

Supersedes TN No. _____

Revision:

ATTACHMENT 3.1-D

Page

OMB No.:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

State/Territory: _____

3.1D Transportation is provided as an administrative activity in accordance with 1902(a)(4)(A) of the Act and 42 CFR 431.53

Not Provided

Provided (If the State attests that transportation is provided as an administrative activity, **then** a text box with header appears for the State to supply supplemental information.)

Instructions: Describe how the NEMT program operates including services provided, any limitations, and the payment methodology. Describe emergency and non-emergency transportation separately. Include any inter-agency or cooperative agreements with other agencies and contracts.

TN# _____

Supersedes TN # _____

Approval Date _____

Effective Date _____