

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 \_\_\_\_\_