

## **Table of Contents**

**State/Territory Name: Arkansas**

**State Plan Amendment (SPA) #: 25-0015**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

**DEPARTMENT OF HEALTH & HUMAN SERVICES**

Centers for Medicare & Medicaid Services  
601 E. 12th St., Room 355 (300)  
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

---

March 26, 2026

Janet Mann  
Director of Health and Medicaid Director  
Arkansas Department of Human Services  
112 West 8th Street, Slot S401  
Little Rock, AR 72201-4608

Re: Arkansas State Plan Amendment (SPA) AR-25-0015

Dear Director Mann:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) AR-25-0015. This amendment updates Arkansas's Medication Assisted Treatment (MAT) pages using the CMS-issued template.

We conducted our review of your submittal according to statutory requirements in section 1902(a) of the Social Security Act subsection 29 and implementing regulations. This letter informs you that Arkansas' Medicaid SPA TN AR-25-0015 was approved on March 26, 2026, with an effective date of October 1, 2025.

Enclosed are copies of Form CMS-179 and approved SPA pages to be incorporated into the Arkansas State Plan.

If you have any questions, please contact Lee Herko at (570) 230-4048 or via email at [Lee.Herko@cms.hhs.gov](mailto:Lee.Herko@cms.hhs.gov).

Sincerely,

Nicole McKnight  
On Behalf of Courtney Miller, MCOG Director

Enclosures

cc: Elizabeth Pitman, ADHS

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL  
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER 25-0015 2. STATE AR

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT  XIX  XXI

TO: CENTER DIRECTOR  
CENTERS FOR MEDICAID & CHIP SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE  
10/1/2025

5. FEDERAL STATUTE/REGULATION CITATION  
1905(a)(29)

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)  
a. FFY 2026 \$0  
b. FFY 2027 \$0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  
See attached.

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  
See attached.

9. SUBJECT OF AMENDMENT  
Medication Assisted Treatment (MAT) template

10. GOVERNOR'S REVIEW (Check One)  
 GOVERNOR'S OFFICE REPORTED NO COMMENT  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL  
 OTHER, AS SPECIFIED:

11. SIGNATURE OF OFFICIAL  
  
12. TYPED NAME  
Elizabeth Pitman  
13. TITLE  
Director, Division of Medical Services  
14. DATE SUBMITTED  
12-30-25

15. RETURN TO  
Office of Rules Promulgation  
PO Box 1437, Slot S295  
Little Rock, AR 72203-1437  
Attn: Mac Golden

**FOR CMS USE ONLY**

16. DATE RECEIVED  
December 30, 2025

17. DATE APPROVED  
March 26, 2026

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL  
October 1, 2025

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL  
Nicole McKnight

21. TITLE OF APPROVING OFFICIAL  
On Behalf of Courtney Miller, MCOG Director

22. REMARKS

AR SPA #25-0015 - Medication Assisted Treatment (MAT) template

Field 7	Field 8
Attachment 3.1A, Page 14	
Supplement 5 to Attachment 3.1A, Pages 1-4	Supplement 5 to Attachment 3.1A, Pages 1-6
Attachment 3.1B, Page 13	
Supplement 1 to Attachment 3.1B, Pages 1-4	Supplement 1 to Attachment 3.1B, Pages 1-6
Attachment 4.19B, Page 17a	Attachment 4.19B, Page 17a

**TRANSMITTAL AR- 25-0015**

**EXPLANATION OF FEDERAL BUDGET IMPACT (BLOCK 7)**

Centers for Medicare and Medicaid Services (CMS) mandated a new template for states to attest compliance with Section 1905(a)(29) Medication Assisted Treatment (MAT). The new template removes the September 30, 2025, end date for federal coverage of Medicaid Assisted Treatment.

We have estimated an annual total computable budget impact of \$ 0\_\_\_\_\_.

**FFY 2024 (12 months)**  
Federal Share (72.00%)    \$0

**FFY 2025 (12 months)**  
Federal Share (72.00%)    \$0

State Plan under Title XIX of the Social Security Act  
State/Territory: Arkansas

**Section 1905(a)(29) Medication Assisted Treatment (MAT)**

Citation: 3.1-A Amount, Duration, and Scope of Services

**[Please check the box below to indicate if this benefit is provided for the categorically needy (3.1-A) or medically needy only (3.1-B)]**

1905(a)(29) MAT as described and limited in \_\_Supplement 5 \_\_ to Attachment 3.1-A.

PRA Disclosure Statement - This use of this form is mandatory and the information is being collected to assist the Centers for Medicare & Medicaid Services in implementing section §1905(a)(29) of the Social Security Act. Under the Privacy Act of 1974, any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 #68). Public burden for all of the collection of information requirements under this control number is estimated to take about 25 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

TN: 25-0015  
Supersedes TN: 23-0017

Approval Date: 3/26/2026  
Effective Date: 10/1/2025

**State Plan under Title XIX of the Social Security Act  
State/Territory: Arkansas**

**Section 1905(a)(29) Medication Assisted Treatment (MAT)**

**General Assurances**

**[Select all three checkboxes below.]**

MAT is covered under the Medicaid state plan for all Medicaid beneficiaries who meet the medical necessity criteria for receipt of the service for the period beginning October 1, 2020.

The state assures coverage of Naltrexone, Buprenorphine, and Methadone and all of the forms of these drugs for MAT that are approved under section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355) and all biological products licensed under section 351 of the Public Health Service Act (42 U.S.C. 262).

The state assures that Methadone for MAT is provided by Opioid Treatment Programs that meet the requirements in 42 C.F.R. Part 8.

**Service Package**

The state covers the following counseling services and behavioral health therapies as part of MAT: **[Please describe in the text fields as indicated below.]**

Please set forth each service and components of each service (if applicable), along with a description of each service and component service.

Individual Behavioral Health Counseling, Group Behavioral Health Counseling, Marital/Family Behavioral Health Counseling that involves the participation of a non-Medicaid eligible is for the direct benefit of the client. The service must actively involve the client in the sense of being tailored to the client's individual needs. There may be times when, based on clinical judgment, the client is not present during the delivery of the service, but remains the focus of the service.

PRA Disclosure Statement - This use of this form is mandatory and the information is being collected to assist the Centers for Medicare & Medicaid Services in implementing section §1905(a)(29) of the Social Security Act. Under the Privacy Act of 1974, any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 #68). Public burden for all of the collection of information requirements under this control number is estimated to take about 25 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

TN: 25-0015  
Supersedes TN: 23-0017

Approval Date: 3/26/2026  
Effective Date: 10/1/2025

**State Plan under Title XIX of the Social Security Act  
State/Territory: Arkansas**

**Section 1905(a)(29) Medication Assisted Treatment (MAT)**

Please include each practitioner and provider entity that furnishes each service and component service.

1. Physicians, Physician Assistants, and Nurse Practitioners may provide counseling and behavioral health therapies.
2. Licensed Behavioral Health Practitioners: Licensed Psychologists (LP), Licensed Psychological Examiners – Independent (LPEI), Licensed Professional Counselors (LPC), Licensed Certified Social Workers (LCSW), Licensed Marital and Family Therapists (LMFT), This group's role is to provide the behavioral and substance use disorder counseling required

PRA Disclosure Statement - This use of this form is mandatory and the information is being collected to assist the Centers for Medicare & Medicaid Services in implementing section §1905(a)(29) of the Social Security Act. Under the Privacy Act of 1974, any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 #68). Public burden for all of the collection of information requirements under this control number is estimated to take about 25 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

**State Plan under Title XIX of the Social Security Act  
State/Territory: Arkansas**

**Section 1905(a)(29) Medication Assisted Treatment (MAT)**

Please include a brief summary of the qualifications for each practitioner or provider entity that the state requires. Include any licensure, certification, registration, education, experience, training and supervisory arrangements that the state requires.

Physicians and Nurse Practitioners must be Licensed in Arkansas. Physician Assistants must have a legal agreement to practice under an Arkansas Licensed Physician per Arkansas statute. Licensed Psychologists (LP), Licensed Psychological Examiners – Independent (LPEI), Licensed Professional Counselors (LPC), Licensed Certified Social Workers (LCSW), and Licensed Marital and Family Therapists (LMFT) must possess a current and valid Arkansas license.

PRA Disclosure Statement - This use of this form is mandatory and the information is being collected to assist the Centers for Medicare & Medicaid Services in implementing section §1905(a)(29) of the Social Security Act. Under the Privacy Act of 1974, any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 #68). Public burden for all of the collection of information requirements under this control number is estimated to take about 25 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

TN: 25-0015  
Supersedes TN: 23-0017

Approval Date: 3/26/2026  
Effective Date: 10/1/2025

**State Plan under Title XIX of the Social Security Act  
State/Territory: Arkansas**

**Section 1905(a)(29) Medication Assisted Treatment (MAT)**

**Utilization Controls**

**[Select all applicable checkboxes below.]**

- The state has drug utilization controls in place. (Check each of the following that apply)
- Generic first policy
  - Preferred drug lists
  - Clinical criteria
  - Quantity limits
- The state does not have drug utilization controls in place.

**Limitations**

**[Describe the state's limitations on amount, duration, and scope of MAT drugs, biologicals, and counseling and behavioral therapies related to MAT.]**

**Quantity limits for MAT drugs are set per label. The oral drugs have a therapeutic duplication edit to prevent multiple buprenorphine oral dosage forms. There are no hard limitations for counseling and behavioral therapies related to MAT because authorizations of medically necessary services are available.**

PRA Disclosure Statement - This use of this form is mandatory and the information is being collected to assist the Centers for Medicare & Medicaid Services in implementing section §1905(a)(29) of the Social Security Act. Under the Privacy Act of 1974, any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 #68). Public burden for all of the collection of information requirements under this control number is estimated to take about 25 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

TN: 25-0015  
Supersedes TN: 23-0017

Approval Date: 3/26/2026  
Effective Date: 10/1/2025

State Plan under Title XIX of the Social Security Act  
State/Territory: Arkansas

**Section 1905(a)(29) Medication Assisted Treatment (MAT)**

Citation: 3.1-B Amount, Duration, and Scope of Services

**[Please check the box below to indicate if this benefit is provided for the categorically needy (3.1-A) or medically needy only (3.1-B)]**

1905(a)(29) MAT as described and limited in \_\_Supplement 1 \_\_ to Attachment 3.1-B.

PRA Disclosure Statement - This use of this form is mandatory and the information is being collected to assist the Centers for Medicare & Medicaid Services in implementing section §1905(a)(29) of the Social Security Act. Under the Privacy Act of 1974, any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 #68). Public burden for all of the collection of information requirements under this control number is estimated to take about 25 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

TN: 25-0015  
Supersedes TN: 23-0017

Approval Date: 3/26/2026  
Effective Date: 10/1/2025

**State Plan under Title XIX of the Social Security Act  
State/Territory: Arkansas**

**Section 1905(a)(29) Medication Assisted Treatment (MAT)**

**General Assurances**

**[Select all three checkboxes below.]**

MAT is covered under the Medicaid state plan for all Medicaid beneficiaries who meet the medical necessity criteria for receipt of the service for the period beginning October 1, 2020.

The state assures coverage of Naltrexone, Buprenorphine, and Methadone and all of the forms of these drugs for MAT that are approved under section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355) and all biological products licensed under section 351 of the Public Health Service Act (42 U.S.C. 262).

The state assures that Methadone for MAT is provided by Opioid Treatment Programs that meet the requirements in 42 C.F.R. Part 8.

**Service Package**

The state covers the following counseling services and behavioral health therapies as part of MAT: **[Please describe in the text fields as indicated below.]**

Please set forth each service and components of each service (if applicable), along with a description of each service and component service.

Individual Behavioral Health Counseling, Group Behavioral Health Counseling, Marital/Family Behavioral Health Counseling that involves the participation of a non-Medicaid eligible is for the direct benefit of the client. The service must actively involve the client in the sense of being tailored to the client's individual needs. There may be times when, based on clinical judgment, the client is not present during the delivery of the service, but remains the focus of the service.

PRA Disclosure Statement - This use of this form is mandatory and the information is being collected to assist the Centers for Medicare & Medicaid Services in implementing section §1905(a)(29) of the Social Security Act. Under the Privacy Act of 1974, any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 #68). Public burden for all of the collection of information requirements under this control number is estimated to take about 25 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

TN: 25-0015  
Supersedes TN: 23-0017

Approval Date: 3/26/2026  
Effective Date: 10/1/2025

**State Plan under Title XIX of the Social Security Act  
State/Territory: Arkansas**

**Section 1905(a)(29) Medication Assisted Treatment (MAT)**

Please include each practitioner and provider entity that furnishes each service and component service.

1. Physicians, Physician Assistants, and Nurse Practitioners may provide counseling and behavioral health therapies.
2. Licensed Behavioral Health Practitioners: Licensed Psychologists (LP), Licensed Psychological Examiners – Independent (LPEI), Licensed Professional Counselors (LPC), Licensed Certified Social Workers (LCSW), Licensed Marital and Family Therapists (LMFT), This group's role is to provide the behavioral and substance use disorder counseling required

PRA Disclosure Statement - This use of this form is mandatory and the information is being collected to assist the Centers for Medicare & Medicaid Services in implementing section §1905(a)(29) of the Social Security Act. Under the Privacy Act of 1974, any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 #68). Public burden for all of the collection of information requirements under this control number is estimated to take about 25 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

**State Plan under Title XIX of the Social Security Act  
State/Territory: Arkansas**

**Section 1905(a)(29) Medication Assisted Treatment (MAT)**

Please include a brief summary of the qualifications for each practitioner or provider entity that the state requires. Include any licensure, certification, registration, education, experience, training and supervisory arrangements that the state requires.

Physicians and Nurse Practitioners must be Licensed in Arkansas. Physician Assistants must have a legal agreement to practice under an Arkansas Licensed Physician per Arkansas statute. Licensed Psychologists (LP), Licensed Psychological Examiners – Independent (LPEI), Licensed Professional Counselors (LPC), Licensed Certified Social Workers (LCSW), and Licensed Marital and Family Therapists (LMFT) must possess a current and valid Arkansas license.

PRA Disclosure Statement - This use of this form is mandatory and the information is being collected to assist the Centers for Medicare & Medicaid Services in implementing section §1905(a)(29) of the Social Security Act. Under the Privacy Act of 1974, any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 #68). Public burden for all of the collection of information requirements under this control number is estimated to take about 25 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

TN: 25-0015  
Supersedes TN: 23-0017

Approval Date: 3/26/2026  
Effective Date: 10/1/2025

**State Plan under Title XIX of the Social Security Act  
State/Territory: Arkansas**

**Section 1905(a)(29) Medication Assisted Treatment (MAT)**

**Utilization Controls**

**[Select all applicable checkboxes below.]**

- The state has drug utilization controls in place. (Check each of the following that apply)
- Generic first policy
  - Preferred drug lists
  - Clinical criteria
  - Quantity limits
- The state does not have drug utilization controls in place.

**Limitations**

**[Describe the state's limitations on amount, duration, and scope of MAT drugs, biologicals, and counseling and behavioral therapies related to MAT.]**

**Quantity limits for MAT drugs are set per label. The oral drugs have a therapeutic duplication edit to prevent multiple buprenorphine oral dosage forms. There are no hard limitations for counseling and behavioral therapies related to MAT because authorizations of medically necessary services are available.**

PRA Disclosure Statement - This use of this form is mandatory and the information is being collected to assist the Centers for Medicare & Medicaid Services in implementing section §1905(a)(29) of the Social Security Act. Under the Privacy Act of 1974, any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 #68). Public burden for all of the collection of information requirements under this control number is estimated to take about 25 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

TN: 25-0015  
Supersedes TN: 23-0017

Approval Date: 3/26/2026  
Effective Date: 10/1/2025

STATE ARKANSAS

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -  
OTHER TYPES OF CARE

October 1, 2025

30. 1905(a)(29) Medication-Assisted Treatment (MAT)

Effective for dates of service on or after October 1, 2020, reimbursement is based on the rate methodology used for individual MAT services provided within other sections of the Medicaid State Plan, Attachment 4.19-B:

- Pages 1aaa through 1aaaa:
  - Rural Health Clinic Services and other ambulatory services that are covered under the plan and furnished by a rural health clinic
- Pages 1b through 1bbbb:
  - Federally Qualified Health Center (FQHC) services and other ambulatory services that are covered under the plan and furnished by an FQHC in accordance with section 4231 of the State Medicaid Manual (HCFA-Pub-45-4) (continued)
- Pages 1c through 1ccc:
  - Laboratory and X-ray Services and Other Tests
- Page 2, 2.1, 2c:
  - Physician's Services
- Pages 4 through 4aaa:
  - Reimbursement for unbundled prescribed drugs and biologicals used to treat opioid use disorder (OUD) will be reimbursed using the same methodology as described for prescribed drugs as referenced in Attachment 4.19-B, Pages 4-4aaa, Section 12.a. for both dispensed and administered prescribed drugs.
- Page 5aa:
  - Outpatient Behavioral Health Services (Other diagnostic, screening, preventative and rehabilitative services)
- Page 14:
  - Advance Practice Nurse and Registered Nurse Practitioner licensed as such by the Arkansas State Board of Nursing

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Outpatient Behavioral Health Provider Agencies authorized to dispense unbundled prescribed drugs and biologicals used to treat opioid use disorder (OUD). The agency's fee schedule rate was set as of 5/27/2021 and is effective for services provided on or after that date. All rates are published on the agency's website: <https://humanservices.arkansas.gov/divisions-shared-services/medical-services/helpful-information-for-providers/fee-schedules/>