



**Division of Medical Services**

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MEMORANDUM

TO: Interested Persons and Providers

FROM: Elizabeth Pitman, Director, Division of Medical Services

DATE: March 13, 2026

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

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As a part of the Arkansas Administrative Procedure Act process, attached for your review and comment are proposed rule revisions.

Public comments must be submitted in writing at the above address or at the following email address: [ORP@dhs.arkansas.gov](mailto:ORP@dhs.arkansas.gov) 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.

If you have any comments, please submit those comments no later than April 12, 2026.

All DHS proposed rules, public notices, and recently finalized rules may also be viewed at: [Proposed Rules & Public Notices](#).

## 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](https://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](mailto: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](https://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

**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. § 20-13-108service, 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