



Louisiana Department of Health
Informational Bulletin 15-16
Revised September 25, 2020

Medicaid Transportation Coverage

Medicaid beneficiaries will receive transportation based on their enrollment as shown in the table below. For information on scheduling transportation with the managed care organizations (MCO), please refer to [Informational Bulletin 12-8](#). To schedule transportation with Southeastrans, please call 1-855-325-7626.

Medicaid Transportation Coverage

Beneficiary Enrollment	Non-Ambulance	Non-Emergency Ambulance	Emergency Ambulance
<i>Managed care for physical and behavioral health</i>	Managed Care Organization	Managed Care Organization	Managed Care Organization
<i>Managed care for physical only (CSOC children)</i>	Managed Care Organization	Managed Care Organization	Managed Care Organization
<i>Managed care for behavioral health only</i>	Managed Care Organization	Managed Care Organization	Legacy Medicaid
			Effective 8/1/2018, Managed Care Organization during the month of the enrollee's nursing home admission; subsequent months, Legacy Medicaid***
<i>Nursing home residents</i>	Included in facility per diem	Managed Care Organization	
<i>Children in ICF-IID*</i>	Included in facility per diem	Managed Care Organization	Legacy Medicaid

Louisiana Department of Health
Revisions are underscored.

Healthy Louisiana

Page 1 of 2
Deleted text indicated by ~~striethrough~~.

Adults in ICF-IID	Included in facility per diem	Legacy Medicaid <u>Southeastrans</u>	Legacy Medicaid
Excluded populations **	Legacy Medicaid	Legacy Medicaid <u>Southeastrans</u>	Legacy Medicaid

*ICF/IID: Intermediate Care Facility for Individuals with Intellectual Disabilities

**Enrollees of the Take Charge Family Planning program, Medically Needy Spend-Down Program, and Refugees are excluded from managed care.

***During the single transitional month where an enrollee is both in a P-linkage and certified in LTC, the MCO will remain responsible for all transportation services that are not the responsibility of the nursing facility ([HPA 18-11](#)).