

NOTICE OF INTENT

Department of Health Bureau of Health Services Financing

Medical Transportation Program Non-Emergency Medical Transportation (50:XXVII.Chapter 5)

The Department of Health, Bureau of Health Services Financing proposes to amend LAC 50:XXVII.Chapter 5 and adopt LAC 50:XXVII.519 in the Medical Assistance Program as authorized by R.S. 36:254 and pursuant to Title XIX of the Social Security Act. This proposed Rule is promulgated in accordance with the provisions of the Administrative Procedure Act, R.S. 49:950 et seq.

The Department of Health, Bureau of Health Services Financing proposes to amend the provisions governing non-emergency medical transportation to allow an additional category of transportation services. Act 677 of the 2024 Regular Session of the Louisiana Legislature authorized the department to establish provisions for transportation network companies (TNC) to provide non-emergency medical transportation through the Medicaid program. The proposed Rule adds TNC into the brokered transportation networks used in managed care, fee-for-service, and existing programs. This will be a positive addition for beneficiaries, as these providers can be utilized to complete trips that traditional providers are unable to fulfill.

Title 50

PUBLIC HEALTH—MEDICAL ASSISTANCE
Part XXVII. Medical Transportation Program

Chapter 5. Non-Emergency Medical Transportation

Subchapter A. General Provisions

§501. Overview

A. ...

1. *Traditional Providers*—non-profit and for-profit providers who are not Transportation Network Companies.

2. *Non-profit Providers*—those providers who are operated by or affiliated with a public organization such as state, federal, parish or city entities, community action agencies, or parish Councils on Aging. If a provider qualifies as a non-profit entity according to Internal Revenue Service regulations, they may only enroll as non-profit providers.

3. *For-profit Providers*—corporations, limited liability companies, partnerships, or sole proprietors. For-profit providers must comply with all state laws and the regulations of any governing state agency, commission, or local entity to which they are subject as a condition of enrollment and continued participation in the Medicaid program.

B. Medicaid covered transportation is available to Medicaid beneficiaries when:

1. - 2. ...

3. the beneficiary may utilize the elevated level of care (ELOC) transportation services, often referred to as door

through door transportation, which provides assistance beyond the capacity of the beneficiary. ELOC is a higher level of care for beneficiaries with mobility limitations requiring assistance when using a wheelchair.

C. - C.2. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health, Bureau of Health Services Financing, LR 47:1638 (November 2021), amended LR 50:1471 (October 2024), amended LR 51:

§503. Prior Approval and Scheduling

A. - A.2. ...

B. Elevated level of care wheelchair services require verification of medical necessity through an additional prior approval.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health, Bureau of Health Services Financing, LR 47:1639 (November 2021), amended LR 50:1471 (October 2024), amended LR 51:

§505. Requirements for Coverage

A. Payment shall only be authorized for the least costly means of transportation available. The least costly means of transportation shall be determined by the department or its designee and considered the beneficiary's choice of transportation, the level of service required to safely transport the beneficiary (e.g., ambulatory, wheelchair, transfer), and the following hierarchy:

1. public transit;
2. ...
3. traditional providers (for-profit and non-profit) who are enrolled in the Medicaid Program; and
4. Transportation Network Companies (TNCs) who are enrolled in the Medicaid Program.

B. Beneficiaries shall be allowed a choice of transportation services, with the exception of TNCs, as long as it remains the least costly means of transportation.

C. - E. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health, Bureau of Health Services Financing, LR 47:1639 (November 2021), amended LR 49:877 (May 2023), LR 50:1471 (October 2024), amended LR 51:

Subchapter B. Beneficiary Participation

§517. Traditional Provider Requirements

A. All traditional providers must comply with all applicable federal, state, and local laws and regulations, including, but not limited to, those pertaining to enrollment and participation in the Medicaid Program.

B. NEMT traditional providers shall have a minimum automobile split limit liability insurance coverage of \$25,000 per person, \$50,000 per accident and \$25,000 property damage policy or a combined single limit automobile coverage at a minimum of \$300,000.

1. The liability policy shall cover:

a. any autos - owned, non-owned (rented, leased, borrowed, and hired.

b. any autos - owned, hired autos, and non-owned autos; or

c. scheduled autos, hired autos, and non-owned autos.

2. - 3. ...

C. As a condition of reimbursement for transporting Medicaid beneficiaries to and/or from healthcare services, gas reimbursement providers must maintain a current valid vehicle registration, the state minimum automobile liability insurance coverage, and a current valid driver's license. Proof of compliance with these requirements must be submitted to the

department or its designee during the enrollment process. Gas reimbursement providers are allowed to transport up to five specified Medicaid beneficiaries or all members of one household across all contracted managed care organizations. The provider may not reside at the same physical address as the beneficiary being transported. Individuals transporting more than five Medicaid beneficiaries or all members of one household shall be considered traditional providers and shall be enrolled as such and comply with all for-profit provider requirements.

D. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health, Bureau of Health Services Financing, LR 47:1639 (November 2021), amended LR 49:877 (May 2023), LR 50:1472 (October 2024), amended LR 51:

§519. Transportation Network Company Requirements

A. All TNCs must comply with applicable federal requirements. B. No driver shall provide NEMT services to a beneficiary through a TNC prior to the completion of a criminal background check that comports with the requirement for such background checks provided R.S.40:1203.1 et seq. or 48:2199.

C. Prior to facilitating NEMT services for Medicaid beneficiaries, a TNC shall be under contract with either:

1. an MCO as defined in 42 C.F.R. 438.2, or its subcontracted transportation broker.

2. the department, or its subcontracted transportation broker.

D. TNCs, drivers, and vehicles are subject to the provisions of R.S. 45:201.1 - 45.201.13.

E. Aside from city and parish non-emergency medical transportation program rules, the provisions of R.S. 48:2205 shall apply to the regulation of companies, drivers, and vehicles facilitating or providing NEMT services as authorized in R.S. 40:1257.5.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health, Bureau of Health Services Financing, LR 51:

Subchapter D. Reimbursement

§523. General Provisions

A. - C. ...

D. Reimbursement for NEMT services provided by traditional providers, gas reimbursement providers, public transit, or TNCs shall only be reimbursed if scheduled by a contracted transportation broker.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health, Bureau of Health Services Financing, LR 47:1639 (November 2021), amended LR 50:1472 (October 2024), amended LR 51:

Implementation of the provisions of this Rule may be contingent upon the approval of the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS), if it is determined that submission to CMS for review and approval is required.

Family Impact Statement

In compliance with Act 1183 of the 1999 Regular Session of the Louisiana Legislature, the impact of this proposed Rule on the family has been considered. It is anticipated that this proposed Rule will have no impact on family functioning, stability and autonomy as described in R.S. 49:972.

Poverty Impact Statement

In compliance with Act 854 of the 2012 Regular Session of the Louisiana Legislature, the poverty impact of this proposed Rule has been considered. It is anticipated that this proposed Rule will have no impact on child, individual, or family poverty in relation to individual or community asset development as described in R.S. 49:973.

Small Business Impact Statement

In compliance with the Small Business Protection Act, the economic impact of this proposed Rule on small businesses has been considered. It is anticipated that this proposed Rule will have an impact on small businesses, since this proposed Rule allows transportation network companies to provide non-emergency medical transportation.

Provider Impact Statement

In compliance with House Concurrent Resolution (HCR) 170 of the 2014 Regular Session of the Louisiana Legislature, the provider impact of this proposed Rule has been considered. It is anticipated that this proposed Rule will have a positive impact on the staffing level requirements or qualifications required to provide the same level of service since it allows transportation network companies to provide non-emergency medical transportation, no direct or indirect cost to the provider to provide the same level of service, and will have no impact on the provider's ability to provide the same level of service as described in HCR 170.

Public Comments

Interested persons may submit written comments to Kimberly Sullivan, JD, Bureau of Health Services Financing, P.O. Box 91030, Baton Rouge, LA 70821-9030. Ms. Sullivan is responsible for responding to inquiries regarding this proposed Rule. The deadline for submitting written comments is September 19, 2025.

Public Hearing

Interested persons may submit a written request to conduct a public hearing by U.S. mail to the Office of the Secretary ATTN: LDH Rulemaking Coordinator, Post Office Box 629, Baton Rouge, LA 70821-0629; however, such request must be received no later than 4:30 p.m. on September 9, 2025. If the criteria set forth in R.S. 49:961(B)(1) are satisfied, LDH will conduct a public hearing at 9:30 a.m. on September 25, 2025 in Room 118 of the Bienville Building, which is located at 628 North Fourth Street, Baton Rouge, LA. To confirm whether or not a public hearing will be held, interested persons should first call Allen Enger at (225) 342-1342 after September 19, 2025. If a public hearing is to be held, all interested persons are invited to attend and present data, views, comments, or arguments, orally or in writing.

Bruce D. Greenstein

Secretary

FISCAL AND ECONOMIC IMPACT STATEMENT FOR ADMINISTRATIVE RULES

RULE TITLE: Medical Transportation Program

Non-Emergency Medical Transportation

I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

It is anticipated that implementation of this proposed rule will have no programmatic fiscal impact to the state other than

the cost of promulgation for FY 25-26. In FY 25-26 \$1,080 (\$540 SGF and \$540 FED) will be expended for the state's administrative expense for promulgation of this proposed rule and the final rule.

This proposed rule adds the category of Transportation Network Companies into the brokered transportation networks used in managed care, fee-for-service, and existing programs as an additional category of non-emergency medical transportation. The number of trips required by Medicaid recipients is expected to remain the same, but they will have more options for receiving transportation services.

II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

It is anticipated that the implementation of this proposed rule will have no effect on revenue collections other than the federal share of the promulgation costs for FY 25-26. In FY 25-26, \$540 will be collected for the federal share of the expense for promulgation of this proposed rule and the final rule.

III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS, SMALL BUSINESSES, OR NON-GOVERNMENTAL GROUPS (Summary)

This proposed rule adds the category of Transportation Network Companies into the brokered transportation networks used in managed care, fee-for-service, and existing programs as an additional category of non-emergency medical transportation. The number of trips required by Medicaid recipients is expected to remain the same, but they will have more options for receiving transportation services. This is expected to have a positive impact on beneficiaries, as these providers can be utilized to complete trips that traditional providers are unable to fulfill in the case of vehicle malfunctions or other unforeseen emergencies. It is anticipated this proposed rule will have no fiscal impact in FY 25-26, FY 26-27, and FY 27-28 since the number of services provided and the fees for those services are not changing.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

This proposed rule has no known effect on competition and employment.