

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 ~~Eligibility~~ 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. ~~All transportation providers~~ 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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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.

~~2. Must comply 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.