

DEPARTMENT OF HUMAN SERVICES, DIVISION OF MEDICAL SERVICES

SUBJECT: Telemedicine Exemption for Triage, Treat, and Transport Services (20 CAR pt. 648)

DESCRIPTION:

Statement of Necessity

The Division of Medical Services (DMS) implements Act 856 of 2025. The Act provides an exemption for ambulance providers to triage, treat, and transport a patient to an alternative destination without consulting a physician or behavioral health practitioner through telemedicine consultation. The exemption must be established through adoption of an approved protocol established by the Emergency Medical Services Council as approved by the medical director of the ambulance service.

Summary of Changes

DMS amends sections 214.100 and 214.110 of the Arkansas Medicaid Transportation Manual. The revisions provide that an ambulance service may adopt an exception to coordinating the care of the beneficiary through telemedicine by adopting one or more protocols developed by the Emergency Medical Services Advisory Council for 9-1-1 emergency medical situations, with the approval of the medical director of the ambulance service. An allowable encounter between an ambulance service and a beneficiary that results in no transport of the enrollee or triage and transport to an alternative destination may occur without a telehealth consultation if the ambulance service has adopted an exception to the coordination of a medical-based complaint through telemedicine.

PUBLIC COMMENT: A public hearing was held on this rule on March 25, 2026. The public comment period expired on April 12, 2026. The agency indicated that it received no public comments.

The proposed effective date is pending legislative review and approval.

FINANCIAL IMPACT: The agency indicated that this rule has no financial impact.

LEGAL AUTHORIZATION: The Department of Human Services has the responsibility to administer assigned forms of public assistance and is specifically authorized to maintain an indigent medical care program (Arkansas Medicaid). *See* Ark. Code Ann. §§ 20-76-201(1), 20-77-107(a)(1). The Department has the authority to make rules that are necessary or desirable to carry out its public assistance duties. Ark. Code Ann. § 20-76-201(12). The Department and its divisions also have the authority to promulgate rules as necessary to conform their programs to federal law and receive federal funding. Ark. Code Ann. § 25-10-129(b).

This rule implements Act 856 of 2025. The Act, sponsored by Representative Lee Johnson, established an exemption program for ambulance service's operators for certain healthcare services.



**ARKANSAS
DEPARTMENT OF
HUMAN
SERVICES**

Office of Policy and Rules

P.O. Box 1437, Slot S295, Little Rock, AR 72203-1437

P: 501.320.6383 F: 501.404.4619

March 13, 2026

Mrs. Rebecca Miller-Rice
Administrative Rules Review Section
Arkansas Legislative Council
Bureau of Legislative Research
#1 Capitol, 5th Floor
Little Rock, AR 72201

Dear Mrs. Rebecca Miller-Rice:

Re: Telemedicine Exemption for Triage, Treat, and Transport Services

Please arrange for this rule to be reviewed by the ALC-Administrative Rules Subcommittee. If you have any questions or need additional information, please contact me at 501-320-6383 or by emailing Mac.E.Golden@dhs.arkansas.gov.

Sincerely,

Mac Golden

Mac Golden
Attorney III
Office of Policy and Rules

Attachments

**QUESTIONNAIRE FOR FILING PROPOSED RULES WITH
THE ARKANSAS LEGISLATIVE COUNCIL**

DEPARTMENT _____
 BOARD/COMMISSION _____
 BOARD/COMMISSION DIRECTOR _____
 CONTACT PERSON _____
 ADDRESS _____
 PHONE NO. _____ EMAIL _____
 NAME OF PRESENTER(S) AT SUBCOMMITTEE MEETING _____
 PRESENTER EMAIL(S) _____

INSTRUCTIONS

In order to file a proposed rule for legislative review and approval, please submit this Legislative Questionnaire and Financial Impact Statement, and attach (1) a summary of the rule, describing what the rule does, the rule changes being proposed, and the reason for those changes; (2) both a markup and clean copy of the rule; and (3) all documents required by the Questionnaire.

If the rule is being filed for permanent promulgation, please email these items to the attention of Rebecca Miller-Rice, miller-ricer@blr.arkansas.gov, for submission to the Administrative Rules Subcommittee.

If the rule is being filed for emergency promulgation, please email these items to the attention of Director Marty Garrity, garritym@blr.arkansas.gov, for submission to the Executive Subcommittee.

Please answer each question completely using layman terms.

1. What is the official title of this rule?

2. What is the subject of the proposed rule? _____
3. Is this rule being filed under the emergency provisions of the Arkansas Administrative Procedure Act? Yes No

If yes, please attach the statement required by Ark. Code Ann. § 25-15-204(c)(1).

If yes, will this emergency rule be promulgated under the permanent provisions of the Arkansas Administrative Procedure Act? Yes No

4. Is this rule being filed for permanent promulgation? Yes No

If yes, was this rule previously reviewed and approved under the emergency provisions of the Arkansas Administrative Procedure Act? Yes No

If yes, what was the effective date of the emergency rule? _____

On what date does the emergency rule expire? _____

5. Is this rule required to comply with a *federal* statute, rule, or regulation? Yes No

If yes, please provide the federal statute, rule, and/or regulation citation.

6. Is this rule required to comply with a *state* statute or rule? Yes No

If yes, please provide the state statute and/or rule citation.

7. Are two (2) rules being repealed in accord with Executive Order 23-02? Yes No

If yes, please list the rules being repealed.

If no, please explain.

8. Is this a new rule? Yes No

Does this repeal an existing rule? Yes No

If yes, the proposed repeal should be designated by strikethrough. If it is being replaced with a new rule, please attach both the proposed rule to be repealed and the replacement rule.

Is this an amendment to an existing rule? Yes No

If yes, all changes should be indicated by strikethrough and underline. In addition, please be sure to label the markup copy clearly as the markup.

9. What is the state law that grants the agency its rulemaking authority for the proposed rule, outside of the Arkansas Administrative Procedure Act? Please provide the specific Arkansas Code citation(s), including subsection(s).

10. Is the proposed rule the result of any recent legislation by the Arkansas General Assembly?
Yes No

If yes, please provide the year of the act(s) and act number(s).

11. What is the reason for this proposed rule? Why is it necessary?

12. Please provide the web address by which the proposed rule can be accessed by the public as provided in Ark. Code Ann. § 25-19-108(b)(1).

13. Will a public hearing be held on this proposed rule? Yes No

If yes, please complete the following:

Date: _____

Time: _____

Place: _____

Please be sure to advise Bureau Staff if this information changes for any reason.

14. On what date does the public comment period expire for the permanent promulgation of the rule? Please provide the specific date. _____

15. What is the proposed effective date for this rule? _____

16. Please attach (1) a copy of the notice required under Ark. Code Ann. § 25-15-204(a)(1) and (2) proof of the publication of that notice.

17. Please attach proof of filing the rule with the Secretary of State, as required by Ark. Code Ann. § 25-15-204(e)(1)(A).

18. Please give the names of persons, groups, or organizations that you anticipate will comment on these rules. Please also provide their position (for or against), if known.

19. Is the rule expected to be controversial? Yes No

If yes, please explain.

NOTICE OF RULE MAKING

The Department of Human Services (DHS) announces for a public comment period of thirty (30) calendar days a notice of rulemaking for the following proposed rule under one or more of the following chapters, subchapters, or sections of the Arkansas Code: §§20-76-201, 20 77-107, and 25-10-129. The projected effective date of the rule is June 1, 2026, if approved. There is no fiscal impact.

The Division of Medical Services (DMS) implements Act 856 of 2025 by amending the Arkansas Medicaid Transportation Manual. An ambulance service may adopt an exception to coordinating care of a patient through telemedicine consultation if the medical director of the service provider has approved one or more protocols developed by the Emergency Medical Services Advisory Council.

The proposed rule is available for review at the Department of Human Services (DHS) Office of Policy and Rules, 2nd floor Donaghey Plaza South Building, 7th and Main Streets, P. O. Box 1437, Slot S295, Little Rock, Arkansas 72203-1437. You may also access and download the proposed rule at ar.gov/dhs-proposed-rules. Public comments can be submitted in writing at the above address or at the following email address: ORP@dhs.arkansas.gov. All public comments must be received by DHS no later than April 12, 2026. Please note that public comments submitted in response to this notice are considered public documents. A public comment, including the commenter's name and any personal information contained within the public comment, will be made publicly available and may be seen by various people.

A public hearing will be held online by remote access. Public comments may be submitted at the hearing. The details for attending the online public hearing appear at ar.gov/dhspublichearings.

If you need this material in a different format, such as large print, contact the Office of Policy and Rules at 501-320-6428. The Arkansas Department of Human Services is in compliance with Titles VI and VII of the Civil Rights Act and is operated, managed and delivers services without regard to religion, disability, political affiliation, veteran status, age, race, color or national origin. **4502292178**

Elizabeth Pitman, Director
Division of Medical Services

Kate Chagnon

From: Legal Ads <legalads@arkansasonline.com>
Sent: Thursday, March 12, 2026 9:42 AM
To: Kate Chagnon
Cc: Mac Golden; Jack Tiner; Lakeya Gipson; Elaine Stafford
Subject: Re: Full Run Ad (Rule 323)

Follow Up Flag: Follow up
Flag Status: Flagged

EXTERNAL SENDER: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Kate.

Thanks. Scheduled for Sat 3/14, Sun 3/15, and Mon 3/16.

Gregg Sterne, Legal Advertising
Arkansas Democrat-Gazette
legalads@arkansasonline.com

From: "Kate Chagnon" <Kate.Chagnon@dhs.arkansas.gov>
To: "legalads" <legalads@arkansasonline.com>
Cc: "Mac Golden" <Mac.E.Golden@dhs.arkansas.gov>, "Jack Tiner" <jack.tiner@dhs.arkansas.gov>, "Lakeya Gipson" <Lakeya.Gipson@dhs.arkansas.gov>, "Elaine Stafford" <elaine.stafford@dhs.arkansas.gov>
Sent: Wednesday, March 11, 2026 11:14:54 AM
Subject: Full Run Ad (Rule 323)

Hi Gregg,

Please reply to this email using REPLY ALL to confirm receipt and processing of this request.

Please run the attached public notice in the *Arkansas Democrat-Gazette* on **Saturday 3/14/26, Sunday 3/15/26, and Monday 3/16/16.**

I am aware that the print version will only be provided to all counties on Sundays.

Kate Chagnon

From: Kate Chagnon
Sent: Friday, March 13, 2026 8:29 AM
To: Arkansas Register
Cc: Mac Golden; Jack Tiner; Lakeya Gipson; JAMIE EWING
Subject: DHS/DMS—Proposed Filing—Telemedicine Exemption for Triage, Treat, and Transport Services (Rule 323)
Attachments: Arkansas Register_Proposed Filing Packet_R323_Telemedicine Exemption.pdf

Hello,

Please find attached a proposed filing for Telemedicine Exemption for Triage, Treat, and Transport Services (Rule 323).

The public notice will be published in the *Arkansas Democrat-Gazette* on 3/14/26, 3/15/26, and 3/16/26.

The public comment period ends 4/12/26.

I look forward to your confirmation of receipt.

Thank you!



Kate Chagnon
Rules & Regulations Coordinator
Arkansas Department of Human Services
Office of Policy and Rules

P: 501.371.1316
kate.chagnon@dhs.arkansas.gov

humanservices.arkansas.gov

Privacy Notice: This email may contain confidential information protected by state/federal laws. If you are not the intended recipient, please let the sender know, and delete the message/attachment(s) from your system.

FINANCIAL IMPACT STATEMENT

PLEASE ANSWER ALL QUESTIONS COMPLETELY.

DEPARTMENT _____
BOARD/COMMISSION _____
PERSON COMPLETING THIS STATEMENT _____
TELEPHONE NO. _____ **EMAIL** _____

To comply with Ark. Code Ann. § 25-15-204(e), please complete the Financial Impact Statement and email it with the questionnaire, summary, markup and clean copy of the rule, and other documents. Please attach additional pages, if necessary.

TITLE OF THIS RULE _____

1. Does this proposed, amended, or repealed rule have a financial impact?
Yes No

2. Is the rule based on the best reasonably obtainable scientific, technical, economic, or other evidence and information available concerning the need for, consequences of, and alternatives to the rule?
Yes No

3. In consideration of the alternatives to this rule, was this rule determined by the agency to be the least costly rule considered? Yes No

If no, please explain:

(a) how the additional benefits of the more costly rule justify its additional cost;

(b) the reason for adoption of the more costly rule;

(c) whether the reason for adoption of the more costly rule is based on the interests of public health, safety, or welfare, and if so, how; and

(d) whether the reason for adoption of the more costly rule is within the scope of the agency's statutory authority, and if so, how.

4. If the purpose of this rule is to implement a *federal* rule or regulation, please state the following:
 - (a) What is the cost to implement the federal rule or regulation?

Current Fiscal Year

General Revenue _____
Federal Funds _____
Cash Funds _____
Special Revenue _____
Other (Identify) _____

Total _____

Next Fiscal Year

General Revenue _____
Federal Funds _____
Cash Funds _____
Special Revenue _____
Other (Identify) _____

Total _____

(b) What is the additional cost of the state rule?

Current Fiscal Year

General Revenue _____
Federal Funds _____
Cash Funds _____
Special Revenue _____
Other (Identify) _____

Total _____

Next Fiscal Year

General Revenue _____
Federal Funds _____
Cash Funds _____
Special Revenue _____
Other (Identify) _____

Total _____

5. What is the total estimated cost by fiscal year to any private individual, private entity, or private business subject to the proposed, amended, or repealed rule? Please identify those subject to the rule, and explain how they are affected.

Current Fiscal Year

\$ _____

Next Fiscal Year

\$ _____

6. What is the total estimated cost by fiscal year to a state, county, or municipal government to implement this rule? Is this the cost of the program or grant? Please explain how the government is affected.

Current Fiscal Year

\$ _____

Next Fiscal Year

\$ _____

7. With respect to the agency's answers to Questions #5 and #6 above, is there a new or increased cost or obligation of at least one hundred thousand dollars (\$100,000) per year to a private individual, private entity, private business, state government, county government, municipal government, or to two (2) or more of those entities combined?

Yes No

If yes, the agency is required by Ark. Code Ann. § 25-15-204(e)(4) to file written findings at the time of filing the financial impact statement. The written findings shall be filed simultaneously with the financial impact statement and shall include, without limitation, the following:

- (1) a statement of the rule's basis and purpose;
- (2) the problem the agency seeks to address with the proposed rule, including a statement of whether a rule is required by statute;
- (3) a description of the factual evidence that:
 - (a) justifies the agency's need for the proposed rule; and
 - (b) describes how the benefits of the rule meet the relevant statutory objectives and justify the rule's costs;
- (4) a list of less costly alternatives to the proposed rule and the reasons why the alternatives do not adequately address the problem to be solved by the proposed rule;
- (5) a list of alternatives to the proposed rule that were suggested as a result of public comment and the reasons why the alternatives do not adequately address the problem to be solved by the proposed rule;
- (6) a statement of whether existing rules have created or contributed to the problem the agency seeks to address with the proposed rule and, if existing rules have created or contributed to the problem, an explanation of why amendment or repeal of the rule creating or contributing to the problem is not a sufficient response; and
- (7) an agency plan for review of the rule no less than every ten (10) years to determine whether, based upon the evidence, there remains a need for the rule including, without limitation, whether:
 - (a) the rule is achieving the statutory objectives;
 - (b) the benefits of the rule continue to justify its costs; and
 - (c) the rule can be amended or repealed to reduce costs while continuing to achieve the statutory objectives.

Statement of Necessity and Rule Summary Telemedicine Exemption for Triage, Treat, and Transport Services

Statement of Necessity

The Division of Medical Services (DMS) implements Act 856 of 2025. The Act provides an exemption for ambulance providers to triage, treat, and transport a patient to an alternative destination without consulting a physician or behavioral health practitioner through telemedicine consultation. The exemption must be established through adoption of an approved protocol established by the Emergency Medical Services Council as approved by the medical director of the ambulance service.

Summary of Changes

DMS amends sections 214.100 and 214.110 of the Arkansas Medicaid Transportation Manual. The revisions provide that an ambulance service may adopt an exception to coordinating the care of the beneficiary through telemedicine by adopting one or more protocols developed by the Emergency Medical Services Advisory Council for 9-1-1 emergency medical situations, with the approval of the medical director of the ambulance service. An allowable encounter between an ambulance service and a beneficiary that results in no transport of the enrollee or triage and transport to an alternative destination may occur without a telehealth consultation if the ambulance service has adopted an exception to the coordination of a medical-based complaint through telemedicine.

214.100 Covered Ground Ambulance Triage, Treat, and Transport to Alternative Location/Destination Services**2-1-242-1-26**

Ground ambulance triage, treat, and transport to alternative location/destination services (T3AL) may be covered only when provided by an ambulance company that is licensed and is an enrolled provider in the Arkansas Medicaid Program. An ambulance service may triage and transport a beneficiary to an alternative destination or treat in place if the ambulance service is coordinating the care of the beneficiary through telemedicine with a physician for a medical-based complaint or with a behavioral health specialist for a behavioral-based complaint. Telemedicine rules are described in Section 105.190 and must be followed unless instructions are given within Section II of the prevailing Medicaid manual. The use of audio-only electronic technology is not allowed for T3AL services.

An ambulance service may adopt an exception to coordinating the care of the beneficiary through telemedicine by adopting one (1) or more protocols developed by the Emergency Medical Services Advisory Council for 9-1-1 emergency medical situations, with the approval of the medical director of the ambulance service.

For the purposes of T3AL, a behavioral health specialist is a board-certified psychiatrist or an Independently Licensed Practitioner who can provide counseling services to Medicaid beneficiaries in the Outpatient Behavioral Health program.

214.110 Scope**2-1-242-1-26**

An ambulance service may:

- A. Treat a beneficiary in alternative location if the ambulance service is coordinating the care of the beneficiary through telemedicine with a physician for a medical-based complaint or with a behavioral health specialist for a behavioral-based complaint; or
- B. Triage or triage and transport a beneficiary to an alternative destination if the ambulance service is coordinating the care of the beneficiary through telemedicine with a physician for a medical-based complaint or with a behavioral health specialist for a behavioral-based complaint.

An encounter between an ambulance service and a beneficiary that results in no transport of the enrollee is allowable if the beneficiary declines to be transported ~~against medical advice~~ and the ambulance service is coordinating the care of the beneficiary through telemedicine with a physician for a medical-based complaint.

An allowable encounter between an ambulance service and a beneficiary that results in no transport of the enrollee or triage and transport to an alternative destination may occur without a telehealth consultation if the ambulance service has adopted an exception to the coordination of a medical-based complaint through telemedicine.

An ambulance service may adopt one (1) or more of the protocols developed by the Emergency Medical Services Advisory Council for 9-1-1 emergency medical situations that are exempt from the telemedicine requirement under Ark. Code Ann. § 20-13-108, with the approval of the medical director of the ambulance service.

An encounter between an ambulance service and a beneficiary is billable as follows:

- A. ~~A.~~—The ambulance service may bill either a basic life support (BLS) or advanced life support (ALS) service according to the level of the service provided to the beneficiary, plus mileage.

A-B. Mileage may be billed for treating in the alternative location (one-way mileage to the location of the beneficiary.) Mileage rules set forth in Section 204.000, 205.000, 214.000, and 216.000 will otherwise be followed.

214.120 Alternative Location and Alternative Destination

2-1-24

Alternative location is the location to which an ambulance is dispatched, and ambulance service treatment is initiated as a result of a 911 call that is documented in the records of the ambulance service.

Alternative destination means a lower-acuity facility that provides medical services, including:

- A. A federally qualified health center;
- B. An urgent care center;
- C. A physician's office or medical clinic, as chosen by the patient;
- D. A behavioral or mental healthcare facility

Excluded alternative destinations are facilities that provide a higher-acuity medical service or medical services for routine chronic conditions including:

- A. Emergency Room
- B. Critical Access Hospital;
- C. Rural Emergency Hospital;
- D. Dialysis center;
- E. Hospital;
- F. Private residence;
- G. Skilled nursing facility

214.100 Covered Ground Ambulance Triage, Treat, and Transport to Alternative Location/Destination Services

2-1-26

Ground ambulance triage, treat, and transport to alternative location/destination services (T3AL) may be covered only when provided by an ambulance company that is licensed and is an enrolled provider in the Arkansas Medicaid Program. An ambulance service may triage and transport a beneficiary to an alternative destination or treat in place if the ambulance service is coordinating the care of the beneficiary through telemedicine with a physician for a medical-based complaint or with a behavioral health specialist for a behavioral-based complaint. Telemedicine rules are described in Section 105.190 and must be followed unless instructions are given within Section II of the prevailing Medicaid manual. The use of audio-only electronic technology is not allowed for T3AL services.

An ambulance service may adopt an exception to coordinating the care of the beneficiary through telemedicine by adopting one (1) or more protocols developed by the Emergency Medical Services Advisory Council for 9-1-1 emergency medical situations, with the approval of the medical director of the ambulance service.

For the purposes of T3AL, a behavioral health specialist is a board-certified psychiatrist or an Independently Licensed Practitioner who can provide counseling services to Medicaid beneficiaries in the Outpatient Behavioral Health program.

214.110 Scope

2-1-26

An ambulance service may:

- A. Treat a beneficiary in alternative location if the ambulance service is coordinating the care of the beneficiary through telemedicine with a physician for a medical-based complaint or with a behavioral health specialist for a behavioral-based complaint; or
- B. Triage or triage and transport a beneficiary to an alternative destination if the ambulance service is coordinating the care of the beneficiary through telemedicine with a physician for a medical-based complaint or with a behavioral health specialist for a behavioral-based complaint.

An encounter between an ambulance service and a beneficiary that results in no transport of the enrollee is allowable if the beneficiary declines to be transported and the ambulance service is coordinating the care of the beneficiary through telemedicine with a physician for a medical-based complaint.

An allowable encounter between an ambulance service and a beneficiary that results in no transport of the enrollee or triage and transport to an alternative destination may occur without a telehealth consultation if the ambulance service has adopted an exception to the coordination of a medical-based complaint through telemedicine.

An ambulance service may adopt one (1) or more of the protocols developed by the Emergency Medical Services Advisory Council for 9-1-1 emergency medical situations that are exempt from the telemedicine requirement under Ark. Code Ann. § 20-13-108, with the approval of the medical director of the ambulance service.

An encounter between an ambulance service and a beneficiary is billable as follows:

- A. The ambulance service may bill either a basic life support (BLS) or advanced life support (ALS) service according to the level of the service provided to the beneficiary, plus mileage.

- B. Mileage may be billed for treating in the alternative location (one-way mileage to the location of the beneficiary.) Mileage rules set forth in Section 204.000, 205.000, 214.000, and 216.000 will otherwise be followed.

214.120 Alternative Location and Alternative Destination

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Excluded alternative destinations are facilities that provide a higher-acuity medical service or medical services for routine chronic conditions including:

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