



STATE OF ARKANSAS
**Department of Finance
and Administration**

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August 5, 2021

Sen. Terry Rice, Co-Chair
Rep. Jeff Wardlaw, Co-Chair
Arkansas Legislative Council
State Capitol Building
Little Rock, AR 72201

Dear Co-Chairs:

This is to inform you that there are items for Legislative Council approval that require your immediate attention. Because of the time-sensitive nature of these items, the Department of Finance and Administration respectfully requests an emergency approval of these items, which have received my approval as Chief Fiscal Officer of the State.

These items are American Rescue Plan Act requests. The first request is required to allow the Arkansas Department of Health to partner with Unity Health to increase hospital bed capacity statewide. The second request is required to allow the Department of Human Services grant funds for hospitals to address the staffing and bed shortages, lost revenue streams, and additional costs of providing COVID-19 treatment. The final request is required to allow the Department of Human Services grant funds for skilled nursing facilities to address significant cost challenges faced by skilled nursing facilities during the pandemic.

I ask that you please institute emergency action procedures for consideration of these matters and sign them out of Committee per Rule 16 of the Rules of the Arkansas Legislative Council.

Sincerely,

A handwritten signature in black ink, appearing to read 'Larry W. Walther', is written over a faint, larger version of the same signature.

Larry W. Walther,
Secretary
Department of Finance and Administration

CC: Senator Jonathan Dismang, Co-Chair
Representative Michelle Gray, Co-Chair
Performance Evaluation and Expenditure Review (PEER) Subcommittee

**AMERICAN RESCUE PLAN ACT OF 2021 PROGRAM APPROPRIATION
AND PERSONNEL AUTHORIZATION REQUEST
SECTION 38 OF ACT 997 OF 2021**

Agency: Arkansas Department of Health Business Area Code: 0645

Program Title: Increased Hospital Bed Capacity - Unity Health

Granting Organization: ARPA Steering Committee CFDA #: _____

Effective Date of Authorization: Beginning: 8/9/2021 Ending: 6/30/2022

Purpose of Grant / Reason for addition or change (include attachments as necessary to provide thorough information):
Due to the stress that COVID-19 has placed upon hospitals in Arkansas, the Arkansas Department of Health and Unity Health (White County Medical Center) have partnered on a proposal to request \$10,540,000 in ARPA funding to make 43 hospital beds available at Unity Health's campuses in Searcy. The increased beds will include 9 COVID ICU beds and 34 COVID medical beds. Contracting staff from outside of the state will be needed to meet the staffing need. ADH will enter into a memorandum of agreement with Unity Health that will include the reimbursement terms of 60 days X \$4,000 per day X 43 COVID beds and 5 ER RNs X 80 hours/pay period X five pay periods, which will not exceed \$10,540,000.

American Rescue Plan Act Program Funding

Func. Area: _____ Fund Code: _____ Direct Funding: _____
Funds Center: _____ Internal Order/WBS Element: _____ Steering Comm. Approved: _____

	Program Funding Amount
Regular Salaries	
Extra Help	
Personal Services Matching	
Operating Expenses	
Conference & Travel Expenses	
Professional Fees	
Capital Outlay	
Data Processing	
Grants and Aid (CI: 04)	
Other: 5900046	10,540,000
Other:	
Total	\$ 10,540,000

Anticipated Duration of Federal Funds: 08/09/2021 - 11/15/2021

DFA IGS State Technology Planning	Date
Items requested for information technology must be in compliance with Technology Plans as submitted to DFA IGS State Technology Planning.	

Positions to be established: (list each position separately)

Org Unit	Pers Area	Pers SubArea	Cost Center	Position Number	Comnt Item	Position Title	Class Code	Grade	Line Item Maximum *

State funds will not be used to replace federal funds when such funds expire, unless appropriated by the General Assembly and authorized by the Governor.

Approved by: Jessie R. Romulus 8/15/21 Robert 8-5-21
Cabinet Secretary/Agency Director Date Office of Budget Date Office of Personnel Mgmt Date

Arkansas Department of Health
American Rescue Plan Act Appropriation Request
Requested Amount: \$10,540,000
“Alternative Care Facilities Proposal” – Overview

Background

COVID-19 cases in Arkansas continue to increase. In only four weeks, hospitalizations due to COVID-19 have tripled. As of August 3, there were 1,220 Arkansans hospitalized with COVID, which was an increase of 81 from the prior day. Two hundred and fifty (250) of these individuals required medical ventilation which increased ventilator use by 15 from the day before. These trends are expected to worsen quickly as COVID-19 infections due to the Delta variant continue to increase in Arkansas. As a result of this exponential increase in hospitalizations, both hospital intensive care units (ICU) and medical bed availability is extremely limited throughout Arkansas.

The Arkansas Department of Health (ADH) has contracted with the MetroEMS to run a real-time hospital dashboard for bed availability known as COVIDComm. Currently COVIDComm staff are having issues finding a bed for patients needing transfer to another facility because of tertiary hospitals being at capacity with no ICU beds available. This results in the hospitals having to hold these patients in their Emergency Departments (EDs) which causes severe backups in the EDs. Many of these patients are very ill and need high-level intensive care.

Plan

To help mitigate the stress that COVID-19 has caused on hospitals, ADH and Unity Health have partnered to develop a proposal to request \$10,540,000 in funding from the American Rescue Plan Act (ARPA) Committee to increase hospital bed capacity in North Central Arkansas by making 43 staffed beds available. This includes 9 COVID ICU beds and 34 COVID medical beds at Unity Health’s campuses in Searcy.

With the requested funding, Unity Health will add 48 registered nurses and 5 emergency nurses. To staff to the level needed, contract staff from outside of the state will be necessary. Other resources to be made available for staffing the hospital beds are nursing aides, patient care technicians, physician specialists, respiratory therapists, and physicians. Services needed for hospitalized patients include respiratory therapy, pharmaceutical, ancillary staff, and supplies.

The ADH will secure a memorandum of agreement with Unity Health in accordance with the proposed ARPA proposal and verify compliance prior to processing reimbursement for services. Monthly invoicing not to exceed \$4,000 per bed for 60 days will be the financial obligation of the agreement and the total cost will be \$10,540,000.



August 4, 2021

Renee Mallory, ADH Deputy Director, Public Health Programs
Arkansas Department of Health
4815 West Markham Street
Little Rock, AR 72205

Dear Director Mallory,

Thank you for your leadership and the support of the Arkansas Department of Health during these challenging times. Unity Health has been in steady communication with members of your team since the beginning of the pandemic. Please accept this proposal to increase local COVID bed capacity in response to Governor Hutchinson's request to increase hospital bed capacity. With support from the ADH, Unity Health could increase a total of 43 staffed beds. This would include nine COVID ICU beds and 34 COVID medical beds at our campuses in Searcy. Unity Health's current challenge is the demand for nursing and other critical members of the care team have exceeded regional supply. To staff to the level needed for this increase in patients Unity would be required to secure contract staff from outside the state in a short time. The compressed timeline to recruit and hire staff entails considerable expense and financial risks for the organization. We understand the Governor has expressed a willingness to consider financial support for hospitals to offset the risk associated with increased capacity to care for COVID-positive patients. For us to secure the needed personnel, physicians, and supplies we estimate a cost of \$10,540,000 (60 days x \$4,000 per day x 43 COVID beds)&(five ER RNs x 80 hours/pay period x five pay periods). This would allow us to immediately work to secure staff and care for patients for up to 60 days. We hope our vaccination and prevention efforts will reduce our COVID bed needs before the end of 60 days, but we can extend the bed utilization if needed and communicated promptly. However, additional funds may be needed to continue at the same level of capacity

If funds from the American Rescue Plan Act of 2021 are used to support additional COVID bed capacity, Unity Health would take full responsibility for the facilities, equipment, ancillary support, and the care of the patients at our current licensed facilities in Searcy. Unity Health also retains the privilege to bill patient insurance for services rendered in compliance with our current policies.

Staffing additional beds will take more than nursing and physician support. Below is a sample of the services Unity Health will make available to the increased bed capacity.



- 48 Additional Register Nurses (five patients to each nurse for medical and two patients for each nurse COVID ICU)
- Five additional emergency nurses to meet increased COVID demand
- Nurses Aids and Patient Care Technicians
- Internal Medicine physician coverage
- Other physician specialists as needed
- Respiratory therapy
- Pharmaceutical therapies
- Ancillary staff (lab, imaging, and therapies)
- Meals and nutrition support
- Patient care supplies
- Facilities and equipment for the care
- All support service and administrative and general functions

Unity Health has served North Central Arkansas for more than 54-years and has grown to the largest employer in the region. We take great pride in improving the health and well-being of the communities we serve. Unity Health has been at the forefront of our COVID response and we would appreciate the opportunity to significantly increase our capacity to support the ADH, the Governor, and our neighbors.

Thank you for your consideration of our funding request from the Governor and the American Rescue Plan Act of 2021. Unity will keep records of the use of the funds for this project and supply them to the ADH. As soon as we know the pleasure of the ADH on the funding we will immediately work to secure available staff to increase bed capacity. We do feel a sense of urgency as COVID increases nationally and the already limited supply of staff could quickly vanish. Our goal is to have all 43 beds staffed by September 13, 2021.

Sincerely,

A handwritten signature in cursive script that reads "Steven Webb".

Steven Webb, FACHE

President and CEO

State Fiscal Recovery Funds (SFRF) Proposal Application

Applicant Name: Arkansas Department of Health
Applicant Address 4815 W Markham St, Little Rock, AR 72205
Point of Contact: Jo Thompson
Address: 4815 W Markham St, Slot 55 Little Rock, AR,72205
Phone number: 501-280-4157
Email Address: jo.thompson@arkansas.gov
Amount of Request: \$10,540,000
Project Title: Increased Hospital Bed Capacity - Unity Health
Type of Proposal **Non-infrastructure: X** Infrastructure _____

DUNS Number: 809873185

TIN Number: 71-6007358

Authorized Person: Renee Mallory

Address: Same as Point of Contact

Phone Number: 501-280-4878

Email Address: renee.mallory@arkansas.gov

GENERAL QUESTIONS

1. **Executive Summary** - High-level overview of the applicant's intended and actual uses of funding including, but not limited to an applicant's plan for use of funds to promote a response to the pandemic and economic recovery. (50 to 250 words)

COVID-19 cases in Arkansas continue to increase. In only four weeks during the summer of 2021, hospitalizations due to COVID-19 have tripled. The demand for nursing and other caregivers has skyrocketed and there is a significant need for additional hospital bed capacity across the state. To help mitigate the stress that COVID-19 has caused on hospitals, ADH and Unity Health have partnered to develop a proposal to request \$10,540,000 in funding from the American Rescue Plan Act (ARPA) Committee to increase hospital bed capacity in North Central Arkansas by making 43 staffed beds available. This includes 9 COVID ICU beds and 34 COVID medical beds at Unity Health's campuses in Searcy. With the requested funding, Unity Health will utilize contract staff from out of state to add 48 registered nurses and 5 emergency nurses. Other resources to be made available for staffing the hospital beds are nursing aides, patient care technicians, physician specialists, respiratory therapists, and physicians. The ADH will secure a memorandum of agreement with Unity Health in accordance with the proposed ARPA proposal and verify compliance prior to processing reimbursement for services. Monthly invoicing not to exceed \$4,000 per bed for 60 days will be the financial obligation of the agreement and the total cost will be \$10,540,000.

As noted in the *Compliance and Reporting Guidance*, Appendix 2, evidence-based refers to interventions with strong or moderate levels of evidence.

- Strong evidence means the evidence base that can support causal conclusions for the specific program proposed by the applicant with the highest level of confidence. This consists of one or more well-designed and well-implemented experimental studies conducted on the proposed program with positive findings on one or more intended outcomes.
- Moderate evidence means that there is a reasonably developed evidence base that can support causal conclusions. The evidence base consists of one or more quasi-experimental studies with positive findings on one or more intended outcomes OR two or more nonexperimental studies with positive findings on one or more intended outcomes. Examples of research that meet the standards include well- designed and well-implemented quasi experimental studies that compare outcomes between the group receiving the intervention and a matched comparison group (i.e., a similar population that does not receive the intervention).
- Preliminary evidence means that the evidence base can support conclusions about the program's contribution to observed outcomes. The evidence base consists of at least one nonexperimental study. A study that demonstrates improvement in program beneficiaries over time on one or more intended outcomes OR an implementation (process evaluation) study used to learn and improve program operations would constitute preliminary evidence. Examples of research that meet the standards include: (1) outcome studies that track program beneficiaries through a service pipeline and measure beneficiaries' responses at the end of the program; and (2) pre- and post-test research that determines whether beneficiaries have improved on an intended outcomes.

2. Strategies for effective, efficient, and equitable outcomes – Describe any strategies employed to maximize programmatic impact and effective, efficient, and equitable outcomes. Given the broad eligible uses of funds, please explain how the funds would support communities, populations, or individuals. (50 to 250 words)

This increase in hospital bed capacity would directly and positively impact communities, populations, and individuals across the state by providing additional availability for in-patient medical and intensive care unit (ICU) services for Arkansans in North Central Arkansas that need to be hospitalized due to COVID-19.

The following questions should be answered based upon how you intend to verify/defend your answer above, in the event of an audit, regarding how your program is designed to promote equitable outcomes. Measurable goals will be included as part of the annual reporting requirements.

- a. **Goals:** Are there particular historically underserved, marginalized, or adversely affected groups that you intend to serve within your jurisdiction? How will you measure equity regarding the number served and equitable outcomes at the various stages of the program? ADH and Unity Health will monitor daily hospital census data including various demographic variables such as age, gender, ethnicity, and county of origin as part of efforts to measure the number of people served by the additional hospital beds. The goal of having the increased capacity for Arkansans who require admission for COVID related illness.
- b. **Awareness:** How equal and practical is the ability for residents or businesses to become aware of the services funded by the SFRF? How will you measure the way in which residents or businesses became aware of the service funded at the various stages of the program? The alternate care facilities' operational status and availability will be communicated to the Arkansas Hospital Association, the Governor's Winter Task Force, and through direct communication with hospital leadership.
- c. **Access and Distribution:**
 - a. Are there differences in levels of access to benefits and services across groups?
There is no difference in levels of access as these beds will be open to hospitalized patients across the state.
 - b. Are there administrative requirements that result in disparities in ability to complete applications or meet eligibility criteria?
No
 - c. How do you intend to reach individuals without internet access?

Not applicable

- d. **Outcomes:** Are intended outcomes focused on closing gaps, reaching universal levels of service, or disaggregating progress by race, ethnicity, and other equity dimensions where relevant for the policy objective?
The outcome of having the alternate care facilities is to provide access to Arkansans in need of hospitalization in North Central Arkansas.
-

3. **Other Funds** - Will other federal recovery funds be required to cover a part of the cost of the proposal? Yes _____ No X _____

Note: Applicants are responsible for ensuring a duplication of benefits does not occur when multiple sources of funds are being used.

- a. If yes, what is the source of these funds and how will it be used to support this proposal? There are no additional funds being used to support the alternate care facilities at this time
-

4. **Public Health** – Please describe how these funds will be used to respond to COVID-19 and the broader health impacts of COVID-19 and the COVID-19 public health emergency.

The funds will be used to add additional capacity to our stressed healthcare system by adding 43 staffed beds. This includes 9 COVID ICU beds and 34 COVID medical beds at Unity Health's campuses in Searcy. Unity Health will add 48 registered nurses and 5 emergency nurses. Other resources to be made available for staffing the hospital beds are nursing aides, patient care technicians, physician specialists, respiratory therapists, and physicians. Services needed for hospitalized patients include respiratory therapy, pharmaceutical, ancillary staff, and supplies. All other services not aforementioned, but are required for a hospitalized patient, are included in the proposal to the ARPA Committee.

5. **Negative Economic Impacts** – Please describe how these funds will be used to respond to the negative economic impacts of the Covid-19 public health emergency, including to household and small businesses.
The funds would help to create broader access to healthcare for COVID patients where limited access to care exists due to dramatic increase in COVID hospitalizations.
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6. Services to Disproportionately Impacted Communities – Please describe how funds are being used to provide services to communities disproportionately impacted by the Covid-19 public health emergency. Critical access hospitals currently experiencing dramatic increases in COVID hospitalizations and the inability to transfer patients to higher levels of care due to tertiary care facilities at maximum capacity. These funds will be used to provide an increase in bed capacity in tertiary care facilities which allows critical access hospitals the ability to help decompress COVID admissions in their facility.

7. Community Engagement - Please describe how your planned or current use of funds incorporates written, oral, and other forms of input that capture diverse feedback from constituents, community-based organizations, and the communities themselves. Where relevant, this description must include how funds will build the capacity of community organizations to serve people with significant barriers to services, including people of color, people with low incomes, limited English proficient populations, and other traditionally underserved groups. These funds will have a direct impact on all Arkansans who are needing hospitalizations due to COVID regardless of color, income, language, and all underserved groups.

8. Premium Pay -Please describe the approach, goals, and sectors or occupations served in any premium pay program. Describe how your approach prioritized low-income workers. (if applicable)
Not applicable

9. Water, sewer, and broadband infrastructure -Describe the approach, goals, and types of projects being pursued, if pursuing. (if applicable)
Not applicable

Expenditure Categories

Expenditure Categories –

The U.S. Treasury has developed a set of expenditure categories to be used. There is a total of seven (7) expenditure categories (EC) with multiple subcategories. Under each appropriate expenditure category, dollar amounts should be entered at the subcategory level. The totals entered in the subcategory level should equal the amount requested for this proposal. See Tables EC1-EC7.

The table below identifies the possible expenditure categories that can be used for both non-infrastructure and infrastructure proposals. Please refer to this table to make sure you have answered the correct

Expenditure Category Table

Expenditure Category	Non-Infrastructure Proposal	Infrastructure Proposal	Non-Entitlement Reporting
EC 1 Public Health	X		
EC 2 Negative Economic Impacts	X		
EC 3 Services to Disproportionately Impacted Communities	X		
EC 4 Premium Pay	X		
EC 5 Infrastructure	X		
EC 6 Revenue Replacement (do not use)			
EC 7 Administration (do not use)			

Performance Indicators and Programmatic Questions

While recipients have discretion on the full suite of performance indicators to include within a proposal, a number of mandatory performance indicators and programmatic data must be included. These are necessary to allow Treasury to conduct oversight as well as understand and aggregate program outcomes across recipients.

This section provides an overview of the mandatory performance indicators and programmatic data for each Expenditure Category:

- a. Household Assistance (EC 2.2 & 2.5) and Housing Support (EC 3.10-3.12):
 - Number of people or households receiving eviction prevention services (including legal representation)
 - Number of affordable housing units preserved or developed
- b. Negative Economic Impacts (EC 2):
 - Number of workers enrolled in sectoral job training programs
 - Number of workers completing sectoral job training programs
 - Number of people participating in summer youth employment programs
- c. Education Assistance (EC 3.1-3.5):
 - Number of students participating in evidence-based tutoring programs²⁵
- d. Healthy Childhood Environments (EC 3.6-3.9):
 - Number of children served by childcare and early learning (pre-school/pre-K/ages 3-5)
 - Number of families served by home visiting

Data Entry

Under each expenditure category, dollar amounts should be entered at the subcategory level. The totals entered in the subcategory level should equal the amount requested for this proposal. The U.S. Treasury has issued mandatory questions that must be answered for expenditure categories and expenditure subcategories if an amount is assigned to that subcategory.

EXPENDITURE CATEGORY TABLE 1

Expenditure Category	Description	Amount	Required Programmatic Data Question	Data
1.1	COVID-19 Vaccination [^]			
1.2	COVID-19 Testing [^]			
1.3	COVID-19 Contact Tracing			

1.4	Prevention in Congregate Settings (Nursing Homes, Prisons/Jails, Dense Work Sites, Schools, etc.) *			
1.5	Personal Protective Equipment			
1.6	Medical Expenses (including Alternative Care Facilities)	\$ 37,680,000	Additional staffed MEDICAL COVID Beds and additional staffed ICU COVID Beds	
1.7	Capital Investments or Physical Plant Changes to Public Facilities that respond to the COVID-19 public health emergency			
1.8	Other COVID-19 Public Health Expenses (including Communications, Enforcement, Isolation/Quarantine)			
1.9	Payroll Costs for Public Health, Safety, and Other Public Sector Staff Responding to COVID-19			
1.10	Mental Health Services*			
1.11	Substance Use Services*			
1.12	Other Public Health Service			

* Denotes areas where recipients must identify the amount of the total funds that are allocated to evidence-based interventions (Proposal Guidance Page 15,6)

^ Denotes areas where recipients must report on whether projects are primarily serving disadvantaged communities (Proposal Guidance Page 18, d)

EXPENDITURE CATEGORY TABLE 2 – Not Applicable

Expenditure Category	Description	Amount	Required Programmatic Data Question	Data
2.1	Household Assistance: Food Programs ^ *			

2.2	Household Assistance: Rent, Mortgage, and Utility Aid ^ *		
2.3	Household Assistance: Cash Transfers ^ *		
2.4	Household Assistance: Internet Access Programs ^ *		<p>Household Assistance (EC 2.1-2.5):</p> <ul style="list-style-type: none"> • Brief description of structure and objectives of assistance program(s) (e.g., nutrition assistance for low-income households) • Number of individuals served (by program if recipient establishes multiple separate household assistance programs) • Brief description of recipient's approach to ensuring that aid to households responds to a negative economic impact of Covid-19, as described in the Interim Final Rule
2.5	Household Assistance: Eviction Prevention ^ *		

2.6	Unemployment Benefits or Cash Assistance to Unemployed Workers *				
2.7	Job Training Assistance (e.g., Sectoral job-training, Subsidized Employment, Employment Supports or Incentives) ^ *				
2.8	Contributions to UI Trust Funds				
2.9	Small Business Economic Assistance (General) ^ *			Small Business Economic Assistance (EC 2.9):	
				<ul style="list-style-type: none"> • Brief description of the structure and objectives of assistance program(s) (e.g., grants for additional costs related to Covid-19 mitigation) • Number of small businesses served (by program if recipient establishes multiple separate small businesses assistance programs) • Brief description of recipient's approach to ensuring that aid to small businesses responds to a negative economic impact of COVID-19, as described in the Interim Final Rule 	
2.10	Aid to Nonprofit Organizations *				

2.11	Aid to Tourism, Travel, or Hospitality	Aid to Travel, Tourism, and Hospitality or Other Impacted Industries (EC 2.11-2.12):	
		<ul style="list-style-type: none"> • If aid is provided to industries other than travel, tourism, and hospitality (EC 2.12), a description of pandemic impact on the industry and rationale for providing aid to the industry • Brief narrative description of how the assistance provided responds to negative economic impacts of the COVID-19 pandemic • For each subaward: o Sector of employer (Note: additional detail, including list of sectors to be provided in a users' guide) o Purpose of funds (e.g., payroll support, safety measure implementation) 	
2.12	Aid to Other Impacted Industries		

2.13	Other Economic Support ^ *		
2.14	Rehiring Public Sector Staff	Rehiring Public Sector Staff (EC 2.14): • Number of FTEs rehired by governments under this authority	

*Denotes areas where recipients must identify the amount of the total funds that are allocated to evidence-based interventions (see Use of Evidence section above for details)

^Denotes areas where recipients must report on whether projects are primarily serving disadvantaged communities (see Project Demographic Distribution section above for details)

EC3 - Services to Disproportionately Impacted Communities - Not Applicable

EXPENDITURE CATEGORY TABLE 3

Expenditure Category	Description	Amount	Required Programmatic Data Question	Data
3.1	Education Assistance: Early Learning ^ *		Education Assistance (EC 3.1-3.5): • The National Center for Education Statistics ("NCES") School ID or NCES District ID. List the School District if all schools within the school district received some funds. If not all schools within the school district received funds, list the School ID of the schools that received funds. These can allow evaluators to link data from the NCES to look at school-level demographics and, eventually, student performance. ¹	
3.2	Education Assistance: Aid to High-Poverty Districts ^ *			
3.3	Education Assistance: Academic Services ^ *			
3.4	Education Assistance: Social, Emotional, and Mental Health Services ^ *			
3.5	Education Assistance: Other ^ *			

¹ For more information on NCES identification numbers see <https://nces.ed.gov/ccd/districtsearch/> (districts) and <https://nces.ed.gov/ccd/schoolsearch/> (schools).

3.6	Healthy Childhood Environments: Child Care ^ *			
3.7	Healthy Childhood Environments: Home Visiting ^ *			
3.8	Healthy Childhood Environments: Services to Foster Youth or Families Involved in Child Welfare System ^ *			
3.9	Healthy Childhood Environments: Other ^ *			
3.10	Housing Support: Affordable Housing ^ *			
3.11	Housing Support: Services for Unhoused Persons ^ *			
3.12	Housing Support: Other Housing Assistance ^ *			
3.13	Social Determinants of Health: Other ^ *			
3.14	Social Determinants of Health: Community Health Workers or Benefits Navigators ^ *			
3.15	Social Determinants of Health: Lead Remediation ^			
3.16	Social Determinants of Health: Community Violence Interventions ^ *			

* Denotes areas where recipients must identify the amount of the total funds that are allocated to evidence-based interventions (see Use of Evidence section above for details)

^ Denotes areas where recipients must report on whether projects are primarily serving disadvantaged communities (see Project Demographic Distribution section above for details)

EC 4 - Premium Pay – Not Applicable

EXPENDITURE CATEGORY TABLE 4

Expenditure Category	Description	Amount	Required Programmatic Data Question	Data
4.1	Public Sector Employees		Premium Pay (both Public Sector EC 4.1 and Private Sector EC 4.2): • List of sectors designated as critical to the health and well-being of residents by the chief executive of the jurisdiction, if beyond those included in the Interim Final Rule (Note: a list of sectors will be provided in the forthcoming users' guide).	
4.2	Private Sector: Grants to Other Employers		<ul style="list-style-type: none"> • Number of workers to be served • Employer sector for all subwards to third-party employers (i.e., employers other than the State, local, or Tribal government) (Note: a list of sectors will be provided in the forthcoming users' guide). 	

	<p>• For groups of workers (e.g., an operating unit, a classification of worker, etc.) or, to the extent applicable, individual workers, for whom premium pay would increase total pay above 150 percent of their residing State's average annual wage, or their residing county's average annual wage, whichever is higher, on an annual basis:</p> <ul style="list-style-type: none"> o A brief written narrative justification of how the premium pay or grant is responsive to workers performing essential work during the public health emergency. This could include a description of the essential workers' duties, health or financial risks faced due to COVID-19, and why the recipient government determined that the premium pay was responsive to workers performing essential work during the pandemic. This description should not include personally identifiable information; when addressing individual workers, recipients should be careful not to include this information. Recipients may consider describing the workers' occupations and duties in a general manner as necessary to protect privacy 	
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*Denotes areas where recipients must identify the amount of the total funds that are allocated to evidence-based interventions (see Use of

Evidence section above for details)

^Denotes areas where recipients must report on whether projects are primarily servingdisadvantaged communities (see Project Demographic Distribution section above for details)

EC 5 - Infrastructure – Not Applicable

Infrastructure projects have additional reporting and data gathering requirements.

Workforce practices on any infrastructure projects being pursued should provide information related to how are projects using strong labor standards to promote effective and efficient delivery of high-quality infrastructure projects while also supporting the economic recovery through strong employment opportunities for workers.

Please provide answers to the follow questions for all infrastructure projects:

- Projected/actual construction start date (month/year) Not applicable
- Projected/actual initiation of operations date (month/year) Not applicable
- Location (for broadband, geospatial location data) Not applicable
- For projects over \$10 million:
 - a. A applicant may provide a Wage Reporting certification that, for the relevant project, all laborers and mechanics employed by contractors and subcontractors in the performance of such project are paid wages at rates not less than those prevailing, as determined by the U.S. Secretary of Labor in accordance with subchapter IV of chapter 31 of title 40, United States Code (commonly known as the “Davis-Bacon Act”)², for the corresponding classes of laborers and mechanics employed on projects of a character similar to the contract work in the civil subdivision of the State (or the District of Columbia) in which the work is to be performed, or by the appropriate State entity pursuant to a corollary State prevailing-wage-in-construction law (commonly known as “baby DavisBacon Acts”).

Certification Provided Yes _____ or No _____

- b. If such certification is not provided, an applicant must provide a project employment and local impact report detailing:
 - Estimated number of employees of contractors and sub-contractors working on the project Not applicable

² [Davis-Bacon and Related Acts](https://www.dhs.gov/eis/act-2015-01) | U.S. Department of Labor ([dol.gov](https://www.dhs.gov/eis/act-2015-01))

- Estimated number of employees on the project hired directly and hired through a third party Not applicable
- Wages and benefits of workers on the project by classification Not applicable
- Are those wages are at rates less than those prevailing Not applicable

c. An applicant may provide a certification that a project includes a project labor agreement, meaning a pre-hire collective bargaining agreement consistent with section 8(f) of the National Labor Relations Act (29 U.S.C. 158(f))³.

Certification Provided Yes _____ or No _____

d. If the applicant does not provide such certification, the recipient must provide a project workforce continuity plan, detailing:

- How the applicant will ensure the project has ready access to a sufficient supply of appropriately skilled and unskilled labor to ensure high-quality construction throughout the life of the project? Not applicable
- How the applicant will minimize risks of labor disputes and disruptions that would jeopardize timeliness and cost-effectiveness of the project? Not applicable
- How the applicant will provide a safe and healthy workplace that avoids delays and costs associated with workplace illnesses, injuries, and fatalities? Not applicable
- Will workers on the project receive wages and benefits that will secure an appropriately skilled workforce in the context of the local or regional labor market? Not applicable

-
- Does the project have completed a project labor agreement? Not applicable
 - Does the project prioritize local hires? Not applicable
 - Does the project have a Community Benefit Agreement, with a description of any such agreement? Not applicable

EXPENDITURE CATEGORY TABLE 5 – Not Applicable

Definitions for water and sewer Expenditure Categories can be found in the EPA’s handbooks. For “clean water” expenditure category definitions, please see: <https://www.epa.gov/sites/production/files/2018-03/documents/cwdefinitions.pdf>. For “drinking water” expenditure category definitions, please see: <https://www.epa.gov/dwsrf/drinking-water-state-revolving-fund-national-information-management-system-reports>

Expenditure Category	Description	Amount	Required Programmatic Data Question	Data
5.1	Clean Water: Centralized Wastewater Treatment		Water and sewer projects (EC 5.1-5.15): <ul style="list-style-type: none"> National Pollutant Discharge Elimination System (NPDES) Permit Number (if applicable); for projects aligned with the Clean Water State Revolving Fund) Public Water System (PWS) ID number (if applicable); for projects aligned with the Drinking Water State Revolving Fund) 	
5.2	Clean Water: Centralized Wastewater Collection and Conveyance			
5.3	Clean Water: Decentralized Wastewater			
5.4	Clean Water: Combined Sewer Overflows			
5.5	Clean Water: Other Sewer Infrastructure			
5.6	Clean Water: Stormwater			
5.7	Clean Water: Energy Conservation			
5.8	Clean Water: Water Conservation			
5.9	Clean Water: Nonpoint Source			
5.1	Drinking water: Treatment			
5.11	Drinking water: Transmission & Distribution			
5.12	Drinking water: Transmission & Distribution: Lead Remediation			
5.13	Drinking water: Source			
5.14	Drinking water: Storage			

5.15	Drinking water: Other water infrastructure		
5.16	Broadband: "Last Mile" projects		<p>Broadband projects (EC 5.16-5.17):</p> <ul style="list-style-type: none"> • Speeds/pricing tiers to be offered, including the speed/pricing of its affordability offering • Technology to be deployed • Miles of fiber • Cost per mile • Cost per passing • Number of households (broken out by households on Tribal lands and those not on Tribal lands) projected to have increased access to broadband meeting the minimum speed standards in areas that previously lacked access to service of at least 25 Mbps download and 3 Mbps upload • Number of households with access to minimum speed standard of reliable 100 Mbps symmetrical upload and download • Number of households with access to minimum speed standard of reliable 100 Mbps download and 20 Mbps upload • Number of institutions and businesses (broken out by institutions on Tribal lands and those not on Tribal lands) projected to have increased access to broadband meeting the minimum speed standards in areas that previously lacked access to service of at least 25 Mbps download and 3 Mbps upload, in each of the following categories: business, small business, elementary school, secondary school, higher education institution,
5.17	Broadband: Other projects		

	library, healthcare facility, and public safety organization	
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- Specify the number of each type of institution with access to the minimum speed standard of reliable 100 Mbps symmetrical upload and download; and o Specify the number of each type of institution with access to the minimum speed standard of reliable 100 Mbps download and 20 Mbps upload

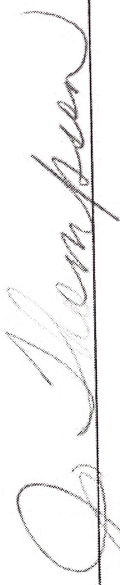
* Denotes areas where recipients must identify the amount of the total funds that are allocated to evidence-based interventions (see Use of Evidence section above for details)

^ Denotes areas where recipients must report on whether projects are primarily serving disadvantaged communities (see Project Demographic Distribution section above for details)

EC 6 - Revenue Replacement (not to be used at this time)

EC 7 - Administrative DFA purposes only.

Submitted by: Jo Thompson, Chief Financial Officer
Arkansas Department of Health

Signature 
Date August 5, 2024