A

STATE OF ARKANSAS
Department of Finance and Administration

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August 26, 2021

Senator Terry Rice, Chair
Representative Jeff Wardlaw, Chair
Arkansas Legislative Council
State Capitol Building
Little Rock, AR 72201

Dear Co-Chairs:

Please arrange for the following items to be placed on the agenda for consideration at the August 27 meeting of the Arkansas Legislative Council.

- American Rescue Plan Act Request(s)

The requests are required to allow the Department of Health to partner with hospitals to increase hospital bed capacity statewide. This request was approved by the American Rescue Plan 2021 Steering Committee after the August Performance Evaluation and Expenditure Committee meeting.

Thank you for your cooperation.

Sincerely,

Robert Brech
State Budget Administrator

Attachment(s)

STATE OF ARKANSAS
Department of Finance and Administration

OFFICE OF THE SECRETARY
1509 West Seventh Street, Suite 401
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August 26, 2021

Senator Terry Rice, Chair
Representative Jeff Wardlaw, Chair
Arkansas Legislative Council
State Capitol Building
Little Rock, AR 72201

RE: FY 22 American Rescue Plan Act Request

Dear Co-Chairs:

Pursuant to Section 38 (02) of Act 997 of 2021, I am forwarding the attached American Rescue Plan Act request(s) that have received my approval as Chief Fiscal Officer of the State.

- Department of Health – Jefferson Regional Medical Center $2,736,000
- Department of Health – St. Bernards Medical Center $3,000,000
- Department of Health – CHI St. Vincent $12,420,000

Sincerely,

Larry W. Walther
Secretary

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: Jefferson Regional Medical Center Additional Beds

Granting Organization: ARPA Steering Committee CFDA #:

Effective Date of Authorization: Beginning: 8/26/2021 Ending: 6/30/2022

Purpose of Grant / Reason for addition or change (include attachments as necessary to provide thorough information):
Due to the surge in critically ill COVID-19 patients, when an ICU bed becomes available, it is rapidly filled. Baptist Hospital has added 33 COVID ICU beds in the last two weeks. The Arkansas Department of Health, through a partnership with Jefferson Regional Medical Center, developed a proposal to increase COVID-19 ICU hospital bed capacity by eight (8) in Southeast Arkansas. The agreement will be for 8 beds for 60 days, at $5,700 per bed. Under this proposal, the Jefferson Regional Medical Center will be responsible for securing the personnel, physicians and supplies necessary for the additional beds; including the facilities and ancillary support.

American Rescue Plan Act Program Funding

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

	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	2,736,000
Other:	
Total	$ 2,736,000

Anticipated Duration of Federal Funds:

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) * unclassified positions only

Org Unit	Pers Area	Pers SubArea	Cost Center	Position Number	Cmnt 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:

Cabinet Secretary/Agency Director Date — Office of Budget Date — Office of Personnel Mgmt Date

DS

Arkansas Department of Health

American Rescue Plan Act Appropriation Request

Requested Amount: $2,736,000

"Additional COVID ICU Beds – Jefferson Regional Medical Center Proposal" Overview

Background

Per the Arkansas Department of Health (ADH) hospitalized patient ventilator use in the State has risen by 32% from 260 on 8/4 to 343 on 8/24. In terms of human lives this represents an increase of approximately 4.2 patients per day requiring mechanical ventilation over the last 20 days. With very rare exception, patients requiring mechanical ventilation must be managed in the intensive care unit (ICU). However, it must be borne in mind that ICU bed availability is extremely volatile, changing rapidly throughout the day. Due to the surge in critically ill COVID-19 patients, when an ICU bed becomes available, it is quickly filled. With ARPA funding, Baptist Health has added 33 COVID ICU beds over the last two weeks. These beds have remained consistently occupied. COVIDComm reports that in the last two weeks there have been only a few days where there was not a situation where an ICU bed could not be located for a patient needing transfer. If the past three-week trend for increasing need of patients requiring mechanical ventilation holds true, additional ICU beds will be needed to meet the demand.

Plan

To help mitigate the stress that COVID-19 has caused on hospitals, ADH and Jefferson Regional Medical Center have partnered to develop a proposal to request $2,736,000 in funding from the American Rescue Plan Act (ARPA) Committee to increase hospital bed capacity in Southeast Arkansas by making eight COVID ICU staffed beds available.

The ADH will secure a memorandum of agreement with Jefferson Regional Medical Center in accordance with the proposed ARPA proposal and verify compliance prior to processing reimbursement for services. Monthly invoicing not to exceed $5,700 per bed for 60 days for 8 beds will be the financial obligation of the agreement and the total cost will be $2,736,000.

August 26, 2021

Greg Brown
Director, Office of Preparedness and Emergency Response Systems
Arkansas Department of Health
4815 West Markham Street
Little Rock, AR 72205

VIA ELECTRONIC MAIL

Re: Jefferson Regional Proposal for Increasing Intensive Care Bed Capacity for Covid-19 Patients in Arkansas

Dear Director Brown:

Jefferson Regional previously submitted a proposal on August 9, 2021, for the expansion of inpatient beds and outpatient services due to the current surge of Covid-19 patients. Based upon recent telephone conversations between the Arkansas Department of Health ("ADH") and Jefferson Regional, we understand you have requested that we narrow our scope and resubmit a proposal just for increasing the capacity of intensive care ("ICU") beds.

Jefferson Regional is prepared to increase our capacity to receive Covid-19 patients by four (4) staffed ICU beds within one (1) week of our proposal being accepted and the funding being approved by the appropriate legislative authority. Our funding request for these four (4) staffed ICU beds is $1,368,000.

Furthermore, we believe that we can increase our capacity by another four (4) staffed ICU beds, for a total increase of eight (8) ICU beds within four (4) weeks of our proposal being accepted and additional incremental funding being approved. Our funding request for these second four (4) staffed ICU beds would be an additional $1,368,000.

As you are well aware, the most significant challenge to increasing this capacity is securing adequate staffing of nurses and other caregivers to provide the high quality level of care that all patients deserve. We believe that we can achieve the quick increase of the first four (4) ICU beds by utilizing current staff working additional shifts beyond their normal workload. However, to avoid burnout, we will immediately begin to recruit contract nurses from outside the state of Arkansas to staff these additional ICU beds.

Hospitals across Arkansas have been financially challenged for years prior to the pandemic and that is no different here at Jefferson Regional. Recruiting and paying for these contract nurses will result in substantial expense and financial risk to our organization. We understand that Governor Hutchinson has expressed a willingness to provide financial support from the American Rescue Plan funds received by the state of Arkansas to hospitals to help offset this risk. Our August 9 proposal included a rate of $4,000 per bed per day for a 90-day period. That rate was based upon a blend of medical beds and ICU beds. As you know, ICU beds are a higher level of care and cost. Based upon our estimated cost model, we are

proposing $5,700 per bed per day. We understand that ADH is only seeking a 60-day commitment at this time and we are agreeable to that. Therefore, we are requesting funding of $5,700 per ICU bed per day for 60 days, which results in a total funding request of $1,368,000 ($5,700 x 60 x 4) for four (4) ICU beds or $2,736,000 ($5,700 x 60 x 8) for eight (8) ICU beds.

It is our sincere desire that vaccination and other mitigation efforts will result in a reduced need for Covid-19 inpatient hospital beds by the end of the 90 days. However, if the need continues to exist, we can consider the option of extending this increased number of staffed ICU beds in conjunction with additional funding.

Please note that Jefferson Regional expressly retains the right to bill and collect any commercial insurance or government plan for any services provided to patients in these additional beds.

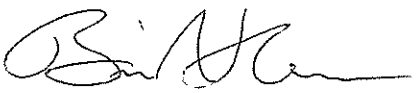
Jefferson Regional is able to operate these additional inpatient hospital beds under our current hospital license. We accept full responsibility for the management of care of these patients and are committed to providing our customary high quality level of care that is consistent with the Medicare Conditions of Participation and similar such guidance from Medicaid and other applicable programs.

If the funding for this proposal is approved, we will maintain records of the use of all approved funds and provide them to ADH upon request.

Jefferson Regional Medical Center has served the southeast Arkansas community for over 110 years and is the safety net hospital and referral center for our 11-county service area. This proposal has the support of every hospital in our service area. Our dedication to our mission of improving health through excellence and compassion has only intensified during this pandemic. Ever since the first Arkansas Covid-19 patient was identified in our facility 17 months ago, our response to the public health emergency, with the support of ADH and Governor Hutchinson, has set a high standard.

We thank you for your consideration of this proposal and request for funding from the American Rescue Plan funds. If you have any questions about this proposal or need additional information, please contact me.

Sincerely,



Brian Thomas
President & 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, Little Rock, AR_72205

Phone number: 501-280-4157

Email Address: jo.thompson@arkansas.gov

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

Amount of Request: $2,736,000

Project Title: Increase Hospital Capacity - Jefferson Regional Medical Center

Type of Proposal **Non-infrastructure**: X Infrastructure_____

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, as do hospitalizations, due to COVID-19. In only four weeks, hospitalizations due to COVID-19 have tripled. At no point during the pandemic thus far in Arkansas, have we observed such a severe and rapid rise in serious COVID-19-related illness. The demand for nursing and other caregivers has skyrocketed, and there is a significant need for additional bed capacity across the state. To help mitigate the stress that this is having on hospitals statewide, there is an immediate need in creating additional capacity to care for Arkansans suffering from COVID-19. The proposal being presented today is for increasing bed availability within the Jefferson Regional Medical Center. Utilizing hospital space on the main campus in Pine Bluff, 8 Intensive Care Unit beds can be made available. The total cost for the beds, for a period of 60 days, is $2,736,000 or $5,700 per bed. Jefferson Regional Medical Center will commit to quickly securing the nursing, physician, and other staff and supplies necessary to support these additional beds for a period of at least 60 days. These additional beds will be available to all hospitals across the state to help increase capacity for COVID-19 hospitalized patients, along with helping to decompress already stressed hospitals.

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 outcome.

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)*

By providing additional Intensive Care Unit beds in Pine Bluff will provide additional capacity to care for Arkansans experiencing COVID-19 related illnesses that require hospitalization. This increase in capacity will directly impact communities, populations, and individuals across the state.

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 severed and equitable outcomes at the various stages of the program?
The goal of the alternate care facilities is to care for all 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 additional bed availability, 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 additional bed availability is to provide access to all Arkansans in need of hospitalization when their local hospital has reached capacity to provide care for COVID related illnesses.

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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 not additional funds being used to support of adding additional bed availability at this time

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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 8 additional staffed ICU COVID Beds which can be open within 2 weeks (4 beds week 1 and 4 beds week 2). This also includes but not limited to, additional RNs to staff these COVID ICU beds (assumes a staffing ratio of 2:1 for COVID ICU patients), Patient Care Techs and other mid-level caregiver support services, Nursing Management and oversight for all units, Respiratory Therapy, Hospitalist physician coverage, Pulmonology physician coverage, Other physician specialty coverage as needed, Pharmaceutical and Therapeutic management, and other caregivers to support higher COVID intake requirements, Ancillary service support availability (laboratory, diagnostic procedures, physical therapy, etc.), Intra-hospital transportation staffing and related support, Environmental services staffing and related support, Nutrition service staffing and related support, Security staffing and other related support, All beds, ventilators, oxygen, and necessary equipment, gases, supplies, etc., All facilities, maintenance, utilities and related, All administrative support services including IT, medical records, supply chain, procurement, billing, collection, accounting, compliance, risk management, insurance coverage, legal, etc.

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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 across the state.

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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 ICU 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.

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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.

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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

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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 – Health and Medical

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		
EC3 Services to Disproportionately Impacted Communities	X		
EC 4 Premium Pay	X		
EC 5 Infrastructure		X	
EC 6 Revenue Replacement (do not use)	X		
EC 7 Administration (do not use)			X

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 legalrepresentation)
   - 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 programs

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)	$2,736,000	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

Expend-iture Category	Description	Amount	Required Programmatic Data Question	Data
2.1	Household Assistance: Food Programs ^ *		**Household Assistance (EC 2.1-2.5):**	
2.2	Household Assistance: Rent, Mortgage, and Utility Aid ^ *		• Brief description of structure and objectives of assistance program(s) (e.g., nutrition assistance for low-income households)	
2.3	Household Assistance: Cash Transfers ^ *			
2.4	Household Assistance: Internet Access Programs ^ *		• 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	

2.5	Household Assistance: Eviction Prevention ^ *		Covid-19, as described in the Interim Final Rule	

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): • 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): • 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 allocatedto 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)

EC3 - Services to Disproportionately Impacted Communities

EXPENDITURE CATEGORY TABLE 3

Expend-iture 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 allocatedto 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 4 - Premium Pay

EXPENDITURE CATEGORY TABLE 4

Expend-iture 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). • Number of workers to be served • Employer sector for all subawards 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).	
4.2	Private Sector: Grants to Other Employers			

			• 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: 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	

*Denotes areas where recipients must identify the amount of the total funds that are allocatedto 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

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 | U.S. Department of Labor (dol.gov)

- 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

[3] National Labor Relations Act | National Labor Relations Board (nlrb.gov)

EXPENDITURE CATEGORY TABLE 5

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-staterevolving-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): • 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		Broadband projects (EC 5.16-5.17): • 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 o Number of households with access to minimum speed standard of reliable 100 Mbps symmetrical upload and download o 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 • 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 allocatedto 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 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 Jo Thompson

Date August 26, 2021

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: St. Bernards Healthcare Additional Beds

Granting Organization: ARPA Steering Committee CFDA #:

Effective Date of Authorization: Beginning: 8/26/2021 Ending: 6/30/2022

Purpose of Grant / Reason for addition or change (include attachments as necessary to provide thorough information):
Due to the surge in critically ill COVID-19 patients, when an ICU bed becomes available, it is rapidly filled. Baptist Hospital has added 33 COVID ICU beds in the last two weeks. The Arkansas Department of Health, through a partnership with St. Bernards Healthcare, developed a proposal to increase COVID-19 ICU hospital bed capacity by ten (10) in Northeast Arkansas. The agreement will be for 10 beds for 60 days, at $5,000 per bed. Under this proposal, St. Bernards Healthcare will be responsible for securing the personnel, physicians and supplies necessary for the additional beds; including the facilities and ancillary support.

American Rescue Plan Act Program Funding

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

	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	3,000,000
Other:	
Total	$ 3,000,000

Anticipated Duration of Federal Funds:

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) * unclassified positions only

Org Unit	Pers Area	Pers SubArea	Cost Center	Position Number	Cmnt 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:

Cabinet Secretary/Agency Director Date 8/25/21 Office of Budget Date 8-26-21 Office of Personnel Mgmt Date

DS

Arkansas Department of Health

American Rescue Plan Act Appropriation Request

Requested Amount: $3,000,000

"Additional COVID ICU Beds – St. Bernards Healthcare Proposal"

Overview

Background

Per the Arkansas Department of Health (ADH), hospitalized patient ventilator use in the State has risen by 32% from 260 on 8/4 to 343 on 8/24. In terms of human lives this represents an increase of approximately 4.2 patients per day requiring mechanical ventilation over the last 20 days. With very rare exception, patients requiring mechanical ventilation must be managed in the intensive care unit (ICU). However, it must be borne in mind that ICU bed availability is extremely volatile, changing rapidly throughout the day. Due to the surge in critically ill COVID-19 patients, when an ICU bed becomes available, it is quickly filled. With ARPA funding, Baptist Health has added 33 COVID ICU beds over the last two weeks. These beds have remained consistently occupied. COVIDComm reports that in the last two weeks there have been only a few days where there was not a situation where an ICU bed could not be located for a patient needing transfer. If the past three-week trend for increasing need of patients requiring mechanical ventilation holds true, additional ICU beds will be needed to meet the demand.

Plan

To help mitigate the stress that COVID-19 has caused on hospitals, ADH and St. Bernards Healthcare have partnered to develop a proposal to request $3,000,000 in funding from the American Rescue Plan Act (ARPA) Committee to increase hospital bed capacity in Northeast Arkansas by making ten COVID ICU staffed beds available.

The ADH will secure a memorandum of agreement with St. Bernards Healthcare in accordance with the proposed ARPA proposal and verify compliance prior to processing reimbursement for services. Monthly invoicing not to exceed $5,000 per bed for 60 days for 10 beds will be the financial obligation of the agreement and the total cost will be $3,000,000.

St. Bernards HEALTHCARE
The Heart of Great Medicine

August 24, 2021

Greg Brown, Director
Office of Preparedness and Emergency Response Systems
Arkansas Department of Health
4815 West Markham Street
Little Rock, AR 72205

Re: St. Bernards Healthcare Proposal for Increasing ICU Capacity for COVID Positive Patients

Dear Mr. Brown:

Please accept this letter in response to your inquiry regarding additional ICU bed capacity at St. Bernards Medical Center in order to serve the increasing number of Arkansans requiring ICU hospital services as a result of the most recent surge of the COVID- 19 pandemic.

St. Bernards Medical Center can open an additional ten (10) ICU beds to serve COVID positive patients within three (3) days and will maintain this bed capacity for 60 days. The cost of this added ICU bed capacity for sixty (60) days will be $3,000,000. ($5,000 per day x 10 additional ICU beds x 60 days = $3,000,000.)

St. Bernards will add this ICU capacity utilizing its current hospital licenses and will remain in full compliance with all applicable regulations of the State of Arkansas and the Joint Commission on Accreditation of Healthcare Organizations.

St. Bernards would like to take this opportunity to recognize the extraordinary work that continues to done by the healthcare workers of our organization and our state. It is truly remarkable to observe the sacrifices these individuals and their families are making to serve Arkansans during this unprecedented time in our lives.

Sincerely,

Chris Barber, FACHE
President/CEO

APPENDIX

St. Bernards has been providing hospital services to residents of East and Northeast Arkansas for 121 years. More recently, St. Bernards has treated patients transferred via the COVIDCOmm Network from hospitals located throughout Arkansas including Eureka Springs, Crossett, Searcy, Monticello, Lake Village, and El Dorado. In fact, during July of 2021, thirty percent (30%) of the transfers to St. Bernards have been from hospitals located outside of our primary and secondary service areas.

Our main ICU has 46 beds at capacity. At the request of the Governor, during the first surge, we increased our ICU bed capacity to 55 ICU beds. Since that time, we have further increased our ICU capacity and are currently operating 65 ICU beds.

In addition to the incremental bedside nurses that will be required to increase our ICU bed capacity to 75 beds, St. Bernards will also provide the additional goods and services that will be required including but not limited to:

- Emergency Room Physicians and Nurses
- Pulmonary and Internal Medicine Physicians
- Other Physician Specialists as needed
- Respiratory Therapists
- Patient Care Technicians and other Caregiver Support Personnel
- Nutritional Personnel
- Environmental and Housekeeping Personnel
- Pharmaceutical and other Therapeutic Management Supplies and Personnel
- Laboratory, Diagnostic, Procedural and Physical Therapy Supplies and Personnel
- All Beds, Ventilators, Oxygen, Gases, Supplies, and related Equipment
- All Administrative Support Services including, but not limited to Medical Records, Supply Chain, Human Resources, Information Technology, etc.

In addition, St. Bernards Healthcare stands ready to open additional medical/surgical beds at our hospital facilities in Jonesboro, Wynne, and Pocahontas if needed.

Thank you.

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, Little Rock, AR 72205

Phone number: 501-280-4157

Email Address: jo.thompson@arkansas.gov

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

Amount of Request: $3,000,000

Project Title: Increase Hospital Capacity – St. Bernards Medical Center

Type of Proposal **Non-infrastructure:** X Infrastructure_____

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, as do hospitalizations, due to COVID-19. In only four weeks, hospitalizations due to COVID-19 have tripled. At no point during the pandemic thus far in Arkansas, have we observed such a severe and rapid rise in serious COVID-19-related illness. The demand for nursing and other caregivers has skyrocketed, and there is a significant need for additional bed capacity across the state. To help mitigate the stress that this is having on hospitals statewide, there is an immediate need in creating additional capacity to care for Arkansans suffering from COVID-19. The proposal being presented today is for increasing bed availability within the St. Bernard's Medical Center. Utilizing hospital space on the main campus in Jonesboro, 10 Intensive Care Unit beds can be made available. The total cost for the beds, for a period of 60 days, is $3,000,000 or $5,000 per bed. St. Bernard's Medical Center will commit to quickly securing the nursing, physician, and other staff and supplies necessary to support these additional beds for a period of at least 60 days. These additional beds will be available to all hospitals across the state to help increase capacity for COVID-19 hospitalized patients, along with helping to decompress already stressed hospitals.

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 outcome.

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)*

By providing additional Intensive Care Unit beds in Jonesboro will provide additional capacity to care for Arkansans experiencing COVID-19 related illnesses that require hospitalization. This increase in capacity will directly impact communities, populations, and individuals across the state.

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 severed and equitable outcomes at the various stages of the program?
The goal of the alternate care facilities is to care for all 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 additional bed availability, 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 additional bed availability is to provide access to all Arkansans in need of hospitalization when their local hospital has reached capacity to provide care for COVID related illnesses.

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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 not additional funds being used to support of adding additional bed availability at this time

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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 10 additional staffed ICU COVID Beds. This also includes but not limited to, additional RNs to staff these COVID ICU beds (assumes a staffing ratio of 2:1 for COVID ICU patients), Patient Care Techs and other mid-level caregiver support services, Nursing Management and oversight for all units, Respiratory Therapy, Hospitalist physician coverage, Pulmonology physician coverage, Other physician specialty coverage as needed, Pharmaceutical and Therapeutic management, and other caregivers to support higher COVID intake requirements, Ancillary service support availability (laboratory, diagnostic procedures, physical therapy, etc.), Intra-hospital transportation staffing and related support, Environmental services staffing and related support, Nutrition service staffing and related support, Security staffing and other related support, All beds, ventilators, oxygen, and necessary equipment, gases, supplies, etc., All facilities, maintenance, utilities and related, All administrative support services including IT, medical records, supply chain, procurement, billing, collection, accounting, compliance, risk management, insurance coverage, legal, etc.

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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 across the state.

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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 ICU 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.

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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.

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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

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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		
EC3 Services to Disproportionately Impacted Communities	X		
EC 4 Premium Pay	X		
EC 5 Infrastructure		X	
EC 6 Revenue Replacement (do not use)	X		
EC 7 Administration (do not use)			X

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 legalrepresentation)
   - 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 programs

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)	$3,000,000	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

Expend-iture Category	Description	Amount	Required Programmatic Data Question	Data
2.1	Household Assistance: Food Programs ^ *		**Household Assistance (EC 2.1-2.5):**	
2.2	Household Assistance: Rent, Mortgage, and Utility Aid ^ *		• Brief description of structure and objectives of assistance program(s) (e.g., nutrition assistance for low-income households)	
2.3	Household Assistance: Cash Transfers ^ *			
2.4	Household Assistance: Internet Access Programs ^ *		• 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	

2.5	Household Assistance: Eviction Prevention ^ *		Covid-19, as described in the Interim Final Rule	

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): • 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): • 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 allocatedto 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)

EC3 - Services to Disproportionately Impacted Communities

EXPENDITURE CATEGORY TABLE 3

Expend-iture 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 allocatedto 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 4 - Premium Pay

EXPENDITURE CATEGORY TABLE 4

Expend-iture 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). • Number of workers to be served • Employer sector for all subawards 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).	
4.2	Private Sector: Grants to Other Employers			

			• 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: 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	

*Denotes areas where recipients must identify the amount of the total funds that are allocatedto 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

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 | U.S. Department of Labor (dol.gov)

- 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

[3] National Labor Relations Act | National Labor Relations Board (nlrb.gov)

EXPENDITURE CATEGORY TABLE 5

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-staterevolving-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): • 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		Broadband projects (EC 5.16-5.17): • 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 o Number of households with access to minimum speed standard of reliable 100 Mbps symmetrical upload and download o 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 • 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 allocatedto 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 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 Jo Thompson

Date August 26, 2021

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: CHI St. Vincent Little Rock & Hot Springs Additional Beds

Granting Organization: ARPA Steering Committee CFDA #:

Effective Date of Authorization: Beginning: 8/26/2021 Ending: 6/30/2022

Purpose of Grant / Reason for addition or change (include attachments as necessary to provide thorough information):
Due to the surge in critically ill COVID-19 patients, when an ICU bed becomes available, it is rapidly filled. Baptist Hospital has added 33 COVID ICU beds in the last two weeks. The Arkansas Department of Health, through a partnership with CHI St. Vincent, developed a proposal to increase COVID-19 ICU hospital bed capacity by twelve (12) in Hot Springs and twenty-four (24) in Little Rock. The agreement will be for $5,750 per bed for 36 beds for 60 days. Under this proposal, CHI St. Vincent will be responsible for securing the personnel, physicians and supplies necessary for the additional beds; including the facilities and ancillary support.

American Rescue Plan Act Program Funding

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

	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	12,420,000
Other:	
Total	$ 12,420,000

Anticipated Duration of Federal Funds: 08/26/2021-10/26/2021

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)

* unclassified positions only

Org Unit	Pers Area	Pers SubArea	Cost Center	Position Number	Cmnt 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:

Cabinet Secretary/Agency Director Date — Office of Budget Date — Office of Personnel Mgmt Date

DS

Arkansas Department of Health

American Rescue Plan Act Appropriation Request

Requested Amount: $12,420,000

"Additional COVID ICU Beds Proposal – CHI St. Vincent

Little Rock and Hot Springs Locations"

Overview

Background

Per the Arkansas Department of Health (ADH) hospitalized patient ventilator use in the State has risen by 32% from 260 on 8/4 to 343 on 8/24. In terms of human lives this represents an increase of approximately 4.2 patients per day requiring mechanical ventilation over the last 20 days. With very rare exception, patients requiring mechanical ventilation must be managed in the intensive care unit (ICU). However, it must be borne in mind that ICU bed availability is extremely volatile, changing rapidly throughout the day. Due to the surge in critically ill COVID-19 patients, when an ICU bed becomes available, it is quickly filled. With ARPA funding, Baptist Health has added 33 COVID ICU beds over the last two weeks. These beds have remained consistently occupied. COVIDComm reports that in the last two weeks there have been only a few days where there was not a situation where an ICU bed could not be located for a patient needing transfer. If the past three-week trend for increasing need of patients requiring mechanical ventilation holds true, additional ICU beds will be needed to meet the demand.

Plan

To help mitigate the stress that COVID-19 has caused on hospitals, ADH and CHI St. Vincent have partnered to develop a proposal to request $12,420,000 in funding from the American Rescue Plan Act (ARPA) Committee to increase hospital bed capacity in Arkansas by making 36 COVID ICU staffed beds available. Twelve (12) of these beds will be made available in Hot Springs and twenty-four (24) beds will be made available in Little Rock.

The ADH will secure a memorandum of agreement with CHI St. Vincent in accordance with the proposed ARPA proposal and verify compliance prior to processing reimbursement for services. Monthly invoicing not to exceed $5,750 per bed for 60 days for 36 beds will be the financial obligation of the agreement and the total cost will be $12,420,000.

CHI St. Vincent

Imagine better health.[SM]

Two St. Vincent Circle
Little Rock, AR 72205-5499

P 501.552.3000
F 501.552.2329

CHIStVincent.com

August 24, 2021

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

Dear Director Mallory,

Please consider 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, St. Vincent could increase a total of 36 staffed COVID ICU beds. This would include 24 COVID ICU beds at St. Vincent Infirmary in Little Rock and 12 COVID ICU beds in Hot Springs. We would need approval for all of the beds in order to operationalize our plan.

Currently, the greatest challenge we are facing is the demand for nursing and other critical members of the care team. In order to meet our commitment proposal, St. Vincent would be required to secure contract staff from **outside the state** **and incentivize current staff to work additional shifts 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 have utilized the cost estimates of $12,420,000 (60 days x $5,750 per day x 36 COVID beds).

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

St. Vincent has been at the forefront of our COVID response and we would appreciate the opportunity and resources 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. St. Vincent will keep records of the use of the funds for this project and supply them to the ADH. As soon as we receive a response 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 staffing is now at a crisis. Our goal is to have all 46 beds staffed by September 7, 2021.

Sincerely,

Chad S Aduddell
Market 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, Little Rock, AR 72205

Phone number: 501-280-4157

Email Address: jo.thompson@arkansas.gov

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

Amount of Request: $12,420,000

Project Title: Increase Hospital Capacity – CHI St. Vincent (Little Rock and Hot Springs Locations)

Type of Proposal **Non-infrastructure**: X Infrastructure_____

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, as do hospitalizations, due to COVID-19. In only four weeks, hospitalizations due to COVID-19 have tripled. At no point during the pandemic thus far in Arkansas, have we observed such a severe and rapid rise in serious COVID-19-related illness. The demand for nursing and other caregivers has skyrocketed, and there is a significant need for additional bed capacity across the state. To help mitigate the stress that this is having on hospitals statewide, there is an immediate need in creating additional capacity to care for Arkansans suffering from COVID-19. The proposal being presented today is for increasing bed availability within the CHI St. Vincent LR and CHI St. Vincent Hot Springs Medical Centers. Utilizing hospital space on the main campus in Little Rock, 36 Intensive Care Unit beds can be made available (24 in LR and 12 in Hot Springs). The total cost for the beds, for a period of 60 days, is $12,420,000 or $5,750 per bed. CHI St. Vincent LR/HS will commit to quickly securing the nursing, physician, and other staff and supplies necessary to support these additional beds for a period of at least 60 days. These additional beds will be available to all hospitals across the state to help increase capacity for COVID-19 hospitalized patients, along with helping to decompress already stressed hospitals.

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 outcome.

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)*

By providing additional Intensive Care Unit beds in Little Rock an d Hot Springs will provide additional capacity to care for Arkansans experiencing COVID-19 related illnesses that require hospitalization. This increase in capacity will directly impact communities, populations, and individuals across the state.

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 severed and equitable outcomes at the various stages of the program?
The goal of the alternate care facilities is to care for all 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 additional bed availability, 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 additional bed availability is to provide access to all Arkansans in need of hospitalization when their local hospital has reached capacity to provide care for COVID related illnesses.

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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 not additional funds being used to support of adding additional bed availability at this time

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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 36 additional staffed ICU COVID Beds which can be open within 2 weeks (24 in LR and 12 in Hot Springs). This also includes but not limited to, additional RNs to staff these COVID ICU beds (assumes a staffing ratio of 2:1 for COVID ICU patients), Patient Care Techs and other mid-level caregiver support services, Nursing Management and oversight for all units, Respiratory Therapy, Hospitalist physician coverage, Pulmonology physician coverage, Other physician specialty coverage as needed, Pharmaceutical and Therapeutic management, and other caregivers to support higher COVID intake requirements, Ancillary service support availability (laboratory, diagnostic procedures, physical therapy, etc.), Intra-hospital transportation staffing and related support, Environmental services staffing and related support, Nutrition service staffing and related support, Security staffing and other related support, All beds, ventilators, oxygen, and necessary equipment, gases, supplies, etc., All facilities, maintenance, utilities and related, All administrative support services including IT, medical records, supply chain, procurement, billing, collection, accounting, compliance, risk management, insurance coverage, legal, etc.

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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 across the state.

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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 ICU 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.

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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.

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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

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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 – Health and Medical

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		
EC3 Services to Disproportionately Impacted Communities	X		
EC 4 Premium Pay	X		
EC 5 Infrastructure		X	
EC 6 Revenue Replacement (do not use)	X		
EC 7 Administration (do not use)			X

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 legalrepresentation)
   - 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 programs

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)	$12,420,000	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

Expend-iture Category	Description	Amount	Required Programmatic Data Question	Data
2.1	Household Assistance: Food Programs ^ *		**Household Assistance (EC 2.1-2.5):** • 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	
2.2	Household Assistance: Rent, Mortgage, and Utility Aid ^ *			
2.3	Household Assistance: Cash Transfers ^ *			
2.4	Household Assistance: Internet Access Programs ^ *			

2.5	Household Assistance: Eviction Prevention ^ *		Covid-19, as described in the Interim Final Rule	

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): • 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): • 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 allocatedto 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)

EC3 - Services to Disproportionately Impacted Communities

EXPENDITURE CATEGORY TABLE 3

Expend-iture 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 allocatedto 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 4 - Premium Pay

EXPENDITURE CATEGORY TABLE 4

Expend-iture 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). • Number of workers to be served • Employer sector for all subawards 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).	
4.2	Private Sector: Grants to Other Employers			

			• 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: 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	

*Denotes areas where recipients must identify the amount of the total funds that are allocatedto 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

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 | U.S. Department of Labor (dol.gov)

- 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

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- 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

[3] National Labor Relations Act | National Labor Relations Board (nlrb.gov)

EXPENDITURE CATEGORY TABLE 5

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-staterevolving-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): • 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		Broadband projects (EC 5.16-5.17): • 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 o Number of households with access to minimum speed standard of reliable 100 Mbps symmetrical upload and download o 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 • 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 allocatedto 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 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 Jo Thompson

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