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State/Territory Name: Arkansas

State Plan Amendment (SPA) #: 26-0004

This file contains the following documents in the order listed:

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106

CENTERS FOR MEDICARE & MEDICAID SERVICES
CENTER FOR MEDICAID & CHIP SERVICES

Medicaid and CHIP Operations Group

July 22, 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-26-0004

Dear Director Mann:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) AR-26-0004. This amendment requests to add doula services and breastfeeding and lactation consultant services in accordance with section 1905(a)(13) of the Social Security Act.

We conducted our review of your submittal according to statutory requirements in section 1902(a)(10)(A)(i)(IV) of the Social Security Act and implementing regulations. This letter informs you that Arkansas' Medicaid SPA TN AR-26-0004 was approved on July 22, 2026, with an effective date of March 1, 2026.

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.

Sincerely,

Falecia M. Smith
Acting Director, Division of Program Operations

Enclosures

cc: Elizabeth Pitman

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB No. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES

1. TRANSMITTAL NUMBER: 26 — 0004

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
3/1/2026

5. FEDERAL STATUTE/REGULATION CITATION
Section 1905(a)(13) of the Act

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2026 $ 19,194,939
b. FFY 2027 $ 33,518,758

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*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
Doula Services and Breastfeeding and Lactation Consultants

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:

12. TYPED NAME
Elizabeth Pitman

13. TITLE
Director, Division of Medical Services

14. DATE SUBMITTED
2-10-2026

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
February 10, 2026

17. DATE APPROVED
July 22, 2026

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
March 1, 2026

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL

21. TITLE OF APPROVING OFFICIAL

22. REMARKS

Instructions on Back

CMS-179 – Attachment – Doula Services and Breastfeeding and Lactation Consultants

7.Page # of Plan Section/Attach.	8.Page # of Superseded Plan Section
Attachment 3.1A Page 6	Attachment 3.1A Page 6 (3-1-94) TN#94-06
Attachment 3.1A Page 6a1	Attachment 3.1A Page 6a1 (10-1-23) TN#23-0019
Attachment 3.1A Page 6a1A	New Page
Attachment 3.1A Page 6a1C	New Page
Attachment 3.1A Page 6a1G	New Page
Attachment 3.1B Page 5d1	Attachment 3.1B Page 5d1 (10-1-23) TN#23-0019
Attachment 3.1B Page 5d1A	New Page
Attachment 3.1B page 5d1C	New Page
Attachment 3.1B Page 5d1G	New Page
Attachment 4.19B Page 5	Attachment 4.19B Page 5 (10-1-23) TN#23-0019

AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY SERVICES PROVIDED

b. Screening Services

___ Provided ___No Limitations ___ With Limitations* _X_ Not Provided

c. Preventive services

_X_ Provided ___No Limitations _X_ With Limitations* _ _ Not Provided

d. Rehabilitative services

_X_ Provided ___No Limitations _X_ With Limitations* ___ Not Provided

14. Services for individuals age 65 or older in institutions for mental diseases

a. Inpatient hospital services

___ Provided ___No Limitations ___ With Limitations* _X_ Not Provided

b. Nursing facility services

c. ___ Provided ___No Limitations ___ With Limitations* _X_ Not Provided

*Description provided on attachment

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED

Revised: March 1, 2026

CATEGORICALLY NEEDY

13. Other diagnostic, screening, preventive and rehabilitative services, i.e., other than those provided elsewhere in this plan. (Continued)

a. Diagnostic services – Not Provided.
b. Screening services - Not Provided.
c. Preventive services - Provided, with limitation.

Vaccines:

Arkansas covers vaccines and vaccine administration which includes approved vaccines recommended by the Advisory Committee on Immunization Practices (an advisory committee established by the Secretary, acting through the Director of the Centers for Disease Control and Prevention).

13. Other diagnostic, screening, preventive and rehabilitative services, i.e., other than those provided elsewhere in this plan. (Continued)

c. Preventive Services—Provided with Limitation (continued)

Certified Community-based Doulas:

A Certified Community-based Doula is a trained professional who provides emotional, physical, and informational support during the prenatal, labor, delivery, and postpartum periods. Certified Community-based Doula services must be recommended by a physician or other licensed practitioner of the healing arts acting within their scope of practice under state law.

Certified community-based doulas shall provide only the following services:

1. Childbirth education;
2. Assistance with navigating the healthcare system;
3. Client advocacy before, during, and after the birth of a child;
4. Connection with community resources; and
5. Continuous emotional and physical support throughout labor and birth and intermittently during the prenatal and postpartum periods.

Services shall include support during a hospital delivery and during the prenatal and postpartum periods as defined through rules established by the Arkansas Department of Human Services.

To be eligible to provide services, Doulas must be:

(1) Certified by the Department of Health in accordance with state law; and (2) At least eighteen (18) years of age and have an NPI number.

13. Other diagnostic, screening, preventive and rehabilitative services, i.e., other than those provided elsewhere in this plan. (Continued)

c. Preventive Services—Provided with Limitation (continued)

Breastfeeding and Lactation Consultants:

A breastfeeding and lactation consultant is a trained professional specializing in providing medically appropriate care to aid in milk expression or infant nutrition. Breastfeeding and Lactation Consultant services must be recommended by a physician or other licensed practitioner of the healing arts acting within their scope of practice under state law.

Breastfeeding and lactation consultant services are medically appropriate outpatient services or hospital services, or both, provided by a breastfeeding and lactation consultant during pregnancy and through the extended postpartum period to aid in milk expression or infant nutrition. Components of Breastfeeding and Lactation Consultant services include individual outpatient consultation and group classes.

To be eligible to provide services, Breastfeeding and Lactation Consultants must:

- Be at least eighteen (18) years of age and have an NPI number; and
- Have one of the following certifications:
    1. An International Board-Certified Lactation Consultant; or
    2. A Certified Lactation Counselor;
        - Certified Lactation Counselors must be certified by either the (1) International Breastfeeding Institute or (2) Academy of Lactation Policy and Practice;
        - Certified Lactation Counselors are required to be supervised by a Medicaid enrolled healthcare provider to receive reimbursement. Supervision is defined as being employed by one of the following:
            A. An agency led by an International Board-Certified Lactation Consultant;
            B. A physician, advanced practice nurse, or physician assistant
            C. A local health unit or
            D. A hospital

13. Other diagnostic, screening, preventive and rehabilitative services, i.e., other than those provided elsewhere in this plan. (Continued)

d. Rehabilitative Services

1. Rehabilitative Services for Persons with Mental Illness (RSPMI)

A comprehensive system of care for behavioral health services has been developed for use by RSPMI providers. The changes to the program were developed in coordination with providers, representatives of the Arkansas System of Care and other key stakeholders.

DMS is seeking first to revise service definitions and methods within this program to meet the needs of persons whose illnesses meet the definitions outlined in the American Psychiatric Association Diagnostic and Statistical Manual.

Covered mental health services do not include services provided to individuals aged 21 to 65 who reside in facilities that meet the Federal definition of an institution for mental disease. Coverage of RSPMI services within the rehabilitation section of Arkansas' state plan that are provided in IMD's will be discontinued as of September 1, 2011.

A. Scope

A range of mental health rehabilitative or palliative services is provided by a duly certified RSPMI provider to Medicaid-eligible beneficiaries suffering from mental illness, as described in the American Psychiatric Association Diagnostic and Statistical Manual (DSM-IV and subsequent revisions).

DMS has set forth in policy the settings in which each individual service may be provided. Each service shown below includes the place of service allowable for that procedure.

Services:

- SERVICE: Mental Health Evaluation/Diagnosis
  DEFINITION: The cultural, developmental, age and disability -relevant clinical evaluation and determination of a beneficiary's mental status; functioning in various life domains; and an axis five DSM diagnostic

MEDICALLY NEEDY

13. Other diagnostic, screening, preventive and rehabilitative services, i.e., other than those provided elsewhere in this plan. (Continued)

a. Diagnostic services – Not Provided.
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Vaccines:

Arkansas covers vaccines and vaccine administration which includes approved vaccines recommended by the Advisory Committee on Immunization Practices (an advisory committee established by the Secretary, acting through the Director of the Centers for Disease Control and Prevention).

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c. Preventive Services—Provided with Limitation (continued)

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       C. A local health unit or
       D. A hospital

13. Other diagnostic, screening, preventive and rehabilitative services, i.e., other than those provided elsewhere in this plan. (Continued)

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Services:

- SERVICE: Mental Health Evaluation/Diagnosis
  DEFINITION: The cultural, developmental, age and disability -relevant clinical evaluation and determination of a beneficiary's mental status; functioning in various life domains; and an axis five DSM diagnostic

12. Prescribed drugs, dentures, and prosthetic devices; and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist (Continued)

d. Eyeglasses

Arkansas provides eyeglasses when prescribed for vision correction through a competitively bid contract with an optical supply vendor.

13. Other diagnostic, screening, preventive and rehabilitative services, i.e., other than those provided elsewhere in this plan

a. Diagnostic Services - Not provided.
b. Screening Services - Not provided.
c. Preventive Services - Provided with limitations.

Arkansas covers vaccines and vaccine administration which includes approved vaccines recommended by the Advisory Committee on Immunization Practices (an advisory committee established by the Secretary, acting through the Director of the Centers for Disease Control and Prevention).

For dates of service on or after March 1, 2026, Arkansas reimburses certified community-based doulas and lactation and breastfeeding consultant services authorized under Section 13 of Attachments 3.1-A and 3.1-B using a state-developed fee schedule.

DHS selected Oklahoma doula rates in place prior to April 2025, including procedure codes and modifier structure. This selection is based on similar rural geography, established doula services programming, and similar payment rates to a neighboring state, Louisiana. While the billing rate basis varied across the comparator states did not allow for calculation of a specific common statistic, DHS reviewed the comparator state payment rates to assess for reasonableness.

For Lactation and breastfeeding services, DHS reviewed comparable state service rates. While the variation in the billing rate basis across the comparator states did not allow for calculation of a specific common statistic, DHS reviewed the comparator state payment rates to assess for reasonableness. DHS selected a rate between the rates of neighboring states, Missouri and Louisiana. The selected is also within the range of Illinois lactation services. All three comparison states are similar in rural versus urban geography and established lactation and breastfeeding counseling programming. Group rates were established based on an average group size of three.

Except as otherwise noted in the State Plan, fee schedule rates are the same for governmental and private providers. The agency's fee schedule was set as of March 1, 2026, and is effective for services furnished on or after March 1, 2026. All rates are published on the agency's website at: https://humanservices.arkansas.gov/divisions-shared-services/medical-services/helpful-information-for-providers/fee-schedules/

d. Rehabilitative Services

1. Rehabilitative Services for Persons with Mental Illness (RSPMI)

Reimbursement is based on the lower of the amount billed or the Title XIX (Medicaid) maximum allowable. Except as otherwise noted in the state plan, state developed fee schedule rates are the same for both governmental and private providers of RSPMI services. The agency's fee schedule rates were set as of April 1, 1988, and are effective for services provided on or after that date. All rates are published on the agency's website at: https://humanservices.arkansas.gov/divisions-shared-services/medical-services/helpful-information-for-providers/fee-schedules/ .

Effective for dates of service on or after April 1, 2004, reimbursement rates (payments) for inpatient visits in acute care hospitals by board certified psychiatrists shall be as ordered by the United States District Court for the Eastern District of Arkansas in the case of Arkansas Medical Society v. Reynolds. Refer to Attachment 4.19-B, Item 5, for physician reimbursement.

The State shall not claim FFP for any non-institutional service provided to individuals who are residents of facilities that meet the Federal definition of an institution for mental diseases or a psychiatric residential treatment facility as described in Federal regulations at 42 CFR 1440 and 14460 and 42 CFR 441 Subparts C and D. Reimbursement of RSPMI services that are provided in IMD's will be discontinued for services provided on or after September 1, 2011.
For RSPMI services provided in clinics operated by State operated teaching hospitals.

Effective for claims with dates of service on or after March 1, 2002, Arkansas State Operated Teaching Hospital psychiatric clinics that are not part of a hospital outpatient department shall be reimbursed based on reasonable costs. Medicaid shall issue interim payments at the established fee schedule rates. A year-end cost settlement shall be performed to reconcile interim payments with the provider's reasonable costs. The state will return to CMS the federal share of reconciled payments recouped from provider overpayments consistent with 42 CFR 433 Subpart F. The provider will be paid the lesser of actual costs identified using a CMS approved cost report or customary charges. Each Arkansas State Operated Teaching Hospital with qualifying psychiatric clinics shall submit an annual cost report. Said cost report shall be submitted within five (5) months after the close of the hospital's fiscal year. Failure to file the cost report within the prescribed period, except as expressly extended by the State Medicaid Agency, will result in suspension of reimbursement until the cost report is filed. The State Medicaid Agency will review the submitted cost report and make a tentative settlement within 60 days of the receipt of the cost report and will make final settlement in the following year after all Medicaid charges and payments have been processed. The final settlement will be calculated and made at the same time as the next year's tentative settlement is calculated and made.

Medical professionals affiliated with Arkansas State Operated Teaching Hospitals are not eligible for additional reimbursement for services provided in these clinics.