

## **Table of Contents**

**State/Territory Name: Louisiana**

**State Plan Amendment (SPA) #: 25-0017**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS Form 179
- 3) Approved SPA Pages

**DEPARTMENT OF HEALTH & HUMAN SERVICES**

Centers for Medicare & Medicaid Services  
601 E. 12th St., Room 355  
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

---

December 12, 2025

Seth J. Gold  
Medicaid Executive Director  
State of Louisiana Department of Health  
628 N. 4<sup>th</sup> Street  
PO Box 91030  
Baton Rouge, LA 70821-9030

Re: Louisiana State Plan Amendment (SPA) LA-25-0017

Dear Medicaid Executive Director Gold:

The Centers for Medicare & Medicaid Services (CMS) has reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number LA-25-0017. The purpose of this SPA is to amend provisions governing non-emergency medical transportation (NEMT) to allow transportation network companies (TNCs) to provide NEMT through the Medicaid Program.

We have conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act. This letter is to inform you that the Louisiana Medicaid SPA LA-25-0017 was approved on December 12, 2025, with an effective date of November 20, 2025.

If you have any questions, please contact Cecilia Williams at (410) 786-2539 or via email at [Cecilia.Williams@cms.hhs.gov](mailto:Cecilia.Williams@cms.hhs.gov).

Sincerely,

WENDY E. HILL  
PETRAS -S

Digitally signed by WENDY E. HILL  
PETRAS -S  
Date: 2025.12.12 12:35:35 -08'00'

Wendy E. Hill Petras  
Acting Director, Division of Program Operations

Enclosures

cc: Najah Freeman  
Keuna Franklin  
Krystal Ceasor  
Marjorie Jenkins

**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 4<sup>th</sup> Street**  
**P.O. Box 91030**  
**Baton Rouge, LA 70821-9030**

**FOR CMS USE ONLY**

16. DATE RECEIVED

**October 1, 2025**

17. DATE APPROVED

**December 12, 2025**

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL

**November 20, 2025**

19. SIGNATURE OF APPROVING OFFICIAL

**WENDY E. HILL PETRAS -S** Digitally signed by WENDY E. HILL PETRAS -S  
Date: 2025.12.12 12:37:20 -08'00'

20. TYPED NAME OF APPROVING OFFICIAL

**Wendy E. Hill Petras**

21. TITLE OF APPROVING OFFICIAL

**Acting Director, Division of Program Operations**

22. REMARKS

**12/10/2025: LA concurred to Pen & Ink change (Box 7)**

**12/11/2025: LA concurred to Pen & Ink change (Box 8)**

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 may be provided by:

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

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:

All traditional NEMT providers must meet the following minimum requirements:

1. Each traditional 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 driver has a valid driver's license (CDL or Chauffeur);
3. Each transportation broker and traditional provider has in place a process to address any violation of a state drug law;
4. Each transportation broker 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 traditional provider must comply with state law. Traditional providers shall conduct an annual criminal history check on all 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.

All TNC NEMT providers must meet the following minimum requirements:

1. No provider or individual driver is 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. Drivers for TNCs are required to have a valid driver's license.
3. The transportation broker and TNC are responsible for monitoring and addressing drug violations as set forth by the federal guidelines and the TNC policy.
4. The transportation broker is responsible for monitoring and disclosing to the state Medicaid program, their drivers' history and any traffic violations.
5. The TNC provider shall conduct criminal history checks on their drivers.

Public transit authorities 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.

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:

**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 and approval 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. Aside from city and parish non-emergency medical transportation program rules, TNCs, drivers, and vehicles must comply with state law.

**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 beneficiary to and/or from a Medicaid covered service. The beneficiary may choose a preferred transportation provider, 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:

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:

- 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).