



**TESTIMONY ON
MEDICAL ASSISTANCE TRANSPORTATION PROGRAM (MATP)**

Presented to the House Transportation Committee

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On behalf of the County Commissioners Association of Pennsylvania (CCAP), representing all 67 counties in the commonwealth, thank you for the opportunity to comment on the county experience in regard to the Medical Assistance Transportation Program and the switch to the regional brokerage model.

At the last minute as the FY 2018-2019 budget was being finalized, language was tucked into what became Act 40 of 2018 to require the Department of Human Services to seek federal approval to move nonemergency Medical Assistance Transportation Program (MATP) services to a statewide or regional full-risk brokerage model. Since Act 40 was signed into law, counties have raised numerous concerns about access, flexibility and a lack of understanding of local needs and resources, which could potentially increase costs long-term or hinder this critical service for individuals who rely on the service. Counties supported efforts to delay the transition of MATP to a statewide or regional brokerage model to allow time for the Legislative Budget and Finance Committee to conduct a full study on the potential impacts and were pleased to see language included in the Human Services Code to delay implementation for 180 days.

In early August, the Association adopted a resolution supporting county involvement in a full evaluation of the potential impact of a MATP brokerage model on county transportation systems and clients who rely upon them. The Association further supports county right of first opportunity where any alterations to the structure of the MATP, Shared Ride or Shared Ride Lottery programs are being considered.

In terms of history and background, most counties were directly involved in the delivery of MATP services for decades, and in conjunction with other transportation programs available to their constituents, counties adopted models that used the efficiency of a single transportation system offering all types of transportation, regardless of the payor. Counties developed models that ranged from those run completely by the county, including the purchase of vehicles, to those where the county contracted with external transportation providers for vehicles. Those systems provide county residents with transportation that meets their needs, regardless of the payor.

Our constituents are concerned about getting a safe ride to the service they need without a challenging process for arranging the ride. Counties know their residents and understand their unique challenges and are able to provide services that respect that not every situation matches that of another rider. In combining services to constituents who need MATP rides, shared ride, or services for those with disabilities, counties achieved efficiencies and avoided the excess costs of having three separate sets of vehicles and/or staff to service residents. In some cases, our residents may even qualify for more than one program bringing in the challenge of multiple payors.

Counties believe that the constituents should not face confusion and undue difficulty in arranging rides, which we see as the result of introducing a broker for one of the three programs. We believe there is strong potential for increasing costs to other programs that will result from the brokerage separating a single service. We are also confident that if clients

experience difficult and confusing systems for arranging rides or for getting to the specific service that they need, the state as well as the counties will see increased costs from clients avoiding or delaying important health care services leading to a decline in their conditions.

Pennsylvania has an enormous variety of terrains and significant differences from county to county in terms of non-government providers who can meet transportation needs. While Philadelphia has functioned under a brokerage model for MATP, Philadelphia County is also unique in how it can arrange for transportation. Even so, when a client from Philadelphia must seek transportation outside of the county, problems develop. If you superimpose that urban model on a very rural county where there are fewer providers of health care services or specialties, add in significant distances from one town to the next and varying types of highways and roads, those complications will become difficult for the broker to manage and will result in decreased access and satisfaction for the rider.

We believe that counties should maintain the option of determining whether to remain as the transportation provider for their constituents. We have counties that have already achieved even greater efficiency through multi-county agreements and did that without a broker. There are legitimate reasons for counties having the ongoing ability to determine how to provide the services to their constituents, and those could not be accommodated in a brokerage system.

We truly appreciate the delay that was approved by the general assembly while a study on the consequences beyond MATP can be understood. Once the report is issued, the general assembly will have to determine whether to adopt a further delay, or change the mandate for a brokerage model to be implemented. The general assembly can also do nothing, and let the Department move forward with issuing a contract. We firmly believe that further movement in implementation of this model will cause additional deterioration of the services that county residents are provided and costs will not decrease as expected.

Thank you for your consideration of these comments. We would be pleased to follow up on any questions you may have.