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State/Territory Name: Arkansas

State Plan Amendment (SPA) #: 26-0010

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
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

October 13, 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-26-0010

Dear Director Mann:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) AR-26-0010. This amendment requests to add Physician Assistants and Clinical Nurse Specialists to several benefits and updates pages generally to comport with current regulations. It also generally updates several benefit pages. This SPA's primary purpose is related to adding mid-level practitioner to the state's 3.1-F pages so they can serve as Primary Care Providers in the state's Primary Care Case Management Program.

We conducted our review of your submittal according to statutory requirements in section 1905(a) of the Social Security Act and implementing regulations. This letter informs you that Arkansas' Medicaid SPA TN AR-26-0010 was approved on October 8, 2026, with an effective date of July 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,

~
Director, Division of Program Operations

Enclosures

cc: Elizabeth Pitman

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES

1. TRANSMITTAL NUMBER

2 6 — 0 0 1 0

2. STATE

A R

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

07/01/2026

5. FEDERAL STATUTE/REGULATION CITATION

Section 1905(a) of the Social Security Act

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 addendum, attached.

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

See addendum, attached.

9. SUBJECT OF AMENDMENT

Physician Assistants and Clinical Nurse Specialists as Primary Care Providers

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 STATE AGENCY OFFICIAL

12. TYPED NAME
Elizabeth Pitm

13. TITLE
Director, Division of Medical Services

14. DATE SUBMITTED
5/15/2026

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

May 15, 2026

17. DATE APPROVED

October 8, 2026

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

July 1, 2026

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL

Megan K. Buck

21. TITLE OF APPROVING OFFICIAL

Director, Division of Program Operations

22. REMARKS

**Addendum to CMS-179, Fields #7-8
Transmittal Number AR-26-0010**

**7. Page Number of the Plan Section
or Attachment**

**8. Page Number of the Superseded Plan
Section or Attachment (If Applicable)**

Attachment 3.1-A, Page 1d

Attachment 3.1-A, Page 1d
Approved: 12/07/2023; TN: 23-0017

Attachment 3.1-A, Page 1e

Attachment 3.1-A, Page 1e
Approved: 09/21/2022; TN: 22-0010

Attachment 3.1-A, Page 1ee

Attachment 3.1-A, Page 1ee
Approved: 10/01/2023; TN: 23-0017

Attachment 3.1-A, Page 1eee

Attachment 3.1-A, Page 1eee
Approved: 12/08/2023; TN: 23-0019

Attachment 3.1-A, Page 2b

Attachment 3.1-A, Page 2b
Approved: 09/01/2022; TN: 22-0010

Attachment 3.1-A, Page 2c

Attachment 3.1-A, Page 2c
Approved: 09/27/2018; TN: 18-002

Attachment 3.1-A, Page 2e

Attachment 3.1-A, Page 2e
Approved: 09/21/2022; TN: 22-0010

Attachment 3.1-A, Page 2e1 (NEW)

N/A

Attachment 3.1-A, Page 3b1

Attachment 3.1-A, Page 3b1
Approved: 11/05/2024; TN: 24-0014

Attachment 3.1-A, Page 7d

Attachment 3.1-A, Page 7d
Approved: 12/15/2008; TN: 08-18

Attachment 3.1-B, Page 2d

Attachment 3.1-B, Page 2d
Approved: 12/07/2023; TN: 23-0017

Attachment 3.1-B, Page 2e

Attachment 3.1-B, Page 2e
Approved: 09/21/2022; TN: 22-0010

Attachment 3.1-B, Page 2ee

Attachment 3.1-B, Page 2ee
Approved: 12/07/2023; TN: 23-0017

Attachment 3.1-B, Page 2eee

Attachment 3.1-B, Page 2eee
Approved: 12/09/2021; TN: 21-0011

Attachment 3.1-B, Page 2xxxx

Attachment 3.1-B, Page 2xxxx
Approved: 09/21/2022; TN: 22-0010

Attachment 3.1-B, Page 2y

Attachment 3.1-B, Page 2y
Approved: 12/19/2008; TN: 08-18

Attachment 3.1-B, Page 3b

Attachment 3.1-B, Page 3b
Approved: 09/21/2022; TN: 22-0010

Attachment 3.1-B, Page 3b1 (NEW)

N/A

Attachment 3.1-B, Page 3d1

Attachment 3.1-B, Page 3d1
Approved: 11/05/2024; TN: 24-0014

Attachment 3.1-B, Page 6d

Attachment 3.1-B, Page 6d
Approved: 12/19/2008; TN: 08-18

Attachment 4.19-B, Page 14

Attachment 4.19-B, Page 14
Approved: 12/19/2008; TN: 08-18

Attachment 3.1-F, Page 20

Attachment 3.1-F, Page 20
Approved 2/28/19; TN: 18-0013

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

ATTACHMENT 3.1A
Page 1d

AMOUNT, DURATION, AND SCOPE OF
SERVICES PROVIDED

CATEGORICALLY NEEDY

Revised: July 1, 2026

2.a. Outpatient Hospital Services (Continued)

Non-Emergency Services

Outpatient hospital services other than those which qualify as emergency, outpatient surgical procedures and treatment, and therapy services are covered as non-emergency services.

Benefit Limit

Outpatient hospital services are limited to a total of twelve (12) visits a year. This yearly limit is based on the State Fiscal Year - July 1 through June 30.

For services beyond the twelve (12) visit limit, an extension of benefits may be provided following the medical necessity review process described in the state's provider manual.

Outpatient hospital services are not benefit-limited for beneficiaries eligible for Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services.

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
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STATE ARKANSAS**

**ATTACHMENT 3.1-A
Page 1e**

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED

Revised: July 1, 2026

CATEGORICALLY NEEDY

2.b. Rural Health Clinic (RHC) Services

Rural Health Clinic (RHC) services are limited to sixteen (16) encounters a year for beneficiaries twenty-one (21) years of age and older. This yearly limit is based on the State Fiscal Year (July 1 through June 30).

Extensions of the benefit limit are available if medically necessary. Beneficiaries eligible for Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services are not benefit-limited.

RHC services include Medicare core services and any other ambulatory service included in the state plan if the RHC offers such a service (e.g. dental, optometrist, etc.). The “other ambulatory services” provided by the RHC will count against the limit established in the plan for that service. For services beyond the benefit limit, an extension of benefits may be provided following the medical necessity review process described in the state’s provider manual.

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**ATTACHMENT 3.1-A
Page 1ee**

**AMOUNT, DURATION, AND SCOPE OF
SERVICES PROVIDED**

Revised: July 1, 2026

CATEGORICALLY NEEDY

2.c. Federally Qualified Health Center (FQHC) Services

Federally Qualified Health Center (FQHC) services and other ambulatory services are covered under the plan and furnished by a FQHC in accordance with Section 4231 of the State Medicaid Manual (HCFA – Pub. 45-4).

FQHC services include Medicare core services and any other ambulatory services included in the state plan if the FQHC offers such a service (e.g. dental, etc.).

Federally qualified health center services are limited to sixteen (16) encounters per client, per State Fiscal Year (July 1 through June 30) for clients twenty-one (21) years of age or older.

Extensions of the benefit limit are available if medically necessary. Beneficiaries eligible for Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services are not benefit-limited.

FQHC hospital visits are limited to one (1) day of care for inpatient hospital covered days regardless of the number of hospital visits rendered. The hospital visits do not count against the FQHC encounter benefit limit.

The “other ambulatory services” provided by the FQHC will count against the limit established in the plan for that service. For services beyond the benefit limit for those services, an extension of benefits may be provided following the medical necessity review process described in the state’s provider manual.

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ATTACHMENT 3.1-A
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AMOUNT, DURATION AND SCOPE OF
SERVICES PROVIDED

Revised: July 1, 2026

CATEGORICALLY NEEDY

RESERVED

AMOUNT, DURATION AND SCOPE OF
SERVICES PROVIDED

Revised: July 1, 2026

CATEGORICALLY NEEDY

5. a. Physicians' Services

Physicians' services are furnished by a physician within the scope of practice of medicine or osteopathy as defined by State law; and by or under the personal supervision of an individual licensed under State law to practice medicine or osteopathy.

Physicians' services provided in the office, a beneficiary's home, a hospital, a skilled nursing facility, or elsewhere are limited to sixteen (16) visits per State Fiscal Year (July 1 through June 30) for beneficiaries twenty-one (21) years of age or older.

For services beyond the established visit limit, extensions will be available following the medical necessity review process described in the state's provider manual.

The benefit limit will be in conjunction with the benefit limit established for advance practice registered nurses, Rural Health Clinics, medical services furnished by dentists, medical services furnished by optometrists, certified nurse midwives, physician assistants, clinical nurse specialists, Federally Qualified Health Centers, or any combination thereof.

Services are not benefit-limited for beneficiaries eligible for Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services.

Consultations, including interactive consultations (telemedicine), are limited to two (2) per recipient per year in a physician's office, advance practice registered nurse's office, patient's home, hospital, or nursing home. This yearly limit is based on the State Fiscal Year (July 1 through June 30). This limit is in addition to the yearly limit of sixteen (16) per SFY. Extensions of the benefit limit will be available if medically necessary following the medical necessity review process described in the state's provider manual.

Abortions are covered when the life of the mother would be endangered if the fetus were carried to term or for victims of rape or incest. The circumstances must be certified in writing by the woman's attending physician. Prior authorization is required.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
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ATTACHMENT 3.1-A
Page 2c

AMOUNT, DURATION AND SCOPE OF
SERVICES PROVIDED

Revised: July 1, 2026

CATEGORICALLY NEEDY

5. b. Medical and surgical services furnished by a dentist in accordance with Section 1905 (a)(5)(B) of the Act.

“Medical and surgical services of a dentist” means medical and surgical services furnished, by a doctor of dental medicine or dental surgery if the services are services that:

1. If furnished by a physician, would be considered physician's services.
2. Under the law of the State where they are furnished, may be furnished either by a physician or by a doctor of dental medicine or dental surgery; and
3. Are furnished by a doctor of dental medicine or dental surgery who is authorized to furnish those services in the State in which he or she furnished the services.”

Medical services furnished by a dentist are limited to sixteen (16) visits per State Fiscal Year (July 1 through June 30) for beneficiaries aged twenty-one (21) years and older. Extensions of the benefit limit may be provided if medically necessary, following the medical necessity review process described in the state's provider manual.

Services are not benefit-limited for beneficiaries eligible for Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services.

Surgical services furnished by a dentist are not benefit-limited.

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
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**ATTACHMENT 3.1-A
Page 2e**

**AMOUNT, DURATION AND SCOPE OF
SERVICES PROVIDED**

Revised: July 1, 2026

CATEGORICALLY NEEDY

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6. Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law. (Continued)
- b. Optometrist Services (Continued)
- (2) One eye exam every twelve (12) months for eligible beneficiaries under twenty-one (21) years of age in the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Program. Extensions of the benefit limit will be available if medically necessary for beneficiaries in the EPSDT Program.
- (3) Medical services provided by an optometrist are limited to sixteen (16) visits per State Fiscal Year (July 1 through June 30) for beneficiaries aged twenty-one (21) years or older.
- For services beyond the benefit limit, extensions may be available if medically necessary, following the medical necessity review process described in the state's provider manual. Beneficiaries eligible for Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services are not benefit-limited.
- c. Chiropractor Services
- (1) Services are limited to licensed chiropractors meeting minimum standards promulgated by the Secretary of HHS under Title XVIII.
- (2) Services are limited to treatment by means of manual manipulation of the spine which the chiropractor is legally authorized by the State to perform.
- (3) Effective for dates of service on or after July 1, 1996, chiropractic services will be limited to twelve (12) visits per State Fiscal Year (July 1 through June 30) for eligible Medicaid beneficiaries aged twenty-one (21) years or older. Beneficiaries eligible for Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services are not benefit-limited.
- (4) Effective for dates of service on or after January 1, 2018, chiropractic services do not require a referral by the client's primary care provider (PCP).
- d. Advanced Practice Registered Nurses (APRN)
- Advanced practice registered nurses must practice within the scope of their APRN license according to state law. Licensed advanced practice registered nurses who hold specialized certifications such as clinical nurse specialist and certified nurse midwife may additionally practice within the scope of their specialized certification.
- For beneficiaries aged twenty-one (21) years of age or older, services provided by an advanced practice registered nurse are limited to sixteen (16) visits per state fiscal year (July 1 through June 30).
- For services beyond the established benefit limit, extensions may be provided if medically necessary, following the medical necessity review process described in the state's provider manual. Beneficiaries eligible for Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services are not benefit-limited.

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED

July 1, 2026

CATEGORICALLY NEEDY

6. Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law. (Continued)

e. Physician Assistant

For beneficiaries twenty-one (21) years of age or older, services provided by a physician assistant are limited to sixteen (16) visits per state fiscal year (July 1 through June 30).

For services beyond the established benefit limit, extensions may be provided if medically necessary following the medical necessity review process described in the state's provider manual.

Beneficiaries eligible for Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services are not benefit-limited.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
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ATTACHMENT 3.1-A
Page 3b(1)

AMOUNT, DURATION AND SCOPE OF
SERVICES PROVIDED

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CATEGORICALLY NEEDY

6. Medical Care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law. (Continued)

6.d. Other Practitioners' Services (Continued)

- (11) Emergency Medical Technicians who are licensed to provide advanced life support and basic life support services.

- (12) Physician Assistant

Refer to Attachment 3.1-A, Page 2e1, Section 6, Item e.

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
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**ATTACHMENT 3.1-A
Page 7d**

**AMOUNT, DURATION AND SCOPE OF
SERVICES PROVIDED**

CATEGORICALLY NEEDY

Revised: July 1, 2026

17. Nurse Midwife Services

Nurse midwives must be licensed as Advanced practice registered nurses with specialized certification as certified nurse midwives, who are practicing within the scope of their APRN license according to state law.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
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ATTACHMENT 3.1-B
Page 2d

AMOUNT, DURATION, AND SCOPE OF
SERVICES PROVIDED

Revised: July 1, 2026

MEDICALLY NEEDY

2.a. Outpatient Hospital Services (Continued)

Non-Emergency Services

Outpatient hospital services other than those which qualify as emergency, outpatient surgical procedures and treatment, and therapy services are covered as non-emergency services.

Benefit Limit

Outpatient hospital services are limited to a total of twelve (12) visits a year. This yearly limit is based on the State Fiscal Year - July 1 through June 30.

For services beyond the 12-visit limit, an extension of benefits may be provided following the medical necessity review process described in the state's provider manual.

Outpatient hospital services are not benefit limited for beneficiaries eligible for Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services.

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**ATTACHMENT 3.1-B
Page 2e**

**AMOUNT, DURATION AND SCOPE OF
SERVICES PROVIDED**

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MEDICALLY NEEDY

2.b. Rural Health Clinic (RHC) Services

Rural Health Clinic (RHC) services are limited to sixteen (16) encounters a year for beneficiaries twenty-one (21) years of age and older. This yearly limit is based on the State Fiscal Year (July 1 through June 30).

Benefit limit extensions are available if medically necessary. Beneficiaries eligible for Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services are not benefit-limited.

RHC services include Medicare core services and any other ambulatory service included in the state plan if the RHC offers such a service (e.g. dental, optometrist, etc.). The “other ambulatory services” provided by the RHC will count against the limit established in the plan for the covered service. For services beyond the benefit limit, an extension of benefits may be provided following the medical review process described in the state’s provider manual pertinent to the particular service.

AMOUNT, DURATION, AND SCOPE OF
SERVICES PROVIDED

Revised: July 1, 2026

MEDICALLY NEEDY

2.c. Federally Qualified Health Center (FQHC) Services

Federally qualified health center (FQHC) services and other ambulatory services are covered under the plan and furnished by a FQHC in accordance with Section 4231 of the State Medicaid Manual (NCFA – Pub. 45-4).

FQHC services include Medicare core services and any other ambulatory services included in the state plan if the FQHC offers such a service (e.g. dental, etc.).

FQHC core services are limited to sixteen (16) encounters per client, per State Fiscal Year (July 1 through June 30) for beneficiaries twenty-one (21) years of age or older.

Extensions of the benefit limit are available if medically necessary. Beneficiaries eligible for Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services are not benefit-limited.

FQHC hospital visits are limited to one (1) day of care for inpatient hospital covered days regardless of the number of hospital visits rendered. The hospital visits do not count against the FQHC encounter benefit limit.

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AMOUNT, DURATION AND SCOPE OF
SERVICES PROVIDED

Revised: July 1, 2026

MEDICALLY NEEDY

RESERVED

AMOUNT, DURATION AND SCOPE OF
SERVICES PROVIDED

Revised: July 1, 2026

MEDICALLY NEEDY

5. a. Physicians' Services

Physician Services are furnished by a physician within the scope of practice of medicine or osteopathy as defined by State law; and by or under the personal supervision of an individual licensed under State law to practice medicine or osteopathy.

Physician's services provided in the office, a beneficiary's home, a hospital, a skilled nursing facility, or elsewhere are limited to sixteen (16) visits per state fiscal year (July 1 through June 30) for beneficiaries twenty-one (21) years of age or older.

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Abortions are covered when the life of the mother would be endangered if the fetus were carried to term or for victims of rape or incest. The circumstances must be certified in writing by the woman's attending physician. Prior authorization is required.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
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STATE ARKANSAS

ATTACHMENT 3.1-B
Page 2y

AMOUNT, DURATION AND SCOPE OF
SERVICES PROVIDED

Revised: July 1, 2026

MEDICALLY NEEDY

5. b. Medical and surgical services furnished by a dentist in accordance with Section 1905 (a)(5)(B) of the Act.

“Medical and surgical services of a dentist” means medical and surgical services furnished, by a doctor of dental medicine or dental surgery if the services are services that:

1. If furnished by a physician, would be considered physician's services.
2. Under the law of the State where they are furnished, may be furnished either by a physician or by a doctor of dental medicine or dental surgery; and
3. Are furnished by a doctor of dental medicine or dental surgery who is authorized to furnish those services in the State in which he or she furnished the services.”

Medical services furnished by a dentist are limited to sixteen (16) visits per State Fiscal Year (July 1 through June 30) for beneficiaries twenty-one (21) years of age and older. Extensions of the benefit limit may be provided if medically necessary, following the medical necessity review process described in the state’s provider manual.

Services are not benefit-limited for beneficiaries eligible for Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services.

Surgical services furnished by a dentist are not benefit-limited.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
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STATE ARKANSAS

ATTACHMENT 3.1-B
Page 3b

AMOUNT, DURATION AND SCOPE OF
SERVICES PROVIDED

Revised: July 1, 2026

MEDICALLY NEEDY

-
6. Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law. (Continued)
- b. Optometrist Services (Continued)
- (2) One eye exam every twelve (12) months for eligible beneficiaries under twenty-one (21) years of age in the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Program. Extensions of the benefit limit will be available if medically necessary for beneficiaries in the EPSDT Program.
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- c. Chiropractor Services
- (1) Services are limited to licensed chiropractors meeting minimum standards promulgated by the Secretary of HHS under Title XVIII.
- (2) Services are limited to treatment by means of manual manipulation of the spine which the chiropractor is legally authorized by the State to perform.
- (3) Effective for dates of service on or after July 1, 1996, chiropractic services will be limited to twelve (12) visits per State Fiscal Year (July 1 through June 30) for eligible Medicaid beneficiaries twenty-one (21) years of age and older. Beneficiaries eligible for Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services are not benefit-limited.
- (4) Effective for dates of service on or after January 1, 2018, chiropractic services do not require a referral by the beneficiary's primary care provider (PCP).
- d. Advanced Practice Registered Nurses (APRN)
- Advance practice registered nurses must practice within the scope of their APRN license according to state law. Licensed advanced practice registered nurses who hold specialized certifications such as clinical nurse specialist and certified nurse midwife may additionally practice within the scope of their specialized certification.
- For beneficiaries twenty-one (21) years of age or older, services provided by an advanced practice registered nurse are limited to sixteen (16) visits per state fiscal year (July 1 through June 30).
- For services beyond the established limit, extensions may be provided if medically necessary following the medical necessity review process described in the state's provider manual. Beneficiaries eligible for Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services are not benefit-limited.

AMOUNT, DURATION AND SCOPE OF
SERVICES PROVIDED

July 1, 2026

MEDICALLY NEEDY

6. Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law.
(Continued)

e. Physician Assistant

For beneficiaries twenty-one (21) years of age or older, services provided by a physician assistant are limited to sixteen (16) visits per state fiscal year (July 1 through June 30).

For services beyond the established benefit limit, extensions may be provided if medically necessary following the medical necessity review process described in the state's provider manual.

Beneficiaries eligible for Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services are not benefit limited.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
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ATTACHMENT 3.1-B
Page 3d(1)

AMOUNT, DURATION AND SCOPE OF
SERVICES PROVIDED

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MEDICALLY NEEDY

6. Medical Care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law. (Continued)

6.d. Other Practitioners' Services (Continued)

- (11) Emergency Medical Technicians who are licensed to provide advanced life support and basic life support services.
- (12) Physician Assistant

Refer to Attachment 3.1-B, Page 3b1, Section 6, Item e.

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
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STATE OF ARKANSAS**

**ATTACHMENT 3.1-B
Page 6d**

**AMOUNT, DURATION AND SCOPE OF
SERVICES PROVIDED**

Revised: July 1, 2026

MEDICALLY NEEDY

17. Nurse Midwife Services

Nurse midwives must be licensed as Advanced practice registered nurses with specialized certification as certified nurse midwives, who are practicing within the scope of their APRN license according to state law.

State: ARKANSAS

Citation	Condition or Requirement
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X.vii. Not applicable to this 1932 state plan amendment.

CFR 438.50(b)(4)

4. Describe the public process utilized for both the design of the program and its initial implementation. In addition, describe what methods the state will use to ensure ongoing public involvement once the state plan program has been implemented.

The State established a website as a 'one stop shop' for PCMH documents and information and includes multiple contacts where stakeholders can send suggestions. The State also established multiple contact numbers manned by service representatives to answer public/provider questions on PCMH program. These service representatives triage and escalate as needed, and catalogue questions for changes to the technical design, operational processes, or communications. The PCMH Provider Manual explaining the program in detail is posted on the website at:

(<https://humanservices.arkansas.gov/divisions-shared-services/medical-services/helpful-information-for-providers/patient-centered-medical-home/>)

Webinars on PCMH updates are also posted on a provider relations website (<https://medicaid.afmc.org/provider-relations-policy-education/webinars>).

State: Arkansas Date Received: 24 October, 2018 Date Approved: 28 February, 2019 Effective Date: 1 January, 2019 Transmittal Number: 18-0013
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METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -
OTHER TYPES OF CARE

Revised: July 1, 2026

27. Advanced Practice Nurse and Registered Nurse Practitioner licensed as such by the Arkansas State Board of Nursing.

Reimbursement is based on the lower of the amount billed or the Title XIX maximum allowable.

The Title XIX maximum is 80% of the physician fee schedule except for Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) procedure codes. Medicaid maximum allowable is the same for all EPSDT providers. Immunizations and Rhogam RhoD Immune Globulin are reimbursed at the same rate as the physician rate since the cost and administration of the drug does not vary between the advanced practice nurse and physician.

Except as otherwise noted in the State Plan, state developed fee schedule rates are the same for both governmental and private providers of services when provided by Advanced Practice Nurse. The agency's fee schedule rate was set as of April 1, 2004 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/>

28. Physician Assistant as licensed by the Arkansas Medical Board

Reimbursement is based on the lower of the amount billed or the Title XIX maximum allowable.

The Title XIX maximum is 80% of the physician fee schedule except for EPSDT procedure codes. Medicaid maximum allowable is the same for all EPSDT providers. Immunizations and Rhogam RhoD Immune Globulin are reimbursed at the same rate as the physician rate since the cost and administration of the drug does not vary between the physician assistant and the physician.

Except as otherwise noted in the State Plan, state-developed fee schedule rates are the same for both governmental and private providers of services when provided by Physician Assistants. The agency's fee schedule rate was set as of July 1, 2026, 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/>