



**State of Louisiana**  
Louisiana Department of Health  
Office of the Secretary

October 8, 2025

**Via Statutorily Prescribed Email**

**To:** The Honorable Patrick McMath, Chairman, Senate Health & Welfare Committee  
The Honorable Dustin Miller, Chairman, House Health & Welfare Committee

**From:** Bruce D. Greenstein  
Secretary

**Re:** Second Report to Proposed Amendments to LAC 50:III.2303 – Eligibility – Family Opportunity Act Medicaid Program

Pursuant to the Louisiana Administrative Procedure Act, the Louisiana Department of Health, submits its second report regarding the Eligibility – Family Opportunity Act Medicaid Program, LAC 50:III.2303.

A Notice of Intent on the proposed amendments was published in the August 20, 2025 issue of the *Louisiana Register* (LR 51:1240). No written comments were received and there was no request for a public hearing during the notice period. Because there were no requests for a public hearing, one was not held for these proposed amendments. Additionally, no substantive changes were made to the proposed amendments since the report is provided for in R.S. 49:966B-C.

Unless otherwise directed, the Department anticipates adopting the August 20, 2025 Notice of Intent when it is published as a final rule in the November 20, 2025 issue of the *Louisiana Register*.

Please contact Marsha Baudoin, at [Marsha.Baudoin@la.gov](mailto:Marsha.Baudoin@la.gov), if you have any questions or require additional information about this matter.

**Cc:** Kimberly Sullivan, Senior Advisor to the Secretary for Medicaid, LDH  
Brian Bennett, Medicaid Deputy Director, LDH  
Christopher Chase, Medicaid Program Manager, LDH  
Catherine Brindley, Medicaid Program Manager, LDH  
Bethany Blackson, Governmental Relations and Community Partnerships Director, LDH  
Andrea Trantham, Editor, *Louisiana Administrative Code*, Office of the State Register

## NOTICE OF INTENT

### Department of Health Bureau of Health Services Financing

#### Eligibility—Family Opportunity Act Medicaid Program (LAC 50:III.2303)

The Department of Health, Bureau of Health Services Financing proposes to amend LAC 50:III.2303 in the Medical Assistance Program as authorized by R.S. 36:254 and pursuant to Title XIX of the Social Security Act. This proposed Rule is promulgated in accordance with the provisions of the Administrative Procedure Act, R.S. 49:950 et seq.

The Department of Health, Bureau of Health Services Financing proposes to amend the provisions governing eligibility for the Family Opportunity Act Medicaid Program to establish continuous eligibility requirements, and to prevent termination of Medicaid or CHIP eligibility due to non-payment of premiums for children under the age of 19 during a continuous eligibility period. This action is being taken to comply with the federal Consolidated Appropriations Act of 2023.

#### Title 50

#### PUBLIC HEALTH—MEDICAL ASSISTANCE

##### Part III. Eligibility

##### Subpart 3. Eligibility Group and Factors

#### Chapter 23. Eligibility Groups and Medicaid Programs

#### §2303. Family Opportunity Act Medicaid Program

A. - B.2.b. ...

3. The child may be uninsured or underinsured.

a. Parents are required to enroll in available employer-sponsored health plans when the employer contributes at least 50 percent of the annual premium costs. Participation in such employer-sponsored health plans is a condition of Medicaid coverage pursuant to the Family Opportunity Act Medicaid Program.

C. - D.2.b.iii. ...

3. The first premium is due the month following the month that eligibility is established. Prepayment of premiums is not required. A child's eligibility for medical assistance will not terminate on the basis of failure to pay a premium during the 12-month continuous eligibility period. A child's eligibility for medical assistance will terminate at the end of the 12-month continuous eligibility period if a failure to pay has continued for at least 60 days from the date on which the premium was past due.

4. - 4.d. ...

5. - 5.b. Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 34:1628 (August 2008), amended LR 35:69 (January 2009), amended by the Department of Health, Bureau of Health Services Financing, LR:51:

Implementation of the provisions of this Rule may be contingent upon the approval of the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS), if it is determined that submission to CMS for review and approval is required.

#### Family Impact Statement

In compliance with Act 1183 of the 1999 Regular Session of the Louisiana Legislature, the impact of this proposed Rule on the family has been considered. It is anticipated that this proposed Rule will have a positive impact on family functioning, stability and autonomy as described in R.S. 49:972, since it will allow children to stay on Medicaid and CHIP during continuous enrollment despite non-payment of premiums.

#### Poverty Impact Statement

In compliance with Act 854 of the 2012 Regular Session of the Louisiana Legislature, the poverty impact of this proposed Rule has been considered. It is anticipated that this proposed Rule will have a positive impact on child, individual, or family poverty in relation to individual or community asset development as described in R.S. 49:973, since it will allow children to stay on Medicaid and CHIP during continuous enrollment despite non-payment of premiums.

#### Small Business Analysis

In compliance with the Small Business Protection Act, the economic impact of this proposed Rule on small businesses has been considered. It is anticipated that this proposed Rule will have no impact on small businesses.

#### Provider Impact Statement

In compliance with House Concurrent Resolution (HCR) 170 of the 2014 Regular Session of the Louisiana Legislature, the provider impact of this proposed Rule has been considered. It is anticipated that this proposed Rule will have no impact on the staffing level requirements or qualifications required to provide the same level of service, no direct or indirect cost to the provider to provide the same level of service, and will have no impact on the provider's ability to provide the same level of service as described in HCR 170.

#### Public Comments

Interested persons may submit written comments to Kimberly Sullivan, JD, Bureau of Health Services Financing, P.O. Box 91030, Baton Rouge, LA 70821-9030. Ms. Sullivan is responsible for responding to inquiries regarding this proposed Rule. The deadline for submitting written comments is September 19, 2025.

#### Public Hearing

Interested persons may submit a written request to conduct a public hearing by U.S. mail to the Office of the Secretary ATTN: LDH Rulemaking Coordinator, Post Office Box 629, Baton Rouge, LA 70821-0629; however, such request must be received no later than 4:30 p.m. on September 9, 2025. If the criteria set forth in R.S. 49:961(B)(1) are satisfied, LDH will conduct a public hearing at 9:30 a.m. on September 25, 2025 in Room 118 of the Bienville Building, which is located at 628 North Fourth Street, Baton Rouge, LA. To confirm whether or not a public hearing will be held, interested persons should first call Allen Enger at (225) 342-1342 after September 9, 2025. If a public hearing is to be held, all interested persons are invited to attend and present data, views, comments, or arguments, orally or in writing.

Bruce D. Greenstein  
Secretary

**FISCAL AND ECONOMIC IMPACT STATEMENT  
FOR ADMINISTRATIVE RULES  
RULE TITLE: Eligibility—Family Opportunity Act  
Medicaid Program**

**I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO  
STATE OR LOCAL GOVERNMENT UNITS (Summary)**

It is anticipated that implementation of this proposed rule will have no programmatic fiscal impact to the state other than the cost of promulgation for FY 25-26. In FY 25-26, \$540 (\$270 SGF and \$270 FED) will be expended for the state's administrative expense for promulgation of this proposed rule and the final rule.

This proposed rule amends the provisions governing eligibility for the Family Opportunity Act Medicaid Program to establish continuous eligibility requirements, and to prevent termination of Medicaid or CHIP eligibility due to non-payment of premiums for children under the age of 19 during a continuous eligibility period. This action is being taken to comply with the federal Consolidated Appropriations Act of 2023.

**II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE  
OR LOCAL GOVERNMENTAL UNITS (Summary)**

It is anticipated that the implementation of this proposed rule will have no effect on revenue collections other than the federal share of the promulgation costs for FY 25-26. In FY 25-26, \$270 will be collected for the federal share of the expense for promulgation of this proposed rule and the final rule.

**III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO  
DIRECTLY AFFECTED PERSONS, SMALL BUSINESSES, OR  
NONGOVERNMENTAL GROUPS (Summary)**

This proposed rule amends the provisions governing eligibility for the Family Opportunity Act Medicaid Program to establish continuous eligibility requirements, and to prevent termination of Medicaid or CHIP eligibility due to non-payment of premiums for children under the age of 19 during a continuous eligibility period. This will benefit beneficiaries by keeping children on Medicaid or CHIP despite non-payment of premiums. It is anticipated that implementation of this proposed rule will not result in costs to providers and will have no impact on small businesses in FY 25-26, FY 26-27, and FY 27-28.

**IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT  
(Summary)**

This proposed rule has no known effect on competition and employment.

Kimberly Sullivan, JD  
Medicaid Executive Director  
2508#054

Alan M. Boxberger  
Legislative Fiscal Officer  
Legislative Fiscal Office



**State of Louisiana**  
Louisiana Department of Health  
Office of the Secretary

October 8, 2025

**Via Statutorily Prescribed Email**

**To:** The Honorable Patrick McMath, Chairman, Senate Health & Welfare Committee  
The Honorable Dustin Miller, Chairman, House Health & Welfare Committee

**From:** Bruce D. Greenstein  
Secretary

**Re:** Second Report to Proposed Amendments to LAC 50:XXXI.101, 103, 107, and 108 –  
Refugee Medical Assistance

Pursuant to the Louisiana Administrative Procedure Act, the Louisiana Department of Health, submits its second report regarding the Refugee Medical Assistance, LAC 50:XXXI.101, 103, 107, and 108.

A Notice of Intent on the proposed amendments was published in the August 20, 2025 issue of the *Louisiana Register* (LR 51:1246). No written comments were received and there was no request for a public hearing during the notice period. Because there were no requests for a public hearing, one was not held for these proposed amendments. Additionally, no substantive changes were made to the proposed amendments since the report is provided for in R.S. 49:966B-C.

Unless otherwise directed, the Department anticipates adopting the August 20, 2025 Notice of Intent when it is published as a final rule in the November 20, 2025 issue of the *Louisiana Register*.

Please contact Marsha Baudoin, at [Marsha.Baudoin@la.gov](mailto:Marsha.Baudoin@la.gov), if you have any questions or require additional information about this matter.

**Cc:** Kimberly Sullivan, Senior Advisor to the Secretary for Medicaid, LDH  
Brian Bennett, Medicaid Deputy Director, LDH  
Christopher Chase, Medicaid Program Manager, LDH  
Catherine Brindley, Medicaid Program Manager, LDH  
Bethany Blackson, Governmental Relations and Community Partnerships  
Director, LDH  
Andrea Trantham, Editor, *Louisiana Administrative Code*, Office of the State  
Register

**NOTICE OF INTENT**  
**Department of Health**  
**Bureau of Health Services Financing**

Refugee Medical Assistance  
(LAC 50:XXXI.101, 103, 107, and 108)

The Department of Health, Bureau of Health Services Financing proposes to amend LAC 50:XXXI.101, 103, and 107 and adopt LAC 50:XXXI.108 in the Medical Assistance Program as authorized by R.S. 36:254 and pursuant to Title XIX of the Social Security Act. This proposed Rule is promulgated in accordance with the provisions of the Administrative Procedure Act, R.S. 49:950 et seq.

In order to continue the provisions of the July 1, 2025 Emergency Rule (*Louisiana Register*, Volume 51, Number 7) the Department of Health, Bureau of Health Services Financing proposes to amend the provisions governing refugee medical assistance (RMA) to shorten the period that assistance is granted through the RMA program from one year to four months, and to outline the termination conditions for RMA services. This action is being taken to comply with a notice from the Department of Health and Human Services, Office of Refugee Resettlement. Office of Refugee Resettlement has determined that it must shorten the RMA eligibility period to four months to avoid a significant budget shortfall.

**Title 50**

**PUBLIC HEALTH—MEDICAL ASSISTANCE**

**Part XXXI. Refugee Medical Assistance**

**Chapter 1. Refugee Medical Assistance Program**

**§101. General Provisions**

A. Repealed.

B. The Refugee Medical Assistance Program (RMA) provides medical assistance to individuals who meet the eligibility requirements and conditions set forth in 45 CFR part 400 subpart G.

C. Refugee medical assistance is available to all individuals with the immigration status of refugee or asylee.

D. All recipients who receive refugee cash assistance through the Office of Refugee Resettlement, and who are not eligible for Medicaid or SCHIP program, shall be certified for RMA.

1. Receipt or application for refugee cash assistance is not a requirement of the RMA program.

E. A refugee who has been certified in a regular Medicaid program and loses that coverage because of increased earnings from employment, and is within the eligibility time period, shall be transferred to RMA.

F. Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Public Law 82-414, 8 U.S. Code 1522(e)(5).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR

35:1112 (June 2009), amended by the Department of Health, Bureau of Health Services Financing, LR 51:

**§103. Eligibility Requirements**

A. Individuals may qualify for the RMA program if they meet the following requirements:

1. has an immigration status recognized by the Office of Refugee Resettlement (ORR) through policy or federal notice that qualifies for resettlement assistance;

2. has income and resources that do not exceed the guidelines set forth in 42 CFR 435.831, as reflected in the State-approved Title XIX Medicaid plan;

3. is not otherwise eligible for Medicaid or SCHIP;

4. provides the name of the resettlement agency that resettled them, if applicable;

a. Repealed.

5. not enrolled as a full-time student in a higher education program, except where such enrollment is approved by the State or its designee.

B. An individual does not need to apply for or receive refugee cash assistance (RCA) in order to qualify for the RMA.

1. Repealed.

C. All recipients of RCA who are not otherwise eligible for Medicaid or SCHIP are eligible for RMA.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Public Law 82-414, 8 U.S. Code 1522(e)(5).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 35:1112 (June 2009), amended by the Department of Health, Bureau of Health Services Financing, LR 51:

**§107. Eligibility Period**

A. Repealed.

B. The RMA eligibility period shall be determined in accordance with 45 CFR 400.211.

1. Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Public Law 82-414, 8 U.S. Code 1522(e)(5).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 35:1113 (June 2009), amended by the Department of Health, Bureau of Health Services Financing, LR 51:

**§108. Termination of Services**

A. RMA benefits shall terminate upon the earliest of the following:

1. the individual's eligibility period expires;

2. the individual enrolls in Medicaid or SCHIP;

3. termination of ORR eligible immigration status; or

4. relocation from the state of Louisiana.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Public Law 82-414, 8 U.S. Code 1522(e)(5).

HISTORICAL NOTE: Promulgated by the Department of Health, Bureau of Health Services Financing, LR 51:

Implementation of the provisions of this Rule may be contingent upon the approval of the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS), if it is determined that submission to CMS for review and approval is required.

**Family Impact Statement**

In compliance with Act 1183 of the 1999 Regular Session of the Louisiana Legislature, the impact of this proposed Rule on the family has been considered. It is anticipated that this proposed Rule will have a negative impact on family functioning, stability and autonomy as described in R.S.

49:972 since it reduces the amount of time beneficiaries will receive assistance.

#### **Poverty Impact Statement**

In compliance with Act 854 of the 2012 Regular Session of the Louisiana Legislature, the poverty impact of this proposed Rule has been considered. It is anticipated that this proposed Rule will have a negative impact on child, individual, or family poverty in relation to individual or community asset development as described in R.S. 49:973, since it reduces the amount of time beneficiaries will receive assistance.

#### **Small Business Impact Analysis**

In compliance with the Small Business Protection Act, the economic impact of this proposed Rule on small businesses has been considered. It is anticipated that this proposed Rule will have no impact on small businesses.

#### **Provider Impact Statement**

In compliance with House Concurrent Resolution (HCR) 170 of the 2014 Regular Session of the Louisiana Legislature, the provider impact of this proposed Rule has been considered. It is anticipated that this proposed Rule will have no impact on the staffing level requirements or qualifications required to provide the same level of service, no direct or indirect cost to the provider to provide the same level of service, and will have no impact on the provider's ability to provide the same level of service as described in HCR 170.

#### **Public Comments**

Interested persons may submit written comments to Kimberly Sullivan, JD, Bureau of Health Services Financing, P.O. Box 91030, Baton Rouge, LA 70821-9030. Ms. Sullivan is responsible for responding to inquiries regarding this proposed Rule. The deadline for submitting written comments is September 19, 2025.

#### **Public Hearing**

Interested persons may submit a written request to conduct a public hearing by U.S. mail to the Office of the Secretary ATTN: LDH Rulemaking Coordinator, Post Office Box 629, Baton Rouge, LA 70821-0629; however, such request must be received no later than 4:30 p.m. on September 9, 2025. If the criteria set forth in R.S. 49:961(B)(1) are satisfied, LDH will conduct a public hearing at 9:30 a.m. on September 25, 2025 in Room 118 of the Bienville Building, which is located at 628 North Fourth Street, Baton Rouge, LA. To confirm whether or not a public hearing will be held, interested persons should first call Allen Enger at (225) 342-1342 after September 9, 2025. If a public hearing is to be held, all interested persons are invited to attend and present data, views, comments, or arguments, orally or in writing.

Bruce D. Greenstein  
Secretary

### **FISCAL AND ECONOMIC IMPACT STATEMENT FOR ADMINISTRATIVE RULES RULE TITLE: Refugee Medical Assistance**

#### **I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENT UNITS (Summary)**

It is anticipated that implementation of this proposed rule will have no programmatic fiscal impact to the state other than the cost of promulgation for FY 25-26 since the Refugee

Medical Assistance (RMA) Program is 100 percent federally funded. In FY 25-26, \$540 (\$270 SGF and \$270 FED) will be expended for the state's administrative expense for promulgation of this proposed rule and the final rule.

The proposed rule continues the provisions of the July 1, 2025, Emergency Rule, which shortens the period that assistance is granted through the RMA Program from one year to four months and outlines the conditions for the termination of RMA services.

#### **II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE OR LOCAL GOVERNMENTAL UNITS (Summary)**

It is anticipated that implementation of this proposed rule will lead to an indeterminable decrease to federal revenue collections, as a result of shortening the eligibility period for RMA services from one year to four months. In FY 25-26, \$270 will be collected for the federal share of the administrative expense for promulgation of this proposed rule and the final rule.

#### **III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS, SMALL BUSINESSES, OR NONGOVERNMENTAL GROUPS (Summary)**

The proposed rule continues the provisions of the July 1, 2025 Emergency Rule, which shortens the period that assistance is granted through the RMA Program from one year to four months and outlines the conditions for the termination of RMA services. Proposed rule is anticipated to have an indeterminable impact on access to essential healthcare and support services for refugees during the shortened period of the RMA Program. To the extent that refugees require medical attention during the time period between 5 and 12 months of initial resettlement, costs will be passed on to refugees, providers, and Medicaid through Uncompensated Care Costs (UCC). It is anticipated that implementation of this proposed rule will result in indeterminable costs to providers but will have no impact on small businesses in FY 25-26, FY 26-27, and FY 27-28.

#### **IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)**

This proposed rule has no known effect on competition and employment.

Kimberly Sullivan, JD  
Medicaid Executive Director  
2508#056

Alan M. Boxberger  
Legislative Fiscal Officer  
Legislative Fiscal Office



**State of Louisiana**  
Louisiana Department of Health  
Office of the Secretary

October 8, 2025

**Via Statutorily Prescribed Email**

**To:** The Honorable Patrick McMath, Chairman, Senate Health & Welfare Committee  
The Honorable Dustin Miller, Chairman, House Health & Welfare Committee

**From:** Bruce D. Greenstein  
Secretary

**Re:** Second Report to Proposed Amendments to LAC 50:XXVII.501, 503, 505, 517, 519, and 523 – Medical Transportation Program – Non-Emergency Medical Transportation

Pursuant to the Louisiana Administrative Procedure Act, the Louisiana Department of Health, submits its second report regarding the Medical Transportation Program – Non-Emergency Medical Transportation, LAC 50:XXVII.501, 503, 505, 517, 519, and 523.

A Notice of Intent on the proposed amendments was published in the August 20, 2025 issue of the *Louisiana Register* (LR 51:1241). Written comments were received, however, the proposed rule revisions were not revised per the comments. There was no request for a public hearing received during the notice period. Because there were no requests for a public hearing, one was not held for these proposed amendments. Additionally, no substantive changes were made to the proposed amendments since the report is provided for in R.S. 49:966B-C.

Unless otherwise directed, the Department anticipates adopting the August 20, 2025 Notice of Intent when it is published as a final rule in the November 20, 2025 issue of the *Louisiana Register*.

Please contact Veronica Gonzalez, [Veronica.Gonzalez@la.gov](mailto:Veronica.Gonzalez@la.gov), if you have any questions or require additional information about this matter.

**Cc:** Kimberly Sullivan, Senior Advisor to the Secretary for Medicaid, LDH  
Brian Bennett, Medicaid Deputy Director, LDH  
Brandon Bueche, Medicaid Program Manager, LDH  
Catherine Brindley, Medicaid Program Manager, LDH  
Bethany Blackson, Governmental Relations and Community Partnerships Director, LDH  
Andrea Trantham, Editor, *Louisiana Administrative Code*, Office of the State Register

The Department of Health, Bureau of Health Services Financing proposes to amend the provisions governing non-emergency medical transportation to allow an additional category of transportation services. Act 677 of the 2024 Regular Session of the Louisiana Legislature authorized the department to establish provisions for transportation network companies (TNC) to provide non-emergency medical transportation through the Medicaid program. The proposed Rule adds TNC into the brokered transportation networks used in managed care, fee-for-service, and existing programs. This will be a positive addition for beneficiaries, as these providers can be utilized to complete trips that traditional providers are unable to fulfill.

#### **Title 50**

### **PUBLIC HEALTH—MEDICAL ASSISTANCE**

#### **Part XXVII. Medical Transportation Program**

### **Chapter 5. Non-Emergency Medical Transportation**

#### **Subchapter A. General Provisions**

#### **§501. Overview**

##### **A. ...**

1. *Traditional Providers*—non-profit and for-profit providers who are not Transportation Network Companies.

2. *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 on Aging. If a provider qualifies as a non-profit entity according to Internal Revenue Service regulations, they may only enroll as non-profit providers.

3. *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.

B. Medicaid covered transportation is available to Medicaid beneficiaries when:

##### **1. - 2. ...**

3. the beneficiary 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 higher level of care for beneficiaries with mobility limitations requiring assistance when using a wheelchair.

##### **C. - C.2. ...**

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health, Bureau of Health Services Financing, LR 47:1638 (November 2021), amended LR 50:1471 (October 2024), amended LR 51:

#### **§503. Prior Approval and Scheduling**

##### **A. - A.2. ...**

B. Elevated level of care wheelchair services require verification of medical necessity through an additional prior approval.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health, Bureau of Health Services Financing, LR 47:1639 (November 2021), amended LR 50:1471 (October 2024), amended LR 51:

## **NOTICE OF INTENT**

### **Department of Health Bureau of Health Services Financing**

Medical Transportation Program  
Non-Emergency Medical Transportation  
(LAC 50:XXVII.501, 503, 505, 517, 519, and 523)

The Department of Health, Bureau of Health Services Financing proposes to amend LAC 50:XXVII.Chapter 5 and adopt LAC 50:XXVII.519 in the Medical Assistance Program as authorized by R.S. 36:254 and pursuant to Title XIX of the Social Security Act. This proposed Rule is promulgated in accordance with the provisions of the Administrative Procedure Act, R.S. 49:950 et seq.



## **§505. Requirements for Coverage**

A. Payment shall only be authorized for the least costly means of transportation available. The least costly means of transportation shall be determined by the department or its designee and considered the beneficiary's choice of transportation, the level of service required to safely transport the beneficiary (e.g., ambulatory, wheelchair, transfer), and the following hierarchy:

1. public transit;
2. ...
3. traditional providers (for-profit and non-profit) who are enrolled in the Medicaid Program; and
4. transportation network companies (TNCs) who are enrolled in the Medicaid Program.

B. Beneficiaries shall be allowed a choice of transportation services, with the exception of TNCs, as long as it remains the least costly means of transportation.

C. - E. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health, Bureau of Health Services Financing, LR 47:1639 (November 2021), amended LR 49:877 (May 2023), LR 50:1471 (October 2024), amended LR 51:

### **Subchapter C. Provider Responsibilities**

#### **§517. Traditional Provider Requirements**

A. All traditional providers must comply with all applicable federal, state, and local laws and regulations, including, but not limited to, those pertaining to enrollment and participation in the Medicaid Program.

B. NEMT traditional providers shall have a minimum automobile split limit liability insurance coverage of \$25,000 per person, \$50,000 per accident and \$25,000 property damage policy or a combined single limit automobile coverage at a minimum of \$300,000.

1. The liability policy shall cover:
  - a. any autos—owned, non-owned (rented, leased, borrowed) and hired.
  - b. any autos—owned, hired autos, and non-owned autos; or
  - c. scheduled autos, hired autos, and non-owned autos.

2. - 3. ...

C. As a condition of reimbursement for transporting Medicaid beneficiaries to and/or from healthcare services, gas reimbursement providers must maintain a current valid vehicle registration, the state minimum automobile liability insurance coverage, and a current valid driver's license. Proof of compliance with these requirements must be submitted to the department or its designee during the enrollment process. Gas reimbursement providers are allowed to transport up to five specified Medicaid beneficiaries or all members of one household across all contracted managed care organizations. The provider may not reside at the same physical address as the beneficiary being transported. Individuals transporting more than five Medicaid beneficiaries or all members of one household shall be considered traditional providers and shall be enrolled as such and comply with all for-profit provider requirements.

D. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health, Bureau of Health Services Financing, LR 47:1639 (November 2021), amended LR 49:877 (May 2023), LR 50:1472 (October 2024), amended LR 51:

#### **§519. Transportation Network Company Requirements**

A. All TNCs must comply with applicable federal requirements.

B. No driver shall provide NEMT services to a beneficiary through a TNC prior to the completion of a criminal background check that comports with the requirement for such background checks provided R.S.40:1203.1 et seq. or 48:2199.

C. Prior to facilitating NEMT services for Medicaid beneficiaries, a TNC shall be under contract with either:

1. an MCO as defined in 42 CFR 438.2, or its subcontracted transportation broker;
2. the department, or its subcontracted transportation broker.

D. TNCs, drivers, and vehicles are subject to the provisions of R.S. 45:201.1 - 45:201.13.

E. 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.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health, Bureau of Health Services Financing, LR 51:

### **Subchapter D. Reimbursement**

#### **§523. General Provisions**

A. - C. ...

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

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health, Bureau of Health Services Financing, LR 47:1639 (November 2021), amended LR 50:1472 (October 2024), amended LR 51:

Implementation of the provisions of this Rule may be contingent upon the approval of the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS), if it is determined that submission to CMS for review and approval is required.

#### **Family Impact Statement**

In compliance with Act 1183 of the 1999 Regular Session of the Louisiana Legislature, the impact of this proposed Rule on the family has been considered. It is anticipated that this proposed Rule will have no impact on family functioning, stability and autonomy as described in R.S. 49:972.

#### **Poverty Impact Statement**

In compliance with Act 854 of the 2012 Regular Session of the Louisiana Legislature, the poverty impact of this proposed Rule has been considered. It is anticipated that this

proposed Rule will have no impact on child, individual, or family poverty in relation to individual or community asset development as described in R.S. 49:973.

#### **Small Business Impact Statement**

In compliance with the Small Business Protection Act, the economic impact of this proposed Rule on small businesses has been considered. It is anticipated that this proposed Rule will have an impact on small businesses, since this proposed Rule allows transportation network companies to provide non-emergency medical transportation.

#### **Provider Impact Statement**

In compliance with House Concurrent Resolution (HCR) 170 of the 2014 Regular Session of the Louisiana Legislature, the provider impact of this proposed Rule has been considered. It is anticipated that this proposed Rule will have a positive impact on the staffing level requirements or qualifications required to provide the same level of service since it allows transportation network companies to provide non-emergency medical transportation, no direct or indirect cost to the provider to provide the same level of service, and will have no impact on the provider's ability to provide the same level of service as described in HCR 170.

#### **Public Comments**

Interested persons may submit written comments to Kimberly Sullivan, JD, Bureau of Health Services Financing, P.O. Box 91030, Baton Rouge, LA 70821-9030. Ms. Sullivan is responsible for responding to inquiries regarding this proposed Rule. The deadline for submitting written comments is September 19, 2025.

#### **Public Hearing**

Interested persons may submit a written request to conduct a public hearing by U.S. mail to the Office of the Secretary ATTN: LDH Rulemaking Coordinator, Post Office Box 629, Baton Rouge, LA 70821-0629; however, such request must be received no later than 4:30 p.m. on September 9, 2025. If the criteria set forth in R.S. 49:961(B)(1) are satisfied, LDH will conduct a public hearing at 9:30 a.m. on September 25, 2025 in Room 118 of the Bienville Building, which is located at 628 North Fourth Street, Baton Rouge, LA. To confirm whether or not a public hearing will be held, interested persons should first call Allen Enger at (225) 342-1342 after September 19, 2025. If a public hearing is to be held, all interested persons are invited to attend and present data, views, comments, or arguments, orally or in writing.

Bruce D. Greenstein  
Secretary

### **FISCAL AND ECONOMIC IMPACT STATEMENT FOR ADMINISTRATIVE RULES**

#### **RULE TITLE: Medical Transportation Program Non-Emergency Medical Transportation**

#### **I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENT UNITS (Summary)**

It is anticipated that implementation of this proposed rule will have no programmatic fiscal impact to the state other than the cost of promulgation for FY 25-26. In FY 25-26 \$1,080 (\$540 SGF and \$540 FED) will be expended for the state's administrative expense for promulgation of this proposed rule and the final rule.

This proposed rule adds the category of Transportation Network Companies into the brokered transportation networks used in managed care, fee-for-service, and existing programs as an additional category of non-emergency medical transportation. The number of trips required by Medicaid recipients is expected to remain the same, but they will have more options for receiving transportation services.

#### **II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE OR LOCAL GOVERNMENTAL UNITS (Summary)**

It is anticipated that the implementation of this proposed rule will have no effect on revenue collections other than the federal share of the promulgation costs for FY 25-26. In FY 25-26, \$540 will be collected for the federal share of the expense for promulgation of this proposed rule and the final rule.

#### **III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS, SMALL BUSINESSES, OR NONGOVERNMENTAL GROUPS (Summary)**

This proposed rule adds the category of Transportation Network Companies into the brokered transportation networks used in managed care, fee-for-service, and existing programs as an additional category of non-emergency medical transportation. The number of trips required by Medicaid recipients is expected to remain the same, but they will have more options for receiving transportation services. This is expected to have a positive impact on beneficiaries, as these providers can be utilized to complete trips that traditional providers are unable to fulfill in the case of vehicle malfunctions or other unforeseen emergencies. It is anticipated this proposed rule will have no fiscal impact in FY 25-26, FY 26-27, and FY 27-28 since the number of services provided and the fees for those services are not changing.

#### **IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)**

This proposed rule has no known effect on competition and employment.

Kimberly Sullivan, JD  
Medicaid Executive Director  
2508#057

Alan M. Boxberger  
Legislative Fiscal Officer  
Legislative Fiscal Office