

Jeff Landry
GOVERNOR



Bruce D. Greenstein
SECRETARY

State of Louisiana
Louisiana Department of Health
Office of the Secretary

October 1, 2025

Courtney Miller, Director
CMS/Center for Medicaid & CHIP Services
Medicaid & CHIP Operations Group
601 East 12th Street, Room 355
Kansas City, Missouri 64106

RE: Louisiana Title XIX State Plan
Transmittal No. 25-0017

Dear Ms. Miller:

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 Marjorie Jenkins at (225) 342-3881 or via email at Marjorie.Jenkins@la.gov.

Sincerely,

DocuSigned by:

Drew Maranto

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Drew Maranto, designee for Bruce D. Greenstein
Undersecretary

Attachments (2)

DM:KC

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER
25-0017

2. STATE
LA

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
November 20, 2025

5. FEDERAL STATUTE/REGULATION CITATION
42 CFR 440.170

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2025 \$ 0
b. FFY 2026 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 3.1-A, Item 24a, Pages 3-5
Attachment 3.1-A, Item 24a, Page 6 (New Page)
Attachment 3.1-D, Page 3
Attachment 4.19-B, Item 24a, Page 2

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
Same (TN 24-0017)

Same (TN 24-0017)
Same (TN 24-0017)

9. SUBJECT OF AMENDMENT

The purpose of the SPA is to amend provisions governing non-emergency medical transportation to allow transportation network companies (TNCs) to provide non-emergency medical transportation through the Medicaid Program.

10. GOVERNOR'S REVIEW (Check One)

- ☐ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:

The Governor does not review State Plan material.

11. SIGNATURE OF STATE AGENCY OFFICIAL

DocuSigned by:

Drew Maranto

12. TYPED NAME

Drew Maranto, designee for Bruce D. Greenstein

13. TITLE

Undersecretary

14. DATE SUBMITTED

October 1, 2025

15. RETURN TO

Drew Maranto
Undersecretary/ Interim Medicaid Executive Director
Louisiana Department of Health
628 North 4th Street
P.O. Box 91030
Baton Rouge, LA 70821-9030

FOR CMS USE ONLY

16. DATE RECEIVED

17. DATE APPROVED

PLAN APPROVED - ONE COPY ATTACHED

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 Medical Transportation

Louisiana Medicaid provides non-emergency medical transportation (NEMT) services for eligible Medicaid beneficiaries who do not otherwise have transportation to and/or from Medicaid covered services.

A. Beneficiary Eligibility

Medicaid covered transportation is available to Medicaid beneficiaries when:

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

Elevated Level of Care

Beneficiaries 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 level of care for beneficiaries who meet medically necessary criteria.

Elevated level of care NEMT services utilize fully credentialed NEMT providers who have complied with any advanced training and insurance required by the Department, to transport beneficiaries to and/or from covered Medicaid services, including carved out services or value-added benefits.

Beneficiaries may seek medically necessary transportation services in another state when it is the nearest option available.

B. Transportation Provider Minimum Requirements

Non-emergency medical transportation (NEMT) may be provided by:

1. Traditional providers (For-profit and non-profit);
2. Public transit;
3. Gas reimbursement (GR) program (family and friends of the beneficiary); or
4. Transportation Network Companies (TNCs).

STATE OF LOUISIANA

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Definitions

Traditional Providers – non-profit and for-profit providers who are not TNCs.

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 of Aging. If a provider qualifies as a non-profit entity according to Internal Revenue Service regulations (IRS), they may only enroll as non-profit providers.

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.

Transportation Network Company (TNC) – a person, whether natural or juridical, that uses a digital network to connect TNC riders to TNC drivers who provide prearranged rides, or a person, whether natural or juridical, that provides a technology platform to a TNC rider that enables the TNC rider to schedule a prearranged ride.

Transportation Network Company driver – a person who receives connections to potential passengers and related services from a TNC in exchange for payment of a fee to the TNC, and who uses a personal vehicle to offer or provide a prearranged ride to persons upon connection through a digital network controlled by a TNC in return for compensation or payment of a fee.

All traditional NEMT providers must meet the following minimum requirements:

1. Each NEMT 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 individual NEMT driver has a valid driver's license (CDL or Chauffeur);
3. Each NEMT provider has in place a process to address any violation of a state drug law;
4. Each NEMT 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; and
5. Each NEMT provider must comply with La. R.S. 40:1203.1 – 40:1203.7. Transportation providers shall conduct an annual criminal history check on all NEMT drivers. The criminal history check must be performed by the Louisiana State Police (LSP), an agency authorized by the LSP, or the Federal Bureau of Investigation (FBI) and the results must be transmitted to the managed care organization (MCO) or its transportation broker, by the authorizing agency. The driver must submit written consent authorizing the agency to release the results of the background check directly to the MCO and transportation broker. The driver must have a clean record with no convictions for prohibited crimes, unless the driver has received a pardon of the conviction or has had their conviction expunged.

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Public transit authorities and TNCs are excluded from these requirements.

Transportation providers, including NEMT, NEAT, GR, and TNC providers, shall comply with the published rules and regulations governing their respective program within the Medicaid transportation program. Providers shall also comply with all applicable state laws, as well as the regulations of any other state, local, or regulatory authority with jurisdiction.

Transportation providers may be subject to termination or exclusion from the Medicaid program if the Department acquires documentation of inappropriate billing or other practices that violate published program policy. Non-emergency ambulance transportation (NEAT) may be provided if medically necessary. NEAT is provided by a credentialed ambulance provider.

C. Transportation Network Company (TNC) Requirements

1. All TNCs must comply with applicable federal requirements.
2. No driver shall provide NEMT services to a beneficiary through a TNC prior to the completion of a criminal background check.
3. Prior to facilitating NEMT services for Medicaid beneficiaries, a TNC shall be under contract with either:
 - a. An MCO or its subcontracted transportation broker.
 - b. The Department or its subcontracted transportation broker.
4. TNCs, drivers, and vehicles are subject to the provisions of R.S. 45:201.1 - 45.201.13.
5. 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.

D. 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 healthcare 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;
 - d. The transportation provider is actively enrolled in the Medicaid program and meets all criteria in part B of this section, as well as requirements set forth by the Medicaid program;
 - e. The transportation provider is the least costly means of transportation available, including the use of public transportation when possible, that accommodates the level of service required by the

STATE OF LOUISIANA

AMOUNT DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED

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- beneficiary to and/or from a Medicaid covered service. The beneficiary may choose a preferred transportation provider, with the exception of TNCs; however, if there are multiple providers available at the lowest cost, the transportation provider that has a primary service region for operation that is the same as the beneficiary's primary service region, will be assigned to the transportation services;
- f. Elevated level of care wheelchair services require verification of medical necessity through an additional prior authorization; and
 - g. TNCs may be utilized to provide NEMT services for ambulatory beneficiaries only.
2. NEAT requires verification of beneficiary eligibility, an origination or destination address which belongs to a medical facility, and a Certification of Ambulance Transportation (CAT) form for the date of service. The Department or its designee will authorize NEAT services under the following criteria:
- A. The CAT form shall be required for all NEAT services.
 - 1. The CAT form requires the signature of one of the following licensed medical professions:
 - a. Physician;
 - b. Registered Nurse;
 - c. Nurse Practitioner;
 - d. Physician Assistant; or
 - e. Clinical Nurse Specialist
 - 2. The CAT form shall confirm that the beneficiary is both bed-confined and other methods of transportation are contraindicated; or if the condition, regardless of bed confinement, is such that transportation by ambulance is medically required.
 - 3. The CAT form shall provide the medical necessity which includes the medical condition which necessitates ambulance services.
 - B. All out-of-state NEAT services to facilities that are not the nearest available option, shall be prior approved.

STATE OF LOUISIANA

METHODS OF PROVIDING TRANSPORTATION:

- II. The BHSF 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;
 - B. Gas reimbursement (GR) providers;
 - C. Traditional providers of transportation (For-profit and non-profit);
 - D. Transportation Network Companies (TNCs); and
 - E. Ambulances used for non-emergency ambulance transportation (NEAT).

STATE OF LOUISIANA

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPES OF CARE OR SERVICES LISTED IN SECTION 1905(a) OF THE ACT THAT ARE INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

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

B. Non-Emergency Medical Transportation

Reimbursement Methodology

1. Non-Emergency Medical Transportation (NEMT)

Effective for dates of service on or after October 1, 2014 reimbursement for transportation services shall be based on the published fee schedule (www.lamedicaid.com) and made in accordance with rules and regulations issued by the Louisiana Department of Health (LDH).

Traditional providers of non-emergency, non-ambulance medical transportation services are reimbursed at a base rate plus mileage per leg. The Medicaid fee schedule establishes the minimum reimbursement rates for services rendered to beneficiaries. The reimbursement rate shall be no less than the published Medicaid FFS rate in effect on the date of service, unless mutually agreed upon by the transportation broker and the transportation provider in the provider agreement.

The transportation broker may not dispatch trips to out-of-region providers, unless there are no willing and available providers in the domicile region of the beneficiary.

Transportation Network Companies (TNCs) are reimbursed a rate negotiated by a contracted transportation broker and must be no more costly than traditional providers.

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

Elevated Level of Care

Reimbursement for NEMT elevated level of care (ELOC) claims shall be paid only when accompanied by the completed prior approval form documenting the medical necessity for the enhanced level of care.

2. Non-Emergency Ambulance Transportation

Non-emergency ambulance transportation (NEAT) services are reimbursed at base rate plus mileage per leg, minus the amount paid by any liable third-party. The Medicaid fee schedule establishes the minimum reimbursement rates for services rendered to beneficiaries. The reimbursement rate shall be no less than the published Medicaid FFS rate in effect on the date of service, unless mutually agreed upon by the transportation broker and the transportation provider in the provider agreement.