



**State of Louisiana**  
Louisiana Department of Health  
Office of the Secretary

**VIA ELECTRONIC MAIL ONLY**

December 20, 2021

James G. Scott, Director  
Division of Program Operations  
Medicaid & CHIP Operations Group  
601 East 12<sup>th</sup> Street, Room 0300  
Kansas City, Missouri 64106-2898

RE: Louisiana Title XIX State Plan  
Transmittal No. 21-0027

Dear Mr. Scott:

I have reviewed and approved the enclosed Louisiana Title XIX State Plan material.

I recommend this material for adoption and inclusion in the body of the State Plan. Should you have any questions or concerns regarding this matter, please contact Karen Barnes at (225) 342-3881 or via email at [Karen.Barnes@la.gov](mailto:Karen.Barnes@la.gov).

Sincerely,


A handwritten signature in cursive script, appearing to read "Ruth Johnson".

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Dr. Courtney N. Phillips  
Secretary  
By: Ruth Johnson, Undersecretary

Attachments (2)

CNP:PG:UN

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>		1. TRANSMITTAL NUMBER <b>21-0027</b>	2. STATE <b>LA</b>
		3. PROGRAM IDENTIFICATION: TITLE <u>XIX</u> OF THE SOCIAL SECURITY ACT	
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE <b>December 27, 2021</b>	
5. FEDERAL STATUTE/REGULATION CITATION <b>42 CFR 431.53 42 CFR 440.170 1902(a)(87) of the Social Security Act</b>		6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2022</u> \$ <u>0</u> b. FFY <u>2023</u> \$ <u>0</u>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  <b>Attachment 3.1-A, Item 24a, Pages 3-4 Attachment 3.1-D, Page 1 Attachment 3.1-D, Pages 2-4</b>		8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) <b>Same (TN 14-0039) Same (TN 10-10) Same (TN 93-15)</b>	
9. SUBJECT OF AMENDMENT <b>The purpose of this SPA is to amend provisions governing medical transportation in order to assure necessary transportation for beneficiaries to and from covered services, helping to ensure access to care for beneficiaries who have no other means of transportation, in accordance with the requirements under the Consolidated Appropriations Act, 2021.</b>			
10. GOVERNOR'S REVIEW (Check One)			
<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		<input checked="" type="checkbox"/> OTHER, AS SPECIFIED: The Governor does not review State Plan material.	
11. SIGNATURE OF STATE AGENCY OFFICIAL 		15. RETURN TO  <b>Patrick Gillies, Medicaid Executive Director Louisiana Department of Health 628 North 4<sup>th</sup> Street P.O. Box 91030 Baton Rouge, LA 70821-9030</b>	
12. TYPED NAME <b>Ruth Johnson, designee for Dr. Courtney N. Phillips</b>			
13. TITLE <b>Secretary</b>			
14. DATE SUBMITTED <b>December 20, 2021</b>			
<b>FOR CMS USE ONLY</b>			
16. DATE RECEIVED		17. DATE APPROVED	
<b>PLAN APPROVED - ONE COPY ATTACHED</b>			
18. EFFECTIVE DATE OF APPROVED MATERIAL		19. SIGNATURE OF APPROVING OFFICIAL	
20. TYPED NAME OF APPROVING OFFICIAL		21. TITLE OF APPROVING OFFICIAL	
22. REMARKS			

STATE OF LOUISIANA

AMOUNT DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED  
LIMITATIONS IN THE AMOUNT, DURATION, AND SCOPE OF CERTAIN ITEMS OF PROVIDED MEDICAL  
AND REMEDIAL CARE AND SERVICES ARE DESCRIBED BELOW:

CITATION                      Medical and Remedial Care and Services  
42 CFR 440.170              Item 24.a. (cont'd)

**II.      Medically Necessary Non-Emergency Transportation**

Louisiana Medicaid provides non-emergency transportation for eligible Medicaid beneficiaries who do not otherwise have transportation to and from their Medicaid service providers.

**A.      Beneficiary Eligibility**

Medicaid transportation is available to Medicaid beneficiaries when both of the following criteria are met:

1. The individual is enrolled in either a full-coverage Medicaid benefit program or a limited-coverage Medicaid benefit program that explicitly includes transportation services; and
2. The beneficiary or their representative has stated that they have no other means of transportation.

**B.      Transportation Provider Minimum Requirements**

Transportation may be provided by non-profit providers (e.g. Councils on Aging), for-profit providers (e.g. private medical transportation companies), public transit, or private individuals enrolled under the Friends and Family program. Non-emergency transportation may also be provided by ambulance if medically necessary. The following minimum requirements must be met:

- 1) Each provider and individual driver is not excluded from participation in any federal health care program (as defined in section 1128B(f) of the Act) and is not listed on the exclusion list of the Inspector General of the Department of Health and Human Services;
- 2) Each such individual driver has a valid driver's license;
- 3) Each such provider has in place a process to address any violation of a state drug law; and
- 4) Each such provider has in place a process to disclose to the state Medicaid program the driving history, including any traffic violations, of each such individual driver employed by such provider, including any traffic violations.

Public transit authorities are excluded from these requirements.

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42 CFR 440.170              Item 24.a. (cont'd)

Transportation providers must comply with published rules and regulations governing the Medicaid transportation program and with all state laws and regulations of any other state agency, commission or local entity with applicable jurisdiction.

Transportation providers may be subject to suspension from the Medicaid program if the Department acquires documentation of inappropriate billing or other practices that egregiously violate published program policy.

**C. Authorization for Services**

1. All non-emergency non-ambulance transportation requires prior authorization. The Department or its designee will authorize non-emergency non-ambulance transportation services under the following criteria:
  - a. The beneficiary is eligible for transportation as described in part A of this section;
  - b. The requested transportation is necessary to receive a Medicaid covered service;
  - c. The requested destination is a medical service provider currently enrolled in the Medicaid program;
  - d. The requested destination is a Medicaid provider within the beneficiary's local service area; or if the service is not available in the local service area the requested destination is the nearest available provider of the Medicaid covered service;
  - e. The transportation provider is actively enrolled in the Medicaid program and meets all criteria in part B of this section;
  - f. The transportation provider is the least costly available to provide the requested transportation service. If there are multiple providers available at the lowest cost, the beneficiary may choose a preferred transportation provider.
2. Non-emergency ambulance services are not prior authorized. Payment for non-emergency ambulance transportation shall be made upon receipt of the completed Certification of Ambulance Transportation form. The Certification form must be signed by a licensed medical professional and must describe the medical condition which necessitates ambulance services.

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METHODS OF PROVIDING TRANSPORTATION:

CITATIONS

42 CFR 431.53  
42 CFR 440.170  
1902(a)(87) of the Social Security Act

Non-Emergency Medical Transportation

- I. The Bureau of Health Services Financing assures the provision of necessary non-emergency medical transportation to and from providers where it is needed to secure a Title XIX covered medical service. Based upon the beneficiary giving two days advance notice, Louisiana's Medical Assistance Program or its designated contractor arranges for the provision of non-emergency medical transportation, at no cost to the beneficiary, through the actual provision of transportation by arrangement for transportation service through community resources, or by payment to providers of non-emergency medical transportation who are enrolled in the Title XIX Program.

In instances when Title XIX funds are authorized to provide transportation, the beneficiary shall be given freedom to choose among medical transportation providers in the service area who are enrolled in the Title XIX Program except when such services can be provided by the Local Transit Authority. If the beneficiary does not make a choice, Bureau of Health Services Financing will assign the least expensive transportation suitable to meet the beneficiary's medical needs. If there is no difference in cost among providers, the beneficiary will be assigned on a rotating basis to available providers.

In instances when the Local Transit Authority can provide transportation the beneficiary does not have a choice. Bureau of Health Services Financing will attempt to provide non-emergency medical transportation even if two days advance notice is not given.

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METHODS OF PROVIDING TRANSPORTATION:

Vendor payment shall be made for non-emergency transportation subject to the following conditions:

- A. The eligible Title XIX beneficiary seeks transportation to and from a medical provider of his/her choice who is generally available and used by other members of the community for a Title XIX covered medical service.
- B. All other avenues of providing transportation appropriate to meet the needs of the beneficiary have been explored and found to be unavailable; i.e. family, friends, community resources, the provision of transportation by the Bureau of Health Services Financing Parish Medicaid Office or other State of Federally funded transportation resources.
- C. The provider of transportation is enrolled in the title XIX Program.
- D. That transportation is arranged to and/or from a provider of medical services located geographically within the trade area in which the beneficiary resides who requests transportation.
- E. There are no arbitrary limitations as to the number of non-emergency medical transportation services for which payment will be made.

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METHODS OF PROVIDING TRANSPORTATION:

- II. The Bureau of Health Services Financing Parish Medicaid Office may elect to utilize any of the following methods of transportation in assuring for the provision of non-emergency medical transportation.
  - A. Public transportation providers such as taxi companies and public transit systems.
  - B. Non-profit providers of transportation such as church or volunteer groups.
  - C. Providers of transportation who are partially or totally funded by State, Federal or Local funds such as service agencies.
  - D. State owned vehicles driven by Department of Health and Hospitals staff, such as cars, vans, mini-buses or trucks.
  - E. Ambulances.
  - F. For-Profit providers of transportation.

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METHODS OF PROVIDING TRANSPORTATION:

Emergency Medical Transportation

The Bureau of Health Services Financing assures the provision of emergency medical transportation where it is needed to secure emergency medical services when provided for unforeseen circumstances which apparently demand immediate attention at a hospital to prevent serious impairment or loss of life. In instances when Title XIX funds are authorized to provide transportation, the beneficiary shall be given freedom to choose among emergency medical transportation providers in the service area who are enrolled in the Title XIX Program.

Emergency medical transportation is provided by ambulance.

The Bureau of Health Services Financing attests that all the minimum requirements outlined in 1902(a)(87) of the Social Security Act are met.