

**CHAPTER 2070. ELIGIBILITY FOR SERVICES FUNDED THROUGH  
THE PUBLIC ASSISTANCE TRANSPORTATION BLOCK GRANT**

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**Authority**

The provisions of this Chapter 2070 issued under sections 202 and 403 of the Public Welfare Code (62 P. S. §§ 202 and 403), unless otherwise noted.

**Source**

The provisions of this Chapter 2070 adopted September 23, 1983, effective October 1, 1983, 13 Pa.B. 2876, unless otherwise noted.

**Cross References**

This chapter cited in 55 Pa. Code § 175.23 (relating to requirements).

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## GENERAL PROVISIONS

### § 2070.1. Purpose.

This chapter establishes the requirements for determining eligibility for non-emergency medical transportation services provided by counties or prime contractors through the Public Assistance Transportation Block Grant Program.

### § 2070.2. Applicability.

This chapter pertains to persons applying for or receiving medical transportation service through the Public Assistance Transportation Block Grant and governs counties, prime contractors, and providers receiving Public Assistance Transportation Block Grant funds from the Department.

### § 2070.3. Legal base.

The legal base for this chapter is sections 201 and 403 of the Public Welfare Code (62 P. S. §§ 201 and 403).

### § 2070.4. Definitions.

The following words and terms, when used in this chapter, have the following meanings, unless the context clearly indicates otherwise:

*Client*—A person whose eligibility has been determined and who is receiving medical transportation service.

*County*—A county of this Commonwealth or the city of Philadelphia.

*Department*—The Department of Human Services of the Commonwealth.

*Exceptional transportation service*—Nonemergency transportation which is necessary under extraordinary medical circumstances. This type of transportation may require traveling great distances for medical treatment not normally provided through regional medical providers. The term includes air travel.

*Medical assistance eligible*—A resident of this Commonwealth who has been determined eligible for a category of public assistance and whose name appears as an eligible recipient on a currently valid medical services eligibility card.

*Medical services eligibility card*—The identification card issued by the Department to persons eligible for medical benefits under the following assistance programs available in this Commonwealth:

- (i) Categorically Needy Program (Cash Assistance, nonmoney payment, SSI).
- (ii) Blind Pension Program.
- (iii) Medically Needy Program.

*Medical transportation service*—Transportation to a medical facility, physician's office, dentist's office, hospital, clinic, pharmacy or purveyor of medical equipment for the purpose of receiving medical treatment or medical evalua-

tion or purchasing prescription drugs or medical equipment. The term does not include emergency medical transportation that would normally be provided by an ambulance.

*Provider*—A public agency, private organization, or individual who has been designated by the county commissioners, county executive, or prime contractor to provide transportation services or to determine and redetermine eligibility of persons for transportation service. The term is not the same as a provider of medical assistance services.

*Prime contractor*—A public or private agency or organization under a direct contract with the Department for the provision of transportation services under the Public Assistance Transportation Block Grant program.

*Public Assistance Transportation Block Grant*—Funding for county governments in this Commonwealth and prime contractors for the provision of medical transportation services to eligible public assistance recipients.

*Service mode*—The method used to provide transportation services to clients. The term includes but is not limited to public or private fixed route service, exclusive ride service, shared ride service, and commuter rail service.

*Service need (need for services)*—The client's need for medical transportation services. Service need is determined through an assessment of the client's mental and physical capability to use the various modes of transportation available in the county, the client's ability to meet the client's own transportation needs, and the client's ability to utilize transportation services funded by other State and Federal programs.

#### Cross References

This section cited in 55 Pa. Code § 175.23 (relating to requirements).

### § 2070.5. Exceptional transportation.

Exceptional transportation services are not reimbursable under the Public Assistance Transportation Block Grant Program. Requests for exceptional transportation shall be made by the client to the local county assistance office. Exceptional services are covered under § 175.23(b)(3)(vi) (relating to requirements).

## GENERAL REQUIREMENTS

### § 2070.21. Reimbursement for expenditures.

Expenditures made by a county or prime contractor on behalf of a client may be reimbursed by the Department only if the county or prime contractor has determined eligibility for services under this chapter. Verification that a client is eligible for transportation services and that the purpose of travel is allowable is subject to review and audit by Federal and State Fiscal and Program staff.

**§ 2070.22. Nondiscrimination.**

Persons requesting or receiving transportation service may not be discriminated against because of race, color, religious creed, ancestry, national origin, age, sex or handicap.

**§ 2070.23. Client files.**

(a) The county or the prime contractor shall ensure that files are maintained for each client. Client files shall include:

- (1) The client's medical assistance identification number and expiration date as it appears on the medical services eligibility card.
- (2) A description of the client's transportation needs.
- (3) A record of the transportation service provided to the client which includes the dates medical transportation service was provided and the mode of service.
- (4) An application form signed by the client or a person or agency authorized by the client to sign on the client's behalf.

(b) Individual client files shall be maintained separately but may be maintained as card files, computer records, or standard case files at the discretion of the county or prime contractor.

**§ 2070.24. Record retention.**

(a) Under the act of July 10, 1980 (P. L. 493, No. 105) (62 P. S. §§ 1401—1411), counties and prime contractors shall ensure that all client files, trip logs, records, and other fiscal and administrative documents pertaining to expenditures which are reimbursed through the Public Assistance Transportation Block Grant are retained:

- (1) For 4 years from the end of the fiscal year in which the agency terminates transportation activities.
- (2) Until the completion of an audit for compliance with Public Assistance Transportation Block Grant requirements which was begun, but not completed, at the end of the 4-year period specified in paragraph (1).
- (3) Until audit findings and client appeals, not resolved at the end of the 4-year period specified in paragraph (1) have been resolved.

(b) A county or prime contractor may require its providers to:

- (1) Submit to the county or prime contractor for filing and retention purposes:
  - (i) A client's records if the client is no longer receiving a transportation service furnished by the provider.
  - (ii) All records and logs if the agency, organization, or individual is no longer providing medical transportation services under the Public Assistance Transportation Block Grant.

(2) Contact the county or prime contractor in writing before destroying client records.

**§ 2070.25. Confidentiality.**

Under section 404 of the Public Welfare Code (62 P. S. § 404), information that might identify applicants and clients is limited to the following:

(1) Providers shall give access to and allow the use and disclosure of information on applicants and clients to: Federal authorities, the Commonwealth, the Department, the county commissioners or county executive, and prime contractors or their authorized agents, if the information is necessary to carry out their required functions with respect to the administration of the Public Assistance Transportation Block Grant or the Public Assistance Program. Providers shall also give access to and allow the disclosure of information on applicants to proper authorities investigating the right of applicants and clients to receive assistance or investigating the amount of assistance received. Disclosures beyond this scope require the client's written consent.

(2) Providers shall make available to a client or to the client's authorized representative the contents of the client's record under Chapter 105 (relating to safeguarding information).

**§ 2070.26. Additional conditions prohibited.**

Counties, prime contractors, or their providers shall not impose any additional eligibility conditions, including priorities, categories of need, or fees, other than those listed in this chapter.

**ELIGIBILITY REQUIREMENTS FOR TRANSPORTATION SERVICE**

**§ 2070.31. Responsibility and authority for eligibility determination.**

Counties and prime contractors shall be responsible for determining eligibility under this chapter of persons requesting transportation services or on whose behalf services are requested. While counties and prime contractors remain responsible, they may authorize a single provider or more than one provider to perform this function by means of a contract or grant. Counties and prime contractors receiving Public Assistance Transportation Block Grant funds will be held financially liable by the Department for failure to perform eligibility determinations under this chapter.

**§ 2070.32. Eligibility requirements.**

Counties, prime contractors, and providers shall structure the eligibility process to meet the following basic requirements:

(1) A transportation service may not be provided until:

(i) The applicant has displayed a currently valid medical services eligibility card on which the applicant's name appears as a recipient.

- (ii) The applicant has declared that he is a permanent or temporary resident of the county where the applicant applies for service.
  - (iii) The applicant's medical assistance identification number and category of assistance has been recorded for reporting purposes.
  - (iv) The applicant has declared that he needs medical transportation.
  - (v) The applicant has been determined to have a service need.
- (2) The provider shall advise the applicant that:
- (i) The applicant, under penalty of law, shall provide complete information to determine eligibility.
  - (ii) The applicant must provide documentation of eligibility for medical assistance by displaying a currently valid Medical Services Eligibility Card, on which the applicant's name appears as a recipient.
  - (iii) When requested, the applicant must provide, as a condition for receiving service, and being determined eligible, documentation related to the need for services.
  - (iv) The applicant shall attest to the fact that the information the applicant provided is true and correct.

**§ 2070.33. Validity of eligibility information provided by applicants or clients.**

- (a) Except for the information contained on the Medical Services Eligibility Card, the provider shall accept as valid, the information provided verbally by the applicant or client when determining or redetermining the need for services unless the provider has cause to doubt the validity of this information.
- (b) If the provider has cause to doubt the validity of the information given by an applicant or client, the provider may require documentation of that information.
- (c) The provider shall deny service or terminate from service immediately, any applicant or client who:
  - (1) Refuses to show a medical services eligibility card;
  - (2) Refuses to provide the documentation requested to determine need;
  - (3) Refuses to attest to validity of the information the applicant or client provided; or
  - (4) Is found to be ineligible on the basis of the documented information.

**§ 2070.34. County residence.**

Both permanent and temporary residents of the county where services are requested are eligible for services under the Public Assistance Transportation Block Grant.

- (1) A permanent resident is a person whose name appears as a resident of the county on a valid Medical Assistance Eligibility Card. The county of permanent residence is responsible for determining eligibility and providing services to the client.

(2) A temporary resident is a person who is currently residing in the county but whose permanent residence as indicated on the person's Medical Assistance Eligibility Card is in another county and who plans to return to the other county. If a medical assistance eligible requests medical transportation services in a county where the person is temporarily residing:

(i) The county where the person is temporarily residing shall:

(A) Determine the applicant's eligibility for medical transportation services.

(B) If the person is determined eligible, provide the needed medical transportation services.

(C) If desired, submit an invoice for services rendered to the client's county of permanent residence.

(ii) The county where the client permanently resides shall, upon receipt of an invoice, reimburse the county which provided service for the costs incurred in the delivery of services to its permanent resident.

#### **§ 2070.35. Escorts.**

Counties and prime contractors may pay transportation costs for a noneligible person to accompany eligible clients to needed medical services if it has been determined that the client cannot travel independently and the provider cannot furnish suitable escort services through its regular operating system.

#### **§ 2070.36. Determinations or redeterminations of eligibility.**

Counties and prime contractors shall establish procedures for the determination and redetermination of eligibility to ensure that the following requirements are met:

(1) *Initial eligibility determinations.* Counties and prime contractors shall:

(i) Require medical assistance eligibles to display a currently valid Medical Services Eligibility Card.

(ii) Record the applicant's medical assistance identification number and maintain it with the applicant's files.

(iii) Record the applicant's eligibility code and maintain it with the applicant's files.

(iv) Determine the applicant's need for services and the mode of service which is appropriate for the applicant's physical and mental capabilities.

(v) Inform the applicant of the results of the need determination and instruct the applicant how to arrange for the particular mode of service.

(vi) Inform the applicant of the applicant's right to appeal.

(vii) Inform the applicant of the applicant's responsibility to notify the provider of changes which may affect eligibility for service.

(viii) Require that the applicant or the person or agency so authorized by the client sign the Public Assistance Transportation Block Grant Eligibility Form.

(2) *Redetermination of eligibility.* Counties and prime contractors shall:

(i) Ensure that where continued services are provided, a verification of a person's eligibility for medical assistance is done immediately after the date the client's Medical Services Eligibility Card expires. However, counties or prime contractors may verify a person's eligibility for medical assistance more frequently at their discretion.

(ii) Ensure that clients found ineligible as a result of redetermination of need are notified in writing. Notice from the county, prime contractor, or their providers is not required for clients who become ineligible as a result of their loss of eligibility for medical assistance.

**§ 2070.37. Priority scheduling in periods of peak demand.**

During periods of peak demand for transportation, counties and prime contractors shall require priority scheduling to assure transportation for all recipients when it is necessary rather than at the time requested.

**§ 2070.38. Reductions and terminations based upon professional judgement.**

(a) The county, prime contractor, or provider who has been designated to determine eligibility shall reduce or terminate service to clients when, in its professional judgement:

(1) The client no longer needs medical transportation service or the mode of service currently being provided; or

(2) The client's uncooperative behavior or misuse of services warrants termination.

(b) Reductions and terminations based upon professional judgement shall be justified in writing on the notice of termination and redetermination which is sent to the client and placed in the client's file.

**REQUIREMENTS FOR NOTIFICATION OF  
APPLICANTS OR CLIENTS**

**§ 2070.41. General requirements.**

(a) Each applicant or client shall be notified of an eligibility determination or redetermination within 10 calendar days of the date of the decision.

(b) The applicant or client may be notified either orally or in writing of an eligibility determination or redetermination which is favorable to the applicant or client.

(c) Each applicant or client shall be notified by means of a Departmentally approved written notice form of a determination or redetermination of need resulting in a denial, reduction, or termination of service; except that the notifi-



cation may be made orally if the requested service is either provided or continued without interruption through another funding source or if the client agrees with the termination.

(d) If a written notice is required, providers shall complete in triplicate applicable portions of the written notice form, including:

- (1) A clear statement of the decision and the effective date.
- (2) A full statement of the reasons for the decision.
- (3) A citation and brief explanation of the regulations used as the basis for the decision.

(4) Pertinent information concerning the applicant's or client's right to appeal and request a Departmental fair hearing.

(e) Following the preparation of a written notice form, the provider shall:

(1) Promptly mail or hand-deliver the original and one copy to the applicant or client.

(2) Retain the final copy in either the client's file or in a rejected application file, as appropriate.

(f) A county or prime contractor may require its providers to:

(1) Prepare and submit to the county or prime contractor for approval and mailing all written notices to applicants and clients.

(2) Submit an "information only" copy to the county or prime contractor of written notices prepared by the provider.

(g) If a county or prime contractor receives an appeal from an applicant or client, it shall:

(1) When a client is currently receiving services, continue service to the client if the request for appeal and fair hearing is postmarked within 10 days of the date the notice was mailed or hand delivered to the client.

(2) Forward the client's applicant's request for fair hearing to the Department's Office of Hearing and Appeals within 72 hours of its receipt.

#### **§ 2070.42. Appeals and fair hearings for applicants and clients.**

(a) Except as provided otherwise in this chapter, Chapter 275 (relating to appeal and fair hearing and administrative disqualification hearings) applies to the provision of Medical Transportation Services. Chapter 275 may not be replaced by any internal hearing procedure established by a county, prime contractor, or provider.

(b) To retain the right to appeal and request a Departmental fair hearing, applicants and clients are bound by the following:

- (1) If an applicant is found to be ineligible for the service requested, the applicant retains the right to request a Departmental fair hearing by submitting a request for fair hearing to the county or prime contractor. The hearing request shall be postmarked no later than 30 calendar days following the date the written notice is mailed or hand-delivered to the applicant. Appeals received after the 30 day period will not be heard.

(2) The effective date of a reduction or termination from service for a client found to be ineligible for service upon redetermination of need will be the 15th calendar day following the date the written notice is mailed or hand-delivered to the client.

(3) If a client found to be ineligible upon redetermination of need for service elects to appeal that redetermination:

(i) Service to the client may not be reduced or terminated pending the outcome of the hearing, if the hearing request is postmarked no later than the 10th calendar day following the date the notice is mailed or hand-delivered to the client.

(ii) Service will be reduced or terminated as scheduled if the hearing request is postmarked after the 10th calendar day, following the date the written notice is mailed or hand-delivered to the client, but the client retains the right to request a fair hearing.

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