

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

1. TRANSMITTAL NUMBER  
**24-0017**

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  
**October 20, 2024**

5. FEDERAL STATUTE/REGULATION CITATION

**42 CFR 440.170**

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2025 **\$2,285,586**

b. FFY 2026 **\$1,746,549**

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

**Attachment 3.1-A, Item 24a, Pages 3 – 4**  
**Attachment 3.1-A, Item 24a, Page 5 (New Page)**  
**Attachment 3.1-D, Pages 1-4**  
**Attachment 4.19-B, Item 24a, Pages 2 – 3**

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR  
ATTACHMENT (If Applicable)

**Same (TN 21-0027)**

**Same (TN 21-0027)**

**Same (TN 14-0039)**

9. SUBJECT OF AMENDMENT

**The purpose of this SPA is to amend the provisions governing the medical transportation program to establish guidelines for the administration and distribution of Elevated Level of Care (ELOC) services by non-emergency medical transportation (NEMT) vendors that meet the criteria to provide an ELOC service to Medicaid beneficiaries, and to clarify language regarding non-emergency medical ambulance transportation (NEAT) services.**

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

Signed by:



12. TYPED NAME

**Michael Harrington, MBA, MA**

13. TITLE

**Secretary**

14. DATE SUBMITTED

**December 27, 2024**

15. RETURN TO

**Kimberly Sullivan, J.D.**  
**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

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



Jeff Landry  
GOVERNOR



Michael Harrington, MBA, MA  
SECRETARY

# State of Louisiana

Louisiana Department of Health

December 27, 2024

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. 24-0017

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

Respectfully,

Signed by:  
  
Michael Harrington, MBA, MA  
Secretary

Attachments (3)

MH:KS:NF

LA TITLE XIX SPA  
TRANSMITTAL #: 24-0017  
TITLE: Medical Transportation Program - Elevated Level of Care  
EFFECTIVE DATE: October 20, 2024

FISCAL IMPACT:  
Increase

	year			*# mos	range of mos.	dollars
1st SFY	2025			9	October 2024 - June 2025	\$3,333,194
2nd SFY	2026			12	July 2025 - June 2026	\$3,433,189

\*#mos-months remaining in fiscal year

Total increase or decrease cost FFY 2025								
	\$3,333,194 /	12	X	9 months	October 2024 - June 2025	=		\$2,499,896
					\$2,499,896	X	68.06%	\$1,701,429
	\$3,433,189 /	12	X	3 months	July 2025 - September 2025	=		\$858,297
					\$858,297	X	68.06%	\$584,157
FFP (FFY 2025 ) =								\$2,285,586

Total increase or decrease cost FFY 2026								
	\$3,433,189 /	12	X	9 months	October 2025 - June 2026	=		\$2,574,892
					\$2,574,892	X	67.83%	\$1,746,549
FFP (FFY 2026 )=								\$1,746,549

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/or from their Medicaid service providers.

**A.    Beneficiary Eligibility**

Medicaid covered transportation is available to Medicaid beneficiaries when :

1.    The beneficiary is enrolled in a 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.

**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 with mobility limitations who require assistance when using a wheelchair.

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.    Non-profit providers (e.g. Councils on Aging);
2.    For-profit providers (e.g. private medical transportation companies);

STATE OF LOUISIANA

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3. Public transit; or
4. Gas reimbursement program (family and friends of the beneficiary).

All 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;
- 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.

Public transit authorities are excluded from these requirements.

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 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. Authorization for Services**

1. Approval of NEMT shall be authorized 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;

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:

- 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, as well as requirement set forth by the Medicaid program;
  - f. 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 region, will be assigned to the transportation services.
  - g. Elevated level of care wheelchair services require additional approval.
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 under the following criteria:
- A. The CAT form for all NEAT, including mileage, for ground ambulance, shall be required.
    - 1. The CAT 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 all other means of transportation are contraindicated.
    - 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

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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 (BHSF) assures the provision of necessary non-emergency medical transportation (NEMT) to and/or from a Medicaid covered service, including carved-out services, when no other means of transportation is available.

Louisiana's transportation broker arranges all NEMT for Medicaid beneficiaries. When Title XIX authorizes funds to provide NEMT services to the beneficiary, an assignment of the least costly transportation provider suitable to meet the beneficiary's medical needs is arranged, except when such services can be provided by the Local Transit Authority. If there is no difference in cost among providers, the beneficiary may be given freedom to choose among medical transportation providers in the service region. If the beneficiary does not make a choice or their chosen medical transportation provider is unavailable, the beneficiary will be assigned to an available NEMT provider.

Title XIX requires the beneficiary's initial transportation offer to be through the Local Transit Authority when it is available.



STATE OF LOUISIANA

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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/or 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. The BHSF provides coverage for NEMT services to eligible beneficiaries that do not have any other means of transportation available. Other avenues for possible transportation that are appropriate and meet the needs of the beneficiary, such as gas reimbursement for friends and family, as well as community resources, must also be unavailable in order for vendor payment to be made.
- 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 eligible for reimbursement.

STATE OF LOUISIANA

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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 providers.
  - C. Non-profit providers of transportation.
  - D. For-profit providers of transportation.
  - E. Ambulances used for non-emergency ambulance transportation (NEAT).

STATE OF LOUISIANA

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METHODS OF PROVIDING TRANSPORTATION:

Emergency Medical Transportation

The BHSF assures the provision of emergency medical transportation where it is provided for a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in any of the following:

- A. Placing the health of the beneficiary (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy;
- B. Serious impairment to bodily functions; or
- C. Serious dysfunction of any bodily organ or part.

A beneficiary may also require emergency ambulance transportation if he or she is psychiatrically unmanageable or needs restraint. Ambulance providers utilize ambulances to provide emergency medical transportation.

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

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](http://www.lamedicaid.com)) and made in accordance with rules and regulations issued by the Louisiana Department of Health (LDH).

LDH reimburses the NEMT services at 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.

An additional per-mile rate may be included when the Department determines that a NEMT provider requires compensation for travelling far outside of their service area. The additional payment shall only be made when there are no willing and available NEMT providers to complete the requested transportation services in the beneficiary's domicile region.

**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.

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:

Medically necessary non-emergency, scheduled, repetitive ambulance services are covered if the ambulance provider or supplier, before furnishing the service to the beneficiary, obtains a Certification of Ambulance Transportation (CAT) form dated no earlier than 180 days before the date the service is furnished.

The parish of trip origin is used to assign each encounter as rural/super-rural or non-rural.

Mileage shall be reimbursed in accordance with the type of service indicated by the licensed medical professional on the CAT form.

Medically necessary, scheduled, repetitive NEAT services are reimbursed if, before furnishing the service to the beneficiary, the ambulance provider or supplier, obtains a CAT form dated no earlier than 180 days before the date the service is provided and a clean claim is submitted.

Reimbursement will not be made for any additional person(s) who must accompany the beneficiary to the healthcare facility.

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)

3. Commercial Aircraft and Public Transit

Non-emergency medical transportation provided by commercial aircraft and buses are reimbursed at their usual and customary rate, subject to maximum limitations based on historical costs for such trips.

Commercial airfare shall be reimbursed for the beneficiary and a maximum of one attendant at the lowest, refundable, coach/economy class fare. Upgrades and additional costs shall not be reimbursed.

**C. Auditing**

The Department shall conduct regular audits of service authorization, reimbursement, service delivery and documentation in order to ensure compliance with published rules and regulations. Lack of compliance on the part of transportation providers shall be addressed as described in the provider policy manual. Lack of compliance on the part of Department contractors shall be met with corrective action as described in contract documents.