|  |  |
| --- | --- |
| all provider notifications | |
| [View or print notifications for all provider types.](https://humanservices.arkansas.gov/wp-content/uploads/Static_O.docx) |

|  |  |  |
| --- | --- | --- |
| Inpatient Psychiatric transmittal letters | | |
| Update Number | Date |
| [INPPSYCH-1-25](https://humanservices.arkansas.gov/wp-content/uploads/INPPSYCH-1-25.docx) | June 20, 2025 |
| [INPPSYCH-1-23](https://humanservices.arkansas.gov/wp-content/uploads/INPPSYCH-1-23.doc) | June 1, 2025 |

|  |  |  |  |
| --- | --- | --- | --- |
| Inpatient Psychiatric NOTICES OF RULE MAKING | | | |
| Number | Date | Subject |
| [NOTICE-003-17](https://humanservices.arkansas.gov/wp-content/uploads/NOTICE-003-17.doc) | November 1, 2017 | Removal of Processing Hold on Paper Claims |

|  |  |  |  |
| --- | --- | --- | --- |
| Inpatient Psychiatric Official Notices | | | |
| Number | Date | Subject |
| [ON-009-25](https://humanservices.arkansas.gov/wp-content/uploads/ON-009-25.docx) | March 13, 2025 | Inpatient MUMP Claims Processing Changes |
| [DMS-2008-N-1](https://humanservices.arkansas.gov/wp-content/uploads/DMS-08-A-9.doc) | August 7, 2008 | Medicaid Tamper Resistant Requirement Guidance from the Centers for Medicare and Medicaid (CMS) and the National Council for Prescription Drug Programs (NCPDP) |
| [DMS-2007-N-2](https://humanservices.arkansas.gov/wp-content/uploads/DMS-07-A-3.doc) | October 1, 2007 | Tamper-Resistant Prescription Pads Under the Medicaid Program |
| [DMS-2007-N-1](https://humanservices.arkansas.gov/wp-content/uploads/DMS-07-N-1.doc) | March 16, 2007 | Inpatient Psychiatric Services |
| [DMS-2004-N-2](https://humanservices.arkansas.gov/wp-content/uploads/DMS-04-N-2.doc) | October 1, 2004 | Federal Regulations on the use of Restraint and Seclusion and on Survey Activity for Psychiatric Residential Treatment Facilities (PRTFs) |
| [DMS-2004-N-1](https://humanservices.arkansas.gov/wp-content/uploads/DMS-04-N-1.doc) | April 6, 2004 | Certification of Need at Admission |
| [DMS-2003-N-3](https://humanservices.arkansas.gov/wp-content/uploads/DMS-03-N-3.doc) | October 24, 2003 | Certification of Need (CON) at Admission |
| [DMS-2003-N-2](https://humanservices.arkansas.gov/wp-content/uploads/DMS-03-N-2.doc) | June 6, 2003 | Prior Authorization for Under Age 21 Transition Plan |

|  |  |
| --- | --- |
| Inpatient Psychiatric rA messages | |
| Date | Subject |
| [08/06/15-08/13/15](https://humanservices.arkansas.gov/wp-content/uploads/150806.doc) | New ARKids-B Services Added To Benefit Coverage August 1, 2015 |
| [05/28/15-06/04/15](https://humanservices.arkansas.gov/wp-content/uploads/150528.doc) | New ARKids-B Services to be Added to Benefit Coverage Beginning August 1, 2015 |