATP administrators and advocacy groups.

	Encourage Counties to Work Together on MATP	Encourage County MATP/Senior Shared Ride Program Coordinators to Work Together	Increase HST Coordination	Standardize Services and Processes at the State Level	Make County MATP Processes More Similar Across the State	Evaluate Technology Needs	Increase Communica-tion	Study and Assess a Broker Model in Some Counties	Create a Hybrid Model	Return County MATP Administration for Direct Contract Counties	Issue Request for Application (RFA) for Direct Contract Counties
Positive	27	27	28	9	20	27	27	2	3	20	19
Neutral	1	1	0	19	7	0	1	4	21	7	6
Negatively	0	0	0	0	0	1	0	22	4	1	3
Favorite	2	2	19	3	1	0	1	0	0	0	0
Least Favorite	0	0	0	0	0	0	0	25	0	1	2

Key
Positive
Neutral
Negative

Figure 28. Stakeholder Survey Responses at the Conclusion of the Listening Sessions

Of the 27 survey responses received, 19 stated that the proposed option to increase coordination with other HST programs was their favorite. Conversely, 25 respondents noted that the option to study and assess a broker model in some counties was their least favorite proposed option.

Feedback from the participants was considered by the Workgroup and used to further revise the proposed options. This feedback can be viewed in more detail in Appendix G of this report. Participants also offered other suggestions in addition to the options presented by the Workgroup. Of these suggestions, one was recurrent: to increase mileage reimbursement rates. This suggestion was also mentioned in the September 2020 county survey by a small number of respondents.

Summary of Options to Improve Upon Current MATP Model

Option A: MATP Collaboration

Option to Improve Upon Current MATP Model

MATP Collaboration

Option A

- Increase county collaboration regionally in a way that complements coordination of all human services transportation (HST) including MATP:
  - Identify opportunities to create program improvements and streamline processes in a synergistic fashion that enables neighboring counties within regions to collaborate on the delivery of MATP and HST. This model is called, "Coordination into Collaboration Model."
- Support increased collaboration across counties by:
  - Further researching the level of interest in collaboration between additional counties and providing support to those counties that enter into collaborations
  - Encouraging counties to join neighboring counties in regional partnerships for expanded coordination of MATP service in multi-county areas
  - Providing increased support to encourage collaboration between counties to enhance the provision of MATP services
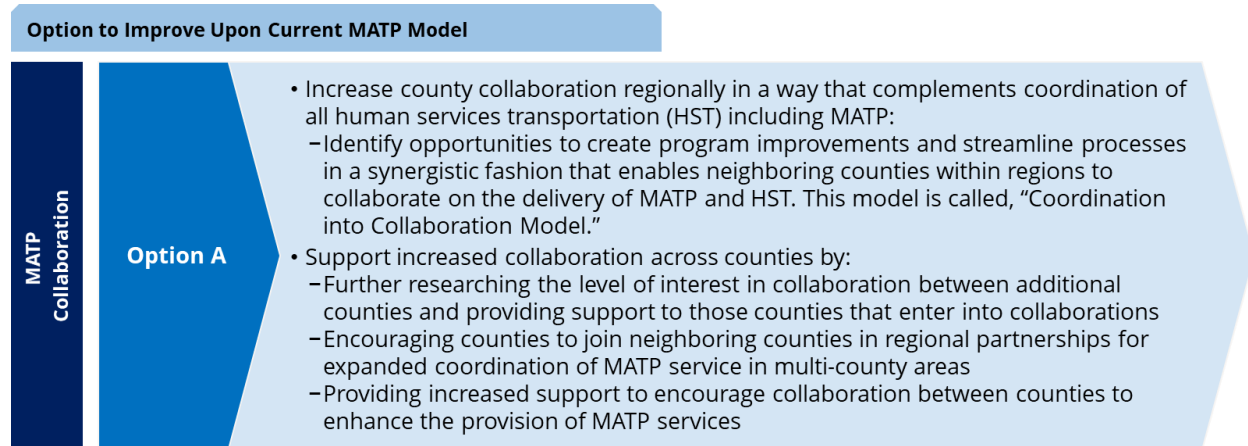
Figure 29. Option A: MATP Collaboration

Description

The Workgroup suggests that counties have the option to potentially improve all HST through a "Coordination into Collaboration" model. HST organizations in this model could work together within counties to create a shared vision and achieve goals, such as:

- Align program goals across all HST
- Promote service consistency by creating uniform statewide service standards with measurable objectives that apply to HST
- Establish continuity in reporting, compliance, and metrics
- Eliminate duplication, fragmentation, and overlap of services
- Share resources and reduce redundancy
- Establish agreement among local decision makers on service operations which would allow for flexibility in the development of innovative service models
- Streamline procedures and develop uniformity across county practices and policies to benefit consumers
- Expand upon opportunities to provide services across county lines
- Continue coordinating, with proper controls in place, MATP and HST programs, staff, and resources
- Consider the interconnected role of regulations, programs, and consumers
- Avoid fragmenting Pennsylvania's existing coordination

The Workgroup believes that this model provides a mechanism for counties to turn coordination into a collaborative effort, ideally without adding new layers of management or increased cost. Since these collaborations would utilize the counties' existing resources, including administration and infrastructure, the cost to implement them may be less than the cost of a potential system-wide model change. Additionally, the financial impact on other HST programs might be minimal, as it is possible the existing structure could be absorbed into the further collaborative structure.

Per the Workgroup's research, this option has the potential to provide regional enhancements while avoiding any possible unintended consequences, such as dismantling of coordinated HST and public transportation programs, that may have occurred in states such as Florida, Texas, and New Jersey after they adopted statewide broker models. Workgroup research also suggests that expanded collaboration also potentially avoids decreased frequency and availability of service, reduced service areas, and increased fares that could result from conversion to a broker model in areas of Pennsylvania that are currently coordinated.

This option is expected to have many benefits. It will, however, require the commitment and active involvement of numerous entities. Since HST is comprised of multiple funding streams and regulatory structures, multiple departments and agencies at the state level would need to be involved.

At present, several counties have successfully formed collaborative partnerships with neighboring counties. Such collaboration – including concepts such as the consolidation of administrative functions such as staffing, outreach, data collection, verification, needs assessment, and scheduling – may prove to simplify program administration for DHS.

Workgroup members used county profiles and survey results to analyze current collaboration between MATP providers. As reviewed in the Program Background section of this report on page 9, the Workgroup found that there are presently 8 formal administrative county collaborations that encompass 28 counties (see Figure 5):

1. Area Transportation Authority (ATA)
2. Call a Ride Services
3. Endless Mountain Transportation Authority-BEST Transit
4. Lehigh and Northampton Transportation Authority
5. CPTA - rabbittransit
6. South Central Transit Authority (SCTA)
7. Success Through Engagement and Partnership Inc. (STEP)
8. Susquehanna-Wyoming County Transportation

Including these 28 counties with formal collaboration, 37 counties reported some sort of informal coordination with other counties in their county survey responses. These counties also reported increased efficiency, lowered administrative costs, improved service, and streamlined access for consumers as benefits of coordination. The county survey results also revealed that there are counties not currently coordinating that may have an interest to do so with other counties. Additional follow-up research could be completed on this topic to gather additional information and insight.

The Workgroup supports the idea of increasing formal collaborations between counties. The Workgroup is not attempting to discourage existing coordination; however, the Workgroup believes there are additional benefits to DHS, MATP agencies, and consumers that could result from more formalized collaborations.

One example of a possible formal collaboration could be a single organization coordinating MATP services for multiple counties. The potential outcomes from such collaboration might include:

- Establish agreement among local decision makers on service operations which would allow for flexibility in the development of innovative service models
- Streamline procedures and develop uniformity across county practices and policies to benefit consumers
- Expand upon opportunities to provide services across county lines
- Continue coordinating, with proper controls in place, MATP and HST programs, staff, and resources
- Consider the interconnected role of regulations, programs, and consumers
- Avoid fragmenting Pennsylvania's existing coordination

Potential Benefits

Potential benefits of this option could include:

- Simplification of MATP administration
- Consideration of impact on rural transportation, HST programs, and coordination
- Involvement of stakeholders in decision making for program design and management
- More coordination across MATP and HST
- Minimization of unintended consequences for consumers
- Maintaining or decreasing costs, as the state will only pay for MATP trips taken by consumers
- Potential for cumulative cost savings for the state
- Increased oversight within and among HST programs
- Reduced administrative burden of the MATP to DHS, as well as counties that collaborate
- Increased access to out-of-county appointments for consumers in collaborating counties
- Increased consumer satisfaction

This model may encourage efficiencies and save public resources because counties may be able to leverage staff collaboratively in circumstances where MATP trips have decreased, pool resources, and share best practices. Additionally, it is expected that collaboration will improve consistency in data reporting.

Collaboration may also avoid decreased frequency and availability of services, smaller service areas, and increased fares that, the Workgroup concluded, could result from conversion to a broker model in areas in Pennsylvania that are currently coordinated.

Consumers could also benefit as a result of the improved access to medical services, increased consistency across counties, increased availability of service in a wider service area, and increased access to transportation resources.

Potential Implementation Steps

If DHS adopts this option, the following implementation steps were considered by the Workgroup:

1. Evaluate current collaborations to establish best practices
2. Research county interest in future coordination and collaboration

3. Establish guidelines and refine definition for collaboration
4. Initiate a collaboration pilot
   a. Identify a region/group of counties for a collaboration "pilot" using current information on which counties are already working together in some capacity or are interested in working together
   b. Recommend counties to participate
   c. Conduct the pilot and evaluate outcomes
5. Develop plan, timeline, and support mechanisms for expanding successful projects/processes statewide
6. Highlight the benefits of collaboration to encourage counties to participate
7. Develop and implement a program and evaluate the creation of uniform performance standards moving forward

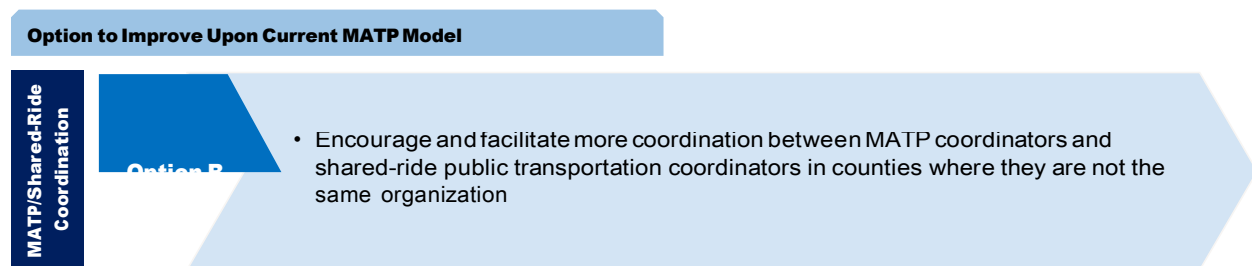# Option B: MATP/Shared-Ride Coordination

Option to Improve Upon Current MATP Model

MATP/Shared-Ride Coordination

Option B

- Encourage and facilitate more coordination between MATP coordinators and shared-ride public transportation coordinators in counties where they are not the same organization

Figure 30. Option B: MATP/Shared-Ride Coordination

Description

In some counties in Pennsylvania, the same organization coordinates services for both the MATP and the shared-ride public transportation system or network. Shared-ride public transportation services are demand response transportation in which passengers with different origins and destinations ride together on the same vehicle regardless of program funding. These services are available to the public and are primarily used by consumers covered by the SSRP, MATP, or other state-fund HST programs (such as AAA, ADA, and PWD).

This structure may contribute to a more efficient administrative process of assigning eligible MATP consumers to paratransit rides provided by the shared-ride public transportation services network. Having a different coordinator for each program does not necessarily preclude such efficiency, as there are several counties with different MATP and shared-ride coordinators where MATP trips are still performed on the shared-ride public service. However, the Workgroup suggests increasing coordination between MATP and shared-ride coordinators to support the process of assigning rides to the most appropriate program.

There are two potential challenges (addressed by Potential Implementation Step #2) that could prevent closer coordination between MATP and shared-ride coordinators on the county level. The first is the need for understanding and addressing the local factors and history that led to the current arrangement. This will assist with program design that allows individual counties to retain what is unique and/or special to their arrangement. The second is understanding and monitoring the effects of increased coordination on the transportation providers in the counties, as some counties may

experience changes in demand for shared-ride services, which could be addressed once identified.

Potential Benefits

Closer coordination between MATP and shared-ride coordinators could have several benefits which strengthen as the coordination increases. Coordination affords the benefits of a single coordinator for both programs but does not require a single coordinator when it is not beneficial for the county.

One benefit the state could experience includes a reduction in program costs through increased utilization of the shared-ride services network for suitable trips, as the shared-ride services tend to have a lower per-trip cost than the alternative options. At the local level, service providers already have increased efficiency by grouping people on their vehicles based on needs and destinations as opposed to funding sources. For example, several counties, including Greene, Elk, Lebanon, and Monroe, currently use strategies for grouping trips to more distant providers. A well-coordinated transportation system including MATP and shared-ride services could also benefit consumers by being able to efficiently connect consumers with the services for which they are eligible. This benefit may occur naturally when a single coordinator oversees both MATP and shared-ride service, but strategies may be found that allows for a similar result with two separate coordinators.

Potential Implementation Steps

If DHS adopts this option, the following implementation steps were considered by the Workgroup:

1. Identify the counties where MATP and shared-ride coordinators are not the same
2. Understand the program delivery of MATP and shared-ride services in each county
3. Identify related best practices in counties where the coordinators are the same
4. Work with counties to develop the goals and approach for coordination, including outlining expectations and benefits
5. Prepare technical assistance materials and make technical assistance personnel available to assist those counties in coordinating
6. Develop and implement evaluation program to monitor performance

Option C: MATP/HST Coordination

Option to Improve Upon Current MATP Model

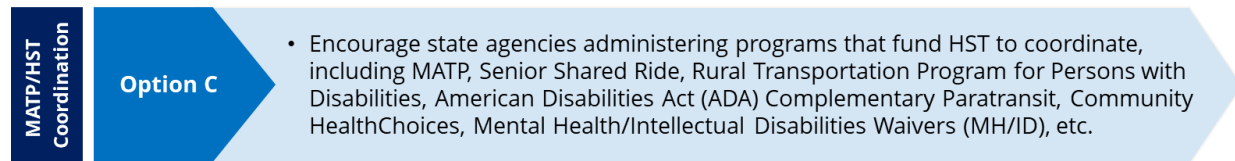| MATP/HST Coordination | Option C | • Encourage state agencies administering programs that fund HST to coordinate, including MATP, Senior Shared Ride, Rural Transportation Program for Persons with Disabilities, American Disabilities Act (ADA) Complementary Paratransit, Community HealthChoices, Mental Health/Intellectual Disabilities Waivers (MH/ID), etc. |

Figure 31. Option C: MATP/HST Coordination

Description

HST refers to several programs providing transportation services to specific populations. HST programs are funded by multiple sources, contributing to an HST network that could be vulnerable to disruption. A change made by a single contributing funding source could disrupt the broader HST system or impact specific HST programs. This could potentially negatively impact the budgets of state agencies charged with administering funded programs and could impact the thousands of citizens relying on HST services.

To avoid this, the Workgroup suggests that the relevant state agencies coordinate with each other before making decisions that have the potential to significantly impact HST. This type of informal coordination between agencies currently occurs, however, building a structured process for this purpose could help ensure that such coordination happens consistently. Many requirements for HST programs are similar, and increased coordination could leverage these similarities to create opportunities for greater efficiencies.

Potential Benefits

The impact of creating a coordinated decision-making structure for HST could vary depending on the level of structure that is implemented. At a minimum, state agencies should be conferring with each other before making significant policy decisions or issuing new written guidance to providers. For example, this could involve a routing process or meeting to facilitate review across agency executives. Programmatic or substantive changes to the MATP provide an example of a situation where coordination with other state agencies would be crucial prior to any changes being implemented.

Operationally, there could also be added value in coordination between agencies on the day-to-day aspects of program administration such as invoicing, compliance oversight, and reporting. Increasing coordination on such items could take several forms. As a starting point, reports required by each program could be analyzed to evaluate potential opportunities to standardize, with additional opportunities for coordination evolving as informed by stakeholders and other partners participating in such efforts.

Potential Implementation Steps

If DHS adopts this option, the following implementation steps were considered by the Workgroup:

1. Identify program areas that could benefit from ongoing coordination

2. Strengthen relationships, information sharing, and partnering between state agencies
3. Form ongoing workgroups that include all applicable agencies as a means to accomplish steps one and two above
4. Crosswalk reporting requirements and formats for all HST programs administered by state agencies to identify opportunities for alignment
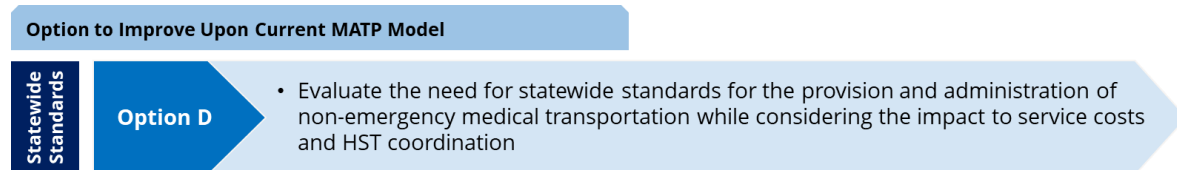
Option D: Statewide Standards

Option to Improve Upon Current MATP Model

Statewide Standards

Option D

- Evaluate the need for statewide standards for the provision and administration of non-emergency medical transportation while considering the impact to service costs and HST coordination

Figure 32. Option D: Statewide Standards

Description

There can be a lack of consistency across counties with respect to the provision of NEMT services and routine administrative efforts. As an example, application forms, mileage reimbursement processes, and needs assessments can vary significantly. To address this concern, the Workgroup recommends review and development of statewide service standards. Service standards are defined as the specifications at which the program is to be administered and transportation to be provided by all of the counties. Service standards may include processes, forms, required wait times and other program aspects, with the goal of streamlining functions across the state and enhancing consumer and stakeholder experiences where possible. The Workgroup also suggests working alongside stakeholders and partners to identify opportunities to standardize similar processes among other HST programs.

When creating service standards, DHS should consider that many paratransit MATP trips occur on public shared-ride services and therefore evaluate the service standards' impact to the shared-ride services.

Standards will take time and effort to implement, both by the providers locally and by DHS at the state level. DHS and other HST providers may need to publish new material, create new desk manuals, train personnel on new processes, and/or create new monitoring support efforts for any new standards.

Potential Benefits

The main benefit of setting standards could be the reduction of service and administrative inconsistencies across counties. This could also lead to the benefit of making the program less complex overall and easier for consumers to understand. Additionally, setting standards helps to communicate expectations and baseline information for all parties involved.

Potential Implementation Steps

If DHS adopts this option, the following implementation steps were considered by the Workgroup:

1. Identify practices and services that could benefit from statewide service standards
   a. Review MATP Standards & Guidelines (S&G) to determine applicable service standards
   b. Consider any regional or programmatic differences in how standards may need to be applied
2. Evaluate the overlap between Option D and Option E (see Figure 33)
3. Coordinate applicable implementation steps with Option E
4. Seek input from Workgroup members and stakeholders on an ongoing basis to implement service standards and/or methods to achieve the newly identified and/or refined standards
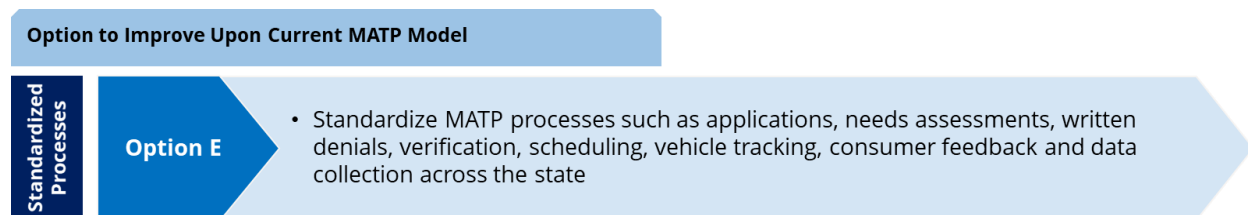
Option E: Standardize Processes

Option to Improve Upon Current MATP Model

Standardized Processes

Option E

- Standardize MATP processes such as applications, needs assessments, written denials, verification, scheduling, vehicle tracking, consumer feedback and data collection across the state

Figure 33. Option E: Standardized Processes

Description

At present, Pennsylvania's counties administer and provide MATP services individually, utilizing structures and processes that are unique to the county with general oversight provided by DHS. Though this allows for counties to meet the transportation needs of MATP consumers based on a county's individual circumstances, it can also create inconsistencies that can be confusing to consumers. While individual counties should be encouraged to support riders given the unique needs of county residents, standardization of processes and policies, when possible, will increase consistency and potentially make it easier for consumers to access. Therefore, the Workgroup suggests MATP processes, such as the application, needs assessment, verification, scheduling, vehicle tracking, and data collection, be standardized across the state.

The Workgroup recognizes that this option is similar to the content of Option D. However, while Option D focuses on service standards as included in the S&G (for example, how long a consumer has to wait for a ride), Option E addresses standardizing county MATP processes across the state (for example, consumer complaint processes). The Workgroup recommends that this overlap be considered during implementation.

The Workgroup further suggests a review of the MATP S&G in comparison to actual county policies and procedures. The Workgroup recognizes that each county is structured differently and has varying levels of needs and resources. In review of the county survey, the Workgroup found that MATP policies and processes vary from one county to another. For example, 46 out of the 60 counties that completed the county

survey indicated that Ecolane is used in their service area for MATP scheduling, while other counties use Horizon, manual tracking, or their own proprietary systems. Since not all 67 counties completed the survey, the actual numbers may vary. Creating uniformity in policies, procedures, and performance measures across the board has the potential to benefit consumers, DHS, stakeholder, and the counties.

Furthermore, the Workgroup found that the application, needs assessment, and verification processes are inconsistent across Pennsylvania. As an example, the application process can vary from a one-page application or needs assessment form in one county to a nine-page application and multi-step needs assessment in others. Some consumers have noted the difficulty of the application and needs assessment processes. Their feedback describes the difficulty of accessing services when they move residence from one county to another due to the differing processes in individual counties. These concerns could be addressed by standardizing processes across counties.

Potential Benefits

To streamline processes, decrease confusion for consumers, and provide consistency in provision of services, the Workgroup recommends standardizing processes such as the MATP application, needs assessment, verification, scheduling, vehicle tracking and data collection systems across the state. Success in this area could be measured by:

- Increased customer satisfaction
  - Regular contact with consumers via surveys or telephone to gather feedback
  - Tracking the feedback received by consumers, stakeholders, and advocacy groups
- Increased ability of DHS to monitor processes and services
  - Ease, efficiency, and frequency of staff monitoring efforts
  - Level of preparedness of counties during monitoring efforts
- Improved enforcement and compliance of MATP processes and policies
  - Decreased need for MATP agencies to call for technical assistance with policies
  - S&G is updated with more detailed policies and processes
- Improved reliability of data
  - Confirmed through regular comparison of previously submitted data and other known information
  - Proven by regular and ad hoc reports generated by DHS and/or the MATP agency
- Decreased complexity in performance monitoring
  - For DHS, allow for the yearly monitoring of all counties instead of a fraction due to the many policies and processes across agencies
  - For MATP agencies and subcontractors, increased efficiency, and greater understanding of expectations for performance monitoring

Standardizing the MATP application, needs assessment, verification, scheduling, vehicle tracking, and data collection systems across the state may simplify the administration of MATP by eliminating the need to gather and assess different processes from multiple counties.

In addition to simplified administration, standardization could provide additional

benefits to consumers, agencies, counties, and DHS. For example:

- Standardizing the application process could streamline the process and potentially accelerate the timeline for an approved applicant to begin receiving services and get access to the most appropriate mode of transportation they need. Some counties currently have a process that includes a lengthy application and assessment process which could potentially lead to frustration for prospective consumers and thus reluctance to register for services.
- Standardizing the denial process could improve oversight in that DHS would understand the reasons for trip denials. MATP agencies would have more clarity about which circumstances should result in a denial notice and how to correctly complete this notice. Consumers would be assured that they are appropriately being denied and referred to other resources by MATP.
- Standardizing the data collection process could result in greater efficiencies overall and promote greater transparency to internal and external stakeholders. Regular collection of certain data will not only demonstrate effective monitoring but would allow DHS to continue to evaluate and improve the program based on the data collected.

Additionally, by ensuring consistency and clarity in MATP processes, other HST programs might be better informed about the MATP program.

Currently, data collection is at times challenging and eligibility verification can be difficult for counties. Standardizing these processes with more efficient and user-friendly options may increase the accuracy of data collection which could improve program operations and monitoring.

The expected impact from this option could be a greater efficiency in operations, service delivery, and clarification of policies, procedures, and performance measures. For those counties that require support to comply with any alterations to policies or procedures for reasons beyond their control, DHS would work with them to achieve compliance.

Potential Implementation Steps

If DHS adopts this option, the following implementation steps were considered by the Workgroup:

1. Evaluate the overlap between Option E and Option D (see Figure 32)
2. Coordinate applicable implementation steps with Option D
3. Define a framework for determining best practices for statewide processes
4. Evaluate the designated processes or program areas statewide
5. Develop and implement performance standards to evaluate the new standardized processes
6. Develop an implementation plan to scale best practices statewide; then execute the plan
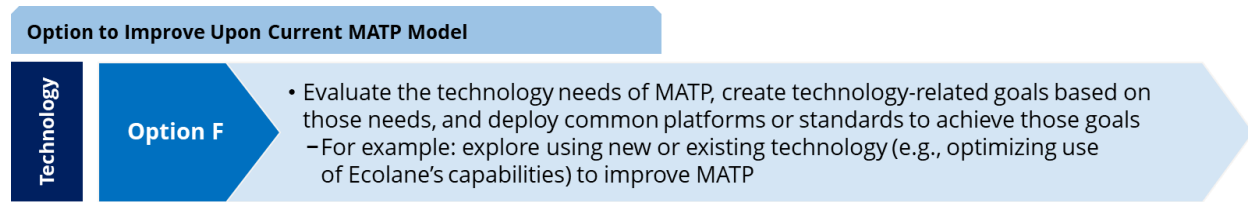7. Evaluate and repeat with additional best practices

Option F: Technology

Option to Improve Upon Current MATP Model

Technology · **Option F** · Evaluate the technology needs of MATP, create technology-related goals based on those needs, and deploy common platforms or standards to achieve those goals
– For example: explore using new or existing technology (e.g., optimizing use of Ecolane's capabilities) to improve MATP

Figure 34. Option F: Technology

Description

The Workgroup suggests that DHS review and address the technology needs of MATP providers, develop technology-related goals, and create a plan to achieve these goals.

Currently, MATP agencies and providers are exploring new technologies and innovative uses of existing technology. For example:

- ATA has developed a process to use the Ecolane software for mileage reimbursement trips
- STEP has created an online scheduling system for consumers
- Alliance for Nonprofit Resources has developed a system to manage mileage reimbursement trips

The Workgroup believes that one strategy to address the technology needs of MATP providers could be to include in the effort state agencies that are deploying similar technologies for HST providers. This could allow the state agencies to pool their resources and deploy appropriate solutions to the overall service and reduce duplication of their efforts which could result from the agencies undertaking such initiatives in isolation. An example of current and similar cooperation activities is the ongoing initiative to create an online eligibility application covering both the MATP and other HST programs.

The implementation of this option could be complex as procurement for long-term services, support, and transition planning may be required. However, the potential benefits could justify such a procurement.

Potential Benefits

MATP statewide technology goals may assist with improving collaboration, coordination, service efficiency, and customer service. This option could complement and support other Workgroup options.

Potential Implementation Steps

If DHS adopts this option, the following implementation steps were considered by the Workgroup:

First Phase

1. Identify program areas that could benefit from standardized technology platforms (i.e., scheduling, tracking)
2. Review and evaluate technology platforms currently in use across the state (e.g., by MATP providers)

Second Phase
1. Consider how the technology platforms can be adapted to improve consumer experiences such as online scheduling and ride tracking
2. Identify promising platforms for statewide expansion
3. Research funding sources to underwrite the cost of expanding technology
4. Develop an implementation plan to scale promising technology platforms statewide; then execute the plan
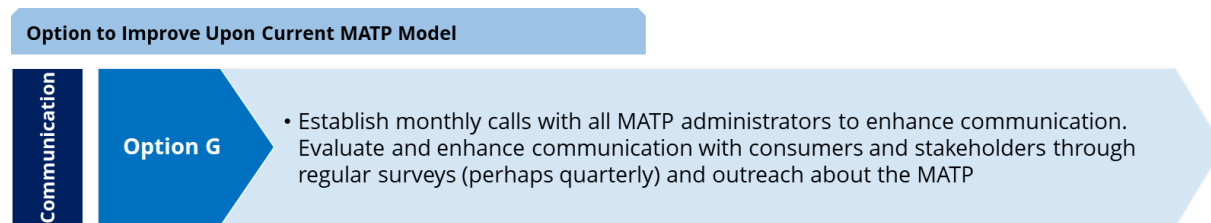5. Repeat as funding allows

Option G: Communication

Option to Improve Upon Current MATP Model

Communication

Option G

• Establish monthly calls with all MATP administrators to enhance communication. Evaluate and enhance communication with consumers and stakeholders through regular surveys (perhaps quarterly) and outreach about the MATP

Figure 35. Option G: Communication

Description

In the county survey, multiple respondents noted appreciation for the opportunity to provide feedback about their program and how to improve the MATP overall. Attendees of the listening sessions also expressed gratitude for the opportunity to provide input on the proposed options and the MATP. DHS MATP staff reviewed feedback received from both the county survey and the listening sessions and identified immediate opportunities to improve the MATP. As this communication between stakeholders, consumers, counties, and DHS MATP proved beneficial, the Workgroup suggests continuing to enhance and increase communication.

The Workgroup specifically recommends enhancing communication with all counties by reestablishing a monthly call. In addition, the Workgroup recommends DHS MATP considers surveying consumers quarterly. This clear, concise, and consistent communication could result in numerous programmatic improvements, as parties will have an opportunity to be more familiar with DHS' expectations regarding their respective roles in the delivery of MATP.

DHS MATP staff have already begun efforts toward improving communication with all counties. Staff have currently expanded their regular communication with counties to make the contact more productive and meaningful. The outreach and discussion are focused on program standards and steps needed to meet those standards. This effort will support the success of this option's implementation.

As the OMAP MATP has already begun implementing this option, the Workgroup did not specifically consider feedback from the listening sessions or potential implementation steps for inclusion in this report

Potential Benefits

One expected benefit from pursuing this option would be continued and improved rapport and relationships between the counties and DHS MATP. A second benefit is that this could provide a format to be proactive in addressing any issues, inconsistencies, and concerns while also affording an opportunity for counties to share best practices and discuss common issues. This could ultimately result in improved access, coordination, delivery, and outcomes of the MATP. The success of this option could be measured by the expected decrease in complaints and increased findings of compliance during monitoring efforts.

Summary of Options for Alternative MATP Models

Components to Consider in Program Design

Subgroup 3/5 identified several components to be considered in program design for a hybrid service delivery model. The four components are: management, fiscal, oversight, and stakeholder involvement. While the management component is uniquely applicable to a hybrid service delivery model, the three other components could potentially be considered in the broader context of MATP program design. These three components will be discussed in this section, with the management component detailed in Option I below.

Fiscal

The fiscal component addresses payments such as alternatives to a PM/PM structure, options to receive an enhanced FMAP, and other cost containment strategies.

Fiscal options and corresponding states to reference as examples:

- Consider a shared-risk payment structure in which actual service costs are fully reimbursed with a fixed fee for administration. (Example state: Washington)
- Structure a payment method that includes incentives to increase the use of low-cost transportation options such as mileage reimbursement, public transit, and volunteer drivers. (Example states: Kentucky, Massachusetts, Vermont)
- Develop an alternate fixed payment model that requires an annual actuarial adjustment to ensure sustainability. (Example state: Kentucky)
- Seek a CMS waiver to test the hybrid service delivery model approach to MATP.
    - Section 1115 Demonstration Waiver: states can implement approaches that diverge from federal Medicaid rules using innovative service delivery systems that promote the goals of the Medicaid program.[39] (Example state: Vermont)
    - Section 1915 (b) Waiver: states can provide Medicaid services through managed care delivery systems.[40] (Example state: Kentucky)

Oversight

Oversight options address the responsibility of the state to ensure program oversight through establishment of performance standards and review of data to support the standards.

Oversight options and corresponding states to reference as examples:

- Establish statewide uniform performance standards. (Example state: Massachusetts)
- Develop a state-run data-tracking utilization database to analyze and review for trends, performance issues, or rising costs. (Example state: Washington)
- Consider operating a state-run call center for complaints and denials. (Example state: Kentucky)
- Conduct monitoring assessments of nonprofit/transit brokers once or twice per year. (Example state: Kentucky)

Stakeholder Involvement

Stakeholder involvement options support formally establishing a method in which all entities can work towards a common goal to ensure the long-term success of the MATP.

Stakeholder involvement options and corresponding states to reference as examples:

- Create regional coordinating councils to identify unmet needs, coordinate existing services, communicate priorities to state agencies. (Example state: Massachusetts)
- Develop formal advisory committee comprised of DHS, PennDOT, counties, providers, and consumers, and other key agencies to review and recommend policies and operating procedures. (Example states: Minnesota, Kentucky)
- Develop an alternate fixed payment model that requires an annual actuarial adjustment to ensure sustainability. (Example state: Kentucky)
- Seek a CMS waiver to test the hybrid service delivery model approach to MATP.
  - Section 1115 Demonstration Waiver: states can implement approaches that diverge from federal Medicaid rules using innovative service delivery systems that promote the goals of the Medicaid program.[41] (Example state: Vermont)
  - Section 1915 (b) Waiver: states can provide Medicaid services through managed care delivery systems.[42] (Example state: Kentucky)

Option H: Broker

Broker

Option H

- Engage a risk-based broker for one county without a broker model, and compare and contrast the applicability, benefits, and challenges of such a program with the current program in that test county, as well as with the current broker contract

Figure 36. Option H: Broker

Description

In response to a request stipulated in the December 13, 2019 letter, the Workgroup recognizes that one potential approach to consider this option would be to use the state's only current broker model – located in Philadelphia County – as a control area and conduct a broker model study in one small, urban county.

This option is based on review of the state's counties using the criteria outlined in the Subgroup Organization and Methodology section for Subgroup 3/5. In summary, the subgroup developed a two-phase process to identify any counties that could potentially serve as a study area for a broker model pilot to compare with the state's only current broker model, which is in Philadelphia County.

Potential Benefits

This option would provide the opportunity to observe how a brokerage works in a smaller urban area in comparison to a highly developed metropolitan area such as Philadelphia. Outcomes from the pilot could inform future decisions about the broker model in other areas of Pennsylvania.

Potential Implementation Steps

If DHS adopts this option, the following implementation steps were considered by the Workgroup:

1. Identify the county or counties that fit the criteria established by the Workgroup to transition to an MATP broker
2. Consider simulating a risk-based model by using current ridership and trend data in a computer modelling exercise to determine the expected costs and benefits before making any program changes
3. Decide if program changes are beneficial to the community and state based upon model simulation
4. If changes are determined to be beneficial, follow Pennsylvania's established procurement procedures to solicit a risk-based broker for test county with established parameters for measurement
5. Evaluate the test county to identify and document the benefits and challenges of a risk-based brokerage
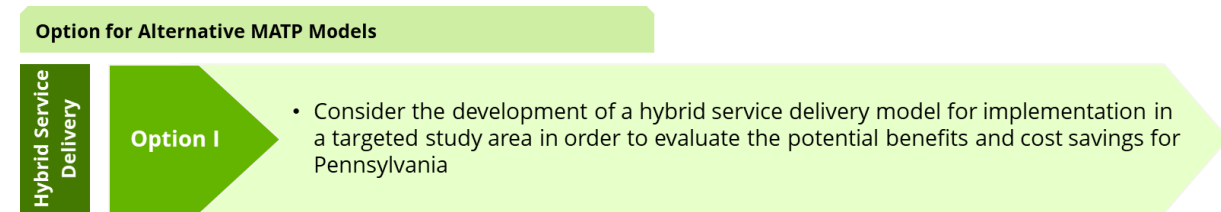
Option I: Hybrid Service Delivery

Option for Alternative MATP Models

| Hybrid Service Delivery | Option I | • Consider the development of a hybrid service delivery model for implementation in a targeted study area in order to evaluate the potential benefits and cost savings for Pennsylvania |

Figure 37. Option I: Hybrid Service Delivery

Description

In researching how other states structure NEMT programs, the Workgroup found several examples of hybrid service delivery models that states such as Kentucky, Massachusetts, Minnesota, Vermont, and Washington are using to manage their NEMT programs. The hybrid examples from other states varied and included administrative, full-risk, and shared-risk contracting methods with unique approaches to ensuring transportation service remained sustainable. The Workgroup determined that the components of a hybrid model include the management options discussed below, as well as the fiscal, oversight, and stakeholder components previously discussed (see "Components to Consider in Program Design").

The Workgroup identified three options for management of a hybrid service delivery model, all of which contribute to the goal of simplifying program administration. A hybrid service delivery model may vary across states based on the management option (and other component options) implemented. However, all hybrid service delivery models will use one of the management options outlined below:

1. Contracting or partnering with the state's department of transportation to manage and coordinate services. (Example states: Kentucky, Massachusetts)
2. Contracting with a nonprofit or state association to manage the NEMT providers. (Example state: Vermont)
3. Contracting directly with nonprofits or transit providers, which would be procured through a competitive bid process (Example state: Washington)

When developing a hybrid service delivery model, the Workgroup identified the following considerations:

- Utilize public transportation providers as brokers to coordinate HST and MATP for efficiency gains and improvements to the consumer experience. This arrangement could be similar to the existing practice in some Pennsylvania counties, in which the MATP administrator is also a public transportation provider
- Establish a process for monitoring brokers that includes performance standards and data review
- Create a payment method that does not place the broker or the transportation providers at risk
- Form an independent advisory committee of stakeholders that has an active role in policies and decision-making related to MATP

As a result of its research, the Workgroup believes that a hybrid service delivery model may positively address the management, fiscal, oversight and stakeholder components

previously discussed. Based on this conclusion, the Workgroup suggests considering a hybrid service delivery model for the delivery of MATP in Pennsylvania.

Potential Benefits

An approved Medicaid waiver could allow the state to provide NEMT services through an innovative hybrid service delivery model. A hybrid service delivery model could allow the state to seek additional FMAP reimbursement through the waiver. This waiver could also provide the state with the opportunity to test the cost effectiveness of various approaches to NEMT administration and oversight. In its research, the Workgroup identified other states like Kentucky and Vermont have used a CMS waiver to modify their NEMT programs.

After researching hybrid service delivery models, the Workgroup believes that this option could have the following impact:

- Preserve the opportunity to pursue an enhanced FMAP rate from CMS in an area beyond Philadelphia
- Avoid impacting other HST programs – including the provision of rural HST – and coordination statewide
- Maintain or decrease costs
- Simplify MATP administration
- Minimize potential unintended consequences for consumers
- Involve stakeholders in decision making for program design and management

Potential Implementation Steps

If DHS adopts this option, the following implementation steps were considered by the Workgroup:

1. Define the characteristics of a hybrid service delivery model
2. Identify an area of the state likely to benefit from the implementation of that model type
3. Complete additional fiscal or other analysis as necessary
4. Follow Pennsylvania's established procurement procedures and regulations to pilot a hybrid model in a selected study area
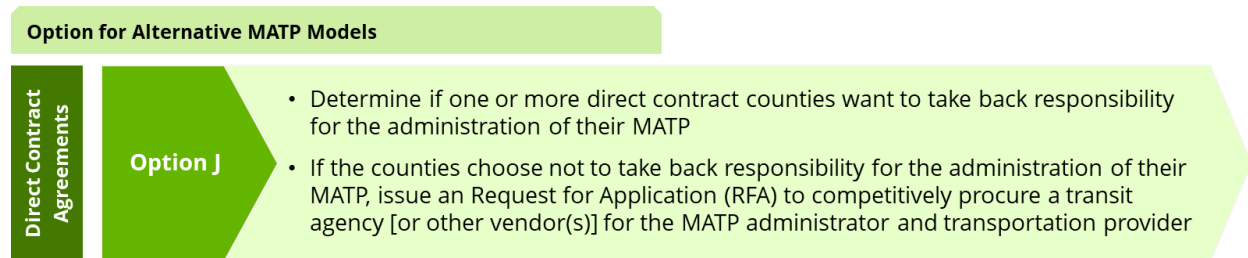
Option J: Direct Contract Agreements

Option for Alternative MATP Models

Direct Contract Agreements	Option J	• Determine if one or more direct contract counties want to take back responsibility for the administration of their MATP • If the counties choose not to take back responsibility for the administration of their MATP, issue an Request for Application (RFA) to competitively procure a transit agency [or other vendor(s)] for the MATP administrator and transportation provider

Figure 38. Option J: Direct Contract Agreements

Description

Currently, DHS has direct contract agreements with transportation authorities to provide NEMT services in 13 counties. These grant agreements were awarded as direct contract grant agreements and were meant to be temporary measures to allow for NEMT services to continue until a competitive procurement could be done. Under Management Directive 305.20, DHS must solicit services for NEMT through a competitive procurement process unless the Governor's Office of Budget Comptroller Operations approves a non-solicitation grant. Since Pennsylvania and federal policy requirements favor competitive procurements, DHS's ability to indefinitely continue the existing non-solicitation agreements is unlikely.

The Workgroup suggests that DHS MATP determines if one or more of the counties currently covered by a direct contract agreement is interested in resuming administration of the MATP. Upon accepting the responsibility of administering the MATP, the county or counties would then take all necessary steps toward operating the MATP under the appropriate model. If no county is interested in taking responsibility, the Workgroup suggests that MATP go through the competitive procurement process for all the direct contract counties.

Potential Benefits

The success of this option's implementation could be also measured by whether the level of efficiency in operations and satisfaction of consumers meets or exceeds the current level.

Potential Implementation Steps

If DHS adopts this option, the following next steps were considered by the Workgroup:

1. Determine if one or more direct contract counties want to take back responsibility for the administration of their MATP
2. If yes, then develop and implement a plan for transitioning administrative responsibility back to the county
3. If no, then go through the competitive process for direct contracts to select a vendor

Conclusion

This collaborative initiative led by OMAP and carried out by numerous stakeholders from the DHS, PennDOT, and PDA, as well as the Pennsylvania Public Transportation Association, the County Commissioners Association of Pennsylvania, and the Pennsylvania Association of County Human Services Administrators, resulted in several options for consideration to improve the MATP in the Commonwealth of Pennsylvania. The monthly Workgroup meetings and weekly subgroup meetings brought together a diverse group of perspectives and facilitated communication and understanding across the groups. The Workgroup looks forward to receiving feedback on the options and to participating in the potential implementation of the options to improve on the administration and delivery of the MATP in Pennsylvania.

Acknowledgements

Pennsylvania's Department of Human Services (DHS) would like to thank the following participants for contributing to the Workgroup their knowledge and experience to this effort.

Name	Role	Organization
Adam Riggs	Director, Division of Family Assistance	Office of Income Maintenance, Department of Human Services
Brinda Penyak	Deputy Executive Director	County Commissioners Association of Pennsylvania
Charles Tshudy	Program Specialist, Bureau of Policy, Planning and Program Development	Office of Mental Health and Substance Abuse Services, Department of Human Services
Danielle Spila	Director, Bureau of Public Transportation	Pennsylvania Department of Transportation
Daphne Simeonoff	Program Manager, Medical Assistance Transportation Program	Office of Medical Assistance Programs, Department of Human Services
David Miles	Program Manager, Senior Community Service Employment Program	Pennsylvania Department of Aging
Desanie Miller	Program Supervisor, Division of Family Assistance	Office of Income Maintenance, Department of Human Services
Jermayn Glover	Director, Division of Communications Management	Office of Long-Term Living, Department of Human Services
John Taylor	Mass Transit Manager, Bureau of Public Transportation	Pennsylvania Department of Transportation
Kathleen Gasiewski	Program Specialist Supervisor, Medical Assistance Policy, Bureau of Policy	Office of Income Maintenance, Department of Human Services
Kevin Longenecker	Program Supervisor, Bureau of Aging Services	Pennsylvania Department of Aging
Kristin Moise	Program Specialist, Bureau of Policy	Office of Income Maintenance, Department of Human Services
Laurie Rock	Director, Bureau of Managed Care Operations	Office of Medical Assistance Programs, Department of Human Services
Maribel Torres	Program Monitor, Bureau of Managed Care Operations	Office of Medical Assistance Programs, Department of Human Services
Marisa Santanna	Program Specialist, Bureau of Policy, Analysis and Planning	Office of Medical Assistance Programs, Department of Human Services
Michael Tickner	Section Chief, Bureau of Policy, Planning & Program Development	Office of Mental Health and Substance Abuse Services, Department of Human Services
Mike Hershey	Project Manager	Performance Management Office, Department of Human Services
Nicole Silks	Policy Program Manager, Bureau of Policy	Office of Income Maintenance, Department of Human Services
Pamela Machamer-Peechatka	Policy Section Chief, Bureau of Policy, Analysis and Planning,	Office of Medical Assistance Programs, Department of Human Services
Shawna Russell	Executive Director	Pennsylvania Public Transportation Association

Name	Role	Organization
Sheila Gombita	Executive Director | Board Member	Washington County Transportation Authority/Freedom Transit | Pennsylvania Public Transportation Association
Tammi Carter	Director, Medical Assistance Transportation Program	Office of Medical Assistance Programs, Department of Human Services
Theresa Rosenberry	Program Specialist, Medical Assistance Policy, Bureau of Policy	Office of Income Maintenance, Department of Human Services
Tom Stark	Executive Director	Pennsylvania Association of County Human Services Administrators

The Department would also like to thank the many other organizations and individuals who contributed to this effort, including:

- County MATP administrators and Commissioners
- Transportation providers and brokers
- Pennsylvania Health Access Network
- Pennsylvania Health Law Project
- Pennsylvania Statewide Independent Living Council
- Stakeholders and consumers that participated in the listening sessions

Special thanks to Deputy Secretaries Jennie Granger (Multimodal Transportation, PennDOT) and Sally Kozak (Office of Medical Assistance Programs, DHS) for their guidance and support in this effort.

Appendices

Appendix A: COVID-19

The COVID-19 pandemic was recognized by the Workgroup as an unusual occurrence that had varying influence on county and program MATP operations in 2020 and 2021. This overlapped with the timeframe of this Workgroup's meetings. COVID-19 was considered in discussions by the Workgroup but given the long-term nature of the options that were developed, it was not a primary driver of option development. It may be beneficial to conduct an assessment of program structure and future needs in this context, prior to implementation of the options.

In the county survey that was sent to the MATP administrators and county commissioners of all 67 counties in early fall of 2020, respondents were asked questions related to the impact of COVID-19 on counties and the MATP including ridership, availability, and staff. As represented in Figure 19, 77% of survey respondents noted that MATP ridership decreased significantly or somewhat.
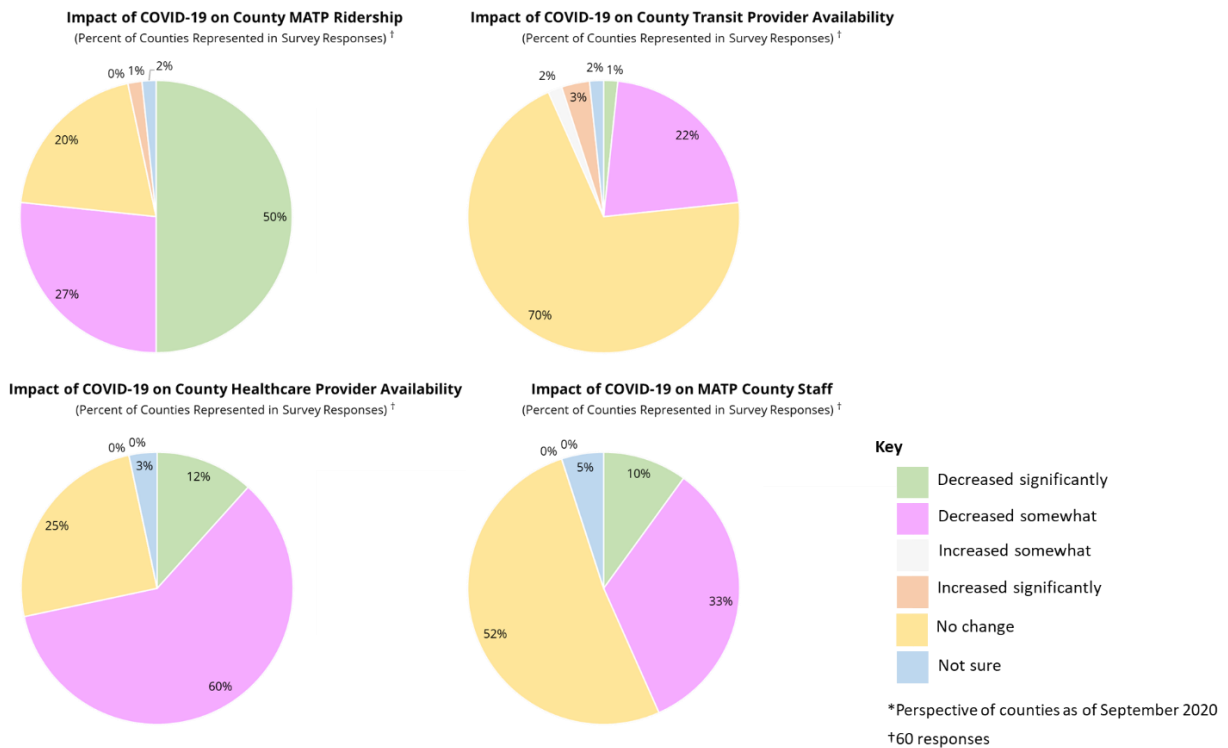
Figure 39: County Survey Results – Impact of COVID-19 on County MATP

During MATP stakeholder listening sessions in November 2020, that were attended by consumers, transit providers and brokers, county representatives, MATP administrators, and managed care organizations, several participants had questions regarding COVID-19 and its impact on MATP. These questions centered on two themes: the potential impacts of decreased MATP ridership, and clarification on policy for MATP services to COVID-19 testing or vaccination centers.

Appendix B: December 13, 2019 MATP Letter

COMMONWEALTH OF PENNSYLVANIA

December 13, 2019

Senate Committee on Aging
Senate Committee on Appropriations
Senate Committee on Health & Human Services Senate Committee on Transportation
House Committee on Aging
House Committee on Appropriations House Committee on Health
House Committee on Human Services House Committee on Transportation

Dear Chairperson:

In accordance with Act 19 of 2019, the Medical Assistance Transportation Program (MATP) Legislative Analysis is complete and will be released by December 28, 2019. The Analysis focuses on the potential impact of the MATP being administered through a statewide or regional brokerage model, as contemplated by Act 40 of 2018, and its impact on the existing Human Services Transportation (HST) infrastructure. The analysis does not consider any other configurations of a broker model.

The Analysis addresses the five major areas outlined in Act 19 related to non-emergency medical transportation (NEMT): federal and state law, regulations, and policies; effectiveness and efficiency of the current NEMT service delivery; review of other states' models of NEMT service delivery; and the positive and negative impact of maintaining or changing the current MATP model, including financial and service provision implications.

Upon the passage of the legislation, the Department of Human Services (DHS), the Department of Transportation, and the Department of Aging immediately began to work on fulfilling their legislative obligations. While supportive initially of the intent of Act 40 of 2018, the Wolf Administration has gained a deeper understanding of the relationship between MATP and the existing HST. As a result, we believe that a statewide brokerage model may not be the best solution to meet the needs of the MATP, the broader HST System, and Pennsylvanians who use these systems.
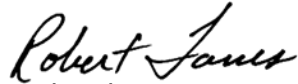
The Administration agrees with the General Assembly that the current structure of the MATP could be improved. We are proposing that we use the next 18 months to continue working closely with the entities that have been involved in discussions over the last several months, including the County Commissioners Association of Pennsylvania and the Pennsylvania Public Transportation Association, to explore options for the administration and service delivery of the MATP. While these options are being explored, DHS will not award a statewide brokerage contract. This time will afford our agencies the opportunity to:

- Explore potential expansion of county-based collaborations that we learned about through completion of the analysis;
- Work with counties that still directly administer the MATP;
- Gain a better understanding of brokered MATP models that are working well and lessons learned from these programs;
- Work with the Office of Budget Comptroller Operations to address issues related to current sole source contract MATP agreements; and
- Identify areas of the state that can successfully support a brokered MATP model.

We have not ruled out using a broker model in a design other than a statewide approach; DHS has had positive experience using a broker model in Philadelphia since 2005.

If you have any questions concerning the Analysis or require additional information, please contact Ms. Kristin Crawford, Director, DHS, Office of Legislative Affairs, at (717) 783-2554.

Sincerely,

Richard Torres
Secretary
Department of Aging

Teresa D. Miller
Secretary
Department of Human Services

Yassmin Gramian, P.E.
Acting Secretary
Department of Transportation

Cc: Committee Members

Appendix C: HST Fiscal Data

Program	Year	Ride Mode	Rider Cost Sharing	Trip Funding	Trip Count	Average Funding per Trip
SSRP	SFY 2019	Paratransit	15% Copay (public)	$66.5M	3.3M	$20.15
AAA	SFY 2019	Paratransit (copay only)	<15% Copay (qualified seniors)	$3.6M	1.5M	$2.40
ADA	SFY 2018	Paratransit	2x maximum fare (public)	$55.3M	1.8M	$30.72
PWD	SFY 2018	Paratransit	15% Copay (public)	$7.1M	0.4M	$17.75
Non-medical transportation	CY 2020 (CHC estimate)	Mixed (CHC only)	$0 (Medicaid)	$23.1M	0.9M	$25.67

In addition to the HST programs outlined above, PennDOT also administers the Act 44 Senior Trips program.[43] This program provided an estimated 33.8 million trips in fiscal year 2018-2019.[44] Due to the complex funding structure for this program, estimated trip funding is not included in this report.

Appendix D: County Profiles

This Section to be Completed by DHS:	
County:	**Model Type:**
County Class/Population:	**Rural** ☐ **Urban** ☐
Grantee:	**Contractor:**
Other Services Provided by Contractor:	**SSRP** ☐ **PWD** ☐
Joinder/Collaborative Counties/ Program Name:	
DHS Program Representative:	

This Section to be Completed by the MATP Agency:		
AGENCY INFORMATION		
Hours and Days of Operation:		
	Contact Person	**Phone Number/Email**
Grantee:		
Contractor:		
Fiscal:		
Data/Reporting/Systems:		
Program/ Website Address		

PROVIDERS/SUBCONTRACTORS (Please include taxi services and TNC's (Lyft/Uber) if applicable)		
Company Name	**Contracted Service Provided**	**Signed Contract Available** (Do not send at this time)
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		

ROLES	
Grantee	**Contractor**

MEDICAL RESOURCES IN COUNTY/AREA
Approximate Number of MA Compensable Providers/Note if Out of County or In County

	Number	In County	Out of County (neighboring counties)
Hospitals			
Primary Care Physicians			
Specialists			
Dentists			
Pharmacies			
Methadone Clinics			
Dialysis Centers			

TRANSPORTATION RESOURCES IN COUNTY
Available to ALL County Residents: Mass Transit/Taxi/UBER/LYFT/Other

Special/Unique Things to Know About Your MATP Agency: (Please include any special features of your program such as the use of technology (phone app), challenges, configuration etc.

Appendix E: County Survey

The county survey consisted of the following questions:

1. What county do you represent?

2. Name (first and last)

3. What is your role for this county?
    a. County Commissioner
    b. MATP program manager
    c. County Human Services Administrator
    d. Fiscal Officer
    e. Transit Provider
    f. Other: _____

4. Your email:

5. Your phone number:

6. If not you, who is the person within your county who is closest to the management and operations of the MATP in your county?

7. What is their phone number?

8. What is their email address?

9. What features of MATP are working well within your program? Please select up to three features.
    - Access
    - Administration
    - Consumer experience
    - Coordination
    - Cost Control
    - Delivery/Provision of services
    - Enrollment
    - Other: _____

10. Please provide a short description of your answers to the question above. Why are these some of the best features of your MATP?

11. Where in your program do you see the need for improvements? Please select up to three features.
    - Access
    - Administration
    - Consumer experience

- Coordination
- Cost Control
- Delivery/Provision of services
- Enrollment
- Other: _____

12. Please provide a short description of your answers to the question above. Why do these areas need improvement?

13. What do you recommend would make the MATP in your county easier to use and a better experience for consumers overall?

14. What aspects of the program should be considered to improve consumer experience? Please rank in order of preference, with 1 having highest preference, and 8 having lowest preference for consideration.
    - Ability to use door-to-door rides
    - Complaint process
    - Coupling rides with other Human Service Transportation programs
    - Enrollment
    - Mileage reimbursement
    - Mode of transportation
    - Personal relationship with drivers
    - Ride scheduling
    - Other

15. Please explain why you ranked the aspects of the program the way you did.

16. Are consumers given the opportunity to provide feedback?
    - Yes
    - No
    - Not sure
    17. If yes, do you track the information and are you willing to share the results?

        i. Yes *(Please send the results to the email address listed above: tacarter@pa.gov)*
        ii.   No

Section 3: MATP Administration, Coordination, and Collaboration

18. Do your current MATP and Human Services Transportation programs coordinate with each other?
    - Yes
    - No
    - Not sure

19. How do your current MATP and Human Services Transportation programs coordinate with each other?

20. How does your county coordinate funding with other agencies/programs (like AAA and Senior Shared Ride Program) when consumers receive transportation from each?

21. Is your county MATP program part of a collaboration with other counties?
    a. Yes
    b. No

22. If yes, how does this benefit your county? Is there anything you would recommend to change?

23. If you are not collaborating with other counties, are there counties for which collaboration would be beneficial to your program?

24. This initiative is working towards finding networks between counties as a potential tool to identify opportunities to increase county collaboration. For your county, prior to COVID-19, which PA counties were your MATP consumers most frequently traveling to?

    A most frequently traveling to county is defined as a county where your program is sending greater than 10% of round trip MATP rides to in the previous year. (LIST OF COUNTIES PROVIDED IN SURVEY)

25. What systems do you use to manage each of these different aspects [scheduling, tracking mileage reimbursement, complaints, billing] of MATP
    a. Ecolane
    b. Horizon
    c. Manual tracking systems (Excel, Access database, etc.)
    d. Other (E.g. proprietary system)

26. Assuming improvements are possible, what improvements would you wish to see for these systems? Please limit your response to 100 words.

27. In general, how might you recommend simplifying county-level MATP administration?

28. In general, how might you recommend simplifying overall MATP administration?

29. Due to COVID-19, what has been the impact in your county on ridership?
    • Ridership has decreased significantly
    • Ridership has decreased somewhat
    • Ridership has not changed
    • Ridership has increased somewhat
    • Ridership has increased significantly
    • Not sure

30. Due to COVID-19, what has been the impact in your county on transit provider availability?
    - Transit provider availability has decreased significantly
    - Transit provider availability has decreased somewhat
    - Transit provider availability has not changed
    - Transit provider availability increased somewhat
    - Transit provider availability increased significantly
    - Not sure

31. Due to COVID-19, what has been the impact in your county on healthcare provider availability?
    - Healthcare provider availability has decreased significantly
    - Healthcare provider availability has decreased somewhat
    - Healthcare provider availability has not changed
    - Healthcare provider availability increased somewhat
    - Healthcare provider availability increased significantly
    - Not sure

32. Due to COVID-19, what has been the impact on your county's staff for MATP?
    - Staff numbers/working hours has decreased significantly
    - Staff numbers/working hours has decreased somewhat
    - Staff numbers/working hours has not changed
    - Staff numbers/working hours has increased somewhat
    - Staff numbers/working hours has increased significantly
    - Not sure

Section 5: Wrap Up

33. What are the most important aspects that should be considered when making potential changes to the MATP program? Please select all that apply.
    - Administrative complexity
    - Changes to the consumer experience
    - Ease of coordination across counties and programs
    - Enrollment
    - Impacts to other HST programs
    - Overall costs
    - Reporting
    - Other: _____

34. Is there anything else you would like to share that this survey has not covered?

Thank you again for your diligence and effort in completing this survey.

Appendix F: Listening Sessions Feedback

Numerous participant feedback from the listening sessions was considered during the process of developing the draft options presented at the sessions. These are listed in the table below, mapped to the option that the Workgroup felt was most applicable.

Note that the feedback has been edited for clarity and brevity for the purposes of this report, and that some feedback could be considered across multiple options. As the OMAP MATP has already begun implementing this Option G, the Workgroup did not specifically consider feedback from the listening sessions for inclusion in this report.

Option	Listening Session Participant Feedback
Option A: MATP Collaboration	• Once options are selected, what is the implementation plan? • Can you further define how counties should collaborate? • Please identify county best practices that could be standardized across other counties • Consider developing best practices from ongoing MATP research on county implementation according to the MATP Standards & Guidelines • Can you standardize policies like no-shows across programs? • Is it possible to consolidate/simplify contact and scheduling requirements?
Option B: MATP/Shared-Ride Coordination	• Can incentives be developed to encourage greater MATP and shared-ride coordination? • What steps will the state take if county transit authorities (and MATP providers) are unable to coordinate and align processes?
Option C: MATP/HST Coordination	• Can standards be aligned between MATP and HST? • Would the coordinator help to implement these, or would it be left up to each county? • Consider alignment with CHC
Option D: Statewide Standards	• Consider working with DaVita to coordinate Lyft trips for dialysis patients
Option E: Standardized Processes	• I've been on several state workgroups and trying to get counties to have standardized processes and policies really didn't come up because each county is saying we do things this way, etc. • Will there be a requirement for MATP to measure quality and provide consumer feedback? • Is it possible to consolidate/simplify contact and scheduling requirements?

Option	Listening Session Participant Feedback
Option F: Technology	• Is a uniform mileage reimbursement system possible? • Encourage DHS and PennDOT to collaborate to make software easier for consumers • Can MATP approval be incorporated into the Compass system? • Some counties have specialized software that could be adopted by other counties • I would love to see the MATP forms available electronically
Option H: Broker	• What criteria will be used to compare the pilot model to the current broker model? • Will counties have the final decision on whether they will pilot a different model? • If the state wants to test a broker model, could it select a broader region of the state that includes both urban and rural areas?
Option I: Hybrid Service Delivery	• Can a hybrid model be developed in a rural area? • Would the state consider further study of a hybrid model? • Can you further define a hybrid model?
Option J: Direct Contract	• Return to the county as a grantee, or return to the county transit provider as a grantee? • Is there any indication that counties would have interest to take back programs they already chose not to operate?

Appendix G: Listening Sessions Post-Session Survey

Please use this form to submit feedback on the Medical Assistance Transportation Program (MATP)Workgroup Suggestions and Listening Sessions.
* Required

Introduction / La introducción
The Medical Assistance Transportation Program (MATP) helps people to get to and from a non-emergency health service. / El Programa de Transporatación de Asistencia Médica (MATP) ayuda a la gente ir y volver a sus citas médicas que no son de emergencia.

1. Would you like to complete this survey in English or Spanish? / ¿Le gustaría completar esta encuesta en inglés o español (obligatorio)? *
   o English / inglés
   o Spanish / español *(if this option was selected, respondents were provided with a Spanish translation of the survey)*

2. Please enter your name

3. Have you or a family member used the Medical Assistance Transportation Program (MATP), or are you interested in using MATP in the future? *
   o Yes
   o No
   o Maybe

4. What do you think about the Medical Assistance Transportation Program (MATP)?

5. What do you think would make the Medical Assistance Transportation Program better?

6. If you attended a Medical Assistance Transportation Program listening session, what did you think?

7. What is your relationship with MATP? *
   o Consumer
   o Advocacy group
   o County commissioner
   o MATP administrator
   o Transportation provider
   o Transportation broker
   o Managed Care Organization
   o Subcontractor
   o Other

Suggestion Feedback
How do you view the following suggestions?

8. Encourage Counties to Work Together on MATP
   - Find out which counties want to work together
   - Provide incentives to counties to work with other counties in their area to provide trips and share resources
     o Positively
     o Neutral
     o Negatively

9. Encourage County MATP/Senior Shared Ride Program Coordinators to Work Together
   - When the county MATP and Senior Shared Ride Programs are run by different groups, encourage the groups to work together
     o Positively
     o Neutral
     o Negatively

10.   Increase HST Coordination
   - Encourage state agencies involved in Human Services Transportation to make
   - decisions together
   - Create ways for counties to work with neighboring counties on HST
     o Positively
     o Neutral
     o Negatively

11. Standardize Services and Processes at the State Level
   - Research the need for similar MATP services across the state
   - Think about how this could change the cost of services and coordination with HST
     o Positively
     o Neutral
     o Negatively

12. Make County MATP Processes More Similar Across the State
   - These processes could include applications, needs assessments, verification, scheduling, vehicle tracking, and data collection
     o Positively
     o Neutral
     o Negatively

13. Evaluate Technology Needs
   - Find out what technologies MATP providers need
   - Help all providers use the same technology
     o Positively
     o Neutral
     o Negatively

14. Increase Communication

- Start monthly calls with all MATP administrators
- Review and improve communication with consumers and other involved people. This could include sending surveys or other messages about the program
  - o Positively
  - o Neutral
  - o Negatively

15. Study and Assess a Broker Model in Some Counties
    - Select one county to change to a risk-based broker
    - Compare the results of the broker program in that county with Philadelphia's broker program
      - o Positively
      - o Neutral
      - o Negatively

16. Create a Hybrid Model
    - Create a hybrid delivery model for MATP
    - Choose one or more counties to change to this model and review the effects of the change
      - o Positively
      - o Neutral
      - o Negatively

17. Return County MATP Administration for Direct Contract Counties
    - Ask the counties in this model if they want to run the program
      - o Positively
      - o Neutral
      - o Negatively

18. Issue Request for Application (RFA) for Direct Contract Counties
    - Issue an RFA to contract with a transit agency to run MATP in the counties who used this model
      - o Positively
      - o Neutral
      - o Negatively

19.   What is your favorite suggestion?
    - o Encourage Counties to Work Together on MATP
    - o Encourage County MATP/SSRP Coordinators to Work Together
    - o Increase HST Coordination
    - o Standardize Services and Processes at the State Level
    - o Make County MATP Processes More Similar Across the State
    - o Evaluate Technology Needs
    - o Increase Communication
    - o Study and Compare a Broker Model in Two Counties
    - o Create a Hybrid Model
    - o Return County MATP Administration for Direct Contract Counties
    - o Issue Request for Application (RFA) for Direct Contract Counties

20.	What is your least favorite suggestion?
- o Encourage Counties to Work Together on MATP
- o Encourage County MATP/SSRP Coordinators to Work Together
- o Increase HST Coordination
- o Standardize Services and Processes at the State Level
- o Make County MATP Processes More Similar Across the State
- o Evaluate Technology Needs
- o Increase Communication
- o Study and Compare a Broker Model in Two Counties
- o Create a Hybrid Model
- o Return County MATP Administration for Direct Contract Counties
- o Issue Request for Application (RFA) for Direct Contract Counties

Additional Feedback on MATP and Suggestions

21. Additional feedback on MATP and suggestions:

If you attended a listening session, please enter additional feedback on the listening sessions below:

Thank you!
We appreciate you taking the time to complete this survey.

Endnotes

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[10] 42 C.F.R. § 431.53.

[11] Figure 1 data source: DHS Data Analysis

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[22] Mercer Health & Benefits LLC. Commonwealth of Pennsylvania Department of Human Services, 2019, Medical Assistance Transportation Program (MATP) Legislative Analysis.

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[24] Data source: DHS Data Analysis

[25] Mercer Health & Benefits LLC. Commonwealth of Pennsylvania Department of Human Services, 2019, Medical Assistance Transportation Program (MATP) Legislative Analysis, 3-4.

[26] Sally Kozak, Office of Medical Assistance Programs. November 20, 2019. Brokerage Model for the Medical Assistance Transportation Program. Accessed April 15, 2021. https://health.pasenategop.com/wp-content/uploads/sites/60/2019/11/kozak-112019.pdf

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[28] Data source: County Profiles, OMAP Bureau of Managed Care Operations

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