

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 ~~both of the following criteria are met:~~

1. ~~The individual~~ The beneficiary 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~~ 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~~ Non-profit providers (e.g. Councils on Aging);
2. ~~for~~ For-profit providers (e.g. private medical transportation companies);

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- ~~1.3. public~~Public transit~~;~~ or ~~private individuals enrolled under the Friends and Family program.~~
4. Gas reimbursement program (family and friends of the beneficiary). ~~Non-emergency ambulance transportation (NEAT) may also be provided if medically necessary.~~

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 ~~such~~ individual NEMT driver has a valid driver's license~~;~~;
- 3) Each ~~such~~ NEMT provider has in place a process to address any violation of a state drug law; ~~and~~
- 4) Each ~~such~~ 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~~, including any traffic violations;~~ 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 ~~suspension~~ termination or exclusion from the Medicaid program if the Department acquires documentation of inappropriate billing or other practices that ~~egregiously~~ 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. ~~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~~

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~~criteria~~Approval of non-emergency medical transportation~~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;
- 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 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~~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.

~~f.g. Elevated level of care wheelchair services require additional approval.~~

~~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~~

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 ~~The CAT form for all non-emergency ambulance transportation~~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;

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- [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.](#)