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State/Territory Name: Arkansas

State Plan Amendment (SPA) #: 26-0013

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

August 18, 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-26-0013

Dear Director Mann:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) AR-26-0013. This amendment requests to establish coverage and payment for Inpatient Residential Treatment for Substance Use Disorder for Individuals under 21 Years of Age in Acute Care Hospitals which are not IMDs in accordance with section 1905(a)(1) of the Social Security Act.

We conducted our review of your submittal according to statutory requirements in section Title XIX of the Social Security Act and implementing regulations. This letter informs you that Arkansas' Medicaid SPA TN AR-26-0013 was approved on August 18, 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,

Megan K. Buck

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 <u>2 6 — 0 0 1 3</u>	2. STATE <u>A R</u>
		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 7-1-26	
5. FEDERAL STATUTE/REGULATION CITATION 1905(a)(1)		6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2026</u> \$ <u>0</u> b. FFY <u>2027</u> \$ <u>0</u>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT 3.1A-1a(0.5) 3.1B82a(0.5) 4.19A9a (1)		8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) New page New page New page	
9. SUBJECT OF AMENDMENT Hospital Based Residential Treatment for Substance Use Disorder			
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. TYPE NAME Elizabeth F. Mann 13. TITLE Director, Division of Medical Services 14. DATE SUBMITTED 6-8-26		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 June 8, 2026		17. DATE APPROVED August 18, 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			

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

ATTACHMENT 3.1-A
Page 1a (0.5)

AMOUNT, DURATION AND SCOPE OF
SERVICES PROVIDED

Revised:

July 1, 2026

CATEGORICALLY NEEDY

1. Inpatient Hospital Services (continued)

Substance Use Disorder Residential Treatment provided in Acute Care Hospitals for Individuals under age 21

For Inpatient Substance Use Disorder Residential Treatment Unit admissions will follow a 100% prior authorization process to determine medical necessity for inpatient admission utilizing the American Society of Addiction Medicine (ASAM) criteria. Inpatient Substance Use Disorder Residential Treatment Unit Services are not covered when provided in an Institution for Mental Disease (IMD).

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

ATTACHMENT 3.1-B
Page 2a (0.5)

AMOUNT, DURATION AND SCOPE OF
SERVICES PROVIDED

Revised: July 1, 2026

MEDICALLY NEEDY

1. Inpatient Hospital Services (continued)

Substance Use Disorder Residential Treatment provided in Acute Care Hospitals for Individuals under age 21

For Inpatient Substance Use Disorder Residential Treatment Unit admissions will follow a 100% prior authorization process to determine medical necessity for inpatient admission utilizing the American Society of Addiction Medicine (ASAM) criteria. Inpatient Substance Use Disorder Residential Treatment Unit Services are not covered when provided in an Institution for Mental Disease (IMD).

MEDICAL ASSISTANCE PROGRAM
STATE ARKANSAS

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METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -
INPATIENT HOSPITAL SERVICES

Revised: July 1, 2026

1. Inpatient Hospital Services (Continued)

**Substance Use Disorder Residential Treatment provided in Acute Care Hospitals for
Individuals under age 21**

Effective for dates of service on or after July 1, 2026, for Inpatient Substance Use Disorder Residential Treatment Unit that is in a separate licensed unit within the acute care hospital, the hospital will be reimbursed for this unit at the same hospital-specific per diem rate of \$850.00 with no cost settlement.