B

STATE OF ARKANSAS
Department of Finance and Administration

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August 5, 2021

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

Dear Co-Chairs:

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

This item is an American Rescue Plan Act request. The request is required to allow the Arkansas Department of Health to partner with Baptist Health to increase hospital bed capacity statewide.

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

Sincerely,

Larry W. Walther,
Secretary
Department of Finance and Administration

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

Attachment 1

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: Alternate Care Faciliities

Granting Organization: ARPA Steering Committee CFDA #:

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

Purpose of Grant / Reason for addition or change (include attachments as necessary to provide thorough information):
Due to the stress that COVID-19 has placed upon hospitals, the Arkansas Department of Heatlh (ADH) and Baptist Health (BH) have partnered to increase hospital bed capacity statewide by making three (3) alternative care facilities available. Utilizing hospital space on the BH main campus in Little Rock, in Van Buren, and Fort Smith, 157 beds can be made available. The beds will consist of 124 medical beds and 33 ICU COVID beds. BH will add an additional 170+ registered nurses. Other staffing will include patient care techs, respiratory therapists, and physicians. Services will include pharmeceutical, security, and ancillary support.

Indirect ARPA Funding

American Rescue Plan Act Program Funding

Functional Area Code: HHS Fund Code: NEW
Funds Center Code: NEW Internal Order/WBS Element: NEW

	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	37,680,000
Other:	
Total	$ 37,680,000

Anticipated Duration of Federal Funds: 08/09/2021 - 10/11/2021

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:

Jose R. Romero 8/4/21 — Cabinet Secretary/Agency Director Date

Office of Budget Date 8-5-21

Office of Personnel Mgmt Date

DS

Arkansas Department of Health

American Rescue Plan Act Appropriation Request

Requested Amount: $37,680,000

"Alternative Care Facilities Proposal" - Overview

Background

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

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

Plan

To help mitigate the stress that COVID-19 has caused on hospitals, the Arkansas Department of Health (ADH) and Baptist Health (BH) have partnered to develop a proposal to request $37,800,000 in funding from the American Rescue Plan Act (ARPA) Committee to increase hospital bed capacity statewide by making 3 alternative care facilities available. Utilizing hospital space on the BH main campus in Little Rock and in Van Buren and Fort Smith, 157 beds can be made available. These beds will consist of 124 medical COVID beds and 33 ICU COVID beds.

With the requested funding, Baptist Health will add an additional 170+ registered nurses. Other resources to be made available for staffing the hospital beds are patient care techs, respiratory therapists and physicians. Services needed for hospitalized patients include pharmaceutical, environmental, security and ancillary support. All other services not aforementioned, but are required for a hospitalized patient, are included in the proposal to the ARPA Committee.

The Arkansas Department of Health will secure a memorandum of agreement with Baptist Health in accordance with the proposed ARPA proposal and verify compliance prior to processing reimbursement for services. Monthly invoicing not to exceed $4,000 per bed for 60 days will be the financial obligation of the agreement and the total cost will be $37,680,000.

August 3, 2021

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

RE: Baptist Health Plan for Increasing COVID Bed Capacity for Adult & Adolescent Patients in Arkansas

Dear Director Mallory,

We greatly appreciate the opportunities we have had to work with you and the ADH team in serving our community during this unprecedented time. The following proposal is in response to Governor Asa Hutchinson's desire to expand inpatient hospital capacity to serve the growing number of Arkansans requiring hospitalization due to COVID-19.

If ADH accepts this proposal, Baptist Health will increase its staffed beds available to address the COVID-19 needs as follows:

BHMC-Little Rock:	50 additional staffed MEDICAL COVID Beds
BH-Van Buren:	74 additional staffed MEDICAL COVID Beds
BHMC-Little Rock:	12 additional staffed ICU COVID Beds
BH-Fort Smith:	21 additional staffed ICU COVID Beds
Total:	157 additional staffed COVID beds

As we have discussed, demand for nursing and other caregivers has skyrocketed, and there is a significant amount of financial risk associated with securing the staff and other resources needed to support this level of expansion, especially in such short notice and during a time of significant unpredictably. Our understanding is that the Governor is willing to consider the use of funds received under the American Rescue Plan Act of 2021 to help mitigate the risks associated with creating additional capacity to care for Arkansans suffering from COVID-19. We have been working to identify additional resources and believe that for a total of $37,680,000 ($4,000/bed x 157 additional staffed COVID beds x 60 days) Baptist Health can 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, with the ability to extend this

period (with sufficient notice) if necessary. In addition, Baptist Health retains the right to bill patient insurance for any services ultimately provided in these additional beds.

For this proposed fee, Baptist Health will operate these additional beds under its current hospital licenses, accepting full responsibility for the management of these additional COVID beds, as well as for the care provided to patients in these beds. Baptist Health will also be fully responsible for identifying, recruiting, and managing all direct and indirect caregivers needed to staff these additional beds, as well as any necessary support staff. Finally, Baptist Health will be responsible for providing all facilities, equipment, ancillary services, and other resources necessary to provide quality care to patients in these additional COVID beds.

As requested, the following is a non-exhaustive list of the resources Baptist Health will insure are available to support the additional beds under this proposal:

- 170+ additional RNs to staff additional COVID beds (assumes a staffing ratio of 5:1 for MEDICAL COVID patients and 2:1 for MEDICAL 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
- Expanded Emergency Room RNs 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.
- In total, Baptist Health will add more than 400 caregivers and support staff, in addition to further leveraging existing infrastructure in order to accomplish this expansion.

Baptist Health shares a sense of urgency with you regarding the need for this additional capacity, so Baptist Health is ready to execute this plan immediately. If the State is able to confirm acceptance of this proposal by 08/04/2021 (Wednesday), Baptist Health is confident that at least 60 of these beds will be staffed and available to accept COVID patients no later than 08/13/2021 (Friday), and we project that all beds will be staffed and available to accept COVID patients no later than 08/20/2021 (Friday). We believe there are opportunities to accelerate components of this timeline; however, it is largely dependent on when we have confirmation of funds necessary to move forward with securing the necessary staff. On the contrary, if approval is obtained after the above mentioned date, it will delay the availability of beds and ultimately could result in us losing access to caregivers currently identified as being available.

Finally, if the proposal is accepted, we commit that we will maintain staffing sufficient to operate all of these additional beds for a period of at least 60 days starting 08/09/2021 (Monday). As we discussed, the need to maintain these beds beyond the initial period will largely depend on whether or not the number of active cases continues to rise in Arkansas. Should this unfortunate situation occur, we believe (based on current costs and assumptions) it is likely the additional revenue collected by Baptist Health for insurance claims associated with patients in these additional COVID beds could be sufficient to maintain all or part of the additional beds and related staff for a longer period of time without additional State support; however, due to the unpredictability we have already experienced during this pandemic, we cannot guarantee that to be the case. That said, our mission is to meet the health care needs of the communities we serve, so we are committed to continuing efforts in partnering with the State in serving our community during this unprecedented time and will communicate openly with you regarding care delivery opportunities and challenges we foresee as this pandemic continues to unfold.

Sincerely,

Brent Beaulieu, CFO
Baptist Health

State Fiscal Recovery Funds (SFRF)
Proposal Application

Applicant Name: Arkansas Department of Health

Applicant Address 4815 W Markham St, Little Rock, AR 72205

Point of Contact: Jo Thompson

Address: 4815 W Markham St, Slot 55 Little Rock, AR 72205

Phone number: 501-280-4157

Email Address: jo.thompson@arkansas.gov

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: $37,680,000

Project Title: Statewide Alternate Care Facilities

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. In only four weeks during the summer of 2021, hospitalizations due to COVID-19 have tripled. The demand for nursing and other caregivers has skyrocketed and there is a significant need for additional hospital bed capacity across the state. To help mitigate the stress that COVID-19 has caused to hospitals, the Arkansas Department of Health (ADH) and Baptist Health (BH) have partnered to develop a proposal to increase hospital bed capacity statewide by making 3 alternative care facilities available. Utilizing hospital space on the BH main campus in Little Rock and at locations in Van Buren and Fort Smith, 157 beds can be made accessible. The proposed beds would consist of 124 medical COVID beds and 33 ICU COVID beds. BH has committed to quickly securing the nursing, physician, and other staff and supplies that would be needed. The additional beds would help increase capacity for COVID-19 hospitalized patients along with helping to decompress already stressed hospitals and they would be available to all hospitals across the state. The total cost for the beds for a period of 60 days is $37,680,000 or $4,000 per bed per day. The Arkansas Department of Health is requesting $37,680,000 in funding from the American Rescue Plan Act to be able to financially support a partnership with Baptist Health to address the shortage of available hospital beds for COVID-19 patients that has occurred due to the COVID-19 pandemic.

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

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

outcome studies that track program beneficiaries through a service pipeline and measure beneficiaries' responses at the end of the program; and (2) pre- and post-test research that determines whether beneficiaries have improved on an intended outcomes.

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

This increase in hospital bed capacity would directly and positively impact communities, populations, and individuals across the state by providing additional availability for in-patient medical and Intensive Care in Little Rock, Fort Smith, and Van Buren for Arkansans throughout the state that need to be hospitalized due to COVID-19.

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

a. **Goals:** Are there particular historically underserved, marginalized, or adversely affected groups that you intend to serve within your jurisdiction? How will you measure equity regarding the number severed and equitable outcomes at the various stages of the program?
ADH and Baptist Health will monitor daily hospital census data including various demographic variables such as age, gender, ethnicity, and county of origin as part of efforts to measure the number of people served by the additional hospital beds. The goal of having the increase capacity 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 alternate care facilities' operational status and availability will be communicated to the Arkansas Hospital Association, the Governor's Winter Task Force, and through direct communication with hospital leadership.

c. **Access and Distribution:**
   a. Are there differences in levels of access to benefits and services across groups?
   There is no difference in levels of access as these beds will be open to hospitalized patients across the state.

   b. Are there administrative requirements that result in disparities in ability to complete applications or meet eligibility criteria?

No

c. How do you intend to reach individuals without internet access?
Not applicable

d. **Outcomes:** Are intended outcomes focused on closing gaps, reaching universal levels of service, or disaggregating progress by race, ethnicity, and other equity dimensions where relevant for the policy objective?
The outcome of having the alternate care facilities is to provide access to 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 no additional funds being used to support the alternate care facilities 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 50 additional staffed MEDICAL COVID Beds, 74 additional staffed MEDICAL COVID Beds, 12 additional staffed ICU COVID Beds, 21 additional staffed ICU COVID Beds and 157 additional staffed COVID beds. This also includes but not limited to 170+ additional RNs to staff additional COVID beds (assumes a staffing ratio of 5:1 for MEDICAL COVID patients and 2:1 for MEDICAL 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, Expanded Emergency Room RNs 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 will be included along with and other related support. All beds, ventilators, oxygen, and necessary equipment, gases, supplies, facilities maintenance, utilities as well as administrative support services including IT, medical

records, supply chain, procurement, billing, collection, accounting, compliance, risk management, insurance coverage, legal, etc. will be secured as a result of receiving the funding.

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.

6. **Services to Disproportionately Impacted Communities** – Please describe how funds are being used to provide services to communities disproportionately impacted by the Covid-19 public health emergency.
Critical access hospitals currently experiencing dramatic increases in COVID hospitalizations and the inability to transfer patients to higher levels of care due to tertiary care facilities at maximum capacity. These funds will be used to provide an increase in bed capacity in tertiary care facilities which allows critical access hospitals the ability to help decompress COVID admissions in their facility.

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

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

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

Expenditure Categories

Expenditure Categories –

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

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

Expenditure Category Table

Expenditure Category	Non-Infrastructure Proposal	Infrastructure Proposal	Non-Entitlement Reporting
EC 1 Public Health	X		
EC 2 Negative Economic Impacts	X		
EC3 Services to Disproportionately Impacted Communities	X		
EC 4 Premium Pay	X		
EC 5 Infrastructure	X		
EC 6 Revenue Replacement (do not use)			

EC 7 Administration (do not use)			

Performance Indicators and Programmatic Questions

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

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

a. Household Assistance (EC 2.2 & 2.5) and Housing Support (EC 3.10-3.12):
   - Number of people or households receiving eviction prevention services (including 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[25]

d. Healthy Childhood Environments (EC 3.6-3.9):
   - Number of children served by childcare and early learning (pre-school/pre-K/ages 3-5)
   - Number of families served by home visiting

Data Entry

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

EXPENDITURE CATEGORY TABLE 1

Expenditure Category	Description	Amount	Required Programmatic Data Question	Data
1.1	COVID-19 Vaccination^			
1.2	COVID-19 Testing^			
1.3	COVID-19 Contact Tracing			
1.4	Prevention in Congregate Settings (Nursing Homes, Prisons/Jails, Dense Work Sites, Schools, etc.) *			
1.5	Personal Protective Equipment			
1.6	Medical Expenses (including Alternative Care Facilities)	$ 37,680,000	Additional staffed MEDICAL COVID Beds and additional staffed ICU COVID Beds	
1.7	Capital Investments or Physical Plant Changes to Public Facilities that respond to the COVID-19 public health emergency			
1.8	Other COVID-19 Public Health Expenses (including Communications, Enforcement, Isolation/Quarantine)			
1.9	Payroll Costs for Public Health, Safety, and Other Public Sector Staff Responding to COVID-19			
1.10	Mental Health Services*			

1.11	Substance Use Services*			
1.12	Other Public Health Service			

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

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

EXPENDITURE CATEGORY TABLE 2 – Not Applicable

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 - Not Applicable

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 – Not Applicable

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 – Not Applicable

Infrastructure projects have additional reporting and data gathering requirements.

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

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

- Projected/actual construction start date (month/year) Not applicable
- Projected/actual initiation of operations date (month/year) Not applicable
- Location (for broadband, geospatial location data) Not applicable

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

       Certification Provided Yes _____ or No_____

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

[2] Davis-Bacon and Related Acts | 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)

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 _____

Date_____